



RESOLUTION NO. 12-004

OF THE BOARD OF SUPERVISORS OF THE COUNTY OF NEVADA

RESOLUTION APPROVING NEVADA COUNTY'S SYSTEM IMPROVEMENT PLAN (SIP) 2011

WHEREAS, in 2001, the California Legislature passed the Child Welfare System Improvement and Accountability Act (AB 636); and

WHEREAS, this legislation was designed to improve outcomes for children in the Child Welfare System while holding county and state agencies accountable for the outcomes achieved, and this statewide accountability system, which went into effect January 1, 2004, is an enhanced version of the federal oversight system mandated by Congress and used to monitor states' performance; and

WHEREAS, the goals for AB 636 are to:

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

WHEREAS, the County's System Improvement Plan 2011 is the third component in the County's review, assessment, planning and improvement of its Child Welfare System which includes Child Protective Services and Juvenile Probation; and

WHEREAS, Nevada County conducted and completed the three mandated components: Peer Quality Case Review (PQCR); Self-Assessment of its child welfare strengths and areas of need; and development of the its System Improvement Plan; and

WHEREAS, Nevada County engaged in a thorough and extensive process to complete the County 2011 SIP ensuring engagement from all key stakeholders- parents, child welfare staff and management, services providers, and community groups.

NOW, THEREFORE, BE IT HEREBY RESOLVED that the Board of Supervisors of the County of Nevada approves the Nevada County System Improvement Plan 2011.

PASSED AND ADOPTED by the Board of Supervisors of the County of Nevada at a regular meeting of said Board, held on the 10th day of January, 2012, by the following vote of said Board:

Ayes: Supervisors Nathan Beason, Edward Scofield, Terry Lamphier, Hank Weston, and Ted S. Owens.

Noes: None.

Absent: None.

Abstain: None.

ATTEST:

By: Donna Landi
Donna Landi, Acting Clerk of the Board

Ted S. Owens
Ted S. Owens, Chair

01/10/2012 cc: DPSS
A-C*

California Outcomes and Accountability System



Nevada County System Improvement Plan 2011



California Child and Family Services Review: Nevada County System Improvement Plan

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California's Child and Family Services Review System Improvement Plan

County:	Nevada
Responsible County Child Welfare Agency:	Nevada County Child Protective Services
Period of Plan:	Nov 2011-Nov 2014
Period of Outcomes Data:	Quarter ending: April 2011, data extract Q3 2010
Date Submitted:	Draft on August 29th 2011

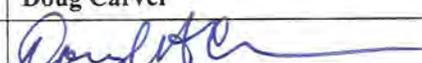
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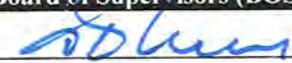
Submitted by each agency for the children under its care

Submitted by:	County Child Welfare Agency Director (Lead Agency)
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Name:	Alison Lehman
Signature:	

Submitted by:	County Chief Probation Officer
Name:	Doug Carver
Signature:	 12/2/11

Board of Supervisors (BOS) Approval

BOS Approval Date:	
Name:	Ted S. Owens, Chair
Signature:	1-10-12

Nevada County Department of Social Services would like to thank all of our interagency partners, Community Partners, CWS and Probation Staff, youth and parents who participated in the COAS processes. This SIP represents many hours of hard work, discussion, and analysis from this dedicated, insightful, and creative group to improve outcomes for Nevada County's children and families.

Nevada County System Improvement Plan

A. SIP Narrative

Executive Summary:

This document presents Nevada County's System Improvement Plan (SIP) for its Child Welfare System, including Child Protective Services and Juvenile Probation. Nevada County is a small, mostly rural county in the Sierra Nevada Foothills. Three urban centers account for about half of the county's 100,000 people. Challenges facing Nevada County include high cost of living, geographic isolation, and substance abuse. Important strengths include collaborative capacity, dedicated and effective county leadership, and prevention oriented community agencies. Focus areas of improvement within Nevada County Child Welfare Services (CWS) will address outcomes including safety factors of Recurrence of Maltreatment and Permanency. CPS will also address systemic factors of Case Planning and Staff Training.

This SIP is the third of three county activities required by the federal government as implemented in California by AB 636 (2004). Every three years, all California counties are required to conduct a California Child and Family Services Review (C-CFSR) of all child welfare services administered by both CPS and Probation. Nevada County's 2010-2011 C-CFSR includes the Peer Quality Case Review (PQCR) conducted in Fall 2010, the County Self Assessment (CSA), a comprehensive assessment of agency systems and review of progress on state and federal child welfare outcomes (completed in June 2011); and this System Improvement Plan. Nevada County engaged various stakeholders including agencies, community members, local planning bodies, and County representatives, through surveys, interviews and meetings to facilitate quality perspective for the 2011 Nevada County Self Assessment. The Self Assessment is built on PQCR findings and both are instrumental in providing research and guidance for the System Improvement Plan.

1. SIP Process: *team membership; data sources and decision-making; information integration*

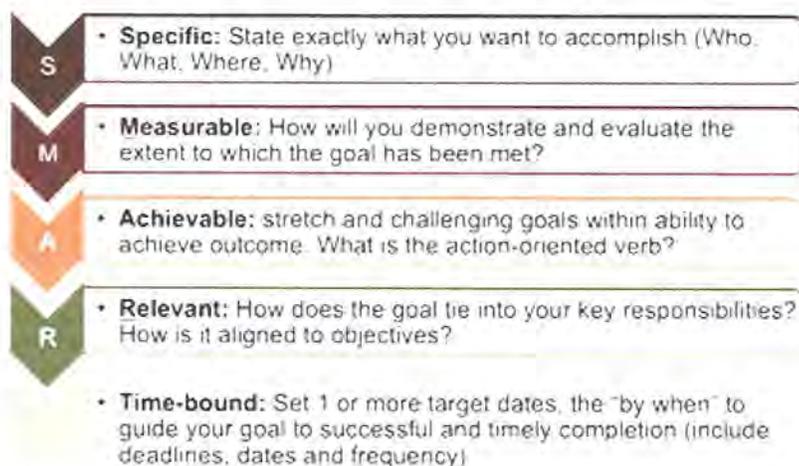
Nevada County engaged an array of diverse stakeholders in preparing the 2010 PQCR, the 2011 Self Assessment and correspondent System Improvement Plan. The SIP process was strengthened by an increased level of community partner participation due to our alignment with the 3 Year Plan that guides CAPIT/CBCAP/PSSF funding. Input was garnered through questionnaires and meetings, targeted surveys and interviews, as well as ongoing work with local planning bodies. Inclusive

involvement encompassed perspectives from consumers (parents and youth), social workers, courts (judges), law enforcement (probation), as well as a variety of private non-profit partners and county branches (Public Health, Behavioral Health).

2. Team Membership

See attached roster for listing of participants who provided insight, guidance, and direction to this process.

Collaboratives including the Child Abuse Prevention Councils were important resources for the SIP and the self assessment. Nevada County Child Abuse Prevention Council (CAPC) is comprised of many non-profit organizations, County representatives (including CPS managers and Family Preservation team members), law enforcement, courts, and private citizens. Nevada County has two CAPC community boards, the Tahoe Truckee CAPC and the Western Nevada County CAPC. In 2003, Western Nevada County CAPC meetings united with Family Preservation Team meetings. In 2009, CAPC created a larger body, the Community Support Network of Nevada County (CSNNC). This group meets monthly in conjunction with CAPC of Western Nevada County. Nevada County CSNNC and the CAPC focus on public education campaigns, strengthening families, and leveraging funding through encouraging collaboration. The CAPC/CSNNC participated throughout the PQCR, CSA, and SIP. For the CSA, the large group was divided into smaller focus groups to work on each of federal C-CFSR outcomes and identify areas needing improvement as well as what was working to improve or maintain good outcomes. In preparation for the SIP, they focused on specific need areas that had previously been identified in the CSA. Groups brainstormed strategies and goals using the SMART process:



Rosters attached for both CSNNC and CAPC.

Other specific bodies that provided input include:

First 5 Nevada County:

First 5 Nevada County administers funds allocated to the county through the California Children and Families Act. Nevada County has a very active, prevention-oriented First 5 Commission. Currently, the Nevada County Director of the Health and Human Service Agency (HHSA) and the Public Health Officer serve as commissioners. Child Protective Services (CPS) is currently receiving funds from First 5 to provide Family Preservation (FP) services to Differential Response (DR) families. These FP & DR services are provided through a community based organization. Nevada County First 5 also completed a comprehensive 2011 Needs Assessment, focused on the state of children 0-5 and their families. This information was useful in preparation of the Nevada County Self Assessment.

Children's System of Care (CSOC) Group:

A powerful group composed of higher level members of Nevada County Government, including the Director of Health and Human Services, the Chief of Probation, the Juvenile Probation Program Manager, the Superintendent of the Juvenile Hall, the CWS Program Manager, the Director of Behavioral Health, the Director of the Department of Social Services, the Unified Family Court presiding judge, the Superintendent of Schools, and the Children's Behavioral Health Program Manager meet on a monthly basis to focus specifically on developing critical collaborative services. The CSOC is a valuable resource to Nevada County. Its members cross all aspects of a child's involvement in supportive services within the county. The participants have capacity to allocate resources and create and implement policy. In the monthly meetings the directors fine-tune policies. Recent accomplishments/initiatives include working better as a team resulting in decreased group home placements, using Medi-Cal for family preservation services, making the program bigger and stronger, and developing a new suicide prevention plan and education program for our local high school youth. Additionally, the CSOC has been researching the possibility of bringing Intensive Treatment Foster Care and/or Functional Family Therapy to the county. These programs present challenging funding issues that will require a system-wide approach to accomplish.

Data Sources and Decision Making:

A variety of data collection techniques were employed to accomplish the Nevada County 2011 Self Assessment and corresponding System Improvement Plan. These included community meetings and workgroups, interviews, focus groups, and surveys, as well as quantitative data analysis.

Statistics/Quantitative Data:

The Self Assessment and SIP were driven by quantitative data from the Outcome and Accountability Data Reports available at http://cssr.berkeley.edu.ucb_childwelfare/default.aspx . Some information was also gleaned through program management reports provided on the CWS/ CMS computer system and through research into some specific Child Welfare cases. Further, Business Objects allowed for pulling reports from specific fields in the CWS/CMS system. Additional research of current relevant data (e.g. educational statistics, demographics, and public health data) was also used.

Peer Quality Case Review:

The 2010 Peer Quality Case Review (PQCR) was completed in October 2010. It involved in-depth, structured interviews and extensive focus groups with CWS and Probation management and staff, foster parents, foster youth, and birth parents. (There is a complete description of methodologies described on the final PQCR document.) The PQCR focus area for CPS was recurrence of maltreatment and re-entry into foster care. Probation's focus was permanency. PQCR conclusions informed and supported the Self Assessment process conducted 6 months later.

Surveys:

Surveys were used to gain information and evaluate priorities for service improvement and perspectives on systemic factors in preparation for the 2011 Self Assessment. Three different surveys were developed and conducted in spring 2011 to gather information from specific groups: Parents, Social Workers, and Community Partners. Surveys to parents were tailored to elicit information on client satisfaction, interaction with social workers, involvement in case planning, and what services were most useful. Surveys were provided (by mail, email, and in person) to an array of stakeholders focused on issues of collaboration, ease of working with CWS, and identifying service gaps. Social worker surveys asked for their input on contributing factors and suggested improvements on each of the federal standards that Nevada County failed to meet. This information has been integrated into the System Improvement Plan in the prioritization of, increased parent engagement, refined case planning

processes, emphasis on robust community services, CPS staffing improvement opportunities, and improved early assessments for families.

Community Meetings and Workgroups:

Two large community meetings were held in April and June of 2011 to engage key stakeholders in a discussion of outcomes and systemic factors; first identifying contributing factors (positive and negative) and then in June, potential specific improvement strategies. Nearly 30 people attended the meetings, representing a wide array of perspectives incorporated into the 2011 Self Assessment. This process, synthesized with PQCR findings and surveys, identified Nevada County’s priority areas for the SIP: Recurrence of Abuse and Maltreatment (S1.1), Permanency Composite 4, Case Review System, and Staff/Provider Training. Four workgroups with targeted and constituencies were organized with the goal of eliciting priorities and strategies specific to these need areas. Workgroups were: 1) Community Partners, Western Nevada County; 2) CWS Staff; 3) Permanency Committee and 4) Parents. Nearly 40 individuals participated in the groups that were conducted in August 2011. Facilitated by an independent contractor, these workgroups were effective in eliciting candid, creative, and targeted priorities and strategies.

Input from these groups directly guided the SIP priorities and strategies. Overall, approximately 50 unique stakeholders attended meetings specific to Self Assessment and SIP development. (Some stakeholders also attended more than one meeting, which is not reflected in these numbers.) This number also does not include over 50 survey responses, or PQCR participants. The information garnered from these meetings and processes primarily informs the Self Assessment, summarized below, as well as the SIP plan components that follow. Increased parent engagement was seen as the most important strategy throughout both CSA and PQCR processes, and CWS workload recurred as a primary barrier. It is understood that some factors permeate all outcomes, but they will be addressed only once in the SIP.

2. Outcomes Needing Improvement

Nevada County exceeded federal standards for 7 of the 17 outcome areas, and did not meet the threshold for 10 of the outcomes. These ten outcomes areas that Nevada County did not meet are:

S1.1: Recurrence of maltreatment in the first six months of the study year

Of all children who were victims of a substantiated maltreatment allegation during the first six months of the year, what percent were *not* victims of another substantiated allegation within the next 6-month period?

Goal: 94.6% Nevada County 10/01/2009 to 9/30/2010: 85.5% Does not meet

Nevada County has greatly improved this measure since 2006. It is the goal to improve our assessment and early engagement tools to improve these indicators. Research has shown that families who receive targeted case management have much lower recurrence of maltreatment.

C1.3 Reunification within 12 months (entry cohort)

Of all children entering foster care for the first time in the latest 6-month period for which figures are available, who remained in foster care for 8 days or longer, what percent were discharged from foster care to reunification in less than 12 months from the date of latest removal from home?

Goal: 48.4% Nevada County 10//01/2009 to 9/30/2010: 37.5% Does not meet

Implementing Signs of Safety has been indicated to improve this goal. Also having an after care plan in place and strengthening natural family resources greatly improves reunification.

C1.4 Reentry following reunification (exit cohort)

Of all children discharged from foster care to reunification during the year, what percent reentered foster care in less than 12 months from the date of discharge?

Goal: 9.9% Nevada County 10/01/2009 to 9/30/2010: 33.3%

Nevada County met this goal in the previous year. It is difficult to determine a trend because the numbers are low and erratic. This is where Nevada County has an advantage in that we can go back and examine cases that don't meet the guidelines and see if there are significant practices that ultimately had an impact on the case. We can then institute changes in our practice.

C2.1 Adoption within 24 months

Of all children discharged from foster care to a finalized adoption during the year, what percent were discharged in less than 24 months from the date of the latest removal from *home*?

Goal: 36.6% Nevada County 10/01/2009 to 9/30/2010: 28.6% Does not meet

These numbers represents 2 of 7 children in 2010. Court processes and State Adoptions can greatly impact these numbers. In the upcoming SIP it is our goal to work in collaboration with the courts to streamline court processes to facilitate timeliness. Also with realignment of adoptions to the county, it is the desire to streamline services to meet the needs of families in Nevada County.

C2.2 Median Time to Adoption (exit cohort)

Of all children discharged from foster care to a finalized adoption during the year, what was the

median length of stay (in months) from the date of latest removal from home until the date of discharge to adoption?

Goal: 27.3 months Nevada County 10/01/2009 to 9/30/2010: 29.4 Does not meet

Nevada County failed to meet the standard in the last three years. However, it has greatly improved consistently over time. Older children generally have longer stays in foster care. Intensive treatment Foster Care can have a positive impact by training families to deal with the complex issues that our youth face, so that families hang in there and support these youth toward permanency quicker.

C2.4 Legally free within 6 months (17 months in care)

Of all children in foster care for 17 continuous months or longer and not legally free for adoption on the first day of the year, what percent became legally free within the next 6 months?

Goal: 22.7 Nevada County 10/01/2009 to 9/30/2010: 32.0 Meets/Exceeds

Nevada County did meet this measure but did not on the previous year at 12.0%. Older children are highly represented. Destination Families continues to be a resource to find and make permanent connections. Along with Intensive Treatment Foster Care children could find permanency significantly faster.

C2.5 Adoption Within 12 months (Legally Free)

Of all children in foster care who became legally free for adoption during the year, what percent were then discharged to a finalized adoption in less than 12 months?

Goal: 53.7% Nevada County 10/01/2008 to 9/30/2009: 88.9% Meets/Exceeds

Nevada County met this goal in the reporting year but did not in the two previous years, both at 25.0%. It has been consistently met in the past. As with many of our numbers they represent a small number of children. Often one family can significantly change our percentages.

C3.2 Exits to Permanency (Legally free at exit)

Of all children discharged from foster care during the year who were legally free for adoption, what percent were discharged to a permanent home prior to turning 18?

Goal: 98% Nevada County 10/01/2009 to 9/30/2010: 91.7% Does not meet

Except for the last two 12-month periods, Nevada County has consistently performed at 100% since 2000. Often a decision to keep youth as dependents is made so that these youth can maximize housing resources and college funding options available to them.

C3.3 In Care 3 Years or Longer (Emancipated/Age 18)

Of all children in foster care during the year who were either discharged to emancipation or turned 18 while still in care, what percent had been in foster care for 3 years or longer?

Goal: 37.5% Nevada County 10/01/2009 to 9/30/2010: 50% (2 of 4 children) Does not meet

These numbers are too small to be statistically meaningful but many measures are being put in place to look at the specific needs of these youth and to find services and homes that can support and nurture growth and independence.

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

Of all children served in foster care during a year who were in foster care for at least 12 months but less than 24 months, what percent had two or fewer placement settings?

Goal: 65.4% Nevada County 10/01/2009 to 9/30/2010: 64.3% Does Not Meet

Nevada County exceeded this measure in two of the last three years. Stakeholders advocate for higher staffing levels. One way CPS is addressing this is by streamlining processes and instituting practices that support timely reunification and swifter permanency for children.

