AGENDA ITEM NO.
C-18

COUNTY OF HUMBOLDT

For the meeting of: Tuesday, August 14, 2012

Date: Tuesday, July 16, 2012

To: Board of Supervisors

From: Phillip R. Crandall
Director, Department of Health and Human Services

Subject: California Child and Family Services Review, County Self Assessment for Humboldt County Social Services Branch, Children & Family Services, and Humboldt County Probation Department

RECOMMENDATION(S):

That the Board of Supervisors:

1. Approve the California Child and Family Services Review, Humboldt County Self Assessment (2012) for the Child Welfare Services (CWS) Division of Children & Family Services, Social Services Branch (SSB); and
2. Authorize the Chair to execute four (4) copies of the Self Assessment document as requested by the state; and
3. Direct Clerk of the Board to route three (3) copies of the Self Assessment document to the Director of Health and Human Services.

SOURCE OF FUNDING:

Social Services Fund

Prepared by Cris Plocher, Administrative Analyst II - SSB CAO Approval

REVIEW:
Auditor _____ County Counsel _____ Personnel _____ Risk Manager _____ Other _____

TYPE OF ITEM:
X Consent
_____ Departmental
_____ Public Hearing
_____ Other _____

PREVIOUS ACTION/REFERRAL:

Board Order No. D-10

Meeting of: Sept. 22, 2009

BOARD OF SUPERVISORS, COUNTY OF HUMBOLDT
Upon motion of Supervisor Lovelace Seconded by Supervisor Sundberg
Ayes Sundberg, Lovelace, Bass, Fehn, Clendenen
Nays
Abstain
Absent

and carried by those members present, the Board hereby approves the recommended action contained in this Board report.

Dated: August 14 2012
By: _____
Kathy Hayes, Clerk of the Board

DISCUSSION:

In 1997, the federal government enacted the Adoption and Safe Families Act, which mandated the development of outcome measures for safety, permanency, and child/family well-being. The Child and Family Services Review (CFSR) was created to measure outcomes in these areas. The federal government then began to audit child welfare systems in all 50 states using the CFSR and requires states to develop and implement a Program Improvement Plan (PIP). California enacted AB 636 into law as the Child Welfare Services Improvement and Accountability Act of 2001. As part of this Act and California's Program Improvement Plan (PIP), all 58 counties in California are required to participate in the California CFSR, which is comprised of three parts: (1) County Self-Assessment (CSA), (2) Peer Quality Case Review (PQCR), which is included in the CSA, and (3) the System Improvement Plan (SIP).

The CSA for Humboldt County was completed this year with input from several organizations and groups that play a role in the safety and well-being of children and families. The core planning team identified community meetings where feedback was collected during November and December of 2011. The purpose of the County Self Assessment is to explore strategies for improving Child Welfare Services (CWS) and Probation Department's Juvenile Division program operations, as well as systemic factors that affect outcomes for children in foster care and their families.

On January 10th and 11th, 2012, Humboldt County also held the Peer Quality Case Review (PQCR), where CWS and Probation focused on outcomes in child/family reentry into CWS and reunification of Probation youth with family. The County invited peer representatives from other counties to participate in Humboldt County's PQCR process as peer reviewers of specific practice areas and to identify key patterns of agency strengths and challenges.

The CSA includes input from the PQCR process and community stakeholder representatives from the following areas:

- Child Abuse Prevention Councils (CAPC)
- CAPC serving as the Children's Trust Fund Commission
- Native American Tribes served within the County
- Parents/consumers
- Humboldt County Department of Health & Human Services, designated as agency staff to administer the Child Abuse Prevention, Intervention and Treatment program, the Community Based Child Abuse Prevention program, and the Promoting Safe and Stable Families program.
- Probation administrators, supervisors, and officers
- County Public Health staff
- County Mental Health staff
- County Social Services, Children & Family Services administrators, supervisors, and social workers
- Resource families and other caregivers
- Youth representatives

The County's next SIP for the years 2013 to 2017 will focus on the areas identified in this Self Assessment, including the PQCR.

This CSA supports the Board's Strategic Framework by protecting vulnerable populations and providing community-appropriate levels of service.

FINANCIAL IMPACT:

None associated with this assessment.

OTHER AGENCY INVOLVEMENT:

Humboldt County Probation Department

ALTERNATIVES TO STAFF RECOMMENDATIONS:

There are no other recommendations.

ATTACHMENTS:

1. The California Child and Family Services Review, County Self Assessment for Humboldt County (April 2012), including Appendices I - IX
2. Four copies of the County Self Assessment Cover Sheet/Signature Page

Attachment I

Submitted by each agency for the children under its care	
Submitted by:	**County Social Services Branch Director (Lead Agency)**
Name:	**Katherine Young, Social Services Branch Director**
Signature:	
Submitted by:	**County Chief Probation Officer**
Name:	**Bill Damiano, Chief Probation Officer**
Signature:	

In Collaboration with: County & Community Partners	Name(s)	Signature
Board of Supervisors Designated Public Agency to Administer CAPIT/CBCAP/PSSF Funds	Humboldt County Department of Health and Human Services	
County Child Abuse Prevention Council	Meg Walkley, CAPCC Coordinator	
Parent Representative	Kathleen Jones, CWS Parent Partner	
As Applicable[1]	**Name(s)**	
California Youth Connection	Rochelle Trochtenberg, Humboldt County Transition Age Youth Collaboration (HCTAYC)	
County Adoption Agency (or CDSS Adoptions District Office)	Sutie Wheeler, CDSS Adoptions District Office 749 F Street, Arcata, CA 95521	
Local Tribes	Geneva Shaw, Yurok Tribe	
Local Education Agency	Roger Golec, Humboldt County Office of Education	

Board of Supervisors (BOS) Approval	
BOS Approval Date:	
Name:	
Signature:	

☒ Name and affiliation of additional participants are on a separate page with an indication as to which participants are representing the required core representatives.

Submitted by each agency for the children under its care	
Submitted by:	**County Social Services Branch Director (Lead Agency)**
Name:	**Katherine Young, Social Services Branch Director**
Signature:	
Submitted by:	**County Chief Probation Officer**
Name:	**Bill Damiano, Chief Probation Officer**
Signature:	

In Collaboration with: County & Community Partners	Name(s)	Signature
Board of Supervisors Designated Public Agency to Administer CAPIT/CBCAP/PSSF Funds	Humboldt County Department of Health and Human Services	
County Child Abuse Prevention Council	Meg Walkley, CAPCC Coordinator	
Parent Representative	Kathleen Jones, CWS Parent Partner	
As Applicable[1]	**Name(s)**	
California Youth Connection	Rochelle Trochtenberg, Humboldt County Transition Age Youth Collaboration (HCTAYC)	
County Adoption Agency (or CDSS Adoptions District Office)	Sutie Wheeler, CDSS Adoptions District Office 749 F Street, Arcata, CA 95521	
Local Tribes	Geneva Shaw, Yurok Tribe	
Local Education Agency	Roger Golec, Humboldt County Office of Education	

Board of Supervisors (BOS) Approval	
BOS Approval Date:	8/14/12
Name:	Virginia Bass
Signature:	Virginia Bass

☒ Name and affiliation of additional participants are on a separate page with an indication as to which participants are representing the required core representatives.

HUMBOLDT COUNTY

CALIFORNIA CHILD AND FAMILY SERVICES REVIEW

County Self-Assessment
7/16/2012

Outcome Data Period –2009 to 2011

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

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

Michele Stephens
Department of Health and Human Services
Social Services Branch, Children & Family Services, Child Welfare Services, Program Manager II

Jody Green
Humboldt County Probation Department
Division Director, Juvenile Services

Cris Plocher
Department of Health and Human Services
Social Services Branch, Children & Family Services Administrative Analyst

Table of Contents

Appendices and Attachments

Appendix I Organizational Charts

Organizational Chart 1 – County Organizational Chart
Organizational Chart 2 – Department of Health and Human Services Chart
Organizational Chart 3 – Child Welfare Services Division
Organizational Chart 4 – Probation Department Adults and Juvenile
Organizational Chart 5 – Probation Department Facilities

Appendix II CWS and Probation Overview for PQCR Orientation

Appendix III Peer Quality Case Review Interview Tools (CWS and Probation)

Appendix IV Daily Debrief and Report Out from Peer Quality Case Review

Appendix V Federal Outcome Measures for CWS and Probation

Appendix VI Humboldt County DHHS Integrated Progress and Trends Report

Appendix VII Community Resource Guide

Appendix VIII Feedback and Comments from County Self Assessment Focus Groups (Core & Stakeholders, Care Providers, CWS Staff and Probation Staff)

Appendix IX Acronym Guide

Attachment I Humboldt County Board of Supervisors Approval of County Self Assessment

A. California's Child and Family Services Review
County Self-Assessment Cover Sheet

County:	**Humboldt**
Responsible County Child Welfare Agency:	**Humboldt County Department of Health and Human Services; Social Services Branch**
Period of Assessment:	**2009 - 2012**
Period of Outcome Data:	**2009 – 2011**
Date Submitted:	**July 16, 2012**
County Contact Person for County Self-Assessment	
Name & title:	**Michele Stephens, Program Manager**
Address:	**929 Koster Street, Eureka, CA**
Phone:	**(707)476-1281**
E-mail:	**mstephens@co.humboldt.ca.us**
CAPIT Liaison	
Name & title:	**Meg Walkley, CAPCC Coordinator**
Address:	**PO Box 854 Eureka, CA 95502**
Phone:	**(707)499-6616**
E-mail:	**meg@walkley.us**
CBCAP Liaison	
Name & title:	**Michele Stephens, Program Manager**
Address:	**929 Koster Street, Eureka, CA 95501**
Phone:	**(707)476-1281**
E-mail:	**mstephens@co.humboldt.ca.us**
County PSSF Liaison	
Name & title:	**Sheryl Lyons, Program Manager**
Address:	**929 Koster Street, Eureka, CA 95501**
Phone:	**(707)476-4701**
E-mail:	**slyons@co.humboldt.ca.us**

Submitted by each agency for the children under its care	
Submitted by:	**County Social Services Branch Director (Lead Agency)**
Name:	**Katherine Young, Social Services Branch Director**
Signature:	
Submitted by:	**County Chief Probation Officer**
Name:	**Bill Damiano, Chief Probation Officer**
Signature:	

In Collaboration with:		
County & Community Partners	**Name(s)**	**Signature**
Board of Supervisors Designated Public Agency to Administer CAPIT/CBCAP/PSSF Funds	Humboldt County Department of Health and Human Services	
County Child Abuse Prevention Council	Meg Walkley, CAPCC Coordinator	
Parent Representative	Kathleen Jones, CWS Parent Partner	
As Applicable[1]	**Name(s)**	
California Youth Connection	Rochelle Trochtenberg, Humboldt County Transition Age Youth Collaboration (HCTAYC)	
County Adoption Agency (or CDSS Adoptions District Office)	Sutie Wheeler, CDSS Adoptions District Office 749 F Street, Arcata, CA 95521	
Local Tribes	Geneva Shaw, Yurok Tribe	
Local Education Agency	Roger Golec, Humboldt County Office of Education	

Board of Supervisors (BOS) Approval	
BOS Approval Date:	
Name:	
Signature:	

☒ Name and affiliation of additional participants are on a separate page with an indication as to which participants are representing the required core representatives.

COUNTY SELF-ASSESSMENT TEAM COMPOSITION AND ACKNOWLEDGEMENT

The following introduces the required core planning representatives and recommended stakeholders involved in the Humboldt County Self Assessment process, in accordance with County Self-Assessment state guidelines.

Required Core Representatives

Humboldt County's Self-Assessment (CSA) for the California – Children Family Services Review (C-CFSR) was completed with input from core representatives from the following areas:

• Child Abuse Prevention Councils	• Native American tribes served within the community
• Children's Trust Fund Commission or CAPC if acting as the Children's Trust Fund Commission	• Parents/consumers
• County Board of Supervisors designated agency to administer CAPIT/CBCAP/PSSF Programs	• Probation administrators, supervisors, and officers
• County Public Health Branch	• PSSF Collaborative
• County Mental Health Branch	• Care Providers
• CWS administrators, managers, and social workers (includes CAPIT/CBCAP Liaisons)	• Youth representative

The Humboldt County Department of Health and Human Services and the Humboldt County Probation Department extend their gratitude to the following individuals for their participation on the Self Assessment Core Planning Team. The team identified local community group meetings where self assessment input could be collected. The team members participated in the county's self-assessment community convening and focus group meetings to review the county's Children and Family Services and Probation Department programs, practices and service systems. Also, to identify agency strengths, challenges, and recommendations for improvement. The Planning Team provided their input, expertise and dedication in representing their agencies. All this helped make the County Self Assessment a successful learning process.

Thank you Core Planning Team!

Name	Title	Agency
Yvette Albright	OCAP Supervisor	California Department of Social Services, Office of Child Abuse Prevention (OCAP)
Rose Baker	President	New Directions of Humboldt Foster Parent Association
Alison Book	CWS Supervisor	Humboldt County DHHS - Social Services Branch – Children & Family Services – Child Welfare Services

Core Planning Team (continued)		
Name	**Title**	**Agency**
Ivy Breen	Administrative Analyst	Humboldt County DHHS - Social Services Branch – Children & Family Services
Steve Cordero	Administrative Analyst	Humboldt County DHHS - Social Services Branch – Children & Family Services
Kim Counts	Executive Secretary	Humboldt County DHHS - Social Services Branch – Children & Family Services
Helen Culver	Public Health Branch Nurse Supervisor	Humboldt County DHHS – Public Health Branch
Bill Damiano	Chief Probation Officer	Humboldt County Probation Department
Rachel Davis-Packer	Supervising Mental Health Clinician	Humboldt County DHHS - Children & Family Services
Vincent Feliz	Mental Health Clinician, Extra Help	Humboldt County DHHS - Social Services Branch – Children & Family Services
David Gauthier	Administrative Analyst	Humboldt County DHHS - Social Services Branch – Children & Family Services
Jody Green	Division Director, Juvenile Services	Humboldt County Probation Department
Trevis Green	Senior Staff Services Analyst	Humboldt County DHHS - Financial Services Division
Donald Henderson	Social Services Consultant	California Department of Social Services, Children & Family Services Division, Outcomes & Accountability Bureau
Kathleen Jones	CWS Parent Partner (parent representative)	Humboldt County DHHS – Social Services Branch – Children & Family Services
Karen Krumenacker	Supervising Public Health Nurse	Humboldt County DHHS – Public Health Branch
Lonyx Landry	Social Services Director	Wiyot Tribe
Melinda Lewis	Social Worker	Environmental Alternatives, Foster Family Agency
Sheryl Lyons	Program Manager	Humboldt County DHHS - Social Services Branch – Children & Family Services – Child Welfare Services
Mark Magladry	Business Manager	Humboldt County Probation Department
Terry Marroquin	Social Worker	Humboldt County DHHS - Social Services Branch – Children & Family Services – Child Welfare Services
Jamie Monroe	Administrative Analyst	Humboldt County DHHS - Social Services Branch – Children & Family Services
Brett Moranda	Supervising Probation Officer	Humboldt County Probation Department
Tabitha Morton	Foster youth	Foster youth representative

Core Planning Team (continued)		
Name	**Title**	**Agency**
Bill Nichols	Program Manager	Humboldt County DHHS – Children & Family Services – Mental Health Services
Shelley Nilsen	Social Services Branch/ C&FS Deputy Director	Humboldt County DHHS - Social Services Branch– Children & Family Services
Dian Pecora	Director of Public Health Nursing	Humboldt County DHHS – Public Health Branch & Maternal Child Adolescent Health (MCAH)
Cris Plocher	Administrative Analyst	Humboldt County DHHS - Social Services Branch – Children & Family Services
Elizabeth Rhodes	Administrative Analyst	Humboldt County DHHS - Financial Services Division
Lisa Rix	Administrative Analyst	DHHS - Social Services Branch – Children & Family Services
Theresa Sanchez	OCAP Consultant	California Department of Social Services, Office of Child Abuse Prevention (OCAP)
Chiho Sakamoto	Social Worker	Humboldt County DHHS - Social Services Branch – Children & Family Services – Child Welfare Services
Jeri Scardina	Social Services Branch/ C&FS Deputy Director	Humboldt County DHHS - Social Services Branch– Children & Family Services
Geneva Shaw	Assistant Social Services Director	Yurok Tribe
Michele Stephens	Program Manager	Humboldt County DHHS - Social Services Branch – Children & Family Services – Child Welfare Services (designated agency to administer CAPIT/CBCAP/PSSF)
Cynthia Sutcliffe	Program Manager	Humboldt County DHHS - Social Services Branch – Children & Family Services – Child Welfare Services
Rochelle Trochtenberg	Coordinator/Liaison, Youth Organizer	HCTAYC, CYC
Meg Walkley	Children & Family Support Specialist/ Coordinating Consultant	CAPCC; Children's Trust Fund Commission; CAPIT/CBCAP/PSSF Representative; First 5 Humboldt
Kelly Winston	O& A Supervisor	California Department of Social Services, Children & Family Services Division, Outcomes & Accountability Bureau
Katherine Young	Social Services Branch Director	Humboldt County DHHS - Social Services Branch - Children & Family Services

Recommended Stakeholders

The Self Assessment Planning Team extends a special thank you to their peers from other agencies, community organizations and PQCR counties (Madera, Marin, Napa, Placer, and Riverside) that provided their time and expertise as collaborative team members and reviewers during the assessment process.

Name	Title	Agency	Stakeholder Group
Hillarie Beyer	Executive Director	McKinleyville Family/Community Resource Center/Community Collaborative	Service Provider (Community Based Organization)
Susan Brooks	Director	University of California, Davis Extension, Northern California Training Academy	Regional Training Academy
Lindsey Cunningham	CWS/CMS Training Instructor	University of California, Davis Extension, Northern California Training Academy	Regional Training Academy
Roger Golec	Foster Youth/Homeless Coordinator	Humboldt County Office of Education/Foster Youth Services	Education
Nancy Hafer	Academic Coordinator	University of California, Davis Extension, Northern California Training Academy	Regional Training Academy
Jennifer Lowery	Program Supervisor	University of California, Davis Extension Northern California Training Academy	Regional Training Academy
Margo Macklin-Hinson	Academic Coordinator	University of California, Davis Extension, Northern California Training Academy	Regional Training Academy
Maryann Hayes Mariani	Client Services Coordinator	Northcoast Rape Crisis Team	Domestic Violence Prevention Provider, Humboldt Domestic Violence Community Collaborative (HDVCC)
Adrienne Colegrove-Raymond	Director of SASOP	University of California, Humboldt State University	Education Stakeholder group
Karen Roebuck	Senior Deputy County Counsel	County of Humboldt County Counsel	County Attorneys
Shelley Nilsen	Social Services Branch/C&FS Deputy Director	Workforce Investment Board – Youth Committee (county designated)	Workforce Investment Board
Meg Walkley	Children & Family Support Specialist/ Coordinating Consultant	First 5 Humboldt	County Children & Families Commission (Prop. 10 Commission)

Recommended Stakeholders (continued)			
Name	**Title**	**Agency**	**Stakeholder Group**
Child Welfare Services All Staff Meeting	Supervisors and Social Workers	Humboldt County DHHS – Social Services – Children & Family Services	Children & Family Services Provider
Probation All Staff Meeting	Supervisors and Case Workers	Humboldt County Probation Department	Probation Services Provider
Foster Parent Association Meeting	Care Providers	New Directions of Humboldt Foster Parent Association	Care Providers (Resource Families)
Sue Grenfell	Mental Health Clinician	Alcohol & Other Drugs (AOD)/Healthy Moms (Humboldt County Mental Health Branch)	County Alcohol & Drug Department

Background, Purpose, and Methodology

In 2001, the California Legislature passed the Child Welfare System Improvement and Accountability Act (Assembly Bill 636, Chapter 678, Statutes of 2001, Steinberg). The intent of this legislation is to improve outcomes for children served by the child welfare and probation systems, while holding county and state agencies accountable for the outcomes achieved. 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. It is based upon the principle of ongoing quality improvement, interagency partnerships, community involvement, and public reporting of program outcomes.

The state's quality assurance system, known as the California-Child and Family Services Review (C-CFSR), has established an outcomes-based review system to help the state and counties improve programs and outcomes for children and families in safety, well-being and permanency. The C-CFSR is patterned after the federal CFSR. It utilizes the federally established children/family outcome measures to review county/state database reports and trends and to assess local system performance and practices, and their impact on children/family outcomes. The five-year cycle of the C-CFSR involves the County Self-Assessment (CSA) and Peer Quality Case Review (PQCR), followed by the System Improvement Plan (SIP) and annual SIP updates.

This CSA report tells the story of Humboldt County demographics, agency characteristics, system of care practices, services and resources available (from prevention through the continuum of care), and the CSA process of assessing performance outcomes, system strengths and trends in child/family safety, wellness and permanency. The CSA also relays the findings from the January 2012 PQCR. **Refer to Section D** of this report for the PQCR Summary. The CSA involved the participation of community and prevention partners and stakeholders **(identified in the first part of this section)** and included state technical assistance and monitoring. From November 2011 to January 2012, the county held a CSA community convening and participated in several focus group meetings to review CWS and Probation outcome measures and identify agency strengths, challenges and needs, and to gather community feedback on improvement recommendations. **Refer to Section G** of this report for more information on the county self assessment summary.

The CSA was conducted by the county in accordance with County Self Assessment state guidelines and will be used to inform the SIP with community feedback. CSA findings will also be used as a needs assessment to plan and coordinate integrated Child Abuse Prevention, Intervention and Treatment (CAPIT), Community Based Child Abuse Prevention (CBCAP), and Promoting Safe and Stable Families (PSSF) programs within the county.

B. DEMOGRAPHIC PROFILE (FOSTER CARE AND GENERAL POPULATION)

Humboldt County is located in Northwest California on Highway 101, approximately 110 miles south of the Oregon border and 300 miles north of San Francisco. Workforce in the county by employment type consists of the following, according to California Employment Development Department, Labor Market Information Division, Business & Industry (2004):

22% government	17% health care & education	13.5% retail/wholesale trade
13.5% art, entertainment, and tourism	11% manufacturing & construction	8% professional and technical services
6% finance, insurance, and information	4% ag, forestry, fishing, hunting, and mining	5% other

Humboldt County is home to a Community College and California State University. College of the Redwoods (CR) has three campuses, located in Crescent City, Fort Bragg, and Eureka (main campus south of Eureka and downtown), as well as two instructional sites, one in Hoopa and the newest one in Arcata. CR's credit program served 12,763 students and over 4,500 individuals participated in non-credit courses/activities. Humboldt State University (HSU) is the northernmost campus of the California State University system, located in Arcata (Humboldt County). HSU's student population has stayed consistently around 7,500 for several decades. There are 49 undergraduate majors and 85 minors, as well as several credential programs and twelve Master's programs, of which Natural Resources and Social Work are the largest.

The County consists of 4,000 square miles (2.3 million acres), 80 percent of which is forestlands, protected redwoods, and recreation areas. Although Humboldt County has considerable land mass, the population centers are small and most are centrally located around the bay. The outlying areas have very small population totals, accessible mostly by two-lane rural highways, and are difficult to access during harsh winter weather storms. This makes for a rural layout throughout the county and adds to difficulty of service access and delivery for the community.

1. Demographics

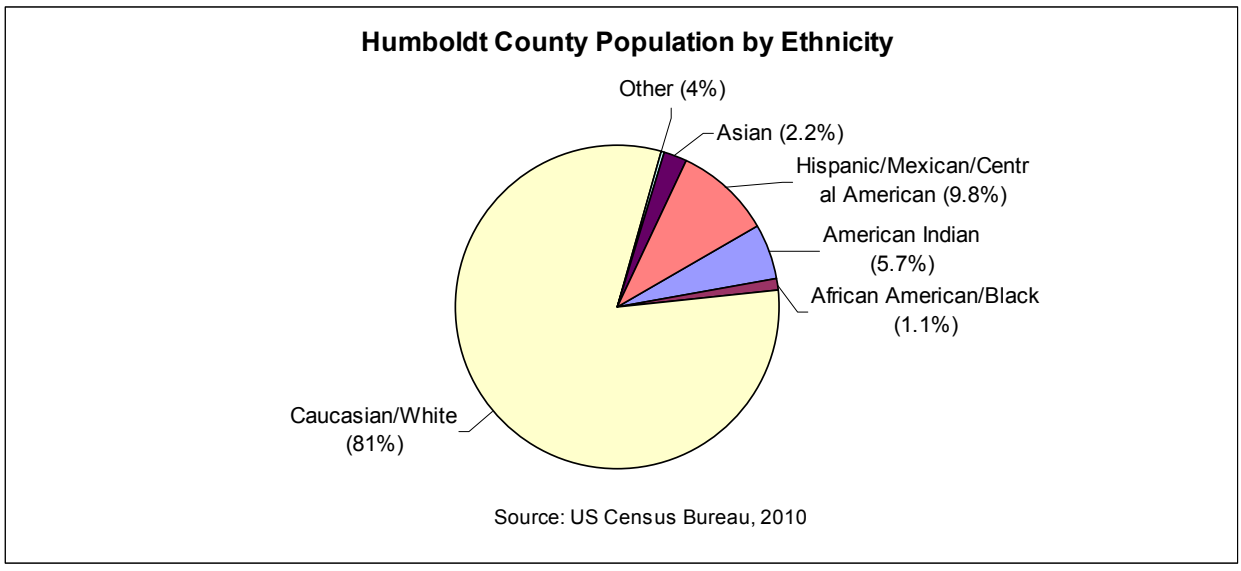
The main growth areas of Humboldt County are around the communities of McKinleyville and Garberville, and the cities of Arcata and Fortuna. Most of these regions have an adequate supply of land and necessary public facilities for urban use and therefore can be expected to remain as principal growth areas. The following chart details County population projections over the next two decades, based on State of California, Department of Finance, Demographic Research Unit. *Historical and Projected State and County Population, 1980-2020 (October 2011).*

Location	2000 Population	2010 Population	% Change	2020 Projected Pop. (6.3% @ 20 yr avg)
City of Eureka	27,533	27,191	-1.2%	28,904
City of Arcata	16,408	17,231	5.0%	18,317
City of Fortuna	10,225	11,926	16.6%	12,677
Incorporated	60,066	63,273	5.3%	67,259
Unincorporated	67,567	71,350	5.6%	75,845
Humboldt County	127,633	134,623	5.5%	143,104

Humboldt County is home to about 134,623 people, which represents a growth rate of about 5.5% from the 2000 Census (U.S. Census Bureau, 2010). The majority of the population resides in the Greater Humboldt Bay area; Eureka, Arcata, Fortuna and unincorporated McKinleyville. County population growth from year 2000 to 2010 occurred in the age groups of 18 to 64 years.

According to the State of California Employment Development Department, the county's median household income in 2010 was $38,254 compared to California's average of $57,664. Due to the county's rural economy and geographically remote nature, the county's labor force experiences lower wages than the state average and less options for services, while cost of living is not proportionally lower in the county compared to statewide. As a result, families have significant challenges in finding affordable housing and maintaining stable employment and a living wage. These factors add pressures on families to make it more difficult in sustaining family well-being and stability. The majority of families involved in the CWS system have one or more issues that deal with unemployment, poverty, homelessness, trauma, substance abuse and/or mental health.

The following chart demonstrates the county's population distribution by ethnicity in 2010. The majority of the county's ethnicity is Caucasian. A small percentage (5.3%) of people surveyed by the Census Bureau reported two or more races.



Humboldt County is home to eight federally recognized tribes. The eight tribes are Bear River Band of Rohnerville Rancheria, Big Lagoon Rancheria, Blue Lake Rancheria, Hoopa Valley Tribe, Karuk Tribe of California, Table Bluff Reservation, Trinidad Rancheria, and Yurok Tribe. The Tribes maintain Sovereign Nation status. The indigenous Native American population in Humboldt County consists of the Hoopa, Karuk, Wiyot, and Yurok, as well as others.

The county's demographic profile depicts a county that is rural in nature with the majority of the population living along the coast in several communities. Services are harder to provide to those living outside these urban centers. Social problems exist in the county that are comparable with other areas of the State of California, such as poverty, domestic violence, mental health issues, drug abuse, and lack of education/skills that may potentially contribute to child maltreatment. A brief look at these issues reveals the following circumstances.

County Child Population and School Enrollment

The population of Humboldt County is made up of approximately 30,842 family households with 43% of those households having children under the age of 18 years (2007-2009 American Community Survey 3-Year Estimates). The county's child population (0 to 18 years of age) has decreased over the last ten years, as shown in the table below. As a reflection of economic times over the past ten years, we suspect some working families have moved out of the area in search for employment.

Humboldt County Child Population (Count and Percentage) to Total County Population

2000	2008	2010
29,352 (23%)	31,751 (24%)	27,000 (20%)

Humboldt County has 32 school districts with 87 school sites. Over the last couple of years, school enrollment has also shown a 1.3% decrease in the number of students. In 2009/2010 school year, there were 18,196 students, compared to 18,440 students a couple of years ago.

Number of Children Attending Special Education Classes

According to the Humboldt County Office of Education, there were 2,784 children with an Individualized Education Plan (IEP) for the 2009/10 school year, which represents approximately 15% of the total student population. An IEP is an official document that describes the educational plan designed to meet the unique needs of a child with a disability.

Number of Children Born to Teen Parents

According to the Humboldt County Department of Health and Human Services, Public Health Branch, in 2010 there were 124 live births to County resident teenage mothers (ages 15-19 years). This represented 8% of all live births among county residents, and compares to a teenage mother birth rate of about 9.4% (2006) in the state as a whole. This information is from the Automated Vital Statistics System (AVSS) and the State of California Department of Public Health (2009 birth records).

Number of Children Leaving School Prior to Graduation
According to the Humboldt County Office of Education, there were 222 youth that dropped out of school prior to graduation during the 2009/2010 school year (California Department of Education). The county's high school graduation rate compares well to the state, with an 82% rate for the county compared to 75% statewide (California Department of Education, 2009-10). Nonetheless, the school dropout population often endures more challenges with lack of employment, poverty, homelessness, and resulting family stressors on well-being and stability.

Number of Children on Child Care Waiting Lists
According to Changing Tides Family Services, during 2011 there were 500 children in the county receiving childcare services (166 subsidized and 337 non-subsidized). Currently 344 children are waiting for subsidized childcare.

Number of Children Participating in Subsidized School Lunch Programs
The data for the school year 2009-2010 for Humboldt County shows a majority of students receiving free or reduced lunch program benefits. Humboldt County Office of Education states that 53.7% of the children in this county receive free or reduced lunch program benefits in comparison to the State of California having 56.7% of children enrolled.

Number of Children Receiving Age-Appropriate Immunizations
Of the 1458 enrolled kindergarteners for year 2010, 77% were up to date on their immunizations. Of the kindergarten students enrolled, 10% were not up to date due to personal belief exemption (California Department of Public Health Immunization data tables).

Number of Babies Who Are Born With a Low-Birth Weight
A low birth weight live birth is defined as a live birth in which the child weighs less than 2,500 grams (5.5 pounds). Similar to the state trend, Humboldt County shows a decrease in the number and percentage of births with low birth weight over the last couple of years, as illustrated in the table below, according to the county's DHHS Public Heath Branch.

Humboldt County Low Birth-Weight Births (Count and Percentage of Total Births)

2008	2010
97 (6.1%)	88 (5.6%)

Number of Families Receiving Public Assistance (CalWORKS and CalFresh)
In California, the Temporary Assistance for Needy Families (TANF) federal public assistance program is called California Work Opportunities and Responsibilities to Kids (CalWORKS). CalWORKs provides temporary financial assistance (Cash Grant) and employment-focused services (Welfare-to-Work) to families with minor children whose income and property are below the established State limits set for their family size. According to the Humboldt County State Report (CalWORKS and CalFresh) for October 2010, the total number of open CalWORKS cases and CalFresh cases (formerly Food Stamps) have increased over the last several years, as illustrated in the table below. The increase in CalWORKs and CalFresh cases

reflects the economic situation across the country and its affects on Humboldt County families, with layoffs, business closures, and added pressures on family systems.

	2000	2008	2009	2010
CalWORKs Total Number of Cases	2,719	1,657	1,686	1,795
CalFresh Total Number of Cases	4,686	4,968	6,350	7,557

Currently, 75% of CalWORKS recipients are children 18 years old and under, compared to 57% a year ago. Even though the county's child population has been decreasing in the last several years, more of the children are in low income households that need public assistance.

Number of Families Living Below Poverty Level

The following table illustrates in 2010 the poverty rate in Humboldt County was higher than statewide average and the county's rate of poverty for children under 18 years of age was similar to the state average.

	Poverty Rate			
	Humboldt County	**California**	**Humboldt County Children Below 18 Yrs of Age**	**California Children Below 18 Yrs of Age**
2010	19%	16%	22%	22%

A recent survey by the Humboldt Housing & Homeless Coalition estimated the county's homeless population count to be 1,913 (2% of the population), of which 20% are children. Poverty or low income is a common theme among families and children receiving child welfare services that reflects the need for lower levels of case management services to assist with finances, budgeting, access to community service providers, and linkage to affordable resources for low income families at risk of entering the CWS system.

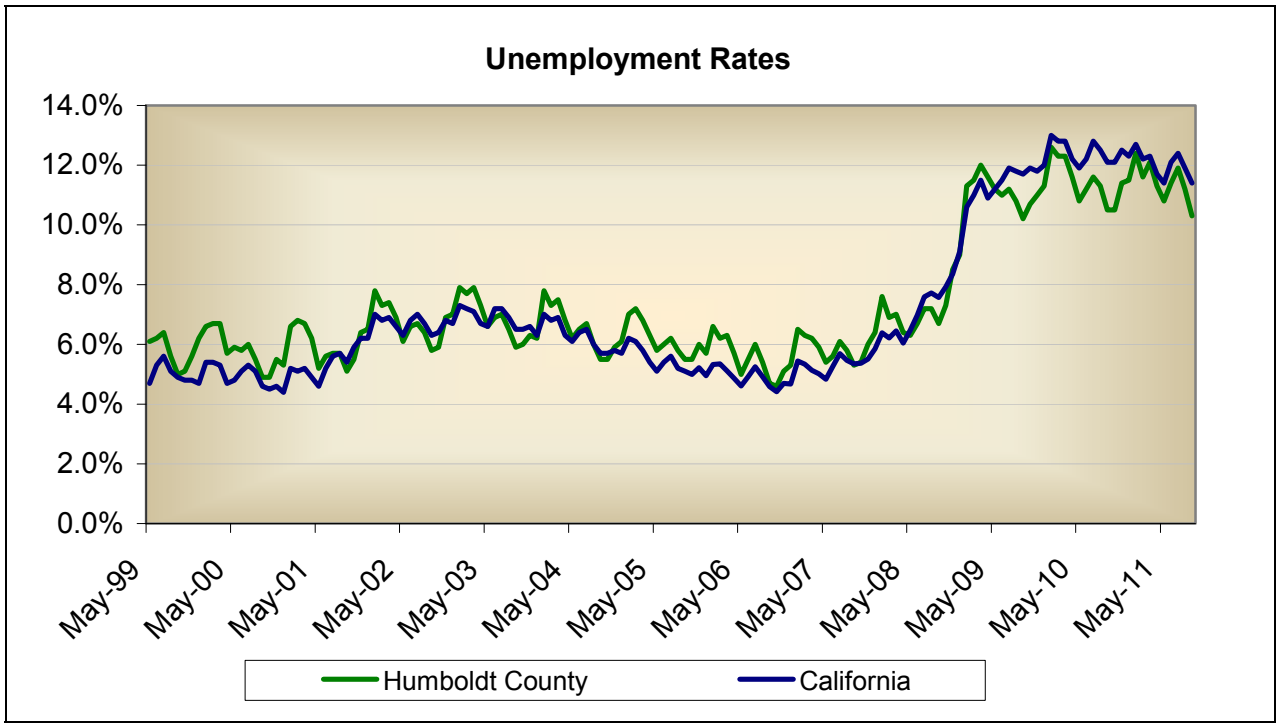
Number of Families With No Health Insurance

The estimated number of children, ages newborn to 19, in Humboldt County with no health insurance is near 2,573, which is 9.2% of this age group population and similar to the statewide average (U.S. Census, Small Area Health Insurance Estimate Program, 2009). Humboldt County utilizes Medi-Cal, Healthy Families, and CalKids to provide health insurance to children whose family cannot afford private health insurance. Currently there are 4000 children enrolled in MediCal, 3,100 in Healthy Families, and 200 in CalKids.

County Unemployment Rate

The following table demonstrates Humboldt County's unemployment rate has increased significantly since 2009, from an average of 7% to 11.5% in 2011, similar to the statewide trend of 12 percent.

The recent surge in the unemployment rate that has been experienced by both the County and State is due to countrywide as well as world wide economic recession effects. The current recession and unemployment rates may have also contributed to the recent notable rises in the county's poverty rate, and the county's CalFresh (food stamps) and General Relief caseloads.



Source: EDD Historical Civilian Labor Force Report. March 2008 Benchmark. Data Not Seasonally Adjusted (November 2011)

County Rate of Drug and Alcohol Abuse

As is true for many counties in California, drug and alcohol abuse is a serious problem. Substance abuse is a key element in most CWS cases. Challenges exist involving adult and adolescent access to effective alcohol and other drug (AOD) services. There is also a need in the county to develop a more coordinated AOD system of care for parents involved in the CWS system.

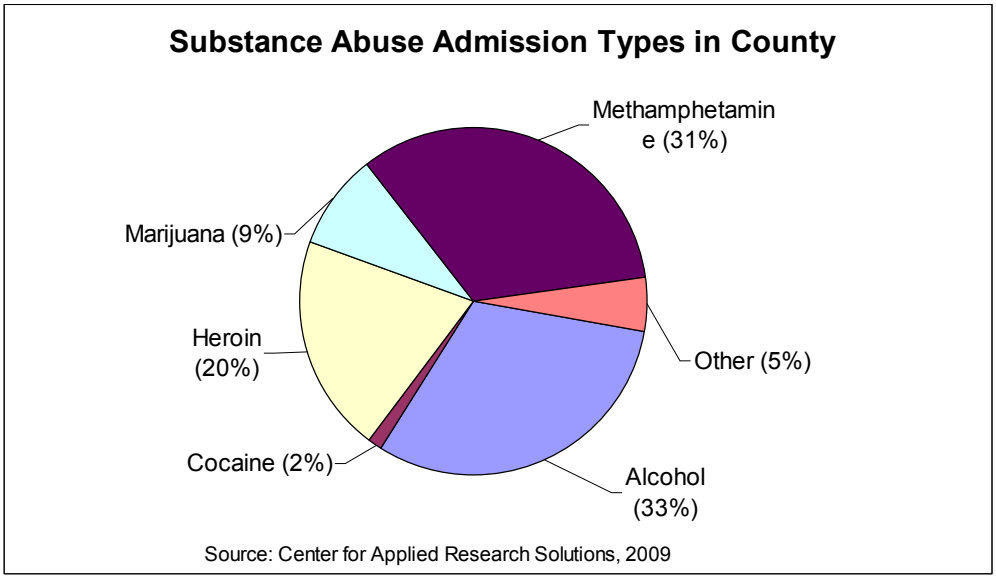
Treatment admission rates for alcohol & other drugs in Humboldt County increased a little since year 2000, as shown below, according to the Community Indicators of Alcohol & Drug Abuse Risk for Humboldt County (2009) by the Center for Applied Research Solutions (CARS).

Humboldt County Substance Abuse Treatment Admission Rates

2000	2008
0.8% (997 admissions out of 126,839 pop.)	1% (1,302 admissions out of 133, 266 pop.)

Humboldt County's substance abuse treatment rate per capita (977 per 100,000) was almost double that of California statewide per capita rate (592 per 100,000) in year 2008.

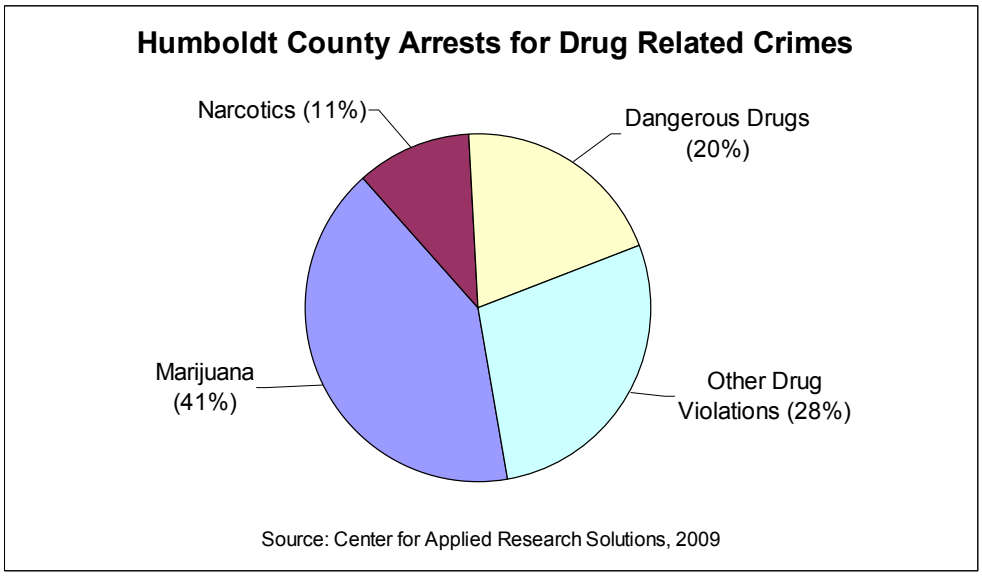
Admissions for substance abuse treatment in 2008 consisted of the following drug types.



Of the county's admissions, approximately 62% were male and 38% were female. In 2008, substance abuse treatment in Humboldt County by race/ethnicity consisted of the following, which also identifies the need for culturally relevant substance abuse services, particularly for the Native American Indian parents:

79% White/Caucasian, 11% Native American Indian, 5% Hispanic, 1.8% Black/African American, 0.5% Asian/Pacific Islander, and 2.8% other.

According to California Department of Alcohol and Drug Services, the county's arrests for drug-related crimes increased from 965 arrests in year 2000 and to 1,388 arrests in 2008. Arrests consisted of the following drug related crimes in the county.



The county's arrests for drug related crimes in 2008 by race/ethnicity consisted of:

82.5% Caucasian/White, 7% Native American Indian, 4.3% Hispanic, 3.5% Black/African American, 1.7% Asian/Pacific Islander, and 0.9% other.

2. Participation Rates

Child Welfare Services

The following table shows child welfare population numbers and key indicators in the county for years 2000 and 2010 (University of California, Berkeley, 2011). The reduction in the county's child population over this ten year period has partly contributed to the decrease in the number and rate of referrals of child abuse/neglect and also first entries and substantiated referrals, while the rate of children in out-of-home care decreased only slightly. The county has also made changes to DHHS policy and practice, such as improving staff training on referral investigation procedures and maltreatment definitions to strengthen investigation decision making protocol.

Humboldt County	Year 2000	Year 2000 (rate/1,000)	Year 2010	Year 2010 (rate/1,000)
Number of children < 18 in county population	29,280	229.4 per 1,000	27,061	201.0 per 1,000
Number and rate of children with referrals	2,736	93.4 per 1,000	2,052	75.8 per 1,000
Number and rate of first entries	181	6.2 per 1,000	120	4.4 per 1,000
Number and rate of children with substantiated referrals	409	14.0 per 1,000	189	7.0 per 1,000
Number and rate of children in care	265	9.0 per 1,000	243	8.9 per 1,000

Source: Center for Social Sciences Research (http://cssr.berkeley.edu/ucb_childwelfare/) at UC Berkeley.

Factors that can contribute to the sustained rate of children in-care, even when the number of substantiated referrals has decreased, may include the county's practice in the last ten years to place more emphasis on risk assessment of future maltreatment and assign investigation of referrals on children birth to 5 years of age, due to their vulnerability and reduced exposure to mandated reporters. Also, an increase in Native American youth entering care since 2010 has partly contributed to sustained levels of children in care. Other contributing factors may include re-entries into the system and longer lengths of stay in foster care.

A possible factor that could have contributed to the reduction in substantiated referrals is the fact that a few years ago a case could not be opened in CWS/CMS unless an allegation was substantiated. Substantial risk was used as an allegation to substantiate when an abuse or neglect allegation could not be substantiated, so that a case could be opened due to the high or very high risk of future maltreatment. Now that referrals can be promoted to a case without a substantiation, it is possible that this change in practice may have contributed to a reduction in substantiated referrals.

Probation

In fiscal year 2010-11, the Probation Department received approximately 1600 referrals committed by 650 youth. About 7% (45) of the youth were adjudicated 602 wards residing in an out-of-home placement. This is a reduction from several years ago, when 2800 referrals committed by 950 youth were received by the Probation Department, with 10% (95) of the youth having been adjudicated 602 wards in out-of home placements.

C. PUBLIC AGENCY CHARACTERISTICS

1. Size and Structure of Agencies

Child Welfare Services

The Humboldt County Department of Health and Human Services (DHHS) is an integrated Health and Human Services agency under the state's Integrated Services Initiative (AB 315 Berg). DHHS includes the Mental Health Branch, Public Health Branch, and Social Services Branch.**(see attached organizational charts – Appendix I, chart 1)**. The Humboldt County Children & Family Services (C&FS) is embedded in the Social Services Branch of the Humboldt County DHHS **(see Appendix I, charts 2 and 3)**.

Children & Family Services provides integrated Child Welfare Services, Public Health Nursing, and Children's Mental Health. The system of care extends to many community–based partners, to provide for the safety and well-being of children and youth who are at risk of, or who are victims of, abuse and neglect. The programs that comprise C&FS are housed in several locations in the Eureka area. Staff of the various disciplines are usually co-located at these locations.

Probation Department

The governance structure of Probation in California is unique in that it follows a model that utilizes a combination of local judicial and executive governance. The Probation Department is operated by the County and staffed with county employees. The Probation Department is overseen by a Chief Probation Officer who is appointed through the local presiding judge in conjunction with the county board of supervisors. Probation caseloads are largely dependent upon the sentencing decisions of the courts, and it is through its compliance with the mandates of the Welfare and Institutions Code, that the Probation Department works to keep communities safe and youth directed toward a productive future **(see attached organizational charts – Appendix I, charts 4 and 5)**.

a. County-Operated Shelters

Child Welfare Services

The DHHS operates a Children's Center, which integrates Social Services and the Mental Health resources through C&FS. The Children's Center provides assessments and comprehensive treatment planning to at-risk youth in order to improve their stability, whether they are returning home or changing placement. The Children's Center is a licensed six-bed facility staffed by Mental Health and Social Services specialists for children requiring emergency/ temporary shelter care, up to 30 days.

Probation Department

The Probation Department operates a twenty-six bed juvenile hall for the provision of secure detention of juvenile offenders for the protection of public safety and the safety of the youth. At-risk youth remain in temporary custody following a court finding that continuance in the home is contrary to the child's best interest. Prior to admission into the juvenile hall, youth are screened utilizing a detention risk assessment tool – Detention Risk Assessment Instrument (DRAI). This tool aids in determining whether or not a youth requires detention in a secure facility.

If detained, every youth aged 12-17 entering the facility is screened using an evidence-based assessment tool, the MAYSI-2. The MAYSI-2 is a self-inventory of 52 questions designed to assist juvenile justice facilities in identifying youths 12 to 17 years old who may have special mental health needs. During periods of confinement a wide spectrum of program and services, including Native American counseling and cultural activities, are provided for detained children and their families.

Probation, in collaboration with DHHS, also operates an 18-bed locked facility, the Northern California Regional Facility New Horizons Program. The New Horizons program offers multi-disciplinary intensive mental health and alcohol and other drug treatment services to delinquent youth with serious emotional disturbance.

b. County Licensing & Foster Care Licensing

The California Department of Community Care Licensing (CCL) in Humboldt County conducts the licensing of foster homes. CWS and Probation both have good, cooperative working relationships with CCL. Community Care Licensing (CCL) does not provide a service exclusively for Humboldt, so no contractual agreement is indicated. There is no proprietary control over CCL.

DHHS has made a commitment to provide expanded foster care resources to increase recruitment, support and retention of substitute care providers. In Humboldt County, SSB/CWS and the Probation Department actively recruit foster homes and provide information to prospective care providers. The agency funds television ads, newspaper articles and advertisements, community outreach efforts, and efforts in conjunction with the local Foster Parent Association to recognize and encourage adults willing to care for foster children. CWS, in conjunction with the local Community College, College of the Redwoods Foster Parent

Education Program, provides training for foster care providers. In addition, CWS contracts with AFACTR AmeriCorps to provide recruitment of care providers.

Relative homes are approved and re-evaluated annually by the CWS and Probation relative placement specialists. Relatives are identified and engaged by the child's Social Worker/ Probation Officer and the Relative Placement Specialist. The Probation Department has a probation officer assigned half time to complete relative placement searches and to approve relative homes.

c. Adoptions Agency

Currently, California Department of Social Services Adoptions division has an arrangement with the County to provide adoption services in Humboldt County. Post-adoption services are provided through Adoption Horizons and WRAP services are available through Remi Vista. Whenever possible and as appropriate, placements are made with local families. Due to recent state realignment of funding and service responsibilities to counties, Humboldt County plans to administer Adoptions programs beginning in fiscal year 2012/13. County adoption program services may involve adoption finalization, court hearing activities, negotiating Adoption Assistance Program rates, and providing crisis intervention.

As a result of the realignment, the county is meeting with State Adoptions (Arcata District Office) to coordinate as smooth a transition as possible for both agencies. The county will also be looking at models used by other counties that provide their own adoption services and reviewing what services could possibly be provided through other agencies to do home studies. The county is seeking training and identifying staff to provide adoptions services.

Intensive post-adoption services would be provided based on the needs of the family. Priority will be on maintaining children in their home. Crisis intervention may include assessment of needs, referral for services and connection to local resources, home visits by an Adoptions worker in collaboration with a mental health clinician and/or public health nurse as needed, and expansion of WRAP program services to adoptive families. Adoption Workers will also be able to facilitate contact with birth parents and adoptive children/families (in writing or in person) as appropriate. CWS Emergency Response would continue to work on making sure placements made at the front-end involve concurrent permanency planning, with an emphasis on family and non-related extended family placements.

2. County Government Structure and Responsibilities

Since Humboldt County DHHS integration in 2000, DHHS has been engaged in system transformation and redesign through numerous key strategies, such as:

- Establishing consolidated administrative and program support infrastructures.
- Developing "rapid cycle" change management team processes to review, make decisions and respond quickly and effectively.
- Incorporating evidence-based practices, best practices, and other outcome-based approaches in services provided.

- Developing integrated, co-located, and community-based services throughout the county in needed service areas to deliver coordinated effective services, such as through family resource centers and county satellite services in rural areas (e.g. Hoopa and Garberville).
- Establishing structures and processes for obtaining feedback from staff, care providers, services providers, and community stakeholders that advise the DHHS in terms of policy, programs, and services delivery.
- Focusing on quality improvement and systems accountability in terms of outcomes linked to improved individual and family recovery and self sufficiency, as well as improved community health.
- Using a multi-dimensional approach to providing a system of care service design comprised of prevention, early intervention, and focused treatment for at risk populations targeting children, youth, and families; transition age youth; adults; older adults; and the community.
- Working with the California Department of Social Services (CDSS) and other state departments to reduce or eliminate barriers that impede effective county service delivery.

Child Welfare Services

The CWS Division is responsible for complying with legal mandates regarding the neglect/abuse of children in Humboldt County. The county provides direct services to children and families based on need for public health, mental health and/or social services. The county contracts for services as needed. **Refer to Appendix II (#11)** for a list of county contracts. CWS also makes referrals to and works collaboratively with other agencies that provide services to consumers who are working on a service plan.

Probation Department

Probation links many diverse stakeholders, including law enforcement, the courts, prosecutors, defense counsel, community-based organizations, mental health, drug and alcohol, other service providers, the community, the victim, and the youth and family. The fundamental purpose of juvenile probation services is to assist in the investigation and rehabilitation of juvenile offenders and to prevent, respond to, and lessen the impact of crime in the community. This includes offering services to prevent a youth's removal from his or her parents and providing reunification services should removal occur. This is accomplished by providing direct services to the courts, law enforcement, and victims of crime as well as providing programs, community supervision, and case management activities for offenders and their families.

a. Staffing Characteristics and Issues

Child Welfare Services

Child Welfare Services has 106 positions composed of 55 (FTE) Social Workers, 10 Social Worker Supervisors, 13 Clerical support workers, five Administrative Analysts, 4 Vocational Assistants, 8 Social Service Aides, three Program Managers, and one parent partner (**see Appendix I, chart 3**). Currently there are 10 vacancies and 4 frozen positions among all three core programs in CWS (Emergency Response, Family Maintenance/Family Reunification and Permanency Planning).

Humboldt State University (HSU), in partnership with DHHS, and the local Tribes, launched a Masters of Social Work program that has helped address the shortage of trained social work staff to work with families at risk of child maltreatment. This program began in August 2004 and new energy has been infused into CWS utilizing this local staffing resource. DHHS provides field internships for HSU's MSW students and participates in the California Social Work Education Center (CalSWEC). DHHS Social Services is committed to hiring MSW graduates or Social Worker (SW) IVs graduating from HSU during the spring/summer.

Since 2006, the county began hiring only Social Worker (SW) IVs with a Masters degree. Currently, the number of Social Workers (SWS) in CWS consist of:

- 13 SW IVs and 4 SW IIIs in Emergency Response/Court Intake (of which 12 are case carrying SWs),
- 16 SW IVs in Family Maintenance/Family Reunification/Placement (of which 13 are case carrying SWs)
- 9 SW IVs and 1 SW III in Permanency Planning (of which 9 are case carrying SWs)

This coming Spring/Summer, the county is planning to hire approximately ten additional SWIVs, including Adoptions Social Workers, to fill current vacancies.

Caseload sizes may vary during the year as vacancies occur and new social worker recruitments are initiated. Below is a snapshot of current caseloads:

Program	Average per social worker
Family Maintenance/ Family Reunification (includes Voluntary Family Maintenance)	27 cases
Permanency Planning	15 cases
Emergency Response	13 referrals

Source: Data Extracted CWS/CMS (12/1/2011)

In April 2006, DHHS began providing supervision for Associate MSWs to help them meet their supervision requirements in working toward becoming Licensed Clinical Social Workers (LCSW). DHHS developed a Training, Education & Supervision (TES) Unit that assumes this responsibility of supervision and licensure support.

The purpose of the TES Unit is to develop, coordinate and integrate resources to provide clinical supervision and cross-branch education and training to staff, client consumers, parents, families, community partners, and other stakeholders. The TES Unit's goal is to incorporate the Department's mission to support partnerships, integrated services, prevention and early intervention, evidence-based and best practices, and client/cultural diversity into its training, education and supervision activities.

To further support staff retention within CWS, several forums exist. They include:

- The CWS Support Team comprised of a staff member from each of the units in CWS which looks at a variety of issues that affect staff within the division,
- Suggestion boxes located at all three job sites where staff can make recommendations for change, which are reviewed by the CWS Support Team.

Since 2008, CWS has hired former foster youth as Transition Age Youth (TAY) Partners and former CWS clients as Parent Partners. The agency expects to expand support services for these two groups of staff in order to retain them. These groups are an important part of the ongoing shift in the agency to be inclusive, as they work with clients whose experiences may mirror their own. Providing professional supports for these partners (TAY and Parent) is critical to the success of maintaining this workforce.

Probation Department

The Probation Department, Juvenile Division, has 28 staff comprised of one Division Director, 20 Deputy Probation Officers (one vacant), three Supervising Probation Officers, and four Legal Office Assistants assigned to its juvenile division **(see Appendix I – charts 4 and 5)**.

Prior to this fiscal year, staffing in the Juvenile Division has remained relatively stable with little turnover. Since July 2011, the realignment of adult prison supervision from the state to local jurisdictions has impacted juvenile probation staffing and has strained the department administratively. Three of 20 experienced probation officers have been transferred to the Adult Division. Fortunately, due to the sun-setting of an existing program and the hiring of an experienced officer from another county, the impact has been mitigated.

A committee comprised of line staff and management staff meets to discuss work place social activities as well as ideas for improvements to the working environment. Additionally, in an effort to accommodate employee needs and improve retention rates, staff is permitted to work modified and voluntarily furloughed schedules.

The average caseload size for a juvenile court investigations officer is 25 cases. The average caseload size for a field supervision officer is 18 cases. Specialty service caseloads (which include Healthy Alternatives and Placement) average 12 youth and families. Probation Officers are required to comply with all provisions of Title IV-E and Division 31. Each year, new laws and regulations are enacted which increase the responsibilities of probation officers toward meeting those provisions and create a more and more complex system to navigate. The increase in regulations negatively impacts the amount of time officers can spend with a youth and family.

b. Bargaining Unit Issues

The American Federation of State, County, and Municipal Employees (AFSCME), a collective bargaining union, represents employees with DHHS, the non-sworn Probation Department employees, and Juvenile Hall and Regional Facility Correctional Officers. AFSCME negotiates contracts, wage increases, protects jobs, settles grievances, stops privatization, and ensures benefits for public service employees. The Humboldt Deputy Sheriff's Organization, a collective bargaining unit, represents Deputy Probation Officers. The Probation Department as a local agency operates under the employment provisions of the County Merit Systems Rules. Currently, there are no bargaining unit issues impacting services to youth.

Social Services Branch hiring operates under an agreement with Cooperative Personnel Services' (CPS) Merit System. Merit System Services (administered by CPS Human Resource Services for the California State Personnel Board) connects people with positions, helps with transfers and reinstatements, and assists with other human resource needs. Merit System Services assist in

maintaining professional standards as well as recruiting (advertising, interviewing, evaluating, and ranking) prospective employees for the Social Services Branch, Child Welfare Services.

c. Financial/Material Resources

Child Welfare Services

Through the Integration plan authorized by AB 1259, AB 1881 and AB 315, the Department of Health and Human Services (DHHS) has been able to maximize funding with approximately 78% coming from Federal and State sources. This has put DHHS, in the unique position even in these dire fiscal times, of being able to hire versus laying off Social Workers and support staff. However, with future state realignment of funding for many services, from the state to the counties, the challenge will be placed upon the counties to budget appropriately given the uncertainty of how the realignment will actually impact county budgets.

Through integration of the Social Services, Mental Health, and Public Health Branches into the Department of Health and Human Services, efforts continue toward increased access to funding for Title XIX and Title IV-E eligible services provided by mental health professionals, probation officers, social workers, and public health staff. DHHS continues to explore enhanced funding strategies and services for children and families within our Continuum of Care. Currently integrated units within Children & Family Services, comprised of Social Workers, Mental Health Clinicians, Case Managers, and Public Health Nurses, serve the needs of all the county's foster care youth. This collaborative works toward maintaining stability for youth in foster care, as well as towards establishing permanent connections to move youth out of the foster care system.

DHHS utilizes integrated funding including interagency and intra-agency funding, and community collaborations. Some of the interagency collaborations are Family Intervention Team (FIT), Differential Response (DR), and Multi-Disciplinary Team Meetings. The Social Services Branch receives the following allocations with funding being a combination of Federal, State, and County shares designed to improve the lives of families and children:

- Title IV-E Funding
- AB 2129 Foster Parent Training and Recruitment Funding
- Child Abuse Prevention, Intervention and Treatment Funding
- Community-Based Family Resource and Support Funding (CBCAP funded)
- County Counsel Adoption Funding
- Child Welfare Services Augmentation
- Emergency Assistance-Foster Care Funding and Foster Care Administration Funding
- Emancipated Youth Stipends
- AFDC Foster Care Assistance
- Family Preservation Program activities
- Group Home Monthly Visits Funding
- Independent Living Skills, State and Federal
- Kin GAP Administration Funding
- Kinship & Foster Care Emergency Funding
- Promoting Safe & Stable Families Funding
- STOP Funding
- Child Welfare Services Outcome Improvement Project Funding
- Aid to Adoption Assistance

Title IV-E funds, which are open-ended entitlement grant monies, are utilized for monthly maintenance payments for daily care and supervision of eligible children; administrative costs to manage the program; training of staff and foster care providers; recruitment of care providers and costs related to the design, implementation and operation of a state-wide data collection system.

The Child Welfare Services Outcome Improvement Project (CWSOIP) provides federal and state funding for county programs and services intended to improve outcomes for children and families. Some of the main services funded include: evidence-based practices, family resource centers, Differential Response, Family Connection Center visitation, vocational training, AmeriCorps workers, and CWS Redesign related activities.

The Humboldt County DHHS, Social Services Branch is the designated administrator for the CAPIT, CBCAP, PSSF, and Children's Trust Fund programs.

Child Abuse Prevention, Intervention and Treatment (CAPIT) provides funding for services through the McKinleyville Community Collaborative, with a strong emphasis on strength based assessments and one-on-one parenting training. CAPIT services and expenditures are reported quarterly to DHHS, Child Welfare Services.

Community-Based Child Abuse Prevention (CBCAP) partly funds the Family Resource Centers (FRC) to support Incredible Years parenting classes and family finding at the FRCs. CBCAP also partly funds the Alternative Response Team (ART) to prevent child neglect prior to CWS attention. ART is a multi-agency program aimed at those at-risk families with children eight and younger, who would benefit from early intervention and services, to prevent CWS intervention. The fund allocation is divided between direct services, infrastructure, and public awareness/information and referral activities.

