

FAMILY PRESERVATION AND SUPPORT PROGRAM
(AKA: PROMOTING SAFE AND STABLE FAMILIES)

COUNTY: **SANTA BARBARA**

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Part I: Annual Update, FFY 02
(County FY 01-02)

A. Vision:

“All children will grow up in safe, healthy and nurturing homes, schools and communities. The resultant sense of self-worth, along with equal access to resources, will empower children to develop their unique potential, with a strong sense of responsibility to self, culture and community.”

B. Goals:

- Children will live in safe, stable and supportive families.
- Youth will stay in school, out of trouble, and achieve their potential.
- Families will be assisted to become economically self-supporting.

C. Objectives:

1. reductions in child abuse referrals, foster and group home placements, and length of time needed to safely reunify children with their families
2. decreased numbers of juvenile offenders under probation supervision and in probation placements, especially group homes and institutions
3. increased number of families achieving increased self-sufficiency and fewer families dependent on public assistance

4. improved emotional and behavioral functioning, school performance and decreases in criminal activity for children and youth in Multiagency Integrated System of Care (MISC)

D. Indicators:

Analysis of data, trends and sources of the following indicators is contained in the eighth edition of the **Santa Barbara County Children's Scorecard 2001** (Appendix A). With some exceptions, this edition reflects data collected through December 2000.

Population and Income

demographics; children and families on public assistance; child support; children and families in poverty; free and reduced lunch counts; homelessness

Education

School enrollment, attendance and truancy rates; graduation and drop out rates; child care capacity, need and affordability

Physical Health

births to teen mothers; prenatal care; infant mortality; low and very low birth weights; immunization rates; tuberculosis incidence; Healthy Kids survey results

Mental Health

children referred to Mental Health; youth with emotional disturbance

Substance Abuse

age of first use; youth in treatment; youth use of tobacco, beer & marijuana

Welfare/Safety

child abuse referrals; children and youth in out-of-home care; domestic violence victims using shelter services

Juvenile Justice

juveniles referred to Probation; juvenile caseloads and placements

E. Results Related to Objectives:

1. Although the rate of referral may fluctuate from year-to-year, the long-term trend in the number of children referred and assessed for child abuse has decreased from a high of 9350 in 1996-97 to 7789 in 2000-01, a reduction across five years of nearly 17%. Since 1982, Santa Barbara County's per capita rate of foster home placements has continued to decrease while the state's rate has increased. The most recent data available for Foster Care

Caseload Prevalence shows that Santa Barbara's rate of 3.4 is nearly one-third the state's rate of 9.3 per 1000 children. (CSSR Report, July 2001)

2. The combined juvenile misdemeanor/felony arrest rate for Santa Barbara County has gone down 60% faster than the statewide rate of arrests. We now have one of the lower rates of foster and group home placements by Probation Departments in the state, being approximately 25-30% below the statewide average, as contrasted to 1995 when we were among the highest. The commitment rate of Santa Barbara County youth into CYA (California Youth Authority) has dropped 86% since 1994 while the statewide commitment rate dropped by 50%. Future concerns include the expected increase in the juvenile population (age 10-17) during the next five years. (Source: SB County Probation Department, Feb. 2002)
3. The number of families on public assistance (CalWORKs) in Santa Barbara County has decreased steadily since welfare reform was implemented in January 1998. The number on aid dropped from 5,323 on 12/31/97 to 3,654 in July 2001, a drop of 31%. There have also been steady decreases in the number of persons receiving food stamps and general assistance, except for some slight increases during the 2000-2001 recession. (Source: Case Data System Report, June 2001)
4. Follow up studies show that for the 687 SED or high-risk children and youth enrolled in the MISC program for at least one year, 61% of caregivers/parents and 43% of youth reported that services had been helpful. There was a significant decline in the percentage of CBCL (Child Behavior Check List) clinical scores at the one year follow up. At intake 71.6% of MISC enrolled youth has a total CBCL score in the clinical range, which decreased to 57.7% after one year of services. After a year of MISC enrollment, school performance improved for all MISC youth. Referrals to Probation substantially decreased for all MISC youth and all types of referrals (felony, misdemeanor, violation and truancy) while receiving MISC services. (Source: UCSB MISC Program Evaluation Summary Report 1994-2000)

Part II: Three Year Plan, FFY's 03-05
(County FY's 02-03, 03-04, 04-05)

A. Federal Outcomes and Santa Barbara County's Approach:

Santa Barbara County's FPSP program is used to support an existing system of integrated services. This system is made up of the Multiagency Integrated System of Care (MISC) and a network of Healthy Start school-linked Family Resource Centers with family advocates.

