

Humboldt County Annual System Improvement Plan PROGRESS REPORTS 2018 & 2019

CALIFORNIA – CHILD AND FAMILY SERVICES REVIEW



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TABLE OF CONTENTS

SIP – PROGRESS REPORT SIGNATURE AND CONTACT SHEETS	3
INTRODUCTION.....	5
SIP PROGRESS REPORT NARRATIVE	6
FIVE-YEAR SIP WORK PLAN CHART	56
APPENDICES AND ATTACHMENTS.....	65

INTRODUCTION

Purpose and Background

The System Improvement Plan (SIP) Progress Report is completed annually during the five-year SIP (2017-2022) implementation process to report on progress made toward meeting agreed upon improvement goals using California -Child and Family Services Review (C-CFSR) outcomes and indicators. This report combines two Progress Reports for August 31, 2018 and August 31, 2019. This is because additional time was needed to complete the initial five year SIP to allow sufficient time for the county to receive and comply with the Office of Attorney General’s (AG) final stipulated judgment for Humboldt County DHHS and the Sheriff’s Office.

The five-year SIP serves as an operational agreement between the county’s Child Welfare Services (CWS) and Probation agencies and the California Department of Social Services (CDSS), outlining how the county will improve targeted areas in their continuum of care for at-risk children/youth and families in areas of safety, permanency and well-being. The SIP incorporates information initially collected through the Peer Review and the County Self Assessment conducted in 2017, which included feedback from other peer counties, focus groups, and a broad spectrum of community stakeholders. Other county planning efforts were also taken into consideration upon creating the SIP for 2017 - 2022 that helped guide its goals and objectives, such as prevention and early intervention efforts, Humboldt core/practice models, AG stipulated judgement orders, and increasing tribal collaboration and permanent connections for Native American children/families that are in the child welfare and probation systems in disproportionate numbers.

Two outcome measures and one systemic factor were selected for the CWS SIP goals and one outcome measure, with an inclusive systemic factor, were selected for Probation SIP goals.

CWS Selected SIP Goals	Probation Selected SIP Goals
Outcome Measures:	Outcome Measure:
<ul style="list-style-type: none">• Permanency Measure - (P2) Permanency in 12 Months (In Care 12-23 Mo)• Safety Measure – (2B) Timely 10-Day (Initial) Response	<ul style="list-style-type: none">• Permanency Measure – (P1) Permanency in 12 Months (Entering Foster Care)
Systemic Factor:	Systemic Factor:
<ul style="list-style-type: none">• Quality Assurance	<ul style="list-style-type: none">• Service Array

The SIP Progress Report provides an update on the county’s status with CFSR outcome measures and the progress made on the selected SIP goals, strategies, and action steps, along with challenges, successes, and mandates along the way.

The county’s 2017 CSA report and five-year SIP (2017-2022) can be found at:
<http://www.cdss.ca.gov/inforesources/Child-Welfare-Program-Improvement/Child-and-Family-Services-Review/>.

SIP PROGRESS REPORT NARRATIVE

1. CFSR Team and Stakeholders Participation

The SIP serves as a tool to keep the departments focused on targeted goals. Efforts toward monitoring the implementation of the county's SIP strategies and action steps involved several SIP planning team meetings consisting of director, deputy directors, program managers, analysts, CFSR case reviewers, and Office of Ombudsperson. The county's SIP planning team presented the SIP strategic work plan to various community stakeholders at the Community Taskforce meetings in September of 2018 and April 2019, providing the opportunity of review and input on the county's commitment to specific measurable improvements through year 2022. Since SIP stakeholders consist of generally the same representative groups that were invited to the Community Taskforce meetings, the Taskforce is being used as the forum for community feedback, and include the following:

- local service providers (including medical) ▪ tribes ▪ education ▪ law enforcement ▪ juvenile court
- foster parents ▪ county mental health, public health, and social services, ▪ family resource centers
- Child Abuse Prevention Coordinating Council ▪ consumers and clients ▪ youth ▪ peer supports
- Court Appointed Special Advocate (CASA) ▪ other interested participants

The county thanks all participants for their interest and participation in this process.

2. Current Performance Towards SIP Improvement Goals

The SIP Planning Team, in consultation with CDSS Children's Services Outcomes & Accountability Bureau, reviewed the seven federal CFSR outcome measures covering safety and permanency and approximately two dozen of the state's wellness-related measures, shown in **Appendix A** for CWS and Probation. An analysis of the selected outcome measures/improvement goals for CWS and Probation is provided in this section. Other outcome measures not meeting state/national standards are analyzed in section six of this report.

The data source for outcome measures reviewed by the SIP Planning Team was obtained from University of California at Berkeley Center for Social Services Research. Trends and progress over the last few years were reviewed, particularly since Quarter 2, 2016 (the CSA baseline) and Quarter 4, 2016 (five-year SIP baseline) through more recent Quarter 4, 2017 and Quarter 4, 2018:

Reference: Needell, B., Webster, D./ Armijo, M., Lee, S., Dawson, W., Magruder, J., Exel M., Glasser, T., Williams, D., Zimmerman, K., Simon, V., Putnam-Hornstien, E., Frerer, K., Cuccaro-Alamin, S., Winn, A., Lou, C., & Peng, C. (2009). Child Welfare Services Reports for California. Retrieved from University of California at Berkeley Center for Social Services Research website available at <http://www.childsworld.ca.gov/PG1358.htm>.

Other data sources used for analyzing outcome measures in more detail involve web-based SafeMeasures and Business Intelligence, both which extract information from the county's Child Welfare Services/Case Management System (CWS/CMS).

CWS Selected Improvement Goals and Strategies

I. Permanency Measure: (P2) Permanency in 12 Months (for children/youth in care 12-23 mo.)

The goal for this outcome measure is to achieve faster permanency outcomes for children/youth whom have been in out-of-home care for over a year but less than two years. Permanency may include reunification with family, adoption or tribal customary adoption, or placement with a legal guardian. The strategy is to achieve this goal through more effective use, frequency and timeliness of Structured Decision Making (SDM) tools to assess family safety and risk assessments/reassessments and of Child and Family Team (CFT) meetings to better engage and empower families with their identified circles of support for key decision points and case planning.

This goal intends to continue CWS efforts to increase permanency for children/youth in foster care, initiated through the California Partners for Permanency (CAPP) grant and guided by the county's Humboldt Practice Model (HPM). HPM utilizes the solution-focused practice model of Safety Organized Practice (SOP), which is infused with cultural enhancements and designed to provide skills, techniques, and practice methods for CWS workers to engage families. The county will continue to receive technical assistance from the National Council on Crime and Delinquency (NCCD) and feedback from the tribes and community stakeholders regarding this goal and the other CWS goals.

In Humboldt County, according to data from U.C. Berkeley (California Child Welfare Indicators Project), the P2 permanency rate measure for CWS has shown improvements over the last ten years and has usually exceeded the national standard (43.6%) and statewide average (45%) in the past. However, it has been prone to downward fluctuations at times, particularly in the last few years, as shown in the chart below. The permanency rate dipped from 65% in year ending Quarter 4, 2016 to 54.3% in Quarter 4, 2017 and 22.6% in Quarter 4, 2018.

(P2) Permanency Performance Analysis:

National Standard: 43.6%

Target Improvement Goal: 70%

CSA and SIP Baseline Performance: (Qtr. 2, 2016) 60.0% and (Qtr. 4, 2016) 65.0%

Current Performance: (Qtr. 4, 2017) 54.3% and (Qtr. 4, 2018) 22.6%

Analysis: Needs Improvement

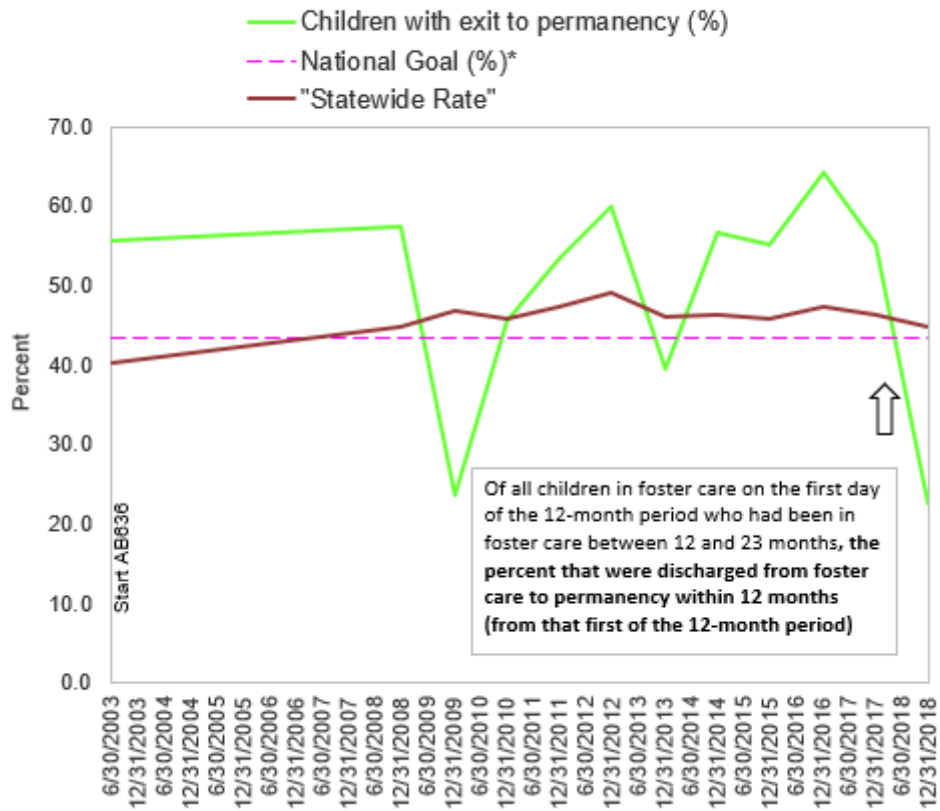
Possible reasons for the decline in the permanency rate (P2) in 2017 and 2018 may be due to staffing shortages that limit concerted efforts in case planning, case management, child/family team meetings, visitations, and extended family finding, in addition to parent challenges of joblessness, homelessness, and engaging in substance abuse treatment along with subsequent relapses.

Similar for 2017 and 2018, the ages of the children in the no-permanency group are spread out fairly evenly across the age ranges of 0-5 years, 6-11 years and 12-18 years, with a slightly larger proportion of children in the 0-5 age range. Also, gender is almost evenly split between male and female. Native American children/youth make up approximately 24% of this group, of which approximately 12% are eligible for Indian Child Welfare Act (ICWA).

Observable for both years 2017 and 2018, Humboldt County children who achieved permanency (for those in care between 12 – 23 months), approximately half exited foster care due to adoption and the

remaining half were about evenly split between reunification with family and legal guardianship. On average it takes anywhere from six to eight months (with ideal situations, fully staffed and timely related activities) and up to an additional one to two years (with appeals) for adoption finalization to occur, once the permanency hearing (WIC 366.26) is held, where termination of parental rights is ordered by the court. Child/family reunification takes an average of 17 months, commonly due to substance abuse relapses and mental health challenges that contribute to a longer substance abuse rehabilitation/stabilization process.

Humboldt County: 3-P2--Permanency in 12 months for children in care 12-23 months



2017

For year ending in Quarter 4, 2017, 43 out of 94 children/youth did not achieve permanency in 12 months (after being in care between 12 to 23 months). Of these 43 children, over half of them were still receiving family reunification services after the first 12 months, since case start date. By the end of the time period reviewed (spanning two to three years in care), approximately 70% were receiving permanent placement (PP) services (with case plan goal of adoption). Of these children/youth receiving PP services, almost half of them received FR services for an average of 18 months prior to transitioning to PP due to termination of parental rights. There is a noticeable decrease in the proportion of Native American children represented in this outcome measure (approximately 21% compared to the previous five year average of 38%).

2018

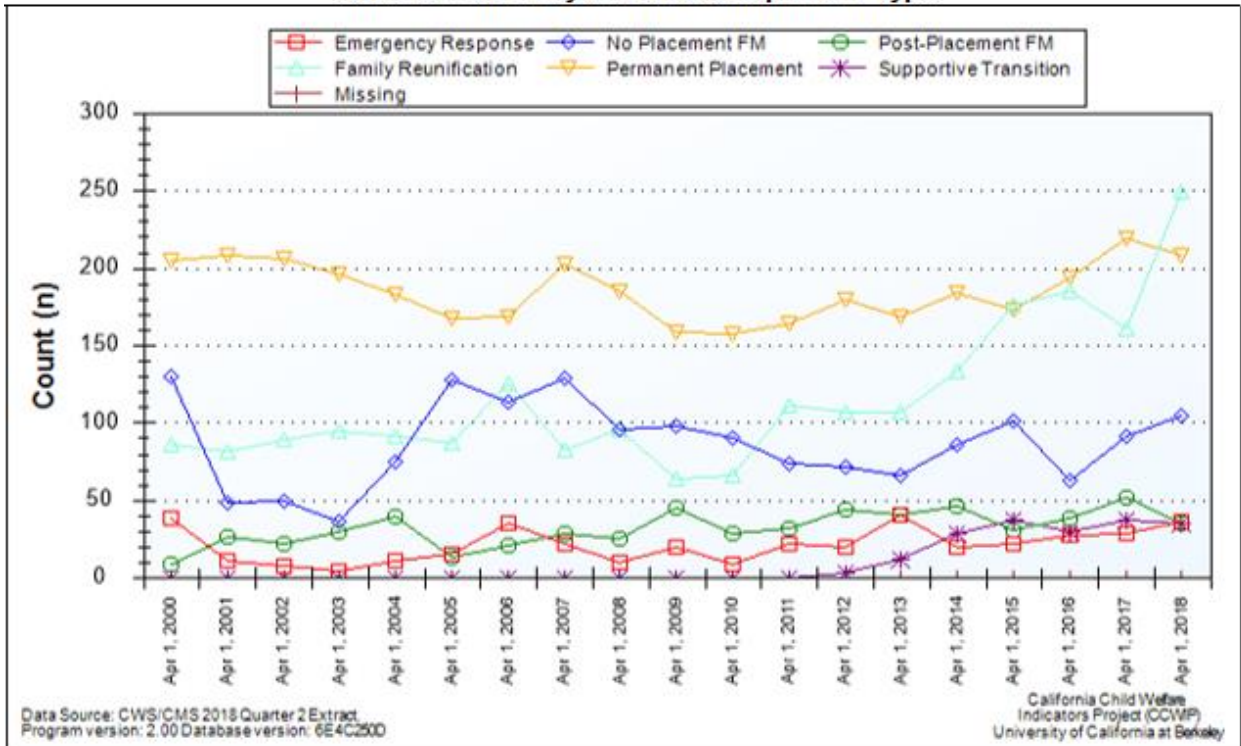
For year ending in Quarter 4, 2018, 72 out of 93 children/youth did not achieve permanency in 12 months (after being in care between 12 to 23 months). Of these 72 children, almost half of them were still receiving family reunification (FR) services after the first 12 months, since case start date. By end of the time period reviewed (spanning two to three years in care), approximately 73% were receiving permanent placement (PP) services (with case plan goal of adoption). Of these children/youth receiving PP services, almost half of them received FR services for an average of 18 months prior to transitioning to PP due to termination of parental rights. The trend continues for this year with a lower proportion of Native American children represented in this measure (approximately 17%).

These trends reveal there is opportunity to provide more targeted CFTs to engage family supports and facilitate permanency, and possibly even avoid termination of parental rights after the initial 12 months in care. Efforts to improve this longer-term permanency measure (P2) could also have a positive impact on another shorter-term permanency measure, (P1) Permanency in 12 Months (for children entering foster care), which for Humboldt County has been generally below national standard since 2005, and recently has shown signs of improvement. Permanency measures P1 and P2 tend to have a reverse correlation and are dependent upon when children obtain permanency. In other words, when one measure shows improvement, the other measure shows a decline in improvement.

A possible adverse impact on the permanency measure is, over the last five years (2013 to 2018), the county's total number of open CWS cases has increased by 54% (from 432 to 667 children), with an annual average of over 10 percent. The majority of the caseload increase has occurred in FR and PP (about one third of the increase for each). Over the last two years, all service areas experienced some increase, in family maintenance (FM), FR, PP, and supportive transition (ST) service component for non-minor dependents (created in 2012). During this time period, the rate of growth in cases receiving FR services has surpassed the other services areas, including that of PP.

Similar for both years 2017 and 2018, children/youth of Native American ethnicity (primary or secondary) constitute approximately 32% to 33% of all open CWS cases (26% ICWA) and 30% to 31% of foster care cases (25% ICWA) in the county. In comparison, the county's child population consists of only 6.5% that are Native American (CWS/CMS and US Census, 2017-2018).

CWS Caseload by Service Component Type



Ensuring accurate and timely data entry in the CWS/CMS database of SDM and CFT activities will be a necessary and important step toward establishing reliable monitoring and review of these two key strategies toward improving permanency for children/youth. Currently, it is questionable whether SDM and CFT data entry is accurate enough to draw conclusions about its level of activity, particularly with CFTs. High turnover rate of CWS social workers and supervisors, in addition to staffing shortages and high caseloads, have created challenges with timely and accurate data documentation in CWS/CMS.

Stakeholders and Tribal partners have voiced the need to improve the quantity and quality of CFTs. Their suggested improvements are similar to what the Attorney General’s stipulated judgment requires, consisting of a mechanism to ensure family-led team meetings are being utilized consistently over the life of the case, involving family supports and applying culturally informed and family strength-based consensus decision making. CWS is finalizing a policy and procedure that identifies the expected CFT process, values, and expectations for collaboration/inclusion of Tribal representatives and family/youth voice. Trainers, who may include internal practice coaches, NCCD, or U.C. Davis Northern Regional Training Academy, will be providing trainings on how to incorporate various decision making tools into the CFT process, which includes CFT meetings and other Continuum of Care Reform (CCR) improvements. These tools encompass comprehensive child/family well-being assessments, child/family strengths and needs, extended support systems, team-based care coordination and collaborative decision making, comprehensive case planning for safety, wellness and permanency, and monitoring of service delivery and children/family.

Efforts have started since 2017 to improve SDM tool accuracy and completion rates conducted by social workers to assess safety and risk of children and families, which may impact permanency outcomes. As part of the AG stipulated judgment, the county's contract with NCCD was expanded from two to three years (2017- 2020) with a scope of services covering various system improvement related activities, including additional training and coaching for staff in SDM implementation and Safety Organized Practice, which is integrated into the Humboldt Practice Model (HPM). This includes reviewing of procedures for screening reports related to sexual abuse allegations. The intent is to ensure SDM screening tools are being used appropriately across all referrals. This expansion is in addition to NCCD's initial contracted work to improve use of SDM assessments in all stages of service and build SDM coaching capacity.

CWS training efforts over the last couple of years, with assistance from NCCD, has started to show some improvements, especially with increased use of safety and risk assessments. NCCD is also providing additional SDM data analysis and management reports for continuous quality improvement.

II. Safety Measure: (2B) Timely 10-day (Initial) Response

The goal of this measure is to increase social worker timeliness of response to referrals of child abuse or neglect that are assigned as 10-day response time by CWS. The Timely 10-day (initial) Response measure is defined as a first or completed attempt to make face-to-face contact with the family. In the last few years, this measure's performance was just below standard, but more recently it has sharply declined. This measure was also identified as a significant area needing improvement through the Attorney General investigation and pertinent to developing a plan to address backlog of investigations.