Promoting Safe and Stable Families (PSSF) funds are provided to families within the CWS system of care and various community partners. Approximately 39% of the funds are allocated to family preservation, 22% are allocated to family support, 22% are allocated to time-limited reunification and 17% are allocated to adoption promotion and support. The funding for PSSF is used to support Differential Response and also to transport clients to/from services and facilitate safe housing for families (i.e. rental deposit, repairs) and other basic family needs to help with family preservation.

The Child Abuse Prevention Coordinating Council (CAPCC) in Humboldt County is a non-profit corporation authorized by the state legislature to coordinate the community's efforts to prevent and respond to child abuse and neglect, promote public awareness of child abuse/neglect issues, and facilitate training of professionals in the prevention/intervention of child abuse/neglect. CAPCC funds these activities from the County Children's Trust Fund allocation. CAPCC awards grants through an RFP process that funds community-based organizations that work in child abuse/neglect prevention, family preservation and family support (i.e. Two Feathers Native American Services, North Coast Rape Crisis Team, Arcata House). A portion of CAPCC funds goes also to the CAPCC Coordinator position and administrative costs related to the CAPCC administered program of the Children's Trust Fund.

Probation Department

Probation receives primary annual funding directly from local county government. While limited-term state annual funding allocations and Federal reimbursement for eligible Title IV-E and State SB 163 - Wraparound services are available, the State does not provide a stable or continuous revenue stream in support of local probation services. Probation is administered and funded locally as a public/ county agency, while concurrently Probation Officers are appointed by and serve as officers of the State Superior Court.

Few to none of the workload or cost drivers in the probation system are within the control of the county, which include legislative mandates, court orders, state budget decisions, and administrative directives. However, the county has budgetary responsibility over the Probation Department. A statewide approach to probation that conforms to the following principles may offer the most promising model for the future of juvenile probation:

- Support, funding, and general administration of probation services must be inter-connected at the local and state level.
- The court and county must maintain partnerships to support probation services and work collaboratively to ensure appropriate funding levels to effect offender rehabilitation, welfare, and safety.
- Adoption of statewide standards with measurable outcomes.
- Probation information technology resources to be reconfigured and augmented to enhance statewide communication/ case management systems and allow for improved operational systems, resource allocation, and capacity for program evaluation.
- Continued development of evidence-based assessment and classification systems and tools as part of an effective case management strategy.
- Continued development and implementation of partnerships and collaborative programming to ensure appropriate levels of services for children and families.

The Probation Department is committed to utilizing evidence-based practices in the development of its service delivery models. In September 2011, the Department was awarded a two year grant to enhance the use of evidence-based practices. The funds will be used to provide case management training and build organizational capacity, along with a quality assurance program.

Probation has been sorely under-funded for many years and program expansions in recent years have been largely supported by one-time grants that target high-risk populations There is a clear need to move away from a patchwork-funding model and toward the establishment of an adequate and stable funding base for Probation in Humboldt County. Despite these funding and operational challenges facing Probation, many exemplary collaborative programs are at work in Humboldt County as evidenced by the FIT/ Placement Committee, Healthy Alternatives, and New Horizons programs that utilize the integration of blended and flexible funding and staffing from Probation and DHHS.

d. Political Jurisdictions

The Board of Supervisors serves as the legislative and executive body of County government and many special districts. The County has seven incorporated cities ranging in size from approximately 400 to 30,000 persons. Almost half (47%) of the County's residents live in incorporated communities, while 53% of the County lives in unincorporated areas,

predominantly around the Humboldt Bay area. This area includes the cities of Arcata, Ferndale, Fortuna, Eureka, and the unincorporated community of McKinleyville.

Humboldt County maintains and works toward improving working relationships with the cities, Tribes and Tribal agencies, schools, courts, law enforcement agencies, family resource centers, and community-based organizations. CWS and Probation participate in various community planning groups devoted to improving the lives of children and families in the county. Some of these groups are:

▪ Multi-Tribal Roundtable ▪ Juvenile Justice and Delinquency Prevention Commissions ▪ Child Abuse Prevention Coordinating Council ▪ Court Improvement ▪ Healthy Start and Family Resource Centers ▪ Multi-Agency Juvenile Justice Coordinating Counsel ▪ Child Abuse Services Team (CAST) ▪ Fetal Infant Mortality Review/Child Death Review Team ▪ American Red Cross ▪ Humboldt County Transition Age Youth Collaboration ▪ LatinoNet ▪ Positive Indian Families Network ▪ Youth Transition Action Team ▪ Dental Advisory Group ▪ Behavioral Health Board ▪ Alcohol and Other Drug Prevention Committee ▪ Northcoast Children's Services ▪ Humboldt Housing and Homeless Coalition ▪ Humboldt Housing Authority ▪ Work Investment Board ▪ Independent Living Skills Program.

The Humboldt County Office of Education (HCOE) Foster Care Liaison and local schools' foster care liaisons coordinate with the county's CWS Education Liaison and case workers from C&FS and Probation to monitor the educational progress of the youth and ensure youth's educational needs are met. School representatives participate in the monthly Foster Youth Education Steering Committee meetings with the county to discuss education issues facing foster youth. The Steering Committee has developed a Foster Youth Education Guide to provide direction regarding implementation of laws related to the education of students in foster care, such as timely and accurate health/education records, transfer of records, transportation/service issues, and student rights in attending preferred school. C&FS and Probation staff also participate in the county-wide School Attendance Review Boards. In addition, ongoing cross-agency trainings and convenings occur among C&FS, Probation, and education agencies that cover education issues.

Law enforcement agencies in Humboldt County coordinate with CWS and Probation in certain circumstances. CWS makes every attempt to cross-report appropriately and timely with law enforcement. Also, law enforcement makes joint responses with CWS when appropriate. The Child Abuse Services Team (CAST) involves a multi-disciplinary team of Law Enforcement, District Attorney's Office, CWS and victim service providers to conduct forensic interviews of children victims of sexual or physical abuse. Probation administrators attend both a quarterly and monthly meeting of local law enforcement agency leaders for updates and training on law enforcement issues. Cross-training occurs among CWS, Probation, and Law Enforcement staff based on need to maintain program knowledge between agencies.

There are eight tribes with Sovereign Nation status in the county: Bear River Band of Rohnerville Rancheria, Big Lagoon Rancheria, Blue Lake Rancheria, Hoopa Valley Tribe, Karuk Tribe of California, Table Bluff Reservation, Trinidad Rancheria, and Yurok Tribe. Humboldt County strives to develop and improve good working relationships with the Native American Tribes through a variety of ways:

1) County partnership exists with Humboldt State University to incorporate a Native American emphasis in the MSW program.
2) C&FS is developing a Child Welfare Services practice model that includes outreach and engagement mechanisms and strategies to improve outcomes for Native American youth through the California Partners for Permanency (CAPP) project (**refer to section E.2 of this report – Outcomes Measures**)
3) The Juvenile Court in Humboldt County follows Indian Child Welfare Act (ICWA) rules and county C&FS staff are working towards noticing and informing the Tribes on ICWA cases.
4) County staff participate in Multi-Tribal Round Table monthly meetings to exchange information and discuss ways to improve service delivery for Native American families.
5) The county relies upon maintaining good relationships among county staff and tribal agency staff to provide effective service delivery. DHHS has established an Office of Consumer and Cultural Diversity and a Client & Cultural Diversity Advisory Committee to address the needs of clients in a culturally sensitive manner and guide the county's policies and practices to promote culturally respectful communication and services. The Advisory committee is comprised of employees from Mental Health, Public Health, and Social Services, as well as clients, family members and other community partners.

D. Peer Quality Case Review (PQCR) SUMMARY

All counties are state mandated to conduct a Peer Quality Case Review (PQCR), every five years. The PQCR is part of the County Self Assessment, which comprises the initial phase of the California Children & Family Services Review (C-CFSR) five-year system improvement plan for 2013-2017. Both the PQCR and County Self Assessment (CSA) are integral to a complete review of county practices, which inform the county's System Improvement Plan (SIP).

The PQCR was conducted according to the PQCR state guidelines. The PQCR Planning Team was comprised of staff from Humboldt County DHHS Children & Family Services, the Probation Department, the UC Davis Northern California Regional Training Academy, and the California Department of Social Services (Outcomes & Accountability Bureau).

1. PQCR Process and Methodology

On January 10th and 11th, 2012, Humboldt County held its PQCR. For the PQCR, CWS focused on reentry following reunification and Probation focused on reunification within 12 months and median time to reunification. Peer representatives from other counties were invited to participate in Humboldt County's PQCR process as peer team reviewers. Three peer teams (consisting of three reviewers each) conducted 12 case reviews/interviews of Humboldt County's sample selection of **9 CWS cases and 3 Probation cases**.

Five peer counties that do well in reunification were selected to participate, in collaboration with CDSS consultants and UC Davis. Four social workers from the peer counties were invited to participate as peer reviewers, one from each county (Madera, Napa, Placer, and Riverside), and two probation officers from the peer counties were invited to participate, one from Marin and one from Placer. Also invited to participate as peer reviewers were three mental health clinicians from the Humboldt County Mental Health Branch, to get their perspective as peer representatives in the county's integrated multi-disciplinary services team.

Peer interviewers were trained in proper interview techniques on January 10th, 2012, during a four-hour orientation/training. Interviews and case reviews were conducted for two days, following the initial training. Nine social workers and one probation officer were interviewed on the selected cases by a peer review team. The interviewees were instructed to bring with them to the interview their completed interview tool questionnaire (developed by UC Davis and approved by the PQCR Planning Team) and a written brief summary of the case history **(see Appendix III for the Interview Tool Questionnaire)**.

2. Meeting Goals

The PQCR allowed the opportunity for counties to learn from each other based on actual case scenarios. During both days of the PQCR, UC Davis and CDSS facilitated a debrief session at which time the teams discussed interview tools and identified themes and findings from the case reviews/interviews. A final debrief was conducted by UC Davis and CDSS on the second day, to identify the top strengths and challenges discovered throughout the interview process and also to identify ideas and strategies for the county's selected focus area of Reentry and Reunification.

On the final day of the PQCR process, CDSS facilitated a peer county report of their findings (strengths, challenges, and needs) to the PQCR planning team, Humboldt County C&FS and Probation administration. Report areas included: promising practices, barriers and challenges, training needs, system and policy issues, resource needs, documentation trends and use of CWS/CMS, state technical assistance needs, and ideas/strategies/recommendations. Peer counties also identified their county activities and best practices related to reentry and reunification.

3. PQCR Focus Areas for CWS and Probation

CWS and Probation each selected a focus area for Humboldt County's PQCR, in consultation with the CDSS Outcomes & Accountability consultants, and after a review of practices and areas needing improvement. The focus area will help guide CWS and Probation in their next System Improvement Plan (SIP).

Child Welfare Services

CWS selected the outcome measure **C1.4 (Reentry Following Reunification) as a PQCR focus area.** CWS selected nine cases to review for the PQCR focus area. SafeMeasures® was used to identify five cases that experienced reentry after reunification and four cases that did not experience reentry after reunification.

The definition of Measure C1.4:

Of all children exiting foster care to reunification during the selected 12-month period, what percent reentered foster care less than 12 months from date of discharge?

(SafeMeasures® reference: Children's Research Center SafeMeasures® Data. Humboldt County, Measure C1.4 Reentry Following Reunification, Children whose episode ended in reunification during the 12 month period between 7/1/2009 and 06/30/2010. Retrieved [November 4, 2011] from Children's Research Center website. URL: https://safemeasures.org/ca/safemeasures.aspx)

Probation

Probation selected three cases to review for the PQCR focus area. The Composite Measure C1 (Reunification), consists of four individual measures C1.1, C1.2, C1.3, and C1.4, defined below. Probation selected the **first three of the four outcome measures in the C1 composite as the PQCR focus area.** Measure C1.4 (Reentry After Reunification) was not examined at the PQCR since data shows Probation is above national standard in this area:

Individual Measure C1.1: *Of all children who were discharged from foster care to reunification in the fiscal year, and who had been in foster care for 8 days or longer, what percentage were reunified in less than 12 months from the date of the latest removal from home? (This includes the trial home visit adjustment, if relevant.)*

Individual Measure C1.2: *Of all children who were discharged from foster care to reunification in the fiscal year, and who had been in foster care for 8 days or longer, what was the median length of stay in months from the date of the latest removal from home until the date of discharge to reunification? (This includes the trial home visit adjustment.)*

Individual Measure C1.3*: Of all children who entered foster care for the first time in the 6-month period just prior to the target year, and who remained in foster care for 8 days or longer, what percentage was discharged from foster care to reunification in less than 12 months from the date of latest removal from home? (This includes the trial home visit adjustment, if relevant.)*

Individual Measure C1.4: *Of all children exiting foster care to reunification during the selected 12-month period, what percent reentered foster care less than 12 months from the date of discharge?*

4. PQCR Findings Report for Child Welfare Services – Reentry Following Reunification

Some of the key points in the PQCR daily debrief and report out are identified below, covering CWS strengths, challenges and needs. For the detailed report, **refer to Appendix IV**.

a. Strengths and Promising Practices

- Use of SDM is consistent at front end
- Involvement with the tribal community
- Integrated services recommended and implemented very quickly by CWS with access to on-site Public Health and Mental Health staff
- TDM is used very early and throughout the case
- Early identification and involvement with extended family
- Focus on care providers participating as mentor/bridge to the bio-family reunification
- Focus on strength-based approach in family meetings to empower families

b. Barriers and Challenges

- Not all Tribes are as involved with CWS cases as would be ideal due to their limited resources and need for ongoing improved collaboration
- Driving distance to some of the rural areas
- Multiple social workers assigned over short period of time and lack of transition between social workers
- Working with high risk families can be difficult to identify strengths (case plans lack identification of family strengths)
- Court does not always support department's recommendation

c. Needs and Recommendations

Training Needs

- Need training for non-related extended family care providers at same level of training as for the foster parents
- Need training for social workers on AOD issues, effective services, and substance abuse cycles (12 months to reunify is unrealistic when AOD issues are present)

System/Policy Issues

- High demand cases take more of social worker's time, which impacts caseload
- High caseloads prevent social workers from seeing children often enough and having family meetings to promote service continuity and build trust
- Safety issue/cultural sensitivity training needed for working with ICWA cases

Resources

- Lack of transportation services
- Lack of housing
- Lack of in-home family support services, AOD services, and after-care services

Documentation Trends and Use of CWS/CMS

- Research policies/practices and provide training around voluntary family reunification, appropriate use of placement episode termination and termination reasons, and timely accurate data entry of placement and service component information into CWS/CMS. Data entry directly impacts outcome measures, such as reunification and reentry.
- Identify Family/Children strengths and needs in CWS/CMS

State Technical Assistance

- Difficulty in complying with AB490 particularly in rural counties due to complex criteria
- Understand qualifying process for subsidized housing program (too difficult for clients to qualify)

Other Recommendations

- Develop stronger partnerships with AOD programs to improve communication
- Collaborate with Parent Partners, specifically on AOD and MH issues
- Develop co-case management with AOD and mental health, joint visits, etc.

- Need ongoing training on policies and procedures for FM/FR staff (e.g. SDM, TDM, EBPs, AOD/MHB, PHB, Access to Community Services, etc.). Also develop a handy desk guide for easy reference to technical issues involved in providing case plan services to children and families.

5. PQCR Findings Report for Probation – Reunification

Some of the key points in the PQCR daily debrief and report out are identified below, covering Probation strengths, challenges and needs. For the detailed report, **refer to Appendix IV**.

a. Strengths and Promising Practices

- Good interagency collaboration between Mental Health and Probation, Environmental Alternatives and CWS.
- Good placement matching process and strong coordination among substitute care providers.
- Motivational interviewing is seen as a best practice for opening communication and improving engagement
- Increased utilization of TDMs and Wraparound services. Use of Family Intervention Team to assist youth getting services in county and keep them out of residential group home.
- Case worker maintains a level of respect for both parents and of children's trauma
- Engaging the family throughout the case
- Use of the risk/assessment PACT tool to create/drive the case plan, create buy-in, talk about criminogenic and other risk factors
- Consistent use of Independent Living Services Program services
- Probation Officer has options for training and is consulted on training needs

b. Barriers and Challenges

- Youth's support system was not healthy to support reunification. Parents may need more time to reunify and ensure support systems in place.
- Need ways to identify the family issues and do more family treatment
- Need more quality foster family homes

c. Needs and Recommendations

Training Needs

- Ongoing training and cross-training may be needed as a forum for Probation Officers to share their knowledge

System/Policy Issues

- Possible gap of services after youth leaves the delinquency system to prevent reoffending and recidivism. Explore cause and effect connections and preventative activities.

Resources

- No comprehensive residential juvenile sex offender program Therapists do in depth work, but no local residential program
- Need more quality care providers

Documentation Trends and Use of CWS/CMS

- Probation has started entering client information into CWS/CMS since mid-2011, however currently there is limited access to outcome data.

6. Peer County Sharing

Some of the key points in the PQCR peer sharing discussion are identified below. **Refer to Appendix IV** for the detailed report,.

- In-depth analysis of reentry cases is conducted by a review team (e.g. SDM usage, after-care family supports, reentry reasons, etc.).
- Family preservation in-home services and after-care services are provided as a prevention to opening CWS case.
- Ensuring after-care family supports are established prior to reunification, including EBPs.
- In-patient AOD treatment available to families in several county locations for up to six months.
- Developed bio-parent support group, including parent partners, with incentives to participate.
- In working with the Tribes, good relations can be built upon established long-term person-to-person working relationships, based on Circles of Safety best practices.
- Main focus is on getting parents involved and on-board with their case planning, strengths and needs identification, and ways to empower themselves to improve family safety, well-being, and stability.
- On-going cross-training and brain storming among multi-disciplinary teams within integrated Children & Family services to strengthen partnerships among CWS, MH/AOD, and Public Health.

7. Future Directions

- PQCR findings and recommendations will be incorporated into the County Self Assessment and guide the five-year System Improvement Plan.

E. OUTCOMES

Humboldt County DHHS and the Probation Department are governed by federal and state laws that oversee the welfare of children and youth whom are dependents or wards of the Court or at risk of neglect or maltreatment. The DHHS Social Services Branch through its CWS division administers, partially funds, and provides local child welfare and foster care services according to the California Welfare and Institution Code Sections 300 et seq. and 16500 et seq. and Division 31 regulations. The Probation Department administers, partially funds, and provides local juvenile justice system services according to the California Welfare and Institution Code Section 601 (status offenders) and Section 602 (delinquency cases).

1. Outcomes and Accountability

In 2000, the U.S. DHHS issued rules establishing a new system of child welfare oversight, the Child and Family Service Reviews (CFSRs). The CFSRs are the federal government's mechanism to determine if states are in conformity with requirements in Titles IV-B and IV-E of the Social Security Act, which govern states' use of federal funds for child welfare services, including: child protection, adoption, foster care, family preservation and independent living services for youths in foster care. The CFSRs determine two things:

- Review extent to which states are achieving seven outcomes in the broad domains of child safety, permanency, and child and family well-being. State performance will be measured against national standards established by DHHS.
- Assess states' capacity to achieve the outcomes by examining seven "systemic factors" that are key components of state child welfare systems required by federal law.

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

Refer to the attached Appendix V showing the outcome measures for CWS and Probation, according to the most recent federal CFSR data (Quarter 3, 2011). Since the middle of 2011, California Probation Departments have been able to enter and retrieve case information from Child Welfare Services/Case Management System (CWS/CMS). This will greatly increase the Probation Department's ability to evaluate outcomes and monitor the progress of youth and families in the delinquency system. However, because data entry by Probation into CWS/CMS is such a recent development, access to outcome data is limited. Probation has a very low number of youth in care. This low number makes quantitative outcome analysis a challenge.

CFSR outcome measures show CWS and Probation doing well in the following measures:

CWS Areas Showing Progress

- S2.1 (No Maltreatment in Foster Care), **refer to page 16 of Appendix VI DHHS Trends**
- C2 (Adoption Composite), **refer to page 15 of Appendix VI**
- C3 (Long Term Care Composite), **refer to page 15 of Appendix VI**
- C4 (Placement Stability Composite), **refer to page 15 of Appendix VI**
  - C4.1 (Placement Stability – 8 to 12 Months in Care)
- 2B (Timely Response for Immediate and 10-Day), **refer to page 46 of Appendix VI**
- 2C (Timely Social Worker Visits – Months 1, 2, & 3), **refer to page 46 of Appendix VI**
- 4A Siblings Placed Together (All), **refer to page 11 of Appendix VI**
- 4B Least Restrictive Placements (trend toward more relative placements), **page 12 App. VI**
- 4E ICWA and Multi-Ethnic Placement Status (with relatives), **page 39 in this report**
- 5B Rate of Timely Health and Dental Exams, **refer to pp. 12 - 13 of Appendix VI**
- Health and Education Passport Documentation, **refer to pp. 12 - 13 of Appendix VI**
- 5F Psychotropic Medications, **refer to page 13 of Appendix VI**
- 6B Individualized Education Plan, **refer to page 13 of Appendix VI**

- 8A Emancipated Youth achievements, **refer to page 29 of Appendix VI**
  - Housing,
  - ILP services,
  - Permanency connections

Probation Areas Showing Progress

- C3 (Long Term Care Composite), **refer to pages 47 – 49 of this report**
- C4.3 (Placement Stability), **refer to pages 48 – 49 of this report**
- 4B (Least Restrictive Placement), **refer to pages 48 – 49 and 60 - 61 of this report**
- 8A Emancipated Youth achievements **(Probation has one youth in this measure, Q3 2011)**
  - Housing
  - ILP services

Policies, practices and services are continually maintained and refined to guide the administration on the delivery of services and improve outcomes for children and families in safety, wellness and permanency. Services and practices that contribute to the county's good performance outcomes (described above) are attributed to evidence-based practices and best practices that are promoted by C&FS. More information on the county's use of evidence-based practices and best practices is provided in **Section F (Systemic Factors)** of this report, particularly **F.5 through F.8.** Also, **refer to Appendix VI** for a comprehensive analysis of C&FS outcome measures and how county services and practices impact these outcome measures.

County use of evidence-based practices and best practices address the following key strategies:

- Coordination/partnership with community service providers (e.g. FRCs, Schools, Tribes).
- Early prevention/intervention response efforts and services (e.g. Differential Response).
- Family engagement to identify their strengths, challenges, needs, family supports and other resources and to motivate family involvement in case plan decision making.
- Use of risk/needs assessment tools, Structured Decision Making (SDM) by CWS and Positive Achievement Change Tool (PACT) by Probation.
- Utilizing county self-evaluation and peer reviewing to guide management and staff.
- Regularly meeting with families, involving Team Decision Making for placement decisions, Family Conferencing to engage family in other decision making, Multi-Disciplinary Team meetings to provide integrated services, and concurrent planning for permanency .
- Use of Evidence-based practices and best practices that effectively meet the families' needs, such as parenting skills, behavioral health/substance abuse services, and employment/skills.

Recently developed policies and procedures derived from the current SIP goals, are in the process of being implemented. They include: family engagement efforts; family search efforts, case transfer process between Family Maintenance, Family Reunification and Permanency Planning programs; family meetings for after-care planning; using SDM risk reassessment to avoid reentries, referrals to developmental screening per CAPTA, parent child visitations, and transitioning from supervised to unsupervised visitations. However, the impacts from these SIP related policies and procedures will not be reflected yet in the current outcome measures described below.

For information on recent policies and procedures developed to improve systems and services, **refer to Appendix II-a (#7) and Appendix II-b (#6)** which aim to improve outcomes for children and families.

CWSOIP and CAPIT/CBCAP/PSSF federal/state funding impacts the county's CFSR outcome measures to some degree by partly funding programs and services that promote early prevention/intervention, in-home family support/education, and/or safety, wellness and permanency for children/youth and families. For more information about these funds, **refer to Section C.2c of this report (Financial/Material Resources)**.

CFSR outcome measures that show CWS and Probation need improvement include the following areas.

CWS Areas Needing Improvement

S1.1. (No Recurrence of Maltreatment), **refer to page 11 of Appendix VI DHHS Trends**
C1 Reunification Composite, **refer to pages 13, 14, 16 of Appendix VI**

- C1.1 (Reunification Within 12 Months – exit cohort)
- C1.2 (Median Time to Reunification – exit cohort)
- C1.3 (Reunification Within 12 Months – entry cohort)
- C1.4 (Reentry Following Reunification)

Placement Stability unit measures, **refer to pages 19 - 20 of Appendix VI**

- C4.2 (12 to 24 Months in Care)
- C4.3 (At Least 24 Months in Care)

8A Emancipated Youth, **refer to page 29 of Appendix VI**

- High School Completion
- Obtained Employment

Probation Areas Needing Improvement

Reunification unit measures, **refer to pages 46 – 49 of this report**

- C1.1 (Reunification Within 12 Months – exit cohort)
- C1.2 (Median Time to Reunification – exit cohort)
- C1.3 (Reunification Within 12 Months – entry cohort)

Placement Stability unit measures, **refer to pages 47 – 49 of this report**

- C4.1 (8 days to 12 Months in Care)
- C4.2 (12 to 24 Months in Care)

8A Emancipated Youth measures **(Probation has one youth in this measure, Q3 2011)**

- High School Completion
- Obtained Employment
- Permanency Connection

CWS outcome measure C1.4 (Reentry Following Reunification) and Probation outcome measure C1 (Reunification Composite, except C1.4) continue to be priority areas for improvement, based on a review of the county's performance outcome measures, PQCR findings, and agency self-assessment feedback. These focus areas are some of the goals and efforts identified in the county's current System Improvement Plan (SIP), targeting C1.1 (Reunification Within 12 Months-exit cohort), C1.4 (Reentry Following Reunification-exit cohort) and C4.3 (Placement Stability-at least 24 months in care).

Refer to Appendix VI for a comprehensive analysis of C&FS outcome measures and how county services and practices impact these outcome measures.

The following CWS and Probation challenges were identified at CSA focus group meetings and PQCR findings as factors that can impact the outcome measures needing improvement, identified above.

CWS Challenges

- Insufficient after-care supports and services in place following case closure. ***This may impact measures S1.1 (No Recurrence of Maltreatment) and C1.4 (Reentry After Reunification).***
- Availability and consistency of resources do not match child/family needs, such as effective substance abuse/mental health treatment (including residential treatment for parents and older youth), housing and stable employment. ***This may impact composite measure C1 (Reunification).***
- Challenges may exist with social workers appropriately and consistently using SDM to assess reunification risk, family strengths & needs, and whether case plan goals were achieved. Also, protocol complexities may exist with termination of episode placement. ***This may impact measures S1.1 (No Recurrence of Maltreatment) and C1.4 (Reentry After Reunification).***
- Finding common ground and mutual understanding may sometimes be a challenge for the county and local Tribes. There is the need to engage the Tribes early in the prevention and intervention process when working with Native American children and families. This takes time and may involve long-term establishment of person-to-person relationship building for resolving differences in philosophy, culture, and practices. ***This may impact measures C1 (Reunification), C4 (Placement Stability), and 4B (Least Restrictive Placements).***
- Providing services and transportation in rural areas, such as Hoopa, is challenging. ***This may impact composite measure C1 (Reunification).***
- Lack of in-home support services and insufficient opportunities for hands-on parenting skills education and child visitation real-time coaching to families. ***This may impact composite measure C1 (Reunification).***
- Insufficient training and support to care providers on children with mental health issues and challenging behaviors, and not enough opportunities for care providers and bio-parents to communicate to benefit the child and improve family well-being. ***This may impact measure C4 (Placement Stability).***
- No policies/procedures on Team Decision Making and Family Conference Meeting regarding participant roles/rights/responsibilities, meeting action plans and follow-up practices. This is particularly needed for high risk families with difficult/complex issues and prone to multiple placements. ***This may impact measure C4 (Placement Stability).***
- Insufficient multi-disciplinary cross-training and brainstorming to exchange/explore information to improve practice and access to service delivery. Also need for ongoing staff training on case management best practices and accurate CWS/CMS data entry. ***This may impact composite measure C1 (Reunification).***

Probation Challenges

- Need ways to identify family issues and provide more family treatment to improve youth support system. ***This may impact composite measure C1 (Reunification).***
- Need ways to engage and motivate families in preventative services and reunification. ***This may impact composite measure C1 (Reunification).***
- Lack of in-home support services and parenting skills education for pregnant teens who do not qualify for Nurse Family Partnership. ***This may impact Participation Entry Rates.***
- Lack of residential treatment facilities and therapeutic behavioral/mental health services, particularly in rural areas and for out-of-county youth. ***This may impact composite measure C1 (Reunification).***
- Not enough cross-training, coordination, and collaborative case planning among Probation and Mental Health disciplines. ***This may impact composite measure C1 (Reunification).***
- Insufficient number of case managers for probation youth, which may impact the use of effective intervention and removal practices earlier in the system process. ***This may impact composite measures C1 (Reunification) and C4 (Placement Stability).***
- Insufficient resources to make available evidence-based practices for non Medi-Cal eligible youth and families (e.g. Aggression Replacement Training, Functional Family Therapy, Trauma Focused Cognitive Behavior Therapy, etc.). ***This may impact composite measure C1 (Reunification).***
- Few programs and activities for Probation youth after school. ***This may impact composite measures C4 (Placement Stability).***
- Insufficient number of local care providers, particularly care providers that are trained to care for older youth with behavioral/mental/AOD challenges. ***This may impact composite measures C4 (Placement Stability).***

Refer to Section G (Summary Assessment) of this report that identifies CWS and Probation strengths, areas needing improvement, as well as strategies and recommendations for the future SIP to improve reunification, reduce reenter, and improve placement stability with permanency.

2. CWS Trends Reporting and Outcomes Measures

An analysis of the CFSR outcomes and accountability measures for CWS are provided in this section. Factors that may contribute to the performance outcomes are identified, as well as the programs, policies, services and practices that may contribute to performance. CFSR outcome measures are further illustrated in trend charts and discussed in **Appendix VI (pages 10 to 21 and 29)**. The data trends are an excerpt from the DHHS Integrated Progress and Trends Report (Autumn 2011)

Refer to **Appendix II** for a brief overview of CWS and Probation systems and operations involving strategic planning, coordination and service delivery. These include staffing levels and system changes, recent policies & procedures developed, and county partnerships and contracts with community-based organizations.

Appendix V-a shows the outcome measures for CWS according to the most recent federal CFSR data (Quarter 3, 2011).

CWS Outcome Measure C1 (Reunification)
The following table shows the Reunification outcome measures for Humboldt County CWS. The length of time it takes to successfully reunify children with their family or with their existing placement episode is the basis of these measures. Successful reunification is a targeted area for outcome improvements. The recent PQCR focused on C1.4 measure (Reentry Following Reunification) with the purpose to continue identifying strategies to improve successful parent/guardian reunification and prevent reentries. During 2012, CWS will continue to implement the current SIP goals for targeted improvement in measures C1.1 (Reunification Within 12 Months) and C1.4 (Reentry After Reunification).

Efforts to improve reunification are being implemented. For example, the county's service delivery by a co-located multi-disciplinary team approach, along with increased mental health staffing, is an effective way of coordinating access to community-based services and supports that children and families need to prevent further involvement in CWS. Another factor that facilitates parent/guardian reunification is the Structured Decision Making model assessment tools, which assess family/child risks, strengths and needs and also helps guide decision making for services needed by children and families. The use of evidence-based practices (such as Incredible Years, Trauma Focused Cognitive Behavioral Therapy, and Functional Family Therapy) and other best practices (such as Wraparound and Family Intervention Team) have also improved successful family reunification. Finally, family team meetings have helped improve family reunification, with Team Decision Making meetings for placement decisions made in the best interest of the child and also family conferencing for other family issues and decisions. **Refer to Section F.5** for more information on services, evidence-based and best practices.

This table illustrates the four reunification measures that make up the C1 Reunification Composite. A decrease in the reunification composite measure has been mainly due to a decrease in the C1.3 measure (rate of reunification within 12 months from entry to care). The other three reunification measures (C1.1, C1.2 and C1.4) show a slight improvement in the rate of reunification within 12 months from exit of care and median time to reunification.

Reunification (Measure C1) - Humboldt County Child Welfare Services

Percent of Youth

	Oct. 2008 – Sept. 2009	Oct. 2009 – Sept. 2010	Oct. 2010 – Sept. 2011
Reunification Within 12 Months (exit cohort) (C1.1)	**70.2%**	**68.8%**	**71.9%**
Median Time to Reunification (exit cohort) (C1.2)	9 months	9 months	5.6 months
Reunification Within 12 Months (entry cohort) (C1.3)	57.9%	37.5%	25%
Reentry After Reunification (exit cohort) (C1.4)	**20.5%**	**33.3%**	**19.1%**

Count of Youth

	Oct. 2008 – Sept. 2009	Oct. 2009 – Sept. 2010	Oct. 2010 – Sept. 2011
Reunification Within 12 Months (exit cohort) (C1.1)	**33 out of 37**	**22 out of 32**	**41 out of 57**
Median Time to Reunification (exit cohort) (C1.2)	47	32	57
Reunification Within 12 Months (entry cohort) (C1.3)	11 out of 19	9 out of 24	10 out of 40
Reentry After Reunification (exit cohort) (C1.4)	**15 out of 73**	**21 out of 63**	**9 out of 47**

Source: Extract on 12/21/11 by UC Berkeley Child Welfare Dynamic Report Center at http://cssr.berkeley.edu/ucb_childwelfare

CWS Outcome Measure C4 (Placement Stability)
Placement stability is another targeted area for outcome improvements. The percent of foster youth experiencing two or fewer placements while in care is the basis of this measurement. Outcome measure C4.3 (Placement Stability in Care At Least 24 Months) is one of the county's current SIP goals, which has shown improvement over the last several years and has contributed to overall placement stability improvements. Efforts to improve certain placement stability measures may continue in the current SIP and may be a focus in the future SIP.

Efforts to improve placement stability are being implemented. For example, CWS has encouraged family decision making meetings and expanded use of Team Decision Making in the last few years to include at-risk removals and emergency placements. Relative finding activities are being expanded to Emergency Response (ER) and applied throughout the life of the case to establish family supports. The case transfer process from the ER stage to Ongoing case has been streamlined with a policy/procedure that uses a case transfer checklist tool used by social workers at joint-staff case transfer meetings. Foster care behavioral health services for youth/families have been expanded to all CWS programs and provided by a co-located multi-disciplinary team. Finally, recruitment, training and support for care providers are being improved to seek high quality skilled care providers that can care for the more difficult to place children, such as older youth and fragile infants.

The following table shows Placement Stability outcome measures for Humboldt County CWS. During the last three years, improvement has been made in placement stability for children in care at least 24 months, however placement stability for children in care less than 24 months shows a small decrease.

Placement Stability (Measure C4) - Humboldt County Child Welfare Services

Percent of Youth with Two or Fewer Placements

	Oct. 2008 – Sept. 2009	Oct. 2009 – Sept. 2010	Oct. 2010 – Sept. 2011
8 Days To 12 Months In Care (C4.1)	83.2%	79.6%	80%
12 To 24 Months In Care (C4.2)	60.9%	69.4%	54.3%
At Least 24 Months In Care (C4.3)	**19.3%**	**22.2%**	**31%**

Count of Youth with Two or Fewer Placements

	Oct. 2008 – Sept. 2009	Oct. 2009 – Sept. 2010	Oct. 2010 – Sept. 2011
8 Days To 12 Months In Care (C4.1)	84 out of 101	82 out of 103	112 out of 140
12 To 24 Months In Care (C4.2)	28 out of 46	43 out of 62	38 out of 70
At Least 24 Months In Care (C4.3)	**16 out of 83**	**16 out of 72**	**22 out of 71**

Source: Child Welfare Dynamic Report Center, extract 12/21/2011 by UC Berkeley, at http://cssr.berkeley.edu/ucb_childwelfare

Quarterly data is obtained from the University of California at Berkeley, Center for Social Services Research (2011), URL: http://cssr.berkeley.edu/ucb_childwelfare
Needell, B., Webster, D., Armijo, M., Lee, S., Dawson, W., Magruder, J., Exel, M., Glasser, T., Williams, D., Zimmerman, K., Simon, V., Putnam-Hornstein, E., Frerer, K., Cuccaro-Alamin, S., Winn, A., Lou, C., & Peng, C. (2009). *Child Welfare Services Reports for California.* Retrieved [December 21, 2011].

CWS Trends

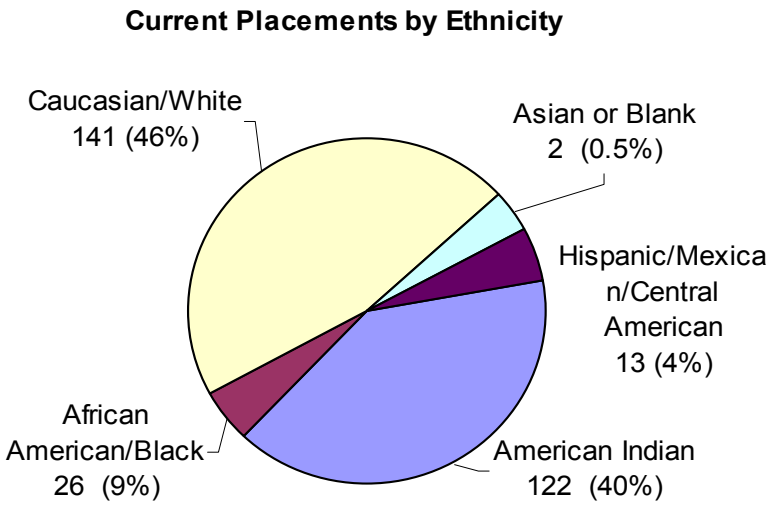
The Humboldt County Department of Health and Human Services releases quarterly a department-wide document called the Integrated Progress and Trends Report. All of the Child Welfare outcomes required in the County Self Assessment are reviewed in this Trends report, as well as other C&FS programs, services, and performance measures. **Refer to Appendix VI** for an excerpt from the Integrated Progress and Trends Report for Autumn 2011 edition. It begins with an overview of the county's children, youth and families, then C&FS integrated services, followed by the CFSR (AB 636) outcome and accountability measures for CWS.

All of the programs and services listed in this section and in the attached Trends report have contributed to some degree in helping C&FS work towards the federal performance standards, and are further discussed in Section F.5.

California Partners for Permanency (CAPP)

In Humboldt County, American Indian children are represented disproportionately throughout the child welfare system, as illustrated in the next chart. Local focus is targeted at improving outcomes for American Indian children and families. As a result, Humboldt County is one of four counties participating as an early implementer of the CAPP project.

This project is one of six federally funded projects through the Permanency Innovations Initiative (PII), which supports the implementation of innovative and effective strategies to reduce long-term foster care. As inter-ethnic disparities persist throughout California, the California project seeks to address barriers to permanency encountered by American Indian and African American children. The goal of the CAPP project is to provide children with the greatest support possible to safely remain with their families, return to their families, or live with relatives or those with whom they have significant family or Tribal relationships.



Source: UC Berkeley, CWS Outcome Summary – Quarter 2, 2011 (extract on 10/27/11)

The CAPP project planning year began in October 2010. Outreach and engagement efforts to African American and Tribal communities were ramped-up mid-planning year, as it was recognized that additional direct involvement of community stakeholders was critical to the success of the project. CAPP is reaching out to parents, youth, caregivers, communities and Tribes to learn from those who have first-hand experiences with the child welfare system. Their expertise is assisting CAPP in understanding how the day-to-day actions and interactions of child welfare and other systems serving children and families should change so that all children remain connected to their families and to cultural, community and Tribal supports.

From April 2011 to January 2012, Humboldt County held six CAPP community meetings in the county involving Tribal representatives. Participation of Tribal representatives at these meetings has increased over time, including representatives from Tribal Social Services, United Indian Health Services, Tribal TANF programs, as well as American Indian care providers, youth and other services providers. In addition to local involvement in the project, a local Tribal Social Services Director attended the federal Permanency Innovations Initiative convening in Washington DC in November 2011, and two local Tribal representatives attended a CAPP cross-site meeting in Sacramento in October 2011.

In January 2012, the CAPP Advisory Committee meetings began taking place on a monthly basis. Through this ongoing collaboration, the CAPP project plans to better understand and address the barriers to permanency experienced by American Indian children and families. The information learned at these meetings will guide the design and needed changes in child welfare and partner agency systems, as well as guide the development of a Child and Family Practice Model that will be utilized by county staff and Tribal partners in their day-to-day work with families, community partners, and local Tribes.

The CAPP theoretical framework is a departure from the more traditional child welfare frame. It acknowledges social, racial, and historical factors of American Indian families and builds upon broader cultural experiences and beliefs about family, community and Tribes. Family Centered Practice and Solution Based Casework are applied in partnership with supportive communities and Tribes to understand and meet the needs of their children. The CAPP front-line practice approach continuously explores and engages a broad network of family, cultural, community and Tribal relationships in an on-going circle of support and sharing of information. The practice approach values family and cultural strengths, and community resources that empower families and keep children safe and well. It applies family-centered practice, solution-based casework, and attends to current and historical trauma and loss in order to support the family and their well-being during and after child welfare system involvement.

The CAPP project has identified eight practice elements for the Child and Family Practice Model, as well as four front line practice approaches and twenty-three practice behaviors. The eight practice elements are:

- Inquiry
- Engagement
- Self-Advocacy
- Advocacy
- Well-Being Partnerships
- Recovery, Safety and Well-Being
- Teaming
- Shared Commitment and Accountability

The four front-line practice elements are:

- Healing Trauma
- Exploration and Engagement
- Power of Family
- Circle of Support

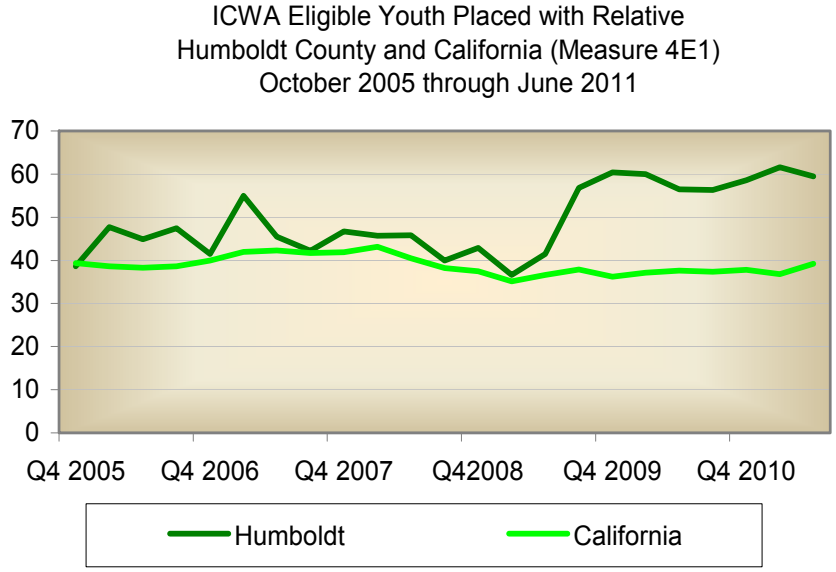
The practice behaviors define the behavioral terms for the interactions between caseworkers and families, children, youth, communities and Tribes.

Implementation of the CAPP Child and Family Practice Model will be phased in across the four early-implementing counties, with Humboldt County slated to begin implementation in September 2012. The local CAPP Advisory Committee will continue to guide the development of the Child and Family Practice Model to ensure it meets the needs of our local American Indian children and families.

ICWA Eligible Placement (Measure 4E(1))

The following chart describes the percentage of children with "Indian Child Welfare Act (ICWA) eligibility" placed with relatives, non-relative Indian families, and tribal specified homes. The chart below shows there has been a dramatic increase in relative placements of Native American children. This increase falls inline with the philosophy of the county to place in the least restrictive placement with an adult with a Permanent Connection.

Approximately 60% of the ICWA eligible children in out-of-home care in Humboldt County were placed with either relatives, non related extended family members (NREFM) or tribe specified homes in Native American families. This is similar to the percentage of all Humboldt county children in out-of-home care placed with relatives/NREFMs. Humboldt County's ICWA placement rate with relatives/NREFMs/tribal homes is much higher than the state's 40% of ICWA children in out-of-home care placed with relatives/NREMs or tribe specified homes.



Source: UC Berkeley, CWS Outcome Summary - Quarter 2, 2011
Extract on 10/27/2011 by UC Berkeley

Children & Family Services System of Care (SOC) Grant

Humboldt County DHHS C&FS received a one-year planning grant ($403,775) from the Substance Abuse and Mental Health Administration to expand the capacity of the local System of Care (SOC), from prevention to intensive intervention, to address the needs of children and families who are dealing with mental health and substance abuse issues. Mental health and substance abuse are key factors to address when seeking to improve well-being and stability for children and families receiving services from CWS and Probation.

Grant funds will be used to form a comprehensive SOC Planning Team, using a collaborative approach to bring together DHHS staff and community partners throughout the county, and to develop a plan for an expanded System of Care that will work together to identify solutions for expanding holistic service availability, using the resources that each entity brings to the table.

The System of Care grant goals include:

- GOAL #1: Develop a dynamic communication plan to educate regarding system of care values and guiding principles
- GOAL #2: Increase community partnerships
- GOAL #3: Develop family voice in policies, programs, and services
- GOAL #4: Increased youth outreach and engagement in policies, programs, and services
- GOAL #5: Increase access to DHHS services and community based supports regionally

Planning team partners will be made up of representatives from primary care; education; juvenile justice; faith based community; Latino and Southeast Asian communities; youth and family members; Family Resource Centers; organizational service providers; tribes and tribal health organizations; faith-based groups, child/youth/family-serving community organizations, and others involved with families dealing with mental health and substance abuse issues. The community-focused regional teams will explore strengths and resources, identify barriers through a gap analysis, and then work together to identify solutions with the steering committee.

The relationships and communication patterns built during this planning year will be designed for sustainability so that as funding streams for each organization change over time, there can be continued systematic communication about how to most efficiently and effectively meet community needs in a holistic manner.

The SOC grant will address several of the identified challenges in this CSA report, including availability of effective substance abuse/mental health treatment, engaging the Tribes in early prevention and intervention processes, and developing/maintaining multi-disciplinary forums for cross-training and brainstorming to improve staff knowledge and service delivery.

3. Probation Department Outcome Measures

The following table shows the Reunification outcome measure for the Humboldt County Probation Department. The length of time it takes to successfully reunify children with their family is the basis of this measurement. This is a targeted area for outcome improvements. The PQCR reviewed three out of the four measures of the Reunification Composite as a focus area, shown in the table below. Outcome unit measures C1.1 (Reunification Within 12 Months) and C1.4 (Reentry After Reunification) are two of the three current SIP goals targeted for improvement by the county. Probation has been doing well in the measure C1.4 over the last three years, with no youth reentering the system following reunification. Efforts to improve Reunification measures C1.1, C1.2 and C1.3 may continue. During the last three years, C1.1 shows a decrease in reunification within 12 months for the exit cohort, C1.2 shows an increase in median time to reunification, and C1.3 shows no reunification within 12 months for entry cohort.

Reunification (Measure C1) - Humboldt County Probation Department

Percent of Youth

	Oct. 2008 – Sept. 2009	Oct. 2009 – Sept. 2010	Oct. 2010 – Sept. 2011
Reunification Within 12 Months (exit cohort) (C1.1)	**66.7%**	**60%**	**33.3%**
Median Time to Reunification (exit cohort) (C1.2)	10.4 months	11.5 months	13 months
Reunification Within 12 Months (entry cohort) (C1.3)	0%	0%	0%
Reentry After Reunification (exit cohort) (C1.4)	**0%**	**0%**	**0%**

Count of Youth

	Oct. 2008 – Sept. 2009	Oct. 2009 – Sept. 2010	Oct. 2010 – Sept. 2011
Reunification Within 12 Months (exit cohort) (C1.1)	**2 out of 3**	**3 out of 5**	**2 out of 6**
Median Time to Reunification (exit cohort) (C1.2)	3	5	6
Reunification Within 12 Months (entry cohort) (C1.3)	0 out of 1	0 out of 2	0 out of 2
Reentry After Reunification (exit cohort) (C1.4)	**0 out of 1**	**0 out of 3**	**0 out of 5**

Source: Child Welfare Dynamic Report Center at http://cssr.berkeley.edu/ucb_childwelfare/
Extract on 12/21/2011 by UC Berkeley

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

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

An even greater barrier seems to be parental apathy. Particularly for parents of youth with a lengthy history of behavioral issues, the prospect of having their child removed from their custody can be viewed as a welcomed respite. It is not uncommon for removal from home to come at the request of the parent. These parents can be difficult to engage and their "consequence" for lack of participation is for the youth to remain in care for a longer period of time. A variety of Probation practices and strategies (listed in the next few pages) are in place to improve outcomes in this area, such as Family Intervention Team, Case Management, Team Decision Making and Evidence-Based Practices.

The following table shows Placement Stability outcome measure for the Humboldt County Probation Department. The amount of times a youth changes placement during their time in care is the basis of this measurement. This is another targeted area for outcome improvements. The Placement Stability unit measure C4.3 (at least 24 months in care) is the county's third current SIP goal targeted for improvement.

The longer a youth needs to stay in out-of-home placement, the more placement changes are likely to occur. Improvement in this measure has occurred during the last three years. However, the Probation Department has a small population of youth, where a small change in the number of youth could impact the outcomes greatly, such as demonstrated with measure placement stability measure C4.2 (12 to 24 months in care). A variety of Probation practices and strategies (listed in the next few pages) are in place to improve outcomes in this area, such as Mental Health services, Evidence-Based Practices, Case Management, and the Family-to-Family Initiative.

Placement Stability (Measure C4) - Humboldt County Probation Department

Percent of Youth with Two or Fewer Placements

	Oct. 2008 – Sept. 2009	Oct. 2009 – Sept. 2010	Oct. 2010 – Sept. 2011
8 Days To 12 Months In Care (C4.1)	94.7%	81.8%	94.1%
12 To 24 Months In Care (C4.2)	85.7%	72.7%	50%
At Least 24 Months In Care (C4.3)	**44.4%**	**50%**	**62.5%**

Count of Youth with Two or Fewer Placements

	Oct. 2008 – Sept. 2009	Oct. 2009 – Sept. 2010	Oct. 2010 – Sept. 2011
8 Days To 12 Months In Care (C4.1)	18 out of 19	9 out of 11	16 out of 17
12 To 24 Months In Care (C4.2)	6 out of 7	8 out of 11	1 out of 2
At Least 24 Months In Care (C4.3)	**4 out of 10**	**5 out of 10**	**5 out of 8**

Source: Child Welfare Dynamic Report Center at http://cssr.berkeley.edu/ucb_childwelfare/
Extract on 12/21/2011 by UC Berkeley

Refer to the attached Appendix V-b showing the outcome measures for Probation according to the most recent federal CFSR data (Quarter 3, 2011).

Probation Practices

The services, programs and practices listed below have been utilized by Probation to improve service performance and outcome measures for youth and their family in safety, well-being and permanency, and to meet or exceed the standard in some of the measures discussed previously.

Family to Family Initiatives are being implemented by the Probation Department, phasing in the four core strategies since 2006. These four core strategies include: (1) Recruitment, Development and Support of Care Providers, (2) Building Community Partnerships, (3) Team Decision Making (TDM) and (3) Self Evaluation. The Probation Department utilizes CWSOIP funds to partially offset the cost of a full-time probation officer assigned to implement the four core Family to Family strategies. For a description of the county's activities in these strategies **refer to Section F (3, 7, 5, and 4 respectively).**

Team Decision Making (TDM) is a significant component of Family to Family (F2F) as an early intervention tool to keep children safe regarding placement decisions, involving birth families, caseworkers, and family support systems. The Humboldt County Probation Department was the first Probation Department in the nation to implement the promising practice, Family to Family. Probation dedicates a full-time probation officer as the F2F coordinator/TDM facilitator. This probation officer also locates placements for youth and participates in care provider recruitment and retention efforts. The number of TDM meetings held each month by Probation varies, depending on the number of placement decisions each month. Probation has an average of six TDMs per month (average 70 per year).

Humboldt County's Superior Court conducts a Healthy Alternatives (HA) Juvenile Court on a bi-weekly basis. Healthy Alternatives allows youth treatment in the community through the Court's collaboration with the Probation Department, Humboldt County Office of Education, and DHHS Mental Health Branch. The youth is subject to weekly drug testing by the probation officer and receives coordinated delivery of services that address problems that may contribute to a juvenile's involvement in delinquency. Some of these services include mental health counseling, substance abuse treatment, and education services. A required component of HA is participation in Functional Family Therapy, an evidence based practice. Additionally, participation in Aggression Replacement Training is required for appropriate youthful offenders.

Wraparound (WRAP) – CWS Social Workers, Probation Officers, and Mental Health Case Managers provide facilitation of coordinated services to children/youth, who are placed or at risk of being placed in a high level residential treatment facility, and help families reach stability to maintain child/youth at home. This program focuses on twelve life domains. It is family driven and assists in transitioning from service dependency to natural supports.

Family Intervention Team (FIT) is a multi-disciplinary team comprised of representatives from Mental Health, Public Health, CWS, Probation and Humboldt County Office of Education. State Adoptions and the Redwood Coast Regional Center provide representatives on a case by case basis. The purpose of the team is to ensure that youth, in county, receive all necessary services in order to maintain them safely in the lowest level of care. In the event that a youth must be placed out of county in a treatment program which is a higher level of care than can be provided locally, FIT is the gatekeeper. It also monitors the youth's progress in the out of county treatment program and coordinates the youth's return to county.

Public Health Nursing Program has provided Probation with the support to improve greatly youth's health needs, both physical and dental. Through the Public Health Branch's outreach, a dental clinic was approached and prioritized youth in foster care to ensure that their dental health needs were being met.

Mental Health Services are provided by C&FS at the Children Youth and Family Services outpatient clinic. The clinic provides individual and family counseling, case management services, and medication support to area youth. Urgent Care Responders Clinicians provide crisis assessment and stabilization, coordination, and linkage to the crisis unit and to Sempervirens for children and youth. Services are provided on-site at Juvenile Hall and Northern California Regional Facility and for other youth in the community as needed.

Independent Living Services
Because many probation wards are older youth, engagement in Independent Living Services and transition planning is also essential. The DHHS has an active, outreach oriented, Independent Living Skills program where probation youth also receive services.

Case Management
Probation placement officers routinely meet or exceed state youth contact standards and utilize these contacts with youth and their families to engage in active case planning and monitoring of progress towards treatment and family reunification goals. Families whose youth are placed in an out-of-county treatment facility are encouraged to participate in the family therapy component of the treatment program, and the Probation Department assists with making and funding travel arrangements for these families.

Evidence Based Practices and Best Practices
Humboldt County Probation Department utilizes several evidence-based practices targeted to benefit children and families, including Functional Family Therapy, Aggression Replacement Training, and Trauma Focused Cognitive Behavioral Therapy, which are discussed further in **Section F.5**. These services are delivered by DHHS Mental Health staff to Probation clients. Probation also utilizes an evidence-based practice for risk/needs assessment called Positive Achievement Change Tool (PACT) for juvenile cases, as well as the Detention Risk Assessment Tool (DRAI) for detention cases.

All of the programs listed above have contributed to some degree in helping Humboldt County Probation Department strive to meet federal performance standards.

F. SYSTEMIC FACTORS

1. Relevant Management Information Systems

Child Welfare Services/Case Management System (CWS/CMS) is California's version of the federal Statewide Automated Child Welfare Information System (SACWIS). CWS/CMS became fully operational in all 58 counties on December 31, 1997. Counties are responsible for entering data in CWS/CMS as part of their process to manage their caseloads of children and families who receive child welfare services. As with any large automated system, it provides a broad range of

challenges and benefits as it continues to undergo improvements to keep with the changing child welfare system.

Quantitative data (as shown in the County Data Trends Report, in Section E - Outcomes) is updated through quarterly reports provided by the Center for Social Research at the University of California at Berkeley. The quarterly Trends Report is reviewed by management to assist with program and service delivery decisions. The Trends Report is as current, accurate, and reliable as the data entered into CWS/CMS. Ensuring the accuracy of the information derived from CWS/CMS is an ongoing process of education and staff training. Data entry and information issues are addresses as needed at program unit meetings with staff and staff trainings.

CAPIT/CBCAP/PSSF Management Information Systems

The Humboldt County DHHS, Social Services Branch has oversight accountability for the Management Information Systems and is the designated administrator for the CAPIT/CBCAP/PSSF programs. DHHS oversees and monitors local services, program compliance, data collection, three-year plan amendments, annual reporting and annual program evaluation. Each program is tracked separately through the Department's Administrative Fiscal Unit and each has a separate budget and accounting system. A description of client outcomes monitoring is found in the Quality Assurance section of this report.

The Child Abuse Prevention and Intervention Treatment (CAPIT) contractor for the CAPIT program is the McKinleyville Community Collaborative, a fiscal agent for the Healthy Start Schools and Communities Partnership. The county has an Agreement for Services with the contractor and the funding is awarded by the Board of Supervisors. The contractor is required to submit quarterly narrative and statistical reports with the invoice for services. The Department‘s CAPIT liaison and the contractor have face-to-face contact at least semi-annually to review goals and monitor progress. The contractor is required to capture service and client data utilizing an OCAP data collection form.

CAPIT funding criteria emphasizes contractor is to provide evidence-based prevention programs, over intervention, and must clearly demonstrate in their tracking system the parent involvement in their programs, as well as geographic diversity in program delivery site. McKinleyville Community Collaborative provides strength-based assessments, family counseling and support, as well as one-on-one parenting training in the family's home. It also utilizes parenting evidence based-practices Parent Child Interactive Therapy (PCIT) and Incredible Years (IY).

The Community Collaborative tracks the number of families and children who participate in parenting classes, home visits, and parent meetings, and those who were provided transportation. Sign-in sheets are used to collect the names of the parents participating in parenting classes, parent meetings, home visits, and receiving transportation. This information is provided to DHHS Research and Evaluation Divison and the Social Services Branch for monitoring evidence-based practice usage and for the semi-annual progress review.

Community Based Child Abuse Prevention (CBCAP) funds the Alternative Response Team (ART) services of public health nurse home visitation and case management and also home-based mental health assessments and counseling. In addition, it funds the Community/Family

Resource Centers to provide community-based services to families and children. These families have been referred to CWS but do not meet CWS criteria for investigation.

Expenditures are tracked separately for each program by the Department's Fiscal Analysis Unit on a monthly basis. The Department Liaison for CBCAP and the Fiscal Unit maintain at least monthly contact with the programs funded by CBCAP to monitor expenditures and compliance with the stated goals of each program. Recipients of CBCAP funds will be required to capture data utilizing an OCAP data collection form.

Promoting Safe and Stable Families (PSSF) funding is used by the Children & Family Services Alternative Response Team (ART) and the Community/Family Resource Centers to provide family support services to Differential Response (DR) recipients. These are families and children who have been referred to CWS but do not meet CWS criteria for investigation. PSSF also funds client costs (e.g. housing, transportation) when clients are not able to pay for activities required by the court or the CWS case plan to maintain or reunify the family or to provide permanent placement.

CWS staff meet regularly with FRC and ART staff (path one partners) and with Public Health and/or Mental Health staff (path two partners) to review case examples and discuss strategies for team approaches to family meetings, services, and home visits. Contracted services are invoiced to the county and claimed appropriately to the four claiming codes available per service provided.

Disseminating Program Information In Relation To CAPIT/CBCAP/PSSF Guidelines

The following meetings are DHHS forums for communicating and disseminating information related to children and family programs, including CAPIT/CBCAP/PSSF programs and services.

Meetings:

Meeting Name	Frequency	Who Attends
SIP Planning Meetings	5 year cycle	Staff from DHHS, SSB, C&FS/CWS, MHB, PHB, Probation, Core Team Members, Parent Partner, Care Providers, State Adoptions, Tribal Members, etc.
CSA/PQCR Planning Meetings	5 year cycle	Staff from DHHS, SSB, C&FS/CWS, MHB, PHB, Probation, Core Team Members, Parent Partner, Care Providers, State Adoptions, Tribal Members, etc.
SIP Update Meetings	Yearly	Staff from DHHS, SSB, C&FS/CWS, MHB, PHB, Probation, Core Team Members, Parent Partner, Care Providers, State Adoptions, Tribal Members, etc.
DHHS AB 315 Integrated Services Initiative 5-year Plan Update	5 year cycle	Staff from DHHS, SSB, MHB, PHB, Probation, etc.