Federal Outcome	County Service	County Site	County Target
1. Reduce the recurrence of child abuse and/or neglect.	MISC and Healthy Start	Countywide School-based	Hi-risk/SED At-risk families
2. Reduce the incidence of child abuse and/or neglect in foster care.	MISC Healthy Start	Countywide School-based	Hi-risk/SED At-risk families
3. Increase permanency for children in foster care.	MISC	Countywide	Hi-risk/SED
4. Reduce time in foster care to reunification w/o increasing re-entry.	MISC	Countywide	Hi-risk/SED
5. Reduce time in foster care to adoption.	MISC	Countywide	Hi-risk/SED
6. Increase placement stability.	MISC	Countywide	Hi-risk/SED
7. Reduce placements of young children in group homes or institutions.	MISC	Countywide	Hi-risk/SED

Explanation of Chart:

The Multiagency Integrated System of Care (MISC) has three centers, one in each region of the county (Santa Maria, Santa Barbara and Lompoc). Each MISC site hosts staff from Public Health; Social Services; Probation; Alcohol, Drug and Mental Health Services; plus staff from a number of community-based agency partners. MISC serves youth with serious emotional and behavioral disorders and their families who need services from two or more agencies. Through interagency collaboration, collocated staff, a primary care coordinator and a single assessment, MISC offers comprehensive, flexible and culturally competent one-stop services,

often delivered in home or at school, with an individualized service plan developed with parents as partners and a systemic outcome evaluation.

Santa Barbara County's **Healthy Start** Family Resource Centers (FRC's) offer a critical network of prevention, early intervention and family support services. During the past year, new Healthy Start FRC's at Santa Ynez Valley Union High School and La Cumbre Middle School were added. The services funded in community-based agencies and schools under the family support (FS) component of Santa Barbara County's FPSP program cover 23 school sites and serve approximately 20,000 children and their families in some of the highest need areas in our county. The mix of services is different at each site, as they are tailored to the needs of the families in their school or target area. FRC services, which always include case management and family advocacy, are always family focused, preventive and collaborative in nature. Our Healthy Start programs work together on many local and regional initiatives and most FRC's also have one or more public agency staff members providing services on-site on a regular basis.

Santa Barbara County's Children and Families (Prop 10) Commission is working with and helping fund many of the county's Healthy Start FRC's to provide K-readiness and family support services to children age 0-5 and their families. FPSP and Prop 10 have been key elements in sustaining Healthy Start programming in Santa Barbara County.

B. PLANNING AND COLLABORATION

The designated advisory body for Santa Barbara County's FPSP program will continue to be the **KIDS Network**. The Network has an eleven-year history of collaborative planning and program development in our county. Participation is broad-based, including over 120 members from public agencies, the courts, education, community-based organizations, school-linked programs and parent groups addressing issues in areas of human services, education and juvenile justice.

In 2001, Santa Barbara County implemented a **Child Abuse Prevention Council**. Our CAPC is composed of a set of existing bodies that together reflect the required membership of a CAPC and also have the capacity to carry out the intended role of a CAPC without undue duplication or redundancy. The County **Human Services Division** in Public Health and the **KIDS Network** in the Department of Social Services carried out a community planning process and worked with OCAP staff to arrive at a unique and, so far, workable solution. Santa Barbara County has worked for over ten years to establish a collaborative and integrated

system that is streamlined, responsive and flexible. Under the CAPC umbrella, we enhanced our ability to align planning, priority setting and program development for Santa Barbara County's FPSP, CAPIT, CTF, CBFRS and related funding streams.

C. OBJECTIVES & RESULTS

Objectives:

1. reductions in child abuse referrals, foster and group home placements, and length of time needed to safely reunify children with their families
2. decreased numbers of juvenile offenders under probation supervision and in probation placements, especially group homes and institutions
3. increased number of families achieving increased self-sufficiency and fewer families dependent on public assistance
4. improved emotional and behavioral functioning, school performance and decreases in criminal activity for children and youth in the Multiagency Integrated System of Care (MISC)

Progress Toward Results:

1. Child abuse referrals are down 17% since 1996-97. Foster and group home placements are one-third the statewide rate. Family reunification increased 6% between 98 and 00 and 65% of the children and youth reunified in 2000 did so within 12 months of entry. (Sources: CWS/CMS, CDS, CSSR)
2. Since 1996, Probation staff has increased their level of supervision and treatment of juveniles referred to the department. This has contributed to reduced referrals overall and particularly of referrals for criminal offenses. There was a 3% decrease in referrals during 2001 and a 14% decrease since 1996. As of 2001, Probation-initiated foster and group home placements had decreased 38.5% since 1998. (Source: Probation Dept.)
3. The number of families dependent on CalWORKs for cash assistance has declined steadily during the past seven years and dramatically during the past five years. Caseloads have decreased 43% since 1993. There has been a 31.4% decrease since the start of welfare

reform in January 1998. Another measure of family income level is the number of children on school free and reduced lunch programs. This indicator shows that the number is again edging upward as families leave welfare but still have incomes below the federal poverty level. (Source: CDS)

4. The MISC evaluation conducted by UCSB found that MISC children and youth and their families have a history of numerous risk factors in their lives, including high percentages of substance abuse, suicide attempts, physical abuse and runaway behavior. Substance abuse and family violence are particularly prevalent in their families and more than a third of caregivers have a history of mental illness. Given this high-risk target population, it is significant that youth served by MISC were able to improve their academic performance and school attendance and reduce their unwanted behaviors and number and severity of criminal offenses. (See pgs. 20-24 in Appendix B: UCSB MISC Program Evaluation Summary 1994-2000)

D. STAFF TRAINING

The **MISC** has a training program that supports the family preservation (FP) component. Orientations for new MISC staff include an overview of the types of services that can be offered under the MISC FP program. Staff are trained in the system of care philosophy and given tools that foster respect for families and family involvement in setting priorities and designing services tailored to family strengths and needs. Training on cultural competency has been a major focus as the client population served by MISC reflects the county demographics, in which non-white populations have increased dramatically since the 1970's.

For the family support (FS) component, new Healthy Start program staff members are usually trained on site first and then have access to regular training opportunities offered under the **Healthy Start Region 8 Network**. KIDS Network, acting as the county's FPSP coordinator, makes all collaborative training and staff development opportunities available to Healthy Start staff. Since the implementation of the county's **Child Abuse Prevention Council**, trainings held for that group are also made available to MISC and Healthy Start staff. The county has received funding for a **Family-to-Family** initiative and all **Child Welfare** staff has been trained in its principles. There is no training "program" specific only to FPSP, as our program is imbedded in existing initiatives.

E. TECHNICAL ASSISTANCE

One of the primary roles of the KIDS Network (our county's FPSP advisory body and CAPC needs assessment body) is to provide technical assistance and support for our county's collaborative planning and program development efforts. We serve as a consultant to grant-writing teams and sit on boards, councils, and steering committees for all of our county's **Healthy Start** programs. KIDS Network serves as the county's liaison for the Region 8 Healthy Start Network and is currently serving on the Executive Board for that group. We also participate in the **MISC** Cross-Agency Council.

Examples of the type of technical assistance KIDS routinely provides include help with cross-agency case coordination, multiagency confidentiality agreements, interagency memorandums of understanding, cross-agency training events, legislative advocacy, data collection, information sharing, electronic networking and production of the county's annual Children's Scorecard.

F. BASELINE DATA (INDICATORS)

Analysis of data, trends and sources of the following indicators is contained in the eighth edition of the **Children's Scorecard 2001** (Appendix B). With some exceptions, this edition reflects data collected through December 2000.

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G. EVALUATION PROCESSES & REPORTS

The **Multiagency Integrated System of Care (MISC)** used the Client Satisfaction Questionnaire (CSQ8) and the Youth Satisfaction Questionnaire (YSQ) as assessment tools to track quality and made adjustments accordingly. An additional set of interviews with MISC staff (selected at random from all levels) was conducted with an outside consultant to determine which elements of the MISC were considered most valuable and fruitful for families. The MISC is currently re-evaluating their assessment instruments and will adopting new instruments recommended by State Mental Health. Effective April 2002, MISC is tracking school attendance and achievement data on selected youth in certain school-based programs. MISC is also considering use of traditional DSM-IV data now in the Mental health database as another method of measuring client functioning and progress over time.

The primary source of funding for MISC was a federal grant that ended in June 2000. A task force of county department heads and deputies worked to develop and implement a strategic plan for sustainability. To date the transition has been successful and the MISC program is continuing operations. (Appendix B: UCSB MISC Program Evaluation Summary 1994-2000)

Seven **Healthy Start** programs contracted through our Family Preservation and Support Program (FPSP) to deliver family support services provide semi-annual reports on services provided and results achieved. All are either self-evaluating or participating in outside evaluation as a requirement of their grants. These include elements measuring family satisfaction. (Appendix C: Healthy Start Semi-Annual Reports)

H. SERVICES CATEGORY AND ALLOCATION

Santa Barbara County's FPSP program will continue to deliver Family Preservation services through the MISC. The MISC now serves over 1000 children or youth and their families. Family Support services will continue to be delivered through six Healthy Start contracts for outreach, community-building, parent education, family advocacy, case management and family counseling. The components of Family Reunification and Adoptions Support services are integrated into concurrent planning under the Family Preservation services funded under the MISC system of care, as described below.

The Adoption and Safe Families Act and its related state legislation, SB 1544, focused on expediting permanency for children. The primary definition of permanency is reunification with the child's family of origin, but when this is not possible within certain time frames, adoption. The best practice which captures this definition is "**concurrent planning**", a process by which reunification efforts and adoptive planning take place simultaneously. The most critical element for successful Concurrent Planning is having families, whether foster parents or relatives, who can not only provide care for a child but also assist the biological parent(s) with reunification efforts while preparing to adopt the child if such efforts fail. These "concurrent planning families" need a great deal of training and support to carry out these multiple, demanding and sometimes conflicting roles. We are using the additional FPSP funds to supplement the department's CWS allocation to recruit, train and support such families. The model pursued is similar to that used for Therapeutic Foster Homes.

Justification for Exception to Categorical Services:

FPSP is one small part of funding that supports Santa Barbara County's integrated, countywide, public-private system in which services are designed to be blended and seamless while funding streams remain distinct. FPSP is perhaps the most flexible of these funding streams, which makes it a critical component in meeting child and family needs when other sources present barriers to care. The categorical method of attempting to separate out services and claim them against four distinct "silos" of service categories would not be practical or cost effective. In addition some efforts at family preservation also fall under the community-based family support services that are aimed at reducing stresses on families. We believe our configuration allows us to meet and exceed the intent of the legislation.

SERVICE CATEGORY	FFY 2002	FFY 2003
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Family Preservation (MISC)	40%	40%
<input type="checkbox"/> Concurrent Planning 1. Family Reunification* 2. Adoption Support*	 (20)* (20)*	 (20)* (20)*
Family Support	60%	60%
<input type="checkbox"/> Healthy Start FRC's (Six Contracts)		

* these two categories of service are included in the 40% going to the MISC program.

I. LINKEAGES

The Multiagency Integrated System of Care (MISC) is a public-private partnership made up of the following entities:

- ❖ Families and Schools
- ❖ County Alcohol, Drug & Mental Health Services
- ❖ Department of Social Services (Child Welfare Services, CalWORKS, Medi-Cal, etc.)
- ❖ Probation Department
- ❖ Public Health Department
- ❖ Community-Based Agencies and Organizations

The Healthy Start Family Resource Centers are collaborative enterprises that include many different public and private non-profit agency partners in each community. (A Matrix of Healthy Start FRC programs is available on request.)

Approval by Board of Supervisors:

The State's one-week deadline did not allow sufficient time for the approval process by the April 15th due date. We have requested a time in early May and will forward the Board's Resolution approving the Three-Year Plan when received.

Please consider this document a “draft” until you receive the resolution and/or amended plan.