California – Child and Family Services Review

Santa Barbara County

System Improvement Plan

2022 - 2027

CDSS

CALIFORNIA
DEPARTMENT OF
SOCIAL SERVICES

Table of Contents

California Child and Family Services Review

The California Child and Family Services Review (C-CFSR) process was formed as a result of the passage of the Child Welfare System Improvement and Accountability Act (AB636) in 2001 and modeled after the Federal CFSR. The C-CFSR was designed to improve outcomes for children in the Child Welfare and Probation systems and established a process for assessment and analysis of a county's performance on critical outcomes in the areas of child safety, permanency and well-being.

The Santa Barbara County System Improvement Plan (SIP) is the culmination of the C-CFSR process. It is based on data analysis and lessons learned from the County Self-Assessment (CSA), which was conducted during the first half of 2022. Santa Barbara County's CSA process included a Stakeholder meeting held in January 2022, the Peer Review conducted in February and March 2022, and various focus groups conducted during January through March 2022. The county's final CSA report was presented to the state in October 2022. A second Stakeholder meeting was held in December 2022 to share the findings of the CSA and to gain input from the stakeholders about SIP strategies.

The SIP is not meant to be a comprehensive Child Welfare and Probation plan, but rather a targeted approach to specific performance areas and strategies that can be measured and improved during the 5-year cycle. The county employs other continuous quality improvement efforts in addition to the SIP strategies, in order to have a thorough grasp of agency functioning.

This SIP was developed by a team of Santa Barbara County Child Welfare Services and Probation staff, along with invaluable assistance from the System Improvement Section (SIS) and the Office of Child Abuse Prevention (OCAP) within the California Department of Social Services (CDSS). Vital input was received throughout the CSA and SIP planning process from CWS and Probation line staff, resource parents, birth parents and families, foster youth, court partners and community groups and services providers. This information, along with the data analysis, informed the SIP content, strategies and action steps.

C-CFSR TEAM AND CORE REPRESENTATIVES

The Santa Barbara County C-CFSR core planning team consists of managers and Department Business Specialists from CWS and Probation along with the local KIDS Network Director. This core team worked closely with CDSS and OCAP consultants during the entire CSA and SIP development processes. Input from a variety of stakeholders and core representatives from community groups and organizations was also instrumental in the development of the CSA and the SIP.

C-CFSR Core Planning Team

Figure 1: C-CFSR Core Planning Team

Santa Barbara County – C-CFSR Planning Team	
Name	**Agency**
Amy Krueger	Department of Social Services
Marianne Reagan	Department of Social Services
Cathy DeCaprio-Wells	Department of Social Services
Katie Austin	Department of Social Services
Carrie Martin	Department of Social Services
Lupe Valdez	Department of Social Services
Gustavo Prado	Department of Social Services
Sheryl Fitt	Department of Social Services
Monique Carr	Department of Social Services
Cheyenne Rosson	Department of Social Services
Barbara Finch	Department of Social Services
Tanja Heitman	Probation
Erin Cross	Probation
Rose Zamora	Probation
Toviah Thompson	CDSS
Korena Hazen	CDSS
Elizabeth Johnson	OCAP
Cynthia Friesen	CCTA
Michaela Woodward	Contracted facilitator through CCTA

C-CFSR Team/Acknowledgements

Santa Barbara County CWS and Probation held a joint Stakeholder meeting on December 8, 2022 to engage with individuals from within the agencies, resource parents, community based organizations, and other government entities. Stakeholders were asked for their feedback and ideas on SIP strategies and goals. CWS and Probation are grateful for our stakeholders sharing their valuable expertise and ideas during the CSA and SIP planning processes.

A partial list of Stakeholder participants is below:

Figure 2: Stakeholder Participants

Santa Barbara County Stakeholder Meeting-December 8, 2022	
Name	**Agency**
Marianne Reagan	Department of Social Services
Cathy DeCaprio-Wells	Department of Social Services
Noel Lossing	Department of Social Services
Deborah Hartman	Department of Social Services
Laurie Haro	Department of Social Services
Barbara Finch	Department of Social Services
Cheyenne Rosson	Department of Social Services
Katie Austin	Department of Social Services
Sheryl Fitt	Department of Social Services
Carrie Martin	Department of Social Services
Yuri Gomez	Department of Social Services
Heidi Thompson	Department of Social Services
Laurie Lee	Department of Social Services
Erica Perez	Department of Social Services
David Stevens	Department of Social Services
Victoria Otero	Department of Social Services
Erin Cross	Probation Department
Lesley Stewart	Probation Department
Rosanna M.	Resource Parent
Erica J.	Resource Parent
Stacy B.	Resource Parent
Anna Chase	Transitional Center and Project Preemie
Eli Avila Ramirez	Transitional Youth Services
Raquel Valadez	Bridge Program
Sarah Robles	Casa Pacifica
Holly Carmody	Angels Foster Care
Steve Molina	Santa Maria Joint Union High School District
Ralph Ybarra	Communify Santa Barbara County
Lisa Coker	Santa Maria Joint Union High School District, Fighting Back SMV, Resource Parent

Santa Barbara County Stakeholder Meeting-December 8, 2022	
Name	**Agency**
Mayra Prieto	CalWORKs Linkages
Amy Lopez	Behavioral Wellness
Dr. Katie Cohn	Behavioral Wellness
Maria Chesley	Community Systems Consultant
Donna Flores	Good Samaritan Shelter
Andres Pille	Behavioral Wellness
Joselin Recinos	CalWORKs Linkages
Will Fuller	Family Service Agency
Magaly Vazquez	Santa Barbara County Education Office
Celina Inzunza	Santa Barbara County Education Office
Matt Pennon	OurCountyOurKids, Resource Parent
Irebid Gilbert	Herencia Indigena
Michelle Vargas	Parent Partner, Good Samaritan Shelter
Jennie Stitt	Public Health
Maria Valencia	Behavioral Wellness
Rachel Steidt	YouthWell
Michelle Moses	Pathways Family Services
Elva Fuentes Barajas	Lompoc Valley Middle School
Michelle Herrera	Community member
Stacey Oliviera	Good Samaritan Shelter
Edwin Weaver	Fighting Back Santa Maria Valley

PRIORITIZATION OF OUTCOME DATA MEASURES / SYSTEMIC FACTORS AND STRATEGY RATIONALE

Santa Barbara County Child Welfare Services and Probation Departments had a robust and productive CSA process that included input from over 100 stakeholders, 14 other counties, and many internal staff members. This included the Peer Review, numerous focus groups, and a Stakeholder meeting. After the CSA information was analyzed and distilled into the CSA report, CWS and Probation held another Stakeholder meeting in December 2022 to present the findings and ask for input on SIP strategy planning. Out of these CSA and SIP efforts, ideas and strategies were formed for addressing P-1 Permanency in 12 Months for both CWS and Probation. Additionally, CWS focused on the P-4 Re-entry to Foster Care outcome.

P-1 Permanency in 12 Months is defined as:
- Of all the children who enter foster care in a 12-month period, what percent are discharged to permanency within 12 months? Permanency is defined as reunification, guardianship or adoption.

P-4 Re-entry to Foster Care is defined as:
- Of all children discharged from foster care to permanency (reunification or guardianship) during the year, what percent reentered foster care in less than 12 months from their

date of discharge.

Additionally, CWS and Probation gathered statistical information through the California Child Welfare Indicators Project (CCWIP), SafeMeasures, and internal databases. The wealth of qualitative information was considered alongside the in-depth data analysis to develop the SIP priorities for the next cycle.

The CSA and SIP planning processes were started under the Round Three outcome measures and historically CWS and Probation had not met the P-1 Permanency in 12 Months measure. The baseline for this SIP is Quarter 4 2021, and under the Round Three standards CWS did not meet this measure. The focus of the Peer Review and much of the stakeholder feedback was on improving timely permanency for children and youth in care. Under the new Round 4 performance outcome changes, CWS met the P-1 Permanency in 12 months measure. However, CWS and Probation will continue to focus strategies to address this measure, as it has been a challenging outcome to meet.

Under the new Round Four performance outcomes, CWS does not meet the P-3 Permanency in 12 months (in care 24 months or more) outcome. The strategies designed to address P-1 Permanency in 12 months, such as improving family finding and engagement and cultural brokers, will also benefit children and youth who fall under the P-3 measure. As such, there will not be separate strategies for P-3 in this SIP. CWS will be addressing P-4 Re-entry to Care for a priority outcome measure as this has trended up recently and CWS did not meet this measure under Round Three or Round Four standards.

The identified outcomes to be addressed in this SIP cycle by CWS, Probation and OCAP providers are:
- CWS – P-1 Permanency in 12 Months (entering Foster Care)
- CWS – P-4 Re-entry to Foster Care
- Probation – P-1 Permanency in 12 Months (entering Foster Care)

Some of the major themes from the CSA process that will be incorporated into the CWS SIP strategies are:

P-1 Permanency in 12 Months (entering Foster Care):
- Establish more culturally responsive and relevant services (Cultural Brokers)
- Increase placement resources, especially for youth with high needs and sibling groups (Family Finding and Engagement)

P-4 Re-entry to Foster Care:
- Provide increased support to staff for decision making-shared accountability (Lessons Learned Case Reviews)

- Develop a consistent, highly responsive and family centered approach to case management guided by evidence-based decision making (Family Maintenance Program Enhancement and Structured Decision Making training)

For Probation, the following key trends were considered in the development of this SIP:
- While Probation placement numbers reached historic lows, at points in 2021 having one or less youth in out-of-home care, recent increases in the youth placed through Probation are now at a caseload of five youth. These include youth in congregate care, relative placement and resource homes.
- As the use of out-of-state placements has been eliminated and qualification for STRTPs has changed, bed space in congregate care has become increasingly challenging to secure.
- Many Probation youth placed in congregate care are subsequently transitioned into independent living arrangements as non-minor dependents. This includes participation in transitional housing placement programs operated by foster family agencies.

<u>**Data Summary for Outcome Measures**</u>

The Tables below highlight the outcome measures for Round Three and Round Four using the Quarter 4 2021 baseline and the January to December 2019 exit cohort for the Round 4 P-4 Re-entry to Care. The Areas shaded in yellow highlight the outcomes where CWS and Probation are not meeting the standard and/or are the focus areas for the SIP.

Figure 3: Santa Barbara County CFSR Summary Data (Quarter 4, 2021 – Round 3)

Santa Barbara County Summary of CFSR Data **Child Welfare Services and Probation** **Quarter 4, 2021 – Round 3**							
Measure	**Federal Standard**	**Child Welfare Services' Performance**		**CWS: Percent of Standard Met**	**Probation Performance**		**Probation : Percent of Standard**
		Percent			**Percent**		
3-S1 Maltreatment in foster care	<8.5%	5.67%		149.9%	0%		>100%
3-S2 Recurrence of maltreatment	<9.1%	8.9%		102.4%	N/A		N/A
3-P1 Permanency in 12 months (entering foster care)	>40.5%	36.3%		89.5%	33.3%		82.3%
3-P2 Permanency in 12 months (in care 12-23 months)	>43.6%	61.1%		140%	0%		0%
3-P3 Permanency in 12 months (in care 24 months or more)	>30.3%	31.7%		104.5%	0%		0%
3-P4 Re-Entry to foster care in 12 months	<8.3%	11.7%		71%	0%		0%
3-P5 Placement stability	<4.12%	3.79%		108.8%	0%		>100%

Data Extract: CWS/CMS Quarter 4, 2021

Figure 4: Santa Barbara County Summary CFSR Data (Quarter 4, 2021 – Round 4)

Measure	Federal Standard	Child Welfare Services' Performance		CWS: Percent of Standard Met	Probation Performance		Probation Percent of Standard Met
		Percent			Percent		
Santa Barbara County Summary of CFSR Data **Child Welfare Services and Probation** **Quarter 4, 2021 – Round 4**							
4-S1 Maltreatment in foster care	<9.07%	5.67%		159.9%	0%		>100%
4-S2 Recurrence of maltreatment	<9.7%	8.9%		108.9%	N/A		N/A
4-P1 Permanency in 12 months (entering foster care)	>35.2%	36.3%		103.1%	33.3%		94.6%
4-P2 Permanency in 12 months (in care 12-23 months)	>43.8%	61.1%		139.4%	0%		0%
4-P3 Permanency in 12 months (in care 24 months or more)	>37.3%	31.7%		84.9%	0%		0%
4-P4 Re-entry to foster care in 12 months (Jan-Dec 2019 exit cohort)	<5.6%	12.7%		44.1%	0%		>100%
4-P5 Placement Stability	<4.48%	3.79%		118.2%	0%		>100%

Data Extract: CWS/CMS Quarter 4, 2021

Selected Outcomes

CWS – 4-P1 Permanency in 12 Months (entering foster care)

Figure 5: 4-P1 Permanency in 12 Months (entering foster care)

Baseline 2021 Quarter 4	National Performance Outcome	Performance Related to National Outcome
36.3%	35.2%	103%

Data Extract: CWS/CMS Quarter 4, 2021

This measure looks at all children who enter foster care in a 12-month period, and tracks what percent discharged to permanency within 12 months of entering foster care. Permanency includes reunification, guardianship, or adoption for this measure. In 2016, CWS had its highest level of performance with 40.1%. Compared to the state of California as a whole, Santa Barbara County has done both better and worse over the last five years in achieving permanency in 12 months for children in care. The county's goal will be to steadily improve this measure by continuing to implement practices and services that promote timely permanency.
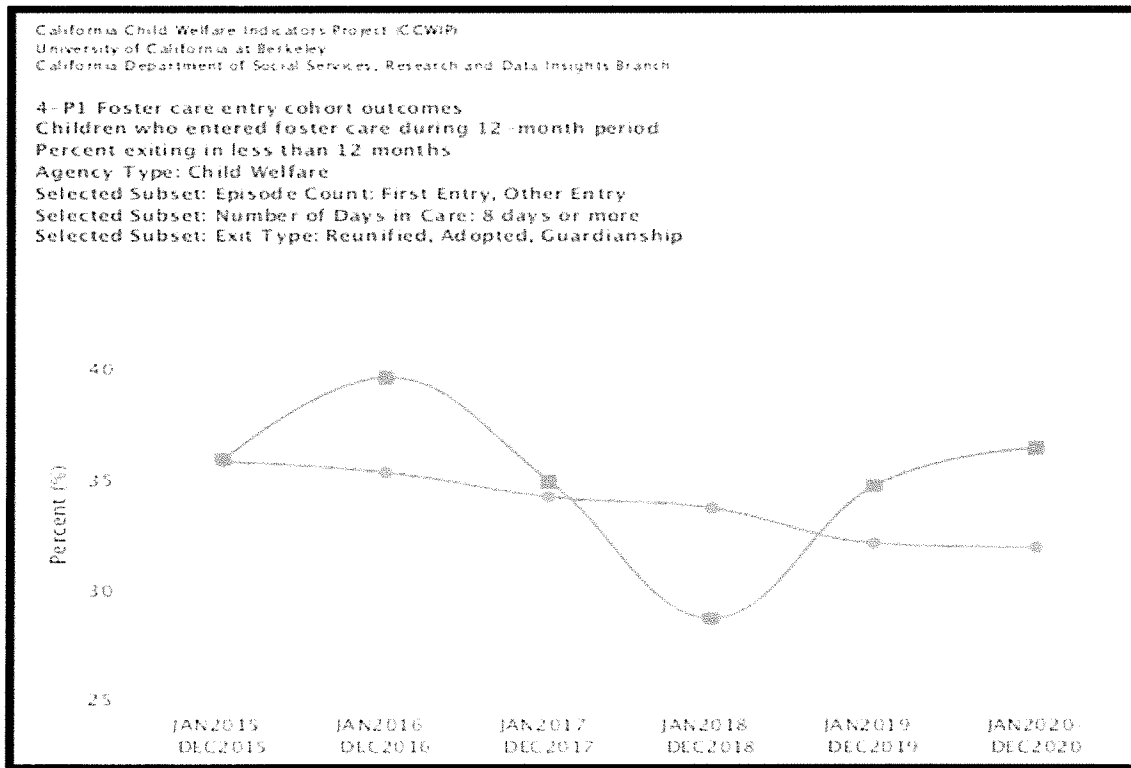
CWS – 4-P1 Demographic Analysis

Figure 6: Demographic Analysis – Permanency in 12 Months for Children Entering Foster Care

County of Santa Barbara Permanency in 12 Months for Children Entering Foster Care National Standard: >35.2% (Round 4) & >40.5% (Round 3)					
January – December	2016	2017	2018	2019	2020
Children with exit to permanency (%)	40.1	36.0	29.2	36.3	36.8
Children with exit to permanency (n)	73	63	63	89	96

Data Source: CWS/CMS 2021 Quarter 4 Extract

Figure 7: CWS 4-P1 Foster care entry cohort outcomes

4-P1 Permanency in 12 Months – Demographic Analysis

The following chart identifies permanency in 12 months for all children who entered foster care between January and December 2020. Reunification rates remained relatively consistent between 2016 and 2020, with a dip in 2018. Adoption rates within 12 months declined between 2018 and 2019-2020. This can be attributed to a backlog of adoptions due to the impacts of COVID and staffing issues in the Permanency Unit. There are also Court hearing continuances and overturned appeals due to ICWA, primarily from insufficient inquiry into Native American

heritage.