As shown in the following chart, this measure has shown a decline in the past five years and has dipped below the Quarter 4, 2016 baseline of 89.4% to 65.1% in Quarter 4, 2017 and 72.6% in Quarter 4, 2018.

(2B) Timely 10-Day Response Performance Analysis:

National Standard: 90%

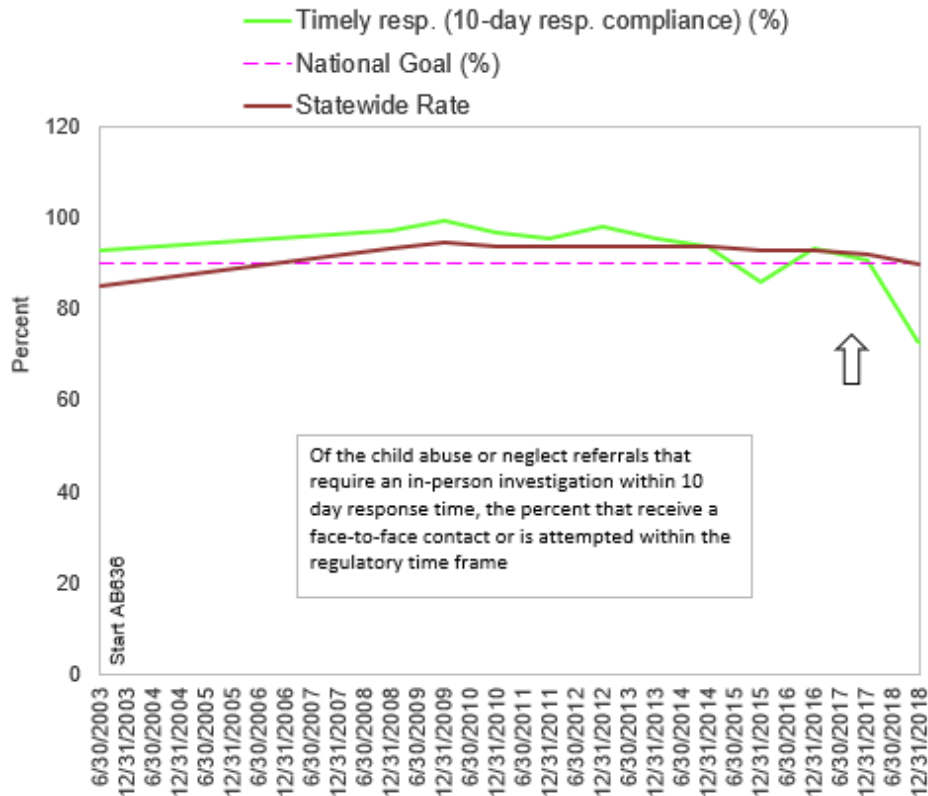
Target Improvement Goal: 95%

CSA and SIP Baseline: (Qtr. 2, 2016) 75.9% and (Qtr. 4, 2016) 89.4%

Current Performance: (Qtr. 4, 2017) 65.1% and (Qtr. 4, 2018) 72.6%

Analysis: Needs Further Improvement

Humboldt County: 2B--Timely Response (10-Day Response Compliance)



2017

Staff shortages and staff turnover in the CWS Emergency Response unit, at times running at half-staff capacity, have had a significant negative impact on this measure that historically has been in compliance. CWS needed to divert staff resources more toward immediate response referrals instead of 10-day response, as a result creating a significant backlog of open referrals.

2018

Though CWS staff shortages and turnover continued in the ER unit, a significant challenge appeared to be delayed documentation of CWS responses by social workers. This delay can also be observed in the outcome measure's updated trend data from SafeMeasures and UC Berkeley showing significant improvement in this measure after the quarterly updates.

CWS improvement efforts were initiated in 2017, and currently ongoing, as a result of the Attorney General stipulated judgement filed in February of 2018, pertaining to specific areas of improvement related to the Child Abuse and Neglect Reporting Act (CANRA), referrals and investigations, which may impact performance on this safety measure. These are discussed in more detail further on in this report in the Initiatives section.

Strategies to improve this outcomes measure include developing a work plan through a continuous quality improvement (CQI) process that involves input from staff, tribes, and Community Task Force, as well as NCCD technical consulting support. The work plan will include ongoing staff training and coaching to policy and practice on timely response and documentation and more staff support

services for social workers. As a result, identified barriers can be addressed and this outcome measure could be brought back up to above 90% compliance.

III. Systemic Factor: Quality Assurance

The goal of quality assurance is to begin applying data-informed decision making processes utilizing Continuous Quality Improvement (CQI) concepts and methods. This systemic factor may be more challenging to monitor and evaluate in terms of quantitative or qualitative outcome data. However, since this is a new initiative with zero baseline, tracking activities and efforts can be more straightforward by using a zero-baseline starting point. The rationale for this strategy is to plan, develop, implement, and streamline a CQI process in a coordinated and integrated fashion for identifying service needs, service participation, and monitoring, evaluating and improving quality and delivery of services.

Systemic Factor - Quality Assurance Performance Analysis:

National Standard: Not applicable

Targeted Improvement Goal: Establish CQI team, with identified team members, and establish regular CQI team meeting frequency

CSA and SIP Baseline Performance: (Qtr. 2 and Qtr. 4, 2016) Zero base line

Current Performance: (Qtr. 4, 2017) and (Qtr. 4, 2018): planning start date August 2018

Analysis: Implementation start date August 2019

2017

Up till now, CWS has been conducting quality assurance and undertaking system improvement efforts to a certain degree. Unit and supervisor meetings, as well as program management level and inter-departmental meetings are where issues may be brought up for discussion, review and action, though monitoring programs and services are not usually conducted in these forums. Often the success of children and families relies upon on how well social workers can relate to and empower the family in solution-based problem solving. This also applies to other direct-service providers in their ability to relate and empower clients in service delivery.

The quality assurance system currently in place relies mainly on compiling and reporting data on programs, services, and performance outcome measures. However, currently there is not a mechanism in place to conduct more in-depth analysis of the data, interpret findings, and make recommendations for improvement to administration and management. Sources for data reporting mainly come from CWS/CMS database extractions using Business Intelligence, SafeMeasures, Trends quarterly reporting of performance outcomes, monthly overview reports, and other departmental research conducted on an as-needed basis.

The county's process for ensuring that service providers and subcontracted service providers are held accountable, including service providers receiving CAPIT/CBCAP/PSSF funds, is by monitoring contracts based on scope of services. Usually contracts are reviewed by management prior to expiration to determine quality and effectiveness of service delivery. Some contracts also have performance-based goals that can be monitored based on specified service deliverable outcome

measures. A challenge that DHHS has experienced with regard to contracting is coordinating review of contractor invoicing, service expenditure, and performance-based reporting among different departments, such as Fiscal, Program level, and the Research & Evaluation unit.

2018

A CQI structure encompassing a clearly defined feedback loop is recognized by CWS as beneficial to management and program decision making. A CWS CQI Team could be the central point of receiving data/information from various feedback sources, on an ongoing basis, such as from tribes, SIP community stakeholders, CWS Office of Ombudsperson findings, CFSR Case Reviews, CWS staff feedback and ongoing program management and fiscal reporting tools. In return, the CWS CQI Team would disseminate information to staff of its findings and action plans on a regular basis and ensure regular training and coaching as needed to support quality service delivery.

As part of the AG stipulated judgment, a Community Task Force was created in April 2018, consisting of internal and external stakeholders, including Tribes, for the purpose of making recommendations to Humboldt County DHHS and Sheriff's Office. One goal of the Community Task Force will be to compile key data points and inform the community about trends related to the welfare of children in the county and to review existing options from other jurisdictions.

Systemic changes needed to support this quality assurance goal will require NCCD technical and consulting assistance and also tribal and community stakeholder input. Per the AG stipulated judgment, NCCD will provide managing-by-data assistance, including bolstering CQI processes, leveraging data resources, and analytic support to improve agency practices. The objective will be to inform and coordinate local CQI efforts with other national and state CQI initiatives. Here also, data integrity across programs and systems will be a necessary and important step in establishing reliable monitoring and review of this strategy toward improving permanency for children and youth.

Probation Selected Improvement Goals and Strategies

Permanency Measure: (P1) Permanency in 12 Months (Entering Foster Care)

The goal for this outcome measure is to achieve faster permanency outcomes for youth who have been in out-of-home care less than a year. Permanency may include reunification with family, adoption or tribal adoption, or placement with a legal guardian. The strategy to achieve this goal is improved family finding, continuous engagement efforts, and establishing lifelong connections for youth. Monthly Child Family Team Meetings (CFT's) with the youth and family members are facilitated to address permanency.

(P1) Permanency Performance Analysis:

National Standard: 40.5%

Target Improvement Goal: 50%

CSA and SIP Baseline Performance: (Qtr. 2, 2016) 10% and (Qtr. 4, 2016) 37.5% (3 out of 8)

Current Performance: (Qtr. 4, 2017) 50% (4 out of 8 youth placed) and (Qtr. 4, 2018) 50% (1 out of 2 youth placed)

Analysis: Needs Improvement

According to data from U.C. Berkeley (California Child Welfare Indicators Project), the P1 rate measure for Probation has varied greatly in the last ten years. This is due to a limited and difficult to place population. The population of youth in care averages 15 per year which means most measures evaluated have a population of less than 10 to consider. One youth failing to reach permanency can skew the data making it impossible to meet the federal standard.

Q4, 2018, included two youth, one of who reached permanency in returning home to a biological parent. The other young person remained in foster placement. The youth who was not successful in transitioning to reunification had received services from CWS prior to committing a heinous crime. Due to the seriousness of the criminal behavior reunification was not an option during this time period. Probation remained above the National Standard.

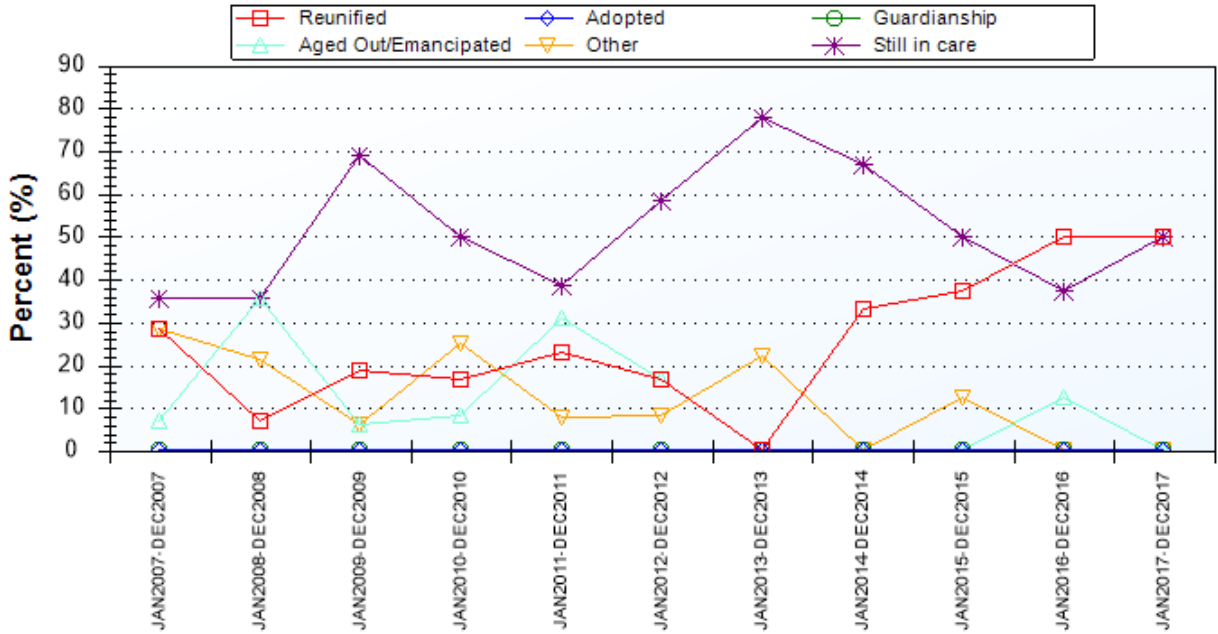
Q4, 2017, included eight youth. Four reached permanency, four were placed with their parent, one was placed with themselves upon reaching adulthood upon completing residential treatment, one young person was detained in a behavioral modification program, one case has since been sealed, and one absconded with whereabouts unknown. Probation remained above the National Standard.

Permanency outcomes could be improved through the use of CFTs to address placement concerns. The department will increase the use of EBPs with youth and families to target criminogenic needs identified in the risk to reoffend assessment tool and assist the family in transitioning to a home environment. Continued on-going support to the youth and family in the form of CFTs and wraparound program will support the family as the youth transitions to the home environment.

Increased family finding can result in increased resource family approvals (RFA). This allows the youth to remain in the county of jurisdiction allowing for intensive family work and improved outcomes.

3-P1 Foster care entry cohort outcomes
Children who entered foster care during 12-month period: Exit status at 12 months
Agency Type: Probation
Selected Subset: Episode Count: First Entry, Other Entry
Selected Subset: Number of Days in Care: 8 days or more, 7 days or less

Humboldt



Data Source: CWS/CMS 2018 Quarter 4 Extract.
 DRAFT Program version: 2014. 11.30 Database version: 07MAR2019:14:14:58

California Child Welfare
 Indicators Project (CCWIP)
 University of California at Berkeley

3. Status Update of SIP Strategies and Action Steps

CWS Goal Measure: (P2) Permanency in 12 Months (for children in care 12-23 mo.)

Strategy 1: Increase use, timeliness and improved fidelity for Structured Decision Making (SDM) tools

Strategy Rationale and Analysis: The rationale for this strategy is to improve decision making of social workers and their supervisors through more effective use, frequency and timeliness of Structured Decision Making (SDM) tools for assessing family strengths/needs, safety and risk, which help guide activities toward achieving permanency for children. CWS is making timely progress on this strategy with timely completion of the action steps.

Action Step A: Identify baseline of SDM usage		
Start: 10/2017	End: 3/2019	Status: Completed
<u>2017</u>		
<ul style="list-style-type: none"> Baseline for the selected SDM tools is the annual average from April 2016 to March 2017, shown in the table below. Annual average SDM completion by social workers has improved significantly since the baseline year for initial safety assessment (from 83.3% to 96.4%) and initial risk assessment (from 61.2% to 90.4%). Some improvement has also occurred for ongoing risk reassessment timely to case plan (from 52% to 60.9%) and risk reassessment timely to case closure (from 52% to 60.9%), over the last couple of years. These improvements are likely due to targeted training and coaching provided by NCCD to supervisors and social workers on accurate and timely completion of SDM tools, as well as following NCCD recommendation to do risk assessments on all investigated referrals, not just substantiated and inconclusive investigations per state SDM policy. The level of accuracy and consistency in completing initial SDM safety and risk assessments may have an effect on future ongoing SDM risk reassessments and safety/risk reassessments prior to case closure. 		
<u>2018</u>		
<ul style="list-style-type: none"> Completion of SDM tools has been impacted by significant social worker shortage and high caseloads. The CWS remedial plan is to hire multiple Case Aides and social worker staff in the near future. Multiple Case Aides will be assigned to each Ongoing Unit to help social workers with supportive and coordinated functions, such as CFT meetings, monthly contacts, visitations, SDM completion, etc.). Future SDM tool completion rates will be compared to the baseline for monitoring SDM safety and risk assessments, ongoing risk reassessments timely to case plan, and also safety and risk reassessment prior to case closure. The Family Strengths & Needs Assessment (FSNA) and Child Strengths & Needs Assessment (CSNA) tool completion has been discontinued due to California practice changes that will take effect to replace FSNA/CSNA with the Child & Adolescent Needs and Strengths (CANS) assessment tool as part of the future CWS/CMS (CARES) database application. 		

SDM Measure for Humboldt County	(Baseline) Annual Avg April 2016 - March 2017	Annual Avg April 2017 - March 2018	Annual Avg April 2018 - March 2019
Safety Assessment Completion	83.3%	83.4%	96.4%
Risk Assessment Completion	61.2%	62.1%	90.4%
Risk Reassessment Timely to Case Plan	34.0%	31.7%	53.7%
Risk Reassessment Completion Timely to Case Closure	52.0%	67.6%	60.9%

Source: SafeMeasures

Action Step B: Identify and implement management tools to track SDM usage with technical assistance from National Council on Crime & Delinquency (NCCD)

Start: 8/2017

End: 12/2019

Status: In Progress

2017

- During 2017-18, NCCD has reviewed and presented information and data to CWS management and staff on SDM practice and CWS usage of SDM tools, along with findings and recommendations for improvement.

2018

- CWS management and analysts have met with NCCD consultants in March 2018, and will continue to meet in future, to develop and implement management tracking tools, such as for SDM, involving various reporting methods (including SafeMeasures dashboards).
- Currently, SDM usage reports are generated from SafeMeasures for SDM tools selected to be tracked that may impact the permanency measure. A supervision form for monitoring SDM compliance and usage has been created for the Ongoing units. Other SDM tracking methods may be chosen to be used upon review by the CWS CQI Team and NCCD consultants.
- CWS analysts were trained by NCCD in March of 2019 on SafeMeasures reporting capabilities. Afterward, CWS analysts provided an overall SafeMeasures training to program managers and have also started training supervisors and social workers on how to use SafeMeasures dashboard for monitoring and supervision (including SDM). Staff will then run their own SafeMeasures reports and take them to their supervision meetings for review.

Action Step C: Evaluate and create current SDM policy/procedures and tribal protocols (government to government agreements), as preferred by each tribe in Humboldt County, with tribal involvement to support joint decision making by CWS and Tribes

Start: 2/2018

End: 6/2019 and Ongoing

Status: In Progress

2017

- Tribes have been invited to NCCD trainings on SDM assessment tools that occurred during 2017- 2018 and will continue to be invited to future trainings. SDM training encompasses training for trainers curriculum and covers all aspects of SDM usage, including hotline tools, safety and risk assessments, and risk reassessments for case planning, reunification, and prior to case closure.

2018

- Priority is being given to reviewing policies and procedures outlined in the AG stipulated judgement. (e.g. Tribal Collaboration, Intake, Investigations, Mandated Reporting, New Referrals on Existing Cases or Referrals, etc.). SDM is an integral part of most or all policies reviewed so far. The Policy & Procedure Subcommittee of the Community Task Force is tasked to review and prioritize policies/procedures outlined in the stipulated judgment.
- Participants involved in development of policies/procedure development include CWS director, deputy directors, and program managers. CWS management has been meeting with tribal representatives since mid-2018 to review and incorporate feedback on the policies/protocols and will continue to do so over time.
- Humboldt County DHHS/CWS has executed a government to government agreement with Hoopa Valley Tribe in February 2019 that includes protocols for establishing and maintaining a mutually supportive and respectful working relationship, involving open communication, information-sharing, and cooperative intervention. The protocol refers to completing the SDM hotline tools jointly with the Tribe, and tracked in the Tribal Collaboration Checklist when applicable with regard to Hoopa Valley Tribe children and families. CWS will continue to pursue efforts to establish protocols with all eight local Tribes that are willing to enter into government to government agreements.
- A process is being developed for supervisors and social workers to use SafeMeasures – My Upcoming Work in supervision meetings to plan, track, and follow-up on case management progress, including SDM utilization. CWS is exploring the possibility of developing and implementing a pilot project plan, involving pertinent CWS staff, as a mechanism for providing feedback and refining the SDM policy/procedure implementation process.