It must be stressed, that due to the low numbers of children in this rural county (with an exceptionally low 0-18 population) statistics fluctuate considerably between reporting periods and can change significantly from one quarter to the next. Because of these data inconsistencies, an in-depth process including analysis of past performance and long term trends that relied on local expertise and aggregate stakeholder input were important. Priority outcome areas were defined, then, based on current and past performance and recurring themes that surfaced throughout the PQCR and Self-Assessment processes, an honest assessment of where practice improvement could occur was established to positively impact child welfare outcomes. Of the 9 areas needing improvement to meet thresholds, Nevada County identified a permanency composite, and a safety measure that continually fails to meet the threshold as improvement areas to focus on.

3. Improvement Goals and Selection Process

Nevada County selected its improvement goals based on several important criteria, with the values of child safety and wellbeing paramount to the process:

- 1) Nevada County prioritized safety and permanency.
- 2) Nevada County selected improvement areas that consistently did not meet federal thresholds.
- 3) Nevada County selected improvement areas that were identified by multiple groups of stakeholders (e.g. parents; CPS social workers; community providers)
- 4) Nevada County selected improvement areas based on what we could realistically impact.
- 5) Nevada County selected systemic factors that met all of the above, and would be expected to positively impact multiple outcome areas.

The selection process was driven by initial data analysis (outline above), followed by solicitation of a broad cross-section of stakeholder input, and focused prioritization that considered this data by CPS program manager; Probation program manager; CPS supervisors, and analyst. The stakeholders came together with strategies to look at the best way to wrap practices and services around families to have the greatest impact on outcomes. It was the goal of stakeholders to look at improvement goals that would build on the goals from the last SIP and encompass new goals for a more holistic systems change.

These four areas for the 2011 System Improvement Plan (SIP) have been selected as the most important for child safety and wellbeing:

1. Safety Outcomes S1.1: No Recurrence of Maltreatment and C1.4: Reentry into Foster Care Following Reunification:

Family focused activities, such as Signs of Safety, where the services directly target the harm and danger for children have a huge impact in the safety outcomes. Nevada County is engaging parents and children in a new way to strengthen families while building protective factors and natural supports.

2. Permanency Composite: Exits to Permanency, 24 months in care; Exits to Permanency, Legally Free at Exit; and In care 3 Years or Longer (emancipate at age 18):

When children have a stable placement where relatives or foster parents are actively involved and engaged, parents are able to focus on the concerns that brought them to CPS and to strengthen their bonds with their children. The Quality Parenting Initiative focuses on this partnership which becomes a natural support and leads parents to engage fully shortening the time children are in placement while also developing permanent solutions from the very beginning of a case.

3. Systemic Factor: Staff/Provider Training:

Training in Signs of Safety as well as Family Conferencing will be on-going throughout the next three years. Social workers will also be trained specifically to tools such as *IceBreakers*, between birth parents and foster-parents. The Quality Parenting Initiative will bring trainings to Nevada County that target building relationships across the Child Welfare spectrum to enhance the partnership between service providers and consumers.

4. Systemic Factors: Case Planning Review:

Parents engage in their case plan and make substantial progress when they are actively involved in the process. Children settle and do better when their parents are actively engaged. They also have an important view point that needs to be taken into account. Through participatory case planning and family focused tools of engagement, all outcomes can be impacted in a positive way.

Strategies focused on improving performance on specific indicators will improve outcomes for other indicators as well. Important goals include: increased parent engagement through Team Decision Making models and the Quality Parenting Initiative, improving procedures with courts to ensure timely processes, increasing preventative strategies and services, and improving assessments. These will be accomplished using strategies which include improved communication and collaboration with community agencies and county branches, addressing training needs across all levels, and researching, introducing, and implementing evidence-based or best-practice tools and systems.

4. Current Research/Literature Review To Inform Practice Related to Outcomes

Current research and review of literature was used to ensure that strategies were driven by research-supported rationale. These findings underpin the rationale for selected strategies.

- **No Recurrence of Maltreatment & Re-entry into Foster Care Following Reunification**

Increasing family engagement to reduce recurrence and re-entry is consistent with research in this area which suggests that actively engaging families by helping them attend their services may reduce the likelihood of future maltreatment. In one study (DePanfilis and Zuravin) families who attended the services in their service plans were 33% less likely to experience a recurrence of child maltreatment while their case was active¹. Increasing community supports is supported by research which indicates that "social services organizations, places of belonging in the community, friends, and family are critical factors in mitigating the difficult life circumstances of parents involved with CPS".² Focus on participatory case planning with active involvement of parents to improve no recurrence of maltreatment and subsequent re-entry is supported by research demonstrating that "promising results show that families typically are more interested in the case plan, family relationships improve, worker-clients

¹ DePanfilis and Zuravin, The Effect of Services on Recurrence of Maltreatment, Child Abuse and Neglect, 26(2)pp. 187-205

² Mangi, Maiter, and Palmer, Community and Informal Social Support for Recipients of Child Protective Services, Children and Youth Services Review, 27(3). pp. 291-308.

relationships improve and placement outcomes are improved. Placement decision making, parent-child visiting, intensive services, resource parent/birth parent collaboration and aftercare services appear to be achieving good results for non recurrence and re-entry. All of these positive results are believed to contribute to the prevention of re-entry in to the child welfare system."³

- **Permanency**

The Northern California Training Academy, The University of California, Davis, Extension Center for Human Services published "Achieving Permanency for Children" in January 2009. This identified best practices including concurrent planning, greater support of families post-placement, and examination of social worker beliefs. In a 2009 literature review focused on "Pursuing Permanence for Children and Youth in Foster Care", elements of successful kinship care included increased support of kinship placements.

5. Current Activities That May Affect Outcomes

Nevada County has several new activities that may positively impact outcomes that would not have been reflected in the data used for the CSA. Current research shows that early parent engagement is one of the single contributing factors to building safety for children and supporting early intervention techniques. It also greatly supports shorter times to reunification or a clearer path to permanency for child where the risk factors can not be mitigated. Numerous studies have found that the key elements in enabling successful social work practice with families were:

Strong working relationship between worker and parents that considered risk and safety (SOS, TDM, continued training, DRAI)

Strong focus on parental and family strengths (ITFC, SOS/SDM, TDM & Integrated Case Planning)

Sustained and detailed exploration of what exactly safe parenting looked like and how it could be achieved (SOS, TDM, ITFC, DRAI)

Time to build the working relationship with caregivers and do the casework simultaneously (SOS, QPI)

The following new or enhanced services include:

³ UC Davis Extension Center for Human Services, Preventing Re-Entry into the Child Welfare System: A Literature Review of Promising Practices".
SIP User's Guide

Quality Parenting Initiative (QPI): Nevada County working in conjunction with the QPI has established the following foster parent brand that strengthens the partnership between the foster parent, birth parent, FFA social worker, CPS social worker and the CASA.

Today's foster parent is a valued and respected team member who practices loving and excellent parenting skills and supports each child's individual case plan goal. A foster parent both embraces the child and nurtures connections with the biological family. A foster parent works with the biological family when safe and appropriate. A foster parent approaches the challenges of this important role with humility, flexibility and a teachable spirit. A foster parent maintains a lifelong commitment to the child wherever the child is.

The QPI provides a needed structure to build on relationships with foster parents and birth parents that are critical to the overall health of the case. When these relationships are fostered and training and collaboration occurs families experience success in a multitude of ways. Recurrence, re-entry and permanency can be impacted in a positive direction and children thrive in this supportive environment.

Signs of Safety (SOS): SOS is an innovative strengths-based, safety organized approach to child protection casework. By creating meaningful safety for children in high-risk cases, practitioners and families have a renewed approach and developing partnership in change.

Other activities currently implemented that have been identified to positively impact outcomes include mental health services, through WRAP providers and MHSA funds; alcohol and other drug treatment services; and adoptive services. The Signs of Safety approach is grounded in actual, on-the-ground human practice that makes a constructive difference for professionals and families, and creates meaningful safety for children in high-risk cases. This approach recreates a purposive, positive focus for child protection work that is both energizing and affirming for practitioners and agencies who take on this difficult work.

Team Decision Making (TDM)

One core strategies that focus' on placement issues for children involved or potentially involved in foster care. This team meeting is based on as specific model that involves not only caseworkers and their supervisors, but also birth families, community members, resource families, service providers in all placement decisions regarding children. These meetings support and build on family strengths and are proven to reduce risk to children.

Detention Risk Assessment Instrument (DRAI)

Intensive Treatment Foster Care (ITFC) This program would place severely emotionally disturbed children with foster families willing to care for them. These specially trained families provide a stable alternative to institutional care for children who need a home-based treatment program with enriched support services. The program supports foster parents with effective therapeutic intervention that

assures each child's treatment is goal directed, outcome specific, and behaviorally oriented. The benefit is a long-term foster home placement with intensive counseling, case management, education, and the support services needed to create a nurturing environment for children to thrive. With this service children are able to form meaningful relationships that lead to permanency.

6. New Activities to Impact Outcomes

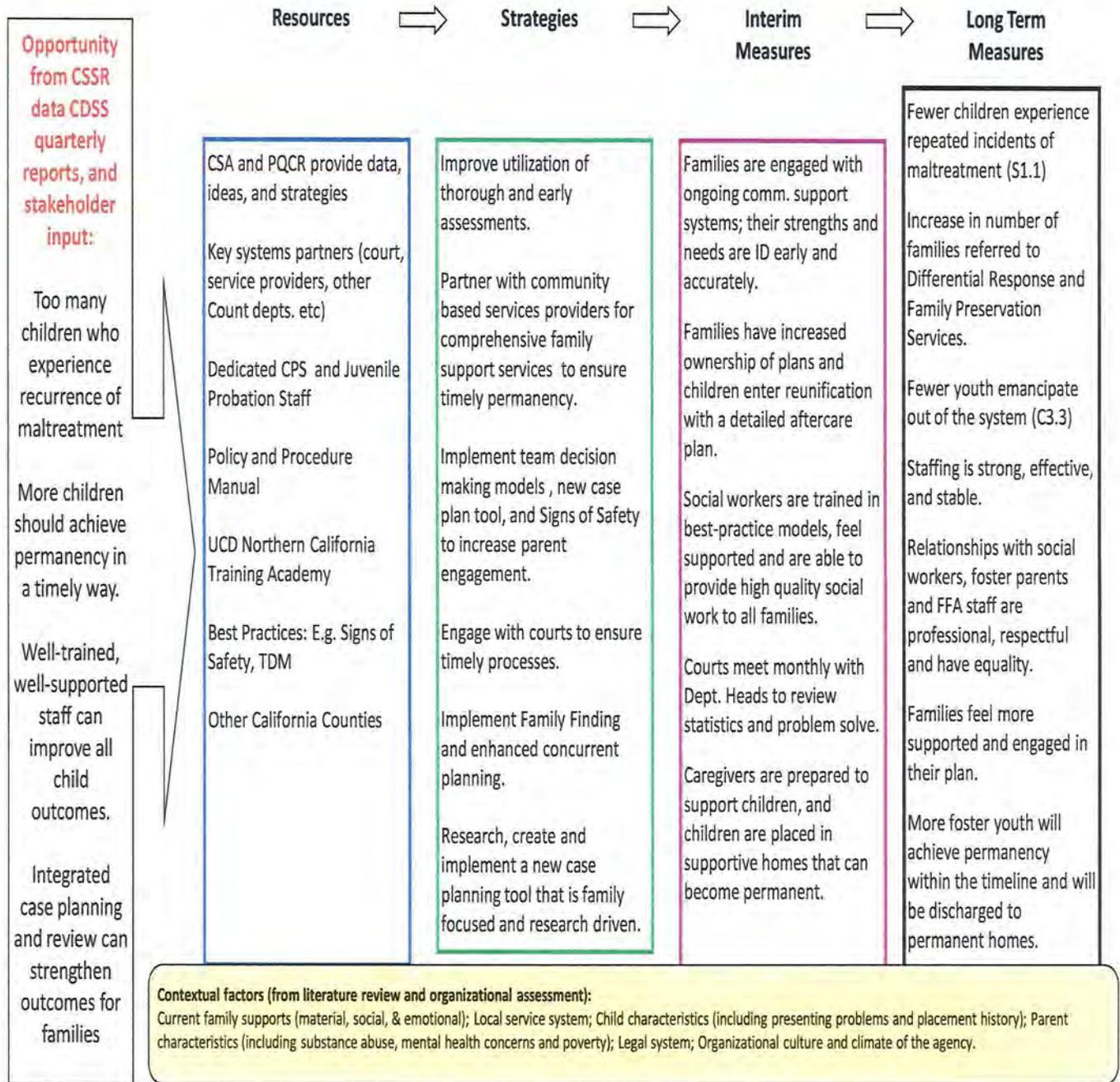
Nevada Count has multiple new activities proposed through this SIP that are intended to impact outcomes. Primary activities include:

- 1) Implement Signs of Safety (SOS)
- 2) Support Team Decision-Making processes (TDM)
- 3) Refine early and thorough assessment processes (SOS & SDM)
- 4) Support staff with targeted training and technical assistance
- 5) Implement Detention Risk Assessment Instrument (DRAI) – Probation Department
- 6) Develop intensive treatment foster care (ITFC).

7. Activities Linked to Outcomes Improvement With Logic Model Framework

Logic Model

Nevada County 2011 System Improvement Plan



Contributions to the State Program Improvement Plan (PIP) Plan

The chart attached as Appendix C identifies Nevada County's SIP strategies as they relate to and support the PIP statewide strategies identified by the Department of Social Services.

Please see Matrix following as SIP Appendix C.

8. Summary of How Information in CSA, PQCR is Integrated in CAPIT/PSSF/CBCAP Plan

As identified in several places in this report, representatives of community-based agencies and the county agency administering the CAPIT/CBCAP/PSSF plan have been actively engaged through the entire planning process. They have participated in PQCR/CSA/SIP planning meetings and ensured that key issues were raised and included in both the PQCR and CSA. PQCR and CSA findings were directly integrated in the SIP and current CAPIT/PSSF/CBCAP: findings, for the previous OCAP 3 year plan, were used to select priority areas, and then data specific to outcome areas were given to focus groups as they created strategies for the SIP. It was discussed that these strategies and priority areas will be used to create the RFP (issued 6 months after SIP submittal) for CAPIT/PSSF/CBCAP funds.

Attachment: A 1: Summary of the Self Assessment

Attachment A 2: PQCR Executive Summary

B: Part One: CWS-Probation

2. CWS/Probation Narrative

Basis for identification of outcomes

As indicated in the SIP narrative above, the basis for selection of these outcomes was a synthesizing 1) close inspection of data demonstrating necessary outcomes for improvement 2) input from a wide variety of informed stakeholders pointing to which goals will most likely have a realistic, positive impact on identified improvement areas. Activities identified in the SIP also contribute to achievement of PIP goals.

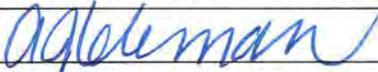
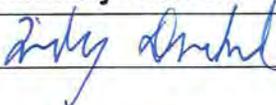
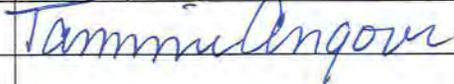
4: CWS-OIP Narrative

In the past Nevada County used CWS OIP funding in implementing different strategies such as Differential Response, Destination Families and Family Resource Centers. CWSOIP funds will continue with these county efforts to improve safety, permanency and well-being for children and

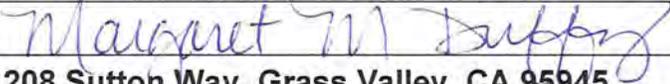
families. Over the next three years these funds will also be used to implement Signs of Safety as well as Team Decision Making. These activities will enhance social worker practice by implementing new procedures, providing special training to staff, caregivers and community partners, helping conduct focused/targeted recruitment and training of caregivers, and also improving coordination of services. Funds will also be utilized to bring in additional trainings to staff and to assist in building on our partnership with foster parents and FFA staff through the Quality Parenting Initiative.

Part Two: CAPIT/CBAP/PSSF

1. Cover Sheet

CAPIT/CBCAP/PSSF Contact and Signature Sheet	
Period of Plan:	Nov. 2011-Nov. 2014
Date Submitted:	October 29th, 2011
Submitted by: Board of Supervisor Designated Public Agency to Administer CAPIT/CBCAP/PSSF programs	
Name & title:	Alison Lehman, Director, Social Services
Signature:	
Address:	950 Maidu Ave, Nevada City, CA. 95959
Fax:	(530)
Phone & E-mail:	(530) 265-1410 or alison.lehman@co.nevada.ca.us
Submitted by: Child Abuse Prevention Council (CAPC) Representative	
Name & title:	Lindsay Dunckel
Signature:	
Address:	
Fax:	
Phone & E-mail:	
Submitted by: Parent Consumer/Former Consumer (Required if the parent is not a member of the CAPC)	
Name & title:	Tammy Angove
Signature:	
Address:	
Fax:	
Phone & E-mail:	

CAPIT/CBCAP/PSSF Contact and Signature Sheet (continued)

Submitted by:		PSSF Collaborative Representative, if appropriate
Name & title:	Margaret Duffy, CPS Program Manager	
Signature:		
Address:	208 Sutton Way, Grass Valley, CA 95945	
Fax:	530-273-4291	
Phone & E-mail:	530-265-1655 or margaret.duffy@co.nevada.ca.us	
Submitted by:		
CAPIT Liaison		
Name & title:	Margaret Duffy, CPS Program Manager	
Address:	208 Sutton Way, Grass Valley, CA 95945	
Fax:	530-273-4291	
Phone & E-mail:	530-265-1655 or margaret.duffy@co.nevada.ca.us	
Submitted by:		
CBCAP Liaison		
Name & title:	Margaret Duffy, CPS Program Manager	
Address:	208 Sutton Way, Grass Valley, CA 95945	
Fax:	530-273-4291	
Phone & E-mail:	530-265-1655 or margaret.duffy@co.nevada.ca.us	
Submitted by:		
PSSF Liaison		
Name & title:	Margaret Duffy, CPS Program Manager	
Address:	208 Sutton Way, Grass Valley, CA 95945	
Fax:	530-273-4291	
Phone & E-mail:	530-265-1655 or margaret.duffy@co.nevada.ca.us	
Board of Supervisors (BOS) Approval		
BOS Approval Date:		
Name:	Ted S. Owens, Chair	
Signature:		

2. CAPIT/CBCAP/PSSF Plan

A. County SIP Team Composition -- this is identified on pg. 6 of this document, and attached roster.

B. CAPC: Structure and Role of Local CAPC:

Nevada County has two active Child Abuse Prevention Councils: The Child Abuse Prevention Council of Western Nevada County (CAPCofWNC) and the Tahoe Truckee Child Abuse Prevention Council (TTCAPC). They operate and meet independent from one another, as described below, but they communicate closely and regularly attend one another's meetings.