Figure 8: 4-P1 Children who entered foster care during 12-month period – Exit Status

4-P1 Children Who Entered Foster Care During 12-Month Period: Exit Status at 12 Months					
	2016	**2017**	**2018**	**2019**	**2020**
Reunified	33%	29.1%	22.7%	32.2%	33.7%
Adopted	4.9%	5.1%	5.6%	2%	2.3%
Guardianship	1.6%	0.6%	0.5%	0.4%	0.4%
Aged Out / Emancipated	0.5%	0%	0.5%	0.8%	0.4%
Other	0%	1.1%	0 %	0.8%	0%
Still in care	59.9%	64%	70.8%	63.7%	63.2%
Total	100%	100%	100%	100%	100%

Data Source: CWS/CMS 2022 Quarter 3 Extract

The following charts identify permanency in 12 months by age group and by ethnic group for all children who entered foster care between January-December 2020 (Baseline-2021 Quarter 4).

Figure 9: P-1 Permanency in 12 Months – 2021 Quarter 4 by age group

P-1 Permanency in 12 Months – 2021 Quarter 4 National Standard: >35.2% (Round 4) & >40.5% (Round 3)								
	Age Group							
	<1 mo	**1-11 mo**	**1-2 yr**	**3-5 yr**	**6-10 yr**	**11-15 yr**	**16-17 yr**	**All**
Reunified	10.3%	25%	40.5%	50%	46.3%	24.5%	13.3%	33.7%
Adopted	13.8%	0%	2.7%	0%	0%	1.9%	0%	2.3%
Guardianship	0%	0%	0%	0%	0%	1.9%	0%	0.4%
Aged Out / Emancipated	0%	0%	0%	0%	0%	0%	6.7%	0.4%
Still in care	75.9%	75%	56.8%	50%	53.7%	71.7%	80%	63.2%
Total	100%	100%	100%	100%	100%	100%	100%	100%

Data Source: CWS/CMS 2022 Quarter 3 Extract

Children who entered care between the ages of 3-5 were most likely to reunify within 12 months (50%). Children who entered care at less than one month old were most likely to be adopted at 12 months (13.8%) and also the least likely to be reunified at 12 months (10.3%).

Figure 10: P-1 Permanency in 12 Months – 2021 Quarter 4 by ethnic group

<table>
<tr><td colspan="7">P-1 Permanency in 12 Months – 2021 Quarter 4
National Standard: >35.2% (Round 4) & >40.5% (Round 3)</td></tr>
<tr><td></td><td colspan="6">Ethnic Group</td></tr>
<tr><td></td><td>Black</td><td>White</td><td>Latino</td><td>Asian/P.I.</td><td>Native American</td><td>All</td></tr>
<tr><td>Reunified</td><td>50%</td><td>47.1%</td><td>29.3%</td><td>0%</td><td>0%</td><td>33.7%</td></tr>
<tr><td>Adopted</td><td>0%</td><td>4.4%</td><td>1.6%</td><td>0%</td><td>0%</td><td>2.3%</td></tr>
<tr><td>Guardianship</td><td>0%</td><td>0.0%</td><td>0.50%</td><td>0%</td><td>0%</td><td>0.40%</td></tr>
<tr><td>Aged Out / Emancipated</td><td>0%</td><td>1.5%</td><td>0.0%</td><td>0%</td><td>0%</td><td>0.40%</td></tr>
<tr><td>Still in care</td><td>50%</td><td>47.1%</td><td>68.5%</td><td>100%</td><td>100%</td><td>63.2%</td></tr>
<tr><td>Total</td><td>100%</td><td>100%</td><td>100%</td><td>100%</td><td>100%</td><td>100%</td></tr>
</table>

Data Source: CWS/CMS 2022 Quarter 3 Extract

Black children were most likely to reunify at 12 months (50%), however their numbers are a very small percentage of the total children in this entry cohort (1.5%). White children were the next most likely to reunify (47.1%) and most likely to be adopted (4.4%) within 12 months than any other ethnic group. Latino children made up 70% of this cohort and were more likely to remain in care at 12 months than their white counterparts (68.5%).

Figure 11: P-1 Permanency in 12 Months – 2021 Quarter 4 Placement at 12 Months

<table>
<tr><td colspan="9">P-1 Permanency in 12 Months – 2021 Quarter 4
National Standard: >35.2% (Round 4) & >40.5% (Round 3)</td></tr>
<tr><td></td><td colspan="8">Placement at 12 Months</td></tr>
<tr><td></td><td>Pre-Adopt</td><td>Rel/NRFM</td><td>Foster</td><td>FFA</td><td>Group/ STRTP</td><td>Other</td><td>Missing</td><td>All</td></tr>
<tr><td>Reunified</td><td>0%</td><td>29.6%</td><td>35.8%</td><td>48%</td><td>28.6%</td><td>20%</td><td>0%</td><td>33.7%</td></tr>
<tr><td>Adopted</td><td>60%</td><td>0%</td><td>0%</td><td>0%</td><td>0%</td><td>0%</td><td>0%</td><td>2.3%</td></tr>
<tr><td>Guardianship</td><td>0%</td><td>0.9%</td><td>0%</td><td>0%</td><td>0%</td><td>0%</td><td>0%</td><td>0.4%</td></tr>
<tr><td>Aged Out / Emancipated</td><td>0%</td><td>0%</td><td>0%</td><td>0%</td><td>0%</td><td>20%</td><td>0%</td><td>0.4%</td></tr>
<tr><td>Still in care</td><td>40%</td><td>69.4%</td><td>64.2%</td><td>52%</td><td>71.4%</td><td>60%</td><td>0%</td><td>63.2%</td></tr>
<tr><td>Total</td><td>100%</td><td>100%</td><td>100%</td><td>100%</td><td>100%</td><td>100%</td><td>0%</td><td>100%</td></tr>
</table>

Data Source: CWS/CMS 2022 Quarter 3 Extract

At the 12-month mark, 41% of the children in this cohort were in a relative/NREFM placement. 30.6% of the children in a relative placement achieved permanency in 12 months while 35.8% of

children in foster homes and 48% of the children in Foster Family Agency (FFA) homes achieved permanency in 12 months. At the 12-month mark, all the children who achieved permanency in 12 months through adoption were in pre-adoptive homes, a designation that comes before an adoption is finalized. All of these homes were in one of the other categories prior to the change to pre-adoption.

Additionally, we know that the children in this cohort who achieved permanency in 12 months were:

- 32.2% female at birth and 42.6% male at birth. Males were more like to reunify timely than females (39.1% versus 29.5%). Females and males had similar rates of adoption at 2.1% and 2.6% respectfully.

Summary of 4-P1 Permanency in 12 Months

An analysis of the 2021 Quarter 4 P-1 measures tells us that children ages 3-5 were most likely to reunify within 12 months and that boys were more likely than girls to reunify within that time frame. Children who entered care under the age of one month were most likely to be adopted within 12 months, though any adoption within 12 months for this cohort was rare. Boys and girls had similar adoption rates in this cohort.

Latino children made up the majority of children who reunified due to their large numbers in this cohort, but were more likely to remain in foster care at the end of the 12 months than their other ethnic counterparts. Black and White children were more likely to reunify within 12 months than Latino children. Latino and White children made up 97% of this cohort, with Black, Native American and Asian children accounting for only 3% of this group. Over 41% of the children in this cohort were placed with a relative or NREFM at the 12-month mark. Children who were placed in an FFA home had the highest level of reunification at 12 months with 48%.

Santa Barbara County addressed the P-1 measure in the last SIP with varied success. Chronic issues such as complexity of cases, youth with higher needs, and court continuances have affected this outcome. Santa Barbara County, like every jurisdiction, was also affected in many ways by the COVID pandemic. Any number of COVID related factors like staffing levels, lack of in-person services, and an increase in the number of children entering care in 2020 have impacted this outcome. Even with these challenges, Santa Barbara County CWS is meeting the P-1 measure for the new Round 4 Performance Outcome standard. Nonetheless, this measure remains an important outcome, and CWS intends to continue focusing energy and strategies to meet this and the other permanency measures.

CWS 4-P4 Re-Entry to Foster Care

Figure 12: 4-P4 Re-entry to Foster Care

4-P4 Re-entry to Foster Care		
Baseline Jan-Dec 2019 Exit Cohort	**National Performance Outcome**	**Performance Related to National Outcome**
12.7%	5.6%	44.1%

Data Extract: CWS/CMS Quarter 4 2021

This measure looks at all children who exited foster care into permanency during the period of January 2019 through December 2019, and re-entered into foster care within 12 months of their exit. Permanency in this measure includes legal guardianship or reunification with a parent. CWS is currently performing below the federal standard by approximately 44.1%. Further analysis of this measure over a five-year period using exit cohorts (2016 through 2020) shows some fluctuation, however, CWS consistently underperforms. Since this is the first time this performance measure is based on an Exit Cohort, cohorts from 2016 to 2020 will also be examined to look for any possible trends and outliers.

4-P4 Demographic Analysis

In 2016, CWS had the highest level of performance with 6.4%. The lowest level of performance in the last six years was in 2017 at 14.7%. Looking at the data we keep in mind that the number of children that re-enter foster care is a relatively small sample, which affects overall outcomes. For this measure, the focus will be on reunification as legal guardianship accounts for a very small percentage of re-entries. In the 2019 Exit Cohort, all re-entries were children that reunified with a parent. The table below also shows the percentage of children who re-enter within 24 months of exiting care.

Figure 13: Re-entry within 24 months of exiting

Exit Year	Re-entry Percent		
	Within 12 Months	**12-24 Months**	**Within 24 Months**
2016	6.40%	5.30%	11.70%
2017	14.70%	5.80%	20.60%
2018	12.10%	7.70%	19.80%
2019	12.70%	6.80%	19.50%
2020	10.80%	NA	NA

Data Source: CWS/CMS 2022 Quarter 3 Extract

The analysis will look at Exit Cohorts from 2016 through 2020 for demographic information, including Ethnicity, Age, and Placement Type, in order to identify any disproportionality. In addition, a random sample of an equal amount of cases that did not re-enter in the 2019 Exit Cohort as those that exited will also be analyzed, as they were at risk of re-entering but did not (within 12 months). The two groups will be compared, "Random Sample" and "2019 Reentries" to review any differences or similarities to determine what can be done to decrease the re-entry rate. We examined a Random Sample to identify any possible differences in the cases that did not re-enter in 12 months.

Foster Care Exits

The figure below shows all foster care exits by Exit Type for the 2016-2020 Exit Cohorts. In 2016, more children exited foster care through Adoption. This amount decreases as time goes on, as a higher amount of foster care exits occur through Reunification in more recent years.

Figure 14: Foster Care Exits by Exit Type – 2016-2020 Exit Cohorts

Permanency Type	Exit Percent					
	2016	2016	2017	2018	2019	2020
Reunification	35%	34.90%	39.60%	41.40%	50%	63.40%
Adopted	46%	45.80%	40%	40%	28.80%	24.70%
Kin-Gap	.84%	0.80%	0.40%	0%	0%	0.40%
Other Guardianship	2.5%	2.50%	6.50%	3.30%	0.80%	3.50%
Aged Out/ Emancipated	15%	15.10%	11.70%	13.80%	19.10%	6.20%
Other	.84%	0.80%	1.70%	1.40%	1.30%	1.80%
Total	100%	100%	100%	100%	100%	100%

Data Source: CWS/CMS 2022 Quarter 3 Extract

2019 Exits

Between January 1, 2019 and December 31, 2019, approximately 250 children exited foster care in Santa Barbara County. Of those children that exited care in 2019:
- 50% reunified or went into guardianship
- 28.8% children were adopted
- 19.10% children reached age of maturity
- .8% went into "Other Guardianship"
- 1.3% were listed as "Other"

2019 Exit Cohort (Reunification)

The information below was gathered from Safe Measures, which lists fewer children that reunified in 2019 than CCWIP shows. These children likely exited via guardianship but are not captured in Safe Measures. The number is not substantial and likely did not impact the outcome measure.

Of all the children who exited foster care in 2019 through reunification, the average time spent in care was 278 days. The earliest episode of foster care entry was 6/1/2017 and the last exit was 12/18/2019. The shortest placement episode was 3 days, with the longest being 674 days.

2019 Re-Entry Following Reunification Analysis

Of the children that exited through reunification in 2019, 12.7% of children re-entered into foster care within 12 months of their exit. These children's first entries into foster care were between March 16, 2018 and November 2, 2019. The average amount of days that children who re-entered spent in foster care during their first entry is 228 days, with the longest amount being 606 days and the shortest being 4 days.

Of the children who did not re-enter, few exited into permanency in Legal Guardianship, with all others reunifying with a parent/caregiver. These children's first entries into foster care were between June 1, 2017 and October 26, 2019. The average amount of days spent in foster care for children that did not re-enter is 286 days, with the longest amount being 674 days and the shortest being 3 days.

Figure 15: Days Spent in Foster Care

1st Placement Episode	2019 Reunification Exits	2019 Reentries Following Reunification	2019 Reunifications with no Re-entry
Shortest Days In Care	3	4	3
Longest Days in Care	674	606	674
Median Days in Care	278	228	286

Data Source: Safe Measures 1/9/23

Re-entry Demographic Analysis Ethnicity

The following chart identifies foster care re-entry by Ethnic Group for all children who exited foster care between January 1, 2019 and December 31, 2019 and re-entered within 12 months of their discharge.

Figure 16: 2019 Reentries by Ethnic Group

2019 Reentries By Ethnic Group					
	Percent				
	Black	**White**	**Latino**	**Asian / PI**	**Native American**
Re-entered in less than 12 months	0%	12.5%	14.5%	0%	0%
No re-entry within 12 months	100%	87.5%	85.5%	100%	100%
Total	100%	100%	100%	100%	100%

Data Source: CWS/CMS 2022 Quarter 3 Extract

The following chart compares foster care re-entry within 12 Months by Ethnic Group for the years 2016 through 2020. For example, of all White children that exited in 2016, 9.4% re-entered into foster care within 12 months.

Between 2016 and 2020, there have only been White and Latino foster care reentries.

Figure 17: 2016-2020 Reentries by Ethnic Group

2016-2020 Reentries By Ethnic Group					
	Re-entry Percent of Total Population in Exit Cohort				
	Black	**White**	**Latino**	**Asian / PI**	**Native American**
2016	0%	9.4%	5.9%	0%	0%
2017	0%	3.7%	20.6%	0%	0%
2018	0%	4%	16.9%	0%	0%
2019	0%	12.5%	14.5%	0%	0%
2020	0%	10%	11.5%	0%	0%

Data Source: CWS/CMS 2022 Quarter 3 Extract

Age

The chart below shows foster care exits by age for the 2019 Exit Cohort. There are fewer children ages 16-17 and under 1 that re-enter foster care within 12 months. There are fewer children Under 1 that exit foster care through reunification, and children ages 16-17 are likely to reach the age of maturity within the 12-month period. More children ages 6-15 re-entered than younger children under age 5.

Figure 18: 2019 Exits by Age

2019 Exits By Age						
	Percent of Age Group					
	Under 1	Age 1-2	Age 3-5	Age 6-10	Age 11-15	Age 16-17
Re-entered in less than 12 months	11.1%	14.3%	7.4%	16.7%	21.4%	0%
No re-entry within 12 months	88.9%	85.7%	92.6%	83.3%	78.6%	100%
Total	100%	100%	100%	100%	100%	100%

Data Source: CWS/CMS 2022 Quarter 3 Extract

The chart below shows reentries by age for the years 2016-2020. For example, of all the children ages 1-2 that exited in 2016, 9.1% re-entered into foster care within 12 months.