Action Step D: Train staff how to use SDM tools, and how SDM tools are to be completed collaboratively with tribes

Start: 8/2017

End: 6/2022

Status: In Progress

2017

- Tribes have been invited to several on-site NCCD trainings to CWS staff on using and interpreting SDM tools during 2017-2018 and will continue to be invited in the future. Also, a new CWS training supervisor will be hired, in addition to the existing training supervisor. Newly hired CWS social workers and supervisors are provided a series of CWS trainings, including SDM training, by UC Davis, NCCD, CWS training supervisor, and other in-house trainers.
- SDM training encompasses training for trainers curriculum and covers all aspects of SDM usage with fidelity, including hotline tools, safety and risk assessments, and risk reassessments for case planning, reunification, and prior to case closure.

2018

- An SDM matrix has been developed to promote the consideration of the combined outcomes of the safety and risk assessments, rather than allegation conclusions, when determining whether to open a CWS case. Coaching to managers, supervisors, and social workers on SDM tool application with fidelity has begun to be provided by NCCD and internal trainers.

- A Tribal Collaboration Checklist (as part of the Hoopa Valley Tribe protocol) has been developed and intended to be used as an accountability tool, which includes SDM tool completion. The Tribal social worker initials the checklist denoting collaboration between the CWS social worker and Tribal social worker at multiple key decision points. Next steps will be to explore developing a training calendar, including joint training on how Tribes and CWS can use SDM tools collaboratively.

Action Step E: Utilize NCCD technical assistance and tribal input to reinforce SDM training/coaching skills and concepts

Start: 8/2017 End: 12/2021 Status: In Progress

2017

- As part of a three-year NCCD contract, NCCD is providing training/coaching to supervisors and program managers to apply case reading tools in synchronization with SDM tools, as part of quality assurance. The ER and Ongoing program managers and ER supervisor received initial NCCD training/coaching on utilizing case reading methods to review SDM practices and will be expanded further to possibly include the Tribes.
- A main method of obtaining Tribal input is through monthly case staffings, currently scheduled monthly with four local Tribes (Yurok, Wiyot, Hoopa, and Bear River).

2018

- The Tribal Collaboration policy & procedure was completed in November of 2018. It has been shared with staff and discussed at unit meetings to further refine. This policy and procedure, and any existing or future tribal protocols, will provide guidance on gathering Tribal input for CWS system and practice improvements, including SDM training/coaching.
- Ongoing monthly SDM technical assistance calls with NCCD and CWS management are occurring monthly to improve SDM usage and fidelity.

NCCD contract may be extended if needed to provide more ongoing training for trainers to CWS staff and Tribes in order to maintain fidelity of application of SDM tools. Interfacing with other trainers and training options will be explored.

Action Step F: Monitor and evaluate SDM usage and develop feedback-loop mechanism for staff using SDM tools

Start: 4/2019 End: 6/2022 Status: In Progress

2018

- CWS will monitor and evaluate progress of improvements in SDM utilization, with NCCD assistance if needed, once prior action steps have been completed.
- SDM tools will be monitored and evaluated, using SDM management reports (developed earlier in action step B). Particular focus will be on SDM tools needing improvement (identified in action step A), which include safety, risk and risk reassessment.
- As part of CQI process, CWS will develop mechanism for management (and/or CQI team) to apply findings and recommendations, from SDM case reading evaluation and staff/tribal feedback results, into action utilizing data-informed decision making.

CWS Goal Measure: (P2) Permanency in 12 Months (for children/youth in care 12-23 mo.) - cont'd

Strategy 2: Implement/Increase effective and timely use of Child & Family Team (CFT) meetings at key decision points throughout CWS case life

Strategy Rationale and Analysis: The rationale for this strategy is to better engage and empower families within their circles of support and involve them in case planning through more effective use, frequency and timeliness of CFT meetings that help guide activities toward achieving permanency for children. CWS is making progress on this strategy with timely completion of the targeted action steps.

Action Step A: Identify baseline of CFT meeting frequency and usage standards

Start: 3/2019 End: 9/2019 Status: In Progress

2017

- Identify CFT meeting frequency baseline as of 1/1/2018.

Total Child & Family Team Meetings Per Month
May 2005 to May 2019

..... Total TDM Meetings per Month
- - - - Total FTM Meetings per Month
———— Total CFT Meetings per Month

Source: Child Welfare Services TDM and CWS/CMS database (06/11/2019)

- Due to challenges with staffing shortages and maintaining data entry accuracy/consistency, it is expected that our initial data will indicate low numbers of CFT meetings. During 2017 and 2018, the frequency of CFT meetings have been about the same as the average over the last 10 years, about 25 per month (including initial and ongoing CFTMs). However, if according to CWS policy/practice that every out-of-home CWS case were to have CFT meetings on a quarterly basis, the average would be more like 100 per month (or 130/month for all CWS open cases). CWS staff (especially new supervisors and social workers) will need to be trained on CFTM data entry procedure in CWS/CMS and notified of data entry assistance available to them by social service aide or clerical data entry operator who can enter CFT contacts and notes in CWS/CMS.

Action Step B: Develop and implement tracking system for staff/management of CFT frequency, usage and participant types, including tribal involvement, and tribal children data

Start: 6/2019

End: 9/2019

Status: In Progress

2018

- Improvements are being planned for CFT meeting data entry and tracking process to improve data consistency and accuracy. In addition to the current social service aide (for Ongoing Unit) and clerical/data entry operator (for Emergency Response Unit), additional support staff will be hired and assigned to program units in the future, including case aides/social services aides and social worker staff (e.g. SW I), to support social workers with their cases, including CFT meeting responsibilities.
- CWS CQI Team assistance may be incorporated into guiding development and implementation of CFT tracking system, once the CQI Team is activated.
- Parameters for regularly tracking CFT meeting information and frequency data are in the process of being planned, based on selected "key decision points" (e.g. CFT meeting reason types, designated frequency, demographics, etc.) and participant types (e.g. facilitator, tribal affiliation, parents/child involvement, various support networks). The soon-to-be-completed CWS CFT policy and procedure will serve as a guide for how CFT meetings will be monitored.
- SafeMeasures and Business Intelligence (CWS/CMS) reports are in the process of being identified for tracking CFT meeting information and frequency, including tribal collaboration and tribal child involvement in CFT meetings.
- Tribal collaboration checklist, as well as CWS/CMS contact and collateral data, will be the source of information for identifying Tribal/child involvement in CFT meetings.
- CFT tracking report(s) will be used by CWS management, supervisors, and social workers as a tracking tool. CWS analysts will provide training to supervisors and social workers on how to use SafeMeasures dashboard monitoring and reporting, including CFT meetings. Staff will then run their own SafeMeasures reports and take them to their supervision meetings for review.

Action Step C: Create CFT policy/procedure, and include in tribal protocols, with clear expectations of purpose, responsibilities, meeting frequency, documentation, usage, and participants, including joint-participation with Tribal representatives

Start: 6/2018

End: 9/2019 and Ongoing

Status: In Progress

2018

- Priority policies and procedures are being worked on by the CWS director, deputy directors, and program managers, and involve Tribal input. The draft CFT policy and procedure has been completed and is currently being reviewed by Tribes for feedback.

- Key decision points in CFT policy/procedure have been identified, including ways to incorporate Humboldt Practice Model (HPM) elements with more fidelity into practice. CFT meetings are to be conducted within 60 days from when child comes into foster care or from when family maintenance case is opened or from when a non-minor dependent reenters foster care. Thereafter, CFT meetings are to be held at least once every 90 days.
- Humboldt County DHHS/CWS has executed a government to government agreement with Hoopa Valley Tribe in February 2019 that includes protocols for establishing and maintaining a mutually supportive and respectful working relationship, involving open communication, information-sharing, and cooperative intervention. The protocol refers to including the Tribe in all CFT meetings (including case planning and visits), and tracked in the Tribal Collaboration Checklist when applicable with regard to Hoopa Valley Tribe children and families. CWS will continue to pursue efforts to establish protocols with all eight local Tribes that are willing to enter into government to government agreements.
- CWS completed a Tribal Collaboration policy and procedure, with tribal input, that identifies how key decisions are to be determined jointly with tribal representation from referral stage throughout the life of a case involving tribal children. It also addresses what happens when CWS and Tribal representatives do not agree on the outcome of an assessment or on a key decision and refers to existing or future tribal protocols for dispute resolution processes. Other existing options for joint CWS/Tribal decision making occurs in weekly case staffings pertaining to new cases, monthly tribal staffings currently calendared with four local Tribes, and CWS program management/administration meetings with the Tribes.
- CWS is exploring the feasibility of designating a certain number of social workers (e.g. SW I classification) as CFT facilitators to assist social workers with their case management. Capacity to implement is being considered.

Action Step D: Develop training for staff, with tribal input, on CFT policy/practice and how to incorporate Humboldt Practice Model (HPM) with fidelity

Start: 8/2017	End: 6/2022 and Ongoing	Status: In Progress
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- 2017**
- Training and coaching of CWS staff on HPM tools and practice behaviors have been in place since 2017, of which family team meetings are an integral part of the practice. Once CFT policy and procedures have been finalized with tribal input, a more robust CFT training on the process will be provided to CWS staff. Recently a CWS training strike team has been assembled, consisting of CWS Director, Deputy Director, and some Program Managers and Supervisors, to undertake several focus areas, including CWS training of new hires, training/coaching on updated policies and procedures related to AG stipulated judgement, and SDM and CFT training.
- 2018**
- Current CFT meeting facilitation training information and HPM fidelity methods will be reviewed for possible improvements.
 - A feedback mechanism will be established from persons training/coaching case workers on CFT meeting practices and shared with social workers and supervisors regarding progress on skill development and areas for further improvements.

Action Step E: Train staff and implement CFT policy and practice		
Start: 6/2019	End: 6/2022 and Ongoing	Status: Pending
<u>2018</u>		
<ul style="list-style-type: none"> Once CFT policy and procedure is finalized, CWS will provide CFT training/coaching on CFT practice and data entry to all pertinent CWS staff on regular ongoing basis. Various training resources will be used, such as contracted coaches, NCCD, and CFT-skilled internal staff. Currently, CFT is generally covered in the Humboldt Practice Model (HPM) training and coaching provided to new CWS staff and as a refresher to existing staff. In addition, UC Davis and NCCD have provided to CWS staff an overview of CFT practice during 2018. 		
Action Step F: Monitor and evaluate usage and feedback of CFT meetings, including tribal participation and review		
Start: 4/2019	End: 6/2022	Status: Pending
<u>2018</u>		
<ul style="list-style-type: none"> CWS will utilize SafeMeasures CFT reports and feedback mechanism to guide ongoing monitoring and evaluation of CFT meeting usage and progress. CWS CQI team may provide guidance in developing this mechanism and technical assistance from NCCD consultants may be requested. CWS analyst team will assist with report creation to present key information and trends (e.g. tribal participation in meetings), as part of data-informed analysis and decision making. CWS will develop and implement, with guidance from CWS CQI team, a CFT fidelity tool that elicits and incorporates CFT meeting feedback from various sources as part of monitoring and evaluating CFT meeting progress and maintaining fidelity. NCCD technical assistance may be requested. CQI team will compare tools included in the Integrated Core Practice Model and the Humboldt Practice Model (HPM) Fidelity Assessment. CFT feedback options may come from various sources, such as CFT participation (including Tribal), review of CFTs at case staffing, CFT meeting evaluation questionnaires provided to key CFT participants (including Tribal), client satisfaction surveys, and self-evaluation forms for CFT meeting facilitator. 		

CWS Safety Goal Measure: (2B) Timely 10-day (Initial) Response

Strategy 3: Plan, develop, and implement structure and process for data entry in CWS/CMS and tracking of 10-day referral responses utilizing CQI process

Strategy Rationale and Analysis: The rationale for this strategy is to increase social worker timeliness of 10-day response to referrals of child abuse or neglect by utilizing compliance tracking tools, developing work plan for identifying barriers, implementing policies and procedures, and utilizing CQI process to address system barriers. CWS is making progress toward completing this strategy and action steps timely, with the exception of extending start date for Action Step E by several months.

<p>Action Step A: Develop and utilize tracking tools, such as SafeMeasures Dashboard reports, to review and manage timeliness of responses</p>		
<p>Start: 5/2019</p>	<p>End: 7/2019 and Ongoing</p>	<p>Status: In Progress</p>
<p>2018</p> <ul style="list-style-type: none"> • Emergency Response (ER) program manager and analyst have identified and are utilizing SafeMeasures referral response compliance and dashboard reports (e.g. Referrals and Time to Investigation) to track response timeliness and prevent late responses. • ER Analyst distributed response tracking reports to ER manager, ER supervisors and ER social workers to familiarize them with SafeMeasures tracking reports that have been identified as a tracking tool. • ER supervisors have begun reviewing monthly SafeMeasures referral response compliance reports with ER social workers. • The identified tracking reports are being used during a three-month piloting period (May – July, 2019) and monitored by ER manager and ER analyst. Also, reports on open referrals and screened out referrals (of previous 30 days) regarding tribal children are being shared with the appropriate Tribes. • ER manager and ER supervisors will review progress after the piloting period to make adjustments to the reporting mechanism as needed. 		
<p>Action Step B: Identify barriers to timely response and develop a work plan to address barriers using quantitative data, such as late 10-day responses with contact descriptions, and qualitative data of findings from case reviews, Ombudsperson contacts, and also staff and tribal feedback</p>		
<p>Start: 5/2019</p>	<p>End: 9/2019 and Ongoing</p>	<p>Status: In Progress</p>
<p>2018</p> <ul style="list-style-type: none"> • CWS Office of Ombudsperson and CFSR Case Reviewers have been made aware to submit to ER Program Manager any feedback or findings they obtain from community and case reviews pertaining to referral responsiveness and investigations. • Input from Tribes is being received as per Tribal protocols (e.g. Hoopa Tribe) or through other identified methods, such as case staffings or CWS administration meetings with Tribes. • An informal survey was conducted in the ER unit coaching session during May 2019 to identify challenges and barriers, and social worker perspectives and experiences that impact timely 10-day responses. The results of the survey will be used by supervisors to work with their staff on developing individual worker supports to address their challenges and barriers. 		

<ul style="list-style-type: none"> • CWS leadership and/or CWS CQI team will create a work plan to explore unaddressed barriers to timely 10-day referral response.
<p>Action Step C: Create policy and procedure for investigations, with tribal input, that includes clear expectations of timely 10-day response and data entry</p> <p>Start: 9/2018 End: 2/2019 and Ongoing Status: Completed</p>
<p><u>2018</u></p> <ul style="list-style-type: none"> • CWS has updated a draft investigations policy and procedure that includes expectations of social worker timely 10-day investigations. • The finalized Investigations policy/procedure has been presented to local tribes for feedback. • The finalized Investigations policy/procedure has been sent out to all CWS staff for review and implementation. Training on the policy/procedure has been provided to ER staff in ER unit meetings and coaching sessions. • Humboldt County DHHS CWS has entered into a government-to-government agreement with the Hoopa Valley Tribe that includes protocols for investigating social workers to work jointly with the Tribes. CWS will continue to work with each local tribe that desires to enter into a government-to-government agreement.
<p>Action Step D: Create training plan for staff on CWS/CMS data entry, using SafeMeasures tracking system, and addressing identified barriers to timely 10-day response</p> <p>Start: 9/2019 End: 6/2020 and Ongoing Status: Pending</p>
<p><u>2018</u></p> <ul style="list-style-type: none"> • With guidance from CWS CQI team, the CWS Training Team will assist with developing a training plan that incorporates solutions to removing barriers from timely 10-day referral response. The training plan will be shared with ER staff at the ER program meeting for feedback on implementation. • The monthly SafeMeasures referral response compliance report will be presented at ER program meetings on a regular basis as part of training plan. This will serve as a forum for identifying and discussing barriers to timely response, which can be forwarded to program management and/or CWS CQI team to address for future training. • In-house capacity will be built for all CWS analysts to provide ongoing regular SafeMeasures training as needed for each program, and across program areas
<p>Action Step E: Implement work plan that addresses identified barriers to investigating social workers completing timely 10-day responses</p> <p>Start: 9_4/2019 End: 9/2020 Status: Pending</p>
<p><u>2018</u></p> <ul style="list-style-type: none"> • ER PM and ER supervisors will present the work plan (created in Step B) to the ER program unit meeting to review with ER social workers. This activity and subsequent activities in this action step E will be postponed approximately five months to allow time to complete action step B.

- Each ER supervisor will create individual plans to monitor and support each investigating social worker and addressing any specific barriers they are experiencing. All individual work plans will be submitted to the ER program manager and will be reviewed during program manager/supervisor supervision on a regular basis (monthly).
- ER supervisors will provide training on investigations policy/procedure to investigating social workers.
- Individual plans to address barriers, and the successes and challenges the worker has with the plans, will be included in employee evaluations with the expectation the recommendation will be followed.

Action Step F: Develop work group with staff, as part of CQI process, to create plan for unaddressed system barriers

Start: 9/2019

End: 12/2020

Status: Pending

2018

- A work group will be established consisting of ER supervisors, ER manager, ER analyst, and identified ER line staff to help identify unaddressed barriers and problem-solve system issues.
- The work group will review quantitative and qualitative data to identify barriers to timely referral response and brainstorm possible solutions.
- System barriers and recommendations identified by the work group will be brought to executive leadership and/or CWS CQI team for further brainstorming and to identify potential solutions.

CWS Safety Goal Measure: (2B) Timely 10-day (Initial) Response (continued)

Strategy 4: Provide staff training and guides to ensure staff is responding timely to 10-day referrals and documenting in a timely manner

Strategy Rationale and Analysis: The rationale for this strategy is to increase social worker timeliness of 10-day response to referrals of child abuse or neglect by providing training and coaching to staff on data entry and procedures, and making needed improvements and addressing system barriers utilizing CQI process. CWS is making progress toward completing this strategy and action steps timely, except action step B, which is postponed for a few months to allow completion of step A by 8/2019.

<p>Action Step A: Provide ongoing training and coaching for pertinent CWS staff on data entry methods, using SafeMeasures tracking system, and other training to address identified barriers to timely 10-day referral response</p>		
<p>Start: 5/2019</p>	<p>End: 6/2019 and Ongoing</p>	<p>Status: In Progress</p>
<p>2018</p> <ul style="list-style-type: none"> ER Analyst provided a SafeMeasures training to ER Investigators in May of 2019 on how to use their My Upcoming Work, My Calendar, saving reports as Favorites and creating Dashboard, and using subsets and filters with their teaming-up work with other social workers regarding assigned investigations. ER Analyst and supervisors are assisting ER social workers with creating and interpreting their own ER Safe Measures Dashboard reports. ER Analyst is providing support to ER supervisors and social workers on utilizing SafeMeasures Dashboard reports for monitoring and tracking of timely 10-day referral responses. ER Supervisors are ensuring ER social workers are bringing their SafeMeasures compliance reports, including referral response, to supervision in order to receive training/coaching by supervisor. Supervision will not be commenced without Safe Measures data available for review. ER supervisors will bring SafeMeasures reports to supervision with ER manager for review. 		
<p>Action Step B: Implement tracking system on an ongoing basis as a guide and tool for training feedback</p>		
<p>Start: 8 5/2019</p>	<p>End: 9/2019</p>	<p>Status: Pending</p>
<p>2018</p> <ul style="list-style-type: none"> Results of the 3-month long pilot tracking system will be reviewed with ER unit to receive feedback of usefulness and effectiveness of the report tracking system and make adjustments to implement a permanent tracking system. CWS ER program will implement permanent tracking system of referral responses. ER program manager and analyst will regularly present a summary of referral response compliance to ER program unit meetings to gauge progress. 		

Action Step C: Monitor and evaluate usage and feedback of 10-day response tracking system, using SafeMeasures and other reporting methods (e.g. Business Intelligence)

Start: 6/2019

End: 9/2019 and Ongoing

Status: In Progress

2018

- System barriers and trends identified through referral response review process will be brought to CWS executive leadership and/or CWS CQI team for review and further brainstorming to identify potential solutions.
- On a quarterly basis, CWS leadership and/or CQI team will review SafeMeasures Dashboard for timely response compliance and invite applicable line staff to help problem-solve system issues. NCCD technical assistance will be obtained if needed to help CWS strategize methods to improve timeliness of response.
- CWS will utilize SafeMeasures Dashboards and other reporting methods as needed to identify training needs and evaluate for contributing factors and possible plan of action.

CWS Systemic Factor Goal: Quality Assurance

Strategy 5: Plan, develop, and implement CWS Continuous Quality Improvement (CQI) structure, purpose, process and participants

Strategy Rationale and Analysis: The rationale for this strategy is to plan, develop, implement, and streamline a CQI process that is coordinated, integrated, data-based, and feedback-based to identify and respond to quality assurance issues, including system/program strengths, challenges, service needs and service delivery, and also a method for monitoring, evaluating and follow-up action step that improve accessibility and quality of services, as well as staff support and retention. There are delays with implementing this strategy due to other pressing priorities related to the AG judgement orders. Some of this strategy’s action steps may inform the Community Task Force, which was created as part of the AG stipulated judgment, to make recommendations to Humboldt County DHHS and Sheriff’s Office. Technical assistance from CDSS and/or NCCD may be needed with this significant initiative.

<p>Action Step A: Identify and develop internal CWS CQI process and participants, with technical assistance from CDSS, NCCD, and other consultants as needed, and link with existing stakeholder and tribal feedback loops</p> <p>Start: 8/2019 6/2018 End: 6/2020 12/2019 Status: Pending In Progress</p>		
<p>2018</p> <ul style="list-style-type: none"> • CWS will identify CWS CQI team participant composition, with a proposed minimum representation from one administrator (director/deputy director), two program managers, two analysts, and one case reviewer or ombudsperson. • CWS will identify CWS CQI team structure, purpose, functions, frequency of meetings, participant roles/responsibilities, and decision-making process. CQI can serve as a forum for review of agency progress and system improvement activities; it is more than monitoring data. • CWS will identify ways CWS CQI team can create communication and coordination process (feedback/input, reporting out, action plans) with staff, community stakeholders, and tribes, as well as with Community Task Force to support system/program and policy/practice improvements. 		
<p>Action Step B: Assess the existing quality assurance process and reporting (baseline)</p> <p>Start: 8/2018 End: 12/2019 6/2019 Status: In Progress</p>		
<p>2017</p> <ul style="list-style-type: none"> • NCCD provided a two-day CQI training/coaching session for CWS Analysts and subsequent CQI brainstorming with CWS program managers in March of 2018, where key strengths and gaps in data services were identified and collaborative approaches were explored for data-based solution making. This included identifying current quality assurance/CQI related meetings and reports generated for CWS programs, administration, and mandated government monitoring/reporting (e.g. SafeMeasures, Business Intelligence, quarterly DHHS Trends report, client participation in activities, etc.). 		

2018

NCCD also assisted CWS management with identifying future CQI benchmarks and several benchmarks were prioritized by CWS management and analysts to focus on pursuing. Additionally, NCCD facilitated participants to identify individual commitments to the CQI process in a March 2019 site visit. The challenge is to take the next major step of implementing these initiatives while there are a multitude of competing demands. This is a time-consuming process and at this time, due to limited resources and other pressing priorities, this major next step has yet to be undertaken. Now that CWS has a new director (as of June 2019), a new deputy director (as of September 2018), and a retired deputy director has returned part-time (as of October 2018), there is opportunity to reactivate the CQI development process.

- CWS may need to seek technical assistance (e.g. NCCD, CDSS, etc.) on how CWS management and/or CWS CQI team can prioritize data needs and agenda items, and coordinate various quality assurance feedback sources, such as CFSR case reviews, Office of Ombudsperson, staff feedback, DHHS program trends reporting, Division 31 and CFSR compliance outcomes, and SIP progress updates.
- CWS management has met with the county’s Mental Health CQI Coordinator in the Performance Management Unit (PMU) in June 2019 to discuss their CQI process and identify ways to incorporate their process into CWS CQI process. CWS will look at other counties’ CQI systems (e.g. Shasta County) to learn from other counties’ experiences in order to transition from a dispersed quality assurance/compliance system to a robust CQI process.

Action Step C: Design data management tools and tracking mechanisms, and identify data needs and data entry methods in CWS/CMS to promote data accuracy and data-based decision making

Start: 12/2019 ~~1/2019~~

End: 6/2021 ~~12/2019~~

Status: Pending

2018

- CWS CQI team will identify data priority needs, data gaps and data responsibilities
- Considerable degree of data inaccuracy exists in CWS/CMS, due to social workers’ high caseloads and having insufficient time to achieve the large amount of CMS data entry requirements. The CWS CQI team will identify data gaps and data information improvements needed to have available and reliable data as a foundation for quality assurance (compliance) and CQI process (system improvements).
- As part of CWS workload study to be conducted by NCCD, CWS will explore the feasibility of shifting data entry responsibilities from social workers to data entry operators or other appropriate job classifications. This may require hiring more data entry operators or other appropriate job classifications.

<p>Action Step D: Design a mechanism, with tribal input, to provide CWS CQI data to and receive feedback <i>from the Tribes</i></p>		
<p>Start: 3/2020 6/2019</p>	<p>End: 8/2022 6/2020</p>	<p>Status: Pending</p>
<p>2018</p> <ul style="list-style-type: none"> • CWS CQI Team will follow existing and future tribal protocols (government to government agreements) on methods for tribe and CWS to share data and feedback • Cultural coaches and Tribal collaboration may be additional sources of input for this purpose • CWS will obtain input from Tribes at case staffings (e.g. survey form) or consult with Tribal point-of-contact person(s) about best way to develop feedback loop with Tribes 		
<p>Action Step E: Design a mechanism to provide CWS CQI data to and receive feedback from community stakeholders, including CWS staff</p>		
<p>Start: 6/2020 6/2019</p>	<p>End: 8/2022 6/2020</p>	<p>Status: Pending</p>
<p>2018</p> <ul style="list-style-type: none"> • CWS CQI Team will gather input from Community Task Force and community stakeholders on developing feedback loop mechanism with community and CWS staff • CWS will develop feedback loop mechanism for community stakeholders and CWS staff to provide input to CQI and receive updates/reporting from CQI 		
<p>Action Step F: Interface CWS CQI Team with other work groups to avoid duplication</p>		
<p>Start: 6/2020 1/2019</p>	<p>End: 8/2022 6/2020 and Ongoing</p>	<p>Status: Pending</p>
<p>2018</p> <ul style="list-style-type: none"> • CWS CQI team will coordinate with internal work groups within DHHS and CWS to share information and obtain feedback. • CWS will coordinate with Community Task Force and other community representatives to share information and obtain feedback. 		
<p>Action Step G: Utilize management tools and tracking systems to support data-informed decision making (such as SafeMeasures, SDM, Business Intelligence, and other reporting methods) with technical assistance from NCCD</p>		
<p>Start: 12/2020 6/2019</p>	<p>End: 8/2022 12/2019</p>	<p>Status: Pending</p>
<p>2018</p> <ul style="list-style-type: none"> • CQI team will identify program and outcome data/information to review and evaluate as a team on a regular monthly/quarterly basis in order to implement data-informed decision making. • CQI team will review on a regular basis designated data management tools (e.g. program reports, trends reports, and other types of tracking systems) to support data-informed decision making. 		

<ul style="list-style-type: none"> • CWS CQI team will identify and prioritize areas of focus and assigns lead person(s) or work group(s) to review, make recommendations to CQI team, and then implement responsibilities based on CQI team approved action steps.
<p>Action Step H: Develop CQI policy/procedure and ensure process is inclusive of Tribal input, using mutually agreed upon protocol to obtain feedback from tribes</p> <p>Start: 9/2020 9/2019 End: 3/2021 6/2020 Status: Pending</p>
<p><u>2018</u></p> <ul style="list-style-type: none"> • The CWS CQI Team will develop CQI policy/procedure with input from Tribes, Cultural coaches, and CWS staff • Technical assistance may be needed for development of CQI policy/procedure
<p>Action Step I: Train pertinent staff on data entry needs and data tracking systems, and provide training/coaching to staff on CQI policy/procedures and processes</p> <p>Start: 6/2021 6/2019 End: 8/2022 12/2021 and Ongoing Status: Pending</p>
<p><u>2018</u></p> <ul style="list-style-type: none"> • CWS CQI Team will coordinate CQI staff training/coaching, develop training curriculum, identify potential trainers and frequency of staff training (e.g. after hiring staff, ongoing refreshers), and may seek technical assistance from NCCD and CDSS • Training curriculum will contain data and documentation needs for staff to support data integrity and CQI process
<p>Action Step J: Utilize NCCD technical assistance to reinforce CQI training/coaching concepts</p> <p>Start: 8/2017 End: 12/2021 Status: In Progress</p>
<p><u>2017</u></p> <ul style="list-style-type: none"> • NCCD has provided initial readiness consultation with CWS management on CQI concepts, processes and activities. <p><u>2018</u></p> <ul style="list-style-type: none"> • CWS will rely on the CQI Team to coordinate with NCCD as needed for providing ongoing CQI training/coaching to pertinent staff

Action Step K: Monitor and evaluate CQI implementation and management tracking system, and adjust as needed

Start: ~~6/2020~~ ~~6/2019~~

End: ~~8/2022~~ ~~12/2021~~ and Ongoing

Status: Pending

2018

- CWS CQI Team will assign responsibilities to lead person and/or work group as needed for specific research, review, findings, and recommendations. CQI may cover a broad range of areas, involving all aspects of CWS systems, programs and operations.
- Quality assurance activities may involve various analyses and reporting methods to management and administration on a regular basis. These may include, but not limited to, the following:
 - SIP progress of goals and strategies/action steps,
 - CFSR outcome and compliance measure,
 - CFSR case review findings,
 - Ongoing community stakeholder and staff feedback on system improvements,
 - CWS Office of Ombudsperson investigation findings,
 - Program and integrated services program data and progress updates,
 - DHHS/CWS Trends reporting,
 - Fiscal tracking of work orders (service referrals)/invoices and budgeting,
 - Contracted service provider performance outcomes,
 - Staff work load studies, and
 - Other targeted areas of review
- CWS CQI team will provide guidance in formulating policies/procedures, staff training, and system improvement planning based on its review of data and feedback received from various sources and providing information/communication to share with management, staff and community.
- CWS CQI Team, with input from tribes, will regularly identify to administration and CWS staff the successes and challenges of CQI implementation process
- CDSS and NCCD consultation may be needed in the monitoring and evaluation of the CQI process

Probation Goal Measure: (P1) Permanency in 12 Months (Entry in Care)

Strategy 1: Improve array & accessibility of local services for behaviorally challenged adolescents. Incorporate the family in treatment process to improve outcomes for youth and family in establishing and maintaining permanency.

Strategy Rationale and Analysis: Continue to provide quality family led CFT’s meetings over the life of the case and include natural supports including culturally appropriate partners. Complete timely assessments to develop relevant case plan goals for youth and family members and monitor service delivery. Probation will continue to provide EBP’s to youth and families to target criminogenic needs.

Improve array and accessibility of local services for behaviorally challenged adolescents, such as local short term residential therapeutic program (STRTP), to increase treatment options and improve reunification. Timely reunification efforts and outcomes for youth and family have shown to be more successful when youth treatment needs are met in their home community and family is engaged in the treatment process.

<p>Action Step A: Identify currently available local service options for adolescents with challenging behavioral needs</p>		
Start: 8/2017	End: 12/2018	Status: Completed
<ul style="list-style-type: none"> In January 2019, the probation department brainstormed existing local services in a juvenile division meetings. The list included services provided by community partners. This step will continue to evolve as local services are always fluctuating. 		
<p>Action Step B: Identify currently available local placement options for adolescents with challenging behavioral needs</p>		
Start: 8/2017	End: 12/2018	Status: Completed
<ul style="list-style-type: none"> The Probation Department completes extensive family identification, finding, and engagement. This allows extended family to participate in the CFT process. Local family, extended family, and natural support options are exhausted prior to exploring other suitable placement options. The Probation Department participates in various local placement meetings to identify local options: including New Directions Foster Parent Association, Quality Parenting Initiative, Foster Parent Orientations, Foster Parent Appreciation Event Planning Committee Meetings, Extended Foster Care AB12, and RFA Meetings. Once a youth has been identified as needing placement and the familial options are exhausted the placement unit contacts local partners and resources for current available placement options. CMS provides information on available local Resources Family homes RFA and appropriate youth they are willing to accept ex. age, gender, behavior, etc. 		

<p>Action Step C: Actively engage in local efforts to expand local service array for adolescents with challenging behavioral needs <u>by supporting or applying for grants as appropriate and by advocating for these services in interdisciplinary settings</u></p>		
Start: 10/2018	End: Continuous through 12/2021	Status: In Progress
<ul style="list-style-type: none"> • The Probation Department participates in active recruitment efforts to expand local placement options. This includes participating in the New Directions Foster Parent Association, Quality Parenting Initiatives, Foster Parent Orientations, Extended Foster Care Meeting, Foster Youth Education Liaison Meetings, Foster Parent Recruitment Committee Meetings and Events, and Foster Parent Appreciation Event Planning Committee Meetings. Probation supports the annual foster youth back to school fair, continuous foster parent recruitment, Caregivers Appreciation Luncheon and Holiday Party. • Additionally, the Probation Department actively engages in local efforts to expand local service options for adolescents with challenging behavior by supporting or applying for grants as appropriate and by advocating for those services in interdisciplinary settings. • Probation and Humboldt County Office of Education (HCOE) participate in Higher Education Meetings with Roger Golec, Coordinator Foster/Homeless Youth, and recently developed the Humboldt County Foster Youth Education Transportation Coordination Program MOU. • Action steps related to expanding local services for behaviorally challenged youth includes attending interagency meetings where new programs or grant activities are highlighted such as Education Leadership, Humboldt Allies for Substance Abuse Prevention (ASAP), RAC, Foster Youth Education Executive Advisory Council, Multi-Agency Juvenile Justice Coordination Council (MAJJCC), Juvenile Justice and Delinquency Prevention Commission (JJDP), with the specific intent of advocating for adolescents with behavioral issues. The Probation Department continues to develop local resource family options. Mental health is currently working with a provider to offer therapeutic foster care services in Humboldt County. 		
<p>Action Step D: Explore potential STRTP providers willing to provide services in Humboldt County</p>		
Start: 10/2018	End: Continuous through 12/2021	Status: In Progress
<ul style="list-style-type: none"> • Probation will collaborate with CWS and mental health to identify and explore appropriate STRTP's to explore. Collaboration is necessary as CWS, County Mental Health (MH), and Probation must agree to operate an STRTP in Humboldt County. Each agency would benefit from maintaining youth within the county to facility permanency. • Three potential STRTP's: Environmental Alternatives, Redwood Community Services Inc., and Youth Quest Inc. expressed an interest in developing an STRTP in Humboldt County. 		
<p>Action Step E: Implement contract with selected provider</p>		
Start: 10/2018	End: 12/2021	Status: Pending
<ul style="list-style-type: none"> • Probation will continue to converse with CWS and MH regarding expanding invitations to other potential STRTP providers. Partner agencies to develop a joint outreach plan to explore further expansion in Humboldt County, implement a contract, and timeline for operations with a selected provider. 		

Probation Goal Measure: (P1) Permanency in 12 Months (Entry in Care) – (continued)

Strategy 2: Improve family finding and engagement efforts

Strategy Rationale and Analysis: Increasing family finding, engagement efforts, and establishing lifelong connections for youth will increase permanency success. Lifelong connections can provide youth a sense of hope and belonging to improve permanency outcomes for youth. The probation department will train staff on the value of familial connections, increase family finding, and increase family engagement in case planning process.

<p>Action Step A: Identify and define existing processes and policies</p>		
<p>Start: 10/2018</p>	<p>End: 12/2018</p>	<p>Status: Completed</p>
<ul style="list-style-type: none"> • The original process to identify, notify, and engage extended family members was primarily the assignment of one deputy probation officer. The assigned officer utilized search tools such as CWS/CMS and Lexus/Nexus to identify maternal and paternal family members. This information was provided to case carrying probation officer to engage family members. • The Probation Department gathered the existing processes and policies to identify and engage families. Juvenile probation staff were trained on the practices and provided notes, family finding practices, toolkits. 		
<p>Action Step B: Improve/refine existing processes and policies and develop tracking system</p>		
<p>Start: 1/2019</p>	<p>End: Ongoing</p>	<p>Status: In Progress</p>
<ul style="list-style-type: none"> • A Humboldt State University social work intern assisted the department in identifying, locating, notifying, and engaging family members in the process. • The HSU intern will train staff on July 3, 2019, on outreach practices and incorporating family finding in CFT’s. The training will include continuous outreach practices. • Policies will be reviewed and updated to reflect current practices. • The policy update will identify youth at highest risk for alternative placement options and include extended family members in the CFT process as early as possible. • On May 22, 2019, Division Director Jody Green, updated the family notification letter with Seneca. A potential specific step will be to utilize clerical staff to update our current outreach mailings and process for follow-up contact with responding families. • The probation department will utilize the youth connections worksheet and the internal case management system to track family finding and ongoing engagement. • Additional tracking practices and policies will be updated as the process becomes refined. 		

Action Step C: Provide ongoing family finding and engagement training to staff		
Start: 10/2018	End: Ongoing	Status: In Progress
<ul style="list-style-type: none"> • On October 1, 2018, Kelly Beck from Seneca provided family engagement and participation in the CFT process training. • Ms. Beck provided two additional supplemental webinar trainings. • The department will continue to offer training emphasizing ongoing search and continuous engagement efforts with families. • On July 3, 2019, the social work intern will provide a training to all juvenile officers. This training will include current practices surrounding utilizing tools available, reviewing information with youth and family, outreach through phone and mail, engagement in CFT meetings, and on-going engagement efforts. 		
Action Step D: Monitor and review family finding and engagement efforts and provide feedback to staff		
Start: 7/2019	End: Ongoing	Status: Pending
<ul style="list-style-type: none"> • A tracking system will be implemented for providing family finding and engagement efforts, based on policy/procedure criteria. • There may be multiple quantitative and qualitative aspects of monitoring family finding and engagement that could be difficult to quantify, which makes this a challenging step. • Once the tracking system is implemented, further steps related to staff training and feedback will be developed. • Information tracked will be shared with staff to inform them of areas of strength and areas needing improvement. Anecdotal stories may help staff realize the importance of extended family outreach work. 		

4. Obstacles and Barriers to Future Implementation Steps

Some of the most significant barriers to future implementation of SIP strategies and action steps include high CWS staff turnover at all levels of the CWS organizational structure (particularly social workers) and relatively newer less experienced staff, resulting in staff shortages and high caseloads. Keeping up with sufficient ongoing training and coaching is also a challenge. These challenges can have significant impact on various aspects of CWS programs, practices, service delivery, and child/family outcomes. Initiatives to address these challenges are described in the following section.

Populations at greatest risk of maltreatment tend to be low income and often have challenging circumstances that are difficult to overcome, such as substance abuse, mental health issues, domestic violence, lack of life-coping skills, inadequate unstable housing, unemployment, and transportation difficulties. In the county, Native American children/youth are significantly overrepresented in the child welfare system, as well as foster care, for both CWS and Probation. Assessing child/family safety, risks, strengths and needs consists of a complex interaction of variables. Engaging and motivating at-risk families to work on positive behavioral changes to achieve family safety, wellness and stability can be a great challenge.

These challenges and barriers have been taken into consideration with selecting the SIP goals and strategies that focus on early intervention/prevention response effectiveness, accurate child/family screening and assessment, effective engagement of children/families in their case planning and service delivery, and applying continuous quality improvement in a broad spectrum of areas (e.g. policies/practices, programs/systems, services/service delivery, funding mechanisms, employee and community feedback, and staffing recruitment/retention/organization).

5. Promising Practices and Other Successes

Promising practices and successful initiatives continue to be refined by CWS and Probation. Great efforts have been made by Humboldt County DHHS/CWS and Probation to promote tribal collaboration, provide culturally responsive services, and contract with cultural/practice coaches to help guide social workers with Native American children/family cases in applying Humboldt Practice Model practices.

To address chronic staffing shortages, CWS is working toward implementing an overall staffing recruitment and retention plan with support from Humboldt County DHHS and Human Resources. This includes developing options to provide more flexibility to staff working hours and more innovative staff retention methods.

CWS is hiring supervisors, social workers, and social service aides on a more continuous basis to keep up with staff turnover. CWS is also looking at ways to allocate workforce more efficiently, such as utilization of all levels of social worker job classifications (Social Worker I-IV classifications) and providing more social service aide support in CWS beyond supervised visitation functions. This includes developing a pathway of advancement from entry-level positions, or career ladder, such as starting with social service aides through social worker IV classification. In collaboration with the union, the county implemented in October 2018 a pay differential for CWS social workers and social service

aides to promote recruitment and retention. Furthermore, in the summer of 2019, CWS will begin conducting a work load study, with assistance from National Council on Crime and Delinquency (NCCD), to assess and evaluate staffing patterns and needs for the social worker job classifications. It is the agency's goal that these plans will improve social worker recruitment efforts and increase retention of social workers and other staff.

CWS began the multi-family visitation center program in February 2019, where families can choose, with social worker approval, to have their court-ordered visits with their children in a multi-family group environment. Multiple families are supervised in large open rooms or in an outdoor play area by two or more social service aides at the Jefferson Community Center in Eureka. Through this program, families have the opportunity to access four additional visit-hours per week. This is an example of an innovative way CWS is striving to provide more optimal parent/child visitation opportunities and more efficiently manage limited staff resources,

Some current SIP strategies and action steps are rooted in and informed by best practices. For CWS, it includes the Humboldt Practice Model (HPM), based on the evidence-informed Safety Organized Practice, and for Probation it involves EBP service delivery techniques to improve case worker practices and quality of services with trauma-informed and cultural responsiveness. The objective is for case workers to apply these best practice behaviors and tools that guide staff in family engagement strategies, case planning, and case management with the purpose to improve permanency outcomes for children.

DHHS has contracted with the University of Kentucky Center on Trauma and Children to conduct an organizational assessment designed to identify strengths and needs within the organization, along with policy and procedures needed to support the workforce by increasing morale and reducing workforce turnover. This will include a department-wide evaluation of the degree to which our department is secondary traumatic stress-informed using the Secondary Traumatic Stress-Informed Organization Assessment tool, followed by technical assistance to identify and implement strategies to best support our workforce.

It is worth noting that DHHS has joined with seven other small, rural northern California counties to opt-in to the Drug Medi-Cal Organized Delivery System as a region with Partnership HealthPlan of California. This regional model has been approved in concept by the State of California, pending federal approval, and will allow for greater investments in substance use services. This added funding is intended to positively impact child/family permanency outcomes. Implementation planning by the state has not yet begun in the region.

For additional information on promising practices and successes, refer to the upcoming section on ***CWS/Probation Placement Initiatives*** describing additional CWS and Probation activities in system improvements.

6. Other Outcome Measures Not Meeting State/National Standards

Other outcome measures not discussed so far that show during 2017 and/or 2018 underperformance or exhibit trends below national standard or below baseline Quarter 4, 2016 (if no national standard is available) are described below. Refer to Appendix A for detailed data of 2017 and 2018 CFSR outcome measures for CWS and Probation.

CWS Under-Performing Outcome Measures:

Participation Measures/Challenges

Humboldt County's economic recession and higher unemployment rates from 2008 to 2015 likely have significantly contributed to the county's higher participation rates in CWS services than statewide average. These include higher CWS referral rates, substantiation rates, entry rates, and in-care rates. Therefore, these measures could be considered areas for improvement, although there is no established 'standard' of performance for the Participation Rate measures, and the wellness of the larger community as a whole is not directly within the CWS sphere of influence.

Safety Measures/Challenges

The safety measure of **Recurrence of Maltreatment (S2)** calculates the percent of children who were victims of a substantiated or indicated maltreatment report (during a 12-month reporting period) and who were victims of another substantiated or indicated maltreatment report (within 12 months of their initial report). This displays whether the child welfare agency was successful in preventing subsequent maltreatment of a child if the child was the subject of a substantiated or indicated report for maltreatment.

In Humboldt County, after a period of overall decline in recurrence of maltreatment, with better than national standard performance since 2002 up till quarter 4, 2017 (with exceptions in 2009 and 2014), this measure has experienced a sudden significant increase in the recent quarter 4, 2018,. The reason for this recent recurrence of maltreatment is difficult to pinpoint at this time, but it may be substantially influenced by the dramatic increase in certain dangerous drugs, such as combinations of alcohol, methamphetamine, and/or opiate/heroin.

Well Being Measures/Challenges

CWS shows lower rates than baseline (Qtr. 4, 2016) for certain Well-being measures during both years 2017 and 2018, for the outcome measures Timely Completed (10-Day) Response and Monthly Visits with Child (Out-of-Home and In-Home). Furthermore, the measure (2F) Monthly Visits with Child (Out-of-Home) is also underperforming compared to the national standard (95%) during both years 2017 (87.9%) and 2018 (81.2%).

There are a couple of key factors adversely impacting a majority of the Well-being outcome measures, which result in areas needing improvement. CWS is challenged with allocating limited staff resources among competing demands and is experiencing high turnover rate among social workers and supervisors. Staffing levels have not been able to keep up with the trend swing in reported allegations needing to be investigated with a timely response. Immediate response referrals have taken precedence over 10-day response referrals, therefore the 10-day response compliance has not been performing as well as the immediate response compliance. Also, there have been issues with staff

having challenges entering the contact in CWS/CMS within two business days per SDM and state/county policy, so when SafeMeasures compliance reports are extracted from CWS/CMS it may show up as out-of-compliance, where in reality the worker has made the contact, but has not entered the data in a timely manner.

Timely Dental Exam and Health Exam measures are showing a decline in compliance relative to the baseline for both years 2017 and 2018. These measures are impacted by the lack of dentists and medical providers (including pediatricians) in the county that provide services for clients with Medi-Cal, which means long waiting times for appointments. Due to the rural nature of the area with lower incomes, it has been a challenge attracting and retaining sufficient numbers of medical professionals to the area.

Permanency Measures/Challenges

Humboldt County CWS has a couple of permanency outcome measures that are trending below national standard, which include (P4) Re-entry to Foster Care in 12 Months and (P5) Placement Stability (Number of Placement Moves).

(3-P1) Permanency in 12 Months (Entering Foster Care):

This measure identifies the percentage of children who are discharged to permanency within 12 months of entering foster care. Exiting foster care to reunification is defined as an exit from care to the parent(s) or primary caretaker(s) and includes one of the following placement episode termination reason types: Reunified with Parent/Guardian (Court), Reunified with Parent/Guardian (Non-Court), Adopted, or Child Released Home.

- This outcome measure shows CWS having a lower rate of permanency in the Baseline year for Quarter 4, 2016 (25.7%) and for Quarter 4, 2017 (31.2%) compared to the national standard ($\geq 40.5\%$). However, this measure improved in Quarter 4, 2018 (42%).

This measure sheds light on the degree of difficulty in stabilizing children/family life stressors (homelessness, domestic violence), as well as mental health and substance abuse challenges. It also reflects whether the county's existing services are being accessed and effective. Efforts are being made to improve this outcome through strategies being used for the selected SIP outcome measure (P2) Permanency in 12 Months (for children in care 12-23 months), which was discussed earlier in this report.

Analysis of this measure shows similar results for Quarter 4, 2017 and Quarter 4, 2018, where of the children who did achieve permanency (31.2% and 42% respectively), the majority were reunified with their parents. Of the children who did not achieve permanency within 12 months of entry into foster care, approximately half were of age 5 years or less, with the majority being Caucasian/White ethnicity and approximately 28% of Native American ethnicity, and the majority of children were placed with kinship or foster homes. Interestingly, these proportions are similar for children who did achieve permanency within 12 months, with one exception that in Quarter 4, 2018 Native American children achieved permanency at a higher rate (10% more) than average than Native American children that did not achieve permanency. There is a tendency for children in foster care to take greater than 12 months to reunify, where parents are often undergoing mental health or domestic violence counseling and substance abuse treatment.

(3-P4) Re-entry into foster care in 12 months:

This measure identifies the percentage of children who reentered foster care within 12 months of their discharge to reunification, live with a relative or guardianship. It reflects whether policies and practices are effective in successfully transitioning children back with their families and whether services being provided are effective, particularly with substance abuse and domestic violence challenges, homelessness, and lack of parenting skills.

- This performance outcome shows CWS having higher reentry in Qtr. 4, 2017 (9.8%) and Qtr. 4, 2018 (10.9) than national standard (8.3%), though it has improved since baseline year Quarter 4, 2016 (16.7%).

More frequent and effective CFT meetings need to be utilized by social workers for post reunification planning, as well as involving a multi-disciplinary team approach as needed to promote and expand after-care services and reduce chance of reentry in to CWS. Efforts made so far to improve this outcome include applying HPM techniques, including CFT meetings involving child/family support networks, including cultural coach, peer partner, and other circles of support.

It is expected that child/family reunification may benefit from the recently created Family Wellness Dependency Drug Court as of October 2017, that is operated by the Yurok Tribal Court and the Superior Court of Humboldt County.

(3-P5) Placement Stability Measure:

This measure looks at the rate of placement moves per day (multiplied by 1000) for CWS children in foster care during a 12-month period.

- This performance measure shows CWS exhibiting an increase in the number of placement moves, therefore a decline in placement stability, in Qtr. 4, 2017 (6.47) compared to the national standard of 4.12 and baseline year of 4.58. Even though Qtr. 4, 2018 is 4.23 shows an improvement to 4.23, it is still above national standard limit and baseline level.

The trend for this measure has been fluctuating over the last 10 years, and may be a result of children needing more behavior- stabilizing services and also more ongoing family finding efforts to achieve better-fit placements and improved placement stability.

(4C) Congregate Care Placement (One Year or More):

- This outcome measure is trending upwards, Qtr. 4, 2017 (26.7%) and Qtr. 4, 2018 (26.3%), and is above baseline (14.3%) due to lack of available least-restrictive permanency placement options at this time.

Some of the current SIP's strategies and action steps pertaining to Permanency will take more time to see beneficial results from the implementation process particularly when faced with competing demands.

Probation Under-Performing Outcome Measures:

The Probation foster youth population is very small; therefore, small fluctuations in numbers can create large percentage swings. This makes evaluation of outcome measures difficult. Because of this, in preparing this report, the available outcome data was assessed and then individual cases were reviewed for specific information and/or trends when applicable. For example, on January 1, 2017, there were a total of 17 open placement cases, and January 1, 2018, there were five open placement cases. This shows a swing a in the placement population for the probation department.

The following table identifies Probation measures meeting national standards or showing positive trend and the second table identifies measures showing need for improvement in comparison to National Standard or Baseline (if no National Standard is available). **Baseline refers to Quarter 4, 2016.**

Well Being Measures/Challenges

Data shows that probation reports below national standard for Monthly Visits (with Children in Out-of-Home placements). This is due to the number of youth who run away from placement (AWOL). While active efforts are made to locate AWOL youth, some youth remain absent for extended periods of time making contact impossible.

Probation continues to prioritize placement in the least restrictive placement possible; officers in all units are required to conduct relative searches for appropriate cases. Probation has an officer assigned specifically to conduct relative and non-related extended family member background approvals. However, residential care (STRTP or specialized group homes) is sometimes the most appropriate level of care for youth in the Probation system with advanced substance abuse issues or juvenile sexual offending treatment needs. Youth with substance abuse and sexual offending needs are tried on Probation in their own community whenever possible, and when their needs or community safety needs exceed local services, residential placement is necessary. Youth with substance abuse issues commonly have co-occurring mental/emotional health issues that create additional barriers to less restrictive settings and their needs often exceed their parent's ability to safely care for them in the family home.

Permanency Measures/Challenges

Achieving timely permanency can be a challenge for the probation foster youth population. Permanency outcome measures, particularly for Permanency in 12 months, for those entering foster care (P1) and those in care 12-23 months (P2), as well as (P4) Re-entry to Foster Care in 12 Months, can fluctuate significantly from year to year below national standard due to the minimal numbers of probation youth in care.

Review of specific cases reveals there are insufficient numbers of local care providers, particularly care providers that are trained to care for older youth with behavioral/mental/AOD challenges. Typically, there is one foster home in the county willing to accept probation youth. There is no residential treatment facility (STRTP); thus youth are placed a distance away from home. The nearest residential treatment facilities are 3-6 hours away. This creates an additional barrier for parents who are sometimes ambivalent about reunification due to their child's difficult behaviors.

In order to increase parent/youth engagement, probation has supported the proliferation of the Parent Project in this community including training several probation officers in this model. Parents of youth scoring high risk to re-offend in the probation assessment tool are routinely referred to this program. Parental visits to youth in programs are encouraged and financial resources are provided for travel costs such as meals, lodging, and fuel. Historically, treatment team meetings with program staff were held to monitor youth meeting treatment goals in a timely fashion. These treatment team meetings are now adapted into Child and Family Teams and parents, extended family members, and other natural supports are invited to participate in the meetings.

Maintaining youth in the local community remains a challenge due to a lack of local treatment resources. Probation placement youth often have histories fraught with trauma, resulting in complex treatment needs. The most typical youth placed in out-of-home care has substance abuse issues, high mental/emotional health needs, and frequent runaway behaviors. The presenting profile is a youth presenting with historical trauma who is distrustful of providers.

Additionally, many Probation youth entering out-of-home care are older youth. Some youth in care who are approaching the age of majority choose to remain in care in order to become eligible for extended foster care benefits. The decision not to reunify is often supported by a youths parents, care providers, treatment providers, and/ the youth's attorney, as it is seen as a way to ensure supportive resources as the youth enters adulthood.

The number of Humboldt County probation youth in placement is historically low. This results in one youth impacting the data significantly.

(P2) Permanency in 12 months (in care 12-23 months):

Baseline zero - This information was not accessible in Safe Measures.

- (Q4 2017) 50% - Half of the youth were reunified with their family members. The other half were not exited from care in this time period. This puts the Probation Department above the National Standard.
- (Q4 2018) 33.3% - Safe Measures reflects 0%. Probation did not reunify any youth during this time period. This is below the National Standard.

(P3) Permanency in 12 Months (in care 24 months or more):

Baseline of zero and below the National Standard. Reunification was unsuccessful for youth in care during this time period. Extensive family finding was completed on the young persons and extended family members were incorporated. Reunification can be unsuccessful as the family, extended family member, or non-related family members may have their own unaddressed criminal behaviors.

- (Q4 2017) 50% of the Probation cases found permanency. Half of the young people were returned to the family home after being placed in a local foster home Reunification was not successful for the other half. Despite the small number of youths in placement, this measure exceeded the National Standard.
- (Q4 2018) No reported youth during this time period to reflect.

(P4) Reentry to Foster Care in 12 Months:

Baseline of 33.3%. This is higher than the National Standard of 8.3 for re-entry to foster care within 12 months of returning to the family home. More than half the youth in placement reunified with a family member, returned to the family home and successfully remained. A smaller percentage re-entered into the placement following an unsuccessful placement. Parental figures addressing their own criminal and substance abuse issues can hinder the reunification process. Relative placement is utilized anytime a primary parental figure is unavailable allowing the young person to remain in the local community with frequent family contact with parental figures and siblings. This highlights the importance of family finding and engagement in long term family connections.

- (Q4 2017) 33.3%. This is higher than the National Standard of 8.3 and identical to the baseline percentage set for re-entry of foster care within 12 months of returning home. Two-thirds of the young people successfully returned to their family home. The other young people re-entered foster care. Reunification can be unsuccessful for reasons outside of their control, such as the behavior of the identified adult struggling with their own criminal history, substance abuse issues, physical health, and criminality.
- (Q4 2018) 0. This year was successful as there all removed young people reunified successfully after having been in placement. This is below the National Standard.

(P5) Placement Stability:

Baseline of zero. Placement stability for young persons in this year was 0. This is lower than the National Standard.

- (Q4 2017) Youth in placement were not moved to another placement. This gave a total of 0 well below the National Standard.
- (Q4 2018) One youth was moved during this time period. This resulted in 1.2 and remained below the National Standard.

Monthly Visits for Out of Home Children:

Youth who abscond and remain on warrant with whereabouts unknown are required to be seen. Unfortunately, this lowers the Probation Department success rate of face to face contacts. The Department continues to pursue youth on warrant and would detain the young person if their whereabouts became known allowing for a face to face contact. As a result the Probation Department investigates information reported on whereabouts of young people ordered to placement and currently in abscond status.

This gave a baseline of 86.7% for seventeen youth this is below the National Standard of 95%. The Department made one hundred eleven contacts of the one hundred thirty expected.

- (Q4 2017) 82.2% of contacts made on twelve youth and remained below the National Standard. Sixty contacts of the eighty required were made.
- (Q4 2018) 86.7% of contacts made on eight youth. This remained below the National Standard. The department completed forty seven of the fifty-five required contacts.

7. Child Welfare/Probation Placement Initiatives

Placement Resources

Humboldt County has made it a priority to place children with relatives, non-related extended family members, and Tribal approved homes. This is in alignment with DHHS policy to place children in the least restrictive environment possible, and to preserve their cultural connections. Searching for relative care options early in the placement process is a priority in Humboldt County. CWS has one full time Social Service Aide dedicated to searching for relatives that meet the requirements for placement. The search tools used by the CWS and Probation Placement Units include Accurant, Zabasearch.com, Private eye.com, Facebook, and Google search engine.

The Probation Department has an identified probation officer to conduct family finding activities and relative placement searches and approvals and initiate relative searches on any youth detained in juvenile hall longer than 10 days. Probation officers are instructed to initiate relative searches on any youth detained in juvenile hall longer than 10 days. Probation's current relative finding practice is being targeted for improvement in the current SIP.

There are some youth whose placement options are scarce, such as for older youth, Probation youth, and youth with special needs (developmental delays, physical or learning disabilities, and trauma-induced behavior issues). Appropriate placement services for older youth, adjudicated of a sexual offense who can no longer live in the home and/or who require enhanced treatment services, can 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. As Probation's overall foster youth population declines, so does a recurring need for these services. However, it remains a needed service on an occasional basis.

DHHS and Probation are engaging in recruitment with the family resource centers, local service clubs, media, and faith-based organizations that target foster homes specifically for teens. In order to comply with Katie A. mandates, DHHS has recently contracted with Redwood Community Services (RCS) to establish a local office and recruit, train, and maintain local Therapeutic Foster Care (TFC) and Intensive Services Foster Care (ISFC) homes. Older youth that receive services from CWS and Probation could benefit from a coordinated partnership between local residential-type treatment facilities and TFC providers (specially trained host-type homes).

Adoption Unit

As result of state realignment of funding and service responsibilities to counties, Humboldt County DHHS opted to administer adoption program services beginning July 1, 2012, instead of the state. These services may include: adoptive placement planning, case management, court hearing activities, adoption finalization, negotiating Adoption Assistance Program (AAP) rates, and crisis intervention. Crisis intervention includes assessment of needs, referral for services and connection to local resources, placement stabilization efforts, and home visits by an Adoptions social worker in collaboration with a mental health clinician and/or public health nurse as needed. Humboldt County

DHHS Adoptions unit may facilitate post-adoption services as needed and make referrals for post-adoptive families to WRAP program services. Staffing shortages in recent years have resulted in more limited resources.

Whenever possible and as appropriate, adoptive placements are made with family or non-related extended family members, or other local families, in order to keep the child/youth connected to their extended family and community. Adoption social workers can also facilitate contact with birth parents and adoptive children/families (in writing or in person) as appropriate. The county is contracting with an experienced adoptive parent to assist and support families navigate the pre- and post-adoption process.

Family Wellness Dependency Drug Court

In August of 2018, the Family Wellness Dependency Drug Court went live, funded by an innovation grant from the California Judicial Council, and was created in response to Humboldt County's opioid epidemic. Since the grant began in October 2017, the Yurok Tribal Court has partnered with the Superior Court of Humboldt County to create a new Family Wellness Court to help parents struggling to care for their Yurok children as a result of substance abuse. Input from stakeholders was gathered in the planning process on ways to help families break the cycle of addiction, which is the root cause of many local child abuse and neglect cases. The Family Wellness Court is a dual jurisdictional court, where a judge from Yurok Tribal Court and a judge from the Superior Court preside over cases, convene frequent family wellness team meetings, and connect families to tribal and non-tribal services. Solutions are developed that best fit each specific family.

The goal will be to include options for extending the approach to all tribes in the region. The Yurok Tribe and the Northern California Tribal Courts Coalition have also applied to receive training and technical assistance from the Quality Improvement Center for Research-Based Infant-Toddler Court Teams to extend the collaborative approach to Del Norte County and adapt it for Hoopa and Karuk tribes.

Attorney General Stipulated Judgement

The county is actively participating with the California Office of Attorney General (AG) stipulated judgement to Humboldt County DHHS and Sheriff's Office in February 2018 for system improvements related to compliance with the Child Abuse and Neglect Reporting Act (CANRA) and collaboration (and consistent cross-reporting) between Child Welfare Services and local law enforcement.

CWS is in the process of implementing systemic changes to process and practices that will more efficiently ensure intervention of children reported to be unsafe or at substantial risk. Some changes will require long term solutions toward system improvements, and CWS was already making efforts to address some of the issues raised in the judgment. These changes are being implemented over a three year period with oversight by the superior court and review and input from a Community Task Force and oversight monitoring by a third party, the Center for the Study of Social Policy (CSSP).

A summary of the system changes in the stipulated judgment include:

- Developed a memorandum of understanding between DHHS CWS and Sheriff's Office (and local law enforcement agencies) regarding processing of cross reporting,
- Identified third-party compliance monitor for AG judgement orders
- Participated in revising of the Child Abuse Services Team (CAST) protocol,
- Implemented automated and electronic processing of intake system, involving 24 hour live answering system for reports made to the CWS hotline,
- Ensuring all referrals are accepted, particularly those that are outside county's jurisdiction, and notification made to out-of-county jurisdictions
- Ensuring that mandated reporters receive a response regarding status of referral,
- Ensuring CWS timely cross-reporting to local law enforcement agencies and district attorney (and vice versa for law enforcement agencies) with supervisor weekly review of cross-reports
- Developed tracking tool for reports and cross-reports of child maltreatment referrals
- **Working toward ensuring timely investigations and developing plans to address backlog of investigations,**
- Contracted with tribal consultant to assist with collaborating with tribes and policies and procedures
- **Working on making interagency collaboration protocols with tribes, county mental health, and other agencies/entities**
- Expanded contract with NCCD for two years (fiscal years 17/18 – 18/19) to assist with HPM leadership, training/coaching on SDM, work load study, data management, business process mapping, mandated reporter guide, backlog of investigations, investigations time management plan, and integrating tribal needs into system improvements and culturally responsive services.
- Created a complaint system and procedures for the public, including time frame for handling complaints formally and informally (written and verbal),
- **Working on ensuring a thorough evaluation is made of safety and risk of child that has a referral, including contacting all relevant collaterals**
- Revising policies and procedures regarding compliance with CANRA, mandated reporters, CWS intake, tribal collaboration involving CWS decision making, cross reporting, CWS investigations, referral/case data entry, and complaint system)
- **Providing ongoing training/coaching of staff to use SDM tools at key decision points, CANRA, revised policies and procedures, HPM, trauma-informed case management, and culturally responsive services,**
- **Working on ensuring family-led team meetings are utilized consistently over life of case, involving all family meeting types**
- Revising process and policy with Children's Mental Health to ensure timely assessment of children in protective custody and sharing of information,
- Working on providing ongoing staff training of policies and procedures,
- Working on conduct business process mapping (involving key decision points through case life)
- Working on conduct a work load study,
- Working on developing and implementing a recruitment and retention plan to bring staffing to needed levels
- Created Community Task Force of internal and external stakeholders (CWS and Probation staff, law enforcement agencies, county mental health, school districts, HCOE, Tribes, and

service/medical providers) to develop recommendations for improvement in the following areas through Task Force subcommittees:

- Child protection mandated reporter guide
- Policies and practice review and implementation planning
- Data and continuous quality improvement (including community/agency barriers to complying with CANRA and linking clients to identified community-based resources)

Technical Assistance

Humboldt County DHHS has contractual agreements with several consultants to assist CWS to improve operations, service types offered and service delivery systems, resource management, and to reduce disparity of Native American population over-representation in the CWS and Probation systems. These contractors include: National Council on Crime and Delinquency (NCCD), National Indian Child Welfare Association (NICWA), and in-house contracted cultural/practice coaches. Humboldt CWS welcomes the opportunity for CDSS technical assistance, particularly with regard to CQI development and implementation as one of its systems improvement planning goals.

The National Indian Child Welfare Association (NICWA) has provided technical assistance services to CWS to implement the children and family services systems improvement recommendations set forth in NICWA's report in 2016. Key tasks include: increasing Indian child welfare practice knowledge and skills of Humboldt County CWS and Tribal Indian Child Welfare program staff, increasing intergovernmental coordination and culturally appropriate service delivery to Native American families, enhancing local Indian child welfare data collection to better inform policy and practice decisions, improving supports to caregivers of Native American children, and assisting county and tribes with the development of a final implementation plan. NICWA's system review of CWS highlighted several areas for improvement which include, but not limited to: improve service accessibility to families in their communities, address workforce issues that involve a high rate of CWS staff turnover, ensure availability/access to traditional and tribal healing practices, and develop policies to address inconsistencies in level of supports provided.

National Council on Crime and Delinquency (NCCD) has been contracted by county DHHS since fiscal year 2015-2016 for technical assistance with CWS staff and management awareness and responsiveness to clients' cultural, trauma-based, and other differential needs and also for training of staff and tribal partners, developing and updating policies and procedures, and building internal coaching capacity for consistent and accurate use of the Structured Decision Making assessment tools at all stages of referrals and cases.

National Resource Center (NRC) Training and Technical Assistance is not applicable to Humboldt County CWS or Probation, however the county is interested in discussing with CDSS about potential resources available from NRC for relevant training and technical assistance, if applicable.

8. Federal and State Initiatives

The county is in various stages of implementing a variety of federal and/or state initiatives relative to services provided to at-risk children/youth and families that also support the goals of the county's SIP. Most of these initiatives began during the previous five-year SIP (2012-2017) and may continue into the future SIP (2017-2022). Refer also to the county's 2017 County Self-Assessment (CSA) for a comprehensive description of the county's CWS and Probation activities, evidence-based and best practices, integrated services, and also community-based services and partnerships that support at-risk children/youth and families. These range from prevention and early intervention to ongoing supportive services and after-care permanency planning.

CWS Redesign

CWS Redesign goals and strategies initiated in 2000 continue currently as long-standing over-arching themes that are based on integrated community-wide efforts and funded through braided resources. The CWS Redesign initiative is in alignment with C-CFSR system improvement planning.

- Children/families are empowered to realize their strengths and circle of supports to achieve safety, well-being, and permanency, and youth are supported toward independent living. A couple of examples are improvements in child and family team meetings and structured decision making as part of CWS SIP goal on permanency.
- Services are based on best practices that are cross-system coordinated and responsive from prevention/early intervention to after-care planning/supports and services, in addition to being culturally responsive to the needs of children and families. An example is the county's Humboldt Practice Model (HPM) discussed earlier in this report.
- Effective communication feedback systems, encompassing data collection/management, monitoring/evaluation, reporting of data/outcomes and recommendations to decision makers for implementing improvements. An example is the recently initiated CWS Multi-Family Visitation Center program to provide more opportunities for parent-child visitations, as discussed previously in section 5 of this report.

California Performance Improvement Plan (PIP) Goals

California's round 3 CFSR process consisted of findings from 160 case reviews across 16 counties (Humboldt County case reviews were not included), as well as stakeholder interviews. The state's PIP for 2017 reflects these findings through the following seven goals designed to improve the safety, permanency, and well-being of children and their families who are involved with California's child welfare system. The first five of the state's 2017 PIP goals (1-2 and 5-7) have been incorporated into the county's goals and strategies.

- 1) Strengthen the statewide quality assurance system, including case review process and capacity of state and county CQI processes. Refer to CWS SIP Goal of Quality Assurance analysis.
- 2) Increase consistent and respectful engagement of children/youth and families and their supports in tailored case planning and CFT decision making process across the life of the case for safety, permanency, and well-being, through implementation of the state's Core Practice Model (CPM). Refer to CWS SIP Goal of (P2) Permanency within 12 Months (12-23 months in care) analysis.

- 3) Enhance practices and strategies that result in more children/youth having permanent homes, stable placements, and connections to communities, culture and important adults. Refer to CWS SIP Goal of (P2) Permanency within 12 Months (12-23 months in care) analysis.
- 4) Strengthen ongoing educational and training opportunities for staff and supervisors working in the child welfare systems and upgrade tracking and reporting methodology. Refer to CWS SIP Goal of Quality Assurance analysis.
- 5) To improve timeliness of investigations and enhance services to families to ensure safety of child by setting requirements for safety planning and supporting the use of ongoing formal and informal assessments. Refer to CWS SIP Goal of (2B) Timely 10-Day Response analysis.
- 6) Pursuing highly qualified and prepared caregivers in the RFA process and Improve caregiver support strategies. Refer to CWS SIP Goal of Quality Assurance analysis.
- 7) Better assessment of children's and matching the needs of children and families to the best caregiver through the CANS and LOC assessments; and increase statewide access to varied existing service options for children/youth and families receiving in-home and out-of-home services foster care services. Refer to CWS SIP Goal of (P2) Permanency within 12 Months (12-23 months in care) analysis.

Post California Partners for Permanency (CAPP) grant

Humboldt County, along with three other counties, implemented the CAPP grant project during 2010-2016. The CAPP's goals in Humboldt County focused on improving innovative, effective, and culturally responsive strategies to improve safety, well-being and permanency outcomes (and decrease long-term foster care) for all children, especially American Indian children and families who are disproportionately represented in the child welfare system. Several key initiatives have derived from the CAPP grant that are in place in CWS. They include:

- Humboldt Practice Model (HPM), based on the solution-based Safety Organized Practice with added cultural enhancements, utilizes effective approaches and practice behaviors with children/youth and families, including promote engagement and empowerment, advocacy, identification of strengths and needs for safety, recovery and well-being, healing trauma, cultural responsiveness, recognition and incorporation of traditional Native American parenting and child-rearing practices, well-being partnerships, and circles of support and extended family.
- Child & Family Team Meetings (replaced Team Decision Making) to include extended supports
- Stronger communication and coordination with the tribes regarding tribal children/families
- Contracting with cultural/practice coaches
- Providing culturally responsive services
- Ongoing staff training and coaching on HPM values and practices, immersive cultural training, and ongoing cultural/practice coaching
- System review and implementation. NICWA completed a review with recommendations in 2015, of which many of the recommendations are being implemented.

Though the CAPP grant has expired, CWS intends to continue to apply the above initiatives and services to at-risk children and families to strive improved outcomes. A comparative analysis shows in 2012, the county's American Indian children represented approximately 40% of the county's CWS children in foster care, whereas in 2019 this percentage has dropped to 31%. Keeping in mind, during

this same time period, the county's portion of American Indian children population also declined somewhat, from 7% to 6.5% (US Census).

System of Care

The Humboldt County local System of Care (SOC) extends from prevention to intensive intervention that address the various needs of children and families who are facing mental health and/or substance abuse issues. Grant-funded initiatives have been awarded to the county various times to expand and promote integrated System of Care that promote holistic service delivery and best practices. In 2018, the county was awarded the Mental Health Oversight and Accountability Commission grant for school-based crisis triage services that supports collaboration between Humboldt County DHHS and Humboldt County Office of Education in order to provide more mental health supportive services in the schools. This involves the following endeavors:

- Mutual agreement in place between DHHS and Education leadership team to effectively coordinate information and services for students with mental health needs.
- Upgrade the Child & Adolescent Needs & Strengths (CANS) Assessment Tool to replace the Mental Health Screen Tool (MHST) as a mental health referral and screening tool and also incorporate trauma screening and family and child strengths and needs assessment.
- County-employed Parent Partners and contract with family liaison to support families receiving mental health services and integrate family voice throughout continuum of care services.
- Renewed stakeholder focus on facilitating multi-disciplinary teams to assess and link at-risk children/families to needed and effective supportive services and treatment
- Contract with Resource Development Associates (RDA) to develop cross-training opportunities between the schools and county DHHS agencies and to find ways for children to better access school-based mental health services by assessing points of service entry and identifying gaps to improve referral and service coordination.

Katie A. Services - Mental Health Services For CWS Special Populations

Katie A v. Bonta, 2011 settlement agreement, spurred collaboration between California Department of Social Services and the California Department of Health Services to develop family and team engagement approaches and best practices related to Specialty Mental Health Services for foster children. As a result, the state placed requirements on all counties in California to provide certain newly created specialty mental health services to CWS-involved children and youth with intensive mental health and/or behavioral health needs. Two of those specialty mental health services are Intensive Care Coordination (ICC), a targeted case management service provided to all subclass members, and Intensive Home Based Services (IHBS), a behavioral intervention and skill development activity provided as medically necessary to children and youth in the subclass and their caregivers and families. In 2013, CDSS and DHCS released the Pathways to Mental Health Services Core Practice Model Guide in support of these integrated approaches. As of May 2019, approximately 6% (47) of CWS children/youth are members of the Katie A. subclass, of which 72% (34) of clients eligible for Katie A. subclass mental health services are receiving ICC services, and approximately 53% (25) of the Katie A. subclass members are receiving IHBS services.

California Child Welfare Core Practice Model:

The Integrated Core Practice Model (ICPM) blends requirements and guidelines for children's mental health and serves as a guide in the interactions with CWS at all levels. This model includes a full

implementation strategy incorporating a wide range of organizational factors designed to support improved practice, services, and outcomes for children and families. The state's ICPM requires all children and youth who enter the CWS system (including wards of the court) be screened for mental health needs. If mental health needs are discovered, the child/youth must be referred for a full and in-depth mental health assessment.

In early 2014, Humboldt County Children's Mental Health, Child Welfare Services Behavioral Health (CWBH) unit, began using the Child & Adolescent Needs & Strengths (CANS) assessment tool across the entire children's mental health system. The CANS tool is a comprehensive assessment of psychological and social factors for use in treatment planning with children and adolescents with mental, emotional, or behavioral health problems and their families. CANS is intended to be used by child and adolescent service providers to support treatment planning as well as evaluation of services.

CDSS has selected the CANS as the functional assessment tool to be used with the Child and Family Team (CFT) process to guide case planning and placement decisions, pursuant to the Continuum of Care Reform (CCR). Juvenile probation departments are not required to use the CANS assessment tool, though CANS information may be useful in situations where a youth crosses over from child welfare system to jurisdiction of juvenile probation system. CDSS has also approved the CANS to replace the SDM Family Strengths and Needs Assessment and SDM Child Strengths and Needs Assessment.

The state is working on a new CWS case management database system for counties called CARES. It will be replacing the current Child Welfare Services/Case Management System (CWS/CMS) in the future (next 4 to 5 years) and it is expected to be able to extract CANS client assessment and outcome information served by both child welfare and mental health agencies to share for case management purposes. Efforts will continue toward improving the case plan by incorporating evidence-based or evidence-informed methods that identify child/family strengths, what is working well (including behavioral changes), trauma history, support networks, cultural responsive service needs, etc.

Continuum of Care Reform (CCR):

The adoption of Continuum of Care Reform (CCR) throughout the state (as a result of Assembly Bill 403 in 2015, has prompted county child welfare and mental health agencies to develop technical solutions and adaptive processes in support of team-based approaches, involving a number of tools made available by the state.

Hallmarks of the CCR model include: building family engagement in service planning and decision-making through a team-based approach using the Child and Family Team (CFT) model, reducing the reliance on congregate care as a long-term placement setting and relying more on resource family approval (RFA) process and increasing the focus on providing permanency.

Some key components of CCR, that are related to the SIP, include:

- 1) Child and Family Teams (CFTs) –CFTs are to be used as a forum where teams of people involved in a child's life come together to make decisions related to case plans, placement, and supports and services, as well as children and their family are informed of their rights, supported, and engaged to be advocates for themselves. Effective January 1, 2017, child welfare and juvenile probation departments must provide a CFT to all children/youth and non-minor dependents in

foster care to address placement decisions and case planning activities. At a minimum, CFT meetings are to be conducted both initially (no later than within 60 days of entering the foster care system) and every six months prior to the development of the case plan, or every 90 days if youth is eligible for Intensive Care Coordination (ICC).

- 2) Special Populations – CWS is working on developing contracts with local Therapeutic Foster Care (TFC) provider to seek alternatives to using group homes and replacing with specialized, highly trained and well supported resource families. Older youth that receive services from CWS and Probation could benefit from a coordinated partnership between local residential-type treatment facilities and TFC providers (specially trained host-type homes).
- 3) Resource Family Approval (RFA) – New caregiver approval process and training requirements, went into effect January 1, 2017. As a result, Humboldt County added a new RFA unit within CWS to incorporate the duties previously done by Community Care Licensing (CCL), which include completing the conversions of CCL licensed foster family homes, approval of foster family homes and assessing/approving new relative and non-related extended family members as caregivers, conducting complaint investigations, and handling denials of applicants and rescissions of approvals. Streamlining and restructuring of tasks and workflow processes within the RFA program is a work-in-progress to accommodate changing requirements and staff workloads.

For placement of probation wards, the probation officer coordinates with the CWS RFA unit to ensure the completion of the RFA process. CWS and the Probation Department actively recruit families for potential resource family homes and provide information through a bi-monthly orientation to prospective care providers. The RFA unit conducts a comprehensive review of the family and home environment, including background checks and criminal exemptions if necessary, a family evaluation, and written report while families complete required training. Foster Parent Recruitment, Retention, and Support (FPPRS) – Funding and development of new and innovative approaches to finding, retaining, and supporting high-quality resource families for all youth in care (especially harder to place youth), in addition to existing recruitment and retention models. Recruitment and retention of high quality care providers are guided and supported by the **Quality Parenting Initiative (QPI)**. This collaborative effort among county staff, CDSS, and community stakeholders regularly meets to find ways to improve recruitment and retention of high quality care providers.

Fostering Connections After 18 Program: Non-Minor Dependents in Extended Foster Care

State legislation (AB12) effective January 2012, extended foster care services to foster youth that are CWS dependents or Probation wards of the juvenile court. This allows foster youth to voluntarily continue in Extended Foster Care (EFC) as non-minor dependents (NMD) from age 18 up to their 21st birthday (instead of emancipating at age 18), as long as they agree to the EFC participation criteria. The participation criteria focus on four key challenges that older foster youth experience, high school graduation, employment, NMDs receive case planning and case management, Independent Living Program services, life skills, substance abuse treatment services, and additional housing options with the Transitional Housing Program for Foster Care (THP+FC) or Supervised Independent Living Placement (SILP). In Humboldt County, there were 9 NMDs (8 CWS and 1 Probation) in mid-2012 compared to 41 NMDs (40 CWS and 1 Probation) in mid- 2019.

FIVE-YEAR SIP WORK PLAN CHART

CWS and Probation priority outcome measures, targeted improvement goals, and current performance:

CWS Performance Outcomes
<p>Priority Outcome Measure: (P2) Permanency in 12 Months (12 – 23 Months in Care) National Standard: 43.6% or greater Target Improvement Goal: 70% or greater CSA and SIP Baseline Performance: (Qtr. 2, 2016) 60.0% and (Qtr. 4, 2016) 65.0% Current Performance: (Qtr. 4, 2017) 54.3% and (Qtr. 4, 2018) 22.6% <<Needs Improvement>></p>
<p>Priority Outcome Measure: (2B) Timely (Initial) Response 10-Day Compliance National Standard: 90% or greater Target Improvement Goal: 95% or greater CSA and SIP Baseline: (Qtr. 2, 2016) 75.9% and (Qtr. 4, 2016) 89.4% Current Performance: (Qtr. 4, 2017) 65.1% and (Qtr. 4, 2018) 72.6% <<Needs Further Improvement>></p>
<p>Priority Outcome Systemic Factor: Quality Assurance – Continuous Quality Improvement (CQI) National Standard: Not applicable Targeted Improvement Goal: Establish CQI team, with identified team members, and establish regular CQI team meeting frequency CSA and SIP Baseline Performance: (Qtr. 2 and Qtr. 4, 2016) Zero base line Current Performance: (Qtr. 4, 2017) and (Qtr. 4, 2018) Initial implementation phase <<Needs Improvement>></p>
Probation Performance Measures
<p>Priority Outcome Measure: (P1) Permanency in 12 Months (Entry in Care) National Standard: 40.5% or greater Target Improvement Goal: 50% or greater CSA and SIP Baseline Performance: (Qtr. 2, 2016) 10% and (Qtr. 4, 2016) 37.5% Current Performance: (Qtr. 4, 2017) 50% and (Qtr. 4, 2018) 50% <<Reached Goal>></p>
<p>Priority Outcome Measure: Systemic Factor – Service Array National Standard: Not applicable Target Improvement Goal: Increase available services, including residential placement for probation youth with intensive treatment needs CSA and SIP Baseline Performance: (Qtr. 2 and Qtr. 4, 2016) Zero base line Current Performance: (Qtr. 4, 2017) and (Qtr. 4, 2018) No current STRTP serving Humboldt County probation youth within 3 hour driving radius <<Needs Improvement>></p>

CWS Goal: (P2) Permanency within 12 months (in care 12 – 23 months)			
Strategy 1: Increase use, timeliness and improved fidelity for Structured Decision Making (SDM) tools	<input type="checkbox"/> CAPIT <input type="checkbox"/> CBCAP <input type="checkbox"/> PSSF <input checked="" type="checkbox"/> N/A	Applicable Outcome Measure(s):	(P2) Permanency in 12 Months (12-23 months)
Action Steps:	Start Date	End Date	Entity Responsible:
A: Identify baseline of SDM usage from SafeMeasures	Start: 10/2017	End: 3/2019	CWS in consultation with contracted NCCD Consultant
B: Develop and implement management tools to track SDM using SafeMeasures and technical assistance as needed from National Council on Crime & Delinquency (NCCD)	Start: 8/2017	End: 12/2019	NCCD, CWS CQI Team (CWS Program Managers (PMs)), Analysts, Director, Deputy Director)
C: Evaluate and create current SDM policy/procedures and include in tribal protocols (government to government agreements), as desired by each tribe, with tribal involvement to support joint decision making by CWS and tribes	Start: 2/2018	End: 6/2019 and Ongoing	NCCD, PMs, Director, Deputy Director, Analysts, Tribes, Task Force Policy and Procedure subcommittee
D: Train staff how to use SDM tools, and how SDM tools are to be completed collaboratively with tribes	Start: 8/2017	End: 6/2022	NCCD, CWS Training Team, PMs, Supervisors
E: Utilize NCCD technical assistance and tribal input to reinforce SDM training/coaching skills and concepts	Start: 8/2017	End: 12/2021	NCCD, Director, Deputy Director, PMs, CWS Training Team, Practice/Cultural Coaches, Supervisors
F: Monitor and evaluate usage and develop mechanism to provide feedback to staff on SDM tools	Start: 4/2019	End: 6/2022	NCCD, Director, Deputy Director, PMs, CWS Training Team, Supervisors, Analysts, Coaches

CWS Goal: (P2) Permanency within 12 months (in care 12 – 23 months)			
Strategy 2: Implement/Increase effective and timely use of Child & Family Team (CFT) Meetings at key decision points throughout CWS case life	<input type="checkbox"/> CAPIT <input type="checkbox"/> CBCAP <input type="checkbox"/> PSSF <input checked="" type="checkbox"/> N/A	Applicable Outcome Measure(s):	(P2) Permanency in 12 Months (12-23 months)
Action Steps:	Start Date	End Date	Entity Responsible:
A: Identify baseline of CFT meeting usage and standards for frequency	Start: 3/2019	End: 9/2019	CDSS, CWS CQI Team, PMs and Analysts
B: Develop and implement tracking system on CFT usage, tribal involvement, and tribal children data utilizing SafeMeasures and Business Intelligence (CWS/CMS) reports	Start: 6/2019	End: 9/2019	NCCD, CQI Team, PMs, Supervisors, Analysts
C: Evaluate and create current CFT policy/procedure and include in tribal protocols, with clear expectations of purpose, responsibilities, meeting frequency, documentation, usage, and participants, including joint participation with tribal representatives involving child/family assessments and key decision points	Start: 6/2018	End: 9/2019 and Ongoing	NCCD, Tribes, PMs, Director, Deputy Director
D: Develop training for staff, with tribal input, on CFT policy & practice and how to incorporate Humboldt Practice Model (HPM) with fidelity	Start: 8/2017	End: 6/2022 and Ongoing	Practice/Cultural Coaches, PMs, CWS Training Team, Tribes, CWS Consultants & Partners (NCCD, Center for Family Focused Practice, UC Davis, Northern Training Academy)
E: Train staff on CFT policy and practice	Start: 6/2019	End: 6/2022 and Ongoing	NCCD, CWS Training Team, PMs, Supervisors, Tribes, Coaches
F: Monitor and evaluate usage and feedback of CFT meetings, including tribal participation and review	Start: 4/2019	End: 6/2022	NCCD, Director, Deputy Director, PMs, Supervisors, Analysts, CWS Case Reviewers

CWS Goal: (2B) Timely 10-Day (Initial) Response Compliance			
Strategy 3: Plan, develop, and implement structure and process for data entry in CWS/CMS and tracking of 10-day referral responses utilizing CQI process	<input type="checkbox"/> CAPIT <input type="checkbox"/> CBCAP <input type="checkbox"/> PSSF <input checked="" type="checkbox"/> N/A	Applicable Outcome Measure(s):	(2B) Timely Response (10-Day)
Action Steps:	Start Date	End Date	Entity Responsible:
A: Utilize management tracking tools, such as SafeMeasures dashboard reports, to review and manage timeliness of responses, with technical assistance from NCCD as needed	Start: 5/2019	End: 7/2019 and Ongoing	NCCD, CWS CQI Team, PMs
B: Identify barriers to timely response and a work plan to address barriers using quantitative data, such as late 10-day responses with contact descriptions, and qualitative data of findings from case reviews, Ombudsperson contacts, and staff and tribal feedback of identified barriers	Start: 5/2019	End: 9/2019 and Ongoing	NCCD, Director, Deputy Director, CWS CQI Team, PMs, CWS Case Reviewers
C: Create policy and procedure for investigations, with tribal input, that includes clear expectations of timely response and data entry	Start: 9/2018	End: 2/2019	NCCD, Director, Deputy Director, PMs
D: Create training plan for staff on CWS/CMS data entry and using SafeMeasures tracking system, and other training that addresses identified barriers to timely 10-day response	Start: 9/2019	End: 6/2020 and Ongoing	NCCD, PMs, CWS Training Team, Analysts
E: Implement work plan that addresses identified barriers to investigating social workers	Start: 9_4 /2019	End: 9/2020	Director, Deputy Director, PMs, Supervisors, identified staff
F: Develop work group, through CQI process with staff, to create plan for unaddressed barriers	Start: 9/2019	End: 12/2020 and Ongoing	Director, Dep. Dir., PMs, Supervisors, Analysts, identified line staff

CWS Goal: (2B) Timely 10-Day (Initial) Response Compliance			
Strategy 4: Provide staff training and guides to ensure staff is responding and documenting in a timely manner	<input type="checkbox"/> CAPIT <input type="checkbox"/> CBCAP <input type="checkbox"/> PSSF <input checked="" type="checkbox"/> N/A	Applicable Outcome Measure(s):	(2B) Timely Response (10-Day)
Action Steps:	Start Date	End Date	Entity Responsible:
A: Provide ongoing training and coaching for pertinent CWS staff on data entry methods, using SafeMeasures tracking system, and other training to address identified barriers to timely 10-day referral response	Start: 5/2019	End: 6/2019 and Ongoing	NCCD, CWS Analysts, Director's Analyst, CWS Training Team, PMs
B: Implement tracking system	Start: 5 8/2019	End: 9/2019	NCCD, CWS CQI Team, PMs, Analysts
C: Monitor and evaluate usage and feedback of 10-day response tracking system, using SafeMeasures and other reporting methods (e.g. Business Intelligence)	Start: 6/2019	End: 9/2019 and Ongoing	NCCD, Director, Deputy Director, PMs, Analysts

CWS Goal: Systemic Factor – Quality Assurance			
Strategy 5: Plan, develop and implement CWS Continuous Quality Improvement (CQI) structure, purpose, process and participants	<input type="checkbox"/> CAPIT <input type="checkbox"/> CBCAP <input type="checkbox"/> PSSF <input checked="" type="checkbox"/> N/A	Applicable Outcome Measure(s):	Systemic Factor – Quality Assurance
Action Steps:	Start Date	End Date	Entity Responsible:
A: Identify and develop internal CWS CQI process and participants, with technical assistance from CDSS, NCCD, and other consultants as needed, and link with existing stakeholder and tribal feedback loops	Start: 8/2019 6/2018	End: 12/2019 <u>6/2020</u>	NCCD, Director, Deputy Director., PMs, Analysts, CWS Case Reviewers, Ombudsperson
B: Assess the existing quality assurance process and reporting (baseline)	Start: 8/2018	End: 6/2019 <u>12/2019</u>	NCCD, CWS CQI Team
C: Design data-based management tools and tracking mechanisms, and identify data needs and data entry methods in CWS/CMS to achieve data accuracy and quality improvement	Start: 1/2019 <u>12/2019</u>	End: 12/2019 <u>6/2021</u>	NCCD, CWS CQI Team, Identified CWS Supervisors and Line Staff
D: Design a mechanism, with tribal input, to provide CWS CQI data to and receive feedback from the Tribes	Start: 6/2019 <u>3/2020</u>	End: 6/2020 <u>8/2022</u>	NCCD, CWS CQI Team, Director, Deputy Director, PMs
E: Design a mechanism to provide CWS CQI data to and receive feedback from community stakeholders, including CWS staff	Start: 6/2019 <u>6/2020</u>	End: 6/2020 <u>8/2022</u>	NCCD, CWS CQI Team, Director, Deputy Director, PMs
F: Interface CWS CQI Team with other work groups to share information and avoid duplication	Start: 1/2019 <u>6/2020</u>	End: 6/2020 and Ongoing <u>8/2022</u>	All Applicable CWS Workgroups, CWS CQI Team, CWS Training Team, Director, Deputy Director, PMs

G: Implement management tools and tracking systems to support data-informed decision making (using tools such as SafeMeasures, SDM, Business Intelligence, and other reporting methods) with technical assistance from NCCD	Start: <u>12/2020</u> 6/2019	End: <u>8/2022</u> 12/2019	NCCD, CWS CQI Team, PMs, CWS Analysts
H: Develop CQI policy/procedure and ensure process is inclusive of Tribal input, using mutually agreed upon process, including getting feedback from tribes	Start: <u>9/2020</u> 9/2019	End: <u>3/2021</u> 6/2020	NCCD, Director, Deputy Director, PMs, Practice/Cultural Coaches
I: Train pertinent staff on data entry needs and data tracking systems and provide training/coaching to staff on CQI policy/procedure and processes	Start: <u>6/2021</u> 6/2019	End: <u>8/2022</u> 12/2021 and Ongoing	NCCD, CWS Training Team, Director, Deputy Director, PMs, CWS Analysts, Practice/Cultural Coaches, Identified champions among supervisors and line staff
J: Utilize NCCD technical assistance to reinforce CQI training/coaching concepts	Start: 8/2017	End: 12/2021	NCCD, CWS CQI Team, Director, Deputy Director, PMs, Practice/Cultural Coaches, Identified CQI champions among staff
K: Monitor and evaluate CQI implementation and management tracking system, and adjust as needed	Start: <u>6/2020</u> 6/2019	End: <u>8/2022</u> 12/2021 and Ongoing	NCCD, Director, Deputy Director, PMs, CWS Analysts, Practice /Cultural Coaches

Probation Goal: (P1) Permanency within 12 months (entering foster care)			
Strategy 1: Improve array & accessibility of local services for behaviorally challenged adolescents. <u>Incorporate the family in treatment process to improve outcomes for youth and family in establishing and maintaining permanency.</u>	<input type="checkbox"/> CAPIT <input type="checkbox"/> CBCAP <input type="checkbox"/> PSSF <input checked="" type="checkbox"/> N/A	Applicable Outcome Measure(s):	(P1) Permanency in 12 Months (entering care) Systemic Factor – Service Array
Action Steps:	Start Date	End Date	Entity Responsible:
A: Identify currently available local service options for adolescents with challenging behavioral needs	Start: 8/2017	End: 12/2018	Probation Division Director (DD), Family Reunification Unit (FRU), Supervising Probation Officer (SPO), Administrative Analyst, Juvenile Probation staff
B: Identify currently available local placement options for adolescents with challenging behavioral needs	Start: 8/2017	End: 12/2018	Probation DD, FRU SPO, Admin Analyst, Juvenile Probation staff
C: Actively engage in local efforts to expand local service array for adolescents with challenging behavioral needs <u>by supporting or applying for grants as appropriate and by advocating for these services in interdisciplinary settings</u>	Start: 10/2018	End: Continuously through 12/2021	Probation Administration
D: Explore potential Short-Term Residential Therapeutic Program (STRTP) providers willing to provide services in Humboldt County	Start: 10/2018	End: Continuously through 12/2021	CWS and Probation Administration
E: Implement contract with selected provider	Start: 10/2018	End: 12/2021	CWS and Probation Administration

Probation Goal: (P1) Permanency within 12 months (entering foster care)			
Strategy 2: Increase family finding and engagement	<input type="checkbox"/> CAPIT <input type="checkbox"/> CBCAP <input type="checkbox"/> PSSF <input checked="" type="checkbox"/> N/A	Applicable Outcome Measure(s):	(P1) Permanency in 12 Months (entering care)
Action Steps:	Start Date	End Date	Entity Responsible:
A: Identify and define existing processes and policies	Start: 10/2018	End: 12/2018	Probation DD, JUV SPOs, Admin Analyst
B: Improve/refine existing processes and policies and include tracking system	Start: 1/2019	End: Ongoing	Probation DD, JUV SPO, Admin Analyst
C: Provide ongoing family finding and engagement training to staff utilizing Seneca Family of Agencies and/or additional trainers	Start: 10/2018	End: Ongoing	Probation Administration
D: Monitor and review family finding and engagement efforts and provide feedback to staff	Start: 7/2019	End: Ongoing	Probation DD, JUV SPOs, Admin Analyst

APPENDICES AND ATTACHMENTS

APPENDIX A: CFSR Federal Data Measures for CWS and Probation

APPENDIX A

CWS Outcomes System Summary for Humboldt County-- 04.03.2019				Baseline -- Orig. Rpt Date (Data Extract)	Time Period 55 -- Apr 17 (Q4 16)				--Select Baseline		Current selections = 2-year span								
Report publication: Apr2019. Data extract: Q4 2018. Agency: Child Welfare.				Comparison -- Orig. Rpt Date (Data Extract)	Time Period 63 -- Apr 19 (Q4 18)				--Select Comparison										
Measure number	Type (CDSS UCB)	Measure description	National or Compliance Standard	Baseline start date	Baseline end date	Baseline numerator	Baseline denominator	Baseline performance ¹	Baseline perf. rel. to standard (%) ²	Comparison start date	Comparison end date	Comparison numerator	Comparison denominator	Comparison performance ¹	Comparison perf. rel. to standard (%) ²	Goal	2-year percent change ³	Estimated # affected ⁴	
PR	U	Participation Rates: Referral Rates	N.A.	01/01/16	12/31/16	2,180	27,690	78.7	N.A.	01/01/18	12/31/18	2,485	28,195	88.1	N.A.	v	▲ 11.9%	265	
PR	U	Participation Rates: Substantiation Rates	N.A.	01/01/16	12/31/16	287	27,690	10.4	N.A.	01/01/18	12/31/18	389	28,195	13.8	N.A.	v	▲ 33.1%	97	
PR	U	Participation Rates: Entry Rates	N.A.	01/01/16	12/31/16	212	27,690	7.7	N.A.	01/01/18	12/31/18	268	28,195	9.5	N.A.	v	▲ 24.2%	52	
PR	U	Participation Rates: In Care Rates	N.A.	07/01/16	07/01/16	368	27,690	13.3	N.A.	07/01/18	07/01/18	457	28,195	16.2	N.A.	v	▲ 22.0%	82	
Safety																			
3-S1	U/C	Maltreatment in foster care*	8.50	01/01/16	12/31/16	2	112,221	1.78	476.9	01/01/18	12/31/18	1	136,671	0.73	1,161.7	v	▼ -58.9%	-1	
3-S2	U/C	Recurrence of maltreatment*	9.1	01/01/15	12/31/15	26	286	9.1	100.1	01/01/17	12/31/17	43	301	14.3	63.7	v	▲ 57.1%	16	
Permanency																			
3-P1	U/C	Permanency in 12 months (entering foster care)*	40.5	01/01/15	12/31/15	49	195	25.1	62.0	01/01/17	12/31/17	84	200	42.0	103.7	▲	▲ 67.1%	34	
3-P2	U/C	Permanency in 12 months (in care 12-23 months)*	43.6	01/01/16	12/31/16	52	81	64.2	147.2	01/01/18	12/31/18	21	93	22.6	51.8	▲	▼ -64.8%	-39	
3-P3	U/C	Permanency in 12 months (in care 24 months or more)*	30.3	01/01/16	12/31/16	30	62	48.4	159.7	01/01/18	12/31/18	23	63	36.5	120.5	▲	▼ -24.6%	-7	
3-P4	U/C	Re-entry to foster care in 12 months*	8.3	01/01/14	12/31/14	9	54	16.7	49.8	01/01/16	12/31/16	6	55	10.9	76.1	v	▼ -34.5%	-3	
3-P5	U/C	Placement stability*	4.12	01/01/16	12/31/16	135	29,046	4.65	88.6	01/01/18	12/31/18	202	47,772	4.23	97.4	v	▼ -9.0%	-20	
2B	C	Timely Response (Imm. Response Compliance)	90.0	10/01/16	12/31/16	38	41	92.7	103.0	10/01/18	12/31/18	48	51	94.1	104.6	▲	▲ 1.5%	1	
2B	C	Timely Response (10-Day Response Compliance)	90.0	10/01/16	12/31/16	210	225	93.3	103.7	10/01/18	12/31/18	180	248	72.6	80.6	▲	▼ -22.2%	-51	
2D	C	Timely Response--Completed (Imm. Response Compliance)	N.A.	10/01/16	12/31/16	38	41	92.7	N.A.	10/01/18	12/31/18	46	51	90.2	N.A.	▲	▼ -2.7%	-1	
2D	C	Timely Response--Completed (10-Day Response Compliance)	N.A.	10/01/16	12/31/16	129	225	57.3	N.A.	10/01/18	12/31/18	116	248	46.8	N.A.	▲	▼ -18.4%	-26	
2F	C	Monthly Visits (Out of Home)	95.0	01/01/16	12/31/16	3,245	3,485	93.1	98.0	01/01/18	12/31/18	3,501	4,309	81.2	85.5	▲	▼ -12.7%	-511	
2F	C	Monthly Visits in Residence (Out of Home)	50.0	01/01/16	12/31/16	2,252	3,245	69.4	138.8	01/01/18	12/31/18	2,245	3,501	64.1	128.2	▲	▼ -7.6%	-185	
2S	C	Monthly Visits (In Home)	N.A.	01/01/16	12/31/16	1,606	1,876	85.6	N.A.	01/01/18	12/31/18	1,850	2,507	73.8	N.A.	▲	▼ -13.8%	-296	
2S	C	Monthly Visits in Residence (In Home)	N.A.	01/01/16	12/31/16	1,049	1,606	65.3	N.A.	01/01/18	12/31/18	1,080	1,850	58.4	N.A.	▲	▼ -10.6%	-128	
4A	U	Siblings (All)	N.A.	01/01/17	01/01/17	132	224	58.9	N.A.	01/01/19	01/01/19	153	294	52.0	N.A.	▲	▼ -11.7%	-20	
4A	U	Siblings (Some or All)	N.A.	01/01/17	01/01/17	155	224	69.2	N.A.	01/01/19	01/01/19	199	294	67.7	N.A.	▲	▼ -2.2%	-4	
4B	U	Least Restrictive (Entries First Plc.: Relative/NREFM)	N.A.	01/01/16	12/31/16	83	212	39.2	N.A.	01/01/18	12/31/18	102	260	39.2	N.A.	▲	▲ 0.2%	0	
4B	U	Least Restrictive (Entries First Plc.: Foster Home)	N.A.	01/01/16	12/31/16	70	212	33.0	N.A.	01/01/18	12/31/18	121	260	46.5	N.A.	▲	▲ 40.9%	35	
4B	U	Least Restrictive (Entries First Plc.: FFA)	N.A.	01/01/16	12/31/16	9	212	4.2	N.A.	01/01/18	12/31/18	22	260	8.5	N.A.	▲	▲ 99.3%	11	
4B	U	Least Restrictive (Entries First Plc.: Group/Shelter)	N.A.	01/01/16	12/31/16	22	212	10.4	N.A.	01/01/18	12/31/18	8	260	3.1	N.A.	▼	▼ -70.3%	-19	
4B	U	Least Restrictive (Entries First Plc.: Other)	N.A.	01/01/16	12/31/16	28	212	13.2	N.A.	01/01/18	12/31/18	7	260	2.7	N.A.	▼	▼ -79.6%	-27	
4B	U	Least Restrictive (Entries Predom. Plc.: Relative/NREFM)	N.A.	01/01/15	12/31/15	114	207	55.1	N.A.	01/01/17	12/31/17	90	217	41.5	N.A.	▲	▼ -24.7%	-30	
4B	U	Least Restrictive (Entries Predom. Plc.: Foster Home)	N.A.	01/01/15	12/31/15	39	207	18.8	N.A.	01/01/17	12/31/17	78	217	35.9	N.A.	▲	▲ 90.8%	37	
4B	U	Least Restrictive (Entries Predom. Plc.: FFA)	N.A.	01/01/15	12/31/15	18	207	8.7	N.A.	01/01/17	12/31/17	15	217	6.9	N.A.	▼	▼ -20.5%	-4	
4B	U	Least Restrictive (Entries Predom. Plc.: Group/Shelter)	N.A.	01/01/15	12/31/15	5	207	2.4	N.A.	01/01/17	12/31/17	13	217	6.0	N.A.	▼	▲ 148.0%	8	
4B	U	Least Restrictive (Entries Predom. Plc.: Other)	N.A.	01/01/15	12/31/15	31	207	15.0	N.A.	01/01/17	12/31/17	21	217	9.7	N.A.	▼	▼ -35.4%	-11	
4C	C	Congregate Care Placements: One Year or More	N.A.	01/01/17	01/01/17	3	21	14.3	N.A.	01/01/19	01/01/19	5	19	26.3	N.A.	▼	▲ 84.2%	2	
4E (1)	U/C	ICWA Eligible Placement Status	N.A.	Data available online.				N.A.	Data available online.				N.A.	N.A.	N.A.	N.A.	N.A.	N.A.	
4E (2)	U/C	Multi-Ethnic Placement Status	N.A.	Data available online.				N.A.	Data available online.				N.A.	N.A.	N.A.	N.A.	N.A.	N.A.	
5B (1)	C	Rate of Timely Health Exams	N.A.	10/01/16	12/31/16	268	300	89.3	N.A.	10/01/18	12/31/18	322	410	78.5	N.A.	▲	▼ -12.1%	-44	
5B (2)	C	Rate of Timely Dental Exams	N.A.	10/01/16	12/31/16	180	267	67.4	N.A.	10/01/18	12/31/18	259	384	67.4	N.A.	▲	▲ 0.0%	0	
5F	C	Authorized for Psychotropic Medication**	N.A.	10/01/16	12/31/16	21	336	6.3	N.A.	10/01/18	12/31/18	36	445	8.1	N.A.	▲	▲ 29.4%	8	
6B	C	Individualized Education Plan	N.A.	10/01/16	12/31/16	20	324	6.2	N.A.	10/01/18	12/31/18	11	430	2.6	N.A.	▼	▼ -58.6%	-16	
8A	C	Completed High School or Equivalent***	N.A.	10/01/16	12/31/16	1	2	50.0	N.A.	10/01/18	12/31/18	3	3	100.0	N.A.	▲	▲ 100.0%	2	
8A	C	Obtained Employment***	N.A.	10/01/16	12/31/16	2	2	100.0	N.A.	10/01/18	12/31/18	2	3	66.7	N.A.	▼	▼ -33.3%	-1	
8A	C	Have Housing Arrangements***	N.A.	10/01/16	12/31/16	2	2	100.0	N.A.	10/01/18	12/31/18	3	3	100.0	N.A.	▲	▲ 0.0%	0	
8A	C	Permanency Connection with an Adult***	N.A.	10/01/16	12/31/16	2	2	100.0	N.A.	10/01/18	12/31/18	3	3	100.0	N.A.	▲	▲ 0.0% ¹	0	

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

APPENDIX A

CWS Outcomes System Summary for Humboldt County--04.03.2019				Baseline -- Orig. Rpt Date (Data Extract)	Time Period 55 -- Apr 17 (Q4 16)				--Select Baseline		Current selections = 2-year span								
Report publication: Apr2019. Data extract: Q4 2018. Agency: Probation.				Comparison -- Orig. Rpt Date (Data Extract)	Time Period 63 -- Apr 19 (Q4 18)				--Select Comparison										
Measure number	Type (CDSS UCB)	Measure description	National or Compliance Standard	Baseline start date	Baseline end date	Baseline numerator	Baseline denominator	Baseline performance ¹	Baseline perf. rel. to standard (%) ²	Comparison start date	Comparison end date	Comparison numerator	Comparison denominator	Comparison performance ¹	Comparison perf. rel. to standard (%) ²	Goal	2-year percent change ³	Estimated # affected ⁴	
PR	U	Participation Rates: Referral Rates ⁵	N.A.	01/01/16	12/31/16	N.A.	N.A.	N.A.	N.A.	01/01/18	12/31/18	N.A.	N.A.	N.A.	N.A.	v	N.A.	N.A.	
PR	U	Participation Rates: Substantiation Rates ⁵	N.A.	01/01/16	12/31/16	N.A.	N.A.	N.A.	N.A.	01/01/18	12/31/18	N.A.	N.A.	N.A.	N.A.	v	N.A.	N.A.	
PR	U	Participation Rates: Entry Rates	N.A.	01/01/16	12/31/16	8	27,690	0.3	N.A.	01/01/18	12/31/18	5	28,195	0.2	N.A.	v	v -38.6%	-3	
PR	U	Participation Rates: In Care Rates	N.A.	07/01/16	07/01/16	11	27,690	0.4	N.A.	07/01/18	07/01/18	3	28,195	0.1	N.A.	v	v -73.2%	-8	
Safety																			
3-S1	U/C	Maltreatment in foster care*	8.50	01/01/16	12/31/16	0	3,852	0.00	>100	01/01/18	12/31/18	0	1,745	0.00	>100	v	N.A.	0	
3-S2	U/C	Recurrence of maltreatment**	9.1	01/01/15	12/31/15	N.A.	N.A.	N.A.	N.A.	01/01/17	12/31/17	N.A.	N.A.	N.A.	N.A.	v	N.A.	N.A.	
Permanency																			
3-P1	U/C	Permanency in 12 months (entering foster care)*	40.5	01/01/15	12/31/15	3	8	37.5	92.6	01/01/17	12/31/17	1	2	50.0	123.5	^	^ 33.3%	0	
3-P2	U/C	Permanency in 12 months (in care 12-23 months)*	43.6	01/01/16	12/31/16	0	3	0.0	0.0	01/01/18	12/31/18	1	3	33.3	76.5	^	N.A.	1	
3-P3	U/C	Permanency in 12 months (in care 24 months or more)*	30.3	01/01/16	12/31/16	0	1	0.0	0.0	01/01/18	12/31/18	0	0	N.A.	N.A.	^	N.A.	N.A.	
3-P4	U/C	Re-entry to foster care in 12 months*	8.3	01/01/14	12/31/14	1	3	33.3	24.9	01/01/16	12/31/16	0	4	0.0	>100	v	v -100.0%	-1	
3-P5	U/C	Placement stability*	4.12	01/01/16	12/31/16	0	939	0.00	>100	01/01/18	12/31/18	1	831	1.20	342.4	v	N.A.	1	
2B	C	Timely Response (Imm. Response Compliance) ⁵	90.0	10/01/16	12/31/16	N.A.	N.A.	N.A.	N.A.	10/01/18	12/31/18	N.A.	N.A.	N.A.	N.A.	^	N.A.	N.A.	
2B	C	Timely Response (10-Day Response Compliance) ⁵	90.0	10/01/16	12/31/16	N.A.	N.A.	N.A.	N.A.	10/01/18	12/31/18	N.A.	N.A.	N.A.	N.A.	^	N.A.	N.A.	
2D	C	Timely Response--Completed (Imm. Response Compliance) ⁵	N.A.	10/01/16	12/31/16	N.A.	N.A.	N.A.	N.A.	10/01/18	12/31/18	N.A.	N.A.	N.A.	N.A.	^	N.A.	N.A.	
2D	C	Timely Response--Completed (10-Day Response Compliance) ⁵	N.A.	10/01/16	12/31/16	N.A.	N.A.	N.A.	N.A.	10/01/18	12/31/18	N.A.	N.A.	N.A.	N.A.	^	N.A.	N.A.	
2F	C	Monthly Visits (Out of Home)**	95.0	01/01/16	12/31/16	42	51	82.4	86.7	01/01/18	12/31/18	31	36	86.1	90.6	^	^ 4.6%	1	
2F	C	Monthly Visits in Residence (Out of Home)**	50.0	01/01/16	12/31/16	41	42	97.6	195.2	01/01/18	12/31/18	31	31	100.0	200.0	^	^ 2.4%	1	
2S	C	Monthly Visits (In Home) ⁵	N.A.	01/01/16	12/31/16	N.A.	N.A.	N.A.	N.A.	01/01/18	12/31/18	N.A.	N.A.	N.A.	N.A.	^	N.A.	N.A.	
2S	C	Monthly Visits in Residence (In Home) ⁵	N.A.	01/01/16	12/31/16	N.A.	N.A.	N.A.	N.A.	01/01/18	12/31/18	N.A.	N.A.	N.A.	N.A.	^	N.A.	N.A.	
4A	U	Siblings (All) ⁵	N.A.	01/01/17	01/01/17	N.A.	N.A.	N.A.	N.A.	01/01/19	01/01/19	N.A.	N.A.	N.A.	N.A.	^	N.A.	N.A.	
4A	U	Siblings (Some or All) ⁵	N.A.	01/01/17	01/01/17	N.A.	N.A.	N.A.	N.A.	01/01/19	01/01/19	N.A.	N.A.	N.A.	N.A.	^	N.A.	N.A.	
4B	U	Least Restrictive (Entries First Plc.: Relative/NREFM)	N.A.	01/01/16	12/31/16	0	9	0.0	N.A.	01/01/18	12/31/18	1	5	20.0	N.A.	^	N.A.	1	
4B	U	Least Restrictive (Entries First Plc.: Foster Home)	N.A.	01/01/16	12/31/16	0	9	0.0	N.A.	01/01/18	12/31/18	0	5	0.0	N.A.	N.A.	N.A.	0	
4B	U	Least Restrictive (Entries First Plc.: FFA)	N.A.	01/01/16	12/31/16	0	9	0.0	N.A.	01/01/18	12/31/18	0	5	0.0	N.A.	N.A.	N.A.	0	
4B	U	Least Restrictive (Entries First Plc.: Group/Shelter)	N.A.	01/01/16	12/31/16	9	9	100.0	N.A.	01/01/18	12/31/18	4	5	80.0	N.A.	v	v -20.0%	-1	
4B	U	Least Restrictive (Entries First Plc.: Other)	N.A.	01/01/16	12/31/16	0	9	0.0	N.A.	01/01/18	12/31/18	0	5	0.0	N.A.	N.A.	N.A.	0	
4B	U	Least Restrictive (Entries Predom. Plc.: Relative/NREFM)	N.A.	01/01/15	12/31/15	6	13	46.2	N.A.	01/01/17	12/31/17	0	2	0.0	N.A.	^	v -100.0%	-1	
4B	U	Least Restrictive (Entries Predom. Plc.: Foster Home)	N.A.	01/01/15	12/31/15	0	13	0.0	N.A.	01/01/17	12/31/17	0	2	0.0	N.A.	N.A.	N.A.	0	
4B	U	Least Restrictive (Entries Predom. Plc.: FFA)	N.A.	01/01/15	12/31/15	0	13	0.0	N.A.	01/01/17	12/31/17	0	2	0.0	N.A.	N.A.	N.A.	0	
4B	U	Least Restrictive (Entries Predom. Plc.: Group/Shelter)	N.A.	01/01/15	12/31/15	6	13	46.2	N.A.	01/01/17	12/31/17	2	2	100.0	N.A.	v	^ 116.7%	1	
4B	U	Least Restrictive (Entries Predom. Plc.: Other)	N.A.	01/01/15	12/31/15	1	13	7.7	N.A.	01/01/17	12/31/17	0	2	0.0	N.A.	v	v -100.0%	0	
4C	C	Congregate Care Placements: One Year or More	N.A.	01/01/17	01/01/17	0	4	0.0	N.A.	01/01/19	01/01/19	0	2	0.0	N.A.	v	N.A.	0	
4E (1)	U/C	ICWA Eligible Placement Status	N.A.	Data available online.				N.A.	Data available online.				N.A.	N.A.	N.A.	N.A.	N.A.	N.A.	N.A.
4E (2)	U/C	Multi-Ethnic Placement Status	N.A.	Data available online.				N.A.	Data available online.				N.A.	N.A.	N.A.	N.A.	N.A.	N.A.	N.A.
5B (1)	C	Rate of Timely Health Exams ⁵	N.A.	10/01/16	12/31/16	N.A.	N.A.	N.A.	N.A.	10/01/18	12/31/18	N.A.	N.A.	N.A.	N.A.	^	N.A.	N.A.	
5B (2)	C	Rate of Timely Dental Exams ⁵	N.A.	10/01/16	12/31/16	N.A.	N.A.	N.A.	N.A.	10/01/18	12/31/18	N.A.	N.A.	N.A.	N.A.	^	N.A.	N.A.	
5F	C	Authorized for Psychotropic Medication***	N.A.	10/01/16	12/31/16	***	13	***	N.A.	10/01/18	12/31/18	***	***	***	N.A.	N.A.	N.A.	N.A.	
6B	C	Individualized Education Plan ⁵	N.A.	10/01/16	12/31/16	N.A.	N.A.	N.A.	N.A.	10/01/18	12/31/18	N.A.	N.A.	N.A.	N.A.	^	N.A.	N.A.	
8A	C	Completed High School or Equivalency****	N.A.	10/01/16	12/31/16	1	1	100.0	N.A.	10/01/18	12/31/18	0	0	N.A.	N.A.	v	v -100.0%	N.A.	
8A	C	Obtained Employment****	N.A.	10/01/16	12/31/16	1	1	100.0	N.A.	10/01/18	12/31/18	0	0	N.A.	N.A.	v	v -100.0%	N.A.	
8A	C	Have Housing Arrangements****	N.A.	10/01/16	12/31/16	1	1	100.0	N.A.	10/01/18	12/31/18	0	0	N.A.	N.A.	v	v -100.0%	N.A.	
8A	C	Permanency Connection with an Adult****	N.A.	10/01/16	12/31/16	1	1	100.0	N.A.	10/01/18	12/31/18	0	0	N.A.	N.A.	v	v -100.0%	N.A.	