The Child Abuse Prevention Council of Western Nevada County is an independent non-profit corporation governed by a Board of Directors, currently consisting of six members, which they are considering expanding with qualified candidates from other collaboratives. Council membership includes representatives of public and private agencies, community members, parents, and consumers of services. Meetings are held monthly. The existing Western CAPC collaborative includes the Family Preservation and Support Program and encompasses the CAPIT programs and the Children's Trust Fund activities. That current body is a wellspring of collaboration between public and private partners. Active participants include all CAPIT/CBCAP/PSSF funded entities; WRAP providers; and representatives from the Child Abuse Prevention Council board, multiple community-based service providers, AmeriCorps* volunteers, community volunteers, schools, medical services providers, Family Resource Centers, and more. These collaborations have resulted in increased and improved communication regarding the common objectives of preventing the abuse of children, resource sharing among agencies, and avoiding duplication of services. Western County CAPC also carries out the CCTF activities. In 2003, Western Nevada County CAPC meetings united with Family Preservation Team meetings. In 2009, CAPC created a larger body, the Community Support Network of Nevada County. This group meets monthly in conjunction with CAPC of Western Nevada County. Nevada County CSNNC and the CAPC focus on public education campaigns, strengthening families, and leveraging funding through encouraging collaboration. The CAPC/CSNNC participated throughout the PQCR, CSA, and SIP. Both CAPCs send representatives to create a single committee to provide input to the RFP process for CAPIT/PSSF/CBCAP funds, and serve as the committee to score and select the proposals. The CAPC's do not provide direct services so they are able to score and select the proposals without any conflict arising.

The Tahoe Truckee Child Abuse Prevention Council (TTCAPC) is a collaborative comprised of Tahoe/Truckee health, social service, educational, and community based organizations who meet monthly to collaborate, network, share, and learn. The Tahoe Truckee Child Abuse Prevention Council insures that accessible, effective resources and programs exist for children and families. The TTCAPC is dedicated to making Tahoe/Truckee a caring community in which children are safe from all forms of abuse.

Financial support for the council is provided through Children’s Trust fund dollars, with 60% of the total funds being directed to the CAPCofWNC and 40% TTCAPC. Additional funds come to the CAPCofWNC through ongoing fundraising activities. CCTF information is provided to the CAPC and on the County website @

<http://www.mynevadacounty.com/>

Funding for the CAPCs is as follows:

Fund	Dollar Amount
CCTF: 95% of funds go to support the CAPCs after a 5% administrative deduction.	In FY 2010-2011, CCTF funds totaled \$9,641. 95% of these funds were divided between the Eastern and Western County CAPCs, 60% to Western and 40% to Eastern (approx. \$3363 to Eastern, \$5495 to Western)
KidsPlate	
CAPIT/CBCAP/PSSF	
OTHER:	

C. PSSF Collaborative:

For the purpose of planning for the use of PSSF funds, the local planning body consists of a team comprised of members and officers from both CAPCs as well as the Child Protective Services program manager. This group utilizes information from the CSA and SIP to strategize for use of PSSF funds.

D. CCTF Commission, Board, or Council:

In Nevada County, the Child Abuse Prevention Council carries out the function of the CCTF council. This was approved by the Nevada County Board of Supervisors. Description of the CAPC structure has been previously noted in this report.

E. Parent Consumers

In 2009, Nevada County became involved in the Quality Parenting Initiative. The goal of implementing the Quality Parenting Project (QPP) was to build on the belief that foster parents are a valued and respected team member and that their active participation with our families will strengthen and nurture our children and families and support reunification wherever possible. The QPP core group consists of CPS management and staff, CBO's, parents/PLEAG participants, foster-parents, the foster parent association, FFA's and Probation. Through this initiative and other efforts Nevada County has worked diligently to have parents/consumers as part of our PQCR, CSA, SIP, and ongoing on the Child Abuse Prevention Councils/Community Support Network. In Eastern Nevada County (Tahoe Truckee CAPC) the CAPC Initiated Parent Advisory Council with 2 parents involved. This committee visited Sonoma County to see best-practices. The committee worked to identify parents who would best participate/ and benefit from this knowledge. Committee members met with Parent Anonymous National Leader to try to see how they could fit such a program with CAPC. Also, the Truckee Child Abuse Prevention Council sponsored a conference with the theme "Community Grown: Raising Children with Laughter and Learning" and provided 20 scholarships for parents to attend. The conference engaged diverse stakeholders in child welfare including child development educators, both English and Spanish-speaking parents from differing socioeconomic backgrounds, and service providers. In Western County, establishing parent engagement as a priority in the 09/10 year has resulted in the committed engagement of a very active parent leader; a mother who successfully engaged with and reunified through Nevada County CPS system. She is now a member and leader within CAPC. She also brings experience as a parent leader in Parents Anonymous.

CAPIT/PSSF/CBCAP funds supported the creation of the Parents Leadership, Engagement, and Advocacy Group (PLEAG), an active group that has met weekly as a support group and with the goal of creating the Parent Leadership Curriculum for Nevada County, which was completed in June 2011. This is funded again with the 2011 CAPIT/PSSF contracts. This has been a very successful, effective way to engage parents; about 25 parents, many with child welfare experience, support each other, engage in training, and provide active input on CSA and SIP through focus groups, surveys, and

review. This group has served as the primary vehicle for meaningful parent input on this document, and the 2010 CSA.

F. The Designated Public Agency

Nevada County Health and Human Services, Social Services, Child Protective Services is the agency designated by the Board of Supervisors to administer CAPIT/CBCAP/PSSF programs. The Child Protection Services Program Manager is responsible for managing and monitoring the administration of CAPIT/CBCAP/PSSF funds. The community based organizations receiving funding report directly to CPS, where the data is collected and compiled. It is the Program Managers responsibility to assure compliance and to prepare annual reports and outcomes evaluations. The CPS Program Manager meets on a regular basis with these organizations throughout the reporting period.

G. The Role of the CAPIT/CBCAP/PSSF Liaison

In our small county, the Child Protective Services Program Manager serves as the CAPIT/PSSF/CBCAP liaison. This is currently Margaret Duffy. The Program Manager ensures that all program, fiscal, and statistical requirements are met. The program manager works with a contracted analyst and the service providers to ensure that data is collected (on a quarterly basis), analyzed regularly, aggregated, and compiled for required and timely reports. The Liaison regularly attends the both CAPC meetings and works with Family Resource Centers to support dissemination of prevention information.

H. Fiscal Narrative

Nevada County Department of Social Services assures that the funds received will supplement, not supplant, other State and local public funds and services provided. CAPIT/CBCAP/and PSSF funds are leveraged with other funds when possible and collaborative and supportive partnerships formed to maximize the potential of these funds and provide and sustain services throughout the county. This includes a multi-agency partnership to support AmeriCorps providing services, including differential response, in four family resource centers. CAPIT and CBCAP funds will continue to be awarded to eligible non-profit agencies through an RFP process. Currently, 100% PSSF funds are also awarded to non-profit agencies as well. The CBCAP/PSSF/CAPIT liaison, which is one and the same as the CPS Program manager, ensures that PSSF requirements are met with respect to the 20% allocation to each category.

CBCAP, CAPIT, and PSSF funding is tracked by Social Services through PIN codes, invoices submitted by contractors, and oversight by CPS Program Manager. Children's Trust Fund and Kid's Plate Revenue is held in an account by Nevada County's Fiscal department for Health and Human

Services. This department also receives and processes invoices for CAPC funds in the CCTF, and provides financial information to the CAPC.

I. Local Agencies: Request for Proposal

As the designated public agency, Nevada County Health and Human Service Agency, Department of Social Services, Child Protective Services, provides the following assurances:

- A competitive process is used to select and fund programs.
- Priority is given to private, non-profit agencies with programs that serve the needs of children at risk of abuse or neglect and that have demonstrated effectiveness in prevention or intervention.
- Agencies eligible for funding provide evidence of broad-based community support and that proposed services are not duplicated in the community, are based on needs of children at risk, and are supported by a local public agency.
- The projects funded are culturally and linguistically appropriate to the populations served.
- Training and technical assistance shall be provided by private, non-profit agencies to those agencies funded to provide services.
- Services to minority populations are reflected in the funding of projects.
- Projects funded are clearly related to the needs of children, especially those 14 years of age or under.
- The County will comply with federal requirements to ensure that anyone who has or will be awarded funds has not been suspended or debarred from participation in an affected program.
- Non-profit subcontract agencies have the capacity to transmit data electronically.

For CAPIT funds, specifically, Nevada County Social Services assures that:

- Priority for services shall be given to children who are at high risk, including children who are being served by the county welfare departments for being abused and neglected and other children who are referred for services by legal, medical, or social services agencies.
- The funded agency shall demonstrate a 10% in-kind match, other than funding provided by CDSS.

J. CBCAP Outcomes

The Department of Social Services primary goals for child welfare are that children are first and foremost protected from abuse and neglect and that, children are maintained safely in their homes

whenever possible and appropriate. Goals for PSSF/CAPIT/CBCAP funds focus on maintaining current critical services to fill unmet needs while adding emphasis on meaningful parent engagement. These goals are driven by a focus on prevention which is consistent with CAPC and CAPIT/CBCAP/PSSF priorities and run parallel to a primary SIP priority of reduced recurrence of abuse and maltreatment.

Nevada County creates meaningful evaluation plans specific to CBCAP funded programs. New in this year, CBCAP/CAPIT/PSSF grantees will be encouraged to use the 5 Protective Factor Framework for evolution, an evidence-based model of building family capacity to prevent/reduce child maltreatment. Many child welfare agencies have adopted this framework statewide; in Nevada County, local Family Resource Centers, First 5, and CoRR, the contracted non-profit substance abuse treatment provider, have begun adopting this framework. Using the same qualitative outcome framework will support a county-wide effort to reduce of child abuse.

After successful selection through RFP process, at the beginning of each contract, sub-contractors work with CPS analyst to create an individual evaluation plan with the following outcomes:

- i. Engagement
- ii. Short Term
- iii. Intermediate
- iv. Long-term outcomes

The plan also indicates what tools will be used to measure progress on these outcomes. Tools include databases to measure numbers served, return visits, etc.; surveys completed by parents/consumers; and survey's completed by other service providers. The following is an example of evaluation of a CBCAP funded program:

The purpose of the Foothills Healthy Babies is to provide emotional and practical support to pregnant women and families of newborns using the evidence-based Healthy Families America model. First-time mothers, as well as mothers with older children, may qualify and benefit from the program. Home Visitors work well with mothers of all ages and backgrounds and provide services in Spanish to Latino families. The goal of the program is to help families: cope with and resolve stressful situations; connect with community resources; find and maintain medical services; learn about child development and positive parenting; enhance their child's development; reach meaningful goals that the parents set for themselves and their families with their home visitor.

The intermediate outcome was established that at least 50% of families enrolled will achieve at least one of their goals. The result from data collection demonstrated that 87% of families enrolled for at

least 3 months achieved at least one of their goals. 13% did not achieve their goal. Goals are personal and focused around child health, stability, and safety needs, including housing; childcare; and parental income/employment. This outcomes was measured through explicit goal setting tracked in the clients database file; measured monthly for services beyond three months.

New in this year, CBCAP/CAPIT grantees will be working with the 5 Protective Factor Framework, an evidence-based model of building family capacity to prevent/reduce child maltreatment. These 5 protective factors are:

Parental Resilience

No one can eliminate stress from parenting, but a parent's capacity for resilience can affect how a parent deals with stress. Resilience is the ability to manage and bounce back from all types of challenges that emerge in every family's life. It means finding ways to solve problems, building and sustaining trusting relationships including relationships with your own child, and knowing how to seek help when necessary.

Social Connections

Friends, family members, neighbors and community members provide emotional support, help solve problems, offer parenting advice and give concrete assistance to parents. Networks of support are essential to parents and also offer opportunities for people to "give back", an important part of self-esteem as well as a benefit for the community. Isolated families may need extra help in reaching out to build positive relationships.

Concrete Support in Times of Need

Meeting basic economic needs like food, shelter, clothing and health care is essential for families to thrive. Likewise, when families encounter a crisis such as domestic violence, mental illness or substance abuse, adequate services and supports need to be in place to provide stability, treatment and help for family members to get through the crisis.

Knowledge of Parenting and Child Development

Accurate information about child development and appropriate expectations for children's behavior at every age help parents see their children and youth in a positive light and promote their healthy development. Information can come from many sources, including family members as well as parent education classes and surfing the internet. Studies show information is most effective when it comes at the precise time parents need it to understand their own children. Parents who experienced harsh discipline or other negative childhood experiences may need extra help to change the parenting patterns they learned as children.

Social and Emotional Competence of Children

A child or youth's ability to interact positively with others, self-regulate their behavior and effectively communicate their feelings has a positive impact on their relationships with their family, other adults,

and peers. Challenging behaviors or delayed development creates extra stress for families, so early identification and assistance for both parents and children can head off negative results and keep development on track.

K. Peer review

CBCAP grantees will be assisted to create a peer review plan in the first year of this cycle (2011/2012 grant cycles) and implement a more formal peer review process to occur between January 2012 and January 2014. Nevada County Social Services will support grantees using the CBBCAP peer review process outline in "CBCAP Peer Review in CBCAP: A Source Document for Assessment and Best Practice".

L. Service Array

CBCAP/PSSF/CAPIT services are well-coordinated with the array of services available in Nevada County in a variety of ways. This coordination is support by our County's small size, and historic strength of collaboration and effective service coordination. Further, all CBCAP, CAPIT, and PSSF grantees meet monthly at Community Support Network meetings, which also include other community based service providers as well as county government agencies including CPS and Children's Behavioral Health, schools, community volunteers and advocates, and parents. This regular meeting is a very effective means of ensuring the CBCAP/PSSF/CAPIT services are coordinated with other services in the County.

Key aspects of service coordination are the Family Resource Centers. Past SIP and 3-Year-Plans have identified the support and strengthening of FRCs as key goals. FRCs have been supported through CAPIT, CBCAP, and PSSF funds, and includes three school-based Family Resource Centers in Western Nevada County, and the Truckee Family Resource Center on the Eastern side. They serve not only as service providers, but service coordinators. They interface regularly with CPS through differential response referrals, ensuring that high-risk children and families are referred to appropriate services. Located on school campuses ensures a close connection to the schools. AmeriCorps workers, supported by CAPIT funds, are placed in the FRC's and support multiple services and specialized knowledge of community resources.

Child Advocates provides Foothills Healthy Babies, an evidenced-based home visiting program that is well-established. They fill an important gap in addressing pregnant and

perinatal mothers; they work closely with public health nurses and connect mothers to other resources. They receive referrals from Maternal Health, as well as other service providers.

Community Recovery Resources (CoRR) provides a social worker, supported by CAPIT funds, that works with parents receiving alcohol and other drug treatment services. This position focuses on filling primary deficits in this at risk population; ensuring parents are connected with housing; employment or education; working to ensure that young children are enrolled in appropriate developmental activities. This position works closely with CPS; CalWORKS, and Family Resource Centers. CoRR also facilitates the Parent Leadership, Engagement, and Advocacy (PLEAG) group, a parent support and leadership group that meets weekly and uses the evidence-based Parent's Anonymous model. They have also developed a Parent Leadership Curriculum to foster a deep understanding in parents of county systems such as education; child welfare; health, etc.

M. CAPIT/CBCAP/PSSF Expenditure Summary and Services

Nevada County's expenditure plan identifies how funds will be expended for each funding source can be found attached, as Expenditure Summaries.

Services Description Summaries:

I. AmeriCorps/PCAC:

Purpose:

The AmeriCorps Family Support Aide, with the assistance of the Host Site Supervisor and AmeriCorps Program Coordinator, will provide support to families on home visits and in center-based services to enhance self-sufficiency, strengthen families and promote prevention of child abuse.

Although OCAP is not directly providing funding for the AmeriCorps position, our collaborative relationships with the Family Resource Centers has brought about seeking creative funding opportunities to strengthen direct services to clients.

Target Population, including minority populations, children with special needs and their families, children at high risk of abuse or neglect, children under age 14 and populations in isolated areas.

II. CoRR: Social Worker

Purpose:

The program purpose is for the social worker to assist clients to overcome barriers to self-sufficiency, assisting and advocating for them to successfully obtain or engage in services; to provide information and referrals focusing primarily on employment, housing, transportation and educational needs; to educate clients about services available in our community and by collaborating with various agencies and businesses providing clients with the tools necessary for achieving their goals while remaining clean and sober. The social worker will continue seeking resources, updating the current resource guide; and create and maintain a resource guide for the Truckee area.

The social worker meets directly with parents to determine their needs. The social worker will attend team meetings and advocate for their clients needs. The social worker also offers parenting skill trainings and education.

The CoRR social worker (SW) provides direct services through office and home visiting. They work collaboratively with the CPS SW to coordinate services. They perform AOD services and provide case management. They also provide an important link between clients with drug and alcohol issues, to additional resources so that parents can focus on recovery. This supports timely reunification. The CoRR SW is a valuable part of the team and will be included as a part of case meetings and consultations. They also support parents in their goals through Dependency Drug Court.

Target Population, including minority populations, children with special needs and their families, children at high risk of abuse or neglect, children under age 14, parents experiencing substance abuse and related mental health challenges; prioritizes women in residential treatment.

III.CoRR: PLEAG

Purpose:

Parent Leadership, Empowerment and Advocacy Group (PLEAG), collaboration between public and private agencies and independent parents will use CAPIT and PSSF funding to create a solid structure for meaningful parent engagement, support, and leadership development in Nevada County. The goals, objectives, and structure of this program are an ideal fit for CAPIT/PSSF funding objectives. The Parent Leadership, Empowerment and Advocacy Group (PLEAG) will build on the evidence-informed Parent's Anonymous® model (PA), tailoring to our community and our parent group, and also draw

from the Nevada County Community Leadership Institute (NCCLI). Parents Anonymous® Inc. is a community of parents, organizations and volunteers committed to strengthening families, building strong communities, and achieving meaningful parent leadership. Parents Anonymous® Group is a group which meets weekly, is free of charge to participants and is based on Shared Leadership and mutual support. Goals are: 1) to train and educate parents and to engage them in leadership roles according to the shared leadership model where parents work side by side with agency staff, in schools, with child welfare staff, court teams and treatment teams; and 2) To ensure that parents have a prevention-based program that offers a safe, consistent vehicle for parents to find resources; develop informal supports; develop leadership skills; access opportunities to serve in leadership roles. The PA model will provide a structure for weekly groups. Weekly groups will maintain the dual objectives of 1) ensuring parents to feel supported and engaged to foster meaningful, ongoing participation and 2) working with parents to develop a relevant Nevada County Parent Leadership Curriculum.

PLEAG targets all parents, and endeavors to be inclusive of parents who may have experience with CPS or other child services systems, and works to allow transportation and accessible meetings. The Parent Leadership, Empowerment and Advocacy groups will meet regularly in Penn Valley in Western Nevada County; however, through collaboration with Truckee FRC, the Parent Leadership curriculum will be developed to be inclusive of both Eastern and Western Nevada County.

CAPIT and PSSF funds support transportation, fund a trained facilitator and parent liaison who work in partnership to run meetings and organize community based presentations. Funds also support trainings for parent participants relevant to their shared goals.

Target Population, including minority populations, children with special needs and their families, children at high risk of abuse or neglect, children under age 14.

IV. Child Advocates: Foothills Healthy Babies

Purpose:

Foothills Healthy Babies' primary goal is to prevent child abuse and neglect before it starts, during pregnancy, in families identified to be at risk for child maltreatment. The risk level is determined by the community partner or by self report from families coping with crisis. This goal is achieved through regular home visitation and by: 1) identification of family's strengths and goals, 2) positive development of parent-child relationships, 3) healthy childhood development, 4) enhanced family functioning.

The Home Visitor comes to the home and spends about an hour each time. During each visit the client share their concerns about parenting. They can discuss their family's goals and needs. The Home Visitor listens and can answer questions. They also bring materials regarding child development, child health and safety, or community resources that match your needs.

The Home Visitor also encourages fun parent-child activities that strengthen and support healthy child development. They can explain how simple activities help your baby explore and grow. They are a good listener and can help parents solve practical problems. They can also enroll families in healthcare programs and help put together a plan for continued education or plans to go back to work. They can also provide transportation to medical appointments.

Visits are on a weekly basis at first based on need and then become monthly.

Foothills Healthy Babies serves mothers demonstrating several risk factors in Western Nevada County; children at high risk of abuse or neglect; and children under 14 (prenatal to age 3).

V. Child Advocates: Child Safety Puppeteers

Purpose:

Contractor's Child Safety Puppeteer Program (formerly known as "CAPINCS" Child Abuse Prevention in Nevada County Schools) is a child abuse education and prevention program utilizing trained high school student mentors who stage age and linguistically appropriate interactive puppet shows for elementary and pre-school children. These shows teach the children to identify inappropriate behaviors including abuse and bullying, and shows children how to take simple steps to stop those behaviors. Children are empowered when they learn at an early age that certain behaviors that may be directed toward them are inappropriate, and when they learn to trust their own feelings and gain understanding that they do not have to simply endure abuse.

Child Safety Puppeteers addresses both CAPIT and CBCAP programs by providing a school-based classroom outreach and educational program designed to promote understanding and identification of child abuse/neglect for children, their teachers and care-givers; providing straight forward education on resource options and availability. Contractor provides uniquely designed services to address special needs populations that are at risk for abuse and/or neglect. Child Safety Puppeteers also provides basic life-skills training by helping children to define boundaries for appropriate vs. inappropriate behaviors and instructing them how to seek help to stop such behavior in its tracks, important tools for self-actualization in the future. Child Safety Puppeteers brings a spectrum of community resources directly to bear on potentially abusive situations when children themselves

report that they are abused, or when teachers or caregivers observe that children may be being abused, neglected or bullied.

Target Population, including minority populations, children with special needs and their families, children at high risk of abuse or neglect, children under age 14.

VI. Truckee Family Resource Center--AmeriCorps Support and Differential Response

Purpose:

The goals of the Truckee Family Resource Center's Differential Response model are twofold: first, to develop a differential, coordinated community response model for access to community health and social services, and second, to provide collaborative services that support children and families in need as a result of differential response referrals including counseling, outreach and advocacy.

The Family Resource Center of Truckee provides services to special needs and high-risk children and families in Eastern Nevada County, and this will be the area served under this Agreement. Services are offered in multiple locations throughout the greater Truckee area including each of the coalition offices, area schools, the local hospital, in the family's home, and other locations as needed. Programs are adapted to meet the special needs of children with physical and/or learning disabilities. Families are encouraged to participate in all treatment services. Children benefit when parents make needed changes and address their issues. Working with the entire family helps create a safe place for children to thrive. Priority is given to children and families referred by health and human service professionals, including CPS, physicians, counselors, Tahoe Women's Services, child development programs, Truckee schools, etc., that have identified potential levels of abuse or neglect in the home.

CAPIT and CBCAP partially fund a FRC home visiting family advocate who provides, along with the AmeriCorps social worker, home-visiting and case management services. They also provide parenting education classes such as, "Baby and Me" classes, for new parents. They provide information and referral to parents who drop in and home-visiting to families at risk of CPS involvement. The social workers also work in collaboration with the Eastern CAPC board to provide community trainings/workshops for parents. The FRC SW's work closely with other community based organizations and the schools.

Target Population, including minority populations, children with special needs and their families, children at high risk of abuse or neglect, children under age 14.

VII. Truckee Prevention Network

Purpose: The Truckee Prevention Coalition is a collaborative relationship between Family Resource Center of Truckee (FRCoT), Tahoe Women's Services (TWS), and Sierra Nevada Children's Services

(SNCS). The goals of the Coalition are twofold: first, to develop a differential, coordinated community response model for access to community health and social services, and second, to provide collaborative services that support children and families in need as a result of differential response referrals including counseling, outreach and advocacy. The Truckee Prevention Coalition will work with FRC Family Advocates and AmeriCorps volunteers to support child abuse prevention outcomes. The Truckee Prevention Coalition uses PSSF funds to provide services, such as counseling, legal advocacy and family support to special needs and high-risk children and families in Eastern Nevada County, and this will be the area served under this Agreement. Counseling and advocacy contracted services are offered in multiple locations throughout the greater Truckee area including each of the coalition offices, area schools, the local hospital, in the family's home, and other locations as needed. Programs are adapted to meet the special needs of children with physical and/or learning disabilities. Families are encouraged to participate in all treatment services. Children benefit when parents make needed changes and address their issues. Working with the entire family helps create a safe place for children to thrive. Priority is given to children and families referred by health and human service professionals, including CPS, physicians, counselors, Tahoe Women's Services, child development programs, Truckee schools, etc., that have identified potential levels of abuse or neglect in the home.

Target Population, including minority populations, children with special needs and their families, children at high risk of abuse or neglect, children under age 14.

VIII. PARTNERS Family Resource Center--AmeriCorps Support and Differential Response

Purpose:

Nevada County Superintendent of Schools PARTNERS Family Resource Centers will offer a wide variety of events, classes and opportunities for families and children of all ages. The FRC's provide an array of services to address the unmet needs of the populations out of three sites: Grass Valley (Hennessey School); North San Juan; and Penn Valley. The FRC's are a family-friendly spaces with quality toys, children's books and a video lending library with sections on pregnancy, childbirth, parenting and wellness, a brochure rack and two public access computers with high-speed internet connection. The FRC staff will provide confidential information and referral to families for services like counseling, parenting classes, healthcare and childcare on an as-needed basis. In addition to drop-in services, such as the Drop-In play space; the clothes closet and the computer lab, the Centers may host playgroups and story time activities for young children; provide period classes including a 12-

week positive parenting class for families; and babysitting certification for young adults. In addition, the Center serves as a home for unique, parent-driven initiatives.

The FRC will incorporate these family support principles and activities:

- Staff and families work together in relationships based on equality and respect.
- Staff will support the capacity of families' growth and development.
- Families are resources to themselves and the community.
- Activities affirm and strengthen cultural, racial, and linguistic identities and enhance the ability of families to function in a multicultural society.
- Centers are embedded in their communities and contribute to the community-building process.
- Programs advocate with the families for services and systems that are fair, responsive and accountable.
- Activities are flexible and continually responsive to emerging family and community issues.
- Principles of family support are modeled in all activities, including planning, governance and administration.

Through the three PARTNERS Family Resource Centers, services are provided to children and families throughout Western Nevada County including Grass Valley, Penn Valley, North San Juan, and surrounding areas. The FRC's will prioritize special needs and high-risk children and families as necessary. Services are offered primarily at the FRC, but may include area schools, in the family's home, and other locations as needed. Programs are adapted to meet the special needs of children with physical and/or learning disabilities. Families are encouraged to participate in all treatment services. Children benefit when parents make needed changes and address their issues. Working with the entire family helps create a safe place for children to thrive. Priority is given to children and families referred by health and human service professionals, including CPS, physicians, counselors, child development programs, schools, etc., that have identified potential levels of abuse or neglect in the home.

CAPIT and CBCAP partially fund the FRC SW's providing home-visiting and case management services. They meet with parents at their center and in the home to teach parenting, help with job search/resume writing, or to help parents find resources such as food or energy assistance, to name a few.

Target Population, including minority populations, children with special needs and their families, children at high risk of abuse or neglect, children under age 14.

IX. CBCAP Coordination

Purpose:

This position receives partial CBCAP funding is used for the purpose of the coordination is to facilitate networking of prevention programs, support quality assurance, non-duplication, and efficient service delivery for prevention programs. Specifically, this funding supports quarterly data collection; coordination and oversight and provides technical assistance to CBCAP, CAPIT, and PSSF contractors.

Target Population:

This service coordination position supports services delivered under all CBCAP/CAPIT/PSSF programs, including services children at higher risk of abuse or neglect (referred to CPS and receiving DR services); those in geographically isolated areas, and children under age 14.

X. Family Preservation Services

Purpose:

The purpose of the Family Preservation program is to provide intensive services that include therapy; case management; and Parent Mentoring to families who need a higher level of support. The goal of the Family Preservation program is to use a strength-based, multi-disciplinary approach to ensure that families at risk of child abuse and/or neglect or mandatory CPS intervention can stay together. The Family Preservation program focuses on high-risk families with complex needs that do not meet criteria for CPS intervention. Referrals to Family Preservation come from schools, community partner agencies, and the Child Protective Services program and Sierra Forever Families. The Family Preservation team will work closely with CPS to identify families at risk of child abuse or neglect to provide and coordinate the most appropriate services. Family Preservation services are voluntary and are offered at no-cost to the family. Family Preservation also supports families who have finalized adoptions but are experiencing difficulties in family adjustments and/or with families considering adoption but who are struggling with children whose behaviors risk their adoptive placement. Family Preservation Team (FPT) members provide home visits to families who engage in services, assessing their needs and creating a family support plan. The comprehensive assessment is created by drawing on the family's own assessment of their strengths and need, as well assessments by program staff (social worker and the public health nurse; if the social worker deems a mental health assessment necessary, this may be provided by a licensed mental health practitioner. Referrals to relevant community services are made based on the resultant family support plan, and advocacy provided to support successful service connection. Common services include employment, housing, childcare,

welfare, financial planning, food, clothing, legal services, medical and dental, parenting training, and mental health.

The FPT members serve as coaches, empowering and supporting families through ongoing case management to help families become self-sufficient and high-functioning. The FPT mission is to help families stay together with an improved quality of life, and become more functional, healthy and happy members of the community.

Target Population: Target population is children at high risk of abuse or neglect.

Nevada County SIP 2011 List of Attachments

1. Contributions to the State Program Improvement Plan
2. 2011 SIP Matrix
3. 2011 SIP Participants
4. Child Abuse Prevention Council Roster
5. CSNNC Roster
6. Nevada County 2011 County Self Assessment Summary
7. Nevada County 2010 PQCR Summary
8. OCAP Expenditure Summary

Contributions to the State Program Improvement Plan (PIP) Plan

The chart below identifies Nevada County's SIP strategies as they relate to and support the PIP statewide strategies identified by the Department of Social Services.

Statewide PIP Strategy	Nevada County SIP Goal or Strategy
Strategy 1: Expand use of participatory case planning strategies.	<p>Strategy 2.2: Introduce new case plan tool to increase parent engagement in the case planning and implementation of case plan and more efficiently use social worker.</p> <p>1. 3 Establish Team Decision Making Processes.</p> <p>1.3.1 Support family team meetings or team decision making processes through contracted service providers</p> <p>1.3.2 Research use of EPSDT to support TDM processes.</p> <p>1.3.3. Establish protocol for TDMs in Nevada County.</p>
Strategy 2: Enhance permanency efforts	<p>Strategy 1. 2 Improve and formalize concurrent planning processes.</p> <p>1.2.1 Train all social workers on concurrent planning.</p> <p>1.2.2 Work with FFA to train staff on concurrent planning.</p> <p>1.2.3 Develop policy and procedure specific to Nevada County's concurrent planning process.</p> <p>Strategy 1. 1 Implement Family Finding thoroughly (following AB12).</p> <p>1.1.2 Develop work-group to improve coordination between agencies and providers related to family finding.</p>
Strategy 3: Enhance and expand caregiver recruitment, retention, training, and support efforts	<p>Strategy 2. 1 Implement Intensive Treatment Foster Care. This will better equip foster parents to successfully parent youth with more complex needs.</p> <p>2.2.2 Sponsor "Implicit Bias" training for community, targeting FFAs and foster parents</p>
Strategy 5: Sustain and expand staff/supervisor training	<p>Goal 1.0 Finish, improve, and maintain policy and procedure manual that supports social worker best practice</p> <p>Strategy 2. 1 Ensure that trainings are used efficiently identified to optimally support SIP outcomes. Implement a system to plan trainings that directly link to SIP identified outcomes and best-practices.</p> <p>2.1.3 Hold trainings for CPS, Probation, and as possible, offer to community providers, on TDM; Family Finding; Signs of Safety</p> <p>2.1.2 CPS and Probation meet annually at minimum to develop training plan</p>

SIP Component Template

Outcome/Systemic Factor: Recurrence of Maltreatment in the first six months of the study year (S1.1) and Re-entry into Foster Care Following Reunification (C1.4)

Of all children who were victims of a substantiated maltreatment allegation during the first six months of the year, what percent were *not* victims of another substantiated allegation within the next 6-month period//Of all children discharged from foster care to reunification during the year, what percent reentered foster care in less than 12 months from the date of discharge? These two factors are combined because research has shown that with a comprehensive assessment of risk, coupled with tailored services and increased parent engagement both of these outcomes measures will be positively impacted.

County's Current Performance: Data demonstrate that Nevada County again fails to meet the national standard on safety factor S1.1 and C1.4. According to CWS/CMS Quarterly data (Needel et al.), Nevada County has not met the national standard. *Nevada County 10/01/2009 to 3/31/2010: 85.5% National standard: 94.6% for S1.1 & Nevada County 10/01/2008 to 9/30/2009: 33.3% National Standard 9.9%* Nevada County has made improvements on these indicators, but has remained fairly consistently below goal. Considering trends and stakeholder consensus, factors that have affected improvements in these areas are 1) Increased community based services, e.g. AOD services, WRAP, batterers intervention 2) improved CPS practice, specifically better risk assessment when opening cases and improved early parent engagement. Possible challenges contributing to not meeting this benchmark were identified in the CSA as families not being fully engaged and possibly benefitting from enhanced voluntary services. PQCR noted that full utilization of SDM, increased mental health assessments, and greater utilization of family strengths and needs assessments would be beneficial.

Improvement Goal 1.0 Improve to 90+ percent in year one for S1.1 & decrease C1.4 by 5 % in year one.

<p>Strategy 1. 1 Maintain robust community-based services that provide supports to families with more complex needs, including AOD, Family Preservation and WRAP services.</p>	<input checked="" type="checkbox"/>	CAPIT	<p>Strategy Rationale: When family needs are assessed and comprehensive services are in place outcomes are improved. With recurrence and re-entry stakeholders felt that services needed to be integrated to alleviate gaps and to ensure seamless service delivery. Parents felt that too often service providers didn't have clear picture of the CPS case plan and goals.</p>
	<input checked="" type="checkbox"/>	CBCAP	
	<input checked="" type="checkbox"/>	PSSF	
	<input type="checkbox"/>	N/A	

<p>Milestone</p>	<p>1.1.1 Increase communication and collaboration between community and CPS service providers. CPS management regularly attends Community Support Network and Truckee CAPC meetings.</p>	<p>Timeframe</p>	<p>January 2012 and maintain through out SIP implementation.</p>	<p>Assigned to</p>	<p>Program Manager, supervisors</p>
	<p>1.1.2 Include services in CBCAP/PSSF/CAPIT RFP that support families with complex needs.</p>		<p>April 2012.</p>		<p>RFP Committee</p>
	<p>1.1.3 Community provider presentations at monthly CPS staff meetings and at PLEAG meetings for parents. These presentations will focus on client's services and how we target</p>		<p>January 2012 and maintain through out SIP implementation.</p>		<p>Ongoing and ER supervisors, community service providers</p>

	services specific to harm and danger. Staff and parents will receive a short pre/post evaluation to assess knowledge level and evaluate planned usage.				
Strategy 1.2 Improve utilization of thorough and early assessments that include more comprehensive assessment of mental health and AOD issues.		<input type="checkbox"/> CAPIT <input type="checkbox"/> CBCAP <input type="checkbox"/> PSSF <input checked="" type="checkbox"/> N/A	Strategy Rationale: Structured Decision Making (SDM) will be used in collaboration with Signs of Safety (SOS). Risk and safety assessments occur at the beginning of a case, in conjunction with SOS mapping, to assess targeted service delivery. The Family Strengths and Needs Assessment (FSNA) is then used to drive effective case planning. When family's needs are assessed early and with research based tools, the services provided accurately address the concerns. Recurrence and re-entry can then be impacted in a positive way.		
Milestone	1.2.1 Supervisors review SDM utilization and ensure fidelity and timeliness; attain 90% or above.	Timeframe	January 2012 and maintain through out SIP implementation.	Assigned to	Supervisors to review; All social workers to implement.
	1.2.2 Finalize, implement and adhere to new ER assessment outline. This outline is a tool to streamline the emergency response process while offering a thorough assessment of the needs for the client.		Finalize new tool January 2012; & fully implement by April 2012.		ER supervisor; Program Manager; ER social workers to implement.
	1.2.3 Provide ongoing technical assistance on SDM.		November 2011 integrate SDM into Weekly Case Reviews – on-going		Program Manager, supervisors
Strategy 1.3 Establish case review team to analyze all return referrals (S1.1 data) on an ongoing basis.		<input type="checkbox"/> CAPIT <input type="checkbox"/> CBCAP <input type="checkbox"/> PSSF <input checked="" type="checkbox"/> N/A	Strategy Rationale: As a small county we can thoroughly review all case examples of return referrals to pinpoint opportunities for revised strategies or improved practices.		
Milestone	1.3.1 Identify representatives from each unit (ER and ongoing).	Timeframe	May 2012	Assigned to	PM, Supervisor; 1 staff from each unit.
	1.3.2 Hold first meeting and establish meeting schedule.		July 2012		(people identified above)

	1.3.3 Report to full CPS staff; Placement Committee, or other relevant stakeholders on any identified trends or improvement areas.	June 2013	Analyst and case review team
	1.3.4 Team will analyze results and establish strategies to streamline service delivery. New policies and procedures will be put in place based on the results and indicators found.	August 2013 and maintain throughout SIP implementation	Case review team

Support for Improvement Goal 1.0 To improve parent engagement.

Strategy 2. 1 Implement Signs of Safety.		<input type="checkbox"/> CAPIT <input type="checkbox"/> CBCAP <input type="checkbox"/> PSSF <input checked="" type="checkbox"/> N/A	Strategy Rationale: research shows that System Wide Implementation of SOS reduces both recurrence of maltreatment and re-entry after reunification and provides for meaningful safety for children in high-risk cases. Parent and youth engagement are key factors in SOS and have proven results for getting parents engaged earlier in their case and targeting services. Then families can mitigate the harm & danger present and provide safety quicker for their children.		
Milestone	2.1.1 Send one staff from each unit to 40-hour training; PM and Supervisors to 24 hour training.	Timeframe	Assigned to		
	2.1.2 Attend convening to share best practices with other counties.			Immediately.	ER supervisors/ 1 staff; Ongoing supervisor/1 staff; PM
	2.1.3 Implement group supervision with case consult on all ongoing cases.			November 2011	ER supervisors/ 1 staff; Ongoing supervisor/1 staff; PM
2.1.4. Contract with UCD N. Cal training academy for ongoing technical assistance and establish evaluation protocol with UCDavis team.	Immediately and ongoing.	On-going supervisor			
	2.1.4. Contract with UCD N. Cal training academy for ongoing technical assistance and establish evaluation protocol with UCDavis team.	October 2011	PM and Training Academy Staff		
Strategy 2. 2 Introduce new case plan tool and after-care planning tool to increase parent engagement and implementation of case plan goals and more efficiently		<input type="checkbox"/> CAPIT <input type="checkbox"/> CBCAP <input type="checkbox"/> PSSF	Strategy Rationale: By implementing a more effective case plan document, families gain greater understanding of their case plan goals and social workers gain more time to		

use social worker time. Early engagement also leads to timely outcomes in reunification or toward timely permanency for youth.		<input checked="" type="checkbox"/>	N/A	effectively provide quality case management. This allows families to engage sooner leading to better outcomes. Research has shown that when families experience early engagement along with targeted services, there is much less likelihood that there will be recurrence of maltreatment and with aftercare planning, families don't re-enter the system as often, if at all.	
Milestone	2.2.1 Research current tools in counties using family focused strategies.	Timeframe	November 2012	Assigned to	Program Manager; Juvenile Placement PM; Analyst
	2.2.2 Draft improved case plan for circulation.		May 2012		PM, Analyst
	2.2.3 Hold meetings with court, attorneys, parents, and relevant community to elicit input on case plan elements.		June and July 2012		Placement Committee
	2.2.4. Implement new case plan.		December 2012		CPS staff

Strategy 3.1 Implement a Sanction Matrix for all violations of Juvenile Probation		<input type="checkbox"/>	CAPIT	Strategy Rationale: Promote immediate, certain, consistent and fair responses to technical violations of probation is an evidence-based, research-supported adjudication strategy. The sanction matrix would provide constant sanctions for violations of probation orders, including placement orders, by choosing the least restrictive means of addressing a violation based on risk of re-offense and severity of the pending violation of probation. Use of the sentencing matrix increase the number of maintained placements compared to previous traditional subjective-based administration of consequences.	
		<input type="checkbox"/>	CBCAP		
		<input type="checkbox"/>	PSSF		
		<input checked="" type="checkbox"/>	N/A		
Milestone	3.2.1 Research Sanction Matrix utilized by other Probation Department in the State of California (the sanction matrix is a system to determine level of sanctions for offenders)	Timeframe	April 2012	Assigned to	Juvenile Probation PM
	3.2.2 Create local Sanction Matrix for violations of probation. Establish Business Rules for		June 2012		Juvenile Probation PM

Probation Staff to follow.			
3.2.3 Implement Sanction matrix based on risk and severity of probation violation.		July 2012	Juvenile Probation PM

Describe any additional systemic factors needing to be addressed that support the improvement plan goals.

Staffing -- Ongoing challenges where staffing structure is not conducive to social workers spending optimal time on family engagement can be addressed to improve this; improved training on staff efficiency and organization addressed in this SIP should support this outcome. Case planning/review, addressed elsewhere in the SIP, will support improvement on this outcome.

Describe educational/training needs (including technical assistance) to achieve the improvement goals.

Training on SOS
 Training on implementing SDM with fidelity

Identify roles of the other partners in achieving the improvement goals.

Community organizations providing service to children and families are critical to the goal of reducing the occurrence and recurrence of abuse and neglect. An important role will be played by family resource centers as they link families to an array of available services.

Identify any regulatory or statutory changes needed to support the accomplishment of the improvement goals.

The county does support collaboration with our community partners and looking for innovative strategies to support all our improvement goals.

SIP Component Template

Outcome/Systemic Factor: Permanency Composite C3

County's Current Performance:

C3.1 Exits to Permanency (24 months in care)

Of all children in foster care for 24 months or longer on the first day of the year, what percent were discharged to a permanent home by the end of the year and prior to turning 18?

National Standard/Goal: 29.1% Nevada County 10/01/2009 to 9/30/2010: 45.0% Meets/Exceeds

Trend: Nevada County exceed the standard for the last two years

C3.2 Exits to Permanency (Legally free at exit) Of all children discharged from foster care during the year who were legally free for adoption, what percent were discharged to a permanent home prior to turning 18?

National Standard/ Goal: 98% Nevada County 10/01/2009 to 9/30/2010: 91.7% Does not meet

Trend: With the exception of the last two 12-month periods, in each of which 11 of 12 children legally free at exit were discharged to permanent homes before turning 18, Nevada County has consistently performed at 100% since 2000 (88.9%). Probation did not have any youth in this measure.

C3.3 In Care 3 Years or Longer (Emancipated/Age 18) Of all children in foster care during the year who were either discharged to emancipation or turned 18 while still in care, what percent had been in foster care for 3 years or longer?

National Standard/ Goal: 37.5% Nevada County 10/01/2009 to 9/30/2010: 50% (2 of 4 children) Does not meet

Trend: There is a multi-year trend showing Nevada County not meeting the national standard.

Improvement Goal 2.0 Year one: Improve Exits to permanency by maintaining or increasing C3.1, by increasing C3.2 by 3-5%, and decreasing C3.3 by at least 5%.

Strategy 4.1 Implement Family Finding (FF) thoroughly (following AB12).

<input type="checkbox"/>	CAPIT
<input type="checkbox"/>	CBCAP
<input type="checkbox"/>	PSSF
<input checked="" type="checkbox"/>	N/A

Strategy Rationale: FF helps reconnect children with safe, healthy families which speeds their recovery from emotional trauma. Children often feel abandoned and desperate for family connections. Strong family connections offer children stability and permanency. If these connections happen early in a case, children find a permanent family placement and

				recover quicker from the emotional trauma.		
Milestone	4.1.1 Contract with community based providers to provide family finding services.	Timeframe	January 2012		Assigned to	PM and Analyst
	4.1.2 Develop work-group to improve coordination between agencies and providers related to family finding.		March 2012			PM and Analyst
	4.1.3 Host joint-training (CPS/Probation) in family finding and engagement of extended family members.		September 2012			Juvenile Probation Program Manager, CPS Ongoing Supervisor
Strategy 1. 2 Improve and formalize concurrent planning processes.		<input checked="" type="checkbox"/>	CAPIT	Strategy Rationale: When social workers understand concurrent planning, they will be more likely to identify permanent homes for youth. Concurrent planning begins when a child is removed from the home. ER social workers understanding the concurrent process can start concurrent placements for youth at detention. When parents are engaged early in concurrent planning they have a better understanding of timelines and children either return home more quickly or permanency is obtained earlier due to greater cooperation.		
		<input checked="" type="checkbox"/>	CBCAP			
		<input checked="" type="checkbox"/>	PSSF			
		<input type="checkbox"/>	N/A			
Milestone	4.2.1 Train all social workers on concurrent planning and work with the Foster Family Agencies (FFA) to train their staff also.	Timeframe	Begin 2012 and ongoing.		Assigned to	PM and supervisors
	4.2.2 Develop case planning tool that includes concurrent plan and then develop policies and procedures specific to Nevada County's concurrent planning process.		October 2012.			QPI Team
	4.2.3 Social work supervisors will monitor case plan/concurrent plan through case staffing held weekly and at court status reviews for the case.		November 2012			PM and Analyst

Strategy 4.3 Establish Team Decision Making Processes.		<input checked="" type="checkbox"/>	CAPIT	Strategy Rationale: A group, including professionals, community partners, parents and family members can often be more effective in making good decisions than an individual. Also when the whole family is involved effective plans are put into place more often so that permanency is achieved timely and children don't linger in foster-care or age out of the system. SOS is an effective tool to be used in team meetings.		
		<input type="checkbox"/>	CBCAP			
		<input type="checkbox"/>	PSSF			
		<input type="checkbox"/>	N/A			
Milestone	4.3.1 Support family team meetings or team decision making processes through contracted service providers	Timeframe	March 2012		Assigned to	PM, supervisors and family preservation team
	4.3.2 Research use of Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) funding to support Team Decision Making (TDM) processes.		January 2012			Program Manager, Analyst, Behavioral Health
	4.3.3. Establish protocol for TDMs in Nevada County using the Signs of Safety mapping tool. This tool targets the danger statement for that particular family and looks at strengths, strategies and contributing factors that target specific outcomes to promote safety.		June 2012			UCD provides TA; contractor provides support.

Support for Improvement Goal 2.0 To Implement Quality Parenting Initiative in Nevada County. (CPS and Probation)

Strategy 5.1 Implement Intensive Treatment Foster Care (ITFC).	<input type="checkbox"/> CAPIT	Strategy Rationale; Provides family-based treatment alternatives to group care for children with emotional and behavioral difficulties. Youth get to stay in their community, receive highly individualized care and work on permanency.
	<input type="checkbox"/> CBCAP	
	<input type="checkbox"/> PSSF	
	<input checked="" type="checkbox"/> N/A	

Milestone	5.1.1 Develop contract for pilot ITFC with community-based provider and possibly neighboring Placer County.	Timeframe	July 2012	Assigned to	Behavioral Health Program Manager, Juvenile Probation Program Manager, Social Services Director, HHSA Director Placer County Director and staff
	5.1.2 Formally assess first year outcomes and come back to the team with strategies that may be needed for such things as recruitment, training, and continued collaborations.		October 2013		Behavioral Health Program Manager, Social Services Director, HHSA Director, CPS PM, ITFC Task Force
	5.1.3 Maintain regular ITFC Task Force meetings with relevant stakeholders including faith-based community, foster parent association, Probation, & CPS.		January 2012 and maintain through implementation.		Children's Behavioral Health PM, Juvenile Probation Program Manager

Strategy 5.2 Refine working relationships with FFAs.	<input type="checkbox"/> CAPIT	Strategy Rationale: Through the Quality Parenting Initiative we will work to establish a partnership between the key players to foster open communication and common goals and practices. Foster parents are an integral part of the CPS team. When foster parents feel unsupported they often give 7-day notice rather than working with a youths challenging behaviors. But when foster parents are valued and seen as a resource, they work harder for children and actively support reunification goals.
	<input type="checkbox"/> CBCAP	
	<input type="checkbox"/> PSSF	
	<input checked="" type="checkbox"/> N/A	

Milestone	5.2.1 Establish monthly meetings with the FFA's.	Timeframe	April 2012	Assigne	CPS PM, Juvenile Probation Program Manager and FFA management
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	<p>5.2.2 Sponsor "Implicit Bias" training for community, targeting FFA staff, CPS staff and foster parents. This training is about fostering the relationships between FFA and CPS staff and foster parents forming an effective partnership to support families.</p>		May 2012		Community partner
	<p>5.2.3 Secure facilitator to provide relationship building training for CPS/FFA staff through UC Davis. This will be developed and evaluated through a grant with <i>Mission Focused Solutions</i> & UC Davis staff.</p>		Jan-June 2012		PM, Northern CA Training Academy
<p>Strategy 5.3 Use placement committee meetings to further all placement goals (above).</p>			<input type="checkbox"/> CAPIT <input type="checkbox"/> CBCAP <input type="checkbox"/> PSSF <input checked="" type="checkbox"/> N/A	<p>Strategy Rationale: Permanency happens for children when collaborations occur with a common purpose of meeting the family and child where they are. The placement committee will take on a greater role in staffing the needs and fit for each child with the over all goal being the best support for the family. Youth that are in the right placement, one that meets their particular needs, stay and often thrive instead of bouncing around from place to place. When children are settled parents can then focus on the work they need to do to provide safety.</p>	
Milestone	<p>5.3.1 Maintain regular weekly meetings.</p>	Timeframe	On-going	Assigned to	Placement team
	<p>5.3.2 Establish standing agenda review items that will support the above goals.</p>		November 2012		Probation PM, Gail Johnson-Vaughan; Behavioral Health; CPS PM

Support for Improvement Goal 2.0 To engage court partners in refining timely processes to support permanency and child well-being.

Strategy 6.1 Improve and refine relationships and processes between courts and child welfare through monthly meetings with the courts and through collaboration with the community advocacy group & Palm Tree Advisory Board.

- CAPIT
- CBCAP
- PSSF
- N/A

Strategy Rationale: Families benefit when the courts and CPS staff provide a streamlined court processes that gives them time to focus on their children and the services they need for timely reunification. Children languish on foster care and age out of the system when reunification is hampered and/or prolonged. Children often can't maintain a permanent placement because they don't know the outcome of their case and can't settle into their new life. It is critical that timely reunification occur or concurrent planning happen so youth aren't in limbo.

Milestone	6.1.1 Engage courts in placement committee.	Timeframe	March 2012	Assigned to	County Counsel and CPS PM
	6.1.2 Meet with new, incoming dependency judge to review and refine court procedures.		January 2012		HHSA Director, DSS Director, CPS PM and CC
	6.1.3 Explore feasibility of contracting with single (or very few) dependency attorneys.		June 2012		Same as above

Describe any additional systemic factors needing to be addressed that support the improvement plan goals.

Case planning is addressed as a systemic factor (following); as analysis suggests that better case planning processes are essential to this outcome and others.

Describe educational/training needs (including technical assistance) to achieve the improvement goals.

Training on Family Finding and Team Decision Making or similar process is needed to support these improvement goals.

Identify roles of the other partners in achieving the improvement goals.

Courts are a key partner in improving timeframes to permanency. FFAs will support this goal; community-based provider roles include supporting family finding.

Identify any regulatory or statutory changes needed to support the accomplishment of the improvement goals.

SIP Component Template

Outcome/Systemic Factor: Staff/Provider Training

County's Current Performance: Currently Nevada County provides staff training through a partnership with the UC Davis Northern Training Academy. UC Davis also provides technical support for our county during implementation of special projects. Nevada County is a small rural county that often experiences a higher than average turnover rate with our employees. Because we are a rural county surrounded by larger counties, that often have a higher rate of pay, it is often difficult to recruit quality social workers, especially ones with prior CPS experience. Also being a smaller agency, we do not have a formal training unit, nor the support staff needed to perform extra functions such as developing a policies and procedures manual. UC Davis will be providing technical assistance for one year on Signs of Safety. This practice will be instrumental in all our outcomes for child welfare.

Improvement Goal 3.0 Complete and maintain policy and procedure manual that supports social worker best practices. Complete one policy and procedure monthly and update one policy and procedure monthly throughout the cycle.

Strategy 1.1 Ensure that the policies and procedures manual are completed and a system for updating it is in place. The manual will be housed on a shared directory that social workers can access daily.

- CAPIT
- CBCAP
- PSSF
- N/A

Strategy Rationale: When staff have a comprehensive tool available that can answer practice questions and detail procedures, they can utilize their time more effectively.

Milestone	7.1.1 Develop, for new PM, a detailed list of what P&P's are completed and what is left to complete, choose P & P for each month to review/update.	Timeframe	July 2011	Assigned to	Analyst
	7.1.2 Develop a systematic approach to completing the remaining Policies & Procedures. Create a timeline and assign to the appropriate unit so that the Supervisor receives the P & P on the 1 st , submits edited draft on the 20 th and is then completed and posted by the 30 th of each month.		August 2011		Analyst, Supervisors and CPS PM

7.1.3 Develop and implement a system for on-going updates to the manual. Develop a tracking system to review P & P's oldest to newest, each being flagged for updating on a monthly basis on same timeline as above.	August 2012	Same as above
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Improvement Goal 4.0 Improve staff efficiency, competency, and morale through effective use of training resources.				
Strategy 8. 1 Ensure that trainings are used efficiently identified to optimally support SIP outcomes. Implement a system to plan trainings that directly link to SIP identified outcomes and best-practices.		<input type="checkbox"/> CAPIT <input type="checkbox"/> CBCAP <input type="checkbox"/> PSSF <input checked="" type="checkbox"/> N/A Strategy Rationale: Training resources (dollars and staff time) are limited, so trainings should be used judiciously and focus on best-practices that align with SIP goals. Collaborative planning with CPS and Probation can ensure that training is put to its best use.		
Milestone	8.1.1 Annual training plan includes space to identify related SIP goal.	Immediately	Assigned to CPS PM, supervisors and staff	
	8.1.2 CPS and Probation meet annually at minimum to develop training plan.	Immediately		CPM and Probation PM
	8.1.3 Hold trainings for CPS, Probation, and as possible, offer to community providers, on.TDM; Family Finding; Signs of Safety	June 2012		UCD, PM's, community partners
Strategy 8. 2. Enhance collaboration and mutual support within CPS staff.		<input type="checkbox"/> CAPIT <input type="checkbox"/> CBCAP <input type="checkbox"/> PSSF <input checked="" type="checkbox"/> N/A Strategy Rationale: When staff feel valued and heard, they will make more positive contributions to their environment and will stay longer in their positions.		
Milestone	8.2.1 Create Staff Support workgroup.	December 2011	Assigned to CPS Staff	
	8.2.2 Staff support workgroup develops "informal best practices toolkit".	June 2012		CPS ER & On-going Staff
	8.2.3 Out of workgroup begin developing a formalized training system for new staff. (Currently Nevada County does not have a formal training unit for new social workers coming into child welfare)	November 2012		CPS Staff

Strategy 8.3 Move toward a paperless file system.		<input type="checkbox"/> CAPIT	Strategy Rationale: Currently CPS files are so cumbersome that SW's & CASA's often use up valuable time looking for pertinent information. With a paperless file the information will be identically cataloged for each case and the information will be available immediately.		
		<input type="checkbox"/> CBCAP			
		<input type="checkbox"/> PSSF			
		<input checked="" type="checkbox"/> N/A			
Milestone	8.3.1 Meet with Eligibility PM to look at CIV system and procedures developed for their paperless system.	Timeframe	Immediately	Assigned to	CPS PM & Eligibility PM
	8.3.2 Research other county practices then pick a test case to look at feasibility & to help establish system and protocols..		January 2013		CPS PM ,Analyst, OA
	8.3.3 Start a procedure of scanning and categorizing the files.		March 2013		PM, OA and Social Service Aid.

Describe any additional systemic factors needing to be addressed that support the improvement plan goals.

It is essential that we include our community partners and parent partners/groups in on our training so that we are all hearing a similar message and having shared goals for parents and children.

Describe educational/training needs (including technical assistance) to achieve the improvement goals.

Since Nevada County just recently switched to CIV and has begun going to paperless files, we can utilize their knowledge and key components of that system. Also we now have scanning capabilities on site and can further work with our IS department to establish an effective way to catalog our files.

Identify roles of the other partners in achieving the improvement goals.

Eligibility staff and PM, IS Department, UC Davis staff to partner on training plan strategies.

Identify any regulatory or statutory changes needed to support the accomplishment of the improvement goals.

Name	Agency	
Ackerman, Tim	Habitat for Humanity	
Ackerman, Janie	Habitat for Humanity	
Bateman, Dawn	Family Preservation, SFF	PSSF
Boyd, Sandy	Sierra Forever Families	Adoption partner
Coovert, Chuck	CAPC Board, CoRR, CASA	CAPC Board
DeMartini, Laurie	Partners FRC, San Juan Ridge site	AmeriCorps Family Support Aide
Dent, Mike	Nevada County Juvenile Probation	Program Manager
DeWitt, Charleen	Child Abuse Prevention Council	CAPC Board
Dunckel, Lindsay	First 5 Nevada County	Executive Director, 1st 5
Gartin, Genevieve	Maternity Health Clinic	Resource Family
Graebner, Mary	Soroptimist	
Harter, Laura	Child Advocates	Executive Director, CAPIT partner
Kelly, Cristine	Sierra Mentoring Partnership	
Lovett, Ariel King	Parent, Coalition for a Drug Free Nevada County, CoRR	
Luce, Meg	Baby & Me, Triple P Parenting	Safe Schools, First 5
MacDonald, Jan	Child Advocates	CBCAP partner
Malley, Diana	San Juan Ridge FRC	CAPIT partner
McGrew, Kristen	Safe Schools/Healthy Students	

McMaster, Suzanne	Child Protective Services	Supervisor
Meagher, Margaret	Child Advocates Safe Schools/Healthy Students	CAPIT partner
Moller, Connie		
O'Hara, Sharon	Nevada County Citizens for Choice	
Pena, Rachel	Victor Support Svcs; formerly CPS program manager	Executive Director
Russell, Ned	Coalition for a Drug Free Nevada County, 40 Assets Community Recovery	Volunteer
Santa Cruz Reed, Cir	Resources	CAPIT partner
Schmidt, Sandy	Women of Worth	Executive Director
Slade, Rebecca	Nevada County Children's Behavioral Health	Program Manager
Scott, Leslie	CPS	ER Supervisor
Turner, Sharyn	Nevada County Superintendent of Schools	Schoolwide Health Coordinator
Walz, Lael	EMQ Families First, National Alliance on Mental Illness	
Welz, Lenda	CAPC Board/CASA/JJDCP	CAPC Board
Westbrook, Marcia	CCCC/CAPC	CAPC Board
Wilson, Cindy	Nevada County Dept. of Health KARE Crisis	
Woerner, Lynn	Nursery	

Angove, Tammy, and 7 other birth parents	Parent and Families; names withheld	Parents, Consumer
Resource Parents, 5	Names withheld	Resource Parents
Former Foster Youth	Names withheld	Youth
Eckert, Katie	Health and Human Services	Behavioral Health
Steffenberger, Lee	Children's Behavioral health CPS, Probation,	
Kestler, Katherine	Public Health	Public Health Nurse
Crimi, Vickie	Probation	
Gale, Marilyn	CPS-Eligibility	Eligibility worker
Duffy, Margaret	Child Protective Services	Program Manager
Lehman, Alison	Social Services	Director
Sheller, Cally	Child Protective Services	Social Worker IV
Martinez, Charity	Child Protective Services	Social Worker III
Hollier, Deborah	Child Protective Services	Social Worker III
Dobbins, Jennifer	Child Protective Services	Social Worker IV
Gobert, Juliet	Child Protective Services	Social Worker III
Casci, Kathleen	Child Protective Services	Social Worker III
Allen Kim	Child Protective Services	Social Worker III
Toaetolu, Laura	Child Protective Services	ER Social Worker II
Pearcy, Melissa	Child Protective Services	Aide
Ready, Nick	Child Protective Services	ER, Social Worker IV
Duncan, Sarah	Child Protective Services	Social Worker III

CAPC Board Roster 2011

NAME
Charleen DeWitt Member
Chuck Coover Treasurer
Lenda Welz Chair
Lindsay Dunckel, PhD Vice-Chair
Laura Cummins Member
Marcia Westbrook Member
Pam Davinson Secretary
Rachel Pena Roos Member
CAPC Coordinator Paula Roediger

Community Support Network of Nevada County Roster

PARTNERS FRC
Alta Regional
Baby & Me
Big Brothers/Big Sisters of Nevada County
Cal Works / One Stop / CAPC Board
CAPC Board
CCCC
Child Advocates
Colaborando / Infant Program
Conflict Resolution Center (C.R.C.)
CoRR
County Librarian
CPS
Dial 211 / Adult Services
Drug Free Nevada County
DVSAC
EMQ Families First
EMQ FF
EMQFF
Environmental Alternatives
Family Preservation
First 5

Community Support Network of Nevada County Roster

Food Bank of Nevada County
Habitat for Humanity
Head Start
Health & Human Services
Homeless Teen Task Force
JJDPC / KARE / SIGV
Job Developer, NJUHSD
K.A.R.E. Crisis Nursery
Mission Focused
Native TANF
NC Health & Human Services Dept
NC HHSD
NCSOS
NCSoS/SSHS
Nevada County Probation Department
New Family Post
NUHSD
Parks & Recreation
PCAC / Early Head Start / NSJFRC
Safe Schools Healthy Students
San Juan Ridge FRC

Community Support Network of Nevada County Roster

Sierra College
Sierra Family Medical Clinic
Sierra Forever Families
Sierra Mentoring Partnership
SJR FRC
SNCS
Touched by a Child Foundation
Truckee FRC / TT CAPC
TT Community Collaborative
United Way
Victim Witness
WFCF / CAPC Board / JJDPC
Women of Worth
Youth United / SAAB

Summary of Nevada County 2011 County Self Assessment

The 2011 County Self Assessment for Nevada County engaged multiple key stakeholders at all levels in a process to analyze performance on eight child welfare outcomes and seven systemic factors.

The summary assessment of the 2011 Self Assessment distills challenges, strengths, and improvement opportunities for each indicator and systemic factor. Indicators are organized around the eight C-CSFR child welfare outcomes. It is very important to consider that because this County's numbers are so small, the data is often statistically insignificant and it can be difficult to derive meaningful trends. Systemic factors, which influence many outcomes, are discussed separately.

The assessment process revealed some overarching themes, both positive and challenging. Nevada County's primary strengths lie in dedicated staff, successful collaboration, effective program and technology implementation, few but quality foster care placements and community support. These strengths drove the County to exceed the Federal target on eight indicators, and improve on others, especially in the reduction of recurrence of maltreatment. Primary deficits for the county include a dearth of affordable housing, lack of inclusive case planning, and insufficient CPS staffing.

Outcome 1: Children are, first and foremost, protected from abuse and neglect.

S1.1: Recurrence of Maltreatment (*Did not meet; however, it is vastly improved and almost meets*)

S2.1: No Maltreatment in Foster Care (*Exceeded*)

2B and 2C: Timely Response and Social Worker Visits (*Exceeded*)

Contributing Factors: Themes emerge around the need for support services after children are returned home. Increased CPS staffing would allow for more frequent follow-up.

Strengths: Implementation of WRAP services positively impacted recurrence of maltreatment, as we had hoped. For 10 years we have maintained a 0% rate of abuse in foster care. A small but quality pool of foster placements continues to exceed this safety outcome. Also, it is possible that the implementation of SDM in 2006 has supported improvement on this factor with improved risk assessment. SafeMeasures supports timely response and social worker visits, which are excellent for CPS.

Improvements:

- Evaluate CPS staffing levels
- Ensure consistent risk assessment at all times

- Provide intensive transition services (Probation and CPS)
- Carefully organize and ensure quality services after return for all children
- Maintain WRAP services and drug abuse prevention and recovery services

Outcome 2: Children are maintained safely in their homes whenever possible and appropriate.

Related Indicators:

- C1.1 Reunification within 12 months (*Exceeded*)
- C1.2 Median time to reunification (*Did not meet*)
- C1.3 Reunification within 12 months, entry cohort (*Exceeded*)
- C1.4 Re-entry following reunification (*Did Not Meet*)

Challenges: Insufficient transition services upon reunification as well as lack of service continuity may contribute to higher rates of re-entry following reunification, as well as this County's commitment to reunify families if at all possible (C1.4). Court processes can delay timely reunification (C1.2). Families may not be fully understanding of, and therefore insufficiently invested in case planning.

Strengths: Nevada County works to ensure that children reunify as quickly as possible; generally youth have short stays in foster care. Programs such as Family Preservation support families in-home. Probation's Placement Committee allows for collaborative and comprehensive planning to support reunification for these youth.

Possible Improvements:

- More in-home education and support for parents and CPS staff for more frequent follow-up
- More ongoing support services, especially if substance abuse is present
- Improved court processes through better relationships with parents' attorneys and adherence to timelines
- Use of Parent Mentors
- Decrease staff turnover through focused staff development
- Improve parent engagement in case planning
- Implement Signs of Safety along with SDM Reunification Assessment

Outcome 3: Children have permanency and stability in their living situations without increasing reentry to foster care.

- | |
|---|
| C2.1 Adoption within 24 months (exit cohort) (<i>Did not meet</i>) |
| C2.2 Median Time to Adoption (exit cohort) (<i>Did Not Meet</i>) |
| C2.3 Adoption within 12 months (17 months in care) (<i>Exceeded</i>) |
| C2.4 Legally free within 6 months (17 months in care) (<i>Did Not Meet</i>) |
| C2.5 Adoption Within 12 months (Legally Free) (<i>Exceeded</i>) |

Challenges: Nevada County failed to meet two indicators. However, numbers are so low that they may not be statistically significant. Failing to meet C2.4 results from our practice of not terminating parental rights until a final adoptive home is identified. Court processes may contribute to longer timelines. Also, because Nevada County uses State Adoptions (the County does not do any licensing) delays resulting from State-level cutbacks and furloughs negatively affect our times.

Strengths: Nevada County consistently performs well on most adoption-related indicators. CPS works well with State Adoptions and has a creative and collaborative alliance with Sierra Forever Families, with particular success in the Destination Family project. This has played a part in consistent improvement on these indicators.

- | |
|--|
| C3.1 Exits to permanency (24 months in care) (<i>Meets/Exceeds</i>) |
| C3.2 Exits to Permanency (Legally free at exit) (<i>Does not meet</i>) |
| C3.3 In Care 3 Years or Longer (Emancipated/Age 18) (<i>Does not meet</i>) |

Challenges: Court processes and continuances, stipulations, and agreements to extend services. A possible factor in Nevada County's not meeting this trend relates to eligibility regulations. If a youth is close to 18, releasing them to a guardianship will preclude her/him from being able to access THP, so it may be that a decision is made to maintain dependency for a few more months—even if a guardian identified—so that the youth can access this important housing resource. Another potential contributing factor is that foster parents may be inadequately equipped to support children's complex challenges, resulting in multiple foster placements rather than adoption or guardianship.

Strengths:

Overall, a philosophy and practice of promoting family reunification supports successes in 3.1. Destination Family, a project supporting adoptions of older youth, also supports these outcomes.

Additionally, Family Finding and engagement services from WRAP providers and increased awareness of staff and community were identified by CSA team members.

Potential Improvements:

- Work with Dependency team and courts improve processes
- Support the use of a single parent lawyer for dependency cases
- Promote/develop Quality Parenting Initiative and Intensive Treatment Foster Care
- Develop true concurrent planning.

C4.1 Placement Stability (8 Days to 12 months in care) (*Did not meet*)

C4.2 Placement Stability (12 to 24 months in care) (*Did Not Meet*)

C4.3 Placement Stability (at least 24 months in care) (*Exceeded*)

Challenges: Nevada County failed to meet placement stability for 12-24 months in care and 8-12 months. Usually, however, the County performs well on these indicators; so these numbers are probably not very significant. Children may be placed in emergency placements initially for a couple of days, then have a brief stay in foster care before placement with a relative.

Strengths: Strengths include available community resources and strong CPS efforts toward timely reunification. Stakeholders suggest a designated placement worker, more foster parent training and support (implementation of Quality Parent project), better compensation for foster parents, more placements for special needs children, and WRAP services for foster children. Stakeholders advocate for overall increased services for relative placements. CPS Staffing levels also affect this outcome; as social workers don't have time to support foster parents placement.

Potential Improvements:

- Recruit more foster families for special needs/behavior challenges (QPI, ITFC)
- Support and train foster parents more, especially relative placements currently receiving less support (ITFC)
- Increase WRAP, Family Preservation services to foster youth

Outcome 4: The family relationships and connections of the children served by the CWS will be preserved, as appropriate.

Challenges: Generally, Nevada County's small pool of foster families makes it difficult to keep siblings together, particularly if any of the siblings has special needs, behavior problems or is a teenager. However, this is mitigated by social worker's knowledge of placement options and effective use of FFAs.

Strengths: Nevada County has improved significantly on this indicator, for placements with all and some siblings. The County now exceeds State average for placement with all siblings, and is only slightly below the State average for placement with all or some.

Improvements:

- In-home therapeutic foster care services to maintain placements and support foster parents could help with this; further develop Intensive Treatment Foster Care.
- Increased recruitment and retention of foster parents; Quality Parenting Initiative.

Outcome 5: Children receive services adequate to their physical, emotional, and mental health needs.

Very young children are assessed by CPS and Partners using Ages and Stages screening tool, which supports social-emotional and mental development. Nevada County's rate of children receiving timely dental exams is equal to the State rate; the rate for receiving timely medical exams is slightly lower.

Outcome 6: Children receive services appropriate to their education needs.

Nevada County has excellent schools, and CPS and Probation work closely with schools to support system-involved children, including collaborating to development of IEPs as appropriate.

Outcome 7: Families have enhanced capacity to provide for their children's needs.

Systemic Factors E, Service Array, and G, Agency Collaborations, address these outcomes.

Outcome 8: Youth emancipating from foster care are prepared to transition to adulthood.

Challenges: Nevada County's ILP allocation is low, comparably much lower than other programs serving equivalent numbers.

Strengths: There is a significant increase in program participation, with mostly positive outcomes: greater percentages of youth are employed, in college, completing or enrolled and vocational training, adult education, and GED acquisition, receiving ILP services during six-month transition from foster care and obtaining subsidized housing. Youth report being very engaged. THP and THPP help with dire housing need.

Improvements:

- Affordable housing for teens
- Consistent use of Emancipation Conferences
- Funding for more staff

Systemic Factor: A, Relevant Management Information Systems

Strengths: CWS/CMS is effectively utilized by CWS staff and supports outcomes.

Challenges: Lack of IT support; staff turnover results in training needs.

Improvements:

- Have dedicated IT support person or create “super-user” within CWS staff

Systemic Factor: B. Case Review System

Strengths: Nevada County generally enjoys a solid relationship with the Court, with functional, collaborative interdisciplinary teams supporting success. Timely notification is effectively achieved by court clerk.

Challenges: Some parents feel that they are not involved in the case planning process, that social workers do not take the time to fully assess their strengths and needs, and that they (parents) do not understand the process. Social workers have high caseloads and indicate lacking time for complete assessments.

Improvements:

- Clearly communicate and continue to train CPS staff on strengths-based family engagement in order to engage whole family and community partners (use TDM or Signs of Strength)
- Decrease caseloads (increase staff) to support family input
- Train on improved used of SDM
- Practice real concurrent planning
- Work with Dependency Committee to improve court processes to support timely reunifications or adoptions

Systemic Factor C: Foster/Adoptive Parent Licensing/Recruitment/Retention

Strengths: Nevada County has a small pool of quality foster families who are supported by Foster Youth Services and FFAs. Social Workers know families and placement resources well; foster families appreciate CPS and Probation.

Challenges: Nevada County lacks placement resources, especially for special needs children and sibling groups. High caseloads limit time to support foster parents and children in placements. Consistent use of probate guardianships limits children's access to potential supports for foster children.

Improvements:

- Recruit more foster families, and ensure existing families have support and information (through Quality Parenting Initiative; Intensive Treatment Foster Care Committee)
- Support CPS staffing needs
- Limit use of probate guardianships and increase services to probate guardians

Systemic Factor D: Quality Assurance

Strengths: CPS and probation have effective QA systems, including excellent supervision, oversight systems and IT supports like SafeMeasures.

Challenges: There are no salient challenges.

Improvements: There are currently no pressing needs for improvement.

Systemic Factor E: Service Array

Strengths: Many necessary, quality services are available and effectively accessed by CPS and Probation and appreciated by families. Of particular support are WRAP services, Differential Response, Family Preservation, and drug and alcohol treatment services for women.

Challenges: Critical, persistent service needs include: affordable housing, transportation, after-school recreation, summer and job support services for youth/teens, and increased post-placement services. Truckee does not benefit from all services, bilingual services are needed, and overall improved parent engagement and involvement.

Improvements:

- Implement Parent Partner program countywide

- Partner with Section VIII to increase youth access to affordable housing
- Recruit/hire bilingual English/Spanish staff, especially in Truckee
- Increase access to WRAP and other ongoing support services, including post-reunification and post-placement, countywide

Systemic Factor F: Staff/Provider Training

Strengths: CPS continues to receive effective, mandatory trainings through UCD and extends the opportunity to Probation and other community partners, maximizing resources and fostering collaboration and mutual understanding. CWSOIP funding has supported conference attendance enabling staff to increase knowledge of emergent programs and practice and learn from other counties.

Challenges: There are no significant challenges to staff training, other than high turnover creating ongoing training needs.

Improvements:

- Training for social workers on mental health issues, SDM, IT, entry level training/mentoring
- Mandated reporter and juvenile law trainings for community
- Develop training calendar to better share resources with all community partners

Systemic Factor G, Agency Collaboration

Strengths: The smaller nature of our county lends itself well to effective collaboration, and a majority of respondents feel their agency is able to serve CPS children and that CPS effectively accesses their services. CPS and Behavioral Health now collaborate effectively in the best interest of children and families. Relationships are reported to be very positive with CPS management and supervisors; also with social workers, but slightly less so.

Challenges: Many community providers express that they do not understand CPS processes and could better support families if they "came to the table" together more often and better understood CPS systems.

Improvements:

- Increase private agency understanding of CPS processes, needs, decisions

- Ensure that CPS staff is aware of all relevant community agency resources and support access through supervision, ensure referrals when appropriate
- Use Path Two Community Response, using CBCAP/CAPIT supported FRCs and PSSF supported Family Preservation, to increase collaboration with community and comprehensive support of families
- Continue Dependency Team meetings supporting collaboration from Court and County Counsel; Implement periodic cross training/information sharing/relationship building between CPS, Court, Probation, Behavioral Health, Law Enforcement and CBOs to support collaboration and understanding of needs, priorities, and decision-making processes.

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INTRODUCTION

California Child and Family Services Review

Pursuant to State Law (Assembly Bill 636, Steinberg, Ch. 678, Statutes of 2001), effective January 2004, Child Welfare Services Outcome and Accountability System began operation in California, referred to as the California Child and Family Services Review (C-CFSR). The C-CFSR review focuses on outcomes in the areas of safety, permanency and well-being, for all children placed in out of home care (including both child welfare and probation).

The C-CFSR operates on a philosophy of continuous quality improvement, interagency partnerships, community involvement and public reporting of program outcomes. The California Department of Social Services (CDSS) Outcomes and Accountability Unit administers the C-CFSR process, serving as co-chairs with the county as they undertake this comprehensive review. The principal components of the system include: quarterly data reports; Peer Quality Case Reviews (PQCRs); County Self Assessments (CSAs); System Improvement Plans (SIPs); SIP annual updates; and state technical assistance and monitoring.

All counties are mandated to complete the reviews listed above every three years. The PQCR is the first component of the review process with the underlying purpose to provide a thoughtful overview of field practices, *related to one specific outcome measure*, that are unique to each county child welfare and probation systems. Peers from throughout California (in both child welfare and probation) help shed light on the strengths and challenges facing the county under review. This intra-county collaboration allows for peers to share best practice approaches pertinent to the selected PQCR focus area and cross-pollinate best practices between counties.

Child Welfare Focus Area

Nevada County Child Protective Services identified outcome Measure S1.1: *No Recurrence of Maltreatment* as the focus area for the 2010 PQCR.

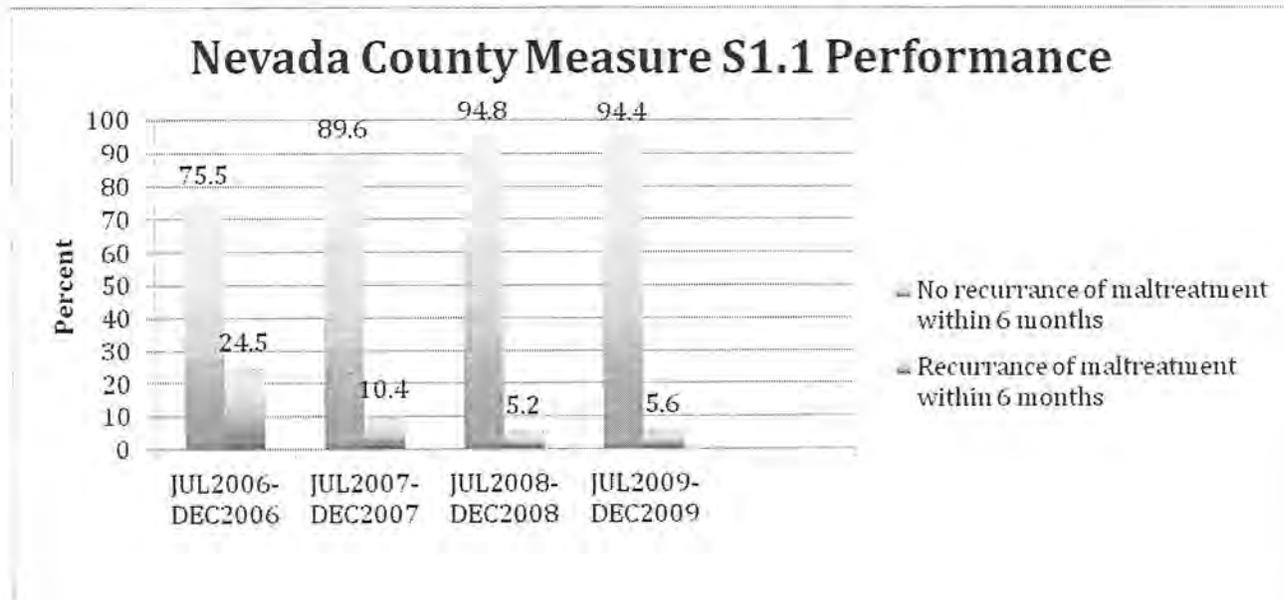
Of all children who were victims of a substantiated maltreatment allegation during the 6-month period, what percent were not victims of another substantiated maltreatment allegation within the next 6 months?

Outcome Measure Performance: S1.1 No Recurrence of Maltreatment

According to CWS/CMS Quarterly data (Nedell et al. 2009) Nevada County maintained a no recurrence rate of 94.4%. National standards for measure S1.1 are 94.6; Nevada County falling just short of this standard. As is evident in the below chart, Nevada County has made great improvements in this measure since 2006; however, they have reached a plateau that has been difficult to impact. Nevada County selected this outcome measure so as to spend focused time investigating the nuances of recurrence of maltreatment to determine what other changes can be made to practice.

It is imperative to note the very small population this measure includes; with such small numbers the percentage of no recurrence to recurrence can be significantly impacted by

several factors and may not reflect county practice. Furthermore, because of the small nature of Nevada County and the size of the Child Welfare organization, the PQCR was structured so as to obtain information regarding practice in all aspects of case planning, from recurrence through reunification.



Data Source: CWS/CMS 2010 Quarter 2 Extract.

Probation Focus Area

Nevada County Probation Department identified the issues of *Exits to Permanency/Aftercare* as their focus area for this PQCR. This was done as the county would like to make improvement in the areas of **permanency**. While the federal outcome measure Exit to Permanency defines provides data on children who have exited care to a permanent home prior to turning 18, it is important to note 1) Probation currently does not collect this data and 2) the intent of the PQCR is to gather information on the youth who emancipate from the juvenile justice system without gaining permanency either through reunification with their biological family or adoption. These you who leave the juvenile justice system without permanency is very much a concern in Nevada County as those who work with these youth know and understand the struggles these youth face in reaching adulthood.

NEVADA COUNTY PQCR METHODOLOGY

Nevada County child welfare and probation conducted a concurrent PQCR during the week of October 26 – 28, 2010.

Committee

The Nevada County PQCR committee was led by co-chairs from child welfare, probation and CDSS. Together, with the participation of supervisors and line staff from

child welfare, probation and a consultant from the Northern California Training Academy consultant, the committee led preparation of all aspects of the PQCR, including planning, implementation, and preparation of the final report.

Outcome Measure Selection

To determine the child welfare and probation PQCR focus area the PQCR committee reviewed current outcomes data, the 2007 PQCR Report, and the 2008 CSA. Ultimately, Nevada County CWS selected Measure S1.1 with goal of determining the nuances between social work practice and/or investigation procedures and the impacts thereof on recurrence. Probation identified Exits to Permanency/ Aftercare as the primary focus area, with the goal of improving services to probation youth preparing for adulthood.

PQCR Structure

In order to meet the county objectives, the PQCR was structured to allow multiple avenues for data gathering:

1. Focus area case review;
2. Case specific interviews of social workers and probation officers assigned to respective cases (cases were the same as those under the focus area topic case review);
3. Focus groups were held with (a) CWS Social Workers, (b) Child Welfare Supervisors, (c) CWS Youth, (d) CWS Biological Parents, (e) Probation Supervisors, (f) Community Partner Public Agencies, and (g) Other Public Agencies.

Three peer interview teams completed focused case reviews of case documentation for both probation and child welfare. Focused case reviews were completed prior to the case specific interview.

A total of seven social workers were interviewed (although a total of eight cases were reviewed). Social workers interviewed had experience ranging from 1.5 to 27 years, with an average of 3.5 years working for Nevada County. The average number of referrals and/ or caseload size, estimated by the workers was twenty five at the time of the PQCR.

A total of four probation officers were interviewed; having between 7-29 years of experience with the probation department. The average caseload for the officers was 28, with the officers handling between 10-45 cases at the time of the PQCR.

Child welfare and probation supervisors were interviewed regarding current practices for their respective focus area.

Focus groups were facilitated by UC Davis, the Northern California Training Academy.

During the final day of the PQCR process interview teams presented key findings, both strengths and challenges, to the PQCR planning team and Nevada County administration. Following this presentation UC Davis facilitated a Final Day Exchange between the interview teams and county child welfare and probation staff, during which time both (teams and Nevada County staff) were invited to dialogue regarding practice in their respective counties and best practices.

Case Selection

The PQCR Committee selected referrals/ cases for review based on those that had at least one recurrence of maltreatment. Cases were selected by the CWS supervisor and social worker staff during PQCR planning meetings. Probation selected cases for review based on the age of the youth and appropriateness of fit with the outcome measure (transitioning to adulthood).

PQCR Tool Development

Case Review and Interview Tools

The Nevada PQCR team utilized tools based on a template provided by the UC Davis Northern Training Academy which were created following a comprehensive review of research literature on recurrence of maltreatment (2009) and permanency (2009). A total of four tools were developed.

Focus Group Questions and Protocols

Focus group tools were again based on a review of the literature and were created so as to obtain specific information from each cohort with which they were used.

CWS and Probation Topic Areas

The 2010 Nevada County PQCR teams reviewed specific subject areas based on the literature evidencing their impact on the outcomes related to the focus areas. Topic areas were reviewed in all three components of the PQCR (Case Review, Interviews and Focus Groups).

CWS Topic Areas:

1. SDM/ Assessments
2. Family Engagement
3. Child Assessment and Services
4. Placement Stability
5. Disruptions (placement and other life disruptions, including schools etc)
6. Reunification Services
7. Social Worker History

Probation Topic Areas

1. History with the Probation Officer(s)
2. Placement History
3. Assessment Needs- Mental and Behavioral Health
4. Independent Living Case (ILP) Plan

5. ILP Case Plan Activities
6. Transitional Housing and Employment
7. Family Connections
8. Reintegration Services and Efforts
9. Substance Abuse Treatment

SUMMARY OF PRACTICE

Nevada County is located in the Sierra Nevada region of California, and is considered part of the greater Sacramento area. The population of the county totals approximately 97,000 residents and covers 974 square miles of land.

Based on the information gathered throughout the PQCR case reviews, interviews, focus groups, and debriefing activities, the following data has emerged as related to the focus areas.

Documentation Strengths and Challenges

Child Welfare

A review of the case files for CWS selected PQCR cases were conducted prior to each interview of the specific case carrying social worker. In these cases it was found that CWS completed most SDM assessments, including the Family Strengths and Needs Assessment throughout the duration of the case. There was also substantial documentation of the mental health and substance abuse treatment and services provided for children and parents. CHDP's were consistently completed and well documented in the case files, as well as the information pertaining to the children's mental health, such as their medications and appointments.

PQCR review teams found that although the children's participation in services was documented, the mental health assessments for the children were missing. There was minimal documentation related to the efforts to engage the families and the CWS service delivery logs were not located in files. Also absent from the documentation was the children's educational assessments and pertinent information.

Probation

The PQCR review teams, in the review of the specific case files of the PQCR selected cases, found the Probation Department thoroughly documented the educational information for the minors, including changes in educational settings based on the placement history of the minor. Probation also maintained substantial records of the minor's placement histories and substance abuse treatment provided.

The PQCR team could not locate documentation for mental health and behavioral assessments for youth. Teams also did not find ILP case plans nor evidence of the youth's participation in their case plans.

Child Welfare Summary of Practice

Assessments/ SDM

Strengths and Promising Practices

- While not every social worker uses all SDM tools consistently, many are utilizing Structured Decision Making (SDM) tools and risk assessments and data from Safe Measures to assist in case planning and direction.
 - ✓ SDM was utilized to assess the families throughout all of the stages of the cases reviewed.
 - ✓ Social workers were able to identify family strengths and apply the strengths in the development of the case plan and when considering placement options.
 - ✓ Social workers conducted complete interviews and assessments of families to determine appropriate services.
 - ✓ The agency utilized Safe Measures to assure monthly contacts were completed

Barriers and Challenges

- Although social workers utilized SDM, supervisors did not put necessarily emphasize the importance of using SDM to aide in critical decisions, potentially impacting the success of the data gathered.
- Social workers do not have a strong definition of "risk" which may create inaccuracies in their assessments.
- Social workers did not provide all clients with formal mental health assessments and were concerned they may not be providing services to all clients who were in need of them.

Training Needs

- The Family Strengths and Needs Assessment was not used consistently amongst all social workers and the outcomes of which were not utilized to drive decision-making or case plans.
- Social workers were not adequately trained to assess mental health issues, which was a common factor in families that do not reunify.

State Technical Assistance

- There was a significant time lapse after SDM training before a password to SDM was provided to the social worker.

Family Engagement

Strengths and Promising Practice

- Families were regularly offered voluntary family maintenance services as a preventative effort before removal was considered.

- ✓ Parents felt they were able to quickly receive the voluntary services.

Barriers and Challenges

- Social workers believed many of the referrals received were related to custody issues.
- Social workers did not use TDM's to engage family in placement decisions.
- Difficult to engage parents in completing AOD services and/or mental health services.

Training Needs

- Engaging parents with substance abuse and/ or mental health issues in the case planning process and completion.

Resource Issues

- Accessing mental health services for parents was challenging and it took a significant amount of time to establish services.
- Some service providers hesitated to make referrals (2nd/ 3rd) out of fear of interrupting relationship with client and helping clients reach goals.
- Timely access to AOD and mental health services.

Child Assessment and Services

Strengths and Promising Practice

- Services for the children were established quickly, including education, mental health, and health.
 - ✓ CHDP examinations were completed consistently for the cases reviewed.
 - ✓ Wraparound services appeared to be accessed when necessary.
- Parents felt the services for youth, including CASA, children's behavioral health, EMQ Wrap, Parent Child Interactive Therapy, and Sierra Nevada Child Services were all programs that assisted them in reunification.

Policy and Systemic Issues

- Parents/families were not engaged in decision making and planning efforts prior to removal from the home nor regularly engaged in decision making or planning throughout the life of the case.

Placement Stability

Strengths and Promising Practice

- Children experienced few (on average one to two) placements. It appeared that most children were in emergency care then moved to either relative placement or permanent placement.

Barriers and Challenges

- Youth who were placed in guardianship requested additional supports and services.
 - ✓ Guardians do not receive any training.
 - ✓ Social workers are not required to see youth in guardianship regularly.

- Communication and connection between foster parents and biological parents was minimal.
 - ✓ Biological parents and foster parents were not part of a team effort to support successful reunification, leading to a potential situation in which information is not given to either party that could aide in preparing the youth for successful placements.

Training Needs

- Foster parents were not trained to support family reunification, i.e. they may not understand how to work with the child and/or the biological family in a way that prepares and supports the family to reunify. Foster parents may not understand their crucial role in supporting reunification.

Resource Issues

- Youth in foster care were not fully supported in achieving important developmental milestones such as obtaining a drivers license or employment.
 - ✓ Youth did not feel encouraged to obtain employment or a drivers' license.
 - ✓ Foster parents indicated they would not drive youth to work if they obtained employment.
 - Public transportation does not run late enough in the evenings for youth to utilize in these instances.

Disruptions

Strengths and Promising Practice

- The children remained in their schools of origin the majority of the time.
- The youth reported ILP was effective and they enjoy participation.

Barriers and Challenges

- Youth experienced changes in their surroundings while in foster care.
 - ✓ Children were not placed with their siblings.
 - ✓ The adjustment to new neighborhoods/living situations was difficult.

Resource Issues

- There are no in-county mental health group homes.

Reunification Services

Strengths and Promising Practice

- Social workers felt the court supports reunification when it was appropriate.
- Services for reunification are available and easily accessible, including:
 - ✓ Alcohol and Other Drug treatment is readily available for parents and the assessments are completed at the Emergency Response stage.
 - ✓ There is a 60-90 day inpatient treatment center for women. The center provides quality substance abuse treatment for women.
 - ✓ Mental Health/ Behavioral Health is co-located at the Truckee office and able to provide good communication and services for clients.

- ✓ The anger management treatment provided to fathers at SunCreek is beneficial.
- ✓ Domestic violence related services have been reinstated.
- Social workers communicated with biological parents and service providers to assess case progression, thereby helping to ensure appropriate decisions were made regarding each case.
- Parents identified domestic violence intervention (Batterer's Intervention), outpatient drug treatment and parent education to be helpful services.
- Dependency Drug Court was beneficial and provided parents a chance to talk with the judge at a personal level.
 - ✓ Parents reported they felt they had a voice while participating in Dependency Drug Court.

Barriers and Challenges

- Alcohol and substance abuse, mental health issues, and failing to provide reasonable services lead to unsuccessful reunification and/or recurrence of maltreatment.
- Youth were unable to indicate if they were involved in their case plans, i.e., they may have been involved, but were not aware, or they were not involved.
- Contact between the youth and parents was sporadic and youth were not confident that letters written to the parents were actually received.

Resource Issues

- Residential treatment for men/fathers was not consistently reported as a positive experience.
- Parents are not provided a timely diagnosis or therapist for mental/behavioral health issues.
- Drug treatment was not consistently adequate (long enough in duration) to support recovery, potentially due to budget issues.

Systemic and Policy Issues

- If parents/ children did not have Medical, they could not receive psychotropic medications.
- Clear roles for each person/family member/stakeholder were not provided. In other words, service providers and foster families did not consistently understand their roles in case planning.
 - ✓ This may have been due to a lack of formal and consistent communication.

Social Worker History

Strengths and Promising Practice

- Social workers maintained a high level of contact with the children and families, seeing them monthly or more.
 - ✓ The parents reported they felt supported by their social workers and felt they were trying to help them.

- The social workers were experienced and there were few changes in social workers throughout the duration of the cases reviewed.
 - ✓ The youth reported having between one and three social workers while they were in foster care.
- Social workers attempted to be open and honest with parents about the consequences of not progressing in services.
- Youth appreciated when social workers talked to them and did not attempt to parent them or act like parents.

Barriers and Challenges

- Case carrying social workers were not familiar with front-end practices, causing confusion as to the entire case history and what occurred when children were placed into custody.
- One child reported having no contact with their social worker, while others reported their social workers were rude and did not have a positive relationship with them.
- Youth indicated they did not like to be seen by their social workers at their placements, as they felt singled out.
- Communication with parents from social workers was minimal.
 - ✓ Social workers did not return phone calls.
 - ✓ Parents were not notified when visitation was cancelled.
 - ✓ Social workers never provide a definite answer.
 - ✓ Social workers are not specific about consequences upfront.

Training Needs

- Social workers would benefit from a standardized training and a policies and procedures manual.

Resource Issues

- High caseloads resulted in less time social workers were able to spend with families.

Policy and Systemic Issues

- Social workers felt a great deal of pressure to meet timelines, instead of providing support to families.

Probation Summary of Practice

History with Probation Officers

Strengths and Promising Practice

- The probation officers maintained frequent contact with the youth, seeing them at least monthly, but sometimes as regularly as three times per week.
 - ✓ Probation officers established relationships with the minors.
- Probation officers maintained a positive relationship with the community as a whole.

Barriers and Challenges

- Of the cases reviewed, there were multiple changes in the assignment of probation officers. One case had five probation officers.

Resource Issues

- Probation officers had many cases and expressed frustration with the workload.

Policy and Systemic Issues

- Disruptions in placement officers, investigate methods to only use one officer through the life of the case.

Placement History

Strengths and Promising Practice

- Placements were reviewed weekly with the Placement Review Team.
 - ✓ Matching between the youth and placements was good.
 - ✓ Youth experienced minimal placement changes, between one and two.
- Probation re-evaluated reunification and permanent plans at least every six months.
- Probation spoke to families about reunification in initial conversations about placement.
- There was a weekly placement committee meeting to discuss status of youth recently returned, in placement, or considering placement.

Barriers and Challenges

- Probation felt that some group homes are reluctant to return youth home and continually stated the children were not ready.
- Difficult for probation officers to maintain current/accurate knowledge of case as they transitioned officers regularly on the cases reviewed.

Resource Issues

- There were few local quality group homes, resulting in many out-of-county placements (which makes reunification and successful transition to adulthood difficult due to inability to provide a high level of in-person support).

Assessments- Behavioral and Mental Health

Strengths and Promising Practice

- WRAP services were recently implemented for probation youth and their families.
 - ✓ Services began several weeks prior to the youth being placed in the home.
 - ✓ WRAP provided psychological evaluations after youth have been involved in the program.
- Probation utilized the PACT assessment tool to evaluate mental health issues, helping to ensure appropriate services are provided when possible.

Barriers and Challenges

- Probation officers were not consistently aware of mental health issues/disorders of youth. Probation officer knowledge and case documentation were not the same (for example, PO not aware of medications the youth was taking or assessments that were completed).

Training Needs

- Probation officers did not consistently demonstrate strong knowledge of mental issues facing youth.

Independent Living Case Plan

Strengths and Promising Practice

- Some probation officers involved the youth in the development of the Independent Living Case Plan and reviewed it with them regularly.

Barriers and Challenges

- Some probation officers not fully aware of ILP and what services are provided.

Transitional Housing and Employment

Strengths and Promising Practice

- Appropriate services, including THP, THPP, and employment options, were available for youth.

Family Connections

Strengths and Promising Practice

- The minors had regular visitations with their siblings.
- Parents were involved in the case plan and accomplishing the goals outlined in the case plan.
 - ✓ The parents were offered gas cards in order to facilitate visitation with youth in placement.
 - ✓ Parents were engaged in case planning, including input about the best placement options for the youth.

Barriers and Challenges

- Families were not successful when parents did not visit the child and there was a lack of engagement in programs and treatment.
- Connections with families may be more a result of work by the minor and not the probation officer. It was unclear if probation officers fully support maintaining a connection between youth and families.

Reintegration Services and Efforts

Strengths and Promising Practice

- There were mentors available, including a mentorship program at the expulsion school, church mentors, and community members and business owners to help with job applications and interviews.
- Local programs exist that assist in youth becoming involved in the community
 - ✓ Downtown Association wants youth to do community service in Grass Valley.
 - ✓ School based mentorship program.
 - ✓ Girls Circle was offered inside and outside of juvenile hall.

Policy and Systemic Issue

- There was no specific policy or structure for returning youth home. Sometimes it happens quickly and every youth has a different plan.

Substance Abuse Treatment

Strengths and Promising Practice

- The CORR (Community Recovery Resources) program was heavily relied upon to provide substance abuse services to youth.

Summary Observations and Recommendations

Overall summary of major discoveries and list of specific recommendations, including proposed changes to the SIP at the annual review. Develop recommendations utilizing county practices in collaboration with current available research.

Child Welfare Services

- ✓ Family Engagement Practice Models: Family team meetings/Signs of Safety/Team Decision Making
- ✓ Parent Partners
- ✓ Continued work with SDM to show applicability and how to use it to make informed critical decision and not just a task to be completed.
- ✓ Ways to get early mental health assessment – either upon PC or having a liaison with CWS/Behavioral health (co-located?)
- ✓ Increase efforts to engage relatives/family finding.
- ✓ Contra Costa County can clear relatives or NREFM's on an emergency-through DOJ phone line (learn more?)
- ✓ Concurrent planning

Probation

- ✓ Encourage probation officers to remain in placement once they take a position with the unit. Challenge practice of changing probation officers.
- ✓ Encourage placement CORE training.
- ✓ When youth returns home try to have him/her keep the same probation officer
- ✓ Family finding
- ✓ Family team meetings with families/youth involved.
- ✓ Attach 90-day transition plan to court review report.

- ✓ Transport youth and provide assistance in employment.

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Three-year CAPIT/CBCAP/PSSF Services and Expenditure Summary
Proposed Expenditures
Worksheet 1

(1) COUNTY: Nevada (2) PERIOD OF PLAN: _____ thru _____ (3) YEAR: _____

(4) FUNDING ESTIMATES — CAPIT: \$70,000 CBCAP: \$21,100.00 PSSF: \$49,235.00 OTHER: _____

Line No.	Title of Program / Practice	SIP Strategy No., if applicable	Name of Service Provider, if available	CAPIT	CBCAP				PSSF					OTHER SOURCES	NAME OF OTHER	TOTAL	
				Dollar amount that will be spent on CAPIT Direct Services	Dollar amount that will be spent on CBCAP Direct Services	Dollar amount that will be spent on CBCAP Infra Structure	Dollar amount that will be spent on Public Awareness, Brief Information or Referral Activities	Dollar amount of CBCAP allocation to be spent on all CBCAP activities — sum of columns F1, F2, F3	Dollar amount of PSSF allocation that will be spent on PSSF activities — sum of columns G2, G3, G4, G5	From Column H					Dollar amount that comes from other sources	List the name(s) of the other funding source(s)	Total dollar amount to be spent on this Program / Practice — sum of columns E, F4, G1, H1
										Dollar amount of Column G1 that will be spent on Family Preservation	Dollar amount of Column G1 that will be spent on Family Support	Dollar amount of Column G1 that will be spent on Time-Limited Reunification	Dollar amount of Column G1 that will be spent on Adoption Promotion & Support	Dollar amount of Column G1 that will be spent on Family Preservation			
A	B	C	D	E	F1	F2	F3	F4	G1	G2	G3	G4	G5	H1	H2	I	
1	Foothills Healthy Babies Home Visiting	1.1	Child Advocates of NC	\$13,000	\$3,200			\$3,200	\$2,600		\$2,600					\$18,800	
2	Child Safety Puppeteers	1.1	Child Advocates of NC	\$9,300			\$2,000	\$2,000	\$0							\$11,300	
3	Family Resource, Referral, and Support	1.1, 2.1	PARTNERS FRCs	\$18,050	\$2,100			\$2,100	\$0						Federal Grant Funding SSHS	\$20,150	
4	Substance Abuse Social Worker	1.1, 4.3,	Community Recovery Resources	\$8,600	\$2,000			\$2,000	\$0						Numerous Funding Sources	\$10,600	
5	Parent Engagement, Leadership, Support	G1, S2.2	Community Recovery Resources	\$6,200	\$2,900			\$2,900	\$4,235	\$1,635	\$2,600				Numerous Funding Sources	\$13,335	
6	Family Resource, Referral, and Support-Truckee	1.1, 2.1	Family Resource Center of Truckee	\$14,850	\$2,000			\$2,000	\$0					\$25,000	Nevad County	\$41,850	
7	Prevention Service Coordination	S1.1, 2.1	Family Resource Center of Truckee					\$0	\$9,400	\$6,000	\$3,400			\$0		\$9,400	
9	Family Preservation Services	S1.1 S2.1 and 2.3 S4.1 4.3	Sierra Forever Families					\$0	\$33,000	\$7,000	\$6,000	\$10,000	\$10,000	\$400,000	MHSA funds Nevada County	\$433,000	
10	Program Coordination and Support	N/A	Contracted through Nevada County			\$6,900		\$6,900	\$0					\$3,100	Nevada County	\$10,000	
Totals				\$70,000	\$12,200	\$6,900	\$2,000	\$21,100	\$49,235	\$14,635	\$14,600	\$10,000	\$10,000	\$428,100	\$0	\$568,435	

Three-year CAPIT/CBCAP/PSSF Services and Expenditure Summary
 CAPIT Programs, Activities and Goals
 Worksheet 2

(1) COUNTY: Nevada

(2) YEAR: 2011-2012

Line No.	Title of Program/Practice	Unmet Need	CAPIT Direct Service Activity														Other Direct Service Activity (Provide Title)	Goal
			Family Counseling	Parent Education & Support	Home Visiting	Psychiatric Evaluation	Respite Care	Day Care/Child Care	Transportation	MDT Services	Homemakers	Teaching & Demonstrating	Family Workers	Temporary In Home Caretakers	Health Services	Special Law Enforcement		
A	B	C	D1	D2	D3	D4	D5	D6	D7	D8	D9	D10	D11	D12	D13	D14	E	F
	Foothills Healthy Babies Home Visiting	isolation; higher risk families pg. 69, 79		X	X				X									Identified Families Access Services and Supports
	Child Safety Puppeteers	children can recognize abuse and know how and where to report pg 70-71														X	universal prevention and awareness	Children and Youth Are Nurtured, Safe and Engaged
	Family Resource, Referral, and Support	isolation; services to at-risk families; svc coordination; parenting and family support services pg. 27, 76-77		X	X													Families Are Strong and Connected
	Substance Abuse Social Worker	AOD use prevlant in community; housing; education; parenting; action plans and resource connections for parents in recovery pg.16, 60, 76-77														X	social work/case management for parents in recovery	Families Are Free from Substance Abuse and Mental Illness
	Parent Engagement, Leadership, Support	need for increased parent engagment, buy-in, meaningful participation in community pg 27, 70, 76		X														Families Are Strong and Connected
	Family Resource, Referral, and Support-Truckee	isolation; services to at-risk families; parenting and family support services pg. 68, 77		X	X													Families Are Strong and Connected

Three-year CAPIT/CBCAP/PSSF Services and Expenditure Summary
 CBCAP Programs, Activities and Goals
 Worksheet 3

(1) COUNTY: Nevada

(2) YEAR: 2011-2012

Line No.	Title of Program/Practice	Unmet Need	Public Awareness, Brief Information or Information Referral	CBCAP Direct Service Activity							Other Direct Service Activity (Provide Title)	Logic Model Will be Developed	Logic Model Exists	EBP / EIP (Identify Level)					County has documentation on file to support Level selected	Goal
				Voluntary Home Visiting	Parenting Program (Classes)	Parent Mutual Support	Respite Care	Family Resource Center	Family Support Program	Other Direct Service				Program Lacking support	Emerging & Evidence Informed Programs & Practices	Promising Programs & Practices	Supported	Well Supported		
A	B	C	D	E1	E2	E3	E4	E5	E6	E7	F	G1	G2	H1	H2	H3	H4	H5	I	J
	Foothills Healthy Babies Home Visiting	isolation; high need pregnant or very new parents		X									X				X		X	Identified Families Access Services and Supports
	Child Safety Puppeteers	children can recognize abuse and know how and where to report	X										X	X						Children and Youth Are Nurtured, Safe and Engaged
	Family Resource, Referral, and Support	isolation; services to at-risk families; parenting and family support services			X			X	X				X		X					Families Are Strong and Connected
	Parent Engagement, Leadership, Support	isolation; services to at-risk families; parenting and family support services			X	X			X				X	X						Families Are Strong and Connected
	Family Resource, Referral, and Support-Truckee	isolation; services to at-risk families; parenting and family support services			X			X	X				X		X					Families Are Strong and Connected

Three-year CAPIT/CBCAP/PSSF Services and Expenditure Summary
PSSF Program, Activities and Goals
Worksheet 4

(1) COUNTY: Nevada

(2) YEAR: 2011-2012

Line No.	Title of Program/Practice	Unmet Need	PSSF Family Preservation							PSSF Family Support Services (Community Based)								Time Limited Family Reunification Services							Adoption Promotion and Support Services					Other Direct Service Activity (Provide Title)	Goals
			Preplacement Preventive Services	Services Designed for Child's Return to their Home	After Care	Respite Care	Parenting Education & Support	Case Management Services	Other Direct Service	Home Visitation	Drop-in Center	Parent Education	Respite Care	Early Development Screening	Transportation	Information & Referral	Other Direct Service	Counseling	Substance Abuse Treatment Services	Mental Health Services	Domestic Violence	Temporary Child Care/ Crisis Nurseries	Transportation to / from Services / Activities	Other Direct Service	Pre-Adoptive Services	Post-Adoptive Services	Activities to Expedite Adoption Process	Activities to Support Adoption Process	Other Direct Service		
A	B	C	D1	D2	D3	D4	D5	D6	D7	E1	E2	E3	E4	E5	E6	E7	E8	F1	F2	F3	F4	F5	F6	F7	G1	G2	G3	G4	G5	H	I
	Foothills Healthy Babies Home Visiting	isolation; high need pregnant or very new parents pg. 23								X				X		X															Children and Youth Are Nurtured, Safe and Engaged
	Parent Engagement, Leadership, Support	need for increased parent engagement, buy-in, meaningful participation in community pg. 23					X	X	X				X			X															Families Are Strong and Connected
	Prevention Service Coordination	services coordinated in isolated areas for high-risk families pg. 23					X	X			X	X				X															Vulnerable Communities Have Capacity to Respond
	Family Preservation Services	intensive services to families, families with complex needs; time-limited FR services, and supportive services to adoptive families pg. 23	X				X	X		X		X	X			X							X		X		X				Identified Families Access Services and Supports