Figure 19: 2016-2019 Exits by Age

	2016-2019 Exits By Age					
	Re-entry Percent of Total Population in Exit Cohort					
	Under 1	Age 1-2	Age 3-5	Age 6-10	Age 11-15	Age 16-17
2016	0%	9.1%	4.8%	14.3%	0%	0%
2017	12.5%	10%	5.9%	20%	20%	14.3%
2018	12.5%	0%	19%	4.5%	17.4%	16.7%
2019	11.1%	14.3%	7.4%	16.7%	21.4%	0%
2020	0%	6.7%	6.7%	17%	12.5%	0%

Data Source: CWS/CMS 2022 Quarter 3 Extract

Placement Type

The following chart identifies the placement types for all children in the 2019 Exit Cohort, which includes all children who exited through reunification. These are the placements the children were in prior to reunifying with their parents.

Figure 20: 2019 Exit Cohort

	Relative/NREFM	RFA	FFA	Group Home / STRTP	Pre Adopt / Other
2019 Exit Cohort					
Re-entry	6%	21.2%	14.8%	16.7%	0%
No Re-entry	94%	78.8%	85.2%	83.3%	100%
Total	100%	100%	100%	100%	100%

Data Source: CWS/CMS 2022 Quarter 3 Extract

In the 2019 Exit Cohort (children that exited through reunification), 6% of children in Relative Placements re-entered into foster care, 21.2% of children in resource family homes re-entered, 14.8% of children in foster family agencies returned, and 16.7% of children in group homes/STRTPs re-entered.

The chart below shows the proportion of reentries based of the total population in each placement type. From 2016 to 2020, an average of 11% of children placed with a relative re-entered into foster care, compared to approximately 25% placed in a non-relative foster home. Therefore, children placed in a non-relative foster home are more likely to re-enter than those placed with a relative.

Figure 21: Percent of Reentries in Placement Type

Placement Type	Percent of Reentries in Placement Type					
	2016	2017	2018	2019	2020	Average
Relative	8%	17.2%	9.8%	6%	12.9%	11%
RFA	6.1%	11.1%	16.7%	21.2%	5.3%	12%
FFA	6.7%	13%	9.1%	14.8%	20%	12.72%
Group/STRTP	0%	0%	25%	16.7%	0%	8%
Pre Adopt	0%	0%	0%	0%	0%	0%

Data Source: CWS/CMS 2022 Quarter 3 Extract

Review of 2019 Reunification Cases

In addition to the re-entry cases, we examined the same amount of cases of children that did **not** re-enter into foster care in the same exit cohort to gather an adequate representation of the cases that exited care in 2019. These cases were selected using a random number generator. We looked at the combined cases to determine any trends or themes that put children more at risk for re-entry into foster care than others. These cases consisted of children of various ages, placements, demographics, and at different points in their dependency case status.

Of the Non Re-Entry Cases,

- Placement:
    - 53% were placed in a Foster Family Agency home, 20% were placed in a community Resource Family Home, and 26% were placed with a relative.
- Ethnicity:
    - 20% were White, 53% were Latino, 13% were Black, 6% were Native American, and 6% were Asian/Pacific Islander.
- Age:
    - 53% were between the ages of 0-3, 46% between ages 4-10, and 6% ages 11-17.

The cases are similar to those that re-entered, and it was difficult to identify measurable difference between the two groups.

- Based on the contact frequency, the children were all seen approximately one time each month, unless there was an active referral being investigated, in which they were seen more than once during the investigation.

- The Structured Decision Making (SDM) tools were seldom used, and if used were not completed timely before a major decision about reunification or case dismissal was made.
    - The SDM Reunification Assessment was completed for 26% of the Non Re-Entry cases, and 13% for the Re-Entry group.
    - The SDM Safety Assessment at case closure was completed for 20% of the Non-Re-Entry group, and 20% for the Re-Entry group.
    - SDM Risk and Safety Assessments were completed for investigations that occurred during the cases.

- The average change in Worker Assignment during the life of the case for the Re-Entry group was 4.9, while the average change for the Non Re-entry group was 4.2.
- The Re-Entry group had an average of 1.3 Child and Family Teams (CFTs) during their case, while the Non Re-Entry group had an average of 1.8.
- The average amount of CWS referrals made during the dependency case for the Re-entry group was 3.2, and the average for the Non Re-Entry group was 3.4.
- The average amount of CWS referrals made prior to the child's initial removal for the Non-Re-entry group was 3.2 referrals, and 5.6 for the Re-Entry group.

33% of the cases did in fact re-enter within 24 months.

Dependency Case Status

This chart reflects when a child in the Exit Cohort returned to their parent's care after their first foster care entry. If the child was returned at or prior to the Disposition hearing, the parent did not receive Family Reunification services. In reviewing this data, there does not appear to be an obvious correlation between how many months of Family Reunification services a parent received before the child returned home and if the child re-entered into care.

Figure 22: Length of Family Reunification Services

Length of Family Reunification Services					
	Dispo (no FR)	6 Months	9 Months	12 Months	18 Months
Re-entry	40%	13%	0%	33%	13%
No Re-entry	27%	47%	13%	13%	0%
Total of both groups	33%	30%	6%	23%	6%

Data Source: Safe Measures 1/9/23

The following chart reflects how many months of Family Maintenance services the family received before either their case was dismissed or the child re-entered. The majority of No Re-entry cases in the random sample were in Family Maintenance for six months. The Re-entry cases were in Family Maintenance for less than seven months. There does not appear to be an association between length in Family Maintenance and likelihood of re-entering into foster care.

Figure 23: Length of Family Maintenance Services

Length of Family Maintenance Services					
	0- 6 Months	6 Months	6-9 Months	12 Months	18 Months
Re-entry	53%	40%	6%	0%	0%
No Re-entry	13%	60%	6%	20%	0%
Total	33%	50%	6%	10%	0%

Data Source: Safe Measures 1/9/23

Removal Characteristics for Re-entry

In the 2019 Exit Cohort, children who re-entered foster care did so within a short time of reunifying or the termination of their dependency case. Children with open cases were in Family Maintenance for less than seven months, and those that had their cases closed re-entered within

six months. The average time between foster care episodes was 143 days. The shortest period before re-entry was 39 days and the longest 342 days.

Removal after dismissal: 33% of the children that re-entered were removed after their case was dismissed. These children reunified with a parent and an incident of maltreatment occurred after their dependency was terminated and Child Welfare Services ended their involvement with the family.

Removal in Family Maintenance After Successful Family Reunification: 27% of the Re-Entries were in the care of their parent while they were receiving Family Maintenance services, after successfully participating in Family Reunification services.

Removal During Initial Family Maintenance: 40% of the Re-Entries were removed and placed into foster care; however, at or prior to the Disposition hearing, the children were returned to their caregiver into Family Maintenance, and the parent did not receive Family Reunification services prior to reunifying.

Placement Count

For the 2019 Re-entry Exit Cohort, 47% of children were only in one placement prior to reunifying with a parent, 47% who were in two placements prior to reunification, and 6% who were in three placements prior to exiting foster care. This is comparable to the Non-Re-entry cases, and does not seem to indicate that Placement Count has impacted the likelihood of re-entry in Santa Barbara County.

Figure 24: Placement Counts

Placement Counts					
	1	**2**	**3**	**4**	**5+**
Re-entry	47%	47%	6%	0%	0%
No Re-entry	47%	33%	6%	6%	6%
Total	47%	40%	6%	3%	3%

Data Source: Safe Measures 1/9/23

Prior Involvement with Child Welfare Services

This factor describes the amount of CWS investigations and referrals for a family prior to the child's initial removal. This figure represents referrals listing a parent as a perpetrator and includes allegations against the child, and/or the sibling of the child that was removed.

Figure 25: CWS Referrals Prior to First Removal

CWS Referrals Prior to First Removal					
	1	**2**	**3**	**4**	**5+**
Re-entry	40%	6%	0%	6%	47%
No Re-entry (Random Sample)	20%	20%	27%	20%	13%

Data Source: Safe Measures 1/9/23

This chart shows the referrals that CWS received during the child's case (prior to their re-entry for the Re-entry Group). We looked at this measure to understand if there were differences between the two groups related to how many investigations occurred during their case. There does not appear to be a strong correlation between investigations before a child was removed and during the life of a case and risk of re-entry.

Figure 26: CWS Referrals During Case/Prior to Re-entry

CWS Referrals During Case/Prior to Re-entry					
	0-1	**2**	**3**	**4**	**5+**
Re-entry	40%	20%	20%	0%	20%
No Re-entry (Random Sample)	53%	0%	6%	0%	40%

Data Source: Safe Measures 1/9/23

This measure includes any previous case history, Voluntary or Court, for the child or the child's sibling(s), where a parent received case management services through CWS. These are cases that occurred prior to the children's time in foster care that they exited from in 2019. This compares if a household with prior case history affected the likelihood of re-entry. There were more reentries with prior case history, indicating we may need to pay closer attention to families with previous cases. These are small sample sizes, but it gives an idea of who may be at higher risk of re-entry.

Figure 27: CWS Case History

CWS Case History		
	Yes	**No**
Re-entry	60%	40%
No Re-entry (Random Sample)	27%	73%

Data Source: Safe Measures 1/9/23

CWS Case History for 2019 Reentries:
- For 40% of children, this was their family's first CWS case.

- 13% had a Voluntary Family Maintenance case prior to their dependency case.
- 20% had previous dependency cases
- 47% had a parent that had a previous dependency case for the child's sibling

P4 – Foster Care Re-entry Summary

CWS is choosing to focus its efforts on this performance outcome as we consistently underperform in this area. This is an important issue, as a child should safely remain with their caregivers once they exit foster care, especially after CWS recommended the child could safely remain in their care. There is also concern that re-entry within 24 months is around 20% over the last few years. This is a significant percentage and requires attention. In the analysis of the randomly selected non-re-entry cases from the 2019 Exit Cohort, several of these children have re-entered foster care after the 12-month period of exit.

A sample size of non-re-entry cases was chosen to compare to the re-entry cases to understand if there were any noticeable case elements that affected the risk of re-entry for children that exited into reunification. In the future, we may use as larger sample size to obtain a more accurate set of data to compare reentries versus no reentries. However, with the information gathered, there were no substantial differences between the two groups that provide strong indicators of factors that impact likelihood of re-entry. It was observed that the re-entry group had more children with households that had prior CWS case history than those that did not re-enter.

After completing an initial review of the 2019 Exit Cohort and re-entry cases, there are several factors to consider which may contribute to children re-entering foster care in Santa Barbara County. Demographics such as length of time in care, placement types, placement counts, CWS History, and SDM completion rates were analyzed. White and Latino children account for all the reentries within 12 months from 2016-2020, however, this is not necessarily disproportionate as White and Latino children make up the majority of children in foster care in Santa Barbara County and also the general child population. It was noted that children placed with relatives are still less likely to re-enter than those placed in non-relative foster homes.

When looking at the specific re-entry cases, the length of time in foster care varies; however, most of the children had open Family Maintenance cases at the time of their re-entry, and those that returned after their case closed did so within a short amount of time. As to the children who were at risk of re-entering – all those who exited in 2019 – the median days in care for children that did not re-enter within 12 months was higher by about 21% than those who did re-enter. The average days in care for those who re-entered was 18% lower compared to the exit cohort as a whole.

After this review of data, it is difficult to determine which group is significantly more at risk of re-

entering. Therefore, efforts will be targeted toward the children who appear to be at risk of re-entering – those that have reunified with a parent and receive Family Maintenance services. In this SIP cycle, efforts will focus on increasing family preservation services when a child reunifies. By providing more support to families when children are returned home, we can decrease the number of children who re-enter care. The goal is to be more involved with the family and stay aware of any concerns that may arise. There must be sufficient assessment of the family's needs in order to address safety concerns and strengthen the parents' protective capacities. This will happen by accurate and timely Risk, Safety, and Reunification Assessments using the Structured Decision Making (SDM) Tool, restructuring the Family Maintenance program and doing in depth analysis of all re-entry cases so that any areas needing improvement can be discovered and addressed.

CWS would like to ensure that we are meeting the needs of families who successfully reunify so that the children will remain in the home. Once a child returns home after being placed in foster care, the current standard is to visit with the child and parents in the home at least once a month to meet contact requirements pursuant to CDSS MPP Division 31-320.4 and outlined in the family's case plan. However, there are opportunities to provide additional supports to families in reunification to maintain child safety by implementing key aspects of intensive family preservation services. Santa Barbara County has already implemented two programs that model intensive family preservation services – Family Drug Treatment Court (FDTC) and Voluntary Family Maintenance (VFM). These services are offered to parents with the goal to increase the likelihood of reunification (FDTC) and keep the child in the home (VFM). These programs are often considered successful in outcome measures related to recurrence of maltreatment and timely reunification. CWS intends to implement some aspects of these two programs into the Court Family Maintenance cases. Ultimately, the goal is that when children return home to their caregivers, the family is provided the best opportunity to maintain safety in the home. This will hopefully be achieved by standardizing the Family Maintenance program.

The evaluation of SDM Measures for the 30 cases reviewed demonstrates low completion rates as many of these assessments are missing for cases. Additional training and oversight of SDM use will be provided to staff to ensure proper completion of the assessments so that we can be vigilant when considering reunifying a child or closing their case. Accurate and consistent assessments will decrease the number of children that return home without adequate services and support in place and allow CWS to address safety concerns prior to reunification or closing. Ultimately, we will incorporate SDM assessments into the development of the updated Family Maintenance program.

Lastly, CWS plans to implement a critical incident type review when a child re-enters foster care through a "Lessons Learned" group meeting. We hope to take these incidents as an opportunity to learn and better our practice.

Probation – P-1 Permanency in 12 Months

4-P1 Permanency in 12 Months (entering foster care)

Baseline 2021 Quarter 4	National Performance Outcome	Performance Related to National Outcome
33.3%	35.2%	94.6%

Data Extract: CWS/CMS Quarter 4, 2021

In looking at establishing permanency within 12 months and recognizing a recent increase in youth under Probation supervision in out-of-home placement, Probation has identified the need to mitigate the use of out-of-home placement. To accomplish this, Probation will expand the CFT process beyond the mandated placement population and include all youth who are identified as at risk of out-of-home placement. To achieve expansion of the CFT process it will be necessary to collaborate with agency and community partners more effectively to identify gaps in service provision and develop a more comprehensive system of care in the areas of mental health, substance abuse, trauma informed treatment, school connectedness, and parental education and support. As outlined below, Probation's placement numbers are low and while the performance is close to federal compliance standards for reaching permanency within 12 months, it is a statistically insignificant performance measure. However, due to a recent increase in placement youth, Probation understands the need for continued efforts to maintain those standards.

The P-1 Permanency in 12 Months measure captures the number of probation supervised youth who entered foster care during the timeframe of January 1, 2020 to December 31, 2020, and who realized permanency within a year of entering foster care. The data used to determine the outcome for this measure was pulled from Quarter 4 of calendar year 2021; October to so we December 2021, but includes information from cases entering care starting in February of 2019. Probation chose this measure as the number of youth reunifying or attaining some other permanent arrangement within 12 months has historically remained below the Federal standard despite a focus on limiting the use of placement and expediting the return from care.

The updated Round 4 Federal compliance standard for this measure is 35.2 percent. While the Probation Department's performance is close at 94.6 percent of the new standard, this number is not statistically significant as the total population of youth exiting to permanency in the timeframe indicated is very small. However, this 33.3 percent still represents a 36.7 percent increase relative to the baseline of the previous 2017 CSA where only 23.8 percent of the youth returned from foster care into a permanent arrangement of reunification, adoption, or guardianship within one year.

The number of youth in out-of-home care in recent years has been extraordinarily low, and thus data collected would not be considered statistically significant, even when federal standards are

met or exceeded. As of January 1, 2023, the placement population has doubled compared to the Quarter 4 2021 population of youth in care, but even when doubled it does not represent a significant population. However, it remains important to focus on mitigating the need for out-of-home placement, and when necessitated, to support permanency within 12 months, regardless of the number of youth affected. Further, through the Continuum of Care Reform legislation and FFPSA requirements, as counties implement related practices and strategies, Probation anticipates continued improvement in this measure as efforts toward compliance are focused on empowering families, bolstering local treatment options, working with residential programs to provide necessary interventions and services within shorter periods, discharging youth to local programs once stable and prepared, and intensive aftercare treatment opportunities to ensure successful returns to their homes.