Meeting Name	Frequency	Who Attends
Meetings with Contractors Receiving CAPIT/CBCAP/PSSF Funds	Semi-Annually	Staff from DHHS, SSB, C&FS/CWS, and Contractor Representatives
C&FS Support Team Meetings	Monthly	Staff from DHHS, SSB, C&FS, MHB, PHB, SSB Director, CWS Deputy Director, CWS Supervisors, C&FS Program Managers, Analysts, and CWS Clerical
Human Services Cabinet (HSC)	Monthly	Staff from DHHS, SSB, C&FS, MHB, PHB, and Probation
Program Leadership Team (PLT)	Weekly	Administration Staff
SSB/C&FS Deputy Directors and with SSB Director Meetings	Weekly	SSB/C&FS Deputy Directors and SSB Director
C&FS Program Managers Meetings and with Deputy Directors	Weekly	SSB/C&FS Program Managers and Deputy Directors
Supervisors Meetings and with Program Managers	Weekly	C&FS Supervisors and Program Managers
C&FS Analyst Meetings and with Managers Meetings	Weekly	C&FS Analysts and Program Managers
CAPCC Meetings	Monthly	All CAPCC members and partners
County Counsel Meetings with Management	Monthly	C&FS Program Managers, Dependency Attorneys, Deputy Branch Directors, and SSB/C&FS Director
County Counsel Meetings with Supervisors	Monthly	CWS Supervisors, Program Managers, and Dependency Attorneys
Differential Response Continuity	Monthly	CWS Supes, PM, Analyst, FRC Staff, Barbara O'Neal, MH Supes (Rachel Davis-Packer), AFACTR - AmeriCorps
Differential Response Team Meeting (Large)	Annually	Staff from C&FS, FRC, MHB, PHB, AFACTR - AmeriCorps
All Staff Meetings	Tri – Annually (3 times per Year)	Staff from DHHS, SSB, CWS, MHB, PHB, SSB Director, CWS Deputy Director, CWS Supes, CWS Program Managers, Analysts, Social Workers, and CWS Clerical and invited community partners

Meeting Name	Frequency	Who Attends
DHHS/FRC Large Meeting	Quarterly	Staff from DHHS, SSB, C&FS, MHB, PHB, FRC, AFACTR-AmeriCorps
Differential Response Regional Team Meeting	Quarterly	Staff from C&FS, MHB, PHB, FRC, AFACTR-AmeriCorps
Differential Response Outcomes	On-hold (monthly)	Staff from DHHS, SSB, CWS, MHB, PHB, FRC, AFACTR-AmeriCorps

The following reports are DHHS mechanisms for communicating and disseminating information related to children and family services, programs, or systems including CAPIT/CBCAP/PSSF funded programs and services.

Reports:

Report Title	Frequency	Distributed to:
Matrix for C&FS Integrated Services	Monthly	Staff from DHHS, SSB, CWS, MHB, PHB, Probation
Monthly C&FS Overview Report (MCOR)	Monthly	Staff from DHHS, SSB, CWS, MHB, PHB, Probation
Humboldt County Quarterly DHHS Integrated Progress and Trends Report	Quarterly	Staff from DHHS, SSB, CWS, MHB, PHB, Probation and the Public
McKinleyville Community Collaborative Semiannual Report for CAPIT	Semi-annually and annually	SSB Staff: Director, Deputy Director, Program Managers, and Analysts
Family Resource Centers Report for CWS OIP	Semi-annually and annually	SSB Staff: Director, Deputy Director, Program Managers, and Analysts
Incredible Years Monthly Report	Monthly	DHHS Administration, Research & Evaluation, also Director, Deputy Director and Program Managers for all Branches (SSB, MHB, PHB)
EBP Quarterly Report	Quarterly	DHHS Administration, Research & Evaluation, also Director, Deputy Director and Program Managers for all Branches (SSB, MHB, PHB)
Project Status Sheets for selected projects	Monthly	SSB Director

Report Title	Frequency	Distributed to:
Business Objects Reports (CWS/CMS) Reports	Monthly	Staff from SSB/C&FS/CWS
Division 31 and SDM Reports (SafeMeasures®)	Weekly	Staff from DHHS, SSB/CWS, MHB, PHB, Fiscal

Child Welfare Services

Child Welfare Services staff utilizes personal computers at their desks and laptop computers are available to take into the field. Case information and data is entered into the CWS/CMS statewide system. Cell phones are assigned to Social Workers for communication with clients and co-workers. Quick Pads (48) are also available for social workers to take into the field. These are electronic word processors with full sized keyboards and an LED that allows the user to see what they are typing. When the user comes in from the field (typically the courts), the keyboard has an infrared device that enables transfer of the stored document to an MS Word document in their assigned personal computer or a screen on CWS/CMS. Also available to social workers, is the SPOT emergency tracking device. If a worker is in the field in an emergency situation and/or needs assistance, they can push a button and notification will go out to the supervisor and/or law enforcement with their location. .

SafeMeasures is a web-based data reporting system that allows case workers, supervisors, and administration to monitor numerous aspects of a case. SafeMeasures provides information to determine whether federal, state and local requirements are being met, track agency/unit/worker performance over time, monitor workload, and identify the status of cases. The information is extracted from CWS/CMS every few days. Social workers, supervisors and program managers receive training on SafeMeasures when needed, and utilize the reports to monitor compliance on all AB 636 and Division 31 measures. The Monthly Children & Family Services Overview Report utilizes this data, as well as other information sources, to provide updates to management on all programs within C&FS and is shared with all the Branches within DHHS.

Business Objects is a database reporting tool for County Access to Data (CAD) that extracts data from CWS/CMS every couple of days. It combines Structured Query Language (SQL) report-writer with formatting and publishing features like Excel, Word, and PowerPoint. Children & Family Services analysts utilize Business Objects to create reports for administration, supervisors, and social workers to monitor compliance and assure quality in service delivery. Business Objects undergoes ongoing upgrading to improve functionality of the program and meet data and program needs. The Research and Evaluation Division in DHHS also has access to this application to assist with monitoring and reporting of information to management.

Probation Department

Implementation of a comprehensive case management system, JAMS, is in the final stages of completion, and should be fully functional by March 2012. This new system will significantly enhance data collection and evaluation activities. It will, however, require duplicate efforts for those probation officers with placement cases who currently enter case information into CWS/CMS.

Juvenile probation officers complete assessments on all juvenile offenders utilizing web-based software that includes a feature to compile aggregate data on all offenders assessed. This will improve probation's ability to identity service gaps and advocate for appropriate evidence-based community services. The Department will use Evidence Based Practices Program grant funds to build a sustainable quality assurance program and monitor the effectiveness of evidence-based practices delivered by the officers.

In March 2011, appropriate department staff were trained on the CWS/CMS system and in turn given access to the CWS/CMS system. Since then, we have been entering placement data, service data, and all contact data on all of our placement youth in order to capture data and monitor outcomes. We also continue to track our placement cases and the data/outcomes through the Family Intervention Team (FIT) database and an internal database (ACCESS) in conjunction with monthly case file reviews and audits.

2. Case Review System

Timely court reports contribute to foster care permanency and stability. A Business Objects report is generated weekly by the C&FS program analysts and distributed to the social workers and their supervisors, to help them track court dates, court report filing due dates, and completion dates. It is the responsibility of the social workers and two legal office assistants to enter court-related information in CWS/CMS. Ongoing review of timely court reports is conducted by supervisors and program managers and at supervision meetings.

Court Structure/Relationship
The Humboldt County Juvenile Court Bench consists of the presiding Juvenile Court Superior Court Judge, who serves for a three-year period, and another Superior Court Judge, who serves for a two year period. The Honorable Joyce Hinrichs and the Honorable Christopher Wilson rotate the assignment as the presiding Juvenile Court Superior Court Judge.

Attorneys are appointed for all parties entitled to representation. The parties in dependency court are appointed an attorney selected by the court from a panel of attorneys who have contracted with the Superior Court and who are paid from court resources. For those families who can afford to hire an attorney, there are a few local attorneys available. Humboldt County also has a Court Appointed Special Advocate (CASA) program with appointed volunteer advocates for children and youth involved in the Humboldt County Juvenile Court system (both delinquency and dependency courts).

As of January 2012, dependency court hearings in even numbered cases are heard at 1:30PM on Tuesdays and odd numbered cases are heard at 1:30PM on Thursdays. Contested hearings for both delinquency and dependency cases are held at 8:30AM Monday through Thursday. This will be challenging for parents to attend due to the rural nature of the county and lack of transportation for many families.

Juvenile court officers are involved in planning with community agencies as a proactive team. The judicial officers convene a Court Improvement Meeting once a month for issues around cases that are filed under the section 300 and section 600 of the Welfare and Institutions Code. Staff from multiple agencies and tribal representatives attend these meetings and discuss issues

that affect the overall case process and procedures. This meeting also functions as a training and informing tool, such as reviewing findings (when needed) from the Administrative Office of the Courts Administrative Review. It allows CWS and Probation personnel an informal forum to address the Court about concerns and to problem-solve. Some of the issues discussed with the Court include:

- Reducing barriers to service
- Increasing the knowledge base for attorneys on available services and service requirements
- Improving communication strategies on evaluations for the Court
- Reducing the adversarial nature of interactions
- Improving the frequency of rapid resolution
- Minimizing the need for continuances

The Structured Decision Making (SDM) assessment tool has been shared with the Court and serves as a basis to identify family strengths, needs, and safety/risk issues. The Court addresses safety at detention and all other decision-making points. The Court has embraced findings from the Family Intervention Team, Team Decision Making, and family group decision-making, and it generally follows these plans when presented. The Court is very responsive to meeting with Social Services and Probation Administrators to promote efficient and effective juvenile Court procedures. The Hoopa, Karuk and Yurok Tribes have their own judicial courts.

Court Continuances

Over the last year, there were an average of 68 continuances per month (or 17 per week) in Dependency Court. The most common reasons for continuances are due to: 1) request of parent or parent's attorney, 2) request of agency attorney, 3) court's own motion and 4) request of child's attorney. Since 2006, there has been significant improvement of reducing continuances, when continuances averaged at about 106 per month. This improvement may be due to better ways for tracking and monitoring court hearing dates and filing due dates, faster absent parent searches, and also due in part to the CWS requirement that if a court report has not been filed then the social worker and their supervisor must appear in court and explain the circumstances. A Monthly County Overview Report is provided to the program managers and supervisors that address timeliness of court reports and identifies patterns of filing late or no reports.

In the case of hearings for the permanence of dependents of the County, the Court makes every effort to facilitate a timely hearing. The Court sets a hearing date and two pre-trial dates. One of the pre-trial dates is to confirm that everyone has received the report and the other pre-trial date is to allow all attorneys to state their issues prior to the actual hearing date.

Some of the barriers to legal permanence include: Reunification services that go beyond the 12 month time period, children/youth and families with complex issues involving Behavioral Health/AOD challenges, the Interstate Compact on the Placement of Children (ICPC) process, challenges when working with other jurisdictions for out-of-county placements, lengthy process of identifying relatives and paternity, the parent appeal process, and cultural practices that do not support termination of parental rights (i.e. Tribes). For example, the definition of youth permanency differs between federal and Tribal perspectives. The Tribes view permanency as children placed within the Tribe, while still maintaining the parental rights of the bio-parents (such as Tribal Customary Adoption), whereas federal permanency is defined as an adoptive placement or legal guardianship.

Facilities
Juvenile hearings are currently held in the County's courthouse. The facility lacks a separate waiting room, and no suitable activities are available for children waiting to be called.

Court mediation, family group conferencing and post-permanency mediation are all utilized. Mediation is used as a form of alternative dispute resolution and allows discussion of the issues.

Non-contested delinquency matters are held at the Northern California Regional Facility adjacent to the Probation Department, which is more convenient for youth and their families who can then visit their probation officer after court. However, the facility is small and lacks an adequate waiting room or in-custody juvenile holding facility. Contested hearings are conducted in the County Courthouse facility described above.

Timely Notification of Hearing
For the in-custody Detention Hearing, notice to parents/guardians and children 10 and older is given as required in the Welfare and Institutions Code section 307.4 and followed with a JV 510 filed with the Court. For out-of-custody hearings, the Court Clerk sends out Detention Hearings notice. For Jurisdiction and subsequent hearings, if the parent/guardian was in Court when the date was set, that is considered sufficient legal notice. CWS follows up in writing, but is not required to. According to the Humboldt County Trial Court Rules Juvenile Court [Rule 8.4(d)], the "caregivers" are entitled to notice about upcoming hearings.

The Multi-Tribal Roundtable, sponsored by Two Feathers Native American Family Services, is a monthly meeting of staff from Probation, CWS, the local Tribes and other Tribal agencies. This group has worked to improve ICWA noticing.

Parent-Child-Youth Participation in Case Planning
Humboldt County is committed to having the family members participate in the case planning as much as possible.

A primary tool used in case planning is **Structured Decision Making (SDM).** This assessment tool guides case plan decision making involving a family's strengths and needs, as well as risk/safety assessment. This tool is completed with information provided by the family members by engaging the family in answering the questions. Their self-identified strengths and needs are considered when making decisions on developing or changing case plans and providing services. Probation uses the risk/needs assessment tool PACT (juvenile cases) for similar purposes.

Another primary tool, and promising practice, is **Team Decision Making (TDM)**. As previously described, TDM is utilized by CWS and Probation for making decisions about a child's placement. TDM meetings are facilitated by trained staff that assist with arriving at a consensus on the placement plan among all the parties involved. Parents and youth ten years and older can identify who they would like to participate in the meeting. What drives TDM is the belief that a group is often more effective in making good decisions than an individual, that families are the experts on themselves, and that community members are natural allies to the family and experts on community resources. TDM results in fewer contested hearings at Jurisdiction and Disposition.

When a child in foster care becomes 15½ years old, the case worker begins the process to create a **Transitional Independent Living Plan, or TILP**, which the youth helps create. This plan, developed along with the social worker and the ILP worker, guides the youth through their time in foster care and helps to move them to independence, if they are not returned home before they are 15.5 years of age.

CWS and Probation inform parents or guardians of their rights and responsibilities by providing them a brochure at the initial home visit or court appearance (probation). A copy of caregivers' rights and responsibilities is also included in the court petition. In court, the judge orally advises them of their rights.

General Case Planning and Review

Humboldt County is able to meet Division 31 requirements that every child in the CWS system is to be seen monthly by the social worker (with a majority of contacts to occur in the child's residence), and also to have a written case plan that is reviewed/updated no less than every six months by the social worker with family involvement through case plan meetings. Case plan compliance is overseen by the Juvenile Court, and monitored by the supervisor, court dates tracked by legal office assistants and reviewed by program analysts with reports generated from CWS/CMS and SafeMeasures. CWS meets the timeframes required for Permanency Hearings by following these same procedures.

For Probation cases, the Department utilizes a Title IV-E compliant case plan generated by the Positive Achievement Change Tool (PACT) assessment. The assessment identifies the youth's top three criminogenic needs, which are then populated to the case plan. The parent, youth, and Probation Officer (PO) review the case plan and reach agreement about the identified goals and objectives. While the plan generated is focused on the youth's criminogenic needs, "custom goals" for the parents are also included when appropriate to address parental child welfare needs.The parent, youth, PO and Supervising PO are all required to sign the case plan.

For CWS cases, the social worker develops the case plan with the family and the supervisor approves the plan. The social worker and the supervisor sign the CWS case plan after signature is obtained from the child (over ten years old) and parent(s) (if FM or FR case). A case plan includes provisions for:

- Establishing case plan goals, health and other service needs, placement and visitation decisions, family engagement, and action plans for the family to achieve the case plan goals,
- Placing the child in the least-restrictive setting appropriate for the child's needs and in proximity to the parent's home,
- Ensuring that court review hearings are held every six months,
- Family finding efforts by CWS case workers to seek and maintain extended family connections that benefit the child's safety, well-being and permanency, in accordance with state legislation AB 938.
- Ensuring education-related rights for school-aged children in foster care, such as keeping the children in the school of origin that they are attending, unless there is a compelling reason to change schools, in accordance with federal and state education legislation and procedures. An

Interagency Education Guide has been developed as a reference guide for all participating agencies that summarizes these educational requirements.

Probation cases require a case plan update at six and twelve months. Six and twelve month case plan reviews are also required for CWS. A component of routine monthly probation officer visits is a case plan review. CWS utilizes a checklist for what needs to be covered for monthly visits and the checklist includes case plan progress.

Concurrent Planning occurs for every Family Reunification case, which involves planning for both family reunification and identifying another permanent living situation if the child will not be able to reunify with parents. A child is considered to be legally free for adoption if there is a **termination of parental rights** date recorded for all parents with legal standing. The Juvenile Court, as well as CWS, follow California laws pertaining to child protective services legal proceedings and review hearings. The Court determines at a second (sometimes third) six-month review that reunification of child and parent is not likely, and the Court will attempt to find a permanent home for the child. If the parents have not made sufficient progress in their reunification plan, the social worker will ask the Court to terminate reunification services. If services to the parent are terminated, a Permanency Planning hearing will follow within 120 days.

Integrated Case Review Team

On a weekly basis, Integrated Case Review Team meetings are held to review specific priority cases (Family Reunification and Permanency Planning) to assist with case planning and integrated service delivery responsibilities, such case plan goals, placement and needed services (visitation, health, behavioral and social services), and required services (e.g. child/family screening and assessments and case worker contacts). The ICR team is comprised of program managers from CWS, Public Health, and Mental Health, as well as Placement and Visitation Center supervisors, and supervisors representing the specific case being reviewed. Cases are identified for priority review by the supervisor in consultation with the case worker.

Children's Center Discharge Planning

At the DHHS operated Children's Center, assessment and treatment planning are provided to at-risk youth to improve their stability. This licensed six-bed facility provides emergency/temporary shelter for up to 30 days, while assisting with placement decisions for the youth. A Discharge Planning Team meets weekly, attended by the Children's Center administrators, Placement Supervisor and Social Worker, Public Health Nurse, and Mental Health Clinician (as needed), to discuss children needs, referrals to community/family resources and action plan. Care providers and/or bio-families are given the Center's phone number to call if needed.

3. Foster / Adoptive Parent Licensing, Recruitment and Retention

General Licensing, Recruitment and Retention

Licensing of foster homes, including criminal record clearance, is conducted by the California Department of Social Services, Community Care Licensing Division. CWS and the Probation Department actively recruit foster homes and provide information through a monthly orientation to prospective care providers. Recruitment efforts are done throughout the community for new foster homes while also utilizing the Family Resource Centers as a community partner in this process.

Before a child is placed in a newly licensed foster home, the county's Foster Care Coordinator conducts a home study. The home study is an assessment that evaluates the prospective foster family and determines a match in skills and needs of future placements. When a child is being removed from the home, relatives are identified for potential relative placement. CWS and Probation (1/2 time) also have a Relative Placement Specialist who assists relatives in the application process, including criminal record clearance, and is available to the family for assistance and support.

Retention of care providers are achieved in many ways. Care providers receive trainings provided by CWS in collaboration with the College of the Redwoods Community College. They provide both PRIDE orientation training for new care providers and ongoing in-service trainings for all care providers. Care providers receive training from the College of the Redwoods Foster/Kinship Care Education Program in conjunction with UC Davis trainings provided through CWS. Annually, the care providers are surveyed for their input as to the trainings they would like to have offered.

Humboldt County has an active **Foster Parent Association** that serves as a resource to care providers for support and education. The Association provides monthly trainings relevant to foster parent topics and the care provided to youth in the community. Ongoing training on specific areas of interest to the care providers are available throughout the year. The Association provides ongoing support for care providers and also facilitates a monthly support group. A mentoring program is available for new foster parents who are mentored by experienced foster parents assists. This helps with retention of foster homes.

A workgroup consisting of care providers and CWS staff worked together to develop a **Foster Parent Manual** that serves as a desk guide for care providers on CWS and Juvenile Court process, roles, responsibilities, regulations, and many other aspects of foster parenting. This manual is close to completion and will be updated on a regular basis as needed.

In 2004, DHHS, College of the Redwoods and the Foster Parent Association began hosting an annual Care Provider Conference that provides information, training, and support to local care providers. This conference offers workshops and along with providing information, training and support, and they also showcase local community partners. Care providers are given the opportunity to attend the annual state Foster Parent Conference, as well as the National Foster Parent Conference for additional trainings. The information gained in these conferences is then shared with other foster parents in the community.

Foster parents are given recognition and appreciation for their efforts. Opportunities include the annual holiday dinner, the annual appreciation luncheon during Foster Parent Appreciation Month, and picnics sponsored by the local Foster Parent Association and DHHS. DHHS public relations could be utilized more fully to promote awareness of the need for foster parents and recognition of the outstanding work of the existing foster parents.

Recruitment of high quality care providers was kicked into higher gear, starting in August of 2010 when Humboldt County was invited by CDSS to participate in the second round of counties selected for **the Quality Parenting Initiative (QPI)**. This is a collaborative effort among county

staff and community stakeholders to develop a "branding" message and action plan to improve recruitment and retention of high quality care providers. A series of on-site and statewide meetings and local work groups were held from mid 2010 to mid 2011, facilitated by the Youth Law Center. As a result, an action plan of short-term goals was developed and implemented by the county, described below. Still to come is the development of a statewide recruitment "branding" message that targets high quality care providers who can provide quality care for children and youth. QPI accomplishments so far include:

- Development of a welcome-to-the-team letter that includes contact information for the agency to enhance communication methods between agency and caregivers.
- Development of a child placement/transition information form to follow the child from birth parent to care providers in order to meet the child's needs
- Assessment of care provider training needs to improve training curriculum and support
- Expansion of the mentoring program and utilize a training guide for the mentoring training
- Development of facilitated and informal Icebreaker meetings involving social worker or probation officer, parents, foster family, and often the child(ren) to share information and build teamwork for the benefit of the child in care.

CWS and the Probation Department together actively recruit prospective care providers. Educational information is provided through orientation meetings, one-on-one meetings, educational presentations and material, and media advertising. Recruitment efforts for new foster homes and educational presentations are provided to a variety of community-based organizations and events, including working with the Family Resource Centers as a community partner in this process.

Placement Resources

In alignment with DHHS policy to place children in the least restrictive environment possible, Humboldt County has made it a priority to place children with relatives and non-related extended family members, when children must be removed from the home due to safety factors. Relative homes are a type of out-of-home care. Of the current 231 children placed in out-of-home (excluding the 73 Probate guardianship cases), 123 (53%) have been placed with a Relative/NREFMs.

There are some youth for whom placement resources are scarce, including older youth, probation youth, and special needs youth. Youth with developmental delays, physical or learning disabilities, and youth who have experienced trauma severe enough to display behavior issues may have fewer placement options. DHHS and Probation are concentrating recruitment efforts by working with the Family Resource Centers, local service clubs, media, and faith based organizations that target foster homes specifically for teens.

Searching for relative care options early in the placement process is a priority in Humboldt County. Every effort is made to find relatives that meet the requirements for placement. The Relative Placement Specialist and Foster Care Coordinator work collaboratively to initially place children with relatives. Probation officers are now required by Code to initiate relative searches on any youth detained in juvenile hall longer than 10 days. These searches increase the likelihood of locating relatives appropriate for placement.

The search tools used by the CWS Placement Specialist include Accurint, Zabasearch.com, Private eye.com, Facebook, and Google search engine. The Probation Department now has an identified probation officer to conduct family finding activities, and relative placement searches and approvals. The search tools available to the probation officer are the same as those available to the CWS Placement Specialist.

Appropriate placement services for youth adjudicated of a sexual offense who can no longer live in the home and/or who requires enhanced treatment services continues to be a local challenge. Some specialty sexual offending treatment is available in the community on an outpatient basis, but this is not always the correct level of treatment and often the victim may reside in the youthful offender's home.

4. Quality Assurance System

Child Welfare Services

Quality Assurance (QA) activities involve data collection, analysis, monitoring, and communication. These are essential to improving the quality of service delivery. CWS utilizes Quarterly County Data Reports, Business Objects, and SafeMeasures to track agency, unit, and worker performance over time, trend data, and identify out-of-compliance cases.

CWS Analysts generate reports (monthly, quarterly) for compliance with federal standards (e.g. CFSR). Program status updates, statistics and outcomes are reported out through the Monthly Children & Family Services Report and the quarterly Data Trends Report. These reports include in-depth analyses of individual programs within DHHS. The CWS Overview Report is distributed to administration and staff and the Trends Report is made available to the public through the DHHS website.

Probation Department

There is one placement unit in the Probation Department – the Family Reunification Unit (FRU). The FRU supervisor is also the probation representative for the FIT Placement Committee. This supervisor works closely with the two case carrying placement officers to maintain quality assurance. The supervisor prepares monthly audits on all out-of-home placements. These audits are reviewed at the FIT/ Placement Committee meetings to coordinate services for youth transitioning out of placement. Additionally, Supervising Probation Officers randomly select cases from staff to review for case plan, contacts, and collaboration with the family.

To ensure adequate service delivery, weekly case staffings take place to discuss youth with exceptional treatment or placement needs; all juvenile probation supervisors and the juvenile division director attend staffings.

For youth placed in residential treatment facilities, a monthly treatment team meeting is conducted which includes the probation officer, probation supervisor, the youth, facility staff, and a local mental health clinician if assigned. The purpose of the treatment team meeting is to set and monitor service and treatment goals.

CAPIT/CBCAP/PSSF

Refer to section F.1 in this report for information on quality assurance pertaining to management of information of CAPIT/CBCAP/PSSF funded programs.

The areas of acquiring and assessing client satisfaction has been met with some challenges. Steps have been taken to begin the process. The previous CWS parent partner developed a list of questions to ask parents involved with CWS. One challenge has been to have a parent partner consistently on staff to complete this task. Possible next steps are for the current parent partner to contact families and measure client satisfaction through phone interviews or to mail the client satisfaction surveys to clients after the closure of their case (with a return stamped envelope addressed to Humboldt County DHHS). This would allow for anonymity.

CAPIT

Child Abuse Prevention, Intervention and Treatment (CAPIT) funded services through the McKinleyville Community Collaborative (Family Resource Centers) are reported out to CWS on a quarterly basis. Information contained in the quarterly reports includes: the names of families and children assisted, the number and names of those who participated in parenting classes and parent meetings held at each Family Resource Center, the names of children and families served with home visits, a summary of the transportation services, a list of the trainings provided to staff, client satisfaction feedback and the budget.

McKinleyvill Family Resource Center case workers are directly involved with the clients and are able to speak to clients about satisfaction with the services provided. Although there is currently no formal DHHS-approved outcome measurement or client satisfaction measurement in place, the McKinleyville FRC is engaging in discussions with CWS to develop a peer review process for assessing services, program effectiveness, and reviewing client satisfaction.

CAPIT is awarded based on a competitive bid process for service delivery and allocation of CAPIT revenue. Strategies and goals identified in the County Self Assessment and System Improvement Plan guide the scope of services for the RFP. Department staff prepares and administers the RFP process with input from community stakeholders, including public and private non-profit agencies, the CAPCC, and consumers. A proposal review board is formed to select a proposal for the next funding cycle. The review board includes, as outlined by county policy, a representative from the DHHS-C&FS, at minimum one board member of the CAPCC, and a representative from a community-based organization, such as a family resource center (not applying for the funds) with expertise in the area of child abuse prevention.

CBCAP

Community-Based Child Abuse Prevention (CBCAP) partly funds the Family Resource Centers (FRC) to support Incredible Years (IY) parenting classes and family finding at the FRCs. CBCAP also partly funds the Alternative Response Team (ART) to prevent child neglect prior to CWS attention. A monthly IY report is prepared by DHHS Research & Evaluation (R&E) Unit and an annual ART report is developed by the DHHS Public Health Branch, which are distributed to DHHS program management.

The DHHS Research & Evaluation Division is responsible for analyzing data and reporting outcomes for each EBP, including IY. FRCs submit their IY reporting to the R&E Unit. The monthly report for IY includes background information, expected results, target population served, and also participation and evaluation results.

As part of the ART program, the public health nurses send to participants a Family Evaluation form at closure of ART services and also after six and 12 months post program completion. The evaluation form consists of a numerical satisfaction scale, and open-ended questions regarding how helpful the ART program was to them and suggestions for program improvement. This data is included in the ART annual report. Also referrals and re-referrals to the CWS system are tracked at closure and again at 6 and 12 months post case closure. Quality Assurance reviews are completed quarterly on the outcomes, including the number of assessments completed, referrals given, percentage of families that engaged in services, the number of goals completed, and the number of families completing programs.

Regular meetings are held and reports are developed to access and discuss IY, FRC and ART service delivery systems and identify the strength and needs of each program. These meetings have been outlined in Section F.1. of this report.

PSSF

Promoting Safe and Stable Families (PSSF) funds are provided to families within the CWS system of care and various community partners. Approximately 39% of the funds are allocated to family preservation, 22% are allocated to family support, 22% are allocated to time-limited reunification and 17% are allocated to adoption promotion and support. Because of the decline in allocating worker time to adoption promotion activities, time study trainings will be provided at staff unit meetings to review appropriate ways to allocate work time to this category. Workers are probably doing the adoptions-related work, it is just not allocated that way when they do the time studies.

The county measures the service effectiveness by collecting data on recidivism for the target population. Social workers are directly involved with the clients and are able to speak to clients about satisfaction with the services provided. All conversations are recorded in the Delivered Service Log in CWS/CMS. Also, each request for funding is submitted by a social worker and approved by the worker's supervisor, program manager, and if the cost exceeds $250 it is also approved by the Deputy Branch Director.

Other Quality Assurance Methods

The agencies that contract with DHHS to provide services to children and families have ongoing communication with the assigned C&FS program manager. Progress and concerns are shared as needed. Contracted agencies also submit regular reports that indicate the number of children and/or families served and contract specific indicators on the levels of service provided. Contracts are reviewed annually to determine if they are meeting the needs of children and families involved with the CWS system of care.

Per Child Abuse Prevention and Treatment Act (CAPTA) requirements, Humboldt County CWS refers all children under age three with a substantiated allegation of abuse or neglect for developmental screening. Children identified with developmental delays are referred to Redwood

Coast Regional Center (RCRC)/Humboldt County Office of Education (HCOE) for evaluation for on-going services. All CWS staff receives training on child growth and development. In addition, interagency cross training about CAPTA, the screening and referral process, and community early intervention services are provided bi-annually with RCRC, HCOE and CWS, coordinated by the CWS training coordinator.

For children in the foster care system, the Integrated Case Review team is a quality assurance process used by C&FS. The ICR is described in more detail in Section F.1.

5. Service Array

Humboldt County integrated several departments, through AB 1881, (Social Services, Mental Health, Public Health, Employment Training, Veterans Services, and Public Guardian) to form the Department of Health and Human Services (DHHS). This integration has allowed the Branches to work closely together within the DHHS Continuum of Care to deliver coordinated services that promote the safety, well-being and stability of children and families.

Some CWS and Probation services are funded by federal and state CWSOIP allocations to improve the county's federal outcome measures. The county uses these funds for such things as FRCs, Family Connection Center, EBPs, DR, vocational training, and activities connected to CWS Redesign. CWS programs and services are also partly funded by CAPIT/CBCAP/PSSF federal and state allocations to promote early prevention and intervention, in-home family support/education, and also safety, wellness and permanency outcomes for children/youth and families, such as DR (including ART and FRCs) and linking children/families to community and family-based resources**. Refer to Section C.2c and Section E1** of this report for additional funding descriptions and to Section F.8 for discussion on DHHS preventative activities in place.

Child Welfare Services

Children & Family Services is pursuing a two-pronged approach towards maximizing program integration and ultimately service transformation. This involves a developmental approach to integrated services where appropriate; and co-located decentralized service delivery in partnership with community stakeholders. Children & Family Services has many contracts with community-based organizations to provide direct service to families as part of the system of care. For the list of C&FS contracts **refer to Appendix II-a (#11)**.

Below is a sample of the C&FS contracts which are reviewed by the program managers and analysts to determine if they are meeting the needs of the family within our system of care. The renewal process requires meetings with the contractors to adjust or revise the scope of service in order to ensure that they fit within our overall continuum of family-centered holistic care.

- **New Directions of Humboldt Foster Family Association:** Provides recruitment, training, and mentoring to foster parents in Humboldt County.
- **Remi Vista:** Provides Transitional Housing Program (THP) and THP+ services to youth in foster care and probation ages 16-23.
- **Redwood Community Action Agency:** Provides Transitional Housing Plus Program services to youth in foster care and probation ages 19-23.
- **CWS AmeriCorps Program (AFACTR) (FY11):** Provides direct support in the recruitment of care providers and Differential Response Path 1.

- **Lexis/Nexus:** Provides Accurint search engine for family finding used in our California Permanency for Youth Project and absent parent searches.
- **McKinleyville Community Collaborative (Family Resource Center):** Provides a variety of family services funded by Child Abuse Prevention, Intervention, and Treatment (CAPIT).
- **North Coast Rape Crisis Team (NCRCT):** Provides primary prevention of child abuse services that are age and culturally appropriate and offered in Tribal and other isolated and underserved communities of Humboldt County. NCRCT also provides sexual assault awareness workshops to children in elementary and junior high schools throughout Humboldt County. This contract is funded through the Children's Trust Fund of the Child Abuse Prevention Coordinating Council.
- **Arcata House:** Provides services that reduce the risk of child abuse among homeless families in Humboldt County, who receive transitional and permanent supportive housing services from Arcata House Inc. This contract is funded through the Children's Trust Fund of the Child Abuse Prevention Coordinating Council.
- **Healthy Start, Schools & Communities Partnership (Family Resource Centers):** Provide a variety of family support services throughout the county, including Incredible Years parenting class (evidenced based practice) to families identified for Path 1 through CWS Differential Response.
- **Multiple Assistance Center (MAC):** The MAC is a transitional housing facility that provides housing, case management, on-site programs and direct services to the homeless. CalWORKs families, including CWS families receiving CalWORKs services, are referred to the MAC if they are homeless or at-risk of being homeless.
- **Humboldt County Transitional Age Youth Collaboration (HCTAYC)** - HCTAYC is funded through the DHHS and is designed to bring together organizations and individuals to improve the services youth receive as they transition into adulthood. HCTAYC is a collaborative of the California Youth Connection, which promotes foster youth participation in policy development and legislative change, Youth in Mind, which is a foster youth advocacy organization that promotes positive change in the mental health field, and the Y.O.U.T.H. Training Project which develops leadership and inherent expertise through youth led training.

Several of the contractors (i.e. North Coast Rape Crisis Team, the Arcata House, and the Family Resource Centers) do outreach activities to underserved and underrepresented groups including ethnic minorities and adults with disabilities to maximize participation.

As of July 1, 2012, due to state realignment of programs and services, Humboldt County will take on Adoptions program responsibilities pertaining to adoptions of foster youth. **Refer to Section C.1c** of this report for more information on adoption services.

Evidence Based Practices

Since 2005, Humboldt County has implemented eight evidence-based practices, described below. Humboldt County DHHS and the Probation Department are committed to using evidence based practices in all prevention, early intervention, and treatment strategies. This long-term strategic decision permeates all aspects of County agency activity, and will continue to extend to community partners and the local Tribes. Evidence-based practices are viewed as a foundation

for successful community and family interventions. The Evidence Based Practices currently implemented with efforts to develop cross-departmental services are listed below:

- **Incredible Years (IY):** Incredible Years is a 12-week prevention program in the form of parent training designed to promote emotional and social competence and to prevent, reduce, and treat aggression and emotional problems in young children 3 to 8 years old. Humboldt implemented IY in October 2004 and introduced to the Tribes in 2008. Through June 2010, 371 Caregivers with 523 associated children under the age 18 have been served.
- **Functional Family Therapy (FFT):** FFT is a well-established, evidence based family therapy intervention for the treatment of violent, criminal, behavioral, substance use, school, and conduct problems with youth ages 11-18 years and their families. It was implemented in October 2004 and had served 320 youth through December 2010.
- **Aggression Replacement Training (ART):** Implemented in February 2005, ART is a comprehensive intervention program designed to teach adolescents to understand and replace aggression and antisocial behavior with positive alternatives using Prosocial Skills; Anger Control; and Moral Reasoning. In Humboldt, ART is implemented for adolescent youth 12 to 18 years old who show or are at risk of aggressive behavior and placed in the North Coast Regional Facility. Informal outpatient ART groups are also occurring with Probation's Healthy Alternatives diversion program (new in late 2010). As of December 2010, 235 youth have participated in ART.
- **Parent Child Interaction Therapy (PCIT):** PCIT, launched in October 2004, is an intensive treatment designed to work with parents and children (ages 2-7) together to teach parents the skills necessary to manage their children's behavioral problems. It serves parents/caregivers with children ages two to seven who are risk for maltreatment or exhibiting externalizing behavioral problems. To date, 43 parents/caregivers with 39 children have been served.
- **Nurse-Family Partnership (NFP):** The Nurse-Family Partnership is an evidence-based home visiting program launched in Humboldt County in July 2009. The Nurse Home Visitors begin seeing pregnant mothers before the birth of their first child and follow the family until the child reaches two years old. This preventive model is available to low income pregnant women (first time mothers) between 16 and 28 weeks of gestation, including Tribal families. Currently, 92 women are enrolled with capacity recently expanded to 125.
- **Integrated Dual Diagnosis Training (IDDT):** Planning and training for IDDT began in the Spring of 2010. Integrated treatment means that both psychiatric and substance abuse treatment are provided at the same time, at the same place, and by the same team. Specific IDDT components include: multidisciplinary team; partnership with an Integrated Substance Abuse Specialist; Stage-Wise Interventions; access to comprehensive dual diagnosis services; time-unlimited services; outreach assistance in the community; 14 motivational Interventions; substance abuse counseling; group treatment designed to address both mental health and substance abuse problems; family education and support on dual diagnosis; participation in alcohol & drug self-help groups; pharmacological treatment; interventions to promote health; and secondary interventions for nonresponders such as but not limited to clozapine, naltrexone, or disulfiram or intensive family intervention. The program will serve adults 18+ years with co-occurring disorders.
- **Trauma Focused Cognitive Behavioral Therapy (TFCBT):** TFCBT launched in Spring 2010 to serve children four to 18 years of age who have serious emotional disturbance and trauma history. DHHS trained over 20 therapists in addition to supervisors and managers to

ensure wide dissemination of this model across the children's system of care. To date, 17 clients have been served through the TFCBT model.

EBPs Approved for Implementation 2012

- **Adolescent Community Reinforcement Approach with Assertive Continuing Care (ACRA/ ACC):** A-CRA/ACC will serve adolescents (12 to 22yrs) with substance abuse or co-occurring disorders. It is a behavioral intervention that seeks to increase the family, social, and educational/vocational reinforcers to support recovery from substance/alcohol abuse. Assertive Continuing Care (ACC) includes home visits and case management. It stresses rapid initiation of services after discharge from treatment to prevent or reduce the likelihood of relapse. This model has strong research and evaluation results that match local needs.
- **Safe Care:** Safe Care is a home visitation parent training program designed to reduce child abuse/neglect of children between 0 to 5 years old. It fits with DHHS goals of implementing evidence based programs, is based on 30 years of research, and extends an evidence based skill set to paraprofessional staff who are already in roles that support families at risk.
- **Risking Connections & Restorative Approach:** This model will serve children placed at the Children's Center shelter. Training will expand to allow families and care providers to more effectively maintain youth at home or in less restrictive family settings. Risking Connections is a trauma training curriculum program rooted in relational and attachment theory. It provides a framework for understanding and healing the wide array of symptoms and behaviors of traumatized people in a wide range of mental health settings. Restorative Approach is a model for congregate care settings for children/adolescents and fits well with the Children's Center because nearly all the youth at the shelter have a history of trauma.
- **Transition to Independence Process (TIP) Model:** This is an evidence-supported model that will be established within the Humboldt County Transition Age Youth (TAY) Division. The model is based on studies that demonstrate improvement in self-sufficiency and goal achievement outcomes for youth and young adults with emotional behavioral difficulties. It involves youth, their identified families and other informal key players in a process that facilitates youth exploration of their interests and future in relation to several transition domains: employment and career, education, living situation, personal effectiveness/well-being, and community-life functioning. TIP training will be provided to TAY Division staff to improve engagement, progress and outcomes for youth/young adults (ages 16 – 26) experiencing serious risk associated with transitioning to adulthood functioning. The model is a good fit within the philosophy of DHHS, which includes strong youth voice, system of care principles, peer support, and multiple discipline collaboration toward holistic recovery.

County Best Practices

Differential Response (DR) is a prevention/early intervention process used by CWS to promote child safety and family well-being. DR expands the ability of CWS to respond early to reports of child maltreatment. Its focus includes a broad set of responses for working with families that are referred to CWS, involving partnerships with community-based organizations, such as Family Resource Centers (FRC) or multi-disciplinary teams, such as the Alternative Response Team (ART). DR focuses on engaging and empowering families with supportive resources to help identify and implement solutions to challenges families may be facing.

Differential Response offers two paths for ensuring child safety and family well-being:

Path One is chosen when child abuse/neglect reports to CWS are screened and determined to not meet statutory definitions of abuse or neglect, and hotline assessments indicate that a family is experiencing problems that could be addressed by community services. These families are evaluated out to a family resource center nearest to the family for referrals and access to community-based supports or referred to the Alternative Response Team (ART) to receive in-home case management services for families with children 8 years or younger. The Public Health Branch administers the ART program, which is a multi-disciplinary team that provides voluntary in-home case management services from Public Health Nursing and mental health services as needed, to help families correct problems at an early stage to avoid further CWS intervention.

Path Two is chosen when reports to CWS are investigated and determined to meet statutory definitions of abuse and neglect, and hotline assessments indicate that with targeted services, the family is likely to make needed improvements. These families are assigned to a multi-disciplinary team consisting of a Social Worker, Mental Health Clinician and/or Public Health Nurse to provide an integrated service approach to working with families, based on child/family strengths, challenges and needs.

Since 2008 CWS referred an average of 30% of all evaluated out referrals to a path one community response and 70% of referrals to a path two CWS/community response.

C&FS is in the process of partnering with the local Tribes to develop a Multi-Disciplinary Team (MDT) protocol to share information among MDT staff, to provide early prevention and intervention services to Tribal families and cross referral of suspected child abuse reports also in addition to MDT joint response, service provisions, placement decisions, and case planning. The idea is for CWS social workers to engage the Tribal social workers whenever possible when investigating referrals, in order to better support families and prevent child maltreatment. Monthly meetings are conducted to discuss DR issues, such as expanding DR partnerships with the local Tribes and domestic violence services, and also strategizing and discussing outcomes.

Structured Decision Making (SDM) is a model to guide CWS social workers in decision making with children and families about their safety, well-being, and permanency factors. It is used in conjunction with a social worker's education, training, and clinical judgment. SDM goals are to:

1. Improve assessments of family situations to better ascertain the protection needs of children.
2. Increase consistency and accuracy in case assessment and case management among CWS staff.
3. Increase the efficiency of CWS operations by making the best use of available resources.
4. Provide management with information on assessment evaluations for planning and budgeting.

SDM consists of tools to determine CWS priority response to child abuse/neglect reports using Hotline tools, and to assess Child Safety, Family Risk, and Child/Family Strengths and Needs. SDM tools are also used every six months in conjunction with CWS case plan updates to assess Family Risk Reassessment of in-home cases and Reunification Reassessment for out-of-home placement cases. SDM tools assist with determining case plan goals and services needs, with information provided by the children and family members. Their self-identified strengths and needs are continuously considered when making decisions to develop or update a case plan. Probation uses the risk/needs assessment tool PACT (juvenile cases) for similar purposes.

Family Finding Efforts is an effective intervention as part of youth permanency efforts, which connects youth in the CWS or Probation system with supportive extended family throughout the child's case. Social workers engage and support family members in making permanent connections with the youth.

Motivational Interviewing is a technique to engage, motivate and empower individuals to take action in regards to their particular challenges. This technique has been taught to case workers and used for several years across disciplines to work with children and families in areas of mental health, co-occurring disorders, substance abuse, child welfare, probation and pregnant/parenting women. It is easily incorporated with other evidence-based and best practices. The next step is to move the implementation from project-specific practice to system-wide practice that permeates DHHS staff and community skill sets.

Family-to-Family (F2F): Promoted by the Annie E. Casey Foundation, the Family to Family model provides communities with a framework to improve their child welfare system. F2F provides a set of tools to assist with developing family resources. Four core strategies of F2F involve: 1) Recruiting, training, and supporting care providers, 2) Building community partnerships, 3) Making decisions with Team Decision Making (TDM), and 4) Evaluating results. The county applies these strategies throughout its system of care for foster and probation youth**.**

TDM (as part of F2F) is an early intervention promising practice, utilized by CWS and Probation. TDM meetings are facilitated by trained staff and are held for all decisions about a child's placement. The key goal of TDM is for all parties to arrive at consensus on the placement plan and to work toward the future, whether it be reunification or youth permanency. Traditionally, CWS and Probation staff made decisions about a child's placement into foster care. TDM is different in that it involves birth parents, extended family members, other family supports, community members, and service providers in the decision making process. Families and children (ten years and older) identify who they would like to participate in the TDM.

CWS began using TDM in May 2005 and was phased in over time with full implementation by February 2008. Use of TDM meetings are held according to the following circumstances: imminent risk of removal of a child from their home (25%), emergency placement (27%), placement change (40%), and exit from placement (8%). In 2011 CWS held 298 TDMs with an average of 25 TDMs per month. This is an increase from prior year 2010 with 249 TDMs and year 2009 with 191 TDMs.

Integrated Service Co-Location involves centralization of administrative and program staff services, as well as co-location of mental health clinicians, case managers, social workers and public health nurses to provide integrated services in emergency response, family maintenance, family reunification, and permanency planning to children and families. This structure allows staff to utilize the professional expertise of their peers in order to meet the needs of the youth and promote wellness and stability. This also provides children and families joint visits with a multi-disciplinary team when needed.

> **Public Health Nurses (PHN) at C&FS:** Public Health Nurses at C&FS are available for consultation with all members of the C&FS team. A PHN visits children (ages 0 to 3) placed out-of-home to complete a developmental screening assessment (Ages and Stages

Questionnaire). They also obtain current medical and dental information on foster children. This information is used to create the Health & Education Passports (HEP) for each individual child. The nurses can help obtain the necessary appointments with the local providers.

Mental Health Clinicians (MHC) at C&FS often visit foster homes and conduct assessments and therapy with children for their particular mental health needs. Also, evidence-based practices are provided for children and families and/or referrals to community-based providers for children who are Medi-Cal beneficiaries. The clinicians also team with social workers to refer clients for case management and medication services.

Mental Health Case Managers at C&FS are responsible for assisting clinicians and social workers with providing services to families. Tasks include supporting children and parents with pro-social skill acquisition and community resource linkage. Case Managers also help foster families to prepare for potentially stressful situations.

The C&FS administers the Children, Youth, & Family Services Clinic, which provides out-patient mental health assessment, treatment, medication support, and case management for children, youth, and families in the Children's Outpatient Clinic, including youth/family therapy and case management services to youth involved in the Juvenile Justice System at Juvenile Hall. Therapeutic Behavioral Services are contracted Medi-Cal mental health specialty services for children and youth who meet strict eligibility criteria while receiving other mental health services.

The DHHS Mental Health Branch, Alcohol and Other Drugs (AOD) Services, provides screening, treatment, and referral services for parents and youth (ages 15-24 years). The **Matrix Model** is an intensive out-patient treatment approach for stimulant abuse and dependence. It began in 2007 and is currently part of the curriculum for group treatment for all clients in adult outpatient Alcohol & Other Drugs (AOD) programs and at the **Healthy Moms Program,** which provides alcohol, substance abuse and mental health treatment to women who are pregnant and/or have children less than six years of age. The Matrix Model is also a part of the Regional Facility and adolescent substance abuse treatment program. For adult programs, the model is being replaced with IDDT and for adolescent programs the model is in the process of being replaced with ACRA/ACC (described earlier), both of which have broader application and will be implemented with fidelity.

Transition Age Youth Division was established in 2011 as a full-service partnership. It is in progress of co-locating staff from Public Health Nursing, Mental Health and AOD Services, Humboldt County Transition Age Youth Collaboration (HCTAYC), and Social Services Independent Living Skills Program (ILSP) to provide a full-spectrum of community-based services for older youth. **ILSP** is a voluntary program designed to assist youth in the transition from the foster care system to successful independent living. ILSP offers workshops, special events, and individual services. Youth who are in foster care after their 16th birthday are eligible for ILSP services until their 21st birthday. **Refer to page 81** for more information on **HCTAYC**.

Family Intervention Team (FIT) is a multi-disciplinary team that facilitates inter-departmental and inter-agency collaboration in providing a community based comprehensive system of care for at-risk children, utilizing the resources of the family and extended family. FIT manages clinical and fiscal issues, coordinates treatment, and monitors activities and client outcomes.

DHHS Mobile Engagement Vehicle (MEV) is a vehicle equipped to provide integrated children and family services on a routine basis by visiting different site locations throughout the county, including remote areas.

Street Outreach Services is a program of DHHS that provides vehicle outreach to areas needing homeless/mental health/AOD services with linkage to intensive short-term and long-term assistance from Social Services, Public Health, and/or Mental Health supportive services

DHHS Office of Client and Cultural Diversity (OCCD) is devoted to issues regarding client and cultural diversity. It's mission is to strengthen DHHS ability to provide client, family, and community-driven, culturally and linguistically competent services to Humboldt County's diverse population, guided by the values of wellness, recovery, inclusion, respect, and equality. The Client and Cultural Diversity Advisory Committee (CCDAC) works in conjunction with the OCCD. This committee is comprised of employees from Mental Health, Public Health, and Social Services, as well as clients, family members, and other community partners.

When there is a family that has a need related to language or cultural issues, they can be referred to appropriate services within the community. These referrals can be made from our vendors receiving OCAP related funds or within CWS. Humboldt County makes available to every client an interpreter, if needed, when receiving services. Each branch offers a differential to employees who are fluent in other languages. The two primary languages are Spanish and Hmong.

The DHHS Social Services Branch administers the CalWORKs program, which is the state version of the federal Temporary Assistance for Needy Families (TANF) program. The program provides temporary cash assistance to children/families and develops a Welfare-to-Work plan to help low-income eligible families become self-sufficient through employment and access to numerous community-based services (e.g. child care, vocational/job and life skills, domestic violence services, transportation, physical and mental health care services, and substance abuse treatment).

An integral part of children and families' needs assessment is to identify specific problems associated with the provision of basic necessities, then make appropriate referrals to available services in the community, and assist families with application procedures and access to these services. Communication and cooperation between CWS and CalWORKs staff (under Linkages) is an important aspect of intervention with families. Mutual activities include identification of families that are clients of both programs, cooperative case management, joint case plan or single case plan development, juvenile court orders that families will comply with, financial assistance requirements, coordination and compliance with Welfare to Work plans.

Community-Based Services

Family Resource Centers (FRC) are one of the many community-based entities that CWS partners with to provide services to children and families as a preventative tool from entering CWS. The 13 FRCs throughout the county vary in degree and type of services provided, depending on community need, geographic location and funding. The types of services provided by FRCs may include: playgroups, parenting classes, food and clothing distribution, nutrition and

hygiene classes, counseling, case management, job readiness, school support, community building events, and referrals to housing and other community services. CWS and FRCs have identified numerous ways to combine efforts to improve outcomes for families, including: monthly staff meetings; DHHS liaisons and CWS social workers assigned to work with individual FRCs; public health nurses; cross training staffs; key players in the rollout of the Mental Health Services Act programs; and FRCs offering and participating in DHHS-promoted Evidence Based Practice programs.

Multiple Assistance Center (MAC) is operated by Redwood Community Action Agency to provide housing and services to the homeless. It provides a continuum of care including a 24-hour staffed transitional housing facility combining shelter with in-depth case management, on-site programs and direct services in one facility.

Changing Tides is a non-profit agency that provides a wide range of services that support children, youth, and families, such as high quality child care, financial help with the costs of child care, family resources, mental health services, respite care, or intensive support to families with developmentally disabled individuals.

United Indian Health Services is a non-profit organization, created in 1970 to provide community outreach services to tribal members from every Rancheria and Reservation in the areas of Humboldt and Del Norte Counties. The UIHS is a modern, full spectrum health service agency. The use of UIHS mobile services and satellite clinics allows the clinic to provide services to tribal members in rural areas, including visiting community health representatives, dental, and medical services. Along the way UIHS has increasingly realized its goal of incorporating traditional values and customs into daily activities.

Two Feathers Native American Family Services is a tribally chartered entity of Big Lagoon Rancheria, established to serve the needs of all Indian communities. Two Feathers' mission is to promote the stability and security of families, and to protect the best interest of Indian children. Services include: children's culture groups, social work services, advocacy, emergency services, information and referrals, therapy, parenting and cultural education, and Indian Child Welfare Act provisions. The county is committed to collaborating with both Indian and non-Indian agencies and incorporating cultural traditions that encourage a balance of emotional, mental, physical, and spiritual health.

Transitional Housing Program:

- **The Transitional Housing Placement Program (THPP)** is an agreement between Humboldt County DHHS-SSB and Remi Vista, Inc. to provide one eligible dependent foster and probation youth (age 16 to 18) with real-life, concrete opportunities, supported with individualized, strength-based services. These services will enable youth to obtain the skills and abilities necessary for a successful transition to adulthood. Remi Vista, Inc. will provide THPP services to referred, eligible youth, who will reside in one of the program models (e.g., an apartment), under the supervision of Remi Vista, Inc. Currently, one youth is being served by THPP.

- **The Transitional Housing Program-Plus (THP-Plus)** is an agreement between the Humboldt County DHHS– SSB and the Redwood Community Action Agency, Youth Services Bureau (RCAA-YSB) to provide services for up to five (5) referred young adults (age 18 to 24 years) who were either emancipated dependents or wards of the Juvenile Court. THP-Plus services are similar to those provided to Transitional Housing Placement Program (THPP) participants, and are geared toward this older population's needs. Contracted services with RCAA-YSB include housing, budgeting, education and training, and job search. RCAA-YSB may use the following THP-Plus housing models: single-site permanent, scattered-site transitional, scattered-site permanent, and host family models.
- **The Transitional Housing Program-Plus-Foster Care (THP-Plus-FC)** took effect on January 1, 2012, enacted by AB12 (2010). This allows extended foster care benefits, services and housing to non-minor dependents ages 18 to 21, phased in over the next three years. An Agreement between the Humboldt County DHHS– SSB and the Redwood Community Action Agency, Youth Services Bureau (RCAA-YSB) is being considered to provide services via the Transitional Housing Program – Plus –Foster Care (THP-Plus-FC). This program is for eligible young adults (ages 18 to 21 years), who choose to continue in Extended Foster Care (EFC) as dependents or wards of the Juvenile Court. Contracted services with RCAA-YSB may include supervised transitional living housing, budgeting, education, training, and job search. RCAA-YSB may use housing models such as scattered-site permanent housing, host family models, and independent living arrangements with landords.

North Coast Rape Crisis Team

- 24-hour crisis counseling, accompaniment, advocacy, and crisis intervention.
- Follow-up support: Short-term counseling, support group, advocacy and accompaniment through reporting process and court proceedings.
- Prevention and education of child sexual abuse and rape prevention programs for groups from preschoolers through senior citizens.
- Sexual assault counseling and prevention

Humboldt Community Switchboard is another resource available and provided to clients and members of the community that include resources for ethnic/minority populations. They offer a comprehensive database of resources that includes culturally appropriate services available in rural areas of the county. This resource also includes a calendar of events.

Redwood Coast Regional Center (RCRC) offers services and supports for children and adults with developmental disabilities who live in Del Norte, Humboldt, Lake, and Mendocino counties. They are a private, not-for-profit corporation providing services through a contract with the California Department of Developmental Services. They provide services to infants and toddlers (ages birth through three years) who are at substantial risk for a developmental disability or who are showing a delay in their development, as well as children and adults throughout their lives. Some of the services provided by RCRC include diagnosis and eligibility assessment, information and referral, individualized planning and service coordination, purchase of necessary services included in a person's individual program plan, advocacy for the protection of legal, civil and service rights, and family support.

Probation Department

Many of the services described above are also available to Probation youth. The Probation Department contracts and/or has memoranda of understanding with numerous local agencies to perform specific services related to maintaining youth in their homes and reducing delinquent behavior. These entities include local Tribes, Two Feathers Native American Family Services, Boys and Girls Club, AmeriCorps, California Forensic Medical Group, Humboldt County Office of Education, Humboldt County DHHS Mental Health and Social Services Branches.

DHHS Social Services Branch provides assistance to the Probation Department with foster family recruitment and retention activities, Independent Living Skills Program services to Probation youth (16 to 21 years), and wraparound case management support for high-risk youth.

Healthy Alternatives is a court-ordered treatment program for youth in the Juvenile Justice system with mental health needs. Youth receive more frequent court reviews, Functional Family Therapy and intensive probation case management and supervision.

The Probation Department's New Horizons Program is an integrated service program that provides intensive in-custody mental health treatment services offered by the DHHS Mental Health Branch, year-round school education by the Humboldt County Office of Education, and Independent Living Skills program services by the DHHS Social Services Branch, all within the secure environment of the 18-bed Northern California Regional Facility for adjudicated youth in the Juvenile Probation system. Treatment services include a combination of medication support, individual group and family counseling, alcohol/drug assessment and counseling, skill development training focused on anger management, moral judgment, the correction of thinking errors, social skills, and victim awareness. Aggression Replacement Training (ART), a research-based skill training system presented in group format, is the centerpiece of the treatment program.

The transition to the after-care phase of the New Horizons Program for youth participants and their family, includes linkage to the county's mental health system of care services, out-patient counseling and medication support, and case management services. New Horizons after-care services are coordinated through the Family Intervention Team multi-agency process. Individualized strength-based child and family case plans are developed using the Family Unity process followed by the integration of wraparound services to support the minor and their family throughout community system of care.

Refer to Appendix VII for the Community Resource Guide, a comprehensive list of community-based services that DHHS and Probation Department rely on in the county's continuum of care. CWSOIP and CAPIT/CBCAP/PSSF program service providers can refer families/children to these community resources. A description of preventative and early intervention programs offered in the county are described in **Sections F.5 to F.8**. Also **Section A** of this report identifies underrepresented groups that participated in the Self Assessment process.

6. Staff/ Provider Training

CWS and Probation Training

The county contracts with UC Davis Extension Service, Northern California Regional Training Academy, to provide trainings to CWS and Probation. Community partners and Tribes are notified of the trainings and participate on first come first serve basis. The goal is to improve communication, build positive/professional relationships, increase understanding, and to develop skills which in turn improve services for children and families. Starting in 2008, Social Worker CORE training was provided to Tribal social workers.

New Social Workers complete the Core program offered by U.C. Davis within the first year of their hire date. This Core training is comprised of five modules: Parenting and Human Development, Assessment and Intervention, Legal Mandate, Case Planning and Service Coordination and Interviewing Skills, and Self-Care and Safety. Social Worker Supervisors attend Core training for supervisors. All Social Workers are trained how to use Structured Decision Making as well as CWS/CMS.

The Humboldt County CWS Training Unit provides newly hired social workers with supervised field experience, individual and group consultation and instructional learning experiences. New social workers learn together while assigned to a training unit (usually Intake and Emergency Response) for the first six months as they acquire a full caseload. During this time they will be supervised by the Training Unit supervisor or other assigned supervisor. The new employees receive a two-week overview of Child Welfare, go to required trainings, and go on field trips to Court, Family Connection Center, Independent Living Skills Program, Child Abuse Services Team (CAST), the Children's Center, CASA, State Adoptions, and the Children & Family Services out-patient clinic.

New employees receive six weeks of training in Emergency Response and six weeks of training in Family Maintenance/ Family Reunification/ Permanency Planning. After this training, they are assigned investigations or a FM, FR, or PP caseload for the rest of their introductory/ probationary period. The goal is for them to reach a normal investigative monthly assignment or a normal caseload by the end of the probationary period.

All staff receive annual training on Civil Rights and Sexual Harassment, the Multi-Ethnic Placement Act (MEPA), and American with Disabilities Act (ADA). The Health Insurance Portability and Accountability Act (HIPAA) training is currently done at hire. Every year the staff receive refreshers on HIPPA training. Staff has numerous opportunities throughout the year to attend a variety of trainings that enhance and sharpen their skills. Many of these trainings are also offered to CWS partners that provide services to children and families.

DHHS worked successfully with Humboldt County's First 5 Commission, other community members, and Humboldt State University (HSU) to develop a Masters of Social Work program at Humboldt State University. This program is unique with its emphasis on the rural and Native American communities. DHHS provides field internships and participates in the California Social Work Education Center (CalSWEC.) Probation officers are not eligible for CalSWEC. Social Services is committed to hiring the MSW graduates or Social Worker IVs.

New Probation Officers receive 56 hours of certified 832 Penal Code (Powers of Arrest), Arrest and Search training and are required to complete an additional 200 hours of Core training within the first 12 months of employment. New Probation Officers receive orientation to ICWA and Title IV-E requirements and also PACT and Motivational Interviewing training. Thereafter, Probation Officers receive a minimum of 40 hours of training annually, which covers a wide range of topics related to improved service delivery to youth and families. This includes training on various evidence-based practices in corrections. Probation Officers working as placement officers attend the Probation Placement Officer Course offered by the Resource Center for Family-Focused Practice.

Care providers receive training from the College of the Redwoods in Humboldt County in conjunction with CWS. The College is available as ongoing support, as are the local Foster Parent Association and the Foster Parent Coordinator in CWS. Ongoing training on specific areas related to foster care and family relationships are available throughout the year.

Parent Partner Training

Humboldt County Child Welfare Services (CWS) established a Parent Partner Program on April 21, 2008, as part of the CWS System Improvement Plan. The Parent Partner, being a previous CWS client, assists the county with efforts to improve service delivery and outcomes, and mentors parents participating in a Child Welfare Services case plan. The Parent Partner Program will continue to develop and expand in correlation with the needs of CWS families. Job descriptions and recruitment strategies have been developed.

Some of the parent partner services included:

- Provide informational brochures and referrals to community resources that assist family with their needs (food, clothing, housing, physical/health, emotional, parenting skills),
- Assist families to access services (including evidence based practices) and transporting/accompanying parents to their appointments (court hearings, services)
- Serve as a "parent voice" and advocate of families to help meet challenges of parenting
- Assist families in navigating the Dependency Court process by being an advocate through the process.
- Facilitate parent engagement and communication between parents/clients and agency staff and participating in county's three-year planning process
- Develop a questionnaire for families receiving Parent Partner services in order to determine client satisfaction. In the future, the Parent Partner will be conduct phone interviews in accordance with the questionnaire.

The parent partner provided support and mentoring to families who have children assessed as being at risk of abuse and/or neglect by Child Welfare Services. One of the activities of the parent partner was to work with families early in the CWS investigation process to access services available through Differential Response, such as the Alternative Response Team (ART) program and Family Preservation Program (FPP). The ART program monitors and reviews monthly the clients referred to ART and results are reported in the Monthly County Overview Report. The FPP tracks incoming and exiting clients in the program.

CWS has hired three parent partners in the last few years, but has not been able to consistently keep this position filled. Recently, a new parent partner was hired in October 2011. All of the parent partners have been an asset to the CWS program. The county includes the parent partners in trainings. The county does have the infrastructure and capacity to allocate funds for any liaison or parent consumer to attend any required meetings, conference and training events.

The parent partner receives a wide variety of trainings to help with understanding child welfare processes as well as dealing with clients. In the past, our parent partners have been signed up for such trainings as Stress Disorder, Court Proceedings, and Domestic Violence as well as conferences and convenings offered by OCAP.

7. Agency Collaborations

The next few pages identify the variety of key partnerships and collaborations in which DHHS and Probation participate. **Refer to Appendix II (#11)** for a list of contractual partnerships.

The Department of Health and Human Services (DHHS) is comprised of the Social Services Branch (including C&FS/CWS), Public Health Branch, and Mental Health Branch. The integration has allowed the Branches to work closely together in serving children, older youth, and families within the DHHS Continuum of Care by delivering services that keep families safe and healthy. The Human Services Cabinet, an assembly of management staff of the three Branches and the Probation Department, meet monthly to improve service coordination and to promote, develop, and maintain a system of services that encourage prevention and early intervention activities. This unique collaborative works toward maintaining stability for youth in foster care, as well as towards establishing permanent connections as youth move out of the foster care system.

The Child Abuse Prevention Coordinating Council of Humboldt (CAPCC) is a broad-based non-profit advocacy organization that works to eliminate child abuse and neglect in the community through (1) coordinated services and outreach for the prevention, intervention and treatment of child abuse among agencies and organizations (2) actively promoting and supporting high-quality education and service programs that successfully reduce child abuse and neglect, and (3) increasing public awareness through media, newsletters and mailings of resources to help prevent child abuse and decrease family stress. CAPCC hosts conferences and trainings to develop a qualified work force in the field of child development, well-being and prevention education. CAPCC also funds community services providers (e.g. First Five Humboldt and Northcoast Rape Crisis Team) and local schools to educate children and families on how to keep safe, build resiliency, reduce stress, and the importance of maintaining secure social connections.

The Family Intervention Team (FIT) is an example of this interagency collaboration. This consolidated and co-located placement authorization team is comprised of staff from the Social Services Branch, Mental Health Branch, Public Health Branch, Probation and city and county schools, other Community partners, Adoptions, and the Redwood Coast Regional Center participate in FIT when appropriate. Out-of-county placements have been directed by FIT acting as the gatekeeper. Innovative support systems have been developed to keep children in Humboldt County.

Healthy Start, Schools & Communities Partnership (Family/Community Resource Centers) are a community-based entity that links strongly with DHHS in providing prevention and early intervention services to the community within the community. There are 11 Family/Community Resources Centers located within the smaller outlying communities within Humboldt County that provide supportive and direct services to clients. DHHS has assigned staff to work as liaisons with the FRC to enhance communication and relationship building with the community. This partnership has been integral to the previously discussion Differential Response (Section F) process of CWS.

Humboldt Community Switchboard (a telephone and on-line service), is part of the McKinleyville Community Collaborative, and coordinates with DHHS to connect service providers across the county to each other to facilitate sharing information and resources that increase the health and well-being of children, youth, and families. The Community Switchboard meets monthly and is accessible on-line.

New Horizons (NH) is a multi-disciplinary treatment program that operates out of the Northern California Regional Facility. It was designed to fill a gap in Humboldt County's Continuum of Care and to improve capacity to reduce juvenile crime by focusing on juvenile offenders with emotional problems that have negatively affected their families, schools, and past placements. These youth are often chronic offenders. Treatment services include a combination of medication support, individual, group and family counseling, alcohol/drug assessment and counseling, and skill development training focused on anger management, moral judgment, correction of thinking errors, social skills, independent living skills, and victim awareness. Aggression Replacement Training, an evidence-based practice, is the primary treatment modality in the program. The program is a collaborative between the Humboldt County Probation Department, DHHS (specifically the Mental Health Branch), and Humboldt County Schools. The collaboration utilizes a team approach to provide treatment, supervision, and education to juveniles at risk of being placed out of the county or state. Team Decision Making and Wraparound services are important aspects of the program and aid in transition planning.

Behavioral Health Board (includes Integrated Mental Health and Alcohol and Other Drug) meets monthly to discuss service access, reducing stigma, and also planning and prevention ativities. It is comprised of community stakeholders with an interest in improving behavioral health improvement efforts.

Dental Advisory Board is a consortium of community-based organizations, dental providers, foundation and DHHS staff meeting quarterly to assess and improve access to dental services for children in care.

Healthy Alternatives (HA) program is conducted by the Humboldt County's Superior Court on a bi-weekly basis. HA Court was initially funded by Juvenile Mentally Ill Offender Crime Reduction grant (MIOCR); however, when funds for that program were eliminated, the Probation Department restructured juvenile field services to allow for the program to continue. Healthy Alternatives allows youth treatment in the community through the Court's collaboration with the Probation Department, Humboldt County Office of Education, and DHHS Mental Health Branch. The youth is subject to weekly drug testing by the probation officer and receives coordinated delivery of services that address problems that may contribute to a juvenile's involvement in

delinquency. Some of these services include mental health counseling, substance abuse treatment, and education services. A required component of HA is participation in Functional Family Therapy, an evidence based practice. Additionally, participation in Aggression Replacement Training is required of appropriate youthful offenders.

The Child Abuse Services Team (CAST) is another example of an interagency multi-disciplinary team. This is a collaboration of Law Enforcement, the District Attorney's office, CWS, and victim service providers who conduct forensic interviews of child/youth victims of sexual or physical abuse.

The Linkages Program facilitates coordination of CWS and CalWORKs staff. Relevant information is shared on cases in common so that families can work toward reunification and self-sufficiency. Working collaboratively, the Social Worker and the Welfare to Work Employment and Training Worker develop a combined case plan that guides service delivery to promote reunification of the family and move toward self-sufficiency.

The Early Start Team is a multi-agency team that addresses the challenges of coordinating and meeting the needs of special needs children age 0 – 3 years. Children with special needs are at high risk for child abuse and neglect and this team works with families and children early on to assist families with the challenges of raising a special needs child.

First 5 of Humboldt, is partially funded by Humboldt County DHHS, to provide Parent & Family Support (PFS), Early Childhood Care and Education (ECCE), Health & Well Being (HWB), and Mini-grants. Primary PFS activities include funding and technical assistance to Family Resource Centers, Playgroups, School Transition programs, and a partnership with the Humboldt County Library. Primary ECE activities include a major childcare initiative, the Retention Incentive Program-that strives to keep early childhood educators in the field, and the Work-Life Alliance-initiating projects that build relationship between the business community and the childcare community. Primary HWB programs include the Children's Health Initiative, an oral health prevention program (TOOTH) and a family substance abuse prevention program (Better Together in Eureka). Mini-grant awards are putting activities in place for hard to serve populations such as families living in isolated areas of the county and the Latino population. Development of playgrounds and baby gardens are examples of projects implemented.

The Hoopa School Readiness Initiative (SRI) is a Humboldt First 5 initiative with its focus on the Native American population on the Hoopa Reservation. The Hoopa SRI is engaging families, community members, and educators in the important work of preparing children, birth to age five, for school. The Hoopa SRI Scope of Work assures an improved transition from early care settings to elementary school, increases the school and communities' educational and service capacity to promote the success of young children, and improves the quality of early care and intervention programs for Hoopa children.

The Multi-Tribal Round Table (MTRT) is sponsored by Two Feathers Native American Family Services as a monthly forum for information exchange and discussion on ways to improve programs, services, and court activities for Native American children. The MTRT formed three subcommittees to explore improvements in Transitions, Communications, and

Cross-Training. CWS and Probation case worker staff regularly attend the Multi-Tribal Roundtable meetings.

The California Partners for Permanency (CAPP) project is one of six federally funded projects through the Permanency Innovations Initiative. It is a new federally funded project to reduce the number of children in long-term foster care. CAPP focuses on African American and Native American children who are over-represented in the state's child welfare system and suffer disproportionately worse outcomes. CAPP is led by CDSS and includes many partners (4 California Counties, California Tribes, Child & Family Policy Institute of California, UC Berkeley Center for Social Services Research, California Child Welfare Co-Investment Partnership, California Social Work Education Center, California Regional Training Academies, California Youth Connection, and Center for the Study of Social Policy). Humboldt County is one of the counties participating focusing on the Native American children and family client population.

Humboldt County Transition Age Youth Collaboration (HCTAYC) is a collaborative of the California Youth Connection, which promotes foster youth participation in policy development and legislative change, and brings together organizations and individuals to improve services youth receive as they transition to adulthood. HCTAYC ensures youth are receiving timely, effective, youth-friendly, and comprehensive services as they transition to adulthood. HCTAYC has a five member Youth Advisory Board composed of transition age youth who can share their expertise gained through their first-hand experiences with various youth services in the county. To be eligible for HCTAYC, a youth must be between the ages of 16 and 26 years of age and have been impacted by homelessness, foster care, mental health, juvenile justice, alcohol and drug abuse, transitional housing, employment services, or any other services transition age youth utilize. C&FS works closely with HCTAYC, as well as Youth in Mind which is a foster youth advocacy organization that promotes positive change in the mental health field, and the Y.O.U.T.H. Training Project which develops leadership and expertise through youth led training.

Youth Transition Action Team (YTAT) was developed in December of 2006. It is an integrated team of professionals from employment, education, housing, probation, C&FS, as well as representatives from HCTAYC, ILSP, and Elite. YTAT is charged with ensuring youth have stable housing, permanent connections, employment, and educational support.

Workforce Investment Board (WIB) brings together resources to meet employer and employee needs to advance the prosperity of our communities. Required by the federal Workforce Investment Act, the WIB is comprised of public workforce development professionals in education, social services, economic and community development, as well private business owners.

California Connected by 25 Initiative (2007 – 2011) encompassed a five year CWS initiative focused on improving services to transition age youth in K-12 education, employment, post-secondary education, housing, ILSP, permanency, and personal/social asset.

Humboldt Homeless and Housing Coalition (HHHC) is a continuum of care committee, representing community stakeholders and county representatives, that focus on homeless and housing issues.

New Directions of Humboldt Foster Family Association is a non-profit organization that coordinates with C&FS and College of the Redwoods to serve as a resource to foster parents for support, education, training, and mentoring.

College of the Redwoods (CR) Foster/Kinship/Adoption Education Program provides quality education and support opportunities to youth in out-of-home care and caregivers, so that care providers can meet the foster childrens' educational, emotional, behavioral, and developmental needs. CWS staff works with the CR Education Program Coordinator to provide education/training curriculum and educational related supportive services (e.g. access to student housing, educational funding, etc.).

Humboldt County Office of Education (HCOE) and Local Schools Foster Youth Services provides a Coordinator/Liaison (enacted by AB 490) to work with social workers and care providers to register children for school, arrange for the transfer of their academic records, and help facilitate meetings with school staff, such as Individualized Educational Plan assessments.

California State Adoptions (Arcata District Office) has been providing adoption services in Humboldt County through an arrangement with the County. As of July 1, 2012, Humboldt County will take on program responsibilities pertaining to adoptions of foster youth, as part of the state realignment of programs and services to counties. **Refer to Section C.1c** of this report for more information on adoption services.

Core Representatives and Community Stakeholders Involvement in the CSA

The CSA serves as an effective process for C&FS and Probation to collaborate with community stakeholders and partners to improve children and family services. The Tribes were invited and actively participated in the County Self Assessment. Information gathered from the Tribes through the CSA processes will assist in defining and outlining goals for the next five years. For a listing of all the participants who were involved in the County Self Assessment **refer to Section A.4** of this report.

8. Local Systemic Factors

The county recognizes that in order for a systematic change to occur, the needs of the family as a whole must be addressed. Prevention and early intervention programs, services and activities focusing on the family's strengths, challenges, and needs are the catalyst for promoting child and family safety, well-being and permanency.

Child abuse prevention activities also include enhancing a climate of respect and understanding by encouraging discussion and feedback with regard to cultural diversity and family characteristics. To better meet the needs of Native American children and families, collaboration and regular meetings are in progress, involving C&FS, Tribes, and other Tribal agencies, to develop a protocol that will provide for information sharing regarding suspected child maltreatment reports. This forum of sharing information and best practices will allow for the opportunity to build better relations with the Tribes.

Some of the main prevention programs in the county target specific populations and circumstances with the aim to deter potential challenges that at-risk children and families may experience. They include but are not limited to:

- Infant, Early Childhood Education, and Preschool Programs, (e.g. Special Beginnings),
- Women, Infants and Children (WIC)
- School-based prevention programs (special education, psychology/counseling, safety education by law enforcement, bullying prevention, etc.)
- Children's Empowerment Project to protect Native American children from sexual assault in addition to prevention of substance abuse, mental illness, and suicide prevention,
- Gang Risk Intervention Program (GRIP),
- Suppression of Drug Abuse in Schools Program (DSP),
- Tobacco Use Prevention Education (TUPE),
- Young Men as Fathers program
- Mentoring programs for youth provided by Big Brothers Big Sisters, a community-based organization, and
- Public Health sponsored services include: California Children's Services, Children's Health & Disability Prevention, Healthy Kids Humboldt, Childhood Injury Prevention Program, Child Passenger Safety, Childhood Lead Poisoning Prevention, Clinic Immunizations, Family Violence Prevention, NorCAP Aids Projects, Oral Health Program, Perinatal Services, SIDS, Youth Driving Safety, and ART.

Law enforcement, treatment, service providers and others have formed a strong and active Domestic Violence Coordinating Council (DVCC). The DVCC has multiple active subcommittees, including the Native Concerns Subcommittee which is the Inter Tribal Women's Advocacy Network (ITWAN) supported through Two Feathers Native American Family Services. The Yurok Tribe offers American Indian domestic violence resources, providing prevention and education as well as intervention.

DHHS Public Health Branch (PHB) has a collaborative Domestic Violence Prevention Project that works closely with several community partners, including the DVCC, to reduce domestic violence. PHB has also worked closely with the First 5 Commission to provide training on Keeping Children Safe from Abuse and Violence." Domestic Violence Review Team (DVRT) coordinates training for staff at Humboldt Domestic Violence Services (HDVS), North Coast Rape Crisis (NCRCT), and the Eureka Police Department in coordinated response. The police calls HDVS after a domestic violence crime scene is safe and the batterer has been arrested. The police calls CWS if any children are in the household. HDVS calls NCRCT if there is any sexual assault involved to offer services and support to the victims. DVRT meetings are held monthly.

Alcohol and other drug use play a significant role in child abuse and neglect and in child welfare services referrals. Alcohol and other drug prevention activities in Humboldt County are numerous. DHHS Public Health Branch has an active Alcohol and Other Drugs (AOD) primary prevention program that works closely with local schools implementing evidence-based curriculum and supporting youth development projects. Counseling is available for high school age youth at risk of alcohol, tobacco, or other drug use. Youth Services Bureau offers peer

prevention education and case management services. The Teen Outreach Project of Six Rivers Planned Parenthood offers peer-based classroom activities with a focus on youth development.

Pregnant and parenting women with children age five and under can access comprehensive AOD treatment services at the Mental Health Branch's Healthy Moms Program. Several clean and sober housing groups offer long and short-term housing to mothers with young children. Also, older youth can receive AOD services through the C&FS Transition Age Youth (TAY) Division and adults can receive AOD services provided by the DHHS Mental Health Branch.

In summary, C&FS and Probation Department will continue to promote long-term systemic change based on the principle that "an ounce of prevention is worth a pound of cure". County-wide prevention/early intervention activities are based on the following strategies:

- Developing partnerships with community-based service providers, such as Family Resource Centers, to provide family supports;
- Engaging and motivating families to participate by identifying child/family strengths, challenges, and needs as well as identifying family supports, such as extended family members, faith-based/support groups, and community resources.
- Providing an effective service referral process to ensure children and families have access to and receive needed services;
- Regularly meeting with families using team decision making and family conferencing for group consensus decision making;
- Promoting multi-agency and multi-disciplinary team meetings to provide integrated services;
- Offering evidence-based practices to meet the family's needs and reduce the recurrence of child abuse and domestic violence, such as parenting skills, in-home visitation with hands-on training, child/family behavioral therapy, anger management, and substance abuse treatment;
- Hiring and supporting Parent and TAY Partners to advocate for clients as they navigate the systems of care;
- Supporting the children's Health Initiative to assure that all children in the county have access to health insurance; and
- Maintaining a well-trained workforce and community services providers that are skilled in working with the complexities of children and families with key risk factors, such as homelessness, unemployment, lack of resources, child maltreatment, domestic violence, substance abuse, and physical/behavioral health challenges.

G. SUMMARY ASSESSMENT

This Self-Assessment is the county's opportunity to explore strengths and areas needing improvements, and how local program operations and systemic factors affect measured outcomes. Building upon the identified strengths and areas needing improvement, initial strategies for the future are explored. Further planning and development of the initial strategies will take place during 2012 with the development of the January 2013 System Improvement Plan (SIP). The SIP will focus on the areas identified in this County Self Assessment and the January 2011 PQCR, with plans for improvement in specific outcomes and defined timelines.

In accordance with CSA and PQCR state guidelines, Humboldt County has brought together community stakeholders during the CSA process and peer reviewers as part of the PQCR process. They provided valuable feedback on CWS and Probation system strengths, challenges, and needs, and made recommendations for improvements that benefit children and family outcomes in safety, well-being and permanency.

This summary assessment is a compilation of all the input received from the CSA and PQCR process. This includes the November 2011 community convening, involving a broad spectrum of stakeholders (e.g. foster youth, parent partner, county counsel, family resource center, prevention/early intervention community providers, local tribes, county DHHS, Probation, etc.). It also includes input from the focus group meetings held with C&FS staff, Probation staff, and Foster Parent Association members (from November 2011 to January 2012). Initial feedback received so far from the ongoing CAPP project has been also incorporated into this summary assessment. This ensures that issues are addressed regarding the disproportionally higher involvement of Native American Indian children and families in the CWS and Probation systems and that efforts are made to reduce the number of Native American Indian youth in long-term court dependency care.

1. System Strengths and Areas Needing Improvements

Key system strengths of CWS and Probation are summarized below, based on responses from the PQCR (**refer to Appendix IV**) and County Self Assessment focus groups **(refer to Appendix VIII)**. These strengths are used as a foundation to build upon, to address needed improvements that impact performance outcomes. **Refer to Section D – PQCR and Section E – Outcomes** for a detailed listing of CWS and Probation performance outcomes and system challenges/needs.

The following identified system strengths, needs, and recommendations are in line with the fundamental goals of Children & Family Service and System Improvements (Safety, Well-being, and Permanency) and also adhering with Family-to-Family core strategies (Building Community Partnerships, Team Decision Making, Care Provider Recruitment, Development and Support, and Self-Evaluation).

CWS Strengths

Humboldt County is progressive in seeking ways to improve and fund effective delivery of services through evidence-based practices and best practices (**refer to Section F.5**). Humboldt County DHHS integration has allowed the Social Services, Public Health and Mental Health Branches to work closely together within the DHHS continuum of care to deliver coordinated services that promote the safety, well-being and stability of children and families.

Humboldt was in the first group of counties to implement CWS Redesign and DHHS continues to advance CWS Redesign outcomes and goals that are in alignment with the outcomes of C-CFSR. They include:

- Children are safe and youth are supported for successful independent living
- Families are empowered to realize their potential and achieve stability
- Services are responsive to the needs of children and families
- Communities share responsibility for child and family welfare

C&FS is actively participating in communication and coordination with community-based providers as partners, to promote prevention and early intervention efforts, such as relationship building with the Tribes, Differential Response with community service providers, and children/family support services through First 5 of Humboldt. The benefit of sharing information among service providers is to improve the continuum of integrated services provided, such as the standing court order between the education system and DHHS agency to allow sharing of information. Through legislation AB 2229 (2010), C&FS is developing a protocol for sharing of confidential information among multi-disciplinary team members.

Efforts are being made to create a network of support for parents and children through a team approach to decision making, including Team Decision Making and family conference meetings, Wraparound services, family engagement and extended family finding, parent partner advocacy, and care provider mentoring, and other supports. After-care support is recognized to be equally important to preventing re-entry into the system, by identifying and engaging family and community resources, including care providers, to provide support to children and families.

Initiatives are underway to increase recruitment and skills of care providers through the Quality Parenting Initiative. Some of the efforts in progress are the expansion of the foster parent mentoring program to Relative/NREFMs to continue promoting and supporting Relative/NREFM placements and also the development of “Icebreaker” meetings with bio-family and foster family to communicate/exchange information that benefits the child.

C&FS acknowledges that the key to evaluating services is to allow the client voice to be acknowledged and incorporated into system improvements. A strong example for this is the Humboldt County Transition Age Youth Collaborative (HCTAYC), involving foster youth perspective and voice in providing services.

Probation Strengths

The Humboldt County Probation Department was recently awarded grant funds to examine local Disproportionate Minority Contact (DMC) practice and to enhance the use of evidence-based practices (EBP) within the Department and the community. DMC is a process for addressing juvenile delinquency prevention efforts and system improvement efforts to reduce the disproportionate number of juvenile members of minority groups (i.e. Native American Indians), at various contact points with the juvenile justice system. In addition to EBPs currently utilized by the Probation Department (i.e. Functional Family Therapy, Aggression Replacement Training, Nurse Family Partnership), the Department also continues to work closely with DHHS to identify specific evidence-based practices (EBPs) that would reduce the number of Probation youth being sent out of county for treatment.

The Humboldt County Probation Department is the first Probation Department in the nation to implement the Family to Family initiative, involving the four core strategies of: (1) Building community partnerships, (2) Making decisions as a team with family team decision making meetings, (3) Recruiting, training and supporting care providers, and (4) Evaluating results.

The Probation Department is currently using CWS/CMS for entry of client information and is completing implementation of a comprehensive information management system to improve tracking of cases.

Other Probation strengths identified include providing early intervention techniques, such as system diversion with Teen Court and in-house or community-based options, utilizing evidence based assessment tools (DRAI and PACT), expanding partnerships with local Tribal courts, collaborating with service agencies, and also developing sustainable funding sources.

Efforts are being made by the Probation Department to create a network of support for parents/children through a team approach, including Team Decision Making and family conference meetings, Wraparound services, family engagement and extended family finding, and other supports. After-care support is recognized to be equally important to preventing re-entry into the system, by identifying and engaging family and community resources, including care providers, to provide support to the child/family.

As previously discussed, the Probation Department's New Horizons Program is an intensive in-custody treatment program, offered by the DHHS Mental Health Branch within the secure environment of the Northern California Regional Facility. New Horizons after-care services are coordinated through the Family Intervention Team multi-agency process. Individualized strength-based child and family Wraparound case plans are developed with integration of services to support the minor and their family throughout the community system of care. Other agencies provide services to the New Horizons program. Humboldt County Office of Education provides educational programming with year-round school instructed by a full-time certified teacher and instructional aide. Also, the DHHS Social Services Branch provides Independent Living Skills Program services to the youth, and assists with recruitment and retention of foster care families, and participates in wraparound casework for high-risk youth.

The Probation Department acknowledges that the key to evaluating Probation services is to allow the client voice to be acknowledged and incorporated into system improvements. The Humboldt

County Transition Age Youth Collaborative (HCTAYC) is actively involved with engaging foster youth perspective and voice in providing services, with a current focus on juvenile justice, Independent Living Skills, and homelessness.

CWS and Probation Needs

CWS and Probation may continue to work on and expand on certain current SIP goals into the future SIP, so as to establish continuity and effective ongoing implementation of the county's system/service improvement efforts. The following are the self-assessment identified needs for CWS and Probation that also correlate with the ongoing SIP goals:

CWS Needs

- Expand opportunities for parent/child visitation and bonding activities and also effective referral, access and service delivery of evidence-based practices (EBPs) and best practices, including the following:
  - More hands-on parenting skills and parenting education, such as Parent Child Interaction Therapy (PCIT) and Incredible Years (IY);
  - Expand in-home visitation to all families with children, such as Nurse-Family Partnership (NFP);
  - Expand parent/child communication, anger management, and role-modeling through Functional Family Therapy (FFT), Cognitive Behavioral Therapy (CBT), and Aggression Replacement Training (ART);
  - Expand use of Family to Family model with family meeting tools to assist in developing family resources and networks of support with the family, such as family conference and family engagement meetings involving an integrated multi-disciplinary team approach;
  - Improve access to Alcohol & Other Drug (AOD) services within C&FS that provides effective substance abuse assessment and treatment for youth and families.
- Improve staff training and implementation of SDM Family Strengths and Needs usage to effectively assess and transition children and family from Family Reunification (FR) program to Family Maintenance (FM) program
- Improve staff training and implementation of SDM Risk Reassessment (In-Home Reassessment) usage for FM cases to help identify and address risk factors that could contribute to reentry and also to assess progress of achieving case plan goals and whether the case should remain open or be closed
- Ensure family support systems and services are in place using case closure after-care planning with the family that identifies community-based and extended family supports. This includes Tribal relationship building and engagement of the Tribes to develop culturally relevant services for Native American families to prevent removal of children.
- Strengthen recruitment strategies of quality care providers through supportive feedback mechanisms to meet their needs (e.g. home study update feedback) and advanced training in caring for high behavioral needs children that are difficult to place (e.g. older youth with complex trauma issues, fragile infants, attachment and developmental issues, and children with family conflict)

For a more detailed listing of CWS needs, **refer to Appendices III and VI**, and also Sections D.4. and E.1 of this report.

Probation Needs

- Continue to explore and implement local evidence-based practice interventions (used to fidelity), including gender and ethnic specific interventions and also treat youth with trauma, problem behaviors, and substance abuse issues.
- Probation youth continue to be a population with challenging placement needs. Probation needs to continue to work closely with CWS to improve recruitment, training and support of care providers willing to provide homes for youth with acting out behaviors and to identify short-term housing particularly for youth 18 years and older that are not eligible for THP-Plus/THP-Plus-Foster Care.
- Expand use of Family to Family model family meeting tools to assist in developing family resources and networks of support with the family, such as family conference and family engagement meetings involving an integrated multi-disciplinary team approach;
- Sustainable funding remains a challenge for most California Probation departments, including Humboldt. Reliable funding continues to be a subject of statewide legislative efforts, in order to ensure effective use of evidence-based practices and services to youth and their families that reduce delinquency, out-of-home placements, and incarceration.

For more detailed listing of Probation needs, **refer to Appendices III and VI**, and also **Sections D.4. and E.1** of this report.

2. Recommendations and Strategies for the Future

As a result of the 2009-2012 System Improvement Plan efforts, service and process improvements within the areas of family reunification and placement stability (permanency) have occurred over the last few years for CWS and Probation. However, there is more work to be done. It is within these two areas that we can continue our focus and efforts for our next 2013-2017 System Improvement Plan. We will build upon and benefit from lessons learned, through system improvement planning, to address future challenges and system needs that are identified from performance outcome measures and county self assessments. The CSA/PQCR and SIP process also informs and links to the Humboldt County DHHS 5-year Strategic Plan Update (2011-2016) for Integrated Services Initiative.

The following summary of initial strategies for CWS and Probation are based upon responses from the PQCR and County Self Assessment focus groups (refer to Appendix VIII). These strategies specifically address CWS and Probation resource, service, and process challenges that impact the performance outcomes the county is working to improve **(described in Section D – PQCR and Section E – Outcomes)**.

For CWS each of the following strategy categories targets improvements for outcome measures S1.1 No Recurrence of Maltreatment, C1.1 Reunification within 12 months, and C1.4 Reentry Following Reunification. For Probation each of the strategy categories target improvements for Reunification outcome measures C1.1 Reunification within 12 months (exit cohort), C1.2 Median Time to Reunification, and C1.3 Reunification within 12 months (entry cohort). These strategies are built upon system strengths to better address the areas needing improvement to promote child safety and well-being, family engagement and empowerment, as well as child/family stability and permanency. Further planning and development of initial strategies will take place in the development of the SIP during 2012.

2.1 CWS Strategies

2.1.1 Child/Family Safety & Well-Being / Recovery

- Promote and support family systemic change by identifying family strengths and needs in the CWS/CMS case plan and throughout the time the child/family are receiving CWS services, to guide case plan goals and a best match to available services.
- More access to all services and supports in rural areas through satellite office and/or Mobile Engagement Vehicles (MEV), such as parenting classes, transportation, adult mental health counseling, substance abuse treatment, employment training, affordable housing.
- Improve parent visitation with child by providing hands-on and in-home education of parenting skills to promote reunification. Also provide parents, with children at risk of removal, the opportunity to have in-home support services to learn parenting skills, living skills, and role modeling.
- Identify and implement evidence-based practices that focus on Behavioral Health/AOD treatment (including trauma effects) for parents and for transition age youth.
- Expand drug treatment/recovery programs to all mothers and children (as resource are available), similar to Healthy Moms program which targets mothers and children under five years. This includes access to parenting classes, mental health treatment, aftercare planning/service access, etc.
- Explore a residential drug treatment and recovery program for mothers and their children (as resources are available).
- Provide a resource center location (with visitation rooms, kitchen, bathroom) for care providers to meet with birth parents and their children to practice parenting skills, living skills, and role modeling (as resources are available).

2.1.2 Child/Family Engagement and Empowerment / Wellness Partnerships

- Promote use of family engagement techniques that involve the family in decision making (e.g. Motivational Interviewing) to support family participation with the case plan goals and services offered (e.g. evidence-based practices, housing, CalWORKs, HumWORKs, Healthy Moms, Tribal services, etc.).
- Support more family team meetings early on and throughout the case to set up family and community support systems, including resource providers as needed (e.g. care providers, service providers, CASA, etc.). Recognize that more family meetings require more of the social workers' time and impacts caseload.
- Expand and enhance "icebreaker" meetings to facilitate communication and exchange of information between care providers and birth parents for the benefit of the child.
- Develop early engagement process with the Tribes regarding referrals to CWS. Identify common values and build person-to-person relationships based on best practices, recognizing that cultural/practice differences exist between Tribes and CWS Agency.
- Reinstate Alternative Response Team quarterly meetings with Hoopa Human Services.
- Enhance and expand parent partner program to advocate for parent's needs, help families succeed in the CWS, assist with client satisfaction service reviews, and mentor for parent/child visitations. Also hire another parent partner (male) to advocate for fathers, as resources are available.

- Develop a bio-parent support group, modeled after HCTAYC, to provide support to bio-parents in the same way TAY youth are supported, including living skills, employment, education, housing, anger management, and parenting skills, particularly in rural areas.
- Assign a case review team to identify and review reentry cases (i.e. reentry reasons, SDM usage, after-care family supports, etc.) and make recommendations to C&FS management on ways to improve successful reunification and reduce reentry into the CWS system.
- Develop more effective after-care planning and post-reunification supports (as resources are available) that identify and engage circle of supports (family/community resources) whom families want to include.

2.1.3 Child/Family Stability and Permanency

- Strengthen partnership with county AOD programs by co-locating AOD staff and services within C&FS to provide assessment and treatment for children and parents with substance abuse issues and/or serious emotional disturbances, including trauma history.
- Offer on-call mental health staff support that go out with on-call social workers to provide post-traumatic stress counseling to children at risk of being removed from the home.
- Help families develop better relations with landlords to secure housing, such as helping family develop proof of success and getting letters of reference for housing.

2.1.4 Family/Community Partnerships and Support

- Develop a planning/implementation team to streamline county ideas and initiatives.

2.1.5 Training / Teaming

- Need ongoing cross-training (joint-training) among CWS, Probation, and community providers to promote sharing of information and resources across programs (for efficient response). Create new baseline training requirements for social workers and probation officers on county programs/protocols and working with ICWA cases and tribal customs.
- Need for staff training on accurate data entry in CWS/CMS, which may directly impact outcome measures, such as reunification and reentry. Training to include appropriate use of placement episode termination and termination reasons, timely accurate data entry of placement and service component information, and identification of family/children strengths and needs in CWS/CMS.
- Offer ongoing and consistent training for social workers, parent partners, service providers, and Tribes on ways to assess, plan and respond to key risk factors (e.g. domestic violence, drug abuse, mental health issues, unemployment, lack of housing, ICWA cases and Tribal Court involvement, family conference meetings, effective use of available EBPs and community services, and using SDM family strengths & needs and risk reassessment) that can impact child and family safety, well-being, and permanency.
- Develop TDM protocol to ensure follow-through is done after the meeting and to describe TDM participants' responsibilities and rights.

2.2 Probation Strategies

2.2.1 Child/ Family Safety and Well-Being / Recovery

- Assign and co-locate mental health case managers/clinicians at Probation to help with family reunification, as resources are available. This allows for a more integrated team approach to service delivery for youth and families and easier access to mental health services and family counseling.
- Increase early intervention services for status offenders and their families through effective use of the risk/needs assessment PACT tool to identify youth/family issues and guide juvenile case planning with the youth and family.
- Continue to develop staff Motivational Interviewing skills to engage family buy-in to participate in prevention services and achieve case plan goals.
- Explore and implement evidence-based practices for youth in Juvenile Hall and Probation youth, involving family treatment that improves youth support systems and acknowledges family, youth, gender and cultural characteristics.

2.2.2 Child/Family Engagement and Empowerment / Wellness Partnerships

- Increase the use of a Family Team meetings following the creation of a Team Decision Making plan.
- Offer Wraparound-type support and improve reunification services for all out-of-county placed youth.

2.2.3 Child/Youth Stability and Permanency

- Increase transitional housing beds for Probation youth and develop local placement options with residential treatment for juvenile sex offenders.
- Increase Probation youth access and participation in TAY Division programs, including ILP services for Probation youth who have not been previously in foster care.

2.2.4 Family/Community Partnerships and Support

- Increase the number of skilled foster families and increase use of mentors.

2.2.5 Training / Teaming

- Provide training for probation officers on Therapeutic Behavioral Services and ongoing consistent cross-agency training (i.e. SSB/CWS, MHB, PHB, Probation, Schools, Law Enforcement and the Tribes).

In order to improve service delivery, CWS and Probation continue to measure and assess performance outcomes utilizing the many tools and reports identified earlier in this document. This review process assists CWS and Probation to comply with federal performance standards and with management decisions to improve processes and services. Through the California Child and Family Services Review, Humboldt County children and families have and will continue to benefit from improved outcomes.

GLOSSARY

Term	Definition
AB 1259 (1999)	AB 1259 is California legislation (enacted in 1999) that allows certain pilot counties to implement an integrated and comprehensive county health and human services system until January 1, 2005.
AB 1881 (2004)	AB 1881 extends pilot county health and human services integration until January 1, 2009.
AB 315 (2007)	AB 315 repeals the sunset date in the current law that authorizes counties to implement a program for funding and delivery of services and benefits through an integrated and comprehensive health and human services system. Currently 11 counties, including Humboldt County, are authorized to operate in an integrated system.
AB 636 (2001)	In 2001, California Legislature passed the Child Welfare System Improvement and Accountability Act (AB 636), which is consistent with the federal mandate. It is designed to improve outcomes for children in the child welfare system and hold counties and state agencies accountable through state and county-level review processes. AB 636 went into effect January 1, 2004 and is referred to as California – Child and Family Service Review (C-CFSR).
AB 490 (2003)	California legislation AB 490 was passed in 2003 to address many of the barriers to educational success experienced by foster youth. The law gives increased responsibility to school districts, county social service agencies, and other child welfare professionals to monitor and support the education of foster youth.
AB 938 (2009)	AB 938 was passed in 2009 by the California Legislature to implement federal law. It requires that when a child is removed from their parents and placed in foster care, that the social worker must identify and notify a child's grandparents and other adult relatives (to the fifth degree), unless otherwise inappropriate, explaining the child's removal from their parents and the various options available to support the child/family and participate in the care and placement of the child.
AB 2229 (2010)	California legislation AB 2229 was enacted in 2010 to allow members of a multi-disciplinary personnel team, comprised of two or more persons, engaged in the prevention, identification, and treatment of child abuse, to communicate and exchange confidential information among the team members.
AB 12 (2010)	In 2010 the California Legislature passed AB 12 California Fostering Connections Act, which takes advantage of several components of the federal Fostering Connections to Success and Increasing Adoptions Act of 2008 to provide federal funding for KINGAP and extended foster care benefits to non-minor dependents up to age 21.

Term	Definition
Alternative Dispute Resolution (ADR)	Non-adversarial and confidential processes conducted by a neutral third party to assist two or more disputing parties reach a mutually acceptable and voluntary agreement as an alternative to litigation or contested hearings.
C-CFSR	California Child and Family Services Review: See AB 636
CalWORKs / CWS Integration Project	Families who are recipients of both CalWORKs and CWS receive coordinated services for maximum effectiveness from each program.
Care Provider	Relative caregivers, licensed foster parents, and adoptive parents who care for children who cannot safely remain at home. Care providers participate as members of the multidisciplinary team.
Children	Under 18 years old.
Child Well-Being	A primary outcome for CWS focuses on how effectively the developmental, behavioral, cultural and physical needs of children are met.
Child Abuse and Neglect Prevention	W&I Code Section 18951 (e) defines "child abuse." Therefore, we may define "child abuse and neglect prevention" as: The prevention of (1) serious physical injury inflicted upon a child by other than accidental means; (2) harm by reason of intentional neglect, malnutrition, or sexual abuse; (3) lack of basic physical care; (4) willful mental injury; and (5) any condition which results in the violation of the rights or physical, mental, or moral welfare of a child.
Child Abuse Prevention Intervention and Treatment (CAPIT) Program	The Child Abuse Prevention Intervention and Treatment (CAPIT) program was established with the intent to address needs of children at high risk of abuse and neglect and their families by providing funding for child abuse and neglect prevention, intervention and treatment programs.
Child Abuse Prevention Coordinating Councils (CAPCs)	Child Abuse Prevention Coordinating Councils (CAPCs) of California are community councils appointed by the county Board of Supervisors whose primary purpose is to coordinate the community's efforts to prevent and respond to child abuse. Their activities include: providing a forum for interagency cooperation and coordination in the prevention, detection, treatment, and legal processing of child abuse cases, promoting public awareness of the abuse and neglect of children and the resources available for intervention and treatment, encouraging and facilitating training of professionals in the detection, treatment and prevention of child abuse and neglect, and recommending improvements in services to families and victims. CAPCs work in collaboration with representatives from disciplines, including: public child welfare, the criminal justice system, and the prevention and treatment services communities. Council participation may include the County Welfare or Children's Services Department, the Probation Department, licensing agencies, law enforcement, the Office of the District Attorney, the courts, the coroner, and

Term	Definition
	community service providers such as medical and Mental Health Services, community-based social services, community volunteers, civic organizations, and religious community.
Children with disabilities	The term "children with disabilities" has the same meaning given the term "child with a disability" in section 602(3) or "infant or toddler with a disability" in section 632 (5) of the Individuals with Disabilities Education Act (IDEA). (42 U.S.C. 5116h)
Community-Based Child Abuse Prevention (CBCAP)	The Community-Based Child Abuse Prevention (CBCAP) program supports community based efforts to develop, operate, expand, enhance and network initiatives aimed at the prevention of child abuse and neglect. CBCAP supports networks of coordinated community resources and activities in an effort to strengthen and support families and reduce the occurrence of child abuse and neglect. CBCAP is intended to foster an understanding and appreciation of diverse populations to increase effectiveness in the prevention and treatment of child abuse and neglect.
Community Response *(see also Differential Response)*	A proactive response for assessment of situations involving families under stress who come to the attention of the CWS but who do not present an immediate risk for child maltreatment. Provides families with access to services to address identified issues without formal entry into the system.
Component	A primary part of a composite that may include one or more measures.
Composite	A data indicator that incorporates state performance on multiple permanency-related individual measures.
Concurrent Planning	The process of coupling aggressive efforts to reunify the family with careful planning for the possibility of adoption or other permanency options should circumstances prevent the child from returning home.
Consolidated Homestudy	Our current system licenses foster care providers, and if a foster parent decides they wish to adopt a foster child they have in their home, a separate process called an adoptive homestudy is completed. The consolidated homestudy is a one-time study that would approve families for foster care and/or adoption and would facilitate concurrent planning.
County Data Report	The County Data Report is a compilation of data provided by CDSS and is the basis of the County Self-Assessment. The Report includes: • Child Welfare Participation Rates (i.e., rate per 1000 children, e.g., referrals, foster care entries, placement type, etc.) • Outcome Indicators • Process Measures • Caseload Demographics

Term	Definition
Data Indicator	Refers to the two safety measures and the four permanency composites for which national standards have been developed.
Detention Risk Assessment Instrument (DRAI)	The DRAI tool generates a risk assessment score for the juveniles to estimate the likelihood of continuance in delinquent behavior and deciding on most appropriate intervention for the specified risk level. The probation officer assigns scores for multiple risk factors (i.e. criminal history, mitigating factors, aggravating factors, etc.). A total is generated and if the juvenile has 16 or more points he/she is to be detained in a secure facility. There is an override option for cases that have extenuating circumstances.
Differential Response	Differential Response (DR) is a prevention/early intervention response process used for addressing referrals to the Child Abuse Hotline/Intake to promote child safety and family well-being. It involves an initial assessment designed to identify the path and steps necessary to assure child safety and family engagement in services identified as needed to support them in achieving safety, well-being and permanency. Its focus includes a broad set of responses involving partnerships with community-based organizations to provide supports and multi-agency integrated services, such as parenting skills, public health visits, mental health counseling, substance abuse treatment, and basic necessities. DR focuses on engaging and empowering families to help identify and implement solutions to challenges families may be facing.
Early Reunification	Efforts directed at enhancing parental protective capacity in order to permit the child to return to his or her family within 30 to 60 days of placement.
Evidence-Based Practice	Evidence-based practices (EBP) develop from the integration of the best available research with child abuse prevention program expertise within the context of the child, family and community characteristics, culture, and preferences.
Fairness and Equity	Modification of policies, procedures, and practices and expansion of the availability of community resources and supports to ensure that all children and families (including those of diverse backgrounds and those with special needs) will obtain similar benefit from child welfare interventions and attain equally positive outcomes regardless of the community in which they live.

Term	Definition
Family Preservation	The term "family preservation services" means services for children and families designed to help families (including adoptive and extended families) at risk or in crisis to remain intact. These services include: • service programs designed to help children, where safe and appropriate, return to the families from which they have been removed; or be placed for adoption, with a legal guardian, or if adoption or legal guardianship is determined not to be safe and appropriate for a child, in some other planned, permanent living arrangement; • pre-placement preventive services programs, such as intensive family preservation programs, designed to help children at risk of foster care placement remain safely with their families; • service programs designed to provide follow-up care to families to whom a child has been returned after a foster care placement; • respite care of children to provide temporary relief for parents and care providers; • services designed to improve parenting skills (by reinforcing parents' confidence in their strengths, and helping them to identify where improvement is needed and to obtain assistance in improving those skills) with respect to matters such as child development, family budgeting, coping with stress, health, and nutrition; and • infant safe haven programs to provide a way for a parent to safely relinquish a newborn infant at a safe haven designated pursuant to a State law. (42 U.S.C. 629a.)
Family-to-Family Initiative	This initiative was developed in 1992 by the Annie E. Casey Foundation. It was field tested in communities across the country and was shown to effectively incorporate a number of strategies consistent with the values and objectives of the redesign of child welfare services. Currently, 25 counties are participating in the initiative.
Family Well-Being	A primary outcome for California's CWS whereby families demonstrate self-sufficiency and the ability to adequately meet basic family needs (e.g., safety, food, clothing, housing, health care, financial, emotional, and social support) and provide age appropriate supervision and nurturing of their children.
Foster Care Behavioral Health (FCBH)	Behavioral health screening, assessment/diagnosis and provision of FCBH needed services offered/accessed/completed for youth in an open CWS case (Permanency Planning, Family Reunification, or Family Maintenance.
Initial Assessment	The intake function, the focus of which is to learn more about the immediate safety issues for the child, as well as obtain background information about the parent through collateral contacts.

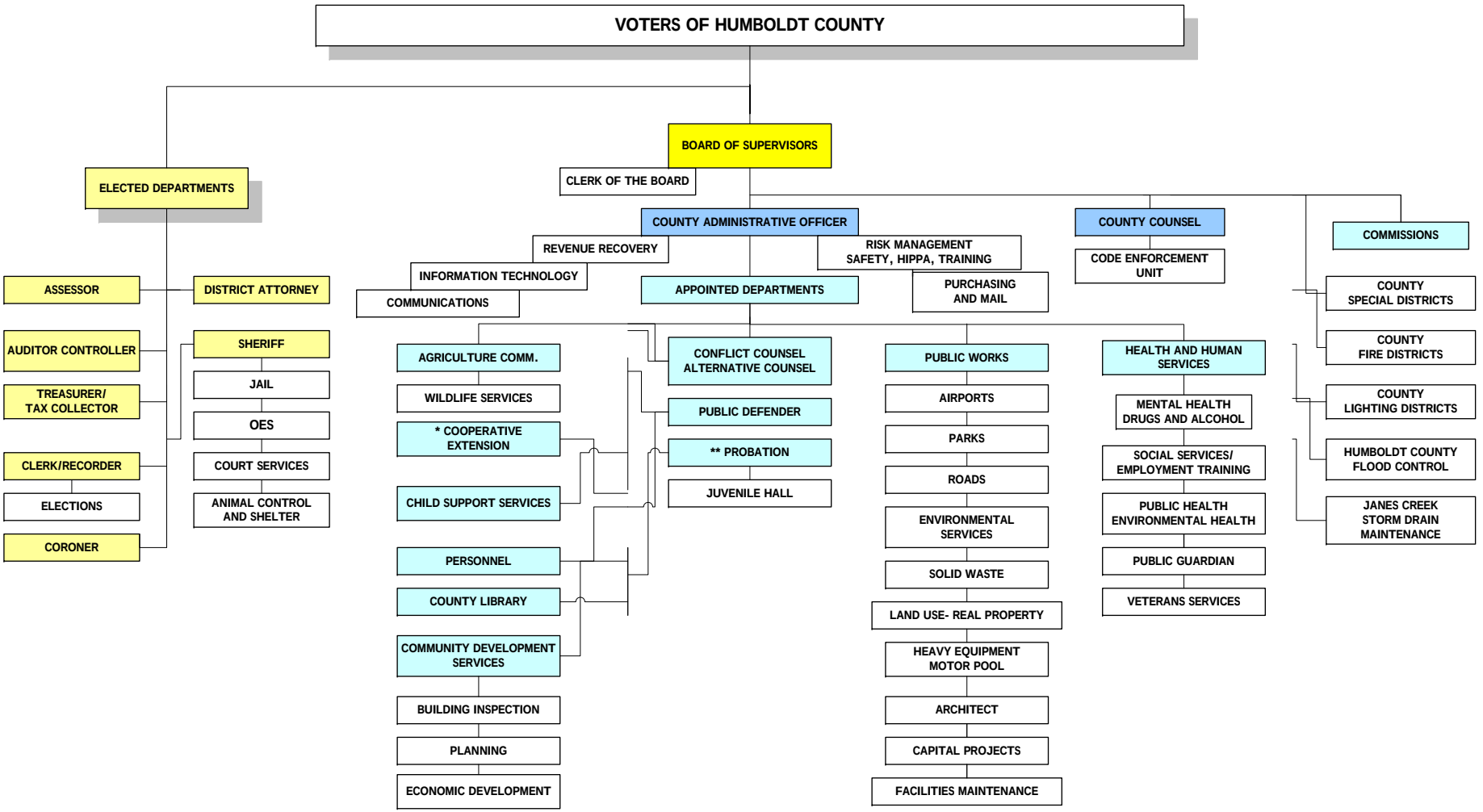
Term	Definition
Measure	A specific statement that addresses a desired outcome within a given composite (for example, the percentage of reunification occurring in less than 12 months).
Promoting Safe and Stable Families (PSSF) program	The Promoting Safe and Stable Families (PSSF) program provides grants to states and Indian tribes to help vulnerable families stay together. The PSSF is 100% federally funded. In an effort to reduce child abuse and neglect, the PSSF program supports services to help strengthen and build healthy marriages, improve parenting skills and promote timely family reunification in situations where children must be separated from their parents for their own safety. The program works with state child welfare agencies to remove barriers that stand in the way of adoption when children cannot be safely reunited with their families. The Adoptions and Safe Families Act specifies that PSSF funds be allocated at a minimum of 20 percent to each of the following service components: Family Preservation, Family Support, Time-Limited Family Reunification, and Adoption Promotion and Support. Strong rationale must be presented if allocations fall below the 20% funding level.
Maltreatment	An act of omission or commission by a parent or any person who exercises care, custody, and ongoing control of a child which results in, or places the child at risk of, developmental, physical, or psychological harm.
Non-Adversarial Approaches	Practices, including dependency mediation, permanency planning mediation, family group conferencing, or decision-making and settlement conferences, designed to engage family members as respected participants in the search for viable solutions to issues that have brought them into contact with CWS. *See also Alternative Dispute Resolution (ADR).*
Peer Quality Case Reviews (PQCR)	A key component of the C-CFSR designed to enrich and deepen understanding of a county's actual practices in the field by bringing experienced peers from neighboring counties to assess and help shed light on the subject county's strengths and areas in need of improvement within the Probation and CWS delivery systems and social work practice
Performance Indicators	Specific, measurable data points used in combination to gauge progress in relation to established outcomes.
Permanence	A primary outcome for CWS whereby all children and youth have stable and nurturing legal relationships with adult caregivers that create a shared sense of belonging and emotional security enduring over time.
Positive Achievement Change Tool (PACT)	The PACT tool generates a comprehensive Title IV-E compliant case plan for probation youth and families from the static and dynamic risk factor scores and based on a youth's top criminogenic needs

Term	Definition
Program Improvement Plan (PIP) (Federal)	A comprehensive response to findings of the CFSR establishing specific strategies and benchmarks for upgrading performance in California in all areas of nonconformity with established indicators.
Prevention	Service delivery and family engagement processes designed to mitigate the circumstances leading to child maltreatment before it occurs.
Resource Families (Care Providers)	Relative caregivers, licensed foster parents, and adoptive parents who care for children who cannot safely remain at home. Resource families participate as members of the multidisciplinary team.
Risk, Safety, and Needs Assessments	After the initial face-to-face assessment, there are subsequent meetings with the family to do a comprehensive assessment of strengths and needs, parental protective capacity, ongoing risks, and continued review of safety plans. If safety is a continuing concern and the case is being handled by the community network, the agency will re-refer the case to CWS. The case plan that emerges from the comprehensive assessment will differ based on what has to be done to assure safety, what the goals are for the case, and who should be involved in promoting the necessary changes within the family. Safety assessments will be done at multiple times during the life of a case. The first face-to-face assessment will be done when direct information is gathered as to the current safety and risk. Based on this initial assessment, safety plans will be put into place immediately, as needed. The worker will assess risk based on information gathered of concerns about the protection of the child, protective capacity of the parents, and by preliminarily needs for services identified. As the case moves forward to comprehensive assessment and service planning, a more thorough understanding will be obtained of family strengths and needs, as well as changes that must be made to assure the ongoing safety and protection of the child. Decisions on case closure will also address safety, risk, and whether necessary changes to assure child safety have been made.
Safety	A primary outcome for CWS whereby all children are, first and foremost, protected from abuse and neglect.
Shared Family Care	Temporary placement of children and parents in the homes of trained community members who, with the support of professional teams, mentor the families to the point that they develop the necessary skills, supports and protective capacity to care for their children independently.
Shared Responsibility	This concept encourages community residents to get involved in child protection. It offers opportunities for participation and stresses the importance and impact of the whole community's responsibility for child safety and well being. This does not negate the ultimate accountability of the CWS agency for child protection—rather, it engenders a community mind-set to develop the necessary capacity to protect children and to strengthen and preserve families.

Term	Definition
Structured Decision Making (SDM)	SDM is a decision making model with a series of assessment tools designed to determine child/family safety, well-being, and permanency and to guide consistent decisions across agencies such as child welfare or probation. The assessment tools include: Response prioritization for new referrals, Child Safety Assessment, Family Risk Assessment, Family and Child Strengths and Needs Assessment, as well as periodic Risk Reassessment and Reunification Reassessment.
Successful Youth Transition	The desired outcome for youth who experience extended stays in foster care, achieved by the effective provision of a variety of services (e.g., health and mental health, education, employment, housing, etc.) continuing through early adulthood, while simultaneously helping youth to maintain, establish or re-establish strong and enduring ties to one or more nurturing adults.
System Improvement Plan (SIP)	A key component of the C-CFSR, this operational agreement between the County and the state outlines a county's strategy and action to improve outcomes for children and families.
Team Decision Making (TDM)	TDM meetings, a component, of the Family to Family Initiative, are conducted when key placement decisions are made. The meetings involve birth families, support systems, case workers, care providers, and community members, to ensure a network of support for children and adults who care for them. Each TDM may have one or more children involved, depending on the number of siblings in the family. TDM meetings are held when one of the following conditions exist: imminent risk of removal of a child from their home, emergency placement, reunification, or placement change.
Time-Limited Family Reunification	In general the term "time-limited family reunification services" means the services and activities described below that are provided to a child that is removed from the child's home and placed in a foster family home or a child care institution. The services and activities are also provided to the parents or primary caregiver of such a child in order to facilitate the reunification of the child, but only during the 15-month period that begins on the date that the child, pursuant to section 475(5)(F), is considered to have entered foster care. The services and activities described for time-limited family reunification include the following: • Individual, group, and family counseling. • Inpatient, residential, or outpatient substance abuse treatment • Mental health services. • Assistance to address domestic violence. • Services designed to provide temporary child care and therapeutic services for families, including crisis nurseries. • Transportation to or from any of the services and activities described in this subparagraph. (42 U.S.C. 629a.)

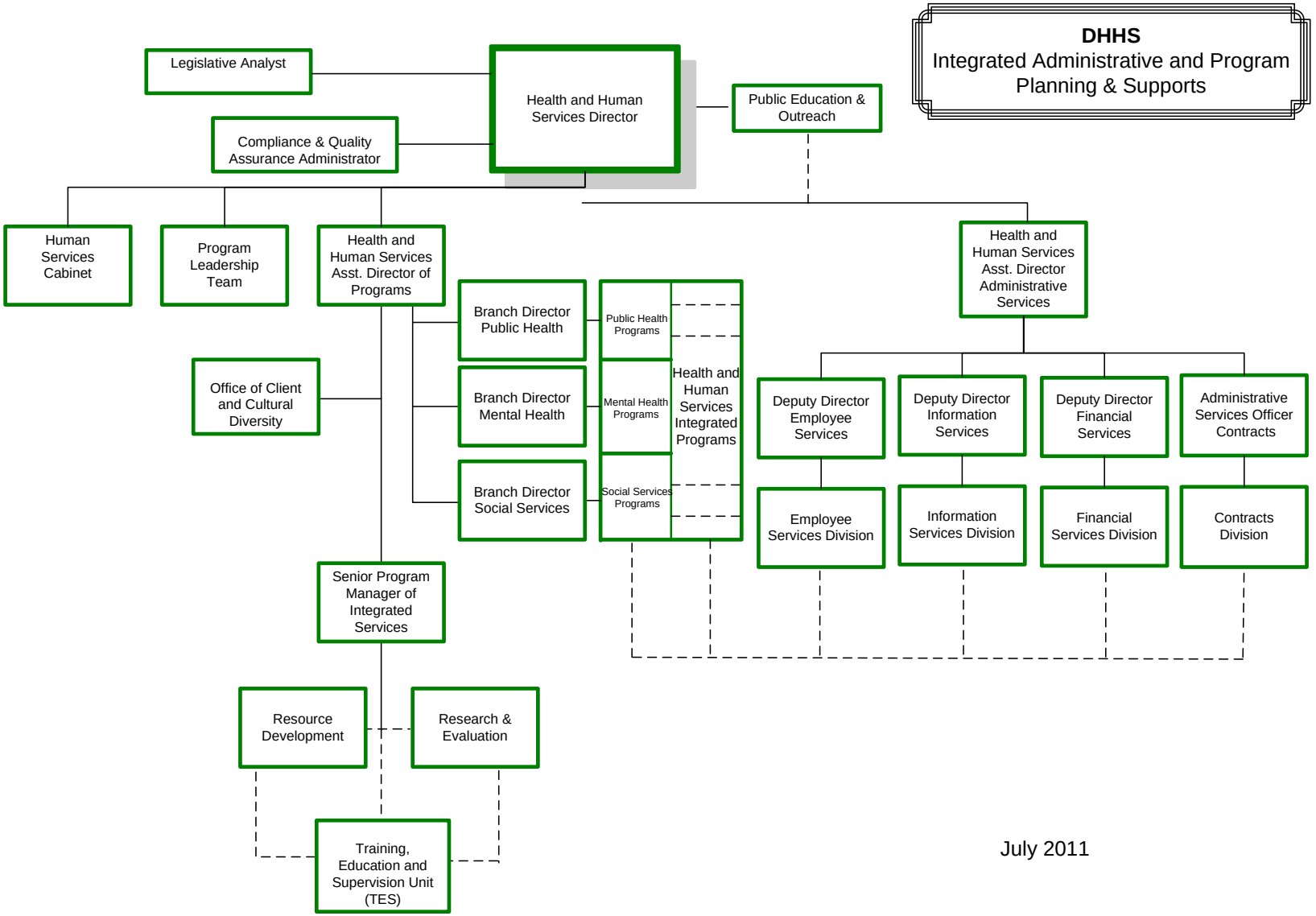
Term	Definition
Tribal Customary Adoption (AB 1325)	Tribal Customary Adoption was enacted by California legislation AB 1325 (2009), effective July 1, 2010, allowing the transfer of custody of a child to the care and protection of adoptive parents without the termination of parental rights. It allows for exceptions to terminating parental rights for Native American Indian children when: - Termination of parental rights would substantially interfere with child's connection to their tribal community or tribal membership rights. - Child's tribe has identified guardianship or long-term foster care with a fit and willing relative or other planned permanent living arrangement for the child.
Uniform Practice Framework	An articulated approach to all aspects of child welfare practice that: • Uses evidence-based guidelines for the start-up phase and on-going incorporation of known "best" or "promising" practices • Aligns with sound child and family policy • Is responsive to unique needs of diverse California counties • Can be integrated with a Differential Response System • Addresses shared responsibility with the community • Emphasizes non-adversarial engagement with caregivers • Integrates practice work products from the Full Stakeholders Group and the Statewide Regional Workgroups.
Vulnerable Families	Families who face challenges in providing safe, nurturing environments for their children, including those demonstrating patterns of chronic neglect, those with young children (ages 0-5), those impacted by alcohol and drug abuse, homeless/poverty families, victims of domestic violence, and those with members whose mental health is compromised.
Workforce	A broad array of professionals and paraprofessionals who must come together to ensure the protection, permanence and well-being of children and families, including CWS at the county and state level along with such partners as care providers, community agencies, other public systems (e.g., mental health, education, public welfare, the court) and other service providers.
Wraparound	A planning process that helps children, who are placed or at risk of being placed in a high level residential treatment facility, receive intensive and comprehensive services and the family is helped to reach stability. Facilitation, support, and services are provided to children/families by the Wrap Team and facilitator, in collaboration with the county's Mental Health and Public Health branches, Humboldt County Probation, and community service providers. The Wrap Team looks at child/family needs, strengths, and goals and how the team can assist the youth in meeting those needs and goals. Concerns/needs about life domains are addressed (e.g. family, health, school, emotional, relationships, social, safety, and place to live).

Appendix I – Chart 1



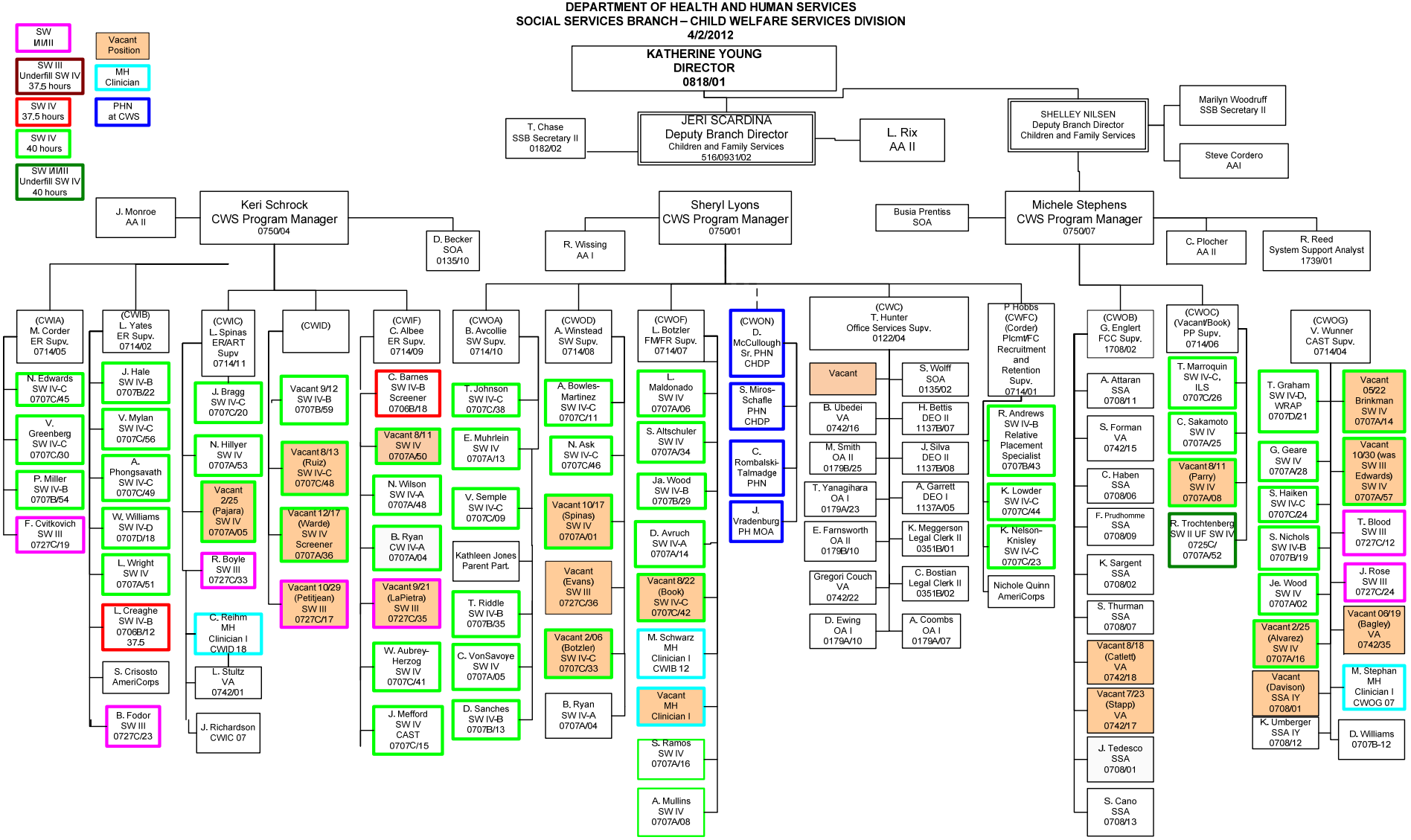
* DEPARTMENT HEAD APPOINTED BY STATE
** DEPARTMENT HEAD APPOINTED BY COURTS

Appendix I – Chart 2
Humboldt County Department of Health and Human Services



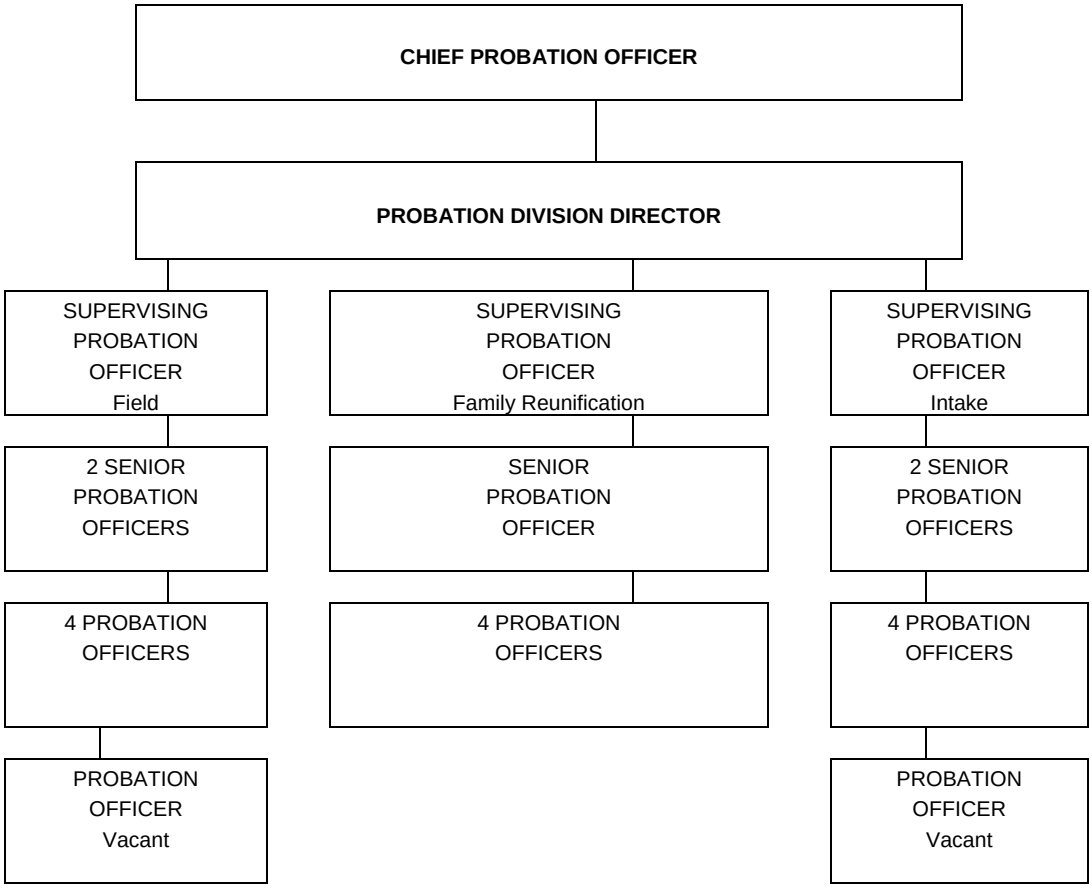
July 2011

Appendix I – Chart 3



Appendix I – Chart 4

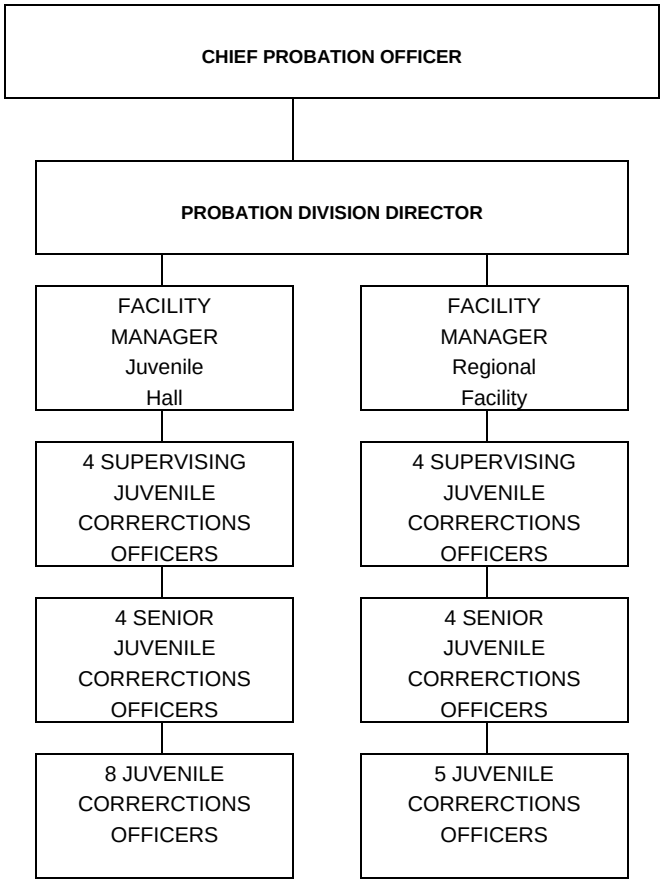
JUVENILE DIVISION



January 2012

Appendix I – Chart 5

DETENTION DIVISION



January 2012

Appendix II – Child Welfare Services

CWS Overview for PQCR Orientation

County: Humboldt County **PQCR Coordinator:** Michele Meliota

Social Services Branch Director: Kathy Young

PQCR Focus Area: Re-entry After Reunification (C1.4)

1. Number of child welfare social workers

FTE: 55 Current Staffing: 47

2. Number of child welfare supervisor(s): 10

3. Number of children in care: 336 in out-of-home placement (including 74 in non-dependent non-related legal guardianships)

4. Risk and safety assessment tool

SDM: X
CAT:
Other:

5. Staff experience

Social Workers average number of years in child welfare services: 5

Caseload size: ER (referrals) = 13.18/month; FM/FR = 26.84/month; PP = 14.92/month

6. System changes

New programs and practices over past 2 years:

- **Stream-lined case transfer process from Emergency Response to Ongoing social worker (i.e. developed transfer checklist tool and policy & procedure)**
- **California Partners in Permanency (CAPP) grant to improve outcomes for Native American children/youth within the CWS system**
- **Planning and development of the Transition Age Youth (TAY) Division**
- **Quality Parenting Initiative (QPI) for high quality foster parent recruitment**
- **Implemented new evidence-based practices: Nurse Family Partnership(NFP) and Trauma-Focused Cognitive Behavioral Therapy (TFCBT)**
- **Expansion of relative finding efforts for children in out-of-home placement, from the beginning of the case through the life of the case**
- **Initial phase expansion of Differential Response (DR) with Tribes**

- **Expansion of foster care behavioral health services for youth in Family Maintenance, Family Reunification, and Permanency Planning, and includes co-location of mental health staff with social workers and public health nurses to provide integrated services by a multi-disciplinary team**

Loss of programs or funding:

- **Funding reduction to CalWORKs program (including CalLearn and Linkages)**
- **Funding reduction to Transitional Housing Program and Transitional Housing Program-Plus**
- **Funding reduction to Redwood Coast Regional Center for development disability services and supports**

7. New policies/procedures within the past 2 years:

- **Family Engagement Efforts**
- **Expansion of Cal WORKs/Linkages into Team Decision Making**
- **Transfer Process from Family Maintenance/Family Reunification to Permanency Planning**
- **Family Meeting for Case Closure After-Care Planning**
- **Address Risk Factors with SDM Risk Reassessment to Avoid Reentry**
- **Foster Parent Home Study Update**
- **Transitioning from Family Reunification to Family Maintenance**
- **Court Report Timelines (revision)**
- **90 Day Transition Plan for Foster Youth Aging Out**
- **Referrals for Developmental Screening Per CAPTA**
- **Health & Education Passport for Out-of-Home Placements (revised)**
- **Health & Dental Exam for Out-of-Home Placements (revised)**
- **Mental Health Screening Tool (revised)**
- **Voluntary Services – Family Maintenance and Family Reunification (revised)**
- **Parent Child Visitation (revised)**
- **Contacting Family Members of Children in Care on Facebook**
- **Supervised Visitation at the Family Connection Center (revised)**
- **Disrupted Guardianships**
- **Transition from Supervised to Unsupervised Visitation**

8. Structure for service delivery

- **(☒) Unit assignments:**
- **(☐) One social worker for entire life of case:**

9. Leadership

- **Change in leadership**

  Humboldt DHHS is an integrated agency. Children & Family Services consists of Child Welfare Services, Public Health Nursing, and Mental Health programs.

- **New management**
  - **New style: new staff over the last couple of years (a new Social Services Branch Director, two new Deputy Branch Directors, and two new Program Managers)**
  - **New direction: Continued focus on Child Welfare Improvement Activities and Child Welfare Redesign through organizational and service integration**

10. Union Issues: Continued discussion and planning to create an extended-hours work day in order to better meet the needs of the family

11. Please list which community agency's your county has a partnership

SSB	Child Support Services
SSB/MHB	Humboldt Domestic Violence Services
SSB/MHB	Redwood Community Action Agency
SSB	Yurok Tribal Council
SSB	Arcata House
SSB	CDSS - Adoptions
SSB	Child and Family Policy Institute of California
SSB	Housing Authority of County of Humboldt
SSB/MHB	Humboldt County Office of Education
SSB	Humboldt County Probation Department
SSB	McKinleyville Community Collaborative
SSB	National Council on Crime and Deliquency (NCCD)
SSB	New Directions of Humboldt Foster Family Association
SSB	North Coast Rape Crisis Team
SSB/MHB	Remi Vista, Inc.
SSB	California Tribal TANF Partnership
SSB	Hoopa Valley Tribal Council
MHB	CA Dept. Alcohol and Other Drugs
MHB	CA Dept. of Mental Health
MHB	California Institute of Mental Health
MHB	California Youth Connection
MHB	Crestwood Behavioral Health
MHB	Fortuna Community Services HART Program
MHB	Health Services Advisory Group
MHB	Humboldt Family Service Center
MHB	Humboldt State University
MHB	Redwood Coast Regional Center
MHB	St. Helena Hospital
MHB	St. Joseph Hospital
MHB	Traditions Behavorial Health
MHB	Trilogy Integrated Resources
MHB	Changing Tides Family Services
MHB	Del Norte County Probation
MHB	Martin's Achievement Place, Inc.
MHB	Redwood Children's Services
PHB	CDPH - Network for a Healthy California N-C Region
PHB	LivingWorks Education LP
PHB	CDPH - Childhood Lead Poisoning Prevention Office
PHB	Women, Infants, & Children (WIC)
PHB	First 5 Humboldt

12. Known stressors

On staff:

- **Not as many social workers as two years ago, but work load did not decrease**
- **Relatively new staff, with average of five years working for CWS**
- **Total social worker count includes specialized case workers and newly hired social workers that are still on six-month probationary status and have a small caseload**

On supervisors:

- **Need for more social workers**
- **Compliance, evaluation**

13. Please rate staff knowledge of AB636 on a scale of 1 thru 10, 1 being low understanding and 10 being a solid understanding;

- **Self assessment: 5**
- **PQCR process: 5**
- **System Improvement Plan: 5**

Appendix II (continued) – Probation

Probation Overview for PQCR Orientation

County: Humboldt **PQCR Coordinator:** Jody Green

Director / Chief Probation Officer: Bill Damiano

PQCR Focus Area: Reunification Within 12 Months and Median Time to Reunification (C1.1, C1.2, and C1.3)

1. **Number of probation officers:**
   - **FTE:** 19
   - **Current Staffing:** 18

2. **Number of probation supervisor(s):** 3

3. **Number of children in placement:** 10

4. **Average number of referrals per year:** 2090

5. **Staff Experience:**
   - **POs' average number of years in probation/placement services:**

   - **Placement caseload size:** As of 12-21-11 we have 10-minors placed in out of home care. Of those 10-minors, 7-minors are placed out-of-county in foster care and group homes and 3-minors are placed in-county in foster care, relative care, or placed with a non-related extended family member, (NREFM). One of the 3 placement officers does not carry a caseload but is a dedicated Team Decision Making facilitator/placement search officer.

6. **System Changes:**

   - **New programs within past 2 years:** Within the last three years our department has implemented an evidence based practice risk needs assessment tool, called the PACT, (Positive Achievement Change Tool) for our Juvenile Division The Juvenile Division also implemented a detention risk assessment tool -DRAI. Further, our department is also in the process of implementing a new case management system called JAMS (Juvenile Adult Management System). Our county was recently granted funding for a two year project based on improving the delivery of evidence based practices. We are also in Phase Two of a project to reduce Disproportionate Minority Contact.

   - **Loss of programs or funding:** Over the last two years our Juvenile Division has lost one program, the Probation Environmental Preservation Program, (PEPP). The officer assigned to this caseload was stationed at a community school campus but had a very low caseload. The loss of the program has not created a significant impact to the division.

- **New policies/procedures within past 2 years:** Since the implementation of the Positive Achievement Change Tool, the PACT, our Juvenile Division numbers have declined which has allowed our deputy probation officers to provide more in-depth case management and focus more on the delivery of services to our probationers and their families.

7. **Structure for service delivery:** Our department has three separate Divisions, an Adult Division, a Juvenile Division, and a Detention Services Division. Our Adult Division is located at a separate location than our Juvenile and Detention Divisions.

(☒) Unit Assignments Within our department as mentioned earlier, we have separate divisions and separate units within each division which does not allow for any one deputy probation officer to supervise a probationer for the entire life of the case.

Juvenile Diversion:
Juvenile Diversion officers investigate first-time and less serious 601 and 602 Welfare and Institution Code referrals, providing short-term intervention, risk assessment, information and referral.

Juvenile Intake:
Juvenile Intake Officers investigate 601 and 602 Welfare and Institution Code referrals, and provide court services including preparation of dispositional reports regarding circumstances of an offense and the offender's background and criminal history. They also monitor informal cases pursuant to section 654 of the Welfare and Institutions Code.

Juvenile Field:
Juvenile Field Officers provide community safety and protection and offender rehabilitation by supervising wards of the court and enforcing court orders. They strive to strengthen the family unit whenever possible and stress accountability through community corrections partnerships with schools, mental health, law enforcement officials and community agencies.

Juvenile Placement Services:
The Juvenile Placement Officer arranges placement of wards in relative homes, non-related extended family member (NREFM) homes, foster homes and residential treatment programs. The Placement Officer monitors each out of home placed minors progress, and develops case plans for their return home.

Juvenile Home Supervision:
Juvenile Home Supervision officer provides court-ordered intensive supervision (with or without electronic monitoring) of juveniles pending court hearings or in lieu of detention in Juvenile Hall.

(☐) One PO for entire life of case

8. **Leadership:**

Change in leadership: In May of 2010 our Chief Probation officer, Doug Rasines retired and then we promoted from within which left vacant a division director and in turn a supervising probation officer. These vacancies were subsequently filled which ultimately created vacancies at line staff levels. Our new Chief Probation officer is William Damiano, a twenty year department employee. The leadership style and department vision remain similar to years past.

New management: While the appointment of a new Chief created some changes in the management team, the Juvenile Division staffing remains essentially unchanged. Administrative and supervisorial assignments remain the same in the Juvenile Division.

New direction: Our department is heading in a new direction in regards to our Adult Division due to passage of Assembly Bill 109, state public safety realignment of 2011. AB 109 shifts the responsibility for incarcerating and/or supervising low-level felons from the state to counties. As part of this law, the state will continue to incarcerate offenders who commit serious, violent, or sexual crimes, but the counties will supervise, rehabilitate and manage low-level offenders. Up to 30,000 state prison inmates could be transferred to county responsibility over three years, under the bill. In conjunction with AB 109 our department as taken an active roll by creating a new Adult Division Unit to supervise the offenders that are being released from the California Department of Corrections and Rehabilitation or sentenced locally. We are also developing a day reporting center for our adult offenders. These changes have resulted in the transfer of 3 experienced Juvenile Division probation officers to the Adult Division.

As mentioned previously, within our Juvenile Division with the implementation of the evidence based risk/needs assessment tool, the PACT, and a reduction in overall referral numbers, our juvenile ward numbers have reduced to a number that is more manageable which then allows our deputy probation officers to focus their efforts on case management services to help each minor meet their needs with the end result of them achieving their goals, to successfully complete probation and to become productive community members. As indicated above our average number of referrals over the last three years was 2090, although that is deceiving because our referrals have been dropping over the last three years. The following is the referral breakdown for the last three years: 2008: 2800 referrals committed by 950 youth. 2009-2010: 1871 referrals committed by 784 youth. 2010-2011: 1600 referrals committed by 650 youth

9. **Community Partnerships / Services used:** Our agency strives to develop and maintain close working relationships with our county's Department of Health and Human Services, which includes Child Welfare Services, Mental Health Services and Public Health Services. We also work closely with our local Tribes, Schools, Universities, and many other community agencies.

10. **Known Stressors**

On Staff: The added work of the PACT risk/needs assessment, as well as the lengthy PACT case plan, and more time consuming detention reports have impacted the stress level on our staff. Further the current state budget situation and the threat of budget cuts and lay offs is an additional stressor for our staff.

11. **On Supervisors:** As mentioned above, the Department has implemented two new risk assessment tools, engaged in a disproportionate minority contact reduction grant, and is in the process of designing and implementing a new case management system. These new responsibilities have been stressors on supervisors. Additionally, the collaborative nature of our relationship with Department of Health and Human Services and other providers increases the need for outside meetings. Concerns about maintaining Juvenile Hall Population, ensuring Public Safety, monitoring Title IV-E compliance, and general liability remain stressors for probation supervisors as well.

12. Focus Area for PQCR - Most probation youth in placement have significant treatment needs in addition to their need for a safe place to live. Their histories include some type of externalizing behavior by nature of their delinquent status. When a youth's treatment need rises to the level where out-of-home placement is necessary, it is imperative that as soon as the youth is placed, that we start to work on the reunification process with the youth and his/her family. Our goal has always been to return our youth to their home as soon as possible but not longer than 12-months of out-of-home placement. We want to do better in this area and that is why we have chosen this to work on. We hope that through the PQCR process we will learn more about what we can do to improve in this area

Appendix III

Humboldt County
California Child Welfare Outcomes and Accountability System
County Peer Quality Case Review
Reentry Following Reunification
CWS Interview Tool

Team #_____
Interview #:_____
Case Name (initials only): _____
Date: _____

Table of Contents

INTRODUCTIONS

- Briefly identify team members and their title/affiliation. Explain each interviewer's role (time keeper, recorder, and lead facilitator).

- Briefly explain the purpose of the interview
  - Anonymity
  - No right or wrong responses
  - Interview intended to gather qualitative information about practice
  - Responses should be related to chosen topic area

EXPERIENCE AND CASE BACKGROUND

How long have you been a social worker?

1. How many cases were on your case load at the time of the case?
   Average current caseload size?

2. What were the Initial cause(s) for taking the child in to protective custody?

3. Please tell us about the family's demographics.
   a. Housing (Where was the family living):
   b. Transportation:
   c. Employment:
   d. Family Size/Composition (single parent, number of children, etc):

4. How did this case come to you?

SDM/ASSESSMENT

5. How and when was the family initially assessed for risk and safety in this case?

   a. What were the critical decision points and when were they used?

6. How and when were the family strengths and needs initially identified:
   b. Briefly what were the family's strengths and needs?

7. How did these strengths and needs guide you in case plan development?

8. Was there an identified need for concrete services (food, day care, utility benefits, and basic home necessities)?
   c. If YES, were these provided early in the case? ☐ Yes ☐ No

9. Were the parents involved in developing the case plan activities? ☐ Yes ☐ No
   a. If YES, please describe how they were involved?
   b. If NO, please describe the barriers to effective case planning development with the parents.

10. What factors did you (or the agency) consider when making decisions about the case plan goals for reunification?
    ☐ Age ☐ Behavior ☐ Medical Needs ☐ Psychological Needs ☐ Siblings ☐ Relatives
    ☐ Other:

11. Was the case plan implemented? ☐ Yes ☐ No Other:
    If NO, why not?

12. Were all the case plan goals met and activities completed when the family reunified?☐ Yes ☐ No

a. If NO, please briefly describe which case plan goals were not met and activities not completed.
b. If the case plan goals were achieved when the family reunified, what do you think made it successful?

13. What type of parenting education was provided to the parents?

14. Did the child's biological parents/caregivers have issues with substance abuse? ☐ Yes ☐ No
    a. If YES, what services were offered?
    b. Were these services successful in treating the parent's substance issues? ☐ Yes ☐ No Explain:
    c. How quickly were AOD services offered to the family?
    d. Did the parents begin treatment promptly once it was offered?

15. Did the parents have mental health issues?
    d. If YES, how were the parents engaged in mental health services?

16. Were the child's parents incarcerated during the case? ☐ Yes ☐ No
    a. If applicable, in what way did the incarceration affect timely reunification?

FAMILY ENGAGEMENT

17. Why or why not did you convene a family meeting before removal? (These may include Team Decision Making, Family Group Conferencing or other types of family decision meetings, can be formal or informal.)

18. How many family meetings has this youth had?

19. Did the child participate in family meetings? ☐ Yes ☐ No
    If NO, why?

CHILD ASSESSMENT AND SERVICES

20. What types of assessments were done for this child (mental health/behavioral issues, educational, developmental, physical, etc.)?

21. What treatment was provided as a result?

22. Were treatment services helpful for the child?

23. What barriers did you encounter in getting needed services for the child?

24. Were any other issues identified for the child?
    a. What types of services did the child receive to address these issues?

CONCURRENT CASE PLANNING

25. When was concurrent planning started in this case?
    a. Were you able to place the youth with the identified concurrent plan placement? ☐ Yes ☐ No If not, why?
    b. How did you work with the family/placement on the concurrent plan?

    c. What kind of activities did you do to support the plan?

RELATIVE PLACEMENT

26. At what points in the case were relatives or non-related extended family members considered for the child's placement? (Please add who was considered, their relationship to child and your search process, i.e. are there specific program protocols and policies for family finding or is it an informal process?).

27. How did you make sure relationships with extended family members and other important persons to the family were involved or addressed in the case plan?

28. How did you locate relatives of the child to investigate potential for placement or contact?

29. If you did not initiate a search for relatives for placement, why? What complicating factors prevented this search?

30. What were the advantages and disadvantages for placing this child with a relative?

VISITATION WITH BIOLOGICAL FAMILY/NREFM

31. What is the most typical pattern of visitation between the child and his/her family?
    a. Mother:
    b. Father:
    c. Siblings:
    d. Other: Please list (e.g., grandmother, paternal aunt):

32. Please describe the progression of visits (Supervised, Unsupervised, Overnights, Trial home visits etc)

33. Were there barriers to the progression of visits? ☐ No ☐ Yes,
    a. If YES, what were these?

34. What challenges did you face trying to visit the child (e.g., parents, location, agency, court orders)?

35. What challenges did you face trying to visit the parent (e.g., parents, location, agency, court orders)?

36. Overall, please describe the proximity of the child's out-of-home placement to the:
    a. Mother:
    b. Father:
    c. Siblings:
        i. If the child was not placed in the same region/county as either of the parent's residence, what are the reasons?

37. Was the placement location helpful in maintaining important family connections? ☐ Yes ☐ No Please describe how so:

PLACEMENT STABILITY

38. How many placements has this child had?

39. If there were placement disruptions, were subsequent meetings held to address placement disruptions/changes? ☐ Yes ☐ No
    a. If YES, what was the outcome?
    b. If NO, what were the barriers to scheduling/holding a meeting?

40. Were there any incidents of abuse reported while the child was in out-of-home placement? ☐ Yes ☐ No
    a. If YES, please describe:

41. How was/is the child's behavior while living in the foster homes?

    a. Has it been different for different foster parents? If so, why and how have you worked with foster parents differently?

42. What kinds of positive connections with other adults were you able to find for this child?

DISRUPTIONS

43. As a result of being in foster care, did this child suffer other disruptions such as:
    a. Change in neighborhood:
    b. Separation from siblings:
    c. Change in schools:
    d. Change in Social Workers? How many has the child had? (Guess if necessary)

REUNIFICATION SERVICES

44. Was family reunification a priority for this family? ☐ Yes ☐ No Please explain

45. How did you assess the family's readiness for reunification?

46. If the family did reunify:
    a. How was the family prepared for reunification (both the child and parents)?
    b. Was this child reunified at the same time as other siblings?
    c. What kinds of aftercare services were provided? Which services were successful and which services/supports were needed?
    d. What kind of positive connections with other adults were maintained once the child was reunified?
    e. If attempts to reunify the child with the family were terminated, please tell us why?

47. If you did reunify the child with their biological parents but the reunification failed, what do you think were the causes?

48. Did the court support family reunification? ☐ Yes ☐ No If so, how? If not, why?

SYSTEM INFLUENCES AND AGENCY PRACTICES OF REUNIFICATION

49. In what ways did the court system affect the successful or unsuccessful reunification for this child?

50. What current social work practice(s) influenced the reunification of the family?

51. If the case was not reunified within 12 months, please identify barriers that affected your ability to accomplish timely reunification in this case?

52. If the case was reunified within 12 months, please describe the factors that facilitated timely reunification?

53. Was the increased length of time helpful for the family's reunification process? In other words, was it helpful to provide services for longer than 12 months? Was it your recommendation to extend reunification services?

54. Were Family Partners or someone similar to this role, used to assist the families in understanding the court systems?

55. As a social worker, what are the challenges you face as you work to successfully reunify families more generally?

SOCIAL WORKERS

56. How did you transition into becoming this child's case worker?

    a. How were you and the child introduced? Who introduced you?

    b. How have you formed a relationship with the child?

    c. How often do/or did you see the child?

57. Where do/or did you conduct most of your in-person visits with the child (their home, school etc)?

    d. What kinds of things do/or did you talk about with the child?

CLOSING

58. Do you have any questions for us?

59. Anything else you would like to share?

Appendix III (continued)

Humboldt County
California Child Welfare Outcomes and Accountability System
Peer Quality Case Review
REUNIFICATION
Probation Interview Tool

Team #_____
Interview #:_____
Case Name (initials only): _____
Date: _____

Table of Contents:

INTRODUCTIONS

- Briefly identify team members and their title/affiliation. Explain each interviewer's role (time keeper, recorder, and lead facilitator).

Purpose:

- Explain general process
  - ✓ Anonymity
  - ✓ No right or wrong responses
  - ✓ Interview intended to gather qualitative information about practice

EXPERIENCE & BACKGROUND

1. How long have you been a Probation Officer?

2. How many cases are on your current case load?

3. How long have you been assigned to this case? (If not still assigned to this case, how long were you assigned to this case?)

(FOR INTERVIEWERS, PLEASE SHARE THE FOLLOWING DEFINITIONS WITH THE INTERVIEWEES FOR PURPOSES OF SUBSEQUENT QUESTIONS)

- **FAMILY**: The child, child's parents or guardians, members of the child's extended family and non-relative extended family members (NREFM).

- **ENGAGEMENT**: Establishment of a positive working relationship, participation of the family in identifying their own needs and developing the case plan to facilitate reunification.

FAMILY ENGAGEMENT

4. What was the initial cause for placement?

AGENCY PRACTICES AND WORKER CHARACTERISTICS

5. What is your agency's view of family engagement practices? What are your views of family engagement practices?

6. How did you include the child and family when making placement decisions? How often did you include them and at what points throughout the case?

7. How did you work with the minor and his/her family in developing shared goals and tasks? If this was difficult, why was this so?

8. Were Family Partners or someone similar to this role, used to assist families in understanding the juvenile court and probation systems?

FAMILY AND CHILD/YOUTH CHARACTERISTICS

9. In what ways have family issues/conflicts contributed to difficulties in using family engagement practices successfully with this minor and his/her family?

10. Does this minor have substance abuse issues? If so, were you able to find appropriate treatment programs?

11. How did you initially determine/assess the treatment needs of the minor?

12. How did you assess and then treat either mental or behavioral health issues for children?

13. How did you assess family risk and safety in this case? How and When?

14. Do you think the minor's delinquency has been severe? If so can you describe? How has this influenced your relationship with the minor?

15. Based on your interactions and observations with the minor, do you think the minor has accepted responsibility for his/her behaviors?

16. How was the minor and family involved in the development of the case plan? Was this throughout the case?

OUTCOMES OF USING FAMILY ENGAGEMENT PRACTICES

17. What are some positive outcomes of using family engagement with the minor and his/her family?

    a. Do you think family engagement contributed to having a more trustful relationship with the minor? If so how?
    Yes ☐ No ☐

b. Do you think that family engagement practices contribute to greater confidence for the minor? In what ways?
Yes ☐ No ☐

REUNIFICATION/PERMENANCY SERVICES

18. Was family reunification a priority for this family?
Yes ☐ No ☐

19. Tell us about the family reunification services that were offered to this family.

    a. Were these services identified collaboratively with the minor and his/her family? Yes ☐ No ☐

20. How long were services continued?

21. How did the minor's compliance with services or noncompliance with services affect timely reunification?

22. During family reunification services, how did you preserve connections between the child and his/her parents? Extended family?

    a. How often does/did this child visit his/her parents*?*

23. How did you assess this family's readiness for reunification?

24. If you did reunify:
    a. How was the family prepared for reunification (both the parents and the child)
    b. What kinds of aftercare services were provided?
    c. How long was the child home prior to re-entry and what were the causes for re-entry?

25. If family reunification services were terminated, tell us why?

REUNIFICATION AND SYSTEM INFLUENCES

26. How has the court system affected successful or unsuccessful timely reunification for this minor?

27. If this minor was placed in a group home, do you think this impacted reunification?

PERMANCY PLAN

28. How often was the Permanency Plan reviewed?

29. Please describe the involvement of the youth, parents and foster parents in the permanency planning and review:

    a. Youth:

    b. Parents:

    c. Foster Parents:

PLACEMENT FACTORS/INFLUENCES

30. Was this youth placed out of state? And if so, how did you utilize ICPC regulations?
    Yes ☐ No ☐

31. How did the out-of-state placement affect the services this child/family was able to receive?

32. At what point, and how often, in the case, were relatives or non-related extended family members considered for the child's placement? (Please add who was considered, their relationship to child and your search process)

    a. If no, why not?

33. Were there any barriers that impeded early placement, in this case, with relatives/NREFM? (Policies, practices, location, supervisors, etc)
    Yes ☐ No ☐

34. If placed with relatives or NREFM, in what ways have these relative/NREFM placements influenced:
    a. Family engagement practices:

    b. Reunification

PROBATION OFFICERS

35. How many probation officers has this child had? .

    a. How did you transition into becoming this youths PO?

    b. How were you and the youth introduced? Who introduced you?

    c. How often do/or did you see the child?

    d. How did you maintain contact with service providers and assess the quality of services provided? Such as monitoring services continue to meet the child's needs

    e. How did the services help to support the child's placement?

CLOSING

36. Do you have any questions for us?

37. Anything else you would like to share?

Appendix IV - CWS

PQCR DAILY DEBRIEF : CWS

FOCUS TOPIC: Re-entry

NOTE: CDSS highlighted areas of focused discussion

Identify promising practices:

- **Use of SDM; is consistent at front end in response to allegations
- Services to very rural parts of the county
- **Very strength based approach working with the family
- **Involvement with the tribal community
- **Early involvement with extended family
- *Relative placement; supportive, engaging parent allowing them to come to medical appointments
- *Family visitation center; Good visitation plans, particularly for infants; sometimes supervised 5x/week
- Continuous search for family members and importance of maintaining family connections for the child.
- MAC program in this case offered supervision to increase number of visits
- Transfer of case from one county to another; good cooperation between both counties.
- Good assessment of family readiness for reunification
- **Concurrent planning right at the beginning during ER
- **Transition between workers, warm hand off between workers; social worker was able to have more knowledge immediately (i.e. medications etc.) and was able to assist visitation in occurring faster. Family's trust with current worker was passed through with the continuity.
- **Services recommended and implemented very quickly
- ***TDMs used very early and throughout the case
- Use of Family Empowerment Meeting
- **Foster Parents participate as mentor/bridge to the bio family reunification (co-parenting)
- Having public health nurse and mental health staff on-site is very helpful

PQCR DAILY DEBRIEF : CWS

FOCUS TOPIC: Re-entry

NOTE: CDSS highlighted areas of focused discussion

Identify Barriers & Challenges:

- *Involvement with tribes; not all tribes are as involved with cases as they could be. Described a TDM with active tribal involvement but this is an exception rather than normal practice.
- Relative care providers that may; refuse to assist with father's visitation (sabotaging)
- Medi-Cal transfers; out of county: couldn't get assessment done because of the medi-cal problem.
- *Driving distance to some of the rural areas is challenging. Can take a whole day just to see one child.
- MO could not visit her child even though only 8 miles from placement b/c of lack of transportation (public or otherwise)
- *Cooperation from the family lacking; getting a hold of the mother. Mother became disengaged, but was probably still in contact with relatives who had placement of the child. Family as a whole not cooperating.
- Lack of transition between social workers
- *Youth had 9 workers within a two year period. Multiple social workers.
- **Working with high risk families, can be difficult to identify strengths (case plans have no family strengths identified).
- Only one TDM throughout the case
- No residential AOD treatment for minors unless they are 602's
- Lacking AOD services for men
- Mental health referrals take a long time (specifically at CYFS)
- Orientation for AOD services for men(county AOD treatment) begin at 8am on Friday morning with complete packet (which has been a challenge for fathers)
- Challenges engaging incarcerated fathers and involving them in reunification is a barrier to reunification.
- Inability to place a child in a concurrent home even though it was a low prognosis case, because foster parents unwilling specifically if case is still in family reunification (FP's afraid of losing child).
- Difficult in initial placement if child to make good decisions about child's placement, resulting in disruptions
- General lack of support for parents outside of CWS (social support). No parent partner or AOD/MH partner/sponsor/mentor.
- Law Enforcement: lack of willingness and/or training for citing kids for disruptive behavior (no paper trail of child's behavior to support appropriate intervention).
- *Court does not always support department's recommendation. Not enough support services in place to assist family before child sent home by court. No aftercare services. Services should have been in place at time of return to parent.
- Critical decisions to return home were made without the Family Strengths and Needs Assessment tool completed.

PQCR DAILY DEBRIEF : CWS

FOCUS TOPIC: Re-entry

NOTE: CDSS highlighted areas of focused discussion

Identify Training Needs:

- Need for training for non-related extended family care providers (i.e. parenting/co-parenting).
- Same level of training for the foster parents as for the relatives. Often time the relative cases can be more challenging (family agendas get into play).
- Social workers need refresher training on how societal factors affect family dynamics and functioning. Look at how environmental factors impact parent's behavior (i.e. poverty?)
- SW felt that CORE training should be offered sooner, for example in first few months of employment rather than as late as 6 months.
- Useful for attorneys to have more cross- training in dependency law.
- Need for training on AOD issues; abuse cycles (12 months to reunify is unrealistic when AOD issues are present).

Identify Systemic/Policy Changes:

- Suggestion that workers could be out-stationed in rural areas to assist SWs to meet families easier.
- High caseloads prevent SWs from seeing kids often enough
- *High demand cases take more of SW's time
- SWs often need to see child at school b/c they are unable to see them at home
- Getting tribes involved takes a great deal of time
- Working with ICWA cases, safety issue/cultural sensitivity training?
- System is overly focused on mothers and often fathers are overlooked
- policies and Procedures manual for FR/FM, and afterward provide a desk guide for technical issues (what to focus on for FM/FR cases). "how to carry an FM case". Learning is based on following how other workers do the job.
- Need consistent enforcement of use of case plan. i.e. inclusion of family strengths
- Family Finding program is helpful and should be expanded

PQCR DAILY DEBRIEF : CWS

FOCUS TOPIC: Re-entry

NOTE: CDSS highlighted areas of focused discussion

Identify Resource Issues:

- **Lack of housing
- ***Lack of transportation services
- Lack of transitional housing (parents)
- Small tribes have lack of resources
- Receiving home needed so that SWs can have more time to assess fit for appropriate placement.
- Need more options for parenting classes including those that are not geographically limited.
- Resources for assisting parents to higher education, daily living skills, employment prior to reunification.

Identify documentation trends/ use of CWS/CMS:

- Clarify policy/ investigate/research policies around family reunification (vol) and how that placement information is entered into CWS/CMS.

Identify areas needing state technical assistance:

- Understanding qualifying process for subsidized housing program (too difficult for clients to qualify)
- Difficulty in complying with AB490 particularly in rural counties due to complex criteria.

Other/unique ideas:

-

Recommendations:

- Recommend that there be partnerships with AOD programs to improve communication
- Collaboration with Parent Partners; specifically for AOD and MH issues (i.e. sponsor)
- Would like to see co-case management with AOD and mental health, joint visits, etc.

Appendix IV(continued) - Probation

PQCR DAILY DEBRIEF : Probation

FOCUS TOPIC: Reunification

Identify promising practices:

- *Interagency Collaboration between MH and probation, EA and CWS. Tons of coordination of the FPs providers, local sex offender program to get this kid where he is
- Involvement with the foster parent to connect this child with the right home. Good matching process.
- **Motivational interviewing is used vs older techniques is opening communication and improving engagement
- *Utilization of TDMs and Wrap which may not have been used in the past.
- Continual attempts to keep in contact with both parents even when a parent was out of area, less engaged, the efforts were presence.
- *Maintained a level of respect for both parents and positive regard for the family even in the face of serious issues. Demonstrated to the youth that showed respect for the child.
- PO's looking at the trauma that is present rather than just youth's criminal behavior. Going back in to family history and trauma and working it holistically.
- *Engaging the family throughout the case.
- *Use of the PACT tool to create/drive the case plan, create buy-in, talk about criminogenic and other risk factors.
- County really tries to keep kids in county, out of residential. Use of Family Intervention Team to screen youth before out of county placements are considered.
- *Consistent use of Independent Living Services Program.
- Access to CWS/CMS is beneficial; don't have to go outside the department for CWS/CMS checks.

PQCR DAILY DEBRIEF : Probation

FOCUS TOPIC: Reunification

Identify Barriers & Challenges:

- *Youth's support system was not healthy.
- Reunification was not a reality, but youth was able to maintain relationships and had good relationship with foster parent.
- Timeliness; parents need more time to reunify.
- Youth needed sexual offender treatment, but had to go out of county for treatment which impacted visitation. Telephone contact, but needed transportation and funding to support in person visits with the family. Staff were dedicated to making visits happen.
- Need ways to identify the family issues and do more family treatment rather than focusing on the youth only.
- Level of treatment needed for this family was unprecedented. Very complex.
- Multiple probation officers in short period of time.
- Need more quality foster family homes; have recruitment efforts that have not been very successful.
- Perhaps not all PO's are aware of the services (linkages, resources, etc.) available to placement youth (Current PO is the "holder of the knowledge). May be a need for cross-training with other PO's to share this extensive knowledge.

PQCR DAILY DEBRIEF : Probation

FOCUS TOPIC: Reunification

Identify Training Needs:

- PO felt that she has options for training and is consulted on what she needs.

Identify Systemic/Policy Changes:

- Perhaps there is a gap of services when a youth leaves the 300 system to prevent a criminal reoffending. (Minor was a 300 then reoffended back to ward-ship, could there have been a connection in the child welfare case but before youth reoffends. Could something have been done/provided?)

Identify Resource Issues:

- No comprehensive residential juvenile sex offender program. Therapists do in depth work, but nothing residential that local.
- Need more quality foster parents

Identify documentation trends/ use of CWS/CMS:

- PO is a contact person for CWS in the department, they are now entering into the system. PO is pleased to have as a resource.

Identify areas needing state technical assistance:

-

Other/unique ideas:

-

Recommendations:

-

Appendix IV (continued) – Peer County Report Out

Humboldt County Peer Quality Case Review (PQCR)
Peer Teams Report Out on Their Best Practices

Jan. 10 - 11, 2012 PQCR

Peer Review Team Best Practices

- Napa County Child Welfare– County does in-depth analysis of reentry cases by a review team. County works with non-profit organization that provides in-home visitation for after-care families. If family starts experiencing problems, then the family is provided Family Preservation services to prevent opening a CWS case.
- Riverside County Child Welfare – County does in-depth analysis of reentry cases and invited UC Davis to do research of SDM usage on reentry cases. County provided after-care program for in-home visitation to improve parenting skills, which was funded by Casey Foundation, but funding no longer is available. County is currently utilizing Public Health Nurses to provide Safe Care services to families, which are 18 to 20 weeks of in-home visitation, role modeling, and parenting education. This is funded by Ray's Children Hospital.
- Placer County Child Welfare – County uses TDMs. SDM tools, and case kept open long enough to ensure supports are in place for family reunification and family maintenance cases.
- Madera County Child Welfare – County funds and provides in-patient Alcohol & Other Drug treatment in several locations, up to six months for parents/families. Focus is on promoting behavioral changes in parents and children. Social workers work with parents to identify and agree on what behavioral changes parent can and are willing to do to get their children back. County also provides Safe Care in-home visitation services for family maintenance cases with children of age 5 or younger.
- Marin County Probation – County does in-depth review of reentry cases. Created parent support group program for parents whose children were placed out-of-home. Parents are provided incentives (gas cards, etc.) to participate in program. Program provides skill building based on best-practices.
- Placer County Probation – County has a placement review team to assist with placement decisions and review reentry cases. County created parent support group program. Parents are informed that program is Court prescribed. County also provides Functional Family Therapy (FFT), wraparound services, and Aggression Replacement Therapy (ART) for parents as well as for youth.
- Humboldt County Mental Health – Based on prior experience in working with Tribes, observation is made that good relations can be built upon established long term person-to-person working relationships, based on Circles of Safety best practices.
- Humboldt County Mental Health – Enhance/expand ongoing cross-training on the multi-disciplinary roles within Children & Family Services and improve partnerships with AOD and Mental Health for the benefit of the parents and children to achieve successful outcomes.
- Humboldt County Mental Health – Observation is made that there is a consistent theme in CWS/Probation case management, which is to get parents more involved and on-board with their case planning, identified strengths and needs, and engaged in improving their family safety, well-being, and stability.

Appendix Va - CWS

CWS Outcomes System Summary for Humboldt County--12.21.11

Report publication: Jan2012. Data extract: Q3 2011 Agency: Child Welfare.

a	b	c	d	i	j	k	l	m	n	o	p	q	r	s	t
Measure number	Type (CDSS UCB)	**Measure description**	**National Standard or Goal**	Baseline performance [1]	**Baseline perf. rel. to nat'l std/goal (%)[2]**	Most recent start date	Most recent end date	Most recent numerator	Most recent denominator	Most recent performance [1]	**Most recent perf. rel. to nat'l std/goal (%)[2]**	**Direction [3]**	**Directional goal**	Percent change[4]	Estimated # of children affected[5]
PR	U	Participation Rates: Referral Rates	N.A.	79.9	N.A.	01/01/10	12/31/10	2,052	27,061	75.8	N.A.	N.A.[6]	-	N.A.[6]	N.A.[6]
PR	U	Participation Rates: Substantiation Rates	N.A.	12.4	N.A.	01/01/10	12/31/10	189	27,061	7.0	N.A.	N.A.[6]	-	N.A.[6]	N.A.[6]
PR	U	Participation Rates: Entry Rates	N.A.	5.0	N.A.	01/01/10	12/31/10	120	27,061	4.4	N.A.	N.A.[6]	-	N.A.[6]	N.A.[6]
PR	U	Participation Rates: In Care Rates	N.A.	8.5	N.A.	07/01/11	07/01/11	291	27,061	10.8	N.A.	N.A.[6]	-	N.A.[6]	N.A.[6]
S1.1	**U/C**	**No Recurrence Of Maltreatment**	**94.6**	**92.7**	**98.0**	**10/01/10**	**03/31/11**	**99**	**110**	**90.0**	**95.1**	**No**	**+**	**-2.9%**	**-3**
S2.1	**U/C**	**No Maltreatment In Foster Care**	**99.68**	**100.00**	**100.3**	**10/01/10**	**09/30/11**	**314**	**314**	**100.00**	**100.3**	**Yes**	**+**	**0.00%**	**0**
C1	**U/C**	**Reunification Composite**	**122.6**	**146.1**	**132.4**	**N.A.**	**09/30/11**	**N.A.**	**N.A.**	**107.7**	**79.5**	**No**	**+**	**-40.0%**	**N.A.**
C1.1	U/C	Reunification Within 12 Months (Exit Cohort)	75.2	72.2	96.0	10/01/10	09/30/11	41	57	71.9	95.7	No	+	-0.4%	0
C1.2	U/C	Median Time To Reunification (Exit Cohort)	5.4	2.8	192.9	10/01/10	09/30/11	N.A.	57	5.6	96.4	No	-	100.0%	N.A.
C1.3	U/C	Reunification Within 12 Months (Entry Cohort)	48.4	59.3	122.4	04/01/10	09/30/10	10	40	25.0	51.7	No	+	-57.8%	-14
C1.4	U/C	Reentry Following Reunification (Exit Cohort)	9.9	8.8	112.6	10/01/09	09/30/10	9	47	19.1	51.7	No	-	117.8%	5
C2	**U/C**	**Adoption Composite**	**106.4**	**105.9**	**99.1**	**N.A.**	**09/30/11**	**N.A.**	**N.A.**	**107.7**	**102.3**	**Yes**	**+**	**3.2%**	**N.A.**
C2.1	U/C	Adoption Within 24 Months (Exit Cohort)	36.6	28.1	76.8	10/01/10	09/30/11	3	18	16.7	45.5	No	+	-40.7%	-2
C2.2	U/C	Median Time To Adoption (Exit Cohort)	27.3	29.1	93.8	10/01/10	09/30/11	N.A.	18	30.5	89.5	No	-	4.8%	N.A.
C2.3	U/C	Adoption Within 12 Months (17 Months In Care)	22.7	23.2	102.3	10/01/10	09/30/11	16	58	27.6	121.5	Yes	+	18.7%	3
C2.4	U/C	Legally Free Within 6 Months (17 Months In Care)	10.9	8.6	78.6	10/01/10	03/31/11	6	38	15.8	144.9	Yes	+	84.2%	3
C2.5	U/C	Adoption Within 12 Months (Legally Free)	53.7	51.5	95.9	10/01/09	09/30/10	14	31	45.2	84.1	No	+	-12.3%	-2
C3	**U/C**	**Long Term Care Composite**	**121.7**	**121.9**	**100.3**	**N.A.**	**09/30/11**	**N.A.**	**N.A.**	**122.1**	**100.6**	**Yes**	**+**	**0.3%**	**N.A.**
C3.1	U/C	Exits To Permanency (24 Months In Care)	29.1	22.9	78.7	10/01/10	09/30/11	11	43	25.6	87.9	Yes	+	11.8%	1
C3.2	U/C	Exits To Permanency (Legally Free At Exit)	98.0	100.0	102.0	10/01/10	09/30/11	19	20	95.0	96.9	No	+	-5.0%	-1
C3.3	U/C	In Care 3 Years Or Longer (Emancipated/Age 18)	37.5	41.2	91.1	10/01/10	09/30/11	2	5	40.0	93.8	Yes	-	-2.9%	0
C4	**U/C**	**Placement Stability Composite**	**101.5**	**87.4**	**72.6**	**N.A.**	**09/30/11**	**N.A.**	**N.A.**	**87.7**	**73.2**	**Yes**	**+**	**0.8%**	**N.A.**
C4.1	U/C	Placement Stability (8 Days To 12 Months In Care)	86.0	76.9	89.4	10/01/10	09/30/11	112	140	80.0	93.0	Yes	+	4.0%	4
C4.2	U/C	Placement Stability (12 To 24 Months In Care)	65.4	56.9	87.0	10/01/10	09/30/11	38	70	54.3	83.0	No	+	-4.6%	-2
C4.3	U/C	Placement Stability (At Least 24 Months In Care)	41.8	32.7	78.3	10/01/10	09/30/11	22	71	31.0	74.1	No	+	-5.4%	-1
2B	C	Timely Response (Imm. Response Compliance)	N.A.	90.2	N.A.	07/01/11	09/30/11	46	47	97.9	N.A.	Yes	+	8.5%	4
2B	C	Timely Response (10-Day Response Compliance)	N.A.	92.8	N.A.	07/01/11	09/30/11	197	200	98.5	N.A.	Yes	+	6.1%	11
2C**	C	Timely Social Worker Visits with Child (Month 1)**	N.A.	74.1	N.A.	07/01/11	07/31/11	389	414	94.0	N.A.	N.A.	N.A.	N.A.	N.A.
2C**	C	Timely Social Worker Visits with Child (Month 2)**	N.A.	72.4	N.A.	08/01/11	08/31/11	391	410	95.4	N.A.	N.A.	N.A.	N.A.	N.A.
2C**	C	Timely Social Worker Visits with Child (Month 3)**	N.A.	73.8	N.A.	09/01/11	09/30/11	378	398	95.0	N.A.	Yes	+	28.1%	83
4A	U	Siblings (All)	N.A.	57.1	N.A.	10/01/11	10/01/11	108	186	58.1	N.A.	Yes	+	1.6%	2
4A	U	Siblings (Some or All)	N.A.	78.6	N.A.	10/01/11	10/01/11	138	186	74.2	N.A.	No	+	-5.6%	-8
4B	U	Least Restrictive (Entries First Plc.: Relative)	N.A.	15.1	N.A.	10/01/10	09/30/11	70	154	45.5	N.A.	Yes	+	200.9%	47
4B	U	Least Restrictive (Entries First Plc.: Foster Home)	N.A.	50.4	N.A.	10/01/10	09/30/11	51	154	33.1	N.A.	N.A.	N.A.	-34.2%	-27
4B	U	Least Restrictive (Entries First Plc.: FFA)	N.A.	3.6	N.A.	10/01/10	09/30/11	8	154	5.2	N.A.	N.A.	N.A.	44.4%	2
4B	U	Least Restrictive (Entries First Plc.: Group/Shelter)	N.A.	18.7	N.A.	10/01/10	09/30/11	8	154	5.2	N.A.	Yes	-	-72.2%	-21
4B	U	Least Restrictive (Entries First Plc.: Other)	N.A.	12.2	N.A.	10/01/10	09/30/11	17	154	11.0	N.A.	N.A.	N.A.	-9.7%	-2
4B	U	Least Restrictive (PIT Placement: Relative)	N.A.	23.9	N.A.	10/01/11	10/01/11	130	286	45.5	N.A.	Yes	+	90.3%	62
4B	U	Least Restrictive (PIT Placement: Foster Home)	N.A.	38.1	N.A.	10/01/11	10/01/11	53	286	18.5	N.A.	N.A.	N.A.	-51.3%	-56
4B	U	Least Restrictive (PIT Placement: FFA)	N.A.	6.5	N.A.	10/01/11	10/01/11	14	286	4.9	N.A.	N.A.	N.A.	-24.4%	-5
4B	U	Least Restrictive (PIT Placement: Group/Shelter)	N.A.	3.6	N.A.	10/01/11	10/01/11	8	286	2.8	N.A.	Yes	-	-23.2%	-2
4B	U	Least Restrictive (PIT Placement: Other)	N.A.	27.9	N.A.	10/01/11	10/01/11	81	286	28.3	N.A.	N.A.	N.A.	1.4%	1
4E (1)	U/C	ICWA Eligible Placement Status	N.A.	a available on	N.A.	Data available online.					N.A.	N.A.	N.A.	N.A.	N.A.
4E (2)	U/C	Multi-Ethnic Placement Status	N.A.	a available on	N.A.	Data available online.					N.A.	N.A.	N.A.	N.A.	N.A.
5B (1)	C	Rate of Timely Health Exams	N.A.	93.0	N.A.	07/01/11	09/30/11	195	204	95.6	N.A.	Yes	+	2.8%	5
5B (2)	C	Rate of Timely Dental Exams	N.A.	76.2	N.A.	07/01/11	09/30/11	143	163	87.7	N.A.	Yes	+	15.1%	19
5F	C	Authorized for Psychotropic Medication	N.A.	2.6	N.A.	07/01/11	09/30/11	34	268	12.7	N.A.	N.A.	N.A.	385.7%	27
6B	C	Individualized Education Plan	N.A.	12.2	N.A.	07/01/11	09/30/11	26	241	10.8	N.A.	N.A.	N.A.	-11.3%	-3
8A*	C	Completed High School or Equivalency*	N.A.	N.A.	N.A.	07/01/11	09/30/11	0	0	0.0	N.A.	N.A.	N.A.	N.A.	N.A.
8A*	C	Obtained Employment*	N.A.	N.A.	N.A.	07/01/11	09/30/11	0	0	0.0	N.A.	N.A.	N.A.	N.A.	N.A.
8A*	C	Have Housing Arrangements*	N.A.	N.A.	N.A.	07/01/11	09/30/11	0	0	0.0	N.A.	N.A.	N.A.	N.A.	N.A.
8A*	C	Received ILP Services*	N.A.	N.A.	N.A.	07/01/11	09/30/11	0	0	0.0	N.A.	N.A.	N.A.	N.A.	N.A.
8A*	C	Permanency Connection with an Adult*	N.A.	N.A.	N.A.	07/01/11	09/30/11	0	0	0.0	N.A.	N.A.	N.A.	N.A.	N.A.

Appendix Va - CWS

NOTE: "." or '#DIV/0!' = value not available due to 0 denominator

[1] Participation Rates: rate per 1,000; C1.2 and C2.2: median (months); Composites: estimated score (estimates <50 set to 50, >150 set to 150 consistent with fed range and to control outliers); All Others: percent (%).

[2] Performance relative to national std or goal=*(performance-50)/(standard-50)*100* for composites; *(performance)/(standard or goal)*100* for measures with desired increase; *(goal)/(performance)*100* for measures with desired decrease.

[3] Percent change as compared to column P 'Directional Goal'. Percent change=0.0% (no change) or matching direction = "Yes".

[4] Percent Change=[*(most recent perf-50)/(baseline perf-50)-1]*100* for composites; *(most recent perf/baseline perf-1)*100* for C1.2, C2.2; *[(most recent n/most recnet d)/(baseline n/baseline d)-1]*100* for others. Composite formula adjusts for scale of 50 to 150.

[5] Estimated as *most recent n - [most recent d*(baseline n/baseline d)].*

[6] Because population data are currently derived from three different sources, percent change is not calculated for participation rates.

***** 8A data are available from Quarter 4, 2008 onwards.

****** Comparisons ('Percent change' and 'Direction?') between baseline rate month 1 and most recent rate month 3.

Appendix Vb - Probation

CWS Outcomes System Summary for Humboldt County--12.22.11

Report publication: JAN2012. Data extract: Q3 2011 Agency: Probation.

a	b	c	d	i	j	k	l	m	n	o	p	q	r	s	t
Measure number	Type (CDSS UCB)	**Measure description**	**National Standard or Goal**	Baseline performance [1]	**Baseline perf. relative to nat'l std/goal (%)** [2]	Most recent start date	Most recent end date	Most recent numerator	Most recent denominator	**Most recent performance** [1]	**Most recent perf. rel. to nat'l std/goal (%)** [2]	**Direction?** [3]	**Directional goal**	Percent change [4]	Estimated # of children affected [5]
PR	U	Participation Rates: Referral Rates [6]	N.A.	N.A.	N.A.	01/01/10	12/31/10	N.A.	N.A.	N.A.	N.A.	N.A.	-	N.A.	N.A.
PR	U	Participation Rates: Substantiation Rates [6]	N.A.	N.A.	N.A.	01/01/10	12/31/10	N.A.	N.A.	N.A.	N.A.	N.A.	-	N.A.	N.A.
PR	U	Participation Rates: Entry Rates	N.A.	1.6	N.A.	01/01/10	12/31/10	10	27,061	0.4	N.A.	N.A. [7]	-	N.A. [7]	N.A. [7]
PR	U	Participation Rates: In Care Rates	N.A.	1.6	N.A.	07/01/11	07/01/11	20	27,061	0.7	N.A.	N.A. [7]	-	N.A. [7]	N.A. [7]
S1.1	**U/C**	**No Recurrence Of Maltreatment** [6]	**94.6**	**N.A.**	**N.A.**	**10/01/10**	**03/31/11**	**N.A.**	**N.A.**	**N.A.**	**N.A.**	**N.A.**	**+**	**N.A.**	**N.A.**
S2.1	**U/C**	**No Maltreatment In Foster Care**	**99.68**	**100.00**	**100.3**	**10/01/10**	**09/30/11**	**30**	**30**	**100.00**	**100.3**	**Yes**	**+**	**0.00%**	**0**
C1	**U/C**	**Reunification Composite** [6]	**122.6**	**N.A.**	**N.A.**	**N.A.**	**09/30/11**	**N.A.**	**N.A.**	**N.A.**	**N.A.**	**N.A.**	**+**	**N.A.**	**N.A.**
C1.1	U/C	Reunification Within 12 Months (Exit Cohort)	75.2	52.2	69.4	10/01/10	09/30/11	2	6	33.3	44.3	No	+	-36.1%	-1
C1.2	U/C	Median Time To Reunification (Exit Cohort)	5.4	12.0	45.0	10/01/10	09/30/11	N.A.	6	13.0	41.5	No	-	8.3%	N.A.
C1.3	U/C	Reunification Within 12 Months (Entry Cohort)	48.4	21.1	43.5	04/01/10	09/30/10	0	2	0.0	N.A.	No	+	-100.0%	0
C1.4	U/C	Reentry Following Reunification (Exit Cohort)	9.9	13.0	75.9	10/01/09	09/30/10	0	5	0.0	N.A.	Yes	-	-100.0%	-1
C2	**U/C**	**Adoption Composite** [6]	**106.4**	**N.A.**	**N.A.**	**N.A.**	**09/30/11**	**N.A.**	**N.A.**	**N.A.**	**N.A.**	**N.A.**	**+**	**N.A.**	**N.A.**
C2.1	U/C	Adoption Within 24 Months (Exit Cohort)	36.6	0.0	N.A.	10/01/10	09/30/11	0	0	0.0	N.A.	N.A.	+	N.A.	N.A.
C2.2	U/C	Median Time To Adoption (Exit Cohort)	27.3	0.0	N.A.	10/01/10	09/30/11	N.A.	0	0.0	N.A.	N.A.	-	N.A.	N.A.
C2.3	U/C	Adoption Within 12 Months (17 Months In Care)	22.7	0.0	N.A.	10/01/10	09/30/11	0	5	0.0	N.A.	N.A.	+	N.A.	0
C2.4	U/C	Legally Free Within 6 Months (17 Months In Care)	10.9	0.0	N.A.	10/01/10	03/31/11	0	6	0.0	N.A.	N.A.	+	N.A.	0
C2.5	U/C	Adoption Within 12 Months (Legally Free)	53.7	0.0	N.A.	10/01/09	09/30/10	0	0	0.0	N.A.	N.A.	+	N.A.	N.A.
C3	**U/C**	**Long Term Care Composite** [6]	**121.7**	**N.A.**	**N.A.**	**N.A.**	**09/30/11**	**N.A.**	**N.A.**	**N.A.**	**N.A.**	**N.A.**	**+**	**N.A.**	**N.A.**
C3.1	U/C	Exits To Permanency (24 Months In Care)	29.1	20.0	68.7	10/01/10	09/30/11	2	5	40.0	137.5	Yes	+	100.0%	1
C3.2	U/C	Exits To Permanency (Legally Free At Exit)	98.0	0.0	N.A.	10/01/10	09/30/11	0	0	0.0	N.A.	N.A.	+	N.A.	N.A.
C3.3	U/C	In Care 3 Years Or Longer (Emancipated/Age 18)	37.5	12.5	300.0	10/01/10	09/30/11	0	4	0.0	N.A.	Yes	-	-100.0%	-1
C4	**U/C**	**Placement Stability Composite** [6]	**101.5**	**N.A.**	**N.A.**	**N.A.**	**09/30/11**	**N.A.**	**N.A.**	**N.A.**	**N.A.**	**N.A.**	**+**	**N.A.**	**N.A.**
C4.1	U/C	Placement Stability (8 Days To 12 Months In Care)	86.0	95.6	111.1	10/01/10	09/30/11	16	17	94.1	109.4	No	+	-1.5%	0
C4.2	U/C	Placement Stability (12 To 24 Months In Care)	65.4	79.4	121.4	10/01/10	09/30/11	1	2	50.0	76.5	No	+	-37.0%	-1
C4.3	U/C	Placement Stability (At Least 24 Months In Care)	41.8	30.8	73.6	10/01/10	09/30/11	5	8	62.5	149.5	Yes	+	103.1%	3
2B	C	Timely Response (Imm. Response Compliance) [6]	N.A.	N.A.	N.A.	07/01/11	09/30/11	N.A.	N.A.	N.A.	N.A.	N.A.	+	N.A.	N.A.
2B	C	Timely Response (10-Day Response Compliance) [6]	N.A.	N.A.	N.A.	07/01/11	09/30/11	N.A.	N.A.	N.A.	N.A.	N.A.	+	N.A.	N.A.
2C**	C	Timely Social Worker Visits with Child (Month 1) [6,**]	N.A.	N.A.	N.A.	07/01/11	07/31/11	N.A.	N.A.	N.A.	N.A.	N.A.	N.A.	N.A.	N.A.
2C**	C	Timely Social Worker Visits with Child (Month 2) [6,**]	N.A.	N.A.	N.A.	08/01/11	08/31/11	N.A.	N.A.	N.A.	N.A.	N.A.	N.A.	N.A.	N.A.
2C**	C	Timely Social Worker Visits with Child (Month 3) [6,**]	N.A.	N.A.	N.A.	09/01/11	09/30/11	N.A.	N.A.	N.A.	N.A.	N.A.	+	N.A.	N.A.
4A	U	Siblings (All) [6]	N.A.	N.A.	N.A.	10/01/11	10/01/11	N.A.	N.A.	N.A.	N.A.	N.A.	+	N.A.	N.A.
4A	U	Siblings (Some or All) [6]	N.A.	N.A.	N.A.	10/01/11	10/01/11	N.A.	N.A.	N.A.	N.A.	N.A.	+	N.A.	N.A.
4B	U	Least Restrictive (Entries First Plc.: Relative)	N.A.	9.7	N.A.	10/01/10	09/30/11	3	15	20.0	N.A.	Yes	+	106.7%	2
4B	U	Least Restrictive (Entries First Plc.: Foster Home)	N.A.	54.8	N.A.	10/01/10	09/30/11	2	15	13.3	N.A.	N.A.	N.A.	-75.7%	-6
4B	U	Least Restrictive (Entries First Plc.: FFA)	N.A.	9.7	N.A.	10/01/10	09/30/11	2	15	13.3	N.A.	N.A.	N.A.	37.8%	1
4B	U	Least Restrictive (Entries First Plc.: Group/Shelter)	N.A.	25.8	N.A.	10/01/10	09/30/11	8	15	53.3	N.A.	No	-	106.7%	4
4B	U	Least Restrictive (Entries First Plc.: Other)	N.A.	0.0	N.A.	10/01/10	09/30/11	0	15	0.0	N.A.	N.A.	N.A.	N.A.	0
4B	U	Least Restrictive (PIT Placement: Relative)	N.A.	6.1	N.A.	10/01/11	10/01/11	3	16	18.8	N.A.	Yes	+	206.3%	2
4B	U	Least Restrictive (PIT Placement: Foster Home)	N.A.	30.6	N.A.	10/01/11	10/01/11	0	16	0.0	N.A.	N.A.	N.A.	-100.0%	-5
4B	U	Least Restrictive (PIT Placement: FFA)	N.A.	2.0	N.A.	10/01/11	10/01/11	2	16	12.5	N.A.	N.A.	N.A.	512.5%	2
4B	U	Least Restrictive (PIT Placement: Group/Shelter)	N.A.	34.7	N.A.	10/01/11	10/01/11	3	16	18.8	N.A.	Yes	-	-46.0%	-3
4B	U	Least Restrictive (PIT Placement: Other)	N.A.	26.5	N.A.	10/01/11	10/01/11	8	16	50.0	N.A.	N.A.	N.A.	88.5%	4
4E (1)	U/C	ICWA Eligible Placement Status	N.A.	a available on	N.A.	Data available online.					N.A.	N.A.	N.A.	N.A.	N.A.
4E (2)	U/C	Multi-Ethnic Placement Status	N.A.	a available on	N.A.	Data available online.					N.A.	N.A.	N.A.	N.A.	N.A.
5B (1)	C	Rate of Timely Health Exams [6]	N.A.	N.A.	N.A.	07/01/11	09/30/11	N.A.	N.A.	N.A.	N.A.	N.A.	+	N.A.	N.A.
5B (2)	C	Rate of Timely Dental Exams [6]	N.A.	N.A.	N.A.	07/01/11	09/30/11	N.A.	N.A.	N.A.	N.A.	N.A.	+	N.A.	N.A.
5F	C	Authorized for Psychotropic Medication [6]	N.A.	N.A.	N.A.	07/01/11	09/30/11	N.A.	N.A.	N.A.	N.A.	N.A.	N.A.	N.A.	N.A.
6B	C	Individualized Education Plan [6]	N.A.	N.A.	N.A.	07/01/11	09/30/11	N.A.	N.A.	N.A.	N.A.	N.A.	N.A.	N.A.	N.A.
8A*	C	Completed High School or Equivalency*	N.A.	N.A.	N.A.	07/01/11	09/30/11	0	1	0.0	N.A.	N.A.	N.A.	N.A.	N.A.
8A*	C	Obtained Employment*	N.A.	N.A.	N.A.	07/01/11	09/30/11	0	1	0.0	N.A.	N.A.	N.A.	N.A.	N.A.
8A*	C	Have Housing Arrangements*	N.A.	N.A.	N.A.	07/01/11	09/30/11	1	1	100.0	N.A.	N.A.	N.A.	N.A.	N.A.
8A*	C	Received ILP Services*	N.A.	N.A.	N.A.	07/01/11	09/30/11	1	1	100.0	N.A.	N.A.	N.A.	N.A.	N.A.
8A*	C	Permanency Connection with an Adult*	N.A.	N.A.	N.A.	07/01/11	09/30/11	0	1	0.0	N.A.	N.A.	N.A.	N.A.	N.A.

Appendix Vb - Probation

NOTE: "." or '#DIV/0!' = value not available due to 0 denominator

[1] Participation Rates: rate per 1,000; C1.2 and C2.2: median (months); Composites: estimated score (estimates <50 set to 50, >150 set to 150 consistent with fed range and to control outliers); All Others: percent (%).

[2] Performance relative to national std or goal=*(performance-50)/(standard-50)*100* for composites; *(performance)/(standard or goal)*100* for measures with desired increase; *(goal)/(performance)*100* for measures with desired decrease.

[3] Percent change as compared to column P 'Directional Goal'. Percent change=0.0% (no change) or matching direction = "Yes".

[4] Percent Change=[*(most recent perf-50)/(baseline perf-50)-1]*100* for composites; *(most recent perf/baseline perf-1)*100* for C1.2, C2.2; *[(most recent n/most recnet d)/(baseline n/baseline d)-1]*100* for others. Composite formula adjusts for scale of 50 to 150.

[5] Estimated as *most recent n - [most recent d*(baseline n/baseline d)].*

[6] Under review by CDSS for possible inclusion of probation data

[7] Because population data are currently derived from three different sources, percent change is not calculated for participation rates.

***** 8A data are available from Quarter 4, 2008 onwards.

****** Comparisons ('Percent change' and 'Direction?') between baseline rate month 1 and most recent rate month 3.

Appendix VI

Excerpt from Humboldt County DHHS Integrated Progress and Trends Report (Autumn 2011)

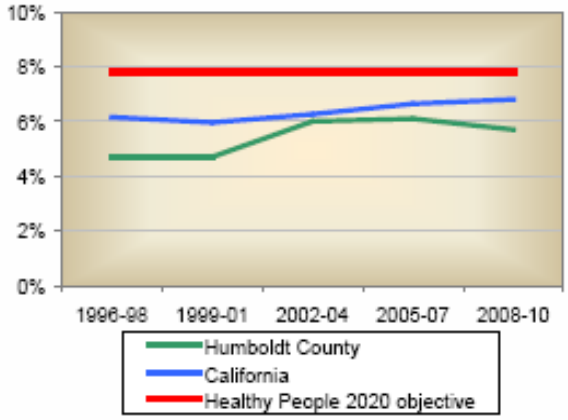
Children, Youth and Families

Infant Health

The Fetal Infant Mortality and Child Death Review Team (FIMR/CDRT) is a program within the Maternal, Child and Adolescent Health Division of the Public Health Branch (PHB). The team is composed of community professionals who meet monthly to review fetal, infant and child deaths (through age 17) in order to develop recommendations to prevent future deaths. Issues reviewed involve infant and maternal health, access to services, child abuse and unintentional injuries.

Low birthweight places infants at risk for future health problems. With Healthy People 2020, which provides science-based, 10-year national objectives for improving health of all Americans, Humboldt County has met the new objective of 7.8 percent. Recently the Humboldt County rate has climbed, however, and while our rate is still lower than the State's, Humboldt County is mirroring a national trend of increasing low birthweight. Encouraging mothers to obtain prenatal care is one way DHHS is addressing this trend.

Percentage Low Birthweight
Humboldt County and California
Three-Year Averages 1996 to 2010



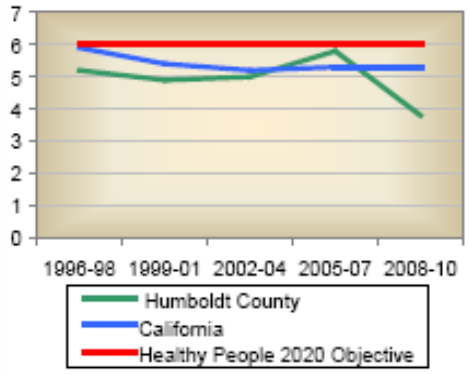
Source: California Department of Public Health, Birth and Death Records 1996-2008; Humboldt County Vital Statistics, 1996-2010

The infant mortality rate has decreased since the early 1990's and has leveled off since 1999. With the new Healthy People 2020 objectives, Humboldt County and California have met the Healthy People 2020 objective of 6.0 per 1,000 births.

There are many risk factors that impact infant mortality, including late or inadequate prenatal care, maternal alcohol, tobacco and other drug use, prematurity, low birthweight, and Sudden Infant Death Syndrome (SIDS).

The Maternal, Child and Adolescent Health Division has prioritized increasing the early entry into prenatal care rate, and works to address other risks factors as well.

Infant Mortality Rate per 1,000 Births
Humboldt County and California
Three-Year Averages 1996 to 2010

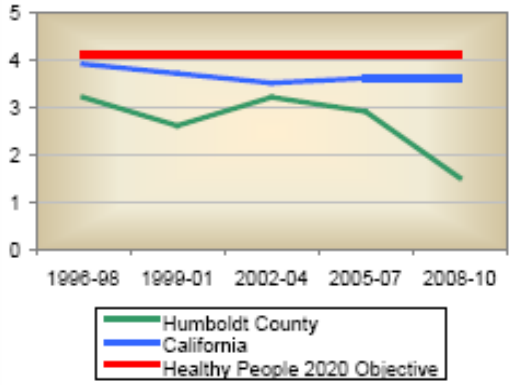


Source: California Department of Public Health, Birth and Death Records 1996-2008; Humboldt County Vital Statistics, 1996-2010

The neonatal period covers infants less than 28 days of age. Risk factors for neonatal mortality include congenital anomalies, respiratory distress syndrome, short gestation, and low birthweight.

Humboldt County's neonatal mortality rates have improved since the early 1990's, and PHB has surpassed the new Healthy People 2020 objective of 4.1. The Maternal, Child and Adolescent Health Division continues to focus on preconception and early prenatal care to keep this rate low.

Neonatal Mortality Rate per 1,000 Births
Humboldt County and California,
Three-Year Averages 1996 to 2010



Source: California Department of Public Health, Birth and Death Records 1996-2008; Humboldt County Vital Statistics, 1996-2010

The postneonatal period covers infants from age 28 days through 364 days of age.

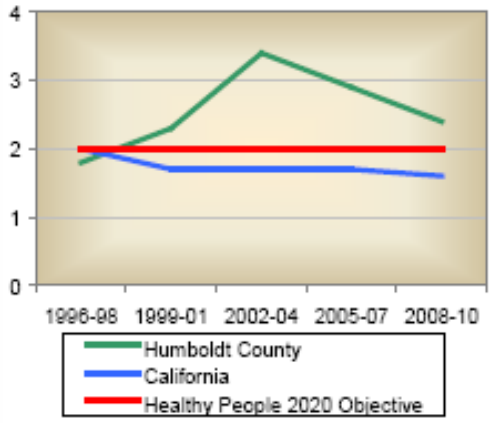
The postneonatal mortality rate has gradually improved overall but remains higher than the State rate and PHB has not met the Healthy People 2020 objective. Congenital anomalies, injuries, deaths from SIDS and asphyxia (related to the infant "sleep environment") impact the infant mortality rate.

Appendix VI

Excerpt from Humboldt County DHHS Integrated Progress and Trends Report (Autumn 2011)

Encouraging early prenatal care and educating families on SIDS and infant safety issues are areas DHHS is working on to reduce this rate.

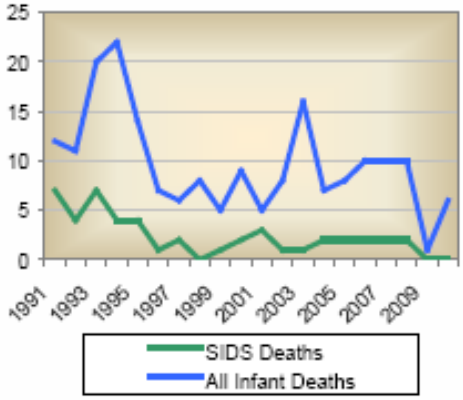
Postneonatal Mortality Rate per 1,000 Births
Humboldt County and California
Three-Year Averages 1996 to 2010



Source: California Department of Public Health, Birth and Death Records 1996-2008; Humboldt County Vital Statistics, 1996-2010

Deaths from SIDS impact the overall infant mortality rate. The "Back to Sleep" campaign, which educated parents to place their babies "on their backs to sleep", has been credited with reducing SIDS by 50 percent. In addition to SIDS, deaths due to infants sleeping in unsafe settings play a role in the infant mortality rate. There has been improvement in the numbers of deaths classified as "SIDS", but deaths related to the sleep environment still occur. The team is committed to continuing education around creation of a "safe infant sleep environment".

Humboldt County
Maternal Child & Adolescent Health
Sudden Infant Death Syndrome
and Infant Deaths 1991 to 2010



Source: DHHS Fetal-Infant Mortality Review & Child Death Review Team data 1991-2010

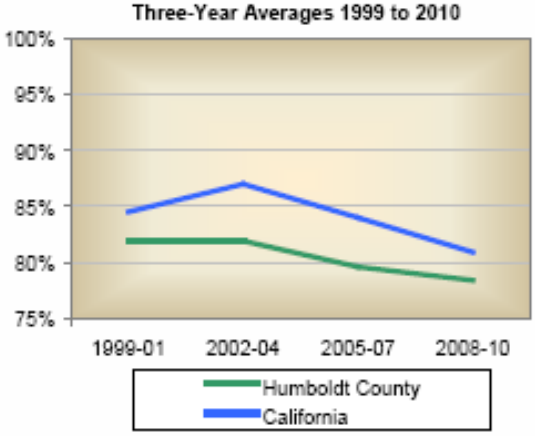
Women who receive early prenatal care in the first trimester have improved birth outcomes with a decreased incidence of prematurity and low-birth weight babies.

The Perinatal Services Coordinator/Prenatal Care Guidance Nurse continues to build relationships with providers, MediCal, Women, Infants Children (WIC), Family Resource Centers/Community Resource Centers (FRC/CRCs) and other community based organizations to ensure mothers applying for services are referred to the Prenatal Care Guidance Program. This program offers referral services and early linkage to obstetricians to ensure a healthy, safe pregnancy.

The Perinatal Services Coordinator also facilitates quarterly Obstetrical (OB) Provider Roundtables giving providers an opportunity to share concerns and identify possible solutions to challenges facing perinatal clients.

DHHS continues to address pregnancy planning and healthy lifestyle choices in an effort to decrease the number of unintended pregnancies and improve maternal/infant birth outcomes through outreach and education.

Percent of Births with Prenatal Care
in First Trimester
Humboldt County and California
Three-Year Averages 1999 to 2010



Source: Humboldt County Automated Vital Statistics Systems and County Health Status Profiles 1997-2010

Nurse-Family Partnership (NFP)

Nurse-Family Partnership (NFP) is an evidence-based program which provides home visits by registered nurses to first-time, low-income mothers, beginning during pregnancy and continuing through the child's second birthday. Humboldt County launched its NFP program in July 2009. It is one of 13 counties in California to do so, and is the smallest and most rural county to implement the program.

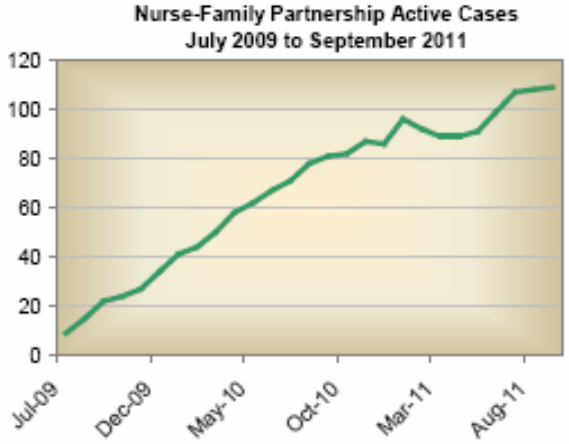
The program has three primary goals: (1) to improve pregnancy outcomes by promoting health-related behaviors; (2) to improve child health, development and safety by promoting competent care-giving; and (3) to enhance parent life-course development by promoting pregnancy planning, educational achievement, and

Appendix VI

Excerpt from Humboldt County DHHS Integrated Progress and Trends Report (Autumn 2011)

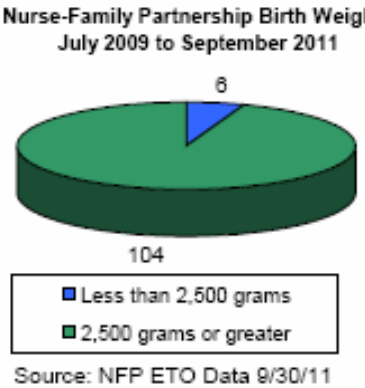
employment. The program also has two secondary goals: to enhance families' material support by providing links with needed health and social services, and to promote supportive relationships among family and friends.

The Nurse Home Visitors begin seeing pregnant mothers before the birth of their first child and follow the family until the child reaches two years old. NFP added an additional .7 FTE Nurse Home Visitor in April 2011 to serve the increasing need for this program. Five Nurse Home Visitors carry a combined caseload of up to 117 clients. All of Humboldt County is served by this program, with referrals increasing rapidly. The maximum caseload per home visitor is 25.



Source: NFP ETO Data (September 2011)

A major goal of the NFP is to guide mothers through their pregnancy to the healthy birth of their child, with birthweight as just one of the factors addressed. One hundred and four of 110 NFP babies born by September 30, 2011 were born with a normal birthweight.

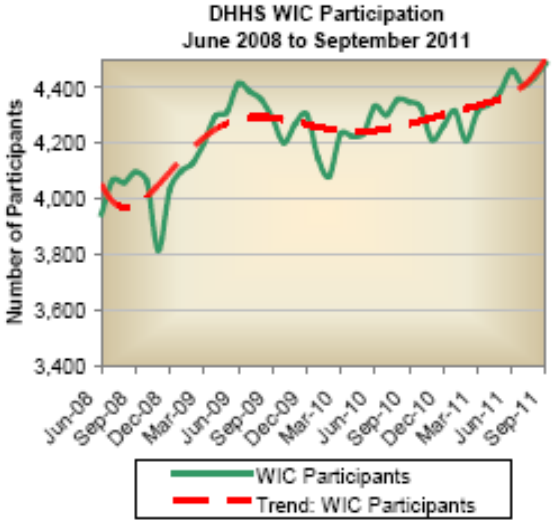


Source: NFP ETO Data 9/30/11

Women, Infants, Children (WIC)

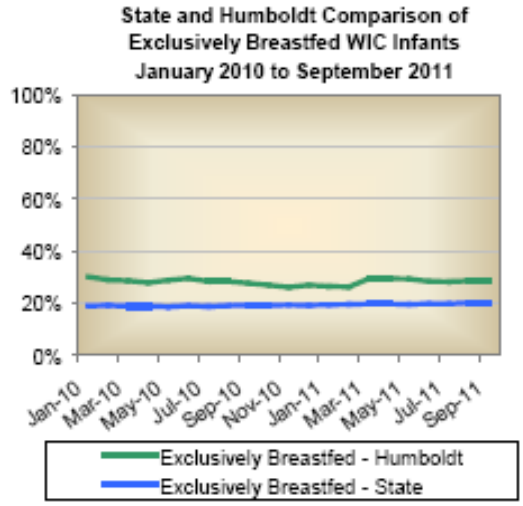
The federally-mandated WIC Nutrition Program provides preventive health services and supplemental foods for pregnant and breast-feeding women, infants and children up to five years of age.

Summer 2011 saw increasing participation with WIC, due in part to Humboldt County's partnerships with local CRC/FRC s.



Source: California Department of Health Services
WIC Branch: Integrated Statewide Information System, (October 2011)

Exclusively breastfeeding rates remained steady for both the State and the County in 2010 and into 2011. The County's rate is significantly higher than the Statewide WIC rate. This may be related to the education and ongoing support offered by Humboldt County WIC professional staff to prenatal women and newborn infants. Staff promote breastfeeding as the best choice and are available to assist mothers who encounter difficulties in establishing breastfeeding after delivery. Breastfeeding has been proven to offer powerful health benefits for the infant and the mother.



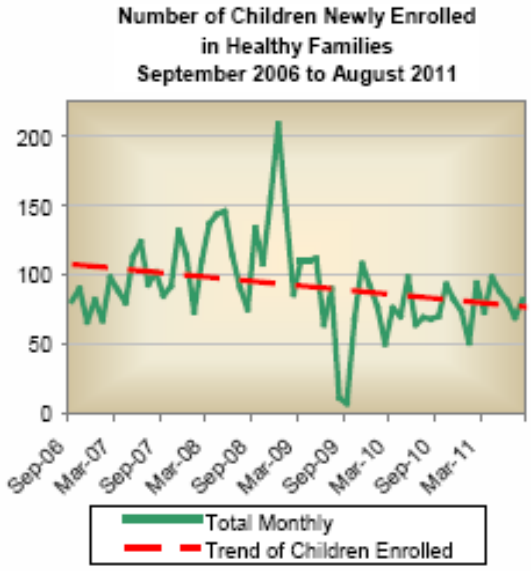
Source: California Department of Health Services
WIC Branch: Integrated Statewide Information System, (October 2011)

Appendix VI

Excerpt from Humboldt County DHHS Integrated Progress and Trends Report (Autumn 2011)

Healthy Families

Since September 2006, 5,536 new children have been enrolled in Healthy Families (HF). The chart below illustrates the number of new children enrolled in the HF insurance product each month over this period.



Source: Healthy Families MRMiB Data (September 2011)

Insurance enrollment in the HF program has been volatile due to plan changes at the state level. In February 2009, HF numbers spiked following rumors that plan managers would cap enrollment if the state failed to fund the program. Several months later, HF capped enrollment and our numbers plummeted.

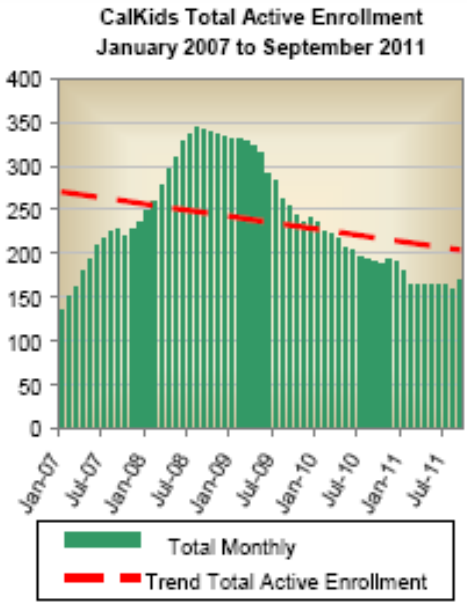
Another reason for plummeting program enrollement is families with school aged children are on the decline in Humboldt County.

Lastly, funder fatigue has hit outreach monies hard, thus deprioritized marketing dollars to promote the program. In the last four years, CHI has relied solely on word-of-mouth advertising and has had no outreach funds.

CalKids

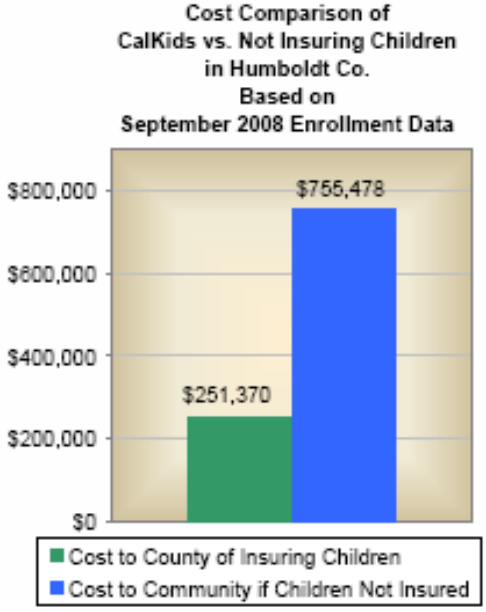
CHI partners established a third insurance product called California Kids (CalKids) for children in families with income up to 300% of the Federal Poverty Level who are not eligible for existing insurance options.

As of September 2011 there are 170 children enrolled in CalKids, as seen in the chart in the next column.



Source: CaliforniaKids Healthcare and DHHS-PHB Records (September 2011)

The next chart illustrates the higher cost to the community of not insuring children, based on increased use of emergency care and decreased preventative care. Insuring children using this program saves the community more than $500,000 annually.



Source: Cost based on Pediatrics (2007) and active CalKids enrollments (September 2008)

Appendix VI

Excerpt from Humboldt County DHHS Integrated Progress and Trends Report (Autumn 2011)

Child Welfare Services Overview (CWS)

The mission of Humboldt County Child Welfare Services (CWS) is to protect children from abuse, neglect and exploitation, and to promote the health, safety, and nurturing of children, recognizing that a caring family is the best and most appropriate environment for raising children.

CWS is a continuum of programs and services aimed at safeguarding the well-being of children and families in ways that strengthen and preserve families, encourage personal responsibility, foster independence, and ensure permanency for youth.

Services include:

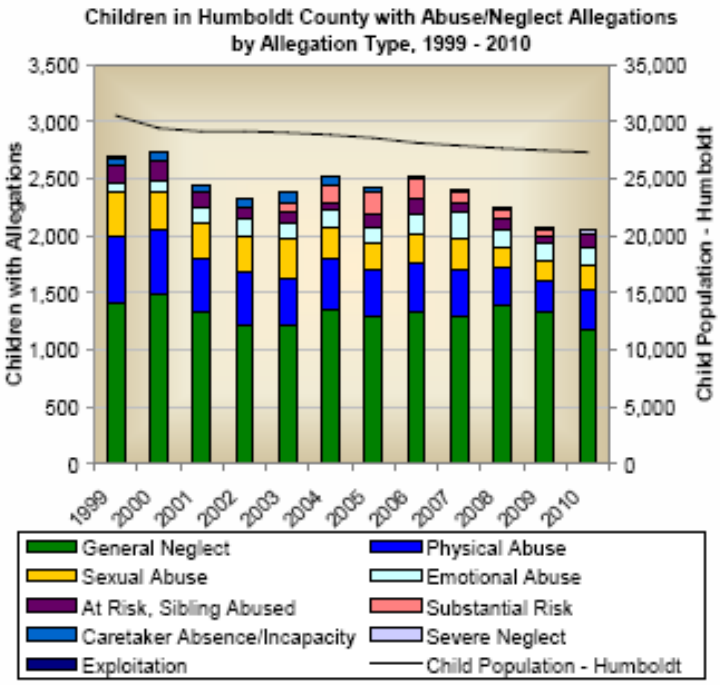
- Social worker response to allegations of child abuse and neglect;
- Ongoing services to children and their families who have been identified as victims or potential victims of abuse and neglect by their families; and
- Services to children in foster care and their families who have been temporarily or permanently removed from their families because of abuse or neglect.

There are four traditional service components of the program, which include:

- Emergency Response (ER)
- Family Maintenance (FM)
- Family Reunification (FR)
- Permanency Placement (PP)

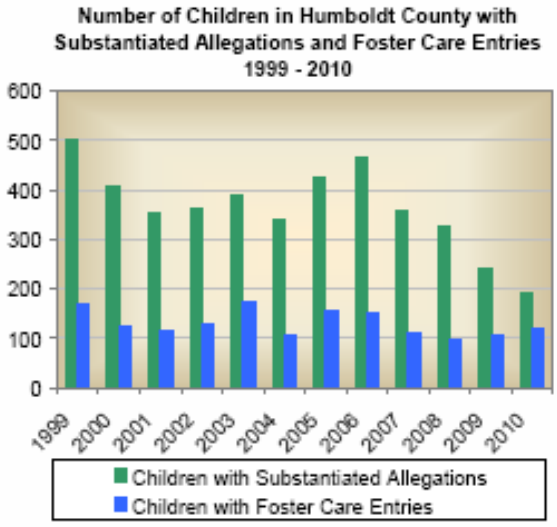
The chart in the next column shows the number of children with allegations of abuse or neglect, by allegation type for 1999 through 2010. If a child had more than one allegation in a given year the child is only counted once, in the category of the highest severity. The majority of reports received by Humboldt County CWS allege general neglect by the child's caretaker. In 2010, 57% of all allegations were of general neglect, 18% were of physical abuse, 10% were of sexual abuse, 8% were of emotional abuse and the remaining 7% were of at-risk/sibling abused, substantial risk, caretaker absence/incapacity, severe neglect or exploitation.

In 2010, Humboldt County received a total of 2,050 reports of child abuse/neglect, averaging 171 reports per month. One report may include multiple children in a family, as well as multiple allegations.



Source: UC Berkeley CWS/CMS Dynamic Report System Q1 2011 (09/07/2011)

The following chart shows the total number of children with a substantiated allegation and the total number of children who entered foster care each year in Humboldt County. In 2010, Humboldt County experienced the lowest number of substantiated allegations, compared to the previous ten years. A combination of multiple factors may be contributing to this decline.



Source: UC Berkeley CWS/CMS Dynamic Report System Q1 2011(09/07/2011)

Appendix VI

Excerpt from Humboldt County DHHS Integrated Progress and Trends Report (Autumn 2011)

Differential Response Overview

Differential Response is an alternative way of responding to the reports of suspected child abuse and neglect that are made to Humboldt County CWS. This strategic approach to evaluating and improving family and child well-being improves a community's ability to keep children safe. Differential Response offers methods for ensuring child safety that include engaging families whenever possible to help identify solutions to the challenges that they may face.

Differential Response is built around three guiding principles:

1. Children are safer and families are stronger when communities work together.
2. The earlier family issues are identified and addressed, the better children and families do.
3. Families can resolve issues more successfully when they voluntarily engage in services, supports, and solutions.

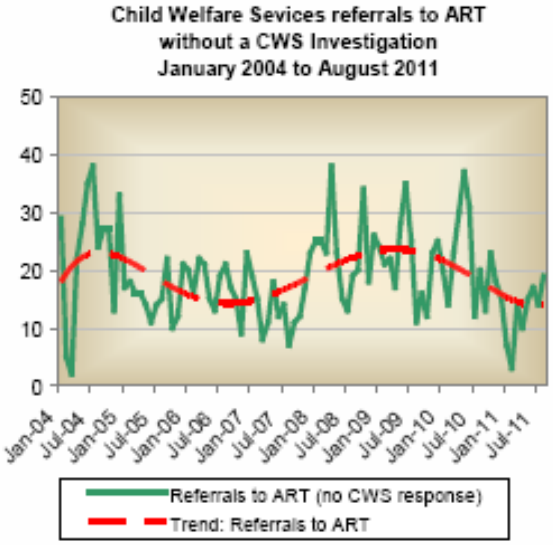
Community Response

This response is chosen when child abuse or neglect allegations do not meet statutory definitions for CWS in-person response, yet there are indications that a family is experiencing problems that could be addressed by community services. Instead of being screened out without intervention, Humboldt County refers families that meet these criteria to a geographically appropriate Family/Community Resource Center (FRC/CRC), the Alternative Response Team or other service agencies depending on the family's needs.

Alternative Response Team (ART)

The Alternative Response Team (ART) offers Public Health Nursing (PHN) case management services to reduce the risk of abuse and/or neglect within referred families. Referrals to ART are made by CWS either when there is no in-person CWS contact, or following a CWS investigation where ART is determined to be an appropriate service for the family's needs. To complete ART a family must be actively working on their case plan, keep regularly scheduled appointments, and address concerns identified during the CWS investigation if the referral to ART was made by CWS following a CWS investigation and assessment.

The next chart shows the number of referrals made to ART between January 2004 and August 2011 where there was no in-person CWS contact. The number of referrals fluctuates as it is dependent on the number of reports received by CWS each month as well as the availability of other community referral services such as the FRC/CRCs.

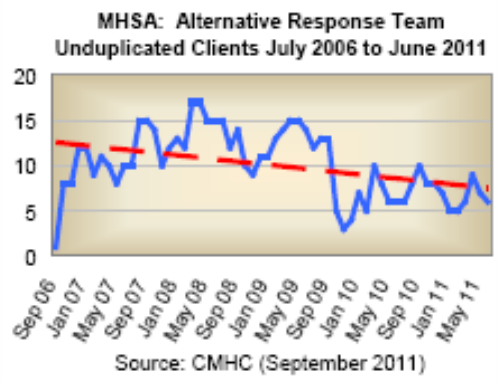


Source: Data extracted from CWS/CMS (9/7/11)

Integrated services and supports for children and families includes services such as mental health assessment and clinical services.

Through Mental Health Services Act (MHSA) funding, a full time Mental Health Clinician position was added to the interdisciplinary team in September 2006. Parental education is provided through collateral contact. Collateral contact is face-to-face consultation, treatment direction, or instruction by the therapist to a significant person in the child's life and can include parents, guardians or other individuals with a primary care relationship to the client.

The next chart shows the number of unduplicated clients seen by an ART clinician.

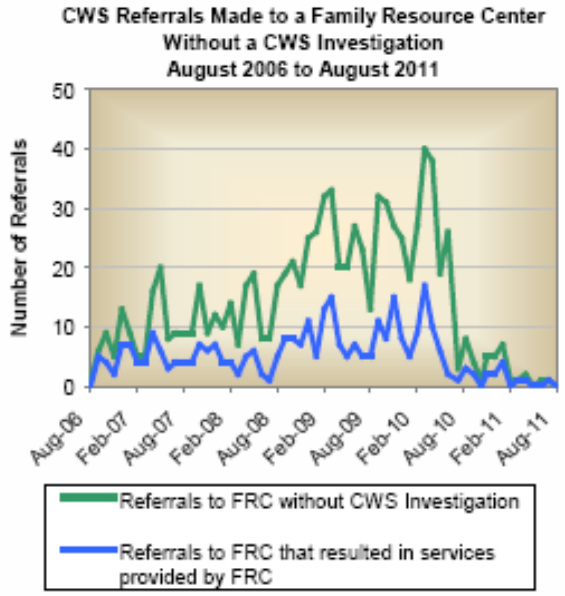


Source: CMHC (September 2011)

The chart on the next page shows the number of reports not assigned for a CWS response that were referred to an FRC/CRC, as well as the number of those referrals that resulted in services provided by a FRC/CRC. Since January 2009, an average of 19 referrals are made per month to an FRC/CRC from the reports not assigned for a CWS response.

Appendix VI

Excerpt from Humboldt County DHHS Integrated Progress and Trends Report (Autumn 2011)



Source: Data extracted from CWS/CMS (9/07/11)

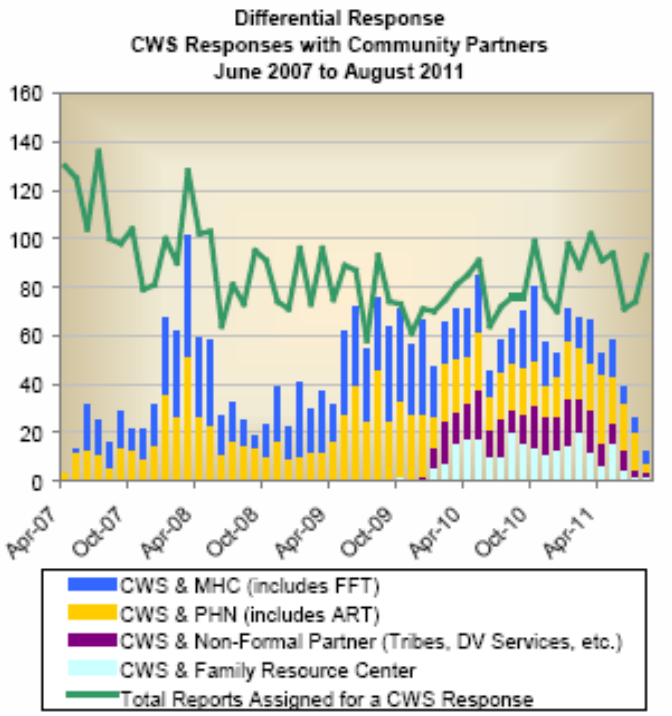
As of July 2010, all families must sign a release of information (ROI) before being referred to the FRC/CRCs by CWS. Of the 264 families identified as appropriate for FRC/CRC referrals between July 1, 2010 and August 31, 2011, 113 (43%) have signed an ROI, 110 (42%) have declined to sign an ROI and social workers were unable to make contact with 41 families (15%). In response to legislative bill AB2229 and Welfare and Institutions Code section 18961.7, a protocol is currently under administrative review that will make ROIs unnecessary and allow CWS to refer families directly to FRC/CRCs.

Staff at the FRC/CRC provide support and resources to families and individuals in the community. FRC/CRC are not able to work with a family when they cannot locate the family, cannot contact the family, or the family refuses services.

Child Welfare Services and Community Response

CWS and community partner responses are made when the family receives a CWS in-person response, and it appears that the family will benefit from and accept services from a partner agency. CWS social workers team with agency staff from Public Health, Mental Health and other appropriate service providers for multidisciplinary responses. The goal is to provide the lowest level of intervention necessary to ensure child safety, and to connect families to appropriate community service providers.

The next chart provides a snapshot of the total number of referrals assigned for a CWS response by month, with a stacked graph showing the responses made collaboratively by a CWS social worker and a community partner. Some responses may include multiple community partners.



Source: Extracted From CWS/CMS (9/7/11)

There is a lag in data entry for the most current months, as many social workers enter the community partner information as they are closing the referral and most referrals remain open the 30 days allowed.

Family To Family (FTF) Overview

Promoted by the Annie E. Casey Foundation, the Family to Family model provides communities with a framework to improve their child welfare system. At its core, Family to Family applies four basic principles:

- A child's safety is paramount;
- Children belong in families;
- Families need strong communities; and
- Public child welfare systems need partnerships with the community and with other systems to achieve strong outcomes for children.

Four strategies are integral to the FTF initiative:

- Building Community Partnerships
- Team Decision Making
- Resource Family Recruitment, Development, and Support
- Self-Evaluation

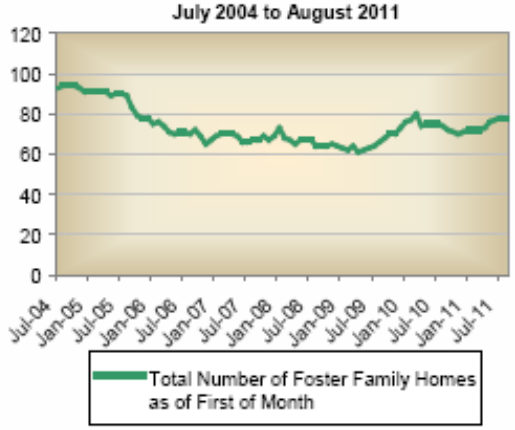
Appendix VI

Excerpt from Humboldt County DHHS Integrated Progress and Trends Report (Autumn 2011)

Foster Family Homes

As shown in the following chart, Humboldt County has seen a decrease over time in the number of Foster Family Homes (FFH) available to place youth in care, as demonstrated in this chart. However, due to the county's recent intensive recruitment efforts, the number of FFHs has gradually been increasing since 2010.

Number of Foster Family Homes (FFH) per Month
July 2004 to August 2011



Data Source: Community Care Licensing (9/12/2011)

In an effort to increase the number of FFHs for youth that are unable to be safe in the care of family or extended family members, Humboldt County enhanced outreach and educational recruitment activities with a designated Supervisor to coordinate efforts to recruit families that are interested in caring for teens. The County has also designated a Placement Outreach Coordinator to provide education, training and support for foster families to better prepare them to successfully meet the needs of youth placed in their care.

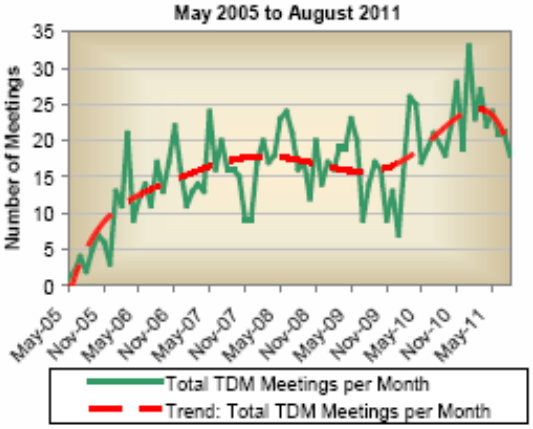
Humboldt County is participating as a pilot county in the Quality Parenting Initiative. This intiative is a collaborative effort between the California Department of Social Services, the Youth Law Center, and the County Welfare Directors Association of California to develop a statewide approach for the recruitment and retention of high quality caregivers who are trained and supported to provide excellent care to children in California's child welfare system. Humboldt County has established an informal mentoring program, wherein experienced foster parents provide support and guidance to newly licensed foster parents. Beginning July 2011, a "Welcome Letter" is now sent to new foster parents which includes contact information for the foster parent's support coordinator and their assigned foster parent mentor.

Team Decision Making (TDM)

Team Decision Making (TDM) meetings, a component of the Family to Family Initiative, are conducted when key placement decisions are made. The meetings involve birth families, support systems, case workers, foster parents and community members, to ensure a network of support for children and the adults who care for them. Each TDM may have one or more children involved, depending on the number of siblings in the family and the children at risk of abuse or neglect.

The next chart shows the number of TDM meetings held each month, since May 2005. Team Decision Making was phased in over time with full implementation begining in February 2008 and was made mandatory for all placement decisions at that time. Since 2010, the number of TDM meetings has increased noticeably. Currently, there is one full-time TDM facilitator assigned to the TDM program, with five total TDM facilitators.

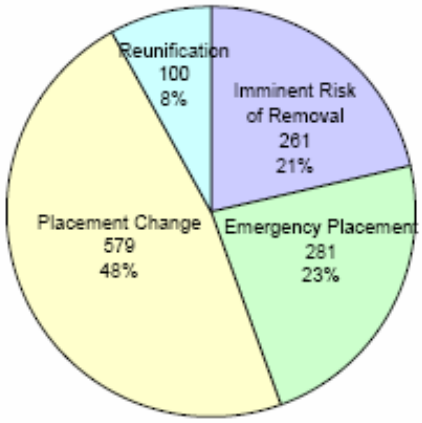
Total Team Decision Making Meetings Per Month
May 2005 to August 2011



Source: Social Services Branch TDM Database (9/13/11)

The chart below illustrates the total TDM meetings held since May 2005 by each of the four conditions: Imminent Risk of Removal from Home, Emergency Removal from Home, Existing Placement Change or Reunification. Almost half of the TDM meetings are for Placement Changes. A single TDM may be held for multiple siblings in a family and a recommendation is made for each child involved.

Total CWS TDM Meetings
Held by Meeting Purpose
May 2005 to August 2011
n = 1221



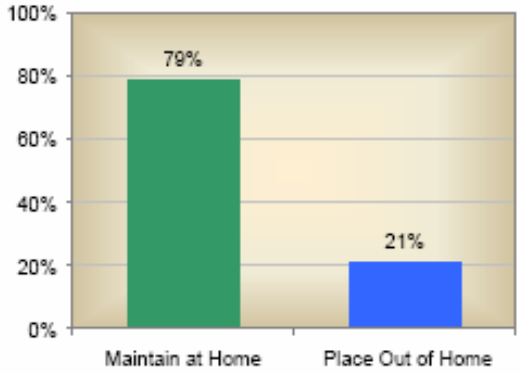
Source: Social Services Branch TDM Database (9/13/11)

Appendix VI

Excerpt from Humboldt County DHHS Integrated Progress and Trends Report (Autumn 2011)

The following chart shows that since January 2006, 79% of the TDMs held due to the imminent risk of removal of a child from their home resulted in the recommendation to maintain the child in their home with protective supports. One of the core assumptions of the TDM strategy is that when families are respectfully included in the decision making process, they are capable of identifying and addressing their needs.

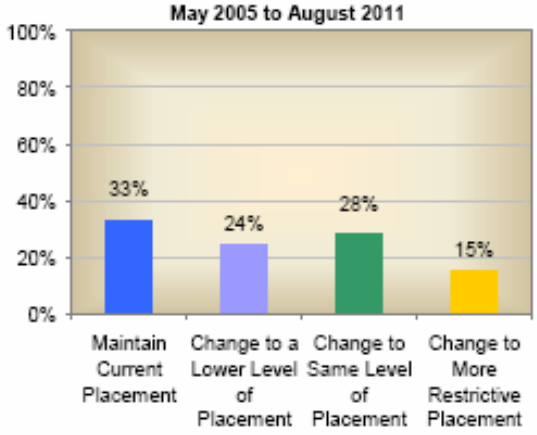
Recommendations Resulting from CWS TDM Meetings Conducted for the Primary Purpose of Imminent Risk of Removal January 2006 to August 2011



Source: Social Services Branch TDM Database (9/13/11)

Since May 2005 when TDM was implemented in Humboldt County, 57% of the meetings for placement changes resulted in recommendations to maintain the child in the same placement or a move to a less restrictive placement. These recommendations result in increased stability for the child.

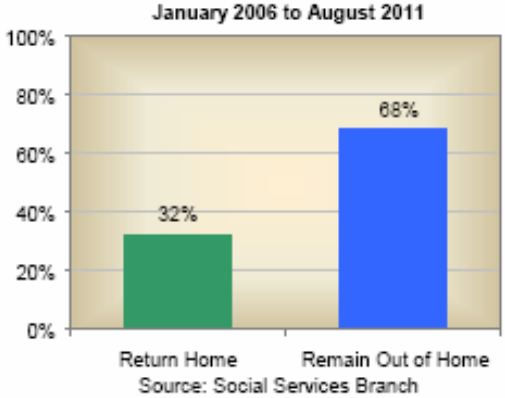
Recommendations Resulting from CWS TDM Meetings Conducted for the Primary Purpose of Placement Change May 2005 to August 2011



Source: Social Services Branch TDM Database (9/13/2011)

Emergency Placement TDM meetings are held when a child has been removed on an emergent basis, either by law enforcement or CWS, to decide whether the child can be returned home with protective supports or if the child needs to remain out of the home while services are provided to the parent(s). Since January 2006, 32% of TDMs held following an emergency placement of a child resulted in the recommendation to return the child to his or her home with protective supports.

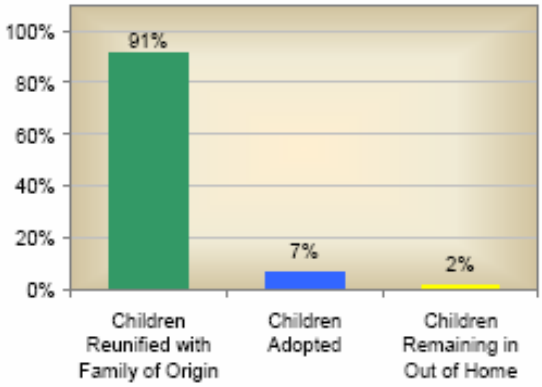
Recommendations Resulting from CWS TDM Meetings Conducted for the Primary Purpose of Emergency Placement January 2006 to August 2011



Source: Social Services Branch TDM Database (9/13/11)

Since Humboldt County began TDM in May of 2005, 91% of the meetings for reunification resulted in recommendations to reunify the child with their family of origin. Reunification TDMs are usually held a few months prior to reunification and help determine whether a child can safely return home, as well as help identify what supports may need to be in place to assist the family upon the child's return. Efforts are being made to ensure that all children who reunify have a TDM for the primary purpose of reunification prior to reunifying with her or his family.

Recommendations Resulting from CWS TDM Meetings Conducted for the Primary Purpose of Reunification May 2005 to August 2011



Source: Social Services Branch TDM Database (9/13/11)

Appendix VI

Excerpt from Humboldt County DHHS Integrated Progress and Trends Report (Autumn 2011)

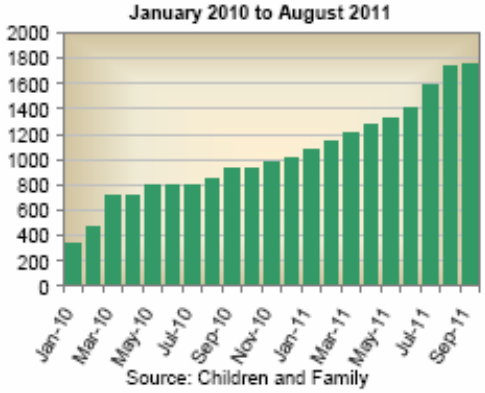
Intensive Family Search, Engagement, and Support Connections

Intensive Family Search and Engagement (IFSE) began in December 2005. Family finding strategies are used to create permanent family connection for children and youth involved in CWS. The process involves social workers trained in family search concepts to identify family connections throughout the life of the case. Social workers engage and support family members in making permanent connections with the foster youth.

Family finding efforts began in the Permanency Planning program of CWS and more recently have expanded to Emergency Response, Family Maintenance and Family Reunification service areas, to include all children and youth involved in the child welfare system early in the process. Family connections have been recorded in the IFSE database and more recently, since January 2011, are being entered in the CWS/CMS application.

The next chart shows the cumulative, aggregate number of family connections made for foster youth from January 2010 through August 2011. Since January 2010, a total of 1746 connections have been made for 161 youth.

Intensive Family Search, Engagement & Support
Cumulative Family Connections
January 2010 to August 2011



Source: Children and Family Services IFSES Database (9/6/11)

Child and Family Services Review (CFSR)

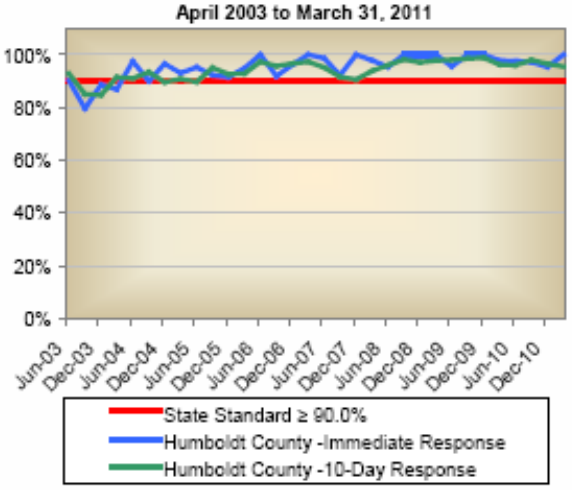
The California Child Welfare Outcomes and Accountability system provides quarterly data on a range of issues in addition to the national child welfare standards and enables the examination of trends related to child safety, permanency and well-being. As part of Humboldt County's 2010 - 2013 Child and Family Services Review (CFSR) System Improvement Plan (SIP), three improvement goals were selected for targeted improvement: reunification within 12 months (C1.1), reentry following reunification (C1.4) and placement stability (C4.3).

Child Abuse and Neglect Referrals by Time to Investigation (Measure 2B)

Humboldt County uses the research-based Structured Decision Making (SDM) tool to guide response decisions. The county's SDM screening tool completion rates are some of the best in the state, with a 100% completion rate for the current time period.

The chart below demonstrates the county's compliance with state mandated timelines for responses to reports of child abuse or neglect. For the current time period the county's compliance is 100% for reports requiring an immediate response and 95.5% for reports requiring a 10-day response. Humboldt County has been consistently above the state standard of 90% compliance since July of 2005.

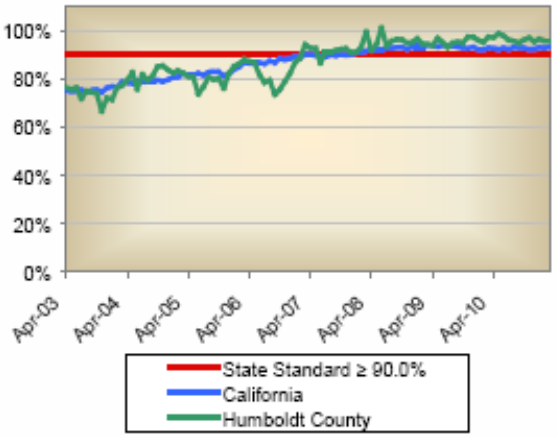
Percent of Timely Social Worker Response to a Report
(Measure 2B)
April 2003 to March 31, 2011



Source: UC Berkeley CWS Outcome Summary Quarter 1, 2011 (9/7/11)

The next chart reflects the percentage of children requiring a monthly social worker contact who received the monthly contact in a timely manner.

Timely Social Worker Visits to Youth In CWS Care
(Measure 2C)
April 2003 to March 2011



Source: CWS Outcome Summary - Quarter 1, 2011 Extract by UC Berkeley (9/14/2011)

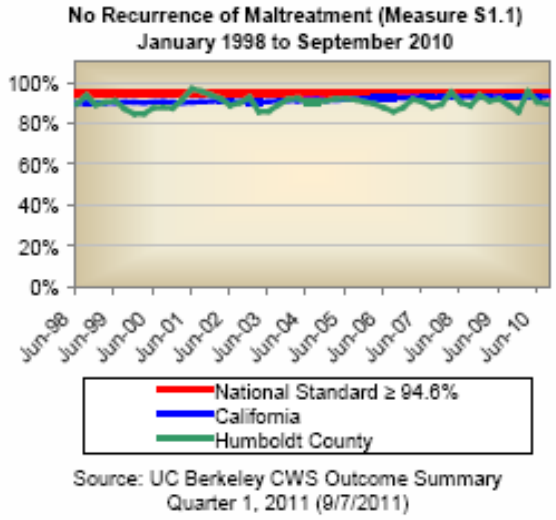
Appendix VI

Excerpt from Humboldt County DHHS Integrated Progress and Trends Report (Autumn 2011)

Over the last seven years, Humboldt County has shown a gradual improvement in the percent of youth in care receiving timely social worker visits, from 74.5% in September 2003 to 95.9% in March 2011, and has exceeded or met the state standard of 90% for the last several years. This measure is monitored weekly.

No Recurrence of Maltreatment (S1.1)

The following chart shows the percent of all Humboldt County children with a substantiated allegation of abuse or neglect within the first six months of the 12-month study period who did not have another substantiated allegation within the last six months. The blue line represents the statewide percentage for the same measure.



Source: UC Berkeley CWS Outcome Summary Quarter 1, 2011 (9/7/2011)

Humboldt County has a no recurrence of maltreatment rate of 89.4% for the current data period ending September 2010.

Humboldt County uses the Differential Response (DR) process of applying a broader set of responses to reports of child abuse and/or neglect, including prevention and early intervention as well as improving and increasing the timeliness of access to services. Additionally, Humboldt County uses research-based Structured Decision Making (SDM) tools for decision making and assessments of child safety and risk for future maltreatment. Humboldt County conducts regular investigation review meetings with social workers, supervisors and program managers to support consistent decision making and compliance across the agency.

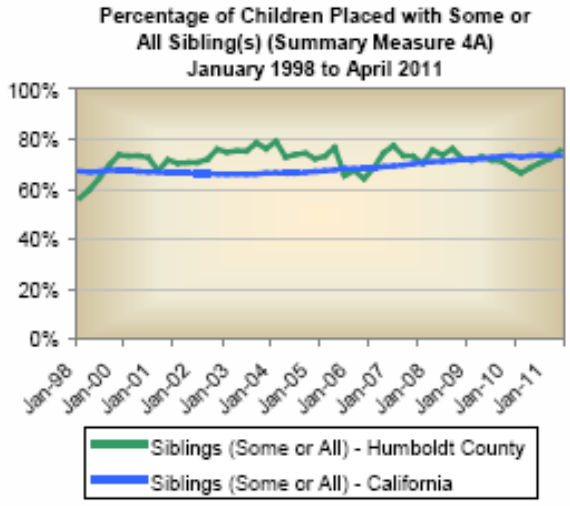
Team Decision Making (TDM) meetings are also used for all placement decisions to ensure the safest and least restrictive placement that is in the best interest of the child.

Placement with Siblings (Measure 4A)

The next chart provides point-in-time counts of sibling groups placed in CWS supervised foster care. The chart reflects data for children who are placed with all or some of their siblings. There is no national or state standard for this measure.

Over the past four years, Humboldt County has shown some reduction in placing some or all of the siblings together, from 77.4% in January 2007 to 75.4% in April 2011. However, the county's trend shows this measure either exceeding or close to statewide average rates.

TDM especially in Emergency Response, has contributed to more siblings being placed together. Efforts to find relatives and Non-Related Extended Family Members (NREFM) for placement have also been productive, and will continue.



Source: CWS Outcome Summary - Quarter 1, 2011 Extract by UC Berkeley (9/14/2011)

Humboldt County continues to need more foster family homes in order to place siblings together.

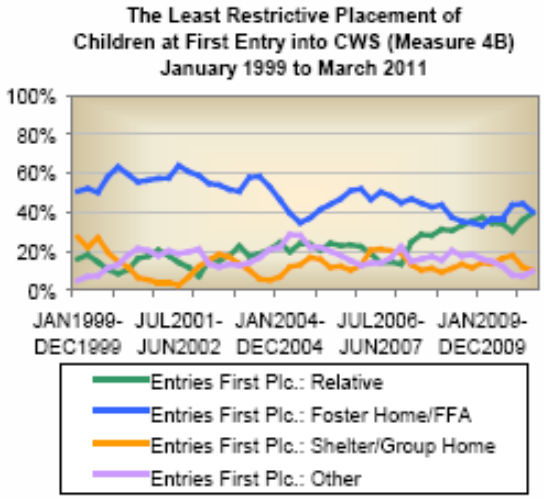
Children in Placement, Least Restrictive Point in Time Placement (Measure 4B)

Humboldt County is committed to placing children entering the child welfare system into the least restrictive environment possible.

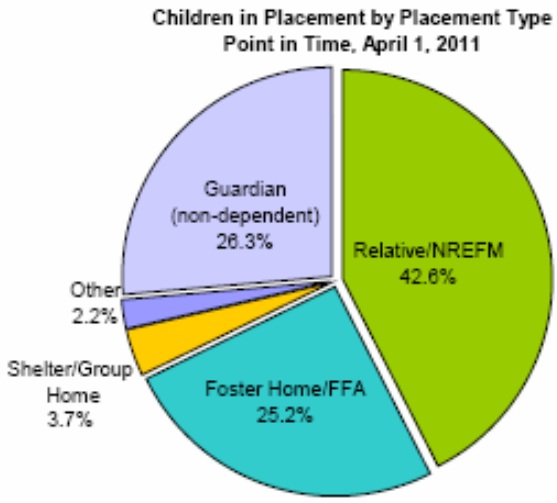
The following chart reflects a child's first placement into care. In comparison to the other placements, relative placement shows a notable increase, from 13.5% of all initial placements during the 12-month period ending December 2007 to 39.6% of the total during a 12-month period ending March 2011. During this same time period, foster home/FFA placements have decreased from 45% to 40.3% and group home/shelter care type placements decreased from 19% to 10.4%. Also, "other placements" have decreased from 22.5% to 9.7% over the same time period. This trend reflects Humboldt County's efforts to place children with relatives first and in the least restrictive environment.

Appendix VI

Excerpt from Humboldt County DHHS Integrated Progress and Trends Report (Autumn 2011)



Source: CWS Outcome Summary - Quarter 1, 2011
Extract by UC Berkeley (9/14/2011)



Source: CWS Outcome Summary - Quarter 1, 2011
Extract by UC Berkeley (9/15/2011)

Often, an initial placement is short, keeping the child safe while convening a TDM meeting.

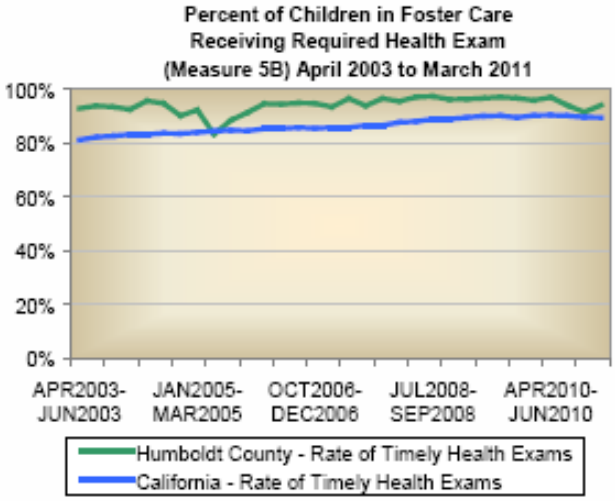
Once a plan is developed for a child, the child may return home or move to a different placement such as a relative or NREFM, foster home, foster family agency, group home or shelter, or other placements (i.e. tribe specified home, small family home, court specified home, non-dependent guardianships, runaways). Some children change placements more than one time to more or less restrictive levels of care, depending on the child's needs.

Humboldt County is committed to and engaged in supporting placement activities using an integrated approach so that all services necessary to sustain placements are provided. This is carried out through collaborative efforts of social workers, mental health clinicians and case managers, and public health nurses. Cases are routinely staffed to ensure that all supports are in place to maintain the stability of the placement. Youth in Group Home and Foster Family Agencies outside of the county are also reviewed at least monthly by the Family Intervention Team (FIT).

On April 1, 2011, the county's 270 foster children were placed as follows: 115 (42.6%) were placed with a relative or NREFM, 68 (25.2%) in a foster home or foster family agency home, 10 (3.7%) are in a group home or county shelter, 6 (2.2%) were placed in "other settings" (mostly court or tribe specified homes), and 71 (26.3%) were in a non-dependent guardianship placement.

Rate of Timely Health & Dental Exams (Measure 5B)

This measure reviews the percent of foster care children receiving timely health exams. The county's percent of children receiving required health exams is at 94.1 percent for the most recent reporting quarter, which is higher than the statewide rate of 89.6 percent.



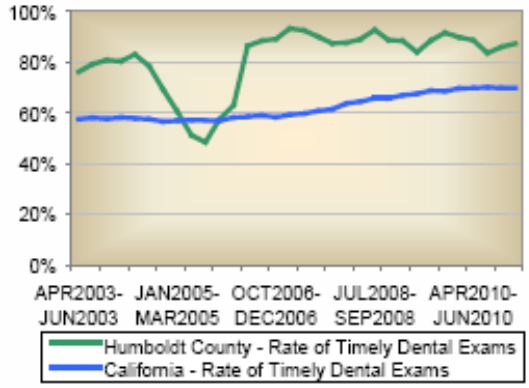
Source: CWS Outcome Summary - Quarter 1, 2011
Extract by UC Berkeley (09/15/2011)

The chart on the next page reviews the percent of foster care children receiving timely dental exams. The county's percent of children receiving required dental exams is at 87.2 percent for the most recent reporting quarter, which is higher than the statewide rate of 69.9 percent.

Appendix VI

Excerpt from Humboldt County DHHS Integrated Progress and Trends Report (Autumn 2011)

Percent of Children in Foster Care Receiving Required Dental Exam (Measure 5B) April 2003 to March 2011

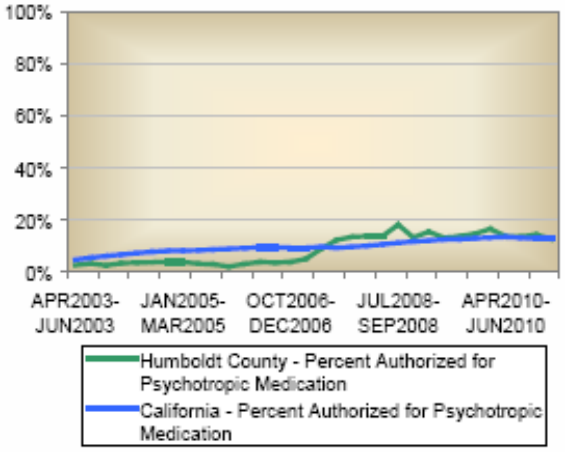


Source: CWS Outcome Summary - Quarter 1, 2011
Extract by UC Berkeley (9/15/2011)

Authorization for Psychotropic Medication (Measure 5F)

This measure reviews the percent of foster care children receiving psychotropic medications. During the most recent reporting year, 12.6% of foster children are receiving psychotropic medication, which is similar to the state level of 12.8%. There is no state standard for this measure.

Percent of Children in Foster Care Authorized for Psychotropic Medication (Measure 5F) April 2003 to March 2011



Source: CWS Outcome Summary - Quarter 1, 2011
Extract by UC Berkeley (9/15/2011)

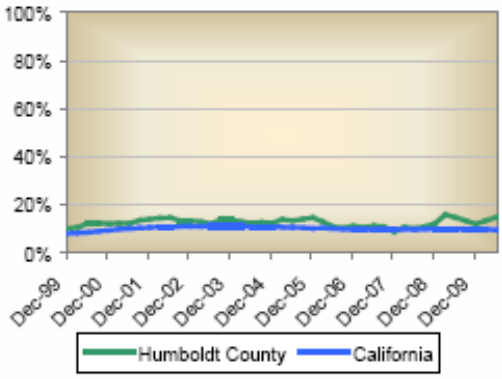
According to California law, each child placed in foster care must have a health and education record that includes current medication, including those prescribed to manage a mental health condition. Current medications that foster children receive are documented and updated on the Health and Education Passport.

Even though, as of January 2007, the Humboldt County trend shows an increase in the percentage of foster children authorized for psychotropic medication, this does not necessarily represent an increase in the use of these medications, but rather an increase in tracking of this particular information. State law requires the entry of a child's medical information into the CWS/CMS system and the provision of the Health and Education Passport to the child's foster parent to assist with the coordination of health care services.

Individualized Education Plan (Measure 6B)

The following graph measures all youth in the foster care system who have received an Individualized Education Plan (IEP). As of the most recent data period, October through March 2011 quarter, Humboldt County continues to show a greater percentage of foster youth with an IEP (11.4%) than the California state percentage (8.2%).

Percent of Children in Foster Care That Have Ever Had an Individualized Education Plan (IEP) (Measure 6B) October 1999 to March 2011

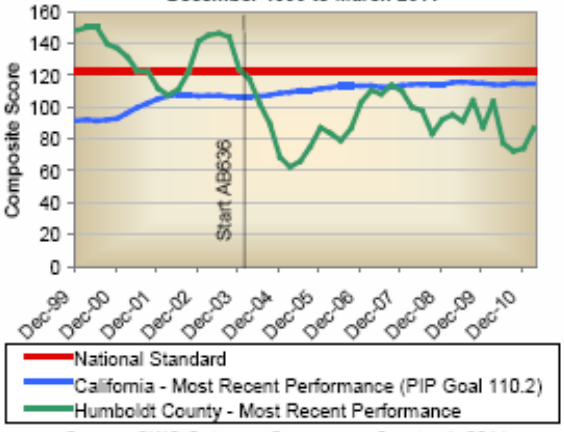


Source: UC Berkeley CWS Outcome Summary
Quarter 1, 2011 (9/6/2011)

Timeliness and Permanency of Reunifications (Composite 1)

The chart below represents Humboldt County's composite score of all four measures in the timeliness and permanency of family reunification over time. In the most recent reporting year, the county's composite score is 86.8. This score is below the national standard (122.6) and the state level (114.7). Though improvements have been made in this measure since 2005, more improvements need to be made particularly in reducing reentry of children into foster care.

Reunification of Children with Parents or Caretakers Permanency Composite C1 December 1999 to March 2011



Source: CWS Outcome Summary - Quarter 1, 2011
Extract by UC Berkeley (9/15/2011)

Appendix VI

Excerpt from Humboldt County DHHS Integrated Progress and Trends Report (Autumn 2011)

In an effort to improve timeliness and permanency of family reunification, Team Decision Making (TDM) was expanded in 2008 to include all at-risk of removals and emergency placement changes. Through the TDM process, families are encouraged to recognize and build on existing support systems, ensuring the safety and well-being of the child. Challenges continue around providing stability and permanency for older youth and children with special needs.

Focused improvements in coordination and integration of services for CWS families and promoting best-practices have also been implemented. Over the past seven years, the county's social workers have been co-located with public health nurses, as well as mental health clinicians and case managers, to streamline service delivery and ensure coordination among service providers.

Since 2006, a Differential Response (DR) work group has been meeting regularly to review and refine the DR process. DR's preventative characteristics, where only the most seriously challenged families have children removed and placed into care, may have an impact on this measure resulting in fewer removals but a longer time to reunification.

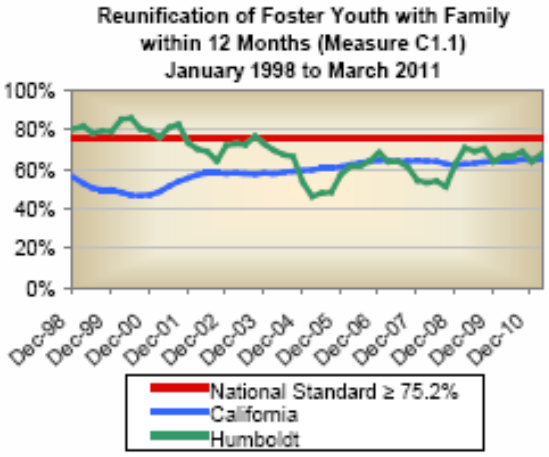
Reunification of Foster Youth with Family Within 12 Months (Measure C1.1)

During the most recent reporting year, the county had 40 total cases that met the criteria of child reunification with family, of which 27 (67.5%) of the children were reunified within 12 months. The trend shows an improvement in the county's reunification rate over the past couple of years, exceeding or meeting the state reunification rate of 64.7%, and coming closer to the national standard of 75.2%.

Generally, the more challenges a family experiences, the longer it may take for reunification. Humboldt County social workers utilize several key practices to promote successful and timely family reunification. They include:

- Identifying families' strengths and needs utilizing the Structured Decision Making (SDM) tools;
- Regularly meeting with families and identifying and involving their support systems and service providers as needed;
- Respectfully engaging families to participate in developing a well-tailored case plan that meets their needs;
- Providing appropriate and effective services that meet the families' needs; and
- Motivating and monitoring families to participate in the services provided to complete their service plan.

Another factor that can contribute to successful reunification is the Linkages program, discussed on page 26.

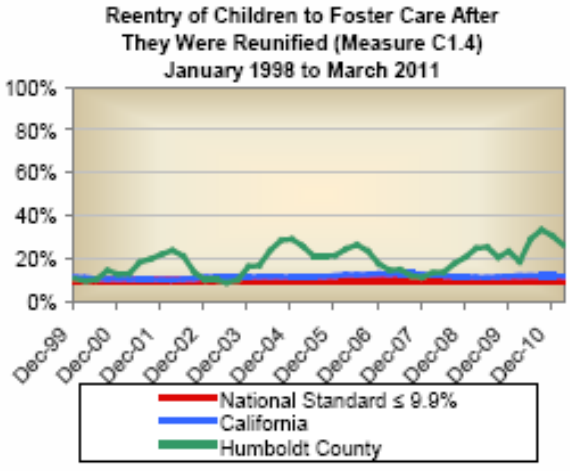


Source: CWS Outcome Summary - Quarter 1, 2011
Extract by UC Berkeley (9/15/2011)

Reentry to Care After Reunification (Measure C1.4)

During the 12-month period ending March 2011, 14 out of 53 children (26.4%) re-entered care within 12 months after reunification.

The county recognizes that in order for a systematic change to occur, the needs of the family as a whole must be addressed. The rate of re-entry should be reduced through consistent assessment of the family's strengths and needs identified according to SDM procedures, utilization of available evidence-based practices and other effective services to meet family needs. The county also continues to expand mental health and public health services and staff co-location with child welfare services. These efforts are anticipated to increase the likelihood of enduring family reunification by providing comprehensive behavioral and physical health services to children and families.



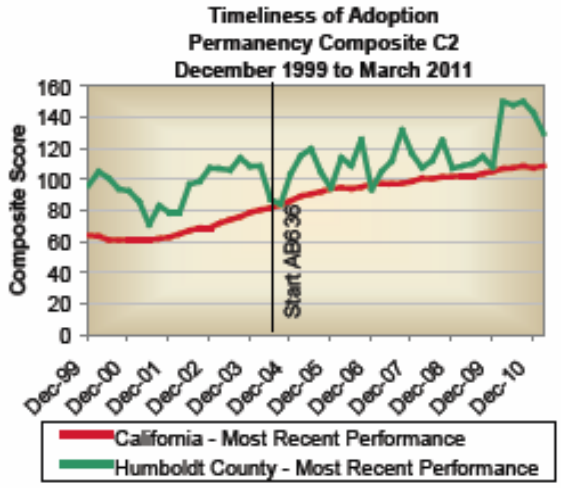
Source: CWS Outcome Summary - Quarter 1, 2011
Extract by UC Berkeley (9/15/2011)

Appendix VI

Excerpt from Humboldt County DHHS Integrated Progress and Trends Report (Autumn 2011)

CFSR Composite 2: Timeliness of Adoptions

The following chart shows the Timeliness of Adoptions composite score for Humboldt County in relation to the federal standard, as well as the state composite score. The higher the score, the more timely the adoption. For the most recent annual data period, April 2010 through March 2011, Humboldt County has a composite score of 129.5, which is greater than the state composite score of 108.5 and also greater than the national standard of 106.4.

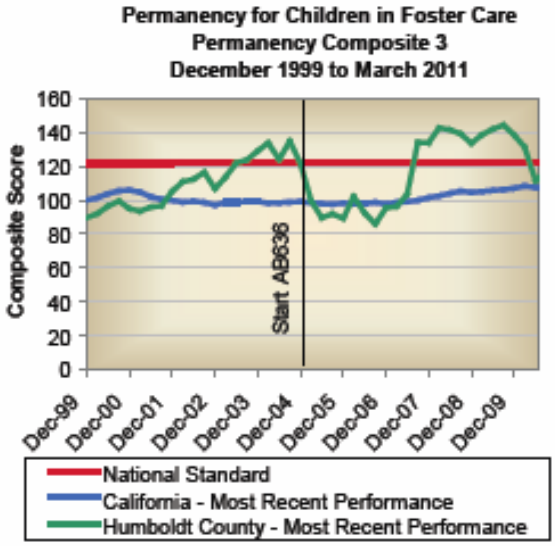


Source: UC Berkeley CWS Outcome Summary
Quarter 1, 2010 (9/6/2011)

CFSR Composite 3: Achieving Permanency for Children in Foster Care

Composite 3 combines measures of permanency and time in care to form a comprehensive picture of achieving permanency for children in foster care.

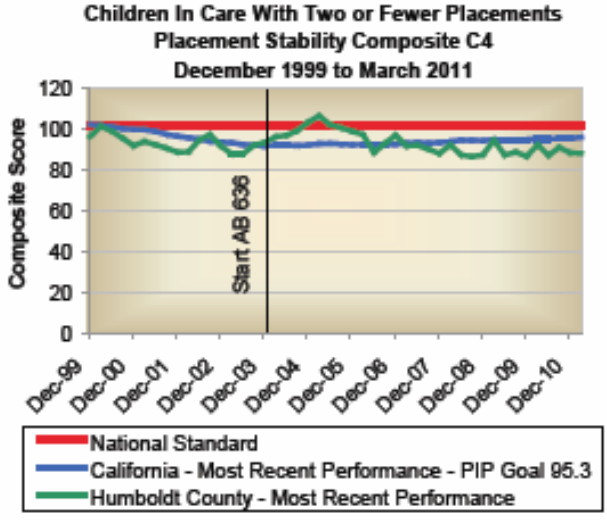
The next chart shows the composite score for Humboldt County in relation to the federal standard and the state composite score. The higher the score, the more permanency has been achieved for youth who are legally free for adoption. For the most recent annual data period, April 2010 throuth March 2011, Humboldt County has a composite score of 108.7, which is lower than the previous quarter of 113.9 and below the national standard of 121.7, but it is still above the state composite score of 105.3.



Source: UC Berkeley CWS Outcome Summary
Quarter 1, 2011 (9/6/2011)

Placement Stability (Measure C4)

The chart below reflects Humboldt County's composite of all three placement stability measures of children with two or fewer placements over time.

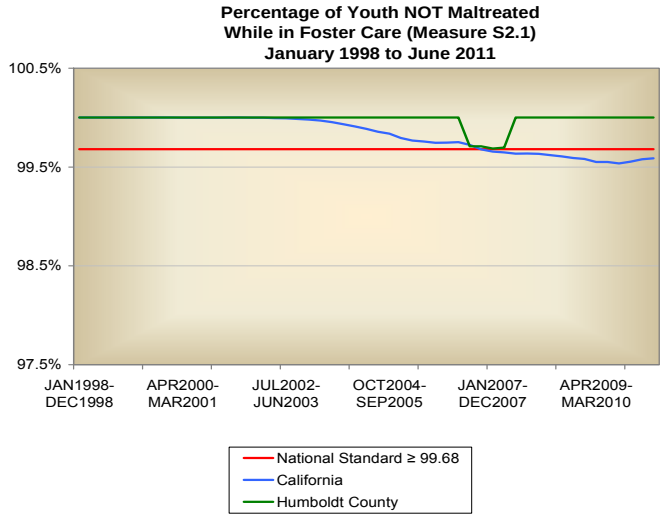


Source: CWS Outcome Summary - Quarter 1, 2011
Extract by UC Berkeley (9/15/2011)

In the most recent reporting year March 2011, the county's composite score is 87.7. This score is less than the national standard (101.5) and the statewide level (95.7). This reflects, in part, the county's need for more specialized caregivers to provide stable placements for older youth and children with special needs for whom appropriate placements are more difficult to find.

Appendix VI

Excerpt from Humboldt County DHHS Integrated Progress and Trends Report (Autumn 2011)

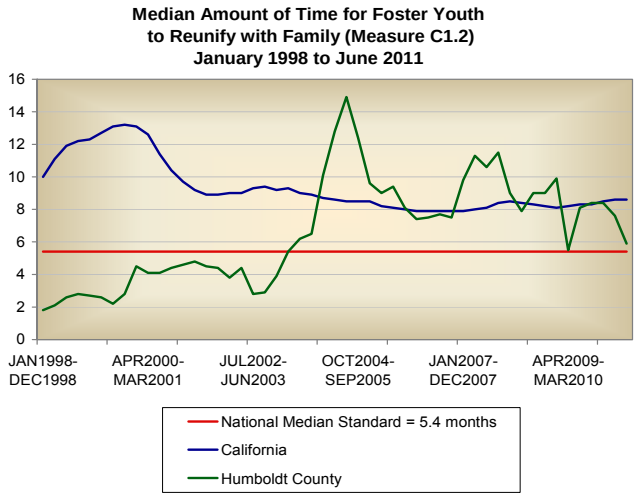


Source: CWS Outcome Summary - Quarter 2, 2011 Extract on 11/03/2011 by UC Berkeley (2011)

The chart above shows the percentage of all children in the county with a substantiated allegation of abuse and/or neglect by a foster parent or facility staff while in out-of-home care.

Humboldt County's trend is virtually parallel to the trend throughout California. For the current data period, there were no incidents of child maltreatment while in foster care.

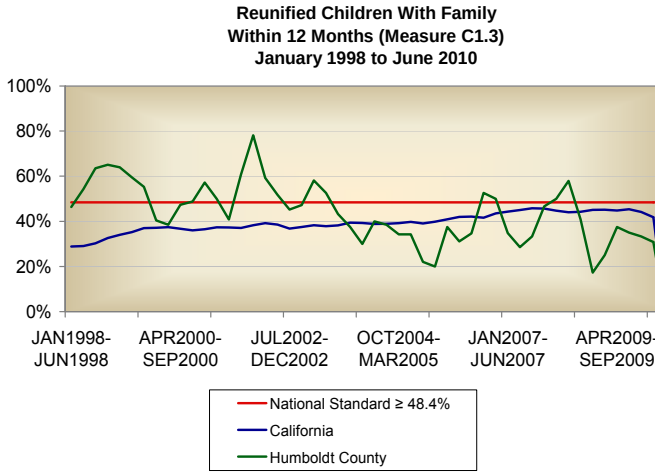
Currently, Humboldt County staff is taking corrective action in some areas recently identified as needing improvement, such as consistent usage of definitions of abuse and continued training and monitoring.



Source: CWS Outcome Summary - Quarter 2, 2011 Extract on 11/3/2011 by UC Berkeley (10/27/2011)

The chart above represents the median length of stay (in months) of children in foster care discharged due to reunification with their parent(s). During the most recent reporting year, the median length of stay of Humboldt County children in foster care was approximately 6 months prior to reunification with their parent(s), in comparison to the statewide median stay of 8.6 months. Compared to last year, the county trend shows a decrease in this measure of reunification time from 8 months to 6 months.

Focused improvements in coordination and integration of services for CWS families may be a factor in seeing progress in this measure. Improvements in coordination and integration of Social Services, Mental Health and Public Health services have gradually been implemented over the last five years.



Source: CWS Outcome Summary - Quarter 2, 2010 Extract on 11/3/2011 by UC Berkeley (10/27/2011)

The above chart represents the percent of children reunified with their parents within 12 months of removal (for children first entering foster care). During the most recent reporting year, 4 children (30.8%) were reunified with family within the first 12 months out of total 13 reunified children. The county is 11 percent below the State's level (41.8%) and almost 18 percent below the national standard of 48.4%.

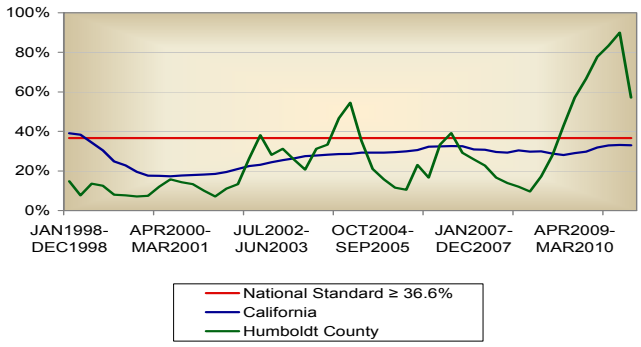
A Differential Response (DR) work group has been meeting regularly to review and refine the DR process. The decline in this measure in the longer term may be explained by DR's preventative characteristics, where only the most seriously challenged families have children removed and placed into care, thus resulting in less removals but a longer time to reunification.

Appendix VI

Excerpt from Humboldt County DHHS Integrated Progress and Trends Report (Autumn 2011)

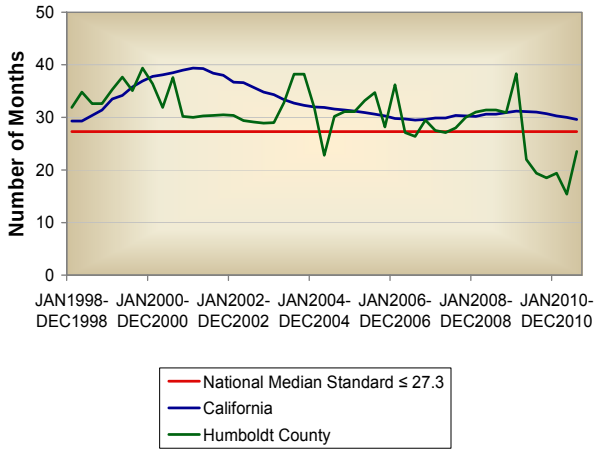
Team Decision Making (TDM) may also be impacting the improvement in this measure. Through the TDM process, families are able to recognize and build on existing support systems already in place, ensuring the safety and well-being of the child. Child Welfare Services began TDM in May 2005, requiring TDM meetings for all placement changes involving birth parents, youth and their support system. TDM has demonstrated to be successful in improving outcomes for youth, with more families being able to reunify with their children safely in their own homes. The challenge continues to be providing stability and permanency for older youth and children with special needs.

Percentage of Foster Youth Adopted within 24 Months of Entry (Measure C2.1) January 1998 to June 2011



Source: CWS Outcome Summary - Quarter 2, 2011 Extract on 11/3/2011 by UC Berkeley (10/27/2011)

Median Amount of Time for Foster Youth Being Adopted (Measure C2.2) January 1998 to June 2011



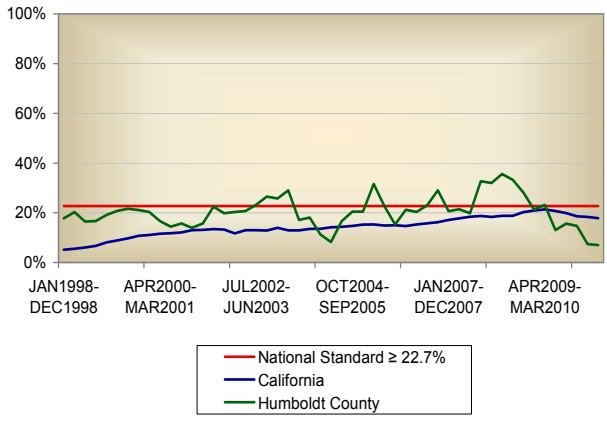
Source: CWS Outcome Summary - Quarter 2, 2011 Extract on 11/3/2011 by UC Berkeley (10/27/2011)

In the preceding two charts, Humboldt County shows improvement in the two adoption measures, exceeding the national standard for the percentage of adopted children being adopted within 24 months of foster care entry and a lower median amount of time from entry to adoption. In the most recent data period of July 2010 through June 2011, seven children exited foster care to adoption. Of these seven, four were adopted in less than 24 months.

Concurrent planning, which is the goal for every Family Reunification case, is planning for either reunification or another permanent living situation, should the child not be able to reunify. The plan is usually adoption, but might include legal guardianship or another plan for permanency. Adoptions staff conduct ongoing case reviews with social workers twice a month on both Family Reunification and Permanency Planning cases.

For the data timeframes listed, 40% of the foster care population are Native American. Since local Native American customs do not support parental rights being terminated, Native American children are more likely not to be freed for adoption in Humboldt County. These adoption measures are expected to improve as new legislation around Tribal Customary Adoptions is implemented. AB 1325, which went into effect July 1, 2010, created a new structure for Tribal Customary Adoptions as a permanency alternative for Native American children. Although similar to traditional adoption, Tribal Customary Adoption does not require the termination of parental rights, upon a Tribes recommendation.

Youth in Care Adopted within 12 Months (Measure C2.3) January 1998 to June 2011



Source: CWS Outcome Summary - Quarter 2, 2011 Extract on 11/3/2011 by UC Berkeley (10/27/2011)

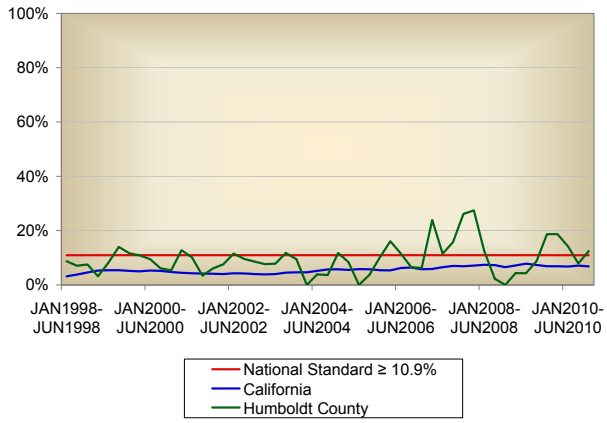
The chart above represents the percent of children in foster care adopted within 12 months of entry. In the current period, 4 out of 57 children (7.0%) in foster care were discharged from care to adoptions. This

Appendix VI

Excerpt from Humboldt County DHHS Integrated Progress and Trends Report (Autumn 2011)

measure shows that it takes longer for the county's foster youth to be adopted within 12 months in comparison to state and national rates.
Concurrent planning, which is the goal for every Family Reunification case, is planning for both reunification or another permanent living situation, should the child not be able to reunify. This is usually adoption, but might include legal guardianship or another plan for permanency.

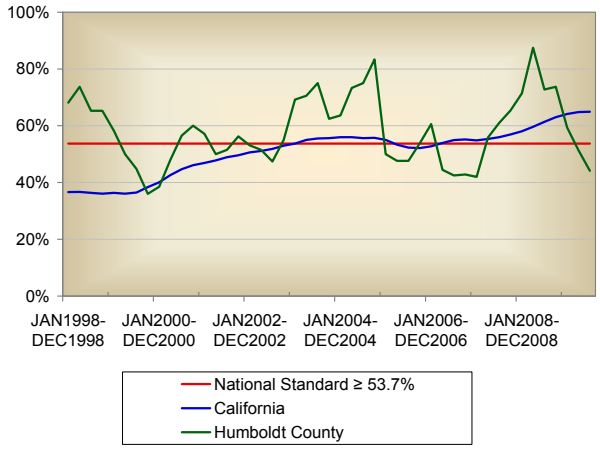
Rate of Youth Legally Free to be Adopted within 6 Months of Entry Into CWS (Measure C2.4) January 1998 to June 2010



Source: CWS Outcome Summary - Quarter 2, 2011
Extract on 11/3/2011 by UC Berkeley (10/27/2011)

The chart above represents the percent of children in foster care legally free for adoption within 6 months of entry. In the current data period, five of 40 children (12%) became legally free for adoption within six months of entry into foster care, which is close to the national standard of 11 percent.

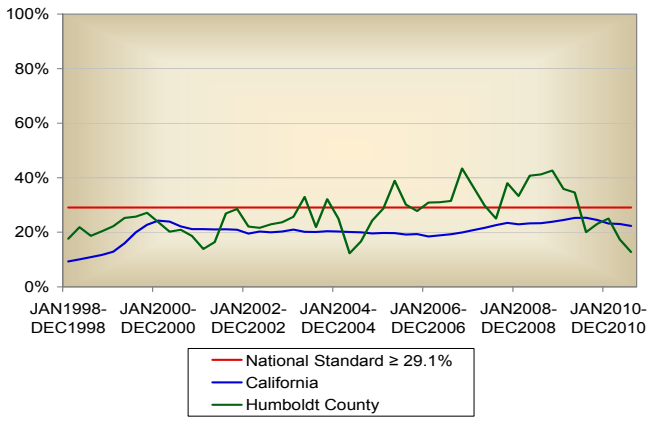
Percentage of Youth Adopted Within 12 Months Who Are Legally Free (Measure C2.5) January 1998 to June 2010



Source: CWS Outcome Summary - Quarter 2, 2010
Extract on 11/3/2011 by UC Berkeley (10/27/2011)

Humboldt County has varied in performance in the adoption measure above. In the most recent data period of July 2009 through June 2010, 34 children were legally freed for adoption of which 15 (44.1%) were adopted in less than 12 months. This is lower than statewide average (65%) and national standard (54%).

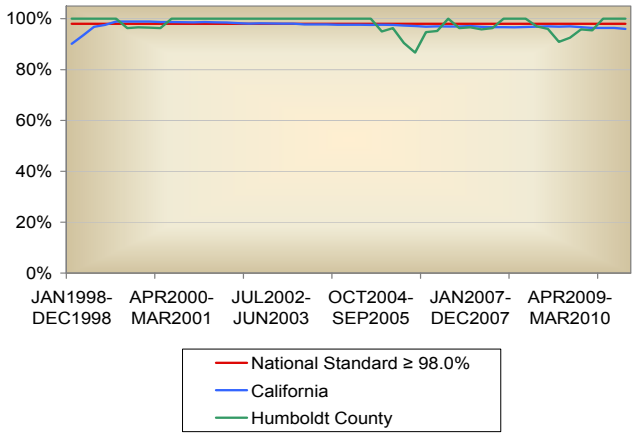
Exits to Permanency after 24 Months in Care (Measure C3.1) January 1998 to June 2011



Source: CWS Outcome Summary - Quarter 2,2011
Extract on 11/3/2011 by UC Berkeley (11/27/2011)

The chart above represents the percentage of children in foster care for 24 months or longer on the first day of the year, that were discharged to a permanent home by the end of the year and prior to turning 18. In the current data period, 6 out of 47 youth (13%) were discharged to a permanent home within 24 months in care, which is lower than statewide average and national standard.

Exits To Permanency: Legally Free for Adoption at Exit (Measure C3.2) January 1998 to June 2011



Source: CWS Outcome Summary - Quarter 2, 2011
Extract on 11/3/2011 by UC Berkeley (10/27/2011)

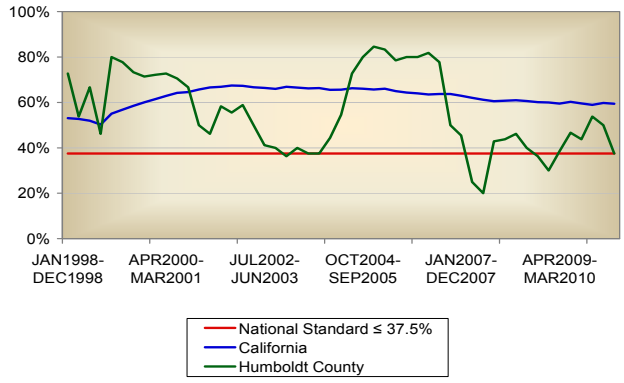
Appendix VI

Excerpt from Humboldt County DHHS Integrated Progress and Trends Report (Autumn 2011)

The chart above represents the percent of all children who were legally free for adoption and were placed with a permanent home (reunification, guardianship, or adoption) prior to turning 18.

All ten of the 10 children (100%) met the criteria for this measure during the current year data period. Humboldt County's trend has been consistently at or near the California average and the national standard.

Youth in Care More Than 3 Years Upon Emancipation (Measure C3.3) January 1998 to June 2011

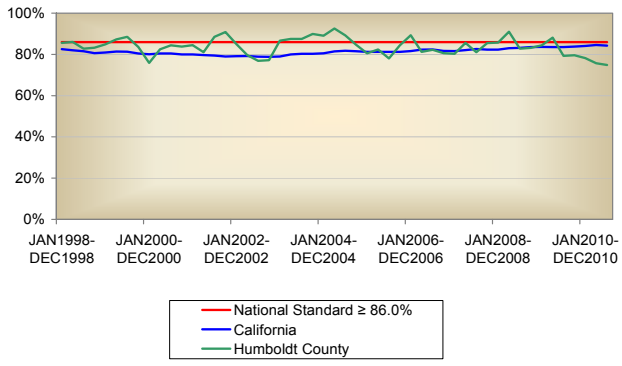


Source: CWS Outcome Summary - Quarter 2, 2011 Extract on 11/3/2011 by UC Berkeley (10/27/2011)

The chart above shows 3 out of the 8 children (37.5%) that emancipated from foster care or turned 18, during the current year data period (July 2010 to June 2011), had been in care more than three years.

Humboldt County expects this measure to continue to improve as the Intensive Family Search, Engagement, and Support efforts are further established in the Emergency Response unit and throughout the time the youth is in care, according to the AB 938 legislation.

CWS Foster Youth Placement Stability (In Care 8 days to 12 Months; Measure C4.1) January 1998 to June 2011

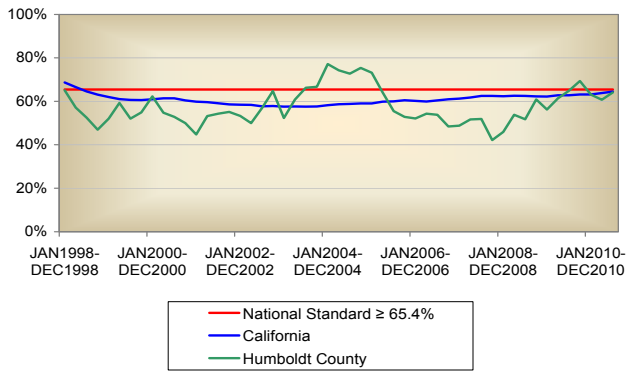


Source: CWS Outcome Summary - Quarter 2, 2011 Extract on 11/3/2011 by UC Berkeley (10/27/2011)

This chart reflects the percentage of children with two or fewer placements while in foster care for eight days or more, but less than 12 months.

During the most recent reporting year, there were 151 children in foster care for less than 12 months, of which 74.8% (113) had two or fewer placement changes. This compliance rate is less than the national standard of 86 percent and California's average of 84.2 percent.

CWS Foster Youth Placement Stability (In Care 12 Months to 24 Months; Measure C4.2) January 1998 to June 2011



Source: CWS Outcome Summary - Quarter 2, 2011 Extract on 11/3/2011 by UC Berkeley (10/27/2011)

The chart above reflects the percentage of children with two or fewer placements who have been in foster care for at least 12 months but less than 24 months.

During the most recent reporting year, there were 53 children in foster care for at least 12 months, of which 64.2% (34) had two or fewer placement changes. This compliance level is close to the national standard of 65.4 percent. Humboldt County has increased utilization of Team Decision Making for placement decisions and integrated services with Mental Health case managers and clinicians to meet the behavioral health needs of children in placement in order to improve placement stability.

Appendix VI

Excerpt from Humboldt County DHHS Integrated Progress and Trends Report (Autumn 2011)

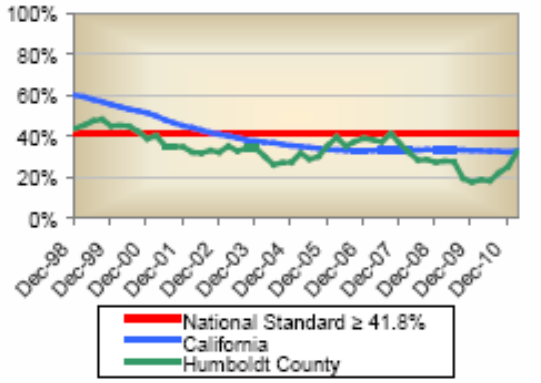
The following changes in practice have contributed to placement stability improvements, particularly in Emergency Response, Family Maintenance and Family Reunification cases, where children have been in foster care less than 24 months:

- Continuous family finding efforts during the child's time within the child welfare system;
- Expansion in the use of integrated services with Public Health nurses since 1999 and Mental Health case managers and clinicians since 2008 to meet the physical and behavioral health needs of children in placement;
- Expansion of Wraparound-like services to Voluntary Family Maintenance cases; and
- Expansion of Team Decision Making (TDM) for all at-risk of removals and emergency placement changes involving Emergency Response units and Family Maintenance cases.

Stability: In Care at Least 24 Months (Measure C4.3)

The following chart reflects the percentage of children with two or fewer placements who have been in foster care for at least 24 months or more.

Placement Stability: Children In Care At Least 24 Months With Two or Fewer Placements (Measure C4.3) January 1998 to March 2011



Source: CWS Outcome Summary - Quarter 1, 2011
Extract by UC Berkeley (9/15/2011)

During the most recent reporting year as of March 2011, there were 74 children in foster care for at least 24 months, of which 24 (32.4%) had two or fewer placement changes. This compliance rate is less than the national standard (41.8%) and statewide level (32.9%). This declining trend reflects the county's need for more specialized caregivers with advanced training and enhanced behavioral health supports, to provide stable placements for older youth and children with special needs.

Foster Care Behavioral Health Expansion (FCBH)

In an effort to identify and strengthen natural supports for children and families and provide services to all children in out-of-home care, beginning at the time of placement the following objectives were put in place:

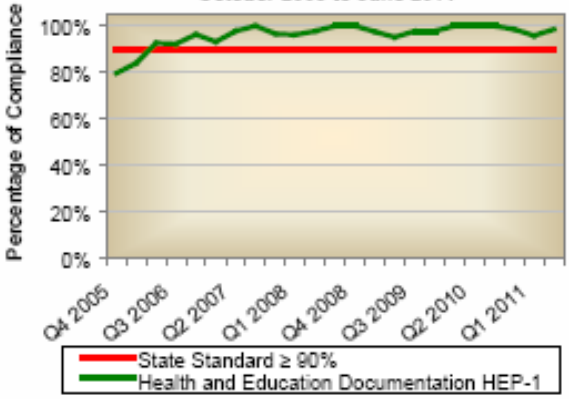
- Ensure that permanent connections are supported and maximized for all youth;
- Assess care needs of behavioral and physical health services for children and youth in foster care;
- Connect and/or provide services for identified health needs;
- Provide services through an integrated DHHS team approach, including community partnerships such as probation, education, and family resource centers; and
- Include youth voice in program development, treatment, planning and service provision.

The partners included to assure these objectives were met are children's mental health, public health nursing, CWS, and Humboldt County Transition Age Youth Collaborative (HCTAYC) which are all part of Children and Family Services. The team is integrated for treatment planning and service provision, with enhanced communication and coordination.

Health and Education Passport

The Department continues to exceed the state standard in meeting children's medical and dental documentation requirements. The next chart represents the percentage of cases where the Health and Education Passport (HEP) is completed and provided to the caregiver.

Percentage of Foster Children receiving Health and Education Passport Documentation October 2005 to June 2011



Source: Child Welfare Services Division 31
Compliance Data from SafeMeasures (9/12/11)

A health questionnaire is completed monthly by the substitute care provider. When new information is received regarding a child's physical or mental health, a Public Health Nurse or Mental Health Clinician may be consulted or involved in providing support services to ensure the child's needs are being met.

A snapshot of compliance to Division 31 measures is presented on the following page.

Appendix VI

Excerpt from Humboldt County DHHS Integrated Progress and Trends Report (Autumn 2011)

Division 31 Measures

September 8, 2011

Humboldt County Division 31 Compliance Rate; Standard = 90%

9/8/2011 Extract Date

9/9/2011 Analysis Date

Blue indicates percent exceeding standard; *Red* indicates percent falling short of standard.	Mar-11	Variation from 90% Standard	Apr-11	Variation from 90% Standard	May-11	Variation from 90% Standard	Jun-11	Variation from 90% Standard	Jul-11	Variation from 90% Standard	Aug-11	Variation from 90% Standard	Out of Compliance # / total case #
Time to Investigation C-1 (by referral)	95.1%	5.1%	97.8%	7.8%	93.6%	3.6%	93.0%	3.0%	98.6%	8.6%	90.0%	0.0%	9/90
Pre-Case-Plan Contacts	88.4%	-3.6%	95.0%	5.0%	46.2%	-43.8%	33.3%	-56.7%	100.0%	10.0%	N/A**		0/0 (July data)
Case Plan Approval*	74.0%	-16.0%	85.8%	-4.2%	55.0%	-35.0%	0.0%	-90.0%	85.8%	-4.2%			2/14 July data)
Signed Case Plan CP-2	100.0%	10.0%	100.0%	10.0%	92.3%	2.3%	100.0%	10.0%	100.0%	10.0%			0/0 (July data)
Face to Face Contacts (FM) C-3	98.1%	8.1%	94.5%	4.5%	100.0%	10.0%	94.0%	4.0%	91.4%	1.4%	86.5%	-3.5%	17/126
Face to Face Contacts (FR) C-3	93.6%	3.6%	93.4%	3.4%	96.7%	6.7%	97.6%	7.6%	99.2%	9.2%	88.9%	-1.1%	14/126
Face to Face Contacts (PP) C-3	98.7%	8.7%	100.0%	10.0%	97.0%	7.0%	98.1%	8.1%	96.3%	6.3%	98.8%	8.8%	2/161
Physical Examinations	95.7%	5.7%	97.0%	7.0%	99.0%	9.0%	98.6%	8.6%	96.2%	6.2%	95.4%	5.4%	10/216
Dental Examinations	96.5%	6.5%	97.4%	7.4%	96.4%	6.4%	98.2%	8.2%	97.0%	7.0%	96.5%	6.5%	6/170
Independent Living Program (ILP) Services	100.0%	10.0%	95.7%	5.7%	95.7%	5.7%	100.0%	10.0%	95.5%	5.5%	83.4%	-6.6%	4/24
	Q1 2010		Q2 2010		Q3 2010		Q4 2010		Q1 2011		Q2 2011		
Health and Education Documentation HE1	96.7%	6.7%	93.3%	3.3%	100.0%	10.0%	98.5%	8.5%	95.5%	5.5%	98.6%	8.6%	1/71

*Of all cases promoted during the month, what percentage have had their case plan approved within 60 days from Time to Approved Case Plan.

** As these measures reflect compliance within the 60-day case planning period, the most recent month's data will always fall within the allowed 60 days. Therefore, the prior month's data will be reflected in the "Out of Compliance #/Total Case #" column for those three measures.

Appendix VI

Excerpt from Humboldt County DHHS Integrated Progress and Trends Report (Autumn 2011)

When a child is moved to a different placement, a HEP is sent to the new foster parent or relative to ensure that the new substitute care provider has the necessary information to care for the child.

Progress in the FCBH Expansion Program is measured, in part, by the Child and Adolescent Functional Assessment Scale (CAFAS).

The CAFAS ranks eight levels of functioning domains from a clinician's perspective:

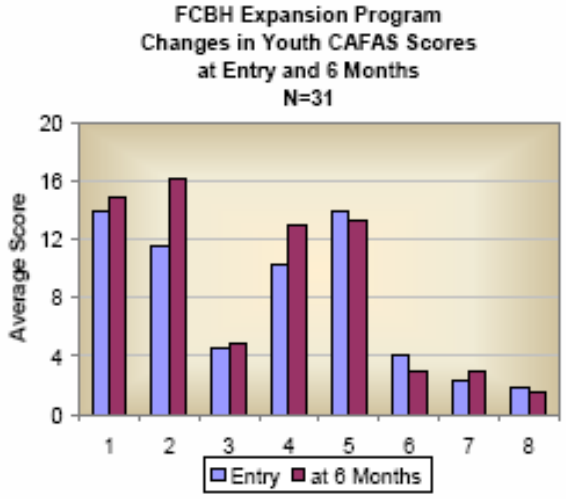
1) School/Work Performance
2) Home Performance
3) Community Performance
4) Behavior Toward Others
5) Moods and Emotions
6) Self-harmful Behavior
7) Substance Use
8) Thinking [Thought Disorders]

Scores represent levels of impairment:

- No or minimal (0)
- Mild (10)
- Moderate (20)
- Severe (30)

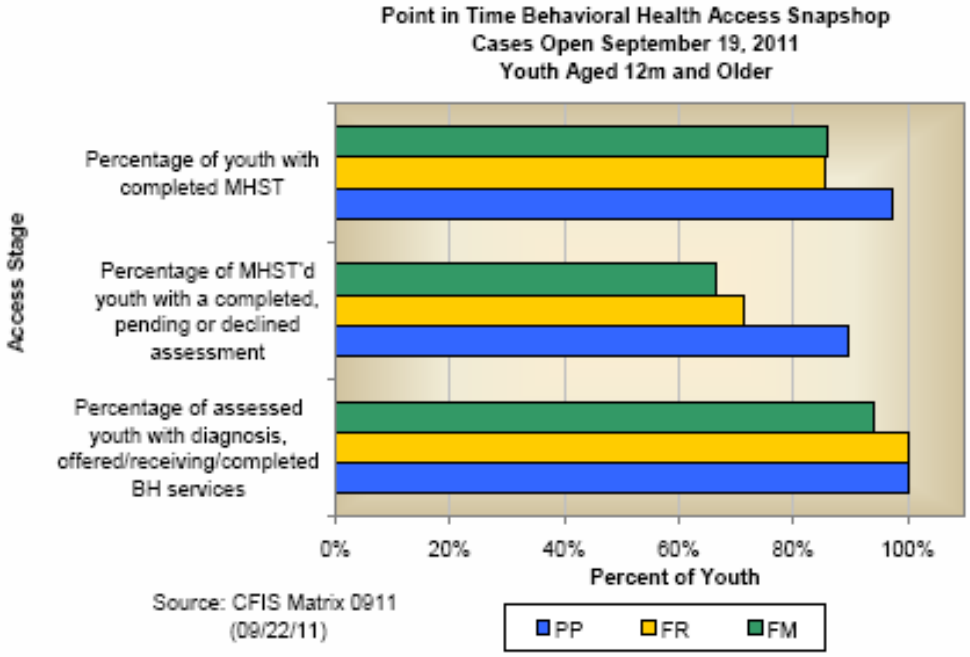
The CAFAS assessment is provided by clinician observation several times during a youth's time with FCBH expansion services, including entry, at 6 months and exit. Each domain is identified by number in the chart in the next column.

The chart below shows the average change from program entry to 6 months in each of the domains. Due to low number of paired instruments, further analysis is not available at this time.



Source: DHHS Research & Evaluation
FCBHE Database (October 2011)

The chart below shows the behavioral health access stage for all youth with an open CWS case on September 19, 2011 by each of the three child welfare service components, including Permanency Placement (PP), Family Reunification (FR) and Family Maintenance (FM).



Source: CFIS Matrix 0911 (09/22/11)

Appendix VI

Excerpt from Humboldt County DHHS Integrated Progress and Trends Report (Autumn 2011)

LINKAGES: CWS AND CALWORKS

Humboldt County's Linkages program has been evolving since 2005 as a CalWORKs and CWS collaboration to improve outcomes for children and families that are mutually served by both of these Social Services agencies. These children and families receive either Family Maintenance or Family Reunification (AB 429) services from CWS.

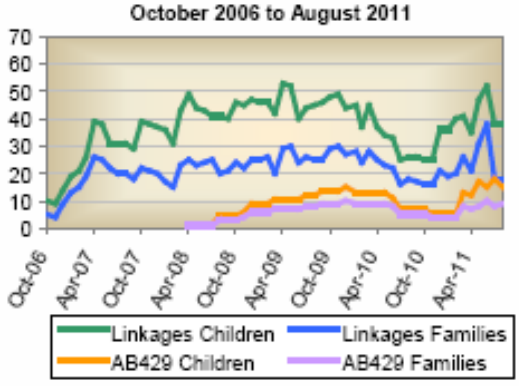
The Linkages program facilitates access to a broad array of coordinated services for families that may need child care, education, employment, food, clothing, housing, counseling services (e.g. domestic violence, mental health issues, alcohol and drug abuse), and other areas that are barriers to self-sufficiency.

CalWORKs and CWS staff engage the family in decision making, such as family strengths/needs and goals assessment, service eligibility, placement decisions, and coordinated case planning.

Humboldt County's Linkages work plan seeks to improve early identification of mutually served CWS/CalWORKs clients and coordination of services, case planning, training and evaluation of outcome measures. CWS clients receiving services through the Linkages program are expected to show a lower rate of subsequent substantiated allegations of child abuse/neglect and a lower rate of children subsequently placed in out-of-home care, in comparison to non-Linkages families. As well, CalWORKs clients are expected to show a higher percentage of parents having CalWORKs sanctions resolved and meeting work participation requirements in comparison to non-Linkages families.

The following chart shows, on a monthly basis, the number of CWS cases that qualified for Linkages coordinated services since Humboldt County began tracking Linkages cases in October of 2006.

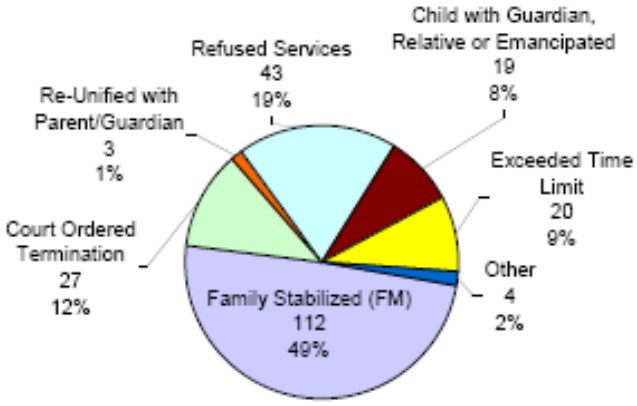
CWS/CalWORKs Children and Families Receiving Linkages Services October 2006 to August 2011



Source: CWS/CMS and CalWORKs database reports (9/22/2011)

The next chart illustrates the case closure reasons for CWS cases that received Linkages services.

Linkages Case Closure Reasons by Type October 2006 to August 2011



Source: CWS/CMS and CalWORKs database reports (9/22/2011)

A major reason for case closure is family stabilization of CWS cases, which consists of 49% of 228 Linkages cases that closed since October 2006. This percentage is 10% higher than for non-Linkages FM/FR cases, which showed family stabilization to be 39% of cases that closed since October 2006.

Other reasons for case closure of CWS cases include:

- Client Refused Services ;
- Court Ordered Termination;
- Exceeded Time Limit
- Children Placed with Guardian, Relative or Emancipated; and
- Re-United with Parent/Guardian

In comparison to non-Linkages families, Linkages cases show a higher rate of Refused Services and Exceeding Time Limit and a lower rate of Court Ordered Termination and Placements with Guardians/Relatives or Emancipations.

Due to the low number of Linkages cases it is difficult to analyze with certainty. Based on the small sample, it appears that CWS clients that received coordinated Linkages services show a slightly lower rate of subsequent substantiated allegations of child abuse/neglect and a slightly lower rate of children subsequently placed in out-of-home care, in comparison to non-Linkages families.

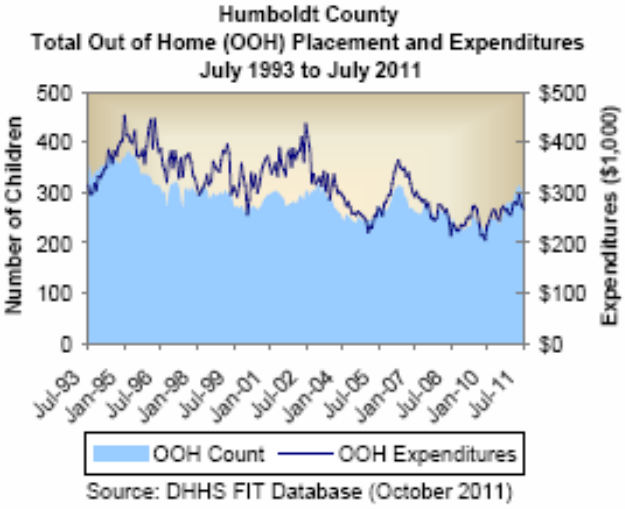
Appendix VI

Excerpt from Humboldt County DHHS Integrated Progress and Trends Report (Autumn 2011)

Family Intervention Team (FIT)
Out of Home Placements

The Family Intervention Team (FIT) is a partnership between CWS, Mental Health, and Public Health program and fiscal resources, Juvenile Probation, and other community partners, as needed, and is designed to proactively manage resources and supports for children and youth with high needs who often cross systems. The FIT Resource Allocation Committee (RAC) provides administrative oversight and approval for exceptional requests for support such as out of county high-end and urgent response teams for individual children.

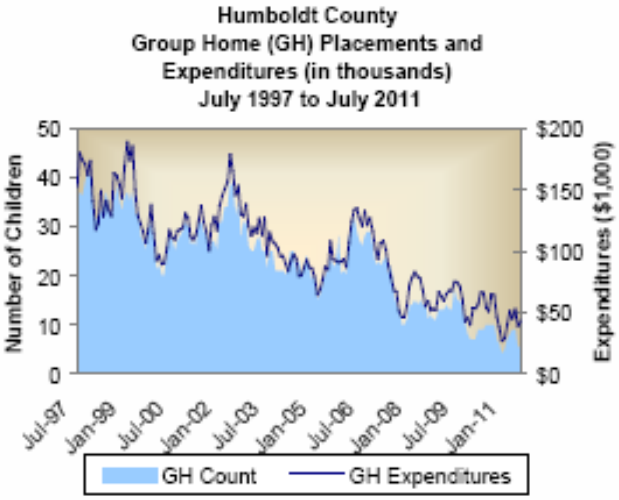
This following chart shows the total number of Humboldt County children placed out of home each month since July 1993 and the monthly expenditures associated with those placements.



Source: DHHS FIT Database (October 2011)

The data indicate a decrease of 17% of total number of children placed in "Out of Home" (OOH) settings and a corresponding decrease of 15% in expenditures. The trends reflect Humboldt County's initiatives to maintain children in their homes or in the least restrictive environment where protective factors can be ensured.

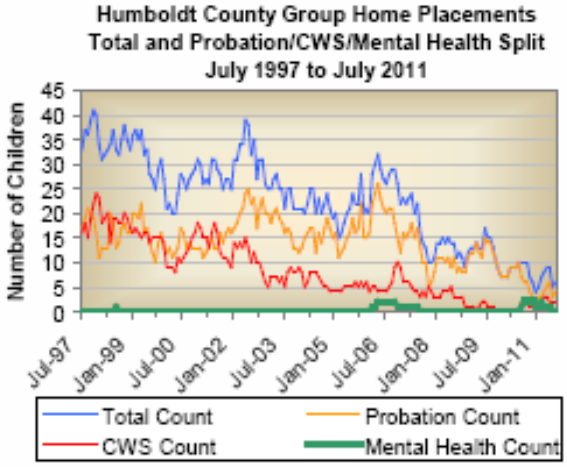
In comparison, the chart in the next column demonstrates a decrease of 82% in the number of Humboldt County youth placed in group homes each month since July 1997 and a decrease of 72% in monthly expenditures for those placements. These trends are linked to Humboldt County's various initiatives to avoid out-of-home placements in "non-family" settings.



Source: DHHS FIT Database (October 2011)

The chart below shows the number of children placed in group homes by the three potential placing agencies: CWS, Probation and Mental Health.

Group home placements by all agencies have declined from a total of 33 youth in July 1997 to 6 youth in July 2011.

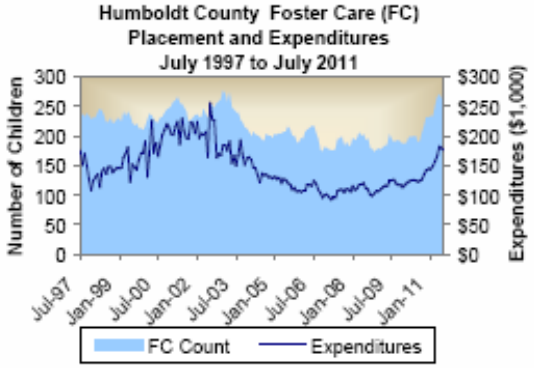


Source: DHHS FIT Database (October 2011)

Appendix VI

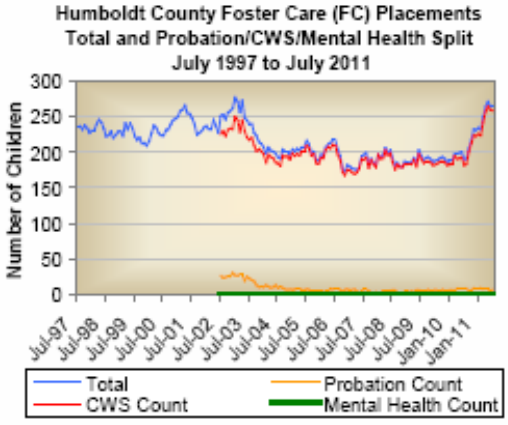
Excerpt from Humboldt County DHHS Integrated Progress and Trends Report (Autumn 2011)

The chart below shows the history of placements and associated expenditures for foster care per month since 1997.



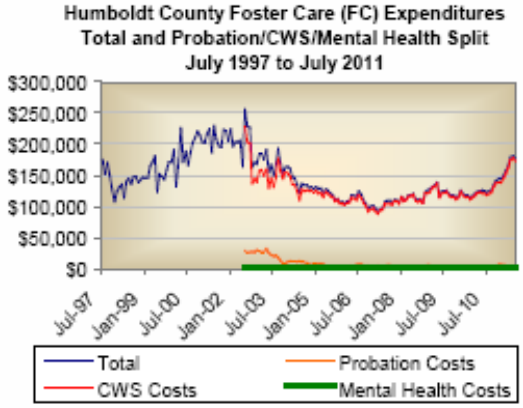
Source: DHHS FIT Database (October 2011)

As shown in the next chart there has been a general increase in foster care placements since July 2006, in part due to the decrease in other more restricted placements.



Source: DHHS FIT Database (October 2011)

As illustrated in the chart below, CWS represents the bulk of foster care expenditures. Since 1997 total foster care expenditures have increased 1%.

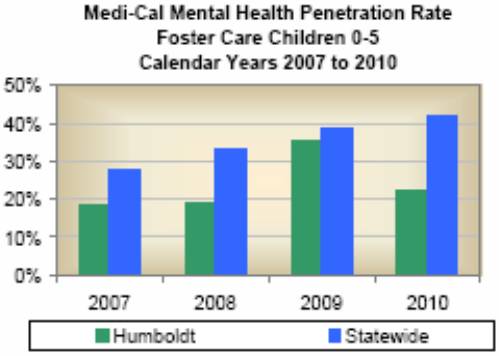


Source: DHHS FIT Database (October 2011)

Children's Mental Health

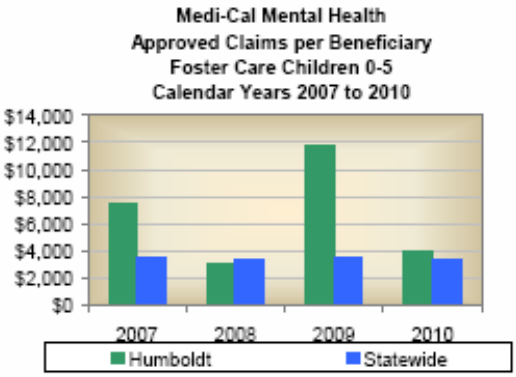
Mental Health Penetration Rate for Foster Care

Penetration rate is a numerical description of the percentage of an eligible population receiving Mental Health services. The chart below shows the Medi-Cal penetration rate for foster care youth 0-5 years of age. All penetration and approved claims data from Medi-Cal Eligibility Data System (MEDS) Monthly Extract File Data is provided by APS Healthcare. According to APS, the 2010 data provided is very preliminary and not yet considered valid due to severe lags in claims processing by the state.



Source Data: Department of Mental Health Approved Claims and MEDS (Medi-Cal Eligibility Data System) Monthly Extract File Data (7/20/11)

Humboldt County historically spends more per 0-5 years of age foster care beneficiary than the statewide average. While Humboldt County historically has a lower penetration rate into the 0-5 foster care population, the county spends significantly more per foster care 0-5 years of age beneficiary.



Source Data: Department of Mental Health Approved Claims and MEDS (Medi-Cal Eligibility Data System) Monthly Extract File Data (7/20/11)

The tables on the following two pages present Medi-Cal penetration and retention rates for children and youth in foster care. The series of graphs following the penetration rate tables reflect Humboldt County's commitment to increasing access to Medi-Cal mental health services for foster care children and families. All data reflect the most recent calendar year, 2010, and were extracted September 2011.

Appendix VI

Excerpt from Humboldt County DHHS Integrated Progress and Trends Report (Autumn 2011)

Therapeutic Behavioral Services (TBS)

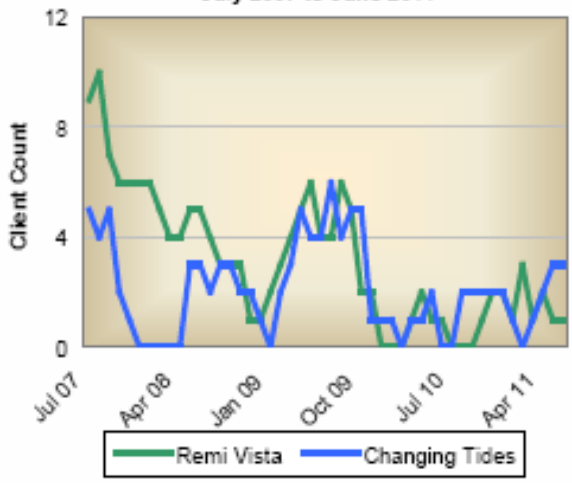
Therapeutic Behavioral Services (TBS) is a supplemental community mental health service that may be offered to children or youth who receive full scope Medi-Cal under the age of 21 and meet the criteria for eligibility.

TBS establishes a therapeutic contract between a mental health provider and a beneficiary for a specified short period of time which is designed to maintain the child/youth's residential placement at the lowest appropriate level by addressing target behaviors and achieving short-term treatment goals.

Therapeutic Behavioral Aides are available in the home to provide individualized one-to-one behavioral assistance with the youth's significant supports and interventions to accomplish outcomes specified on a written treatment plan.

The chart below shows the number of clients receiving Therapeutic Behavioral Services per TBS provider from July 2007 through June 2011.

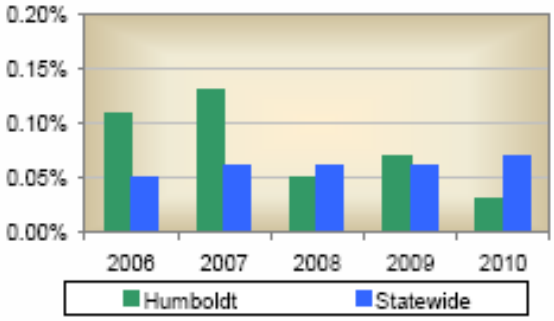
Clients Receiving Therapeutic Behavioral Services by Organizational Provider July 2007 to June 2011



Source: Mental Health Branch
September 2011

Humboldt County closely monitors usage of TBS services through the Family Intervention Team (FIT) and Access, which monitors usage of TBS through FIT and managed care procedures.

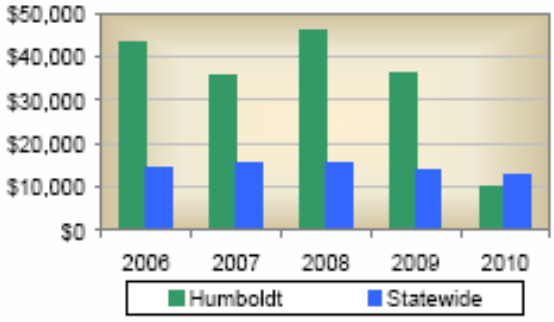
Medi-Cal Mental Health Penetration Rate Therapeutic Behavioral Services (TBS) Youth Calendar Years 2006 to 2010



Source Data: Department of Mental Health Approved Claims and MEDS (Medi-Cal Eligibility Data System) Monthly Extract File Data (7/20/11)

Humboldt County spent an average of $9,806 per beneficiary in 2010 on all TBS children, a decrease of $26,251 from 2009. MEDS Monthly Extract File Data is provided by APS Healthcare. Historically, Humboldt County spends more than two times state average on TBS services per child/youth. This may be related to local success in nearly eliminating use of residential treatment.

Medi-Cal Mental Health Approved Claims per Beneficiary Therapeutic Behavioral Services (TBS) Youth Calendar Years 2006 to 2010



Source Data: Department of Mental Health Approved Claims and MEDS (Medi-Cal Eligibility Data System) Monthly Extract File Data (7/20/11)

Appendix VI

Excerpt from Humboldt County DHHS Integrated Progress and Trends Report (Autumn 2011)

Evidence-Based Practices

Humboldt County DHHS currently provides six evidence-based practices developed for children and families. Four of these programs were implemented in 2004 and 2005. The number of participants who have completed programs with matched entry/exit scores provides information about the effectiveness of these programs. Changes in some scores identify significant outcome trends.

The six evidence based practices are:

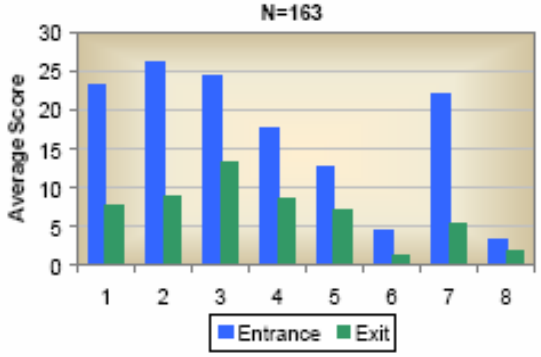
- Aggression Replacement Training (ART);
- Functional Family Therapy (FFT);
- Incredible Years (IY);
- Parent-Child Interaction Therapy (PCIT);
- Nurse Family Partnership (NFP); and
- Trauma Focused Cognitive Behavior Therapy (TFCBT) (launched July 2010).

Aggression Replacement Training (ART)

The Aggression Replacement Training (ART) program addresses aggressive behaviors that are a common characteristic of the youth incarcerated in the Regional Facility.

One of the tools used to assess the progress of youth participating in ART at the Regional Facility is the Child and Adolescent Functioning Scales (CAFAS). A CAFAS is completed by the clinician upon entrance to and exit from the ART program. Data through June 2011 show statistically significant improvement in each area measured by the CAFAS for ART participants.

Changes in Average CAFAS Entry/ Exit Scores for Adolescents in ART/New Horizons February 2005 to June 2011 N=163



Source: DHHS Research & Evaluation, ART Outcomes Report (September 2011)

Refer to page 25 for definition of CAFAS domain levels 1-8 in the chart above.

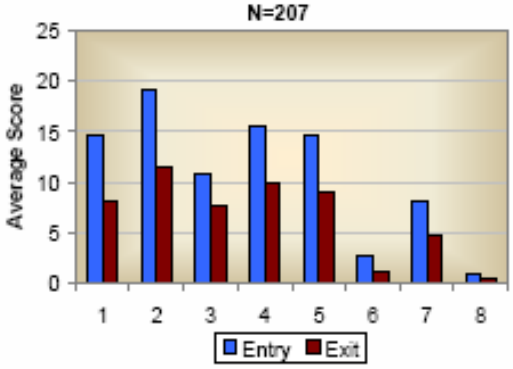
Functional Family Therapy (FFT)

Functional Family Therapy (FFT) therapy is a program that improves family dynamics by working with the family as a unit. Teaching participating youth pro-social behaviors is intended to reduce family conflict and prevent more serious involvement with the child welfare or juvenile justice system.

A goal of this program is to prevent incarceration or group home placement for participating youth. FFT is also embedded within CWS.

As in ART, progress within FFT is measured, in part, with the CAFAS. Upon completion of FFT youth showed a statistically significant improvement in the functional areas, except for the Thinking subscale, as scored by the CAFAS.

Changes in Average CAFAS Entry/Exit Scores for Adolescents in FFT October 2004 to June 2011 N=207



Source: DHHS Research & Evaluation, FFT Outcomes Report (October 2011)

Parent-Child Interaction Therapy (PCIT)

Parent-Child Interaction Therapy (PCIT) is designed to enhance the relationship between the child and caregiver by working with the parents and children in "coaching" sessions. This intensive treatment program focuses on building parent competencies by supporting specific relationship building and disciplining behaviors.

Competencies are assessed upon completion of two distinct components, phase one being Child Directed Interaction (CDI), phase two being Parent Directed Interaction (PDI). The effect of PCIT is measured, in part, with the Eyberg Child Behavior Index (ECBI), a parent observation measure that describes the disruptive behavior of the child. The ECBI consists of two domain areas; the Problem scale and the Intensity scale. Higher scores indicate perception of greater disruptive behavior. The cut off for both domains is 60, above which behavior is considered to be clinical.

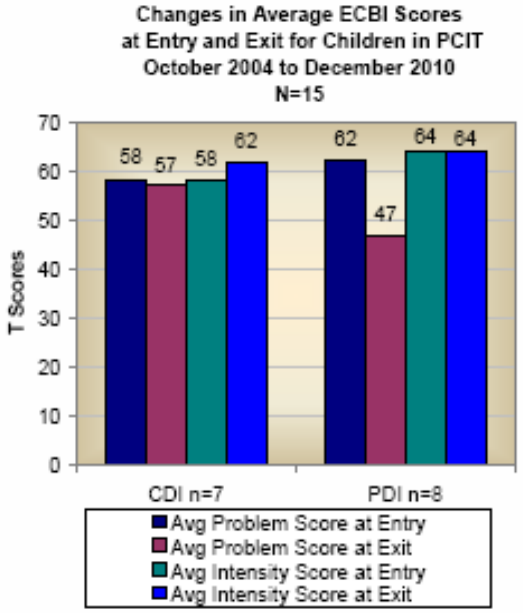
Appendix VI

Excerpt from Humboldt County DHHS Integrated Progress and Trends Report (Autumn 2011)

Problem Scale – types of common misbehaviors considered a problem by the parent

Intensity Scale – frequency of the misbehavior occurence

The chart below shows the difference between entry and exit ECBI scores by the CDI and PDI components of PCIT.



Source: DHHS Research & Evaluation, PCIT Outcomes Report (April 2011)

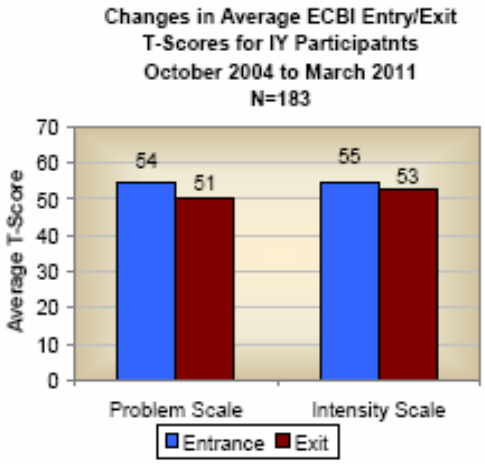
On average, parents who had completed CDI felt less stress than those who had completed PDI in response to the specific activities of the of their children addressed by the questions in this instrument. Statistical significance in the differences of these scores cannot be determined due to the small sample.

Incredible Years (IY)

Humboldt County implemented Incredible Years (IY) in 2004. IY targets parents of children ages 3 through 8 and teaches the adults participating new parenting skills. DHHS Social Workers, Public Health Nurses, and FRC/CRC Staff are trained to conduct IY in Humboldt County.

IY outcomes are measured, in part, using the ECBI, as seen in the next chart.

The average scores for the 183 IY participants through March 2011 were already below the clinical level (60) at entry to IY. The average decrease in ECBI scores after participation in IY are statistically significant on the Problem Scale, indicating that the children of these participants displayed fewer behaviors that the parent considered to be a problem.



Source: DHHS Research & Evaluation, IY Outcomes Report (July 2011)

Nurse-Family Partnership (NFP)

The Nurse-Family Partnership is an evidence-based home visiting program which started new in Humboldt County in July 2009. The Nurse Home Visitors begin seeing pregnant mothers before the birth of their first child and follow the family until the child reaches two years old.

The program has three primary goals:

- Improve pregnancy outcomes by promoting health-related behaviors;
- Improve child health, development and safety by promoting competent care-giving; and
- Enhance parent life-course development by promoting pregnancy planning, educational achievement, and employment.

All of Humboldt County is served by this program, with referrals increasing rapidly.

Details about NFP activities to date are presented in the Infant Health Section, on page 5.

Appendix VI

Excerpt from Humboldt County DHHS Integrated Progress and Trends Report (Autumn 2011)

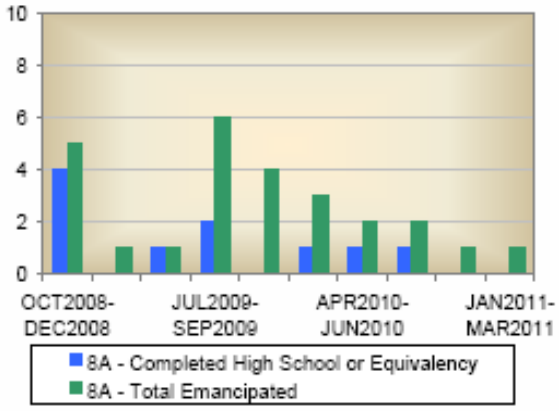
Transition Age Youth

Independent Living Skills Program

ILP services are provided to current and former foster youth who are 16 and older. Workshop topics include budgeting, communication skills, personal safety and college preparation, as well as other opportunities or experiences to help build confidence and independence.

The chart below shows the number of youth that emancipated from the CWS system in each quarter, and whether they completed high school or an equivalent. There was one youth who emancipated during the October through March 2011 quarter, who did not complete high school or an equivalent.

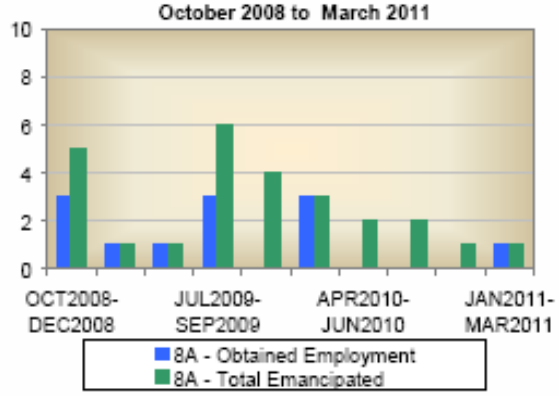
Number of Welfare Supervised Foster Youth Who Have Completed High School or Equivalency October 2008 to March 2011



Source: UC Berkeley CWS Outcome Summary Quarter 1, 2011 (9/6/2011)

The next chart shows the number of youth that emancipated from the CWS system and the number of youth who have obtained employment during the October through March 2011 quarter. The one youth who emancipated in the current quarter did obtain employment.

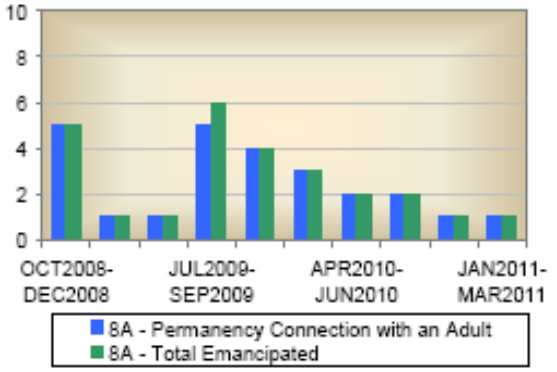
Number of Welfare Supervised Foster Youth Who Have Obtained Employment October 2008 to March 2011



Source: UC Berkeley CWS Outcome Summary Quarter 1, 2011 (9/6/2011)

The following chart shows the number of youth having housing arranged upon emancipation from the CWS system. During the January through March 2011 quarter, the one youth that emancipated had secured housing arrangement.

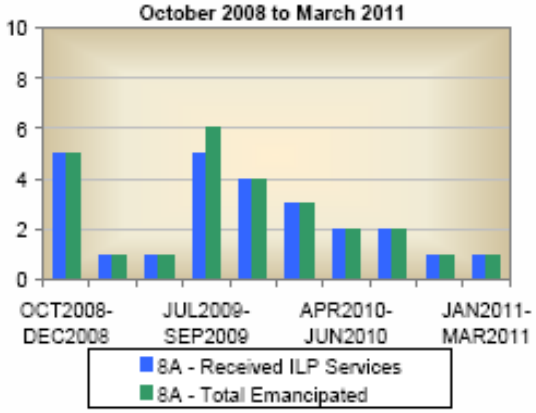
Number of Welfare Supervised Foster Youth Who Have A Permanent Connection With An Adult October 2008 to March 2011



Source: UC Berkeley CWS Outcome Summary Quarter 1, 2011 (9/6/2011)

The chart below shows the number of youth that received Independent Living Skills Program (ILP) services prior to emancipation from the CWS systems. There was one youth that emancipated during the January through March 2011 quarter, who received ILP services.

Number of Welfare Supervised Foster Youth Who Have Received ILP Services October 2008 to March 2011



Source: UC Berkeley CWS Outcome Summary Quarter 1, 2011 (9/6/2011)

The chart on the next page shows the number of youth that have at least one permanent connection with an adult when they ancipate from the CWS system. The one youth who emancipated during the January through March 2011 quarter had at least one permanent connection.

Appendix VII

Community Resource Guide

FOOD

DEPARTMENT OF HEALTH & HUMAN SERVICES
SOCIAL SERVICES BRANCH
FOOD STAMPS DIVISON
929 KOSTER ST
EUREKA, CA 95501-0182
(707) 269-3590

EUREKA RESCUE MISSION
110 2ND ST – MEN
EUREKA, CA 95501
(707)443-4551
BREAKFAST 6:00 AM WEEKDAYS, 7:00 AM WEEKENDS
DINNER DAILY 5:00 PM
107 3RD ST– WOMEN
EUREKA, CA 95501
(707)443-5016
BREAKFAST 8:00 AM WEEKENDS
DINNER DAILY 5:00 PM

FOOD FOR PEOPLE
307 W. 14TH ST
EUREKA, CA 95501
(707) 445-3166
CALL MON FROM 9AM–4PM TO MAKE APPT. FOR THAT WEEK

HEALY SENIOR CENTER
456 BRICELAND RD
PO BOX 1849
REDWAY, CA 95560
HOURS OF OPERATION M-TH 9:30-3:30

HOOPA VALLEY FOOD DISTRIBUTION PROGRAM
ACROSS FROM SHOPPING CENTER
12511 STATE HIGHWAY 96
HOOPA, CA 95546
(530) 625-4646
MON-FRI 8AM-5PM

DEPARTMENT OF HEALTH & HUMAN SERVCIES
PUBLIC HEALTH BRANCH
WIC PROGRAM
317 2ND ST.
EUREKA, CA 95501
(707) 445-6255

LOCAL SCHOOL HOT LUNCH PROGRAM
CONTACT SCHOOL OFFICE FOR INFORMATION

NORTH COAST RESOURCE CENTER
(FORMERLY ARCATA ENDEAVOR)
501 9TH ST
ARCATA, CA 95521
(707) 822-5008
MON–FRI 7AM–3PM

SALVATION ARMY
2123 TYDD ST
EUREKA, CA 95501
(707) 442-6475
MON – FRI 9:30 AM – 12:00 PM & 12:30 PM – 3:30 PM

SEVENTH-DAY ADVENTIST COMMUNITY SERVCIES
EUREKA
4251 F ST
EUREKA, CA 95501
(707) 442-6950

FORTUNA
2331 ROHNERVILLE RD
FORTUNA, CA 95540
(707) 725-1166
FOOD DISTRIBUTION: TUE – WED 9:30am-11:30am

MCKINLEYVILLE
1200 CENTRAL AVE
MCKINLEYVILLE, CA 95519
(707) 839-4693
OPEN WEDNESDAY

SOUTHERN HUMBOLDT SOUP & SHELTER
COMMUNITY PRESBYTERIAN CHURCH
437 MAPLE LN.
GARBERVILLE, CA 95542
(707) 923-3295
SOUP KITCHEN CORNER OF MAPLE & LOCUS ST
TUES & THURS AT NOON
FOOD BANK: TUES, THURS AND FRI 1:00 – 4:00 PM

THE MATEEL COMMUNITY CENTER
59 RUSK LN.
REDWAY, CA 95560
(707) 923-3368
FREE COMMUNITY LUNCH TUES–THUR 12:00 – 1:00 PM

SENIOR CITIZENS RESOURCE CENTER – DINING CENTERS
ARCATA
321 COMMUNITY PARKWAY
ARCATA, CA 95521
(707) 825-2027
RESERVE DAY BEFORE, LUNCH SERVED M-F 11:30 – 12:15PM
EUREKA
1910 CALIFORNIA ST
EUREKA, CA 95501
(707) 443-9747x1242
DINING ROOM & HOME DELIVERED MEALS
FORTUNA
2130 SMITH LN
FORTUNA, CA 95540
(707) 725-6245
DINING ROOM & HOME DELIVERED MEALS MON–FRI 12–12:30

ST VINCENT DEPAUL MEALS
35 W 3RD ST
EUREKA, CA 95501
(707) 445-9588
11:00 – 1:00 PM

CLOTHING

EUREKA RESCUE MISSION
110 2ND ST
EUREKA, CA 95501
(707) 445-3787

NORTH COAST RESOURCE CENTER
(FORMERLY ARCATA ENDEAVOR)
509 9TH ST
ARCATA, CA 95521
(707)822-5008

ST VINCENT DEPAUL (STORES)
EUREKA
528 2ND ST
EUREKA, CA 95501
(707) 443-8677
ARCATA
513 K ST.
(707) 822-6946

SEVENTH-DAY ADVENTIST COMMUNITY SERVICES
EUREKA
4251 F ST
(707) 442-6950
FORTUNA
2301 ROHNERVILLE RD
(707) 725-6164

RESCUE MISSION THRIFT STORE
1031 BROADWAY ST (ACROSS FROM POST OFFICE)
EUREKA, CA 95501
(707)443-2523
FREE CLOTHING OUTLET 12:30 – 4:00 PM

SOUTHERN HUMBOLDT SOUP & SHELTER
437 MAPLE LN
GARBERVILLE, CA 95542
CLOTHING RECYCLE CTR – COUNTY DUMP – REDWAY

HOUSING

CALIFORNIA FRANCHISE TAX BOARD
(800) 868-4171
RENTAL ASSISTANCE FOR AGED, DISABLED & BLIND PROGRAM

EUERKA RESCUE MISSION
FOR MEN
110 2ND ST
EUREKA, CA 95501
(707)443-4551
FOR WOMEN & CHILDREN
107 3RD ST
EUREKA, CA 95501
(707) 443-5016

HOUSING AUTHORITY OF EUREKA
735 W EVERDING ST
EUREKA, CA 95503
(707) 443-4583

HUMBOLDT PLAZA APARTMENTS
2575 ALLIANCE RD
ARCATA, CA 95521
(707) 822-4104

HUMBOLDT STATE UNIVERSITY
OFF CAMPUS HOUSING
ARCATA, CA 95521
(707) 826-3455
HOUSING REFERRAL FOR HSU STUDENTS

HUMBOLDT DOMESTIC VIOLENCE SERVCIES
EMERGENCY SHELTER – 24 HRS
PO BOX 969
EUREKA, CA 95502
(707) 443-6042 24 HRS
(866) 668-6543 24 HRS
(707) 444-9255

RCAA – YOUTH SERVICES BUREAU
RAVEN PROJECT FOR HOMELESS YOUTH
523 T ST (DROP IN CENTER)
EUREKA, CA 95501
(707) 443-7099

RCAA – LAUNCH PAD TRANSITIONAL LIVING PROGRAM
1100 CALIFORNIA ST
EUREKA, CA 95501
(707) 445-1360

RCAA – EMERGENCY SHELTER PROGRAM
904 G ST
EUREKA, CA 95501
(707) 269-2075
TUES 1-3; WED & FRI 2-4

PROPERTY MANAGEMENT AFFORDABLE RENTALS
(707) 269-2014

RIVER COMMUNITY HOMES
1061 HALLEN DR
ARCATA, CA 95521
(707) 822-7816
SUBSIDIZED APTS

WISH, INC (WOMEN & CHILDREN SHELTER)
GARBERVILLE, CA 95542
(707) 923-4100

ENERGY ASSISTANCE

REACH – SEVENTH-DAY ADVENTIST
2301 ROHNERVILLE RD
FORTUNA, CA 95540
(707) 725-6164
RESOURCES LIMITED TO FORTUNA, RIO DELL & SCOTIA

RCAA – ENERGY DEMONSTRATION CENTER
539 T ST
EUREKA, CA 95501
(707) 444-3831
MON – THUR 8:30 – 12:00

ENERGY ASSISTANCE

SALVATION ARMY – SOCIAL SERVICES
2133 TYDD ST
EUREKA, CA 95501
(707) 442-6475

CHILD CARE

COLLEGE OF THE REDWOODS
CHILD CARE DEVELOPMENT CTR (FOR STUDENTS)
7351 TOMPKINS HILL RD
EUREKA, CA 95503
(707) 476-4337

CHANGING TIDES FAMILY SERVICES
ADMINISTRATION
2259 MYRTLE AVE
EUREKA, CA 95501
(707) 444-8293
CHILD CARE ENROLLMENT, REFERRALS & SUBSIDIZES
(707) 445-9291
SPECIAL NEEDS
(707) 444-8293

MCKINLEYVILLE YOUTH CENTER
1650 CENTRAL AVE, STE C
MCKINLEYVILLE, CA 95519
(707) 839-7993
http://mckinleyvilleyouthcenter.com
Limited to students in McKinleyville Middle School (6th, 7th, & 8th grades)

TEEN SERVICES
(707) 445-1195

NORTH COAST CHILDREN'S SERVICES
HEAD START – EARLY HEAD START
ADMINISTRATION
1266 9TH ST
ARCATA, CA 95521
(707) 822-7206 OR
(800) 808-7206
PRESCHOOL LOCATIONS THROUGHOUT THE COUNTY

HUMBOLDT STATE UNIVERSITY
HSU CHILDREN'S CENTER
ARCATA, CA 95521
(707) 826-3471

WINZLER'S HEAD START
719 W. CREIGHTON ST
EUREKA, CA 95501
(707) 442-8250

DEPARTMENT OF HEALTH & HUMAN SERVICES
SOCIAL SERVICES BRANCH
CHILD WELFARE SERVICES – CHILD PROTECTION
929 KOSTER ST
EUREKA, CA 95501
(707) 445-6182
(707) 445-6180 ABUSE REPORTS

ALCOHOL, DRUGS & TOBACCO

AL-ANON
1615 HIGHLAND AVE
EUREKA, CA 95501
(707) 443-1419

DEPARTMENT OF HEALTH & HUMAN SERVICES
MENTAL HEALTH BRANCH
ALCOHOL & OTHER DRUGS PROGRAM
720 WOODS ST
EUREKA, CA 95501
(707) 476-4054 ADMINISTRATION

ALCOHOL – DRUG CARE SERVICES CLINIC
ADMINISTRATION
EUREKA, CA 95501
(707) 445-1391
(707) 445-9505 HOUSING
PLACEMENT IN TRANSITIONAL HOUSING, COUNSELING, RELAPSE CLASSES, ASSESSMENT & ADDICTION TESTING

THE DETOX CENTER
1335 C ST
EUREKA, CA 95501
(707) 445-3869

ALCOHOLICS ANONYMOUS
PO BOX 7102
EUREKA, CA 95502
(707) 442-0711 24 HR TELEPHONE CONTACT

CROSSROADS
1205 MYRTLE AVE
EUREKA, CA 95501
(707) 445-0869

FEDERAL ALCOHOL TREATMENT REFERRAL
(800) 662-4357

HEALTHY MOMS
2910 H ST
EUREKA, CA 95501
(707) 441-5220
DAY TREATMENT PROGRAM

HUMBOLDT RECOVERY CENTER
1024 N ST
EUREKA, CA 95501
(707) 443-0514

NARCOTICS ANONYMOUS
PO BOX 6634
EUREKA, CA 95502
(707) 444-8645

DEPARTMENT OF HEALTH & HUMAN SERVICES
PUBLIC HEALTH BRANCH
TOBACCO EDUCATION PROGRAM
(707) 269-2132

ALCOHOL, DRUGS & TOBACCO

NATIONAL CLEARINGHOUSE FOR ALCOHOL & DRUG INFORMATION
(800) 729-4740

CALIFORNIA DEPARTMENT OF ALCOHOL & DRUG PROGRAM INFORMATION & REFERRAL
(800) 879-2772

TOBACCO CESSATION SUPPORT & INFORMATION
CHEWER'S HOTLINE (800) 844-2439
SMOKER'S HOTLINE (800) 662-8887

24 HR ADDICTIONS REFERRAL NETWORK
(800) 577-4740

EDUCATION

COLLEGE OF THE REDWOODS
7351 TOMPKINS HILL RD
EUREKA, CA 95503
(707) 476-4200 ENROLLMENT SERVICES
(707) 476-4590 TELEPHONE REGISTRATION

HUMBOLDT STATE UNIVERSITY
1 HARPST ST
ARCATA, CA 95521
(707) 826-3011

HUMBOLDT LITERACY PROJECT
537 G ST. SUITE 202A
EUREKA, CA 95501
(707) 445-3655

NORTHCOAST BIG BROTHERS/BIG SISTERS
428 C ST
EUREKA, CA 95503
(707) 445-4871

HIGH SCHOOL EQUIVALENCY CERTIFICATION (GED) INFORMATION
(800) 331-6316

ADOPTIONS

ADOPTION HORIZONS & THE BIRTH PARENT CTR
10 W 7TH ST
EUREKA, CA 95501
(707) 444-9909
(800) 682-3678

CALIFORNIA ADOPTION & FOSTER CARE REFERRAL
(800) 543-7487

STATE OFFICE OF ADOPTIONS
ADOPTION SERVICES
(707) 826-9180

DEPARTMENT OF HEALTH & HUMAN SERVICES
SOCIAL SERVICES BRANCH
FOSTER CARE COORDINATOR
(707) 445-6180

ANIMAL PROBLEMS

SEQUOIA HUMANE SOCIETY
6073 LOMA AVE
EUREKA, CA 95503
(707) 442-1782
MON-SAT 10-4

MIRANDA RESCUE
1603 SANDY PRAIRIE RD
FORTUNA, CA 95540
(707) 725-4449

WILDLIFE CARE CENTER
(707) 822-8839

HUMBOLDT COUNTY ANIMAL CONTROL
980 LYCOMING AVE
MCKINLEYVILLE, CA 95519
(707) 840-9132

EMPLOYMENT

DEPARTMENT OF REHABILITATION
310 3RD ST STE A
EUREKA 95501
(707) 445-6300

EXPERIENCE WORKS SENIOR EMPLOYMENT SERVICE
409 K ST / JOB MARKET
EUREKA 95501
(707) 445-6271

DEPARTMENT OF HEALTH & HUMAN SERVICES
EMPLOYMENT TRAINING DIVISION
930 6TH ST
EUREKA 95501
(707) 441-4600

DEPARTMENT OF HEALTH & HUMAN SERVICES
SOCIAL SERVICES BRANCH
808 E ST
EUREKA 95501
(707) 476-2100

EMPLOYMENT (CONT.)

STATE EMPLOYMENT DEVELOPMENT DEPARTMENT
409 K ST
EUREKA 95501
JOB SERVICES
(707) 445-6532
24-HR JOB LINE
(707) 444-2222
CLAIMS & FILING INFORMATION
(800) 300-5616
SPANISH
(800) 326-8937
TTY
(800) 326-9387

HUMBOLDT COUNTY SCHOOLS HROP
901 MYRTLE AVE
EUREKA 95501
(707) 445-7018
VOCATIONAL TRAINING – ENTRY LEVEL & RETRAINING

COLLEGE OF THE REDWOODS
7351 TOMPKINS HILL RD
EUREKA 95503
HUMAN RESOURCES DEPARTMENT JOB LINE
707) 476-4598

HUMBOLDT COUNTY PERSONNEL DEPARTMENT
825 5TH ST
EUREKA 95501
(707) 476-2349
JOB LINE
(707) 445-2357

VIETNAM VETERANS OF CALIFORNIA
HOMELESS VETS REINTEGRATION PROJECT
2107 3RD ST
EUREKA 95501
(707) 442-4322

FAMILY PLANNING

OPEN DOOR COMMUNITY HEALTH CLINIC
2412 BUHNE DR
EUREKA 95501
(707) 441-1624

PLANNED PARENTHOOD
3225 TIMBER FALL CT
EUREKA 95501
(707) 442-5700

HEALTH

AMERICAN CANCER SOCIETY
HUMBOLDT – DEL NORTE SOCIETY
2942 F ST
EUREKA 95501
(707) 442-1436
(800) 227-2345

AMERICAN LUNG ASSOCIATION
115 TALBOT AVE
SANTA ROSA
(707) 527-5864

AMERICAN RED CROSS
406 11TH ST
EUREKA 95501
(707) 443-4521

MATERNAL, CHILD & ADOLESCENT HEALTH
908 7TH ST
EUREKA 95501

CALIFORNIA CHILDREN'S SERVICES
(707) 445-6212

CHILD HEALTH INFORMATION
(707) 445-6210

PRENATAL CARE INFORMATION
(707) 445-6210

MOBILE MEDICAL OFFICE
PO BOX 2020
EUREKA 95502
(707) 443-1186

UNITED INDIAN HEALTH CENTER
ARCATA
1600 WEEOT WAY
ARCATA 95521
(707) 825-5000 OR
(800) 675-3693
FORTUNA
940 MAIN ST
FORTUNA 95540
(707) 725-7988

COLLEGE OF THE REDWOODS DENTAL CLINIC
7351 TOMPKINS HILL RD
EUREKA 95503
(707) 476-4250

KRIS KELLY HEALTH INFORMATION CENTER AT
HUMBOLDT COUNTY PUBLIC LIBRARY
1313 3RD ST
EUREKA 95501
(707) 442-9094

EUREKA VETERAN'S CLINIC
714 F ST
EUREKA 95501
(707) 442-5335

HEALTH

OPEN DOOR COMMUNITY HEALTH CLINICS
ARCATA
770 10TH ST
MEDICAL
(707) 826-8610
DENTAL
(707) 826-8624
NORTHCOUNTRY CLINIC
785 18TH ST
ARCATA 95521
MEDICAL
(707) 822-2481
COUNSELING
(707) 822-1385
EUREKA
2412 BUHNE DR
MEDICAL – COUNSELING
(707) 441-1624
MCKINLEYVILLE
1644 CENTRAL AVE
OPEN DOOR
(707) 839-3068
NORTHCOUNTRY
(707) 839-1909
ORICK
AT ORICK SCHOOL
(707) 488-2901

EUREKA COMMUNITY HEALTH CENTER
(SEE OPEN DOOR COMMUNITY HEALTH CLINIC)

ST JOSEPH'S HOSPITAL DIABETIC CENTER
2700 DOLBEER ST
EUREKA 95501
(707) 445-8121

REDWOOD COAST REGIONAL CENTER
525 2ND ST
EUREKE 95501
(707) 445-0893

DEPARTMENT OF HEALTH & HUMAN SERVICES
PUBLIC HEALTH BRANCH
529 I ST
EUREKA 95501
CARE LINE FOR FAMILY HEALTH NEEDS
(800) 698-0843
IMMUNIZATION CLINIC
(707) 268-2108
NORTHCOAST AIDS PROJECT
(707) 268-2132
GARBERVILLE CLINIC
77 CEDAR
(707) 923-2779

REDWOOD RURAL HEALTH CENTER
101 WEST COAST RD
REDWAY 95542
(707) 923-2783

VECTOR HEALTH PROGRAMS, INC.
2121 MYRTLE AVE
EUREKA 95501
(707) 442-6463
PHYSICAL THERAPY CENTER
2822 HARRIS ST
EUREKA 95501
(707) 445-8881

WIC
317 2ND ST
EUREKA 95501
(707) 445-6255
WILLOW CREEK OFFICE
77 WALNUT WY
(530) 629-2410

EEL VALLEY RURAL HEALTH CLINIC
129 SUITE E WILDWOOD AVE
RIO DELL 95562
(707) 764-3139
FAX (707) 269-9074
MON – FRI 10-12 & 1-4
WALK-INS, MEDI-CAL, CMSP, MEDICARE & PRIVATE INSURANCE
PLANNED PARENTHOOD EVERY 1ST & 3RD WED 10-12

INDIAN SERVICES

AMERICAN INDIAN PROGRAMS & SERVICES
(916)930-3927

CALIFORNIA INDIAN LEGAL SERVICES
324 F ST STE A
EUREKA 95501
(707) 443-8397

INDIAN ACTION COUNCIL – LEARNING CENTER
3960 WALNUT DR
EUREKA 95501
(707) 443-8401

NORTHERN CALIFORNIA INDIAN COUNCIL
241 F ST
EUREKA 95501
(707) 445-8451

LEGAL AID

CALIFORNIA INDIAN LEGAL SERVICES
324 F ST STE A
EUREKA 95501
(707) 443-8397

GARBERVILLE OUTSTATION
727 CEDAR ST
GARBERVILLE 95542
(707) 923-2729 OR
(800) 849-5728

HUMBOLDT COUNTY DISTRICT ATTORNEY
VICTIM WITNESS ASSISTANCE
714 4TH ST
EUREKA 95501
(707) 445-7417

LEGAL ASSISTANCE
123 3RD ST
EUREKA 95501
(707) 445-0866 OR
(800) 922-0002

CHILD SUPPORT SERVICES
3420 6TH ST
EUREKA 95501
(800) 963-8704

NORTH COAST ADVOCACY PROGRAM
SENIOR CITIZENS LEGAL SERVICES
1910 CALIFORNIA ST
EUREKA 95501
(707) 443-9747

LEGAL SERVICES OF NORTHERN CALIFORNIA
123 THIRD ST
EUREKA, CA 95501
(707) 445-0866 OR
(800) 972-0002

DEPARTMENT OF HEALTH & HUMAN SERVICES
MENTAL HEALTH BRANCH
720 WOOD ST
EUREKA 95501
(707) 268-2900

SENIOR LEGAL HOTLINE
(800) 222-1753

NAACP LEGAL DEFENSE & EDUCATION FUND
(800) 221-7822

CHILDREN, YOUTH & FAMILY SERVICES
1711 3RD ST
EUREKA 95501
(707) 268-2800

VICTIMS OF CRIME RESOURCE CENTER
(800) 842-8467

MENTAL HEALTH

DR. IRV TESSLER, MD
381 BAYSIDE RD
ARCATA 95521
COUNSELING
(707) 826-2830

DR. STEPHEN BLANKMAN
ARCATA 95521
(707) 826-1207

HOSPICE OF HUMBOLDT
2010 MYRTLE AVE (PO BOX 3611)
EUREKA 95502
(707) 445-8443
BEREAVEMENT & TERMINALLY ILL PATIENT CARE & RESPITE

HUMBOLDT FAMILY SERVICES
1802 CALIFORNIA ST
EUREKA 95501
(707) 443-7358

DEPARTMENT OF HEALTH & HUMAN SERVICES
MENTAL HEALTH BRANCH
EUREKA 95501
(707) 268-2990

CHILDREN, YOUTH & FAMILY SERVICES
1711 3RD ST
EUREAKA 95501
(707) 268-2800

REDWOOD FAMILY INSTITUTE
935 3RD ST
EUREKA 95501
(707) 444-8895

GARBERVILLE SUBSTATION
727 CEDAR ST
GARBERVILLE 95542
(707) 923-2779
(800) 849-5728

VIETNAM VETERAN'S OUTREACH CENTER
2830 G ST
EUREKA 95501
(707) 444-8271

YOUTH SERVICES BUREAU
YOUTH & FAMILY CRISIS HOTLINE 24 HRS
(707) 444-2273

MISC. COMMUNITY RESOURCES

HUMBOLDT COMMUNITY SWITCHBOARD
RESOURCE SEARCH SERVICES
525 2ND ST SUITE 103
EUREKA 95501
(707) 441-1001 OR
(877) 460-6000

SOCIAL SECURITY ADMINISTRATION
3144 BROADWAY (VICTORIA PLACE MALL)
EUREKA 95501
(707) 445-9610
LOCAL TTY
(707) 445-9658
7 AM – 7 PM
(800) 772-1233
TTY
(800) 325-0778

HUMBOLDT COUNTY PUBLIC GUARDIAN'S OFICE
23 5TH ST
EUREKA 95501
(707) 445-7373

VOLUNTEER CENTER OF THE REDWOODS
3300 GLENWOOD
EUREKA 95501
(707) 442-3711

STATE OF CALIFORNIA DISABILITY INSURANCE CLAIMS
409 K ST STE 201
EUREKA 95501
(707) 445-6532
(800) 480-3287
SPANISH
(866) 658-8846
TTY
(800) 563-2441

REDWOOD COMMUNITY ACTION AGENCY
904 G ST
EUREKA 95501
(707) 269-2001
INFORMATION & REFERRAL

HUMBOLDT COUNTY VETERAN'S SERVICES
825 5TH ST
EUREKA 95501
(707) 445-7341

EUREKA WOMEN'S RESCUE MISSION
107 3RD ST
EUREKA 95501
(707) 443-5016
SHOWERS 2:00 – 3:00 MON, TUES, THURS, FRI
FREE CLEAN CLOTHING DISTRIBUTION AFTERWARDS
DINNER 5:00 PM M, T, W, TH, F, S, SU

SENIOR CITIZENS

SENIOR RESOURCE CENTER OF HUMBOLDT
1910 CALIFORNIA ST
EUREKA 95501
(707) 443-9747

MCKINLEYVILLE MATURE CITIZENS CENTER
SOCIAL ACTIVITIES
1620 PICKETT RD
MCKINLEYVILLE 95519
(707) 839-0191

ADULT DAY HEALTH SERVICES
EUREKA 95501
(707) 444-8254
FORTUNA
2880 NEWBURG RD
(707) 725-6927
LONG TERM CARE OMBUDSMAN
(707) 443-9747

SENIOR CITIZENS LUNCH PROGRAMS
NEED RESERVATIONS 3 DAYS IN ADVANCE
321 COMMUNITY PARKWAY
ARCATA 95521
(707) 825-2027
EUREKA
1910 CALIFORNIA ST
(707) 441-1181
FORTUNA
2130 SMITH LN
(707) 725-6245

SENIOR COMMUNITY SERVICE EMPLOYMENT
1125 16TH ST
ARCATA 95521
(707) 822-7027

SENIOR CITIZENS RESOURCE CENTER
NUTRITIONAL FOOD PREPARATION
EUREKA 95501
(707) 443-9747

FINANCIAL ASSISTANCE

CONSUMER CREDIT COUNSELING
1309 11TH ST STE 104
ARCATA 95521
(707) 822-8536 OR
(800) 762-181

Appendix VIII

Humboldt County Self Assessment
Feedback/Input from Core and Stakeholder Focus Groups

Nov. 08, 2011 Community Convening

Strengths

- Alternative Response Team (ART) involving home visits, including counseling and parenting) as part of Differential Response.
- In process of creating Differential Response protocol with Tribes, if referral investigation objective is to partner with Tribe.
- Field Public Health Nursing network provides medical & dental health checkups, and good nutrition education.
- Team Decision Making (TDM) for placement decisions for Imminent Risk of Removal, Emergency Placement, Reunification, and Placement Change.
- Majority of placements are with Relatives or Extended Family Members (approx. 63%)
- Evidence-based practice of Functional Family Therapy (FFT) targets youth as prevention tool.
- Redwood Community Action Agency, Youth Service Bureau's Raven Project targets youth 10 to 21 years of age, whom are runaway, homeless, or at-risk, and provides peer counseling, group support, basic survival supplies, and resource referrals.
- Strong model for HCTAYC, involving youth perspective/voice in providing services.
- Open communication and coordination with community-based providers as partners, such as First 5 of Humboldt services to children/families and Differential Response with Family Resource Centers.
- Sincere efforts for betterment and service improvement.
- Wraparound services
- Standing court order between Education and CWS agency to be able to share information.

Barriers/Challenges/Needs

- There is not enough follow-through or follow-up done after a TDM. Also, need for more clear identification of TDM participant roles at the meeting.
- Differences of philosophy and practice between CWS agency and Tribes. In the past CWS used to meet with the Hoopa Tribe Health & Human Services agency, but was discontinued.
- Challenge to maintain consistency of services and training for county staff, community providers and Tribes.
- Not enough well trained foster families.

Recommendations

- Need to promote/support family systems change (family engagement, identification of family strengths and needs, ensuring access/participation to needed services) earlier on in the child's life as a way for prevention/early intervention of child abuse or neglect.

- Develop early engagement process with the Tribes to identify common ground between Tribes and CWS Agency.
- Develop TDM protocol to ensure follow-up/follow-through is done after the meeting. Also clearly describe TDM participant roles and rights, and legalities of what CWS can and cannot do.
- Provide support to FM/FR families in the same way we support TAY youth (e.g. ILP services, employment, education, housing, living skills, anger management, etc.) – foster youth input.
- Develop a similar model to HCTAYC for families and for rural areas – foster youth input
- Enhance/expand parent partner program to assist with improving parent visitations with children – parent partner input
- Improve parent visitation with child by providing education and hands-on demonstration of parenting skills, including in-home visitation to improve parenting skills.
- Develop better after-care planning and post-reunification permanency supports and circle of supports that families want to include – CWS input
- Develop a more integrated team approach (i.e. wraparound) for youth and families to improve successful reunification – Probation input
- Need for temporary/short-term housing (i.e. apartments, rentals), shelter housing, and small residential group housing for youth 16 and older who do not qualify for Transitional Housing Program.
- More cross-training (joint-training) among CWS, Probation, and community providers.
- Create new baseline training requirements for social workers and probation officers on county programs/protocols and working with ICWA cases and tribal customs.
- More support given to social workers to travel to outlining areas (one time per week is not enough for rural areas).
- Develop a planning/implementation team to streamline county ideas and initiatives.

Humboldt County Self Assessment
Feedback/Input from Foster Parents Focus Group

January 12, 2012 Foster Parent Association Meeting

Strengths

- Wraparound services can be beneficial in helping family/children be successful.
- Foster parents staying in touch with children and their parents after case is closed is a beneficial after-care support.
- Creating a network of support for parents, including family, extended relatives, friends, faith-based, and other supports, is beneficial to family/children.
- Visitations and services that focus on promoting the existing strong bond between parent and child.
- Foster parent mentoring program.
- In progress of developing "Icebreaker" meetings with bio-family and foster family to meet the child's needs and communicate/exchange information to benefit the child.

Barriers/Challenges/Needs

- Not enough opportunities to empower parents, instead of just "giving" them services.
- Not enough prevention and too much reactivity to severe child abuse/neglect incidents.
- Children coming into care have more severe behavioral/medical issues. Mental health services are offered too late in the CWS process and mental health workers change too often during the life of a child's case.
- Need for after-care when children reunify with parents.
- Need more safe and appropriate places for family visits, where care providers can meet with birth parents/children to practice parenting/living skills and role modeling, such as at family resource centers (with assistance of Vocational Assistant).
- Few opportunities for parents/children to have real-time coaching. Lack of in-home services for parents needing hands-on parenting skills and living skills.
- Birth families have too many chances, with case plans not always being enforced and urine drug screening not always being monitored. It seems like CWS protects the parent first, then the children.

Recommendations

- Create mentoring group for bio-parents, such as expanding foster parent mentoring program to promote foster parents and appropriate parent partners to mentor birth families.
- Implement on-call mental health clinicians to go out with on-call social workers to provide post-traumatic stress counseling to children whom are at risk of being removed from the home.
- Give parents, whom have children at risk of removal or in out-of-home placement, the opportunity to have in-home support services to learn parenting skills, living skills, and role modeling.
- Provide a resource center location (with visitation rooms, kitchen, bathroom) for substitute care providers to meet with birth parents and their children to practice parenting skills, living skills, and role modeling.

Humboldt County Self Assessment
Feedback/Input from CWS Staff Focus Group

Jan. 6, 2012 All-Staff Meeting

Strengths

- Foster parent mentoring program
- Mentorship program has been extended to Relative/NREFMs
- Promoting and supporting Relative/NREFM placements
- In progress of developing "Icebreaker" meetings with bio-family and foster family to meet the child's needs and develop communication/exchange of information to benefit the child.
- CASA meets with bio-family
- Recently hired parent partner to assist families to navigate the system and engage them in their case planning.

Barriers/Challenges/Needs

- Services for Relative/NREFMs in outlying areas is a challenge
- Placement instability due to foster parents not trained or supported in mental health issues and challenging behaviors. Also, not enough mental health staff support on weekends.
- Child/Family needs do not match with the available resources.
- Training, services, and support for Relative/NREFM, especially in rural areas is a challenge.
- Not enough sharing of internal resources across programs (for quick response).
- Very little child care in Hoopa area. NOTE: College of the Redwoods parent training does not provide child care.
- Transportation challenges.
- There is a disconnect between foster parents and birth families. They need to help each other out more.
- Court and federal measure timelines are not in line for compliance outcome measuring.

Recommendations

- Promote and support more family meetings with social worker and parents early on and throughout the case, that involve resource providers (e.g. care providers, service providers, etc.) with a focus on ensuring access/participation to supportive services (e.g. IY, FFT, ART, PCIT, TFCBT, Housing, CAlWORKs, HumWORKs, Healthy Moms, etc.) to achieve case plan goals.
- More access to all services in rural areas: parenting classes, transportation, adult mental health counseling, substance abuse treatment, employment training, affordable housing.
- Develop more accessibility to parenting classes.
- Create residential drug treatment/recovery program for mothers and their children.
- Create father drug treatment/recovery program similar to Healthy Moms (including access to parenting, mental health treatment, aftercare planning/service access, etc.).

- Improve obtaining financial resources to get the services that children/families need.
- Offer on-call mental health supports, similar to social worker on-call support.
- Offer ongoing training for social workers, parent partners, and service providers on ways to assess, plan and respond to key risk factors (e.g. domestic violence, drug abuse, mental health issues, unemployment, lack of housing, etc.) that impact child/family safety/well-being/permanency.
- Have every child medically evaluated when child comes into care, including addressing child's trauma and other emotional mental health needs through mental health assessment and ensuring access/participation to subsequent needed services.
- Offer the same training and services/support to Relative/NREFM as for foster parents.
- Expansion of mentoring program to Relative/NREFM.
- Improve services to guardianships to meet their needs and the children's needs.
- Optimally utilize current parent partner (female/mother) to help families succeed.
- Hire male/father parent partner as part of mentoring program for bio-families.
- Promote more sharing of internal resources across programs (for quick response).
- Open orientation to Relative/NREFM (same as foster parents).
- Work with College of the Redwoods (Leslie Colgrove and Kelly Remington) to provide child care during parent training.
- Help families develop better relations with landlords, such as help family develop proof of success to secure housing and better assist families to get letters of reference for housing.
- Expand/enhance "icebreaker" meetings to facilitate communication between foster parents and birth parents.
- Utilize CASA more.

Humboldt County Self Assessment
Feedback/Input from Probation Staff Focus Group

January 11, 2012 Probation All-Staff Meeting

Strengths & Promising Practices

- TDMs / Team Decision Making
- Nurse Family Partnership
- Wrap (Now able to serve out of county clients).
- MI / Motivational Interviewing.
- R.F. / Regional Facility
- FFT / Functional Family Therapy
- ART / Aggression Replacement Training
- H.A. / Healthy Alternatives
- Family finding searches
- Assessment Tools-DRAI and the PACT
- Thinking for a Change.
- Collaboration with other agencies and tribes
- CMS for Probation
- Diversion – in-house and community based option.
- SARB / School Attendance Review Board (early intervention)
- Humboldt County Transition Age Youth Collaborative with current focus on juvenile justice
- ILS / Independent Living Skills
- Collaboration with Tribes and Tribal Court
- Treatment team meetings
- County focus on Evidence Based Practices (EBPs)
- Teen Court

Barriers/Challenges/Needs

- Difficult to engage families in preventative services and reunification
- Age of youth we work with (older youth)
- Improper use of/not adhering to the fidelity of the EBP models mentioned in the Strengths column
- Lack of services for pregnant teens who don't qualify for Nurse Family Partnership.
- A mental health court would be helpful
- A school site/"place to be" for youth suspended from school
- Lack of case managers for probation youth
- Programs and services come-and-go due to budget issues
- Extended juvenile hall stays for youth with competency/extensive MH needs
- Continuity of care in juvenile hall and transitioning from juvenile hall for youth with extraordinary mental health needs
- Overuse of detention by stakeholders/parents
- More work to be done on collaboration between Mental Health and Probation
- -Lack of coordination for reunification services for out of county youth
- No anger management programs for non-ward youth
- Very few programs/activities for youth after school

- Court delays due to attorney “strategies” and court politics can slow services to youth
- Youth sometimes come to the probation system with extensive child welfare referrals but remained with parents. More effective intervention/removal from parents earlier in the system needed.
- Mandated services for parents in the delinquency system are lacking
- Under use of Family Intervention Team (FIT) on complicated 241-mental health cases
- Lack of local foster parents and residential treatment facilities
- Lack of EBP services for youth families who are not Medi-Cal eligible
- Lack of probation officer understanding about therapeutic behavioral services (TBS)
- Under use of Therapeutic Behavioral Services
- Lack of mental health services in outlying /rural areas.
- Lack of understanding of cross agency roles/responsibilities/regulations

Recommendations

- Assign and co-locate case managers/clinicians at probation
- ILS for probation youth who have not ever been in foster care
- Mandated parental participation in parenting classes, and drug testing for parents
- Parental accountability in court
- Training for POs on TBS
- Increase the number of Foster parents, THP housing and THP+ housing
- Strengthen partnership with TAY Program and increase Transitional Housing beds
- Increase Wrap slots and discuss feasibility of second wrap facilitator
- Increase more early intervention services for status offenders and their families
- More cross agency training, i.e. L.E., M.H., CWS, Prob., Schools, and the tribes
- Increase the use of a Family Team meeting model following creation of TDM plan
- Increase local placement and treatment options for juvenile sex offenders
- Create a place for youth suspended from school to report to and to receive services during the day
- Offer Wraparound-type support and improve reunification services for all out-of-county placed youth
- Investigate use of Motivational Interviewing and other EBPs in Juvenile Hall
- Implement in-county competency restoration program
- Increase use of mentors

Appendix IX

ACRONYMN GUIDE

AB – Assembly Bill
366.26 Hearing– Hearing to Consider Termination of Parental Rights
388 Motion – A request to the Court for a change in Orders, example: Home Visits
777 – Violation of Probation
778 – Modification of Probation Orders/Change of Placement
AAP - Adoption Assistance Program
ACIN – All County Information Notice
ACL – All County Letter
ADR – Alternative Dispute Resolution
AFDC – Aid to Families with Dependent Children
AFDC-FC – Aid to Families with Dependent Children – Foster Care
APS – Adult Protective Services
APGAR – score which evaluates the physical condition of a newborn infant
ART – Aggression Replacement Training
ART - Alternative Response Team
BIA – Bureau of Indian Affairs (BIA)
BOS – Board of Supervisors
C&FS – Children and Family Services
CACI – Child Abuse Central Index
CalSWEC – California Social Work Education Center
CalWorks – California Work Opportunity and Responsibilities to Kids
CAPC - Child Abuse Prevention Coordinating Council
CAFAS – Child and Adolescent Functional Assessment Scale
CAPIT - Child Abuse Prevention Intervention and Treatment Program
CAPP – California Partners for Permanency
CAPTA – Child Abuse Prevention and Treatment Act
CASA – Court Appointed Special Advocate
CBCAP - Community-Based Child Abuse Prevention Program
CBCL – Child Behavior Checklist
CCL – Community Care Licensing
C-CFSR - California Child and Family Services Review
CCTF – County Children's Trust Fund
CDCR – California Department of Corrections and Rehabilitation
CDSS – California Department of Social Services
CHDP – Child Health and Disability Prevention
CLETS – California Law Enforcement Telecommunication Systems
CPS – Child Protective Services
CR - College of the Redwoods
CSA – County Self Assessment
CSOAB – Children's Services Outcomes and Accountability Bureau
CSFPA – California State Foster Parent Association
CSSR – Center for Social Services Research
CSW – Community Service Work

CWDA – Child Welfare Directors Association of California
CWLA – Child Welfare League of America
CWS – Child Welfare Services
CWS/CMS – Child Welfare Services / Case Management System
CSA - County Self Assessment
CYFS – Children, Youth and Family Services
DDS – Department of Developmental Services
DHHS – Department of Health and Human Services
DISPO - Disposition
DJJ – Department of Juvenile Justice (formerly California Youth Authority)
DOJ – Department of Justice
DR – Differential Response
DRAI – Probation Detention Risk Assessment tool
DSS – Disabled Student Services
EA – Environmental Alternatives
EBP - Evidence-Based Practices
ED – Emotionally Disturbed
EL – Educational Liaison
ER – Emergency Response
ESL – English as a Second Language
FC – Foster Care
FCBH – Foster Care Behavioral Health
FCC – Family Connections Center (Visitation Center)
FFA – Foster Family Agency
FFE – Family Finding Efforts
FFT – Functional Family Therapy
FIT – Family Intervention Team
FM – Family Maintenance case
FPA – Foster Parent Association
FR – Family Reunification case
FRC – Family Resource Centers
FTM – Family Team Meeting
GAD – Guardian ad Litem
GED – General Education Development (test)
GH – Group Home
GPA – Grade Point Average
HA – Healthy Alternatives (probation therapeutic court program)
HCTAYC – Humboldt County Transition Age Youth Collaboration
HEP – Health and Education Passport
HHS – Hoopa Human Services
ICWA – Indian Child Welfare Act
IEP – Individual Education Plan
IFSP – Individual Family Service Plan (RCRC clients)
ILSP – Independent Living Services Program
IPP – Individual Personal Plan (RCRC clients)
UIR – Unusual Incident Report
J/D Hearing – Jurisdictional/Disposition Hearing

JH – Juvenile Hall
Kin-GAP – Kinship Guardianship Assistance Payment
LAPP – Legal Advocates for Permanent Parenting
MFC – Medically Fragile Child
MH – Mental Health
MHAA – McKinney-Vento Homeless Assistance Act (shelter services)
MHSA – Mental Health Services Act
MHST – Mental Health Screening Tool
MIS – Management Information System
MOU – Memorandum of Understanding
MPP – Manual of Policies and Procedures
NCLB – No Child Left Behind Act
NH – New Horizons Program
NREFM – Non-Related Extended Family Member
OCAP – Office of Child Abuse Prevention
OCAP-PND – Office of Child Abuse Prevention - Prevention Network Development
PACT – Probation Risk to Re-offend Assessment tool
PC – Protective custody
PCIT – Parent Child Interactive Therapy
Pdf – Portable Document Format
PECFASS – Pre-school and Early Childhood Functional Assessment Scale
PEP – Probation Education Program
PES – Psychiatric Emergency Services
PH – Public Health
PHN – Public Health Nurse
PIP – Program Improvement Plan (state)
PO – Probation Officer
PP – Permanent Placement case
PQCR - Peer Quality Case Review
Prob. - Probation
PSSF - Promoting Safe and Stable Families program
PTSD – Post-Traumatic Stress Disorder
RAC – Resource Allocation Committee (funding added services out-of-county)
RC – Regional Center
RCL – Rate Classification Level
RCRC – Redwood Coast Regional Center
RF – Regional Facility
ROI – Release of Information
RTA – Regional Training Academy
SDM – Structured Decision Making
SED – Severely Emotionally Disturbed
SELPA – Special Education Local Planning Area (education)
SIP – System Improvement Plan
SIR – Juvenile Hall Special Incident Report
SSA - Social Services Aide (aka Vocational Assistant)
SSI – Supplemental Security Income
SV – Sempervirens (Psychiatric Facility)

SW – Social Worker
TANF – Temporary Assistance for Needy Families
TAY – Transition Age Youth
TBS – Therapeutic Behavior Services
TDM – Team Decision Making
THPP – Transitional Housing Placement Program
TFCBT – Trauma Focused Cognitive Behavior Therapy
TILP – Transitional Independent Living Plan
Title IVE – Regulations from the Social Security Act of 1935 and its revisions
TPR – Termination of Parental Rights
TTM – Treatment Team Meeting
UIHS – United Indian Health Services
URL – Uniform Resource Locator
VOP – Violation of Probation
W&I Code – Welfare and Institution Code
WIA – Workforce Investment Act
WIC - Program– Women, Infants and Children
W&IC – Welfare and Institutions Code
WRAP – Wrap-around program services for youth and family
YSR – Youth Self Report
YSB – Youth Service Bureau