Probation youth are most likely to reunify with a parent or guardian following their time in foster care. Adoption and guardianship are not permanent arrangements that typically apply to Probation youth even though they are legally available. In some cases, relatives have pursued guardianship on their own, usually before foster care is considered and often as the result of a pre-existing effort or arrangement they had with a youth's parent. In recent years, if Probation youth do not return home to a parent or guardian, they are likely to transition into an independent living arrangement as they attain adulthood. Many will become Non-Minor Dependents, and some will enter into a Transitional Housing Placement Program. In the case of the latter, some youth will remain with a private licensed provider but will move from congregate care into the same provider's own Foster Family Agency programs as a step-down. Currently, only 20% of youth are placed in congregate care. Thus, Probation has recently had greater success in identifying relative placement opportunities and even resource homes than in years past. While these placements are attained on a case-by-case basis, the use of SB 163 wraparound services in conjunction with Probation support and supervision, have allowed Probation to partner more successfully with relatives to provide the structure for youth. Essentially, extended family appear more open to providing placement for youth, given these extra supports and the spirit of the wraparound approach. Further, since the addition of more wraparound space based on FFPA's inclusion of aftercare spots, the local wraparound program has not been at capacity and thus youth and families have even greater access to supportive services. The strategies to be implemented for this plan will further ensure the framework is in place for youth and families to identify and access additional networks of support to create transition plans for youth as well as possible avenues of respite care for parents.

Youth involved in the delinquency system may be placed into a foster care program to address their own myriad needs while also being removed from a home environment that may be unstable, unstructured, or even unsafe. The mix of delinquency and dependency reasons for removal to care results in youth being placed and treated for a wide range of needs and challenges. Relative caregivers for delinquent youth have been historically difficult to secure and which resulted in most Probation youth being placed into congregate care programs. Currently

this is not the case, and it is noted several of the current youth are in relative and non-relative placement settings which originated while under the dependency court. It is also noted, in several instances in which placement was necessitated, though the youth recently displayed behaviors that have manifested in delinquent behavior, the need for that placement was due in large part to the parent(s)' inability or unwillingness to care for the youth despite services provided, or the absence of an identified guardian. Thus, while the delinquency needs to be addressed, absent these factors, the youth would remain in the home with supportive services rather than being placed. Essentially, the lack of a capable or willing guardian manifesting while the youth is also displaying delinquent behaviors is often a substantial part of the reason placement is necessitated, rather than it being solely due to the youth's delinquency. This has been a supporting factor in continued efforts to secure placement for youth with relatives, non-relatives, and foster settings that allow youth to receive rehabilitative services in a home environment that aids in their ability to take advantage of these services and supports, often in their communities.

Probation's future efforts will emphasize increasing agency collaboration with the establishment of CFTs for youth identified as at risk for removal to further mitigate the need for out-of-home placement. When that need cannot be mitigated, Probation will continue to pursue relative and non-relative placements as well as other small foster care settings, seeking congregate care only when those options are exhausted or in rare situations where the youth's mental health needs exceed what can be provided in a home-based setting. Disposition recommendations favoring placement will continue to speak to the specific treatment needs of each youth and will identify the type of setting that is best suited to meet the youth's specific needs. In so doing, Probation will communicate the need to reserve placement programs for circumstances that require a short- term, high level intervention as intended by current reform efforts. Probation anticipates that participants in a youth's delinquency case will acclimate to the use of placement as a short-term treatment program. At the time of placement, the youth and family will have been repeatedly exposed to the benefits of the Child and Family Team (CFT) process with its extension to those identified as at risk of out-of-home placement, and ideally that framework will easily be adapted to shift the focus to success in the placement setting and toward successfully reunification within one year.

Through the Peer Review process, the CSA identified a number of strengths that Officers and other Probation staff working with placement youth and programs possessed. Among them were experience, relationships and engagement with youth and families, conducting CFTs that are youth led and incentivized for participation, and utilizing CFTs at decision points. Thus, the successful use of CFTs for youth in placement demonstrates just how effective the implementation of CFTs can be upon youth being identified as at risk for out-of-home placement to both mitigate the need for out-of-home placement, and when necessary, to aid in a timely return home or to another appropriate living arrangement.

The same process identified challenges for Probation Officers and staff working with youth in

placement. Among them were lacking family engagement with the youth, the placement staff, and the DPO, even when transportation was offered to help facilitate engagement. Also noted was limited success in family finding and resource homes for youth. Further, specific drug and alcohol treatment was noted to be limited or lacking for youth in placement. Lastly, there was a recognition of the positive support "wraparound" services provide, but a need for similar services for extended periods when these youth return to the community.

The process recommended that Probation continue to work towards increasing family engagement at all levels with everyone involved with the youth and including while youth are placed outside of their homes. Further, continued efforts to secure relative and non-relative placements were strongly encouraged, while it was noted this can be challenging for youth under probation supervision. It also noted the need for drug and alcohol counseling services to be provided prior to their return to the environment in which the abuse occurred to strengthen their coping skills and to supplement other services provided while in care. Lastly, it was also suggested wrap around services be provided for longer extended periods to fully support youth as they transition home and into adulthood.

Strategy Rationale

Child Welfare Services
Outcome Measure – P1 Permanency in 12 Months

Goal: Address cultural barriers to timely permanency.

A promising approach to family engagement, permanency, and values integration involves the use of cultural brokers. Cultural brokers increase the overall well-being for children, youth, and families by providing culturally sensitive support that will assist families with navigation through various agencies and programs. They provide brokering, advocacy, and support to families that are involved in child and family serving programs. Cultural brokers can decrease the likelihood of cultural misunderstandings between families, caseworkers, and service providers, and reduce the rates of disproportionality and disparity that exist in the child and youth serving system of care. Cultural brokers are utilized to empower families regardless of race, ethnic background, or economic status so that their own strengths and capacities are supported and developed. In addition to their direct work with families, cultural brokers also advocate for broader systematic changes to reduce disproportionality and disparities that exist within child and family serving programs.

Cultural brokers receive extensive training in child welfare, probation, and/or behavioral health systems, cultural humility, and community partnerships. Ideally, cultural brokers are of the same culture as the family or have an extensive knowledge base of the family's culture.

Knowledge and expertise in these specialized areas greatly enhance efforts to ensure that families from diverse backgrounds receive effective and appropriate services, support, and advocacy. Cultural brokers typically have a wide range of educational experience, but most importantly have the trust of the community they are representing. Cultural brokers support families in a variety of ways, including linking the family with local supportive resources, assisting with team meetings, encouraging the family to work with the case manager, or attending court with the family. Cultural brokers work to increase the quality of the relationship between agencies and the families it serves, so that better outcomes are achieved for the families. Additional activities or roles that a cultural broker may engage include, but are not limited to: transportation, attending appointments, attending court hearings, crisis intervention and home visitation.

The National Center for Cultural Competence (Georgetown, 2004)[1] emphasizes the importance of the following principles when implementing a cultural broker program:

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[1] Georgetown University (2004), Bridging the Cultural Divide in Health Care Settings: The Essential Role of Cultural Brokers; https://nccc.georgetown.edu/culturalbroker/2_role/index.html

- Honor and respect cultural differences in communities
- The community defines their own needs
- Services are safe, confidential, and respectful
- Services are delivered in non-traditional and flexible ways that meet the needs of the community and cultures
- Transfer of knowledge between service providers and communities

Strategy #1: Establish cultural brokers for the community members who speak Mixteco.

Rationale: The need for cultural brokers has been a repeated trend in the peer reviews and stakeholder meetings. Currently, there is no tracking mechanism in place for Mixteco speaking clients due to CWS/CMS system limitations; however, the county intends to create a tracking mechanism to collect more comprehensive data regarding this population.

As stated above, there are limitations in the CWS/CMS system's ability to extract data for Mixteco speaking clients. Santa Barbara County CWS ran a point in time case roster on February 1, 2023, and conducted a hand-count of Mixteco speaking families. As of that date, there were 26 open cases that have a family member who speaks Mixteco in the Emergency Response (ER), Family Reunification (FR), and Family Maintenance (FM) service components out of 205 open ER/FR/FM cases. These 26 cases represent almost 13% of the open cases in ER, FM and FR on February 1, 2023.

It is estimated that the Mixteco speaking population in Santa Barbara County is approximately 25,000 (Data source: https://mixteco.org). Santa Barbara County as a whole has a population of 448,229 (Data source: https://www.census.gov/quickfacts/santabarbaracountycalifornia). This means that Mixteco speaking individuals make up about 6% of Santa Barbara County's population.

Action Steps:
- Research successful cultural broker practices and choose a model to follow for Santa Barbara County CWS.
- Meet with community organizations specializing in working with the Mixteco and other indigenous language speaking populations. Establish partnerships with these agencies to plan for the cultural broker program. Gather information on the needs of this population and how CWS can better serve the Mixteco speaking residents.
- Establish any contracts or other business partnerships needed to execute the cultural broker program.
- Initiate the cultural broker program, including staff training on the process and purpose of the program.
- Employ CQI methods to determine the effectiveness of the program. CQI methods will include establishing a tracking system for all Mixteco speaking families who have an open case with

CWS and monitoring their outcomes. The families who receive these services will also be surveyed about their satisfaction with the program. Feedback will also be sought from the community organizations that work with these families.

- Make any changes to the cultural broker program as suggested by the CQI findings.

Roles of other partners in achieving this strategy:

- Partner with local agencies who can provide culturally relevant services.

Goal: Increase the number of children achieving timely permanency by increasing engagement and placement with relatives.

Strategy 2: Improve family finding and engagement practices.

Rationale: Stakeholders have repeatedly stressed the importance of increasing permanency connections and safety and support networks by finding and engaging more family members who can provide support to the family now and in the future. Santa Barbara County has made great strides during the current SIP period to identify and implement practices that increase permanent connections. The action steps described below will expand on current efforts and increase the number of children that attain permanency. Santa Barbara County will achieve this by enhancing policies, practices, and efforts for family finding, support, and engagement through organization-specific assessments of quantitative and qualitative data related to permanency outcomes and operations, strengthening trauma-informed permanency practices, and workforce development and training.

The California Department of Social Services (CDSS) and the University of California, Davis (UC Davis) are launching The Center for Excellence in Family Finding, Engagement and Support to support efforts to keep children and youth linked with their family members. The Center will provide statewide culturally appropriate training and technical assistance to county child welfare and probation departments, participating Tribes, and foster care providers to enhance their practices, policies, and efforts for family finding, support, and engagement. CDSS will support participating counties, Tribes, and non-profit community-based organizations in the specialized efforts for family finding, engagement, and support. Children placed with kin are shown to have greater placement stability, fewer emotional and behavioral problems, and more connections to their biological families and social-cultural communities, and in the case of Indian children, their Tribes.

In the state of California, since 2017, there was a 20% increase in youth that have a first placement with a relative or extended family member. There was an 11% increase in youth whose predominant placement is with a relative or extended family member. Since 2017, 72% of youth that had their first placement with a relative and are still in care at 12 months are still with that relative or extended family member. By contrast, 24% of youth with a first placement with a non-

relative who are still in care 12 months later are still with that non-relative. (Source: UC Davis, Center for Excellence in Family Finding, Engagement and Support, Fiscal Essentials Webinar, 2022.)

In Santa Barbara County, the predominant placement episode with a relative increased by 26% from 2015 (20.5%) to 2021 (46.5%). A predominant placement type is the placement type category that comprises more than 50% of the days spent in foster care during a placement episode. If no placement type comprises more than 50%, the placement type category 'mixed' is assigned.

Figure 28: Predominant Placement Type

Predominant Placement Type							
	2015 %	2016 %	2017 %	2018 %	2019 %	2020 %	2021 %
Relative / NREFM	20.5	23.6	42.7	43.6	46.2	48.4	46.5
Foster	30.5	33.5	21.7	25.7	30.7	29.8	36.3
FFA	29.1	23.6	26.1	17.9	17	15.8	10.7
Group / STRTP	3.3	1.2	2.5	2.2	1.4	2.3	1.9
Guardian	2	6.2	1.3	0.6	1	1	0.9
SILP	4	5	2.5	0.6	0.5	0.5	0.5
Other	0.7	0.6	0	1.7	2.4	0.9	1.4
Mixed	9.9	6.2	3.2	7.8	1.9	2.3	1.9
Total	100	100	100	100	100	100	100

Data Source: CWS/CMS 2022 Quarter 3 Extract

The first placement type is the placement type selected on the first day of the placement episode. These numbers for relative/NREFM placements have remained relatively consistent with a slight increase in 2020.

Figure 29: First Placement Type

First Placement Type					
	2017 %	2018 %	2019 %	2020 %	2021 %
Relative/NREFM	28.5	27	26.7	33.3	29.4
Foster	19.6	32.4	30.8	35.2	47.9
FFA	45.8	35.6	38.9	28	19.3
Group, Shelter	5	4.1	3.6	1.9	-
Other	1.1	0.9	-	1.5	3.4
Total	100	100	100	100	100

Data Source: CWS/CMS 2022 Quarter 3 Extract

Action Steps:
- Research successful family finding and engagement models and design one that fits Santa Barbara County's needs
- implement the necessary changes to the existing family finding and engagement structure and practices
- Train staff on the family finding and engagement practices
- Employ CQI efforts to determine the effectiveness of the program and make any necessary changes for improvement. This will include tracking outcomes over time for CFSR Case Review items 9 & 10 and CFSR measure 4B

Roles of other partners in achieving this strategy:
- The Center for Excellence in Family Finding, Engagement, and Support will provide resources and training

<u>Goal</u>: Reduce the number of children who re-enter foster care through in-depth, structured case reviews.

Santa Barbara County wants to continue the support of children and caregivers once the families reunify and children return home. In line with the Core Practice Model foundational behaviors and practices, we strive to hold ourselves accountable and take responsibility for mistakes and stay committed to improving the lives of the families served by CWS. It is important to create a learning environment in which mistakes are viewed as opportunities to learn and develop new skills. The goal is to evaluate the current practices to determine how to best meet the needs of families in Family Maintenance.

A comprehensive review process of the characteristics of the Exit Cohorts in which there are reentries will be developed. This will include a "Lessons Learned" case review when a child re-enters care. At the end of each year, a review will be conducted of the Exit Cohorts to look at the cases that did and did not re-enter to identify themes that contributed to children's foster care status. Upon completion of this review, the information gathered will be used to recommend policy and procedure changes regarding capacity, quality of services, and resources to support children in the home.

<u>Strategy 3</u>: Create a "Lessons Learned" case review process for all re-entry cases.

<u>Rationale</u>: When a child re-enters foster care, there is opportunity for learning and growth. Critical incident reviews help to identify unsafe situations that can promote knowledge and prevent the circumstances from occurring again. The goal is to create a supportive, nonjudgmental process that includes the CWS staff and other important partners to address barriers and strengthen case practice. The plan is to create a review system that identifies lessons learned to ensure that children remain safe in the home when they reunify with their parents and/or when their case is closed. These Lessons Learned reviews will also provide additional data to track outcomes related to family preservation and child safety. CWS wants a blameless process that is not focused on the individual social workers or service providers, but rather the system as a whole. The objective is to create an environment that balances individual responsibility and accountability within the CWS system. CWS intends to collaborate with community partners to participate in these reviews to provide feedback and engage in the learning process with CWS.

<u>Action Steps</u>:
- Research effective case review practices that put the emphasis on system accountability and learning.
- Convene a workgroup of CWS staff, including social workers, supervisors, managers and Department Business Specialists to finalize the "Lessons Learned" case review structure. This

includes how the findings will be used in the CQI process
- Implement the case review system for every re-entry case
- Implement any recommended changes that come out of the "Lessons Learned" case review process
- Utilize CQI processes to evaluate the effectiveness of the case review structure and any changes made to the CWS system. CWS will monitor the CFSR Case Review results for information on the quality of safety assessments, needs assessments, family involvement in case planning, and quality case worker visits to help measure improvement over time for applicable cases.

Roles of other partners in achieving this strategy:
- Community partners and agencies to provide information and engagement in Lessons Learned reviews

Goal: Improve service delivery to meet the needs of families where a child has reunified through the implementation and use of family preservation practices and evidenced based decision-making.

In order to prevent children from re-entering foster care, our goal is to improve safety, risk, and needs assessments when a child is returning to a caregiver's home and incorporate these practices into an enhanced service-delivery program. We will incorporate the Structured Decision Making (SDM) Safety Assessment, Family Strengths and Needs Assessment, Reunification Assessment, and Risk Reassessments as key components of a restructured Family Maintenance program.

Strategy 4: Standardize Family Preservation protocols and practices to bolster family preservation and support the needs of families who have reunified.

Rationale: CWS believes that making changes to the current Family Maintenance model will increase the likelihood that a child will stay with their caregivers once they reunify. There is concern that the re-entry rate is higher because when children reunify with their parents, the families are not adequately prepared for the child's return and able to provide safety long-term. Santa Barbara County currently does not have a formal Family Maintenance policy to support families when children return home. Social workers often meet with the children and families once a month when the child returns home, the minimum requirement per Division 31 regulations. The current model is not adequately supporting families as the children who re-enter do so when their case is still open or has recently been closed.

Research supports the implementation of intensive services in the homes to prevent children

from re-entering into foster care (Honomichl 2009)[2]. CWS would like to improve the current family preservation model to reflect evidence-based practices. This may be include making changes to the case management practices, as well as referring families to intensive services and resources. The plan is to conduct several reviews to identify the best methods to implement into the Family Maintenance model. This will include a review of current policies surrounding family preservation as well as reaching out other California counties to compare processes and procedures. In addition, CWS will review existing practices regarding in home services through surveys and interviews with CWS staff and community partners, as well as case reviews. A literature review will be conducted of family preservation practices and research evidenced based practices to support children in the home after reunification.

We plan to incorporate the SDM Framework into the development of policies and practices supporting an enhanced Family Maintenance program. In the review of the 2019 Exit Cohort (Re-Entry and random sample Non Re-Entry) cases discussed previously, the majority did not have timely, completed, or approved risk reassessments or reunification assessments using the available SDM tools. If utilized, they were not completed during the actual decision point, such as the recommendation to reunify or close a case.

SDM is a tool to standardize decisions in the process of assessing whether a child may return home. These tools are used to make consistent and unbiased decisions. We believe that by incorporating SDM into our policy and program development, practices will follow that promote reliable, accurate, and consistent decision-making to improve social systems. Evident Change has conducted several validation studies that show SDM risk assessments performs well as a predictor of future child harm, as each level of risk corresponds with the rate of reoccurrence of maltreatment (evidentchange.org). In January 2010, the California Department of Social Services (CDSS)[3] completed a validation study of the Reunification Reassessment. The study found that there was a lower rate of re-entry when the Reunification Reassessment received positive social worker evaluation (NCDD) [4]. It also included the Family Strengths and Needs Assessment (FSNA), which helps social workers assess families and create case plans that support reunification. The findings in the study demonstrated the predicative validity of both the FSNA and Reunification Reassessment.

As we further integrate SDM into our policy, staff will need additional training on the tools and assessments. A CQI process will be put in place to ensure assessments are being completed consistently and accurately. This may include advocating for supervisors to monitor the completion of SDM and increase the understanding of the importance of these assessments. Staff will be provided the tools necessary to understand the link between using SDM and long-term

[2] RYAN HONOMICHL, P. H. D. "PREPARED BY RYAN HONOMICHL, PH. D, HOLLY HATTON, MS, & SUSAN BROOKS, MSW." (2009).
[3] California Department of Social Services Validation of the SDM® Reunification Reassessment, January 2020
[4] RESEARCH BRIEF: NEW HAMPSHIRE CHILD WELFARE SDM® PARTICIPATORY RISK VALIDATION STUDY, Evident Change 2022

safety for children. Social workers will be able to apply the results of the SDM assessments to their practice and guide them in the important decisions throughout the child's CWS case. Additionally, CWS will monitor the effectiveness of using SDM by identifying and implementing a transparent assessment process. Tracking tools will be used to evaluate fidelity and the effectiveness of SDM when making risk and safety decisions.

Action Steps:

- Review current in home support practices and policies including a review of Court Family Maintenance, Voluntary Family Maintenance and Family Drug Treatment Court
- Review SDM utilization and fidelity for the Risk Reassessment and Reunification Assessment tools overall and in particular for cases where a re-entry occurred
- Conduct research on effective family preservation policies and practices and develop a system that fits Santa Barbara County's needs
- Write the policy for the Family Preservation structure and practices, utilizing the SDM framework to guide key components of the program
- Train staff on the new policy and procedures and SDM utilization
- Implement the Family Preservation structure
- Employ CQI methods to determine the effectiveness of the program. These efforts will include tracking SDM completion rates through SafeMeasures and in-depth case level analysis of fidelity to the Family Preservation policy
- Make any recommended changes to the program based on CQI findings

Roles of other partners in achieving this strategy:

- CWS staff and community partners will participate in surveys and interviews
- Ensure that contracted service providers are facilitating CFTs that identify needs of family once the child is home or prior to closing a case
- Evident Change to provide training

Probation
Outcome Measure – P1 Permanency in 12 Months

Goal: Improve Agency Collaboration to reduce the number of youth who enter care

Strategy #1: Expand the CFT process to all youth who are identified as at risk of out of home placement.

Rationale: Research shows the utilization of CFTs as an early intervention can prevent the need for child removal and court intervention. Even when children are removed, outcomes show improvements with CFTs including earlier reunification and permanent family placements. Early teaming helps engage and create rapport with families from the beginning of their involvement with the agency. (Martin, 2021)[5] Thus, Probation is first looking to support youth in their rehabilitation while strengthening families and their networks of support through the utilization of CFTs for all youth identified as at risk of out-of-home placement upon such identification being made and periodically throughout their time on probation. This provides an opportunity to identify natural supports for the youth and families prior to creating case plans and referrals to service, as well as an opportunity to introduce additional supports and resources.

To successfully implement CFTs when youth are identified as at risk of out-of-home placement, Probation must look at expanding its network of partners in the form of community based organizations and other county departments. While Probation has contracted services for individual and family therapy to specific evidence-based programs such as Seeking Safety and Strengthening Families, there is opportunity to further engage youth and families in services provided by these agencies beyond contracted services. Many of the contracted agencies offer additional services that can greatly benefit youth and families while on probation, as they transition off probation, and once they are no longer supervised by Probation. Inventorying and educating Probation staff of these services will expand the array of options that can be utilized during CFTs. In addition, there are other existing organizations that Probation does not currently contract with who also provide services to youth and families, some of which have programs not entirely known to Probation. Investigating and cataloging those agencies, the services they provide, the successes they've had in providing them, and utilizing them as options for youth and families, beginning with the CFT process, is an important step in offering a multitude of options for youth and families. This in turn allows them to choose options they prefer or identify best with after consideration of several opportunities, while at the same time allowing different options for those who may have previously utilized supports and services that did not meet their needs. Lastly, it is important for staff to ensure youth have a voice in who they want invited to the CFTs and potential participants could include past and present supports as well as resources at schools, presently and previously attended by youth.

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[5] Martin, R. G. (2021). Assessing Effectiveness of Child and Family Teaming as a Prevention Strategy in Rural County Child Welfare Services. https://scholarworks.lib.csusb.edu/etd/1225: Electronic Theses, Projects, and Dissertations.

The expansion of CFTs to youth upon initially being identified as at risk of removal from their homes reflects a move from a reactive approach to a proactive approach to mitigating the need for out-of-home placement. Research suggests a greater number of days to the first meeting (in the form of a CFT potentially) is associated with higher caregiver ratings of child impairment and caregiver rating of objective strain, which reflects tangible disruptions resulting from their child's problems. These findings suggest that families who experience this type of elevated stress may also have difficulty scheduling and maintaining appointments, which could interfere with their ability to quickly engage with the CFT process. (Schreier et al., 2019) 6 Prior practice has been to hold CFT meetings when youth are in jeopardy of losing their current placement for a variety of reasons. Often, this is too late in the process to successfully mitigate the need for out-of-home placement, and it presents as an imminent situation that will not often allow for an expansion of the composition of those attending the CFT. CFT meetings are intended to provide a venue where families, supported by their care coordinator, are guided to assume the leadership role to include natural supports, make decisions regarding their care plan, and promote collaboration among service providers. (Schreier et al., 2019)1 Moving to a proactive approach to CFTs will enhance the number of participants in CFTs and mitigate the stressors and strain outlined above through Schreier, and the overall participation of youth and families who are comfortable with the process and the support it provides. This will also ideally reduce the need for out of home placements.

Ideally, this expansion in the network of services available to youth and families prior to youth being removed from their home will mitigate the need for out-of-home placement given the recent uptick noted previously in this report. While it may not mitigate this need for all youth, for those who are placed, this develops a continued support network for their time in out-home-placement and to support them in achieving permanency within 12 months. Then, this network would potentially expand and continue as they return to their homes to achieve successful reunification. Ultimately, it is the intention to facilitate CFTs for all supervised probation youth when initially identified as high-risk, as requested by the youth or family, and in response to the youth's behavior. Though the needed interval for CFTs may be lesser for these youth, it is important to work toward utilizing a CFT meeting prior to case planning and referral to services to fully evaluate a youth and family's areas of need and their strengths. In turn, this will ideally mitigate youth not previously identified as such from becoming at risk for removal from their homes.

Action Steps:
- Identify staff to be trained in CFT facilitation.
- Train staff in CFT facilitation.

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[6] Schreier, Alayna & Horwitz, Mark & Marshall, Tim & Bracey, Jeana & Cummins, Mary & Kaufman, Joy. (2019). Child and Family Team Meeting Characteristics and Outcomes in a Statewide System of Care. American Journal of Community Psychology. 63. 10.1002/ajcp.12323.

- Identify refresher training and quality assurance opportunities for staff trained in CFTs.
- Create the workflow for identifying youth at imminent risk of removal from their homes for CFTs to be held, and at what interval subsequent CFTs are to be facilitated.
- Provide for quality assurance to ensure CFTs are being utilized for case planning for these youth and as needed to prevent crises from arising and/or in times of crisis and/or as a response to youth's behavior.
- Expand the use of CFTs to all youth identified as high-risk by first determining the frequency of CFTs.
- Implement the use of CFTs for all high-risk youth at determined intervals.

PRIORITIZATION OF DIRECT SERVICE NEEDS

The KIDS Network is the entity designated by the Santa Barbara County Board of Supervisors to administer CAPIT/CBCAP/PSSF and CCTF funds. Its Executive Committee includes representatives from the County Departments of Social Services, Public Health, Behavioral Wellness, and Probation as well as First 5 Santa Barbara County, Santa Barbara County Office of Education, Tri-Counties Regional Center, and community-based service providers from each region within the county. The KIDS Network General Membership includes additional community partners who are instrumental in addressing child well-being in the areas of safety, health, education, and family support. Member organizations are knowledgeable about the communities they serve, and their work with families provides data to inform prevention planning. Determining priority needs is an ongoing collaborative process that includes a variety of different perspectives.

Critical community concerns have remained consistent over time and include high poverty rates, a lack of sufficient high-quality child care, and disparities in access to resources such as food, affordable housing, and behavioral health services. These factors place stress on families and can place children at risk for maltreatment.

The County Self-Assessment, conducted every 5 years, is the starting point for determining direct service priorities for child abuse and neglect prevention funding. A statement of County needs is also included in the County's Annual Report to the California Department of Social Services Office of Child Abuse Prevention. Priority concerns identified in the 2021-22 Annual Report were: poverty, neglect, substance abuse, domestic violence, behavioral and mental health services, disparity in access to resources, and a lack of resources to address risk factors for abuse and neglect. The 2022 County Self-Assessment also identifies homelessness/ housing insecurity as a priority concern in Santa Barbara County. Prevention partners are expected to be responsive to identified needs, and to consider the regional distribution of child population, prevalence of risk factors associated with abuse or neglect and the need for prevention services as identified by available data, a demonstrated lack of appropriate services, and/or disparities in access to services that are available in a given region.

Referral and substantiation rates provided by the County of Santa Barbara Child Welfare Services Division indicate that, for the most part, the number of referrals and investigations in each region of the county has remained consistent over time. During the first two years of the Covid-19 pandemic, CWS noted a sharp drop in referrals that coincided with the shift to remote learning. In 2021-22, these numbers increased to levels seen in prior years, with 6,115 referrals processed, 3,457 referrals investigated, and 192 children entering foster care. Data showed that 50% of investigated referrals were from the Santa Maria region, 27% were from the southern Santa Barbara region, and 23% were from Lompoc. Differential Response Front Porch referrals had a similar distribution, with 66% of referrals made in North and Mid-County, 34% in South County. When considering the number of families in each region, the rate of investigated referrals was similar in all regions of the county.

Children under the age of one continue to be most vulnerable to abuse and neglect. Under-one-year-olds represented 5.2% of all children in Santa Barbara County, yet they represented 19% of all substantiated cases of abuse and neglect.

General neglect has consistently been the number one cause of substantiated child abuse and neglect cases in Santa Barbara County. General neglect in a family is often rooted in substance abuse, domestic violence, mental illness, or caregiver incapacity/absence, and is best addressed through prevention and early intervention services for caregivers. Child Welfare Services detention data shows that 75% of cases involve substance abuse as either the primary or secondary reason for removal.

Income and poverty data sheds additional light on circumstances that set the stage for neglect. Economic challenges place families under stress and are correlated with higher rates of mental illness, domestic violence and substance abuse. Between 2014 and 2018 the percentage of Santa Barbara County children living below the federal poverty level was 18%. The FPL was $25,465 for a family of two adults and two children in 2018. According to the California Poverty Measure, the estimated resources needed to meet the basic need of a family in Santa Barbara County with two adults and two children that same year was $35,960 for homeowners and $35,771 for renters. Many families fall into the income gap, potentially making too much money to qualify for public assistance but too little to meet basic needs. KidsData (www.kidsdata.org) shows that Santa Barbara County ranks first in the state of California for children living in crowded households. Language barriers also create disparities in access to services, as services for Mixteco and Spanish speaking residents are lacking and/or in high demand.

Effective prevention strategies require multiple actions at the individual, family, and community levels to reduce risk factors, strengthen protective factors, and support community wellness. Prevention efforts in Santa Barbara County are informed by the science of Adverse Childhood Experiences (ACEs) and the knowledge that toxic stress in childhood interferes with health and wellbeing across the lifespan. ACEs research shows a correlation between ACEs and higher

incidences of depression and substance abuse. Successful prevention programs and services address ACEs prevalence by using trauma-responsive approaches, focusing on child and family wellbeing, and addressing the needs of children exposed to high levels of adversity while also building the capacity of the adults who care for them.

KIDS Network leadership engaged the Child Abuse Prevention Council, the Network of Family Resource Centers, and the Child Welfare Services Stakeholder Group to identify direct service needs and priorities related to child abuse and neglect. They reviewed past funding priorities and discussed ongoing and emerging needs. In addition, the County's Comprehensive Prevention Planning Team has been engaged in asset mapping and review of evidence-based practices. Their work also influenced the development of the CAPIT/CBCAP/ PSSF Plan, which has been designed to maximize use of limited funds, to strengthen and preserve families, and to support an integrated, comprehensive system of care that includes primary, secondary, and tertiary interventions.

Direct service priorities for primary and secondary prevention include the following:

- <u>Family Support Services</u>, including, but not limited to:
    - Community-based Family Resource Centers that offer a wide range of programs and services to address the social determinants of health, strengthen protective factors, and buffer children and youth from the negative effects of toxic stress.
    - Concrete support for basic needs, including referrals, information, and navigation assistance given to help families access community resources.
    - Family-centered case management that builds trusting relationships between parents/caregivers and family support organizations over a period of three months or more, helping families identify priority needs, access appropriate resources, and work toward achieving long-term goals for child and family wellbeing.

- <u>Evidence-Based Parenting Education</u>
    - Parent education programs that align with countywide initiatives to connect and support parents, strengthen knowledge of parenting and child development, and reduce risk factors for child abuse and neglect.
    - Programs should be trauma-informed, culturally relevant and have proven success in strengthening positive parenting practices.

- <u>Evidence-Based Home Visitation</u>
    - Home visitation programs that support countywide initiatives to support parents and reduce risk factors for child abuse and neglect.
    - Programs should be trauma-informed, culturally relevant, and have proven success in improving parenting skills and enhancing child safety while promoting optimal child development.

- <u>Evidence-Based Mental and Behavioral Health Services</u> for parents and children, including but not limited to:
  - Interventions that address mental and behavioral health concerns, such as postpartum depression, parental substance abuse, and intimate partner violence.
  - Interventions that support parents and caregivers in addressing the social and emotional needs of children, especially those who have experienced toxic stress or multiple adverse childhood experiences.
  - Interventions should be trauma-informed, culturally responsive, and delivered in the primary language spoken by the consumer.

- <u>Community Engagement and Parent Leadership Activities</u>, including but not limited to:
  - Parent leadership development and mentoring.
  - Programs and practices that encourage civic engagement, including efforts to address racial justice, equity and inclusion.
  - Compensation / stipends for parents to collaborate with providers in the planning, implementation, and evaluation of prevention programs and services.
  - Facilitation of Parent Cafés, peer support groups, and other activities to foster social connections.

Direct service priorities for tertiary prevention include <u>substance abuse treatment services</u> and <u>support for adoptive families</u> who are seeking to provide permanency for children and youth.

The county prioritizes evidence – based practices that are outcome-oriented and implemented across organizations and individual practitioners with fidelity and consistency. Evidence-based home visitation programs currently being implemented include Parents as Teachers and Healthy Families America. Evidence–based parenting education programs include Nurturing Parenting and Parent-Child Care.   Evidence-based behavioral health interventions include Cognitive Behavioral Therapy (CBT), Parent-Child Interaction Therapy (PCIT), Interpersonal Psychotherapy, and Eye Movement Desensitization and Reprocessing (EMDR).

PSSF

PSSF funding is allocated to programs serving families with complex needs, with 40% going to Community-Based Family Support Services to preserve intact families where there is a risk of abuse or neglect. Services supported through this funding stream include case management, home visitation, parent education, and peer support. Family Preservation Services are provided to families at-risk or in crisis and include case management, home visitation, and parent education. Family Reunification allocations fund substance abuse treatment for families with an open Child Welfare case whose children have been placed in foster care. Adoption Promotion and Support funding supports children who are dependents in the foster care system with a case plan goal of adoption. Funding covers a variety of pre- and post-adoption services for children and families, including case management, basic needs, legal services, transportation, youth

programs, and Team Decision Making. Family Preservation, Family Reunification, and Adoption Promotion and Support each receive 20% of the total PSSF allocation.

CBCAP

Santa Barbara County uses its Community Based Child Abuse Prevention (CBCAP) funding to support evidence-based behavioral health programs. Partners who are awarded this funding must demonstrate leadership in building public awareness about child abuse and neglect. They should be reliable participants in community-based efforts to develop, operate, expand, and enhance child abuse and neglect prevention initiatives, programs, and activities. Programs must serve vulnerable families at risk of abuse of neglect, including new parents, racial and ethnic minorities, members of underserved populations, fathers, and adult survivors of child abuse and neglect or domestic violence. Evidence-based behavioral health services should support parents and caregivers in addressing the social and emotional needs of children, including those who have been exposed to ACEs and are at risk for toxic stress. All programs should be accessible, effective, culturally appropriate, and strengths-based, with robust systems for client assessment and evaluation of outcomes. CBCAP funds may only be used for services delivered to non-CWS families.

CAPIT

Child Abuse Prevention, Intervention and Treatment (CAPIT) funding supports Family Resource Centers that are providing primary and secondary prevention services. Most of the families served have children under the age of 14 and many have children under the age of 5. Services are delivered through a collaborative of agencies that span different regions within the county. Services include referrals and linkages, case management, parent education, home visitation, and peer support.

Fiscal Narrative

Currently, Child Welfare Services Systems and Operations Division and the Department of Social Services Fiscal Department are responsible for oversight and monitoring of child abuse prevention funds. The role of these departments is to ensure accountability and fiscal control which may include budgetary and claim processing along with thorough review of all invoices and contracts to ensure that services are rendered as promised. All administrative responsibilities for CAPIT / CBCAP / PSSF funds are managed by the County Liaison, who also serves as Director of the KIDS Network and the Child Abuse Prevention Council. The Department of Social Services fiscal division maintains complete financial records for all CAPIT / CBCAP / PSSF costs and operating expenses and provides staff support as needed.

Santa Barbara County assures the State that CAPIT/CBCAP/PSSF Funds will supplement and not supplant other State and local public funds and services.

CAPIT/CBCAP/PSSF Services and Expenditure Summary:

Please see Attachment A: *CAPIT/CBCAP/PSSF Services and Expenditure Summary* for required worksheets.

Local Agencies-Request for Proposal

CAPIT/CBCAP/PSSF funds are allocated to eligible agencies in response to a Request for Proposal (RFP) to provide services identified as needed in support of the Child Welfare Services and Probation outcomes that are the focus of the System Improvement Plan.

The RFP emphasizes a preference for collaborative strategies that reduce risks and build protective factors across a variety of settings where children and families receive services. Successful applications include strong community partnerships, evidence-based programming, and measurable community impact with service activities that address unmet or continuing needs.

All requests for proposals are issued through a guideline that is set up using the Department of Social Services as the contracting/fiscal agent utilizing the State and Federal rules. The CAPIT/CBCAP/PSSF request for proposal is open to all community-based organizations serving children, youth and families and will be posted on the County's website. Review of proposals includes a panel of representatives from KIDS Network, CAPC, Human Services Commission and parent consumers. Funding is awarded to private and nonprofit agencies with programs serving the needs of children at risk of abuse and neglect first, which includes children being served by Child Welfare Services. Those agencies that have demonstrated effectiveness in prevention or intervention are awarded priority. Santa Barbara County complies with all required assurances related to these funds.

CBCAP, CAPIT, PSSF Outcomes

Santa Barbara County continues to anchor its prevention work in three overarching goals:
- Children and youth are nurtured, safe and engaged
- Families are strong and connected
- Families are free from substance abuse, domestic violence

Outcomes for these goals are assessed at the level of individuals and families through performance measures that capture a reduction of risk and/or an increase in protective factors.

With a new focus on effective primary prevention, the County's Comprehensive Prevention Planning Team is also prioritizing outcomes that show progress at the level of the community by linking families to programs and services that address Social Determinants of Health:

- Economic stability
- Education access and quality
- Healthcare access and quality
- Neighborhood and built environment
- Social and community context

Services are evaluated based on agreed-upon outcomes set forth in the statements of work included in the standard county contracts. Contractors need to demonstrate how their services contribute toward a reduced rate of child abuse and neglect in Santa Barbara County. Contractors are further required to conduct client satisfaction surveys and maintain those records on file for review upon request by the liaison. Internal, already existing survey tools may be used upon approval by the liaison. Aggregate data from the surveys is requested annually. In addition, vendors are asked to report annually on their outreach and client engagement process.

Santa Barbara County has been actively implementing the current state and federal initiatives aimed at improving outcomes for the county's children and families. These initiatives will continue to provide Santa Barbara County with a framework for serving the children and families in our communities. These initiatives are described below and the extent to which the Child Welfare and Probation Departments are using them.

Family First Prevention Services Act (FFPSA)

In 2018 FFPSA was signed into law as part of the Bipartisan Budget Act of 2018. FFPSA amends the Title IV-E foster care program and allows for funding to be used for child abuse and neglect prevention with the goal of children remaining in their homes. Among other provisions, the act also aims to reduce unnecessary congregate care placements by increasing prevention services and increased oversight of congregate placement settings.

Santa Barbara County has opted into the FFPSA Part 1 program and provided an overview of the program guidelines, eligibility, funding, etc. to a wide variety of CWS and Probation stakeholders and the County the Board of Supervisors. The county has a large prevention planning team, which includes representatives from Tri-Counties Regional Center, Santa Barbara County Education Office, Family Service Agency, First 5, Network of Family Resource Centers, Probation, the Department of Social Services, Child Abuse Prevention Council (CAPC), Isla Vista Youth Projects, Child Welfare Services, Good Samaritan Shelter, CommUnify, Department of Behavioral Wellness, CALM, Rape Crisis, etc. The prevention planning team recently attended a virtual statewide convening to gain an overview of comprehensive prevention planning. The team is currently conducting a capacity assessment in preparation for the Comprehensive Prevention Plan.

FFPSA Part IV established new requirements for placements in STRTPs and other child-care institutions in order to be eligible for Title IV-E federal funding. This aligns with the Continuum of Care Reform goal of limiting dependence on these settings and making sure that placement in these institutions is necessary. Beginning in October of 2021, Santa Barbara County began the planning and implementation of the Part IV amendments, beginning with the Qualified Individual (QI) assessment process. Our county's management team used an already established standing meeting, which largely exists to staff and plan for our youth in congregate care settings, to prepare and create a QI process document, quick guide, and referral form. We collaborated with our partners at Behavioral Wellness in this process, and were able to create a plan that worked well for both agencies. With the support of our Court Services and Transitional Services Unit supervisors, we were able to establish a court process and case plan template that satisfied the

requirements of the FFPSA Part IV. After carefully constructing this process, we invited all supervisory staff to the meetings for initial training and troubleshooting. This group devised training documents, quick guides, and document examples to share with all of the Child Welfare staff. To satisfy the Part IV requirements that youth exiting congregate care settings be provided with six months of aftercare support, Santa Barbara County included this stipulation in the Request for Proposal section of our Wraparound contract. The new contract includes six months of wraparound services for all youth exiting these placements. Santa Barbara County continues to monitor the development of these processes and utilizes all stakeholder engagement opportunities and technical assistance trainings to make improvements and modifications as necessary.

Throughout the CSA process, Santa Barbara County asked for ideas and feedback from our participants about child abuse and neglect prevention strategies. Many of the ideas centered around improving services and outreach to the Mixteco and Spanish speaking population in the county as well as rural residents. Improved communication and collaboration between agencies, aftercare services and housing assistance were other prevention ideas shared by the CSA participants.

Bringing Families Home

The Bringing Families Home (BFH) Program was established by Assembly Bill (AB) 1603 (Chapter 25, Statutes of 2016) and updated by Senate Bill (SB) 80 (Chapter 27, Statutes 2019). The intent of the program is to provide housing related services to child welfare involved families at risk of or experiencing homelessness, increase family reunification rates and prevent out of home foster placements of children and youth. BFH further requires that child welfare agencies operating the program utilize evidence-based housing practices and coordinate with the greater homelessness response system, including participation in the local homeless Continuum of Care and local Coordinated Entry System. Santa Barbara County's noncompetitive allocation for the Bringing Families Home Program for Fiscal Year 2021-2022 is $742,442.

To be eligible, families must meet all three conditions:
- Receive child welfare services at the time eligibility is determined,
- Are homeless, at risk of homelessness, or in a living situation that cannot accommodate the child or multiple children in the home, including individuals who have not received an eviction notice; and,
- Voluntarily agree to participate in the program.

Once the CWS social worker identifies a need for housing-related assistance, the social worker may refer the family to a range of strategies to support housing stability, including housing related case management, housing navigation, housing related direct financial assistance, and housing stabilization services.

Santa Barbara County has opted into the Bringing Family Home program and is looking forward to distributing funds. CWS will be partnering with Adult Services, who have similar funding, to set up contracts and other resources for housing navigation and the other case management requirements of the program.

As mentioned above, feedback across all CSA forums mentioned the need for housing assistance and solutions to homelessness that affect many Santa Barbara County families. The Bringing Families Home program can be an integral part of enabling families to have the safe and stable housing they need to protect and care for their children.

Trauma Informed System of Care for Children and Families (AB2083)

In 2021 Santa Barbara County CWS and Probation Departments completed the MOU for AB2083 with its four partners: Behavioral Wellness, Tri-Counties Regional Center, Santa Barbara County Education Office and the Department of Rehabilitation. This MOU set forth the roles and responsibilities of the agencies that serve children and youth in foster care. Santa Barbara County already had existing coordination between agencies with the Pathways to Wellbeing (Katie A) collaborative, the co-location with CWS of Behavioral Wellness Practitioners and County Education Foster Care Liaisons, and the Interagency Placement Committee (IPC). In 2021, new collaborative partnerships were established with the addition of the Provider Roundtable Meeting, the Local Short-Term Residential Program (STRTP) collaboration, and strengthened partnerships with the County Education Office, the Department of Rehabilitation, and the Regional Center.

Resource Family Approval (RFA)

Santa Barbara County was one of the pilot counties to implement the RFA process. Since its inception, the Santa Barbara County RFA unit has worked diligently to implement and improve the RFA process and procedures. Some of the highlights and successes of this program are:
- Since 2017, Santa Barbara County has increased first placements with Relatives/Non-Related Extended Family Member (NREFM) from 26.7% of total placements to 32% of total placements. This is an almost 20% increase during this SIP timeframe. (Data Source: CWS/CMS 2022 Quarter 1 Extract)
- Orientation: Prior to COVID-19 restrictions, the RFA Unit provided group and in-person/emergency RFA orientation. To ensure timely access to the RFA Orientation during the pandemic, the RFA unit worked with a media consultant to develop an on-line RFA Orientation. This RFA orientation video can now be accessed through the OurCounty.OurKids. website and is linked to the RFA on-line application in Binti.
- Pre-Service Training: Prior to COVID-19 restrictions, the Our County. Our Kids. Team (OC.OK.) provided in-person group and individual pre-service training. Starting with the implementation of COVID-19 restrictions, OC.OK. pivoted to online training through

Foster Parent College (FPC). From inception in April 2020 until the end of the fiscal year, over 115 households/140 individuals were referred to on-line training through FPC. Given the value of in person instruction, OC.OK. transitioned the pre-service training process to a "hybrid" format whereby families received pre-service training both through Zoom video meetings in conjunction with courses from FPC. The OC.OK. "hybrid" training launched in August 2020 and this model is still in use. During FY 21/22, 120 families completed the hybrid RFA pre-service training. The training is offered in both English and Spanish.

- Buildings and grounds, clearance checks and Live Scans are conducted on the first visit to the home when an Emergency Placement request is received by the RFA unit. This allows for the RFA unit to expedite the RFA process and obtain paperwork and clearance in a timely matter, instead of waiting for placement to obtain the paperwork necessary to begin the RFA process. This helps with meeting the 90-day approval timeframe.
- Families are being referred to Community Based Organizations (CBO) during the first RFA visit to begin the family evaluation process. Families are better prepared, feel less pressure from the process with having the more in-depth portions of the process explained and resolved upon the first visit.
- On average, Santa Barbara County RFA unit is approving homes with emergency placements in 84 days which is within the 90-day timeframe for approval per RFA Written Directives.
- In January 2019, Santa Barbara began the use of the Binti Placement Module. The use of this module allows for the county to easily search for homes that are accepting placements, have placements and have placement of siblings.
- Recruitment efforts have yielded approximately a 500% increase in community resource families from 2016 to date.

Additionally, we have a robust recruitment and retention program which includes the County's initiative, 'Our County. Our Kids.' media branding, resource and outreach in support of youth and families within our county. Our County. Our Kids. is an initiative of the Santa Barbara County Department of Social Services that is actively seeking allies to improve the continuum of care for children and families in the foster care system. The initiative focuses on building empathy for children, youth and teens who hope to be part of a supportive household while they are separated from their parents. The goal is to ensure that children are placed with quality resource families who are ready to raise them with loving, committed and skilled care and to support their goals and dreams. Recruitment of resource families is the main focus of activities; however, Our County. Our Kids. also works to ensure that children and youth are supported on the path to reunification with their biological parents whenever possible.

Partnerships with allies are increasing recruitment opportunities and supporting the development of programs to assist resource families and the children in their care. Current allies include faith communities, medical centers, community non-profits, school districts, community

colleges and local media. They are helping with outreach efforts, distributing recruitment information and developing ideas for providing practical support. The faith community is soliciting congregational support for children and the resource families who take them in. Nonprofits are providing beds, highchairs, car seats and other essentials such as offering assistance with childcare and college scholarships. Community colleges are providing continuing education for resource families so that they are prepared to respond to the complicated needs of the children in their care. The Santa Barbara County Foster Parent Association provides mentoring and ongoing support. Local media have worked collaboratively with the initiative to highlight the needs of children and youth in foster care by running feature stories on resource families, adoptive families and former foster youth.

Additionally, Santa Barbara County has partnered with Pacific Pride Foundation for LGBTQ+ education, support and mental health services for youth and families alike.

The rising number of sibling groups, including large sibling groups of 3 or more, is impacting the county's ability to keep siblings placed together when relative placements are not available. During the recruitment process and pre-service RFA training, we encourage and educate prospective resource parents on the importance of placing siblings together and the positive outcomes for both the children and their families.

Commercially Sexually Exploited Children (CSEC)

Under Senate Bill 855 (2014), Santa Barbara County has developed and implemented an interagency protocol MOU to provide a multi-disciplinary approach to serving youth at risk for or victims of commercial sexual exploitation. This MOU includes CWS, Probation, Public Health, Behavioral Wellness, Juvenile Court, DA/Victim Witness, and local Rape Crisis Centers. A CSEC Steering committee oversees the MOU and provides oversight and leadership for the CSEC Program. The CSEC Steering Committee is currently coordinating training for all potential first responder agencies on the use of screening/identification tools and protocols. Child Welfare Services is currently screening referrals and cases using the Commercial Sexual Exploitation-Identification Tool (CSE-IT), validated by the West Coast Children's Clinic.

Additionally, when children and youth enter the Juvenile Hall, they are screened for CSEC, and if determined to be a victim, they are offered the option of participating in the Helping Achieve Resiliency Treatment (HART) Court. The HART Court is a collaborative court in session every other week in the Santa Maria Juvenile Court. The HART partners include Behavioral Wellness, Probation, Victim Witness, CWS, the DDA, and the Public Defender. These partners meet for bi-weekly staffing meetings to engage the youth in wraparound services with a primary goal of creating and sustaining a life away from exploitation when they are no longer under court probation or supervision.

In November 2018, Santa Barbara County partnered with the Center for Justice and

Reconciliation to present the Know More event to over 250 community members, resource families and foster youth. This event was an interactive, multimedia presentation and training on human trafficking awareness and prevention. The event was such a success, with overwhelming positive feedback from the community, that another event was being planned for late 2019 or early 2020, however because of the COVID pandemic those plans were postponed.

In May 2019, Allan Hancock College hosted a very successful daylong conference titled "Solutions for the Future: Fighting Exploitation with Empowerment" featuring the speaker Carissa Phelps, Founder and CEO of Runaway Girl, Inc. This event was open to the public and was co-sponsored by Santa Barbara County's Our County. Our Kids program.

Additionally, Santa Barbara County also offered continuing education classes for resource parents called CSEC 101. These classes presented information to the resource parents on how to recognize the signs of sexual exploitation and where to seek help if needed.

Santa Barbara County CWS staff and partner agencies were also offered CSEC 101 training online, followed by a full day CSEC 102 in person training. These trainings are mandatory for CWS staff and encouraged for partner agencies.

Santa Barbara County CWS also produced and distributed over 450 pocket size CSEC awareness and resource cards to law enforcement, resource families, foster youth, and community partners and members. In addition, our CSEC coordinator organized a workshop at a recent Youth Empowerment Summit to provide education to youth about human trafficking. CWS management staff also recently participated in a consultation pre-launch for "The Cool Aunt series", a web-based course for students, teens, and caregivers to combat human trafficking.

The STOP initiative launched in September 2020. The mission of the STOP Initiative is for the community of Santa Barbara County to together put a STOP to sexual and labor abuse of our children in Santa Barbara County. At this time, SBC CWS is running promotions for STOP on social media, and the STOP web page went live on the OC.OK. website in September 2020.

Santa Barbara County CWS previously used independent contractors to fill our CSEC coordinator position. We recently moved away from this model and are now contracting with the District Attorney's Office Victim Witness Program to fill this role. The CSEC Coordinator serves as a point of contact for agencies serving CSEC youth, sets up and attends MDTS, supports social workers who are working with CSEC youth, and provides community education, outreach, and training.

Continuous Quality Improvement (CQI)

CWS has adopted the CQI model and it has played a vital role in our work and practice. Santa Barbara has developed a successful CQI system, which includes case reviews that helps to identify challenges and strengths in our practice pieces. Staff at all levels engage in discussions regarding

data and outcomes and ways to improve practice through the utilizations of action teams and trainings. Feedback from staff is sought through the Social Work Practice Team, regional meetings and surveys.

The CWS Program Support and Development Unit staff work closely with the Division Chiefs and the CWS Deputy Director. This unit provides multifaceted program support including policy and procedure development, legislative analysis, fiscal oversight, Resource Family recruitment and support, CFSR case reviews, computer systems support and data analysis. This unit is comprised of 7 Department Business Specialists (DBS) who are assigned to program areas, e.g., Emergency Response, Court and Ongoing, Permanency, Resource Family Recruitment and Training, etc. In addition to general program assignments, the DBS staff also have assignments based on program initiatives or other functions, e.g., Katie A., Continuum of Care Reform, Core Practice Model/Safety Organized Practice. A DBS staff member also supervises the CFSR Case Review Unit. This CWS Program Support and Development Unit has primary responsibility for developing CQI processes within their assignment areas and making recommendations to the management team.

Quality Parenting Initiative (QPI)

The Quality Parenting Initiative (QPI) began in California in 2009 as a collaborative effort with the California Department of Social Services (CDSS), the County Welfare Directors Association of California (CWDA), and the California Youth Law Center to rebrand foster care.

QPI is a methodology to improve foster care by providing caregivers, birth families, and agencies a voice in the process. Formed networks share information on how to improve parenting, recruit and retain excellent families and develop policies and procedures to support skilled loving parents to ultimately support children and youth. Santa Barbara County has continued to participate in the Quality Parenting Initiative at the local level since September of 2011.

CWS conducts quarterly QPI steering committee meetings attended by stakeholders, resource parents and CWS staff. QPI activities and participation in the QPI initiative include attending monthly phone calls managed by QPI, in person steering committee and workgroup meetings. Action items around recruitment, retention, communication, and training have been prioritized and workgroups are convened as needed to develop strategies. The activities of QPI fall under the larger umbrella of the Our County. Our Kids. program, which is the resource parent recruitment, retention, and support program of Santa Barbara County Dept. of Social Services.

Safety Organized Practice (SOP)

In 2013, Santa Barbara CWS began using the Safety-Organized Practice (SOP) framework to improve overall outcomes. SOP combines good social work principles with the Structured Decision Making® (SDM) risk assessment instruments, and approaches families from a trauma-

focused perspective. Further, it focuses on family involvement, community engagement, and equitable decision making in developing plans to ensure our children and youths' safety.

The overview of SOP has been followed with monthly staff training modules for early adopters, and coaching to begin skill building with staff in their work with families. Field based mentors also promote SOP training and tools in their work with both established and new social work staff in an effort to continuously hone the SOP practice throughout the agency. All supervisory and managerial staff attended monthly SOP learning circles to develop proficiency in supervision using SOP principles. The management staff were also given on the job coaching to help in their acquisition of SOP skills.

Fostering Connections to Success/After 18 Program

In 2012 Santa Barbara County began implementation of AB12/ Extended Foster Care in compliance with the federal law Fostering Connections to Success and Increasing Adoptions Act of 2008. The California bill extended foster care eligibility to youth in foster care from age of 18 to 21. Training was provided to staff, community partners, Court, CASA staff, youth and caregivers in preparation for implementation. New policies were developed regarding this new area of casework and services. Existing contracts serving emancipated youth were adapted to include services to non-minor dependents. In Fiscal Year 21/22 the number of youth participating in extended foster care was at historically high levels due to the Covid related extension of services past 21st birthdays for these youth. July 2021, Santa Barbara County had 70 youth with open cases, and in December 2021 the number had reached 85 youth. As of May 2022, the number of youth taking part in extended foster care in Santa Barbara County was down to 54 after the Covid extension ended.

Katie A

Santa Barbara County CWS has continued to engage a variety of stakeholders as part of the Core Practice Model (CPM), working closely with the Children's System of Care and implementation of the requirements associated with the Katie A settlement. Services provided throughout the Children's System of Care are provided in a manner which integrates service planning, delivery, coordination and management among all agencies/systems and persons involved in the child's life in congruence with the values outlined in the Core Practice Model.

Continuum of Care Reform (CCR)

Assembly Bill (AB) 403, amended June 1, 2015, implements Continuum of Care Reform (CCR) recommendations to better serve children and youth in California's Child Welfare Services (CWS) system. The Continuum of Care Reform (CCR) draws together a series of existing and new reforms to child welfare services, probation and mental health programs designed out of an understanding that children who must live apart from their parents have better outcomes when

cared for in committed nurturing family homes. The CCR seeks to further improve California's child welfare system and its outcomes by using comprehensive initial child assessments, expanding the use of child and family teams (CFT), increasing the availability of services and supports in home-based family care settings, reducing the use of congregate care placement settings, and creating faster paths to permanency resulting in shorter durations of involvement in the child welfare and juvenile justice systems. CWS implementation of CCR occurred in stages through 2021. In order to meet the challenges of CCR the Department formed internal and interagency workgroup structures to develop a framework for cross-agency teaming in order to serve children and families. The final CCR implementation stage happened in spring 2021 and included the introduction of the Phase 2 LOC, the Family Urgent Response System (FURS) and the Trauma Informed System of Care for Children and Youth (AB2083). Some of the achievements of CCR were a 69% decrease in the use of congregate care between 2015 and 2021, the increased use of CFTs, Child and Adolescent Needs and Strengths (CANS) implementation, and the Child Care Bridge Program.

When foster care is necessary in delinquency cases, Probation seeks to use resource homes whenever possible, especially with a relative. Probation coordinates approval for relative homes with CWS, including home inspections and background checks. Probation has been successful in accessing resource homes operated by a local FFA after initially working with CWS to help in the effort. Probation has more recently been able to work directly with the FFA on securing homes for youth appropriate for such a setting. This has been especially helpful in cases where the youth's parents or caregivers reside out of the country. This has also decreased the likelihood of youth needing a STRTP. Probation facilitates CFTs for youth considered for a STRTP, although these not often as few youth require that high level of care. Probation regularly participates in CFTs facilitated by providers for youth in care. CFTs for Probation youth not in foster care are less common, and instead Probation relies on multidisciplinary team meetings to address the needs of a specific youth, although a CFT may meet in some cases. The CANS assessment is completed on Probation youth considered for a STRTP and Probation is a voting member of the local Interagency Placement Committee.

Priority Outcome Measure or Systemic Factor: 3-P1 Permanency in 12 Months (entering foster care)

National Performance Outcome: > 35.2% (Round 4) > 40.5% (Round 3)

CSA Baseline Performance: 36.3% (Q4 2021) According to the Q4 2021 Data Report, 262 children entered foster care from January 1, 2020 to December 31, 2020. Of those 262 children, 95 of them found permanency within 12 months. While Santa Barbara County CWS was at 89.5% of the national standard for Round 3, the county was at 103% of the new national performance outcomes for Round 4.

Target Improvement Goals:

Years 1 & 2 (Through 8/31/24): > 36.3%

Year 3 (Through 8/31/25): > 37%

Year 4 (Through 8/31/26): > 37.5%

The strategies to address Permanency in 12 months for children entering foster care will be implemented during years one and two of the SIP. It is anticipated that once implemented, these strategies will enable CWS to be at or above the national performance standard for this outcome. The agency does not project large increases in the number of children getting permanency in 12 months due to several factors, including the complexity and gravity of the cases and court hearing continuances

Priority Outcome Measure or Systemic Factor: 4-P4 Re-entry to Foster Care

National Standard: < 5.6% (Round 4)

CSA Baseline Performance: 12.7% (January-December 2019) According to the Data Report, 118 children exited foster care from January 1, 2019 to December 31, 2019. Of those 118 children, 15 of them re-entered within 12 months. Santa Barbara County CWS was at 44% of the Round 4 performance outcome standard.

Target Improvement Goals:

Years 1 & 2 (Through 8/31/24): < 12.7%

Year 3 (Through 8/31/25): < 11%

Year 4 (Through 8/31/26): < 10%

The strategies for P-4 Re-entry to Foster Care will commence during years one and two, so it is not anticipated that there will be a large decrease in the number of reentries during those years. The percentage of reentries has fluctuated over the last five years (2016-2020) from a low of 6.4% (Jan-Dec 2016) to a high of 14.7% (Jan-Dec 2017). This is a re-entry average of 11.34% for this five-year period. Even though a small number of re-entries can cause this measure to change significantly, it is anticipated that there will be a steady decrease in the numbers due to well planned and targeted strategies. The county is cautious to predict meeting the national performance level at this time due to many complicating factors including the fentanyl epidemic, homelessness, and domestic violence.

Priority Outcome or Systemic Factor: P-1 Permanency in 21 Months

National Standard: > 35.2% (Round 4) > 40.5% (Round 3)

CSA Baseline Performance: 33.3% (Q4 2021) According to the Q4 2021 Data Report, one-third of children entering foster care from January 1, 2020 to December 31, 2020, found permanency within 12 months. While Santa Barbara County Probation was at 82.3% of the national standard for Round 3, this increased to 94.6% of the new national performance outcomes for Round 4.

Target Improvement Goals:

Years 1 & 2 (Through 8/31/24): > 33.3%

Year 3 (Through 8/31/25): > 35%

Year 4 (Through 8/31/26): > 38%

The Probation Department has so few youth in care that the permanency, or lack thereof, for any one of these youth can sway this outcome measure. Keeping this in mind, the department still anticipates that improving the engagement of the youth, their family, support network, and service providers will improve timeliness to permanency.

Outcome measure: P-1 Permanency in 12 months (CWS)

Goal: Address cultural barriers to timely permanency

Strategy 1: Establish cultural brokers for the community members who speak Mixteco	☐ CAPIT ☐ CBCAP ☐ PSSF ☐ N/A	Applicable Outcome Measures and/or System Factors 4-P-1 Permanency in 12 Months (entering foster care) ☐ Title IV-E Child Welfare Waiver Demonstration Capped Allocation Project	
Action Steps	**Implementation Date**	**Completion Date**	**Person Responsible**
A. Research successful cultural broker practices and choose a model to follow for Santa Barbara County CWS	June 2023	September 2023	▪ Child Welfare Services Program Support and Development Team
B. Meet with community organizations specializing in working with the Mixteco speaking populations Gather information on the needs of this population and how CWS can better serve the Mixteco speaking residents.	September 2023	March 2024	▪ Child Welfare Services Program Support and Development Team
C. Establish any contracts or other business partnerships needed to execute the cultural broker program	April 2024	July 2024	▪ Child Welfare Services Program Support and Development
D. Initiate the cultural broker program, including staff and supervisor training on the process and purpose of the program	August 2024	Continuous	▪ Child Welfare Services Program Support and Development ▪ CWS Social Workers, Supervisors and Managers ▪ CWS Training Unit

Action Steps	Implementation Date	Completion Date	Person Responsible
E. Employ CQI methods to determine the effectiveness of the program. CQI methods will include establishing a tracking system for all Mixteco speaking families who have an open case with CWS and monitoring their outcomes. The families who receive these services will also be surveyed about their satisfaction with the program. Feedback will also be sought from the community organizations that work with these families .	March 2025	Continuous	▪ Child Welfare Services Program Support and Development ▪ CWS Social Workers, Supervisors and Managers
F. Make any changes to the cultural broker program as suggested by the CQI findings. The social workers, supervisors and managers will give feedback about their experiences with the program and their suggestions for improvement will be a part of the process.	March 2026	Continuous	▪ Child Welfare Services Program Support and Development ▪ CWS Social Workers, Supervisors, and Mangers

Outcome measure: 4-P1 Permanency in 12 months (CWS)

Goal: Increase the number of children achieving timely permanency by increasing engagement and placement with relatives

Strategy 2: Improve family finding and engagement practices	Applicable Outcome Measures and/or System Factors 4-P-1 Permanency in 12 months ☐ Title IV-E Child Welfare Waiver Demonstration Capped Allocation Project
☐ CAPIT ☐ CBCAP ☐ PSSF ☐ N/A	

Action Steps	Implementation Date	Completion Date	Person Responsible
A. Research successful family finding and engagement models and design one that fits Santa Barbara County's needs	September 2023	December 2023	▪ Child Welfare Services Program Support and Development Team
B. Implement the necessary changes to the existing family finding and engagement structure and practices	January 2024	June 2024	▪ Child Welfare Services Program Support and Development ▪ CWS Social Workers, Supervisors, and Managers
C. Train social workers and supervisors on the new family finding and engagement practices	July 2024	Continuous	▪ Child Welfare Services Program Support and Development ▪ CWS Training Unit
D. Employ CQI efforts to determine the effectiveness of the program and make any necessary changes for improvement. This will include tracking outcomes over time for CFSR Case Review items 9 & 10 and CFSR measure 4B	December 2025	Continuous	▪ Child Welfare Services Program Support and Development ▪ CWS Social Workers, Supervisors, and Managers

Outcome measure: 4-P4 Re-entry to Foster Care (CWS)

Goal : Reduce the number of children who re-enter foster care through in-depth, structured case reviews

Strategy 3: Create a "Lessons Learned" case review process for all re-entry cases	Applicable Outcome Measures and/or System Factors 4-P-4 Re-entry to Foster Care		
☐ CAPIT ☐ CBCAP ☐ PSSF ☐ N/A	☐ Title IV-E Child Welfare Waiver Demonstration Capped Allocation Project		
Action Steps	Implementation Date	Completion Date	Person Responsible
A. Research effective case review practices that put the emphasis on system accountability and learning	September 2023	December 2023	▪ Child Welfare Services Program Support and Development Team
B. Convene a workgroup of CWS staff, including social workers, supervisors, managers and Department Business Specialists to finalize the "Lessons Learned" case review structure. This includes how the findings will be used in the CQI process	January 2024	May 2024	▪ Child Welfare Services Program Support and Development Team ▪ CWS Social Workers, Supervisors, and Managers
C. Implement the case review system for every re-entry case	June 2024	Continuous	▪ Child Welfare Services Program Support and Development ▪ CWS Social Workers, Supervisors, and Managers
D. Implement any recommended changes that come out of the "Lessons Learned" case review process	January 2025	Continuous	▪ Child Welfare Services Program Support and Development ▪ CWS Social Workers, Supervisors, and Managers

Action Steps	Implementation Date	Completion Date	Person Responsible
E. Utilize CQI processes to evaluate the effectiveness of the case review structure and any changes made to the CWS system. CWS will monitor the CFSR Case Review results for information on the quality of safety assessments, needs assessments, family involvement in case planning, and quality case worker visits to help measure improvement over time for applicable cases.	July 2025	Continuous	▪ Child Welfare Services Program Support and Development ▪ CWS Managers and Supervisors

Outcome measure: 4-P4 Re-entry to Foster Care (CWS)

Goal: Improve service delivery to meet the needs of families where a child has reunified through the implementation and use of family preservation practices

Strategy 4: Standardize Family Preservation protocols and practices to bolster family preservation and support the needs of families who have reunified	CAPIT CBCAP PSSF N/A	Applicable Outcome Measures and/or System Factors: 4-P-4 Re-entry to Foster Care ☐ Title IV-E Child Welfare Waiver Demonstration Capped Allocation Project		
Action Steps	Implementation Date	Completion Date	Person Responsible	
A. Review current in-home support practices and policies, including Court Family Maintenance, Voluntary Family Maintenance, and Family Drug Treatment Court	March 2023	June 2023	▪ Child Welfare Services Program Support and Development	
B. Review SDM utilization and fidelity for the Risk Reassessment and Reunification tools overall and in particular for cases where a re-entry occurred	August 2023	November 2023	▪ Child Welfare Services Program Support and Development	
C. Conduct research of effective family preservation policies and practices and develop a system that fits Santa Barbara County's needs	January 2024	March 2024	▪ Child Welfare Services Program Support and Development	
D. Write the policy for the Family Preservation structure and practices, utilizing the SDM framework to guide key components of the program	April 2024	September 2024	▪ Child Welfare Services Program Support and Development	
E. Train staff on the new policy and procedures and SDM utilization	October 2024	Continuous	▪ Child Welfare Services Program Support and Development ▪ CWS Training Unit ▪ Evident Change trainers	

Action Steps	Implementation Date	Completion Date	Person Responsible
F. Implement the Family Preservation structure	January 2025	Continuous	▪ Child Welfare Services Program Support and Development ▪
G. Employ CQI methods to determine the effectiveness of the program. These efforts will include tracking SDM completion rates through SafeMeasures and in-depth case level analysis of fidelity to the Family Preservation policy	July 2025	Continuous	▪ Child Welfare Services Program Support and Development ▪ CWS Social Workers, Supervisors, and Managers
H. Make any recommended changes to the program based on the CQI findings	September 2025	Continuous	▪ Child Welfare Services Program Support and Development ▪ CWS Social Workers, Supervisors, and Managers

Outcome Measure: P-1 Permanency in 12 Months (Probation)

Goal: Improve agency collaboration to reduce the number of youth who enter care

Strategy 1: Expand the CFT process to all youth and families' participation once youth are identified as at risk of out of home placement.			Applicable Outcome Measures and/or System Factors: P-1 Permanency in 12 Months ☐ Title IV-E Child Welfare Waiver Demonstration Capped Allocation Project ☐ CAPIT ☐ CBCAP ☐ PSSF ☐ N/A
Action Steps	**Implementation Date**	**Completion Date**	**Person Responsible**
A. Research best practices for CFT delivery and fidelity to inform development of an internal CFT policy. Train supervisors and staff on the policy.	June 2023	Ongoing	▪ Juvenile Manager ▪ Department Business Specialist ▪ Department Research Manager
B. Identify staff that will be responsible for facilitating CFTs or assessing CFTs for fidelity.	June 2023	July 2023	▪ Juvenile Manager ▪ Juvenile Supervisors ▪ Training Manager
C. Train identified staff in CFT facilitation.	August 2023	March 2024	▪ Juvenile Supervisors ▪ Training Manager ▪ Identified Juvenile Probation Officers
D. Identify refresher CFT training and develop a tracking system to monitor fidelity of staff adherence to CFT policy. Tracking will include a spreadsheet documenting frequency of delivery, number of participants, type of participants, and any other relevant measures as identified in Step A research of delivery and fidelity. Implement fidelity measures and provide refresher training and coaching as needed.	June 2024	Ongoing	▪ Juvenile Manager ▪ Department Business Specialist ▪ Department Research Manager ▪ Training Manager

Action Steps	Implementation Date	Completion Date	Person Responsible
E. Create a workflow for identifying youth at imminent risk of removal from their homes for CFTs to be held, determine at what interval CFTs are to be held, and begin implementation for all youth identified as at risk of removal.	June 2024	Ongoing (implementation)	▪ Juvenile Manager ▪ Juvenile Supervisors ▪ Department Business Specialist ▪ Juvenile Probation Officers
F. Design and implement satisfaction surveys for families to provide feedback on their experiences with CFTs	June 2024	Ongoing	▪ Department Business Specialist ▪ Juvenile Probation Officers ▪ Administrative Support Staff
G. Expand the use of CFTs to all youth identified as high risk after determining the frequency of CFTs to be utilized for these youth.	June 2026	Ongoing	▪ Juvenile Manager ▪ Juvenile Supervisors ▪ Juvenile Probation Officers ▪ Department Business Specialist
H. Implement tracking of fidelity measures and satisfaction surveys for all youth identified as high risk. Tracking is to include frequency of delivery, number of participants, type of participants and other relevant measures as identified in Step A research of delivery and fidelity.	June 2027	Ongoing	▪ Juvenile Manager ▪ Department Business Specialist

ATTACHMENT A: CAPIT/CBCAP/PSSF Services and Expenditure Summary

CAPIT/CBCAP/PSSF Expenditure Workbook
Proposed Expenditures
Worksheet 1

(1) DATE SUBMITTED: 3/14/23

(4) COUNTY: Santa Barbara County

(5) PERIOD OF SIP: 10/1/22 thru 9/30/27

(2) DATES FOR THIS WORKBOOK: 1/1/23 thru 6/30/26

(3) DATE APPROVED BY OCAP: _____ Internal Use Only

(6) YEARS: 2022-2027

CAPIT: $ | CBCAP: $121,000 | PSSF: $44,000 | CBCAP: $44,000 | PSSF: $300,000

(7) ALLOCATION (Use the latest Fiscal or All County Information Notice for Allocation):

No.	Program Name (B)	Applies to CBCAP Programs Only (C)	Name of Service Provider (D1)	Service Provider is Unknown, Date Revised Workbook to be Submitted to OCAP (D2)	CAPIT — Dollar amount to be spent on CAPIT Programs (E1)	CAPIT is used for Administration (E2)	CBCAP — Dollar amount to be spent on CBCAP Programs (F1)	CBCAP is used for Administration (F2)	PSSF — Dollar amount to be spent on Family Preservation (G1)	Dollar amount to be spent on Family Support (G2)	Dollar amount to be spent on Time-Limited Reunification (G3)	Dollar amount to be spent on Adoption Promotion & Support (G4)	Dollar amount of PSSF allocation to be spent on PSSF activities (Sum of columns G1-G4) (G5)	PSSF is used for Administration (G6)	OTHER SOURCES — Dollar amount from other sources (H1)	NAME OF OTHER — List the name(s) of the other funding source(s) (H2)	TOTAL — Total dollar amount to be spent on this Program (Sum of Columns E, F, G5) (I)
1	Santa Barbara County Child Abuse and Neglect Prevention Collaborative		Family Service Agency in collaboration with CALM, Carpinteria Children's Project, Cuyama Valley FRC, Isla Vista Youth Projects/LEAP, Santa Ynez Valley People Helping People		$120,333		$44,000		$60,000	$120,000	$0	$0	$180,000		$34,707	CCTF	$379,040
2	Pre and Post Adoption Services		County of Santa Barbara Various Providers & Staff Labor		$0		$0		$0	$0	$0	$60,000	$60,000		$5,000	SB County Realignment & County General Fund	$65,000
3	Time Limited Family Reunification Services		County of Santa Barbara Various Providers		$0		$0		$0	$0	$60,000	$0	$60,000		$140,000	SB County Realignment & County General Fund	$200,000
4					$0		$0		$0	$0	$0	$0	$0				$0
5					$0		$0		$0	$0	$0	$0	$0		$0		$0
6					$0		$0		$0	$0	$0	$0	$0		$0		$0
7					$0		$0		$0	$0	$0	$0	$0		$0		$0
	Totals				$120,333		$44,000		$60,000	$120,000	$60,000	$60,000	$300,000		$179,707		$644,040
					100%		100%		20%	40%	20%	20%	100%				

CAPIT/CBCAP/PSSF Expenditure Workbook
CBCAP Programs
Worksheet 2

(1) COUNTY: Santa Barbara County (2) YEARS: 2022-2027

No.	Program Name	Logic Model			EBP/EIP ONLY						Parent Involvement Activities		
		Logic Model Not Applicable	Logic Model Exists	Logic Model Will be Developed	Program Lacking support (Level 0)	Emerging & Evidence Informed Programs & Practices (Level 1)	Promising Programs & Practices (Level 2)	Supported (Level 3)	Well Supported (Level 4)	EBP/EIP Checklist is on file or N/A	Planning	Implementation	Evaluation
A	B	C1	C2	C3	D1	D2	D3	D4	D5	D6	E1	E2	E3
	Parent Child Interaction Therapy	X							X	X			
	Interpersonal Psychotherapy	X						X	X	X			
	Cognitive Behavioral Therapy	X							X	X			
	Eye Movement Desensitization and Reprocessing Therapy	X							X	X			

PROGRAM NAME
The Santa Barbara County Child Abuse and Neglect Prevention Collaborative (The Collaborative)

Expenditure Workbook Line # 1

SERVICE PROVIDER
Family Service Agency of Santa Barbara County (FSA), in partnership with CALM, Carpinteria Children's Project (CCP), Cuyama Valley Family Resource Center (CVFRC), Isla Vista Youth Projects / LEAP (LEAP), Santa Ynez Valley People Helping People (PHP)

PROGRAM DESCRIPTION
The Child Abuse and Neglect Prevention Collaborative ("The Collaborative") seeks to prevent child abuse and neglect in Santa Barbara County by developing and implementing an integrated comprehensive system that supports families to provide safe, stable, nurturing relationships and environments for their children. The Collaborative provides a range of coordinated prevention services that are geographically distributed, supported by research, trauma informed, and guided by the Family Support Principles. Evidence-based programs are offered countywide at Family Resource Center (FRC) sites convenient and centrally located to families, as well as in-home and other community settings. Service categories include Family Support Services, Home Visitation, Parent Education, Behavioral and Mental Health Services, and Parent Leadership Activities.

Family Support Services: The Collaborative provides an array of family support services, delivered through the Family Resource Centers, including (but not limited to) **case management** and **concrete support**.

- **Case-management services** help families identify and address priority needs and access appropriate resources. The Collaborative is transitioning from using the Family Development Matrix to using Mathematica's research-based tool, Goal4 It! ™ to guide and track case management services. Goal4 It! ™ is a coaching practice model built on the science of self-regulation, goal attainment, and behavioral theory. The model aligns with the strength-based, family-centered practices employed by FRC organizations, and is based on a set of four specific steps that are designed to activate individual motivation and commitment to change. The FDM will be utilized through June 2024, when the transition to Goal4It! will be complete. Both systems support ongoing monitoring through quarterly assessments that facilitate opportunities to engage families in evaluating success and identifying barriers. By identifying and responding to concerns such as child health and safety, developmental delays, partner violence, substance abuse, teen parenting, parental mental health, deficits in parental skill development, and children's physical/mental health, case management promotes optimum levels of wellness and self-management.
- **Concrete support for basic needs** includes material and informational support provided at the FRC sites as well as referrals to community resources, with warm hand-offs and follow-up to address barriers to access. Staff with extensive knowledge of resources and eligibility requirements help families navigate the system of available services and supports, linking families to programs and resources offered by community partners. FRCs track referrals and follow-up according to their internal processes and capacity. Some use Vertical Change, others use tracking forms developed in-house. The County is also beginning to use Find Help as a closed loop referral system associated with the ACEs work. However, onboarding and implementation of community-based organizations is still in the early stages.

Home Visitation. The Collaborative offers a range of home-visiting programs as a continuum that varies in intensity and duration. Programs will be delivered at a frequency and intensity that reflects each family's circumstances.

- *The Parents as Teachers (PAT)* home-visitation program is available to families with children ages prenatal to five. Visitation services may take place in the home or virtually in keeping with public health recommendations and each agency's policy. Participants enrolled in *PAT* will receive weekly one-hour home visitations for a minimum of eight weeks. The topics covered will be: child development; parenting behaviors; developmental topics; brain development; family culture and perspectives; and family supports. During each weekly session, parent educators and participants will focus on an area of emphasis, parent-child interaction, development-centered parenting, and family well-being, all with the infant or child present so that the skills may be practiced under the guidance of the parent educator. Provided by FSA and CCP.

- The *Healthy Families America model (HFA)* is available for pregnant and parenting families of children prenatally up to age five where risk factors or complex needs suggest a higher level of care. The model is grounded in an infant mental health framework and aims to cultivate and strengthen nurturing parent-child relationships, promote healthy childhood growth and development, and enhance family functioning by reducing risk and building protective factors. *HFA* services are offered voluntarily and intensively, for at least three years. Weekly 50-to-60-minute home visits are provided for a minimum of six months after a baby's birth and then can taper down based on family functioning and need. Screening tools such as the Ages and Stages Questionnaires and the Edinburgh Postnatal Depression Scale are used to better understand a family's circumstance and connect them with additional services if necessary. Provided by CALM.

- Great Beginnings Baby uses an evidence-informed curriculum, *Partners for a Healthy Baby*, which promotes child development and family well-being for infants and toddlers. This program is for families whose risk factors don't warrant an intensive evidence-based home-visitation model. This is a light-touch home visitation model that aims to enhance parent-child attachment, parental resilience, and support early intervention. Families are offered up to two-hour home visits every three months for 18 months. Provided by CALM.

Parenting Education. The Collaborative offers a variety of evidence-based and evidence-informed parent-education models that can be delivered in groups, in the home, and via videoconferencing (e.g., Zoom). By having multiple service-delivery options, families have more autonomy and flexibility in accessing a program that best responds to their needs and circumstances.

- *The Nurturing Parenting Curriculum, Nurturing Skills for Families* is a trauma-informed curriculum that is strength-based for at-risk families with mild- to moderate-level stressors. Lessons increase nurturing family dynamics and bonding, strengthen understanding of developmental milestones, decrease use of corporal punishment, enhance parental empathy, and establish healthy parent-child family roles. Through education, active skill building, and role-play, parents and caregivers strengthen their knowledge of parenting while building connections with other parents. Each series consists of two-hour weekly sessions for 10 weeks offered in English or Spanish, virtually or in person. The optimal group size is 15 participants per series in keeping with recommended fidelity. Core topics covered during these series includes: nurturing as a lifestyle; children's brain development; expectations and development of children; nutrition and mealtime; establishing routines; developing empathy; understanding and handling stress; celebration of culture; and more. Offered by multiple partners.

- *Parent-Child Care (PC Care)* is available for children between the ages of one and 10 years who may have experienced a traumatic event, may be adjusting to a new home, or may be disruptive and defiant. Families participate in one-hour sessions for seven weeks. Influenced by Parent Child Interaction Therapy (PCIT), PC-Care is an evidence-based parent-education model that can be provided by paraprofessionals as a prevention service for families who cannot commit to the intensity of PCIT, or whose child's externalizing behaviors don't warrant the intensity of PCIT. For families who participate in PC-Care, CALM will use the *Parent Stress Index-Fourth Edition Short Form* (PSI-SF). The PSI-SF is a self-report screening tool that helps providers and families identify different types of stress that come with parenting. Parents report their level of agreement with 36 items that fall into three subscales: Parent Distress, Parent-Child Dysfunctional

Interaction, and Difficult Child, which combine to form a total stress score. The PSI-SF is administered at intake, and again upon service completion. In addition to measuring parental stress, the frequency of child disruptive behaviors and the extent to which the caregiver finds the child's behavior troublesome are assessed using the *Eyberg Child Behavior Inventory* (ECBI) at intake, as well as upon completion of services to evaluate the effectiveness of the intervention. Additionally, a *Weekly Assessment of Child Behavior* (WACB) is completed by the parent throughout the program to help monitor externalizing problems. Caregivers who successfully complete this program exhibit decreased stress and improved emotional regulation, increased use of positive communication techniques, greater capacity to manage their child's difficult behaviors, and improved closeness with their child. In turn, children exhibit a reduction in symptoms, improved emotional regulation, and a decrease in disruptive behaviors. Provided by CALM.

Mental and Behavioral Health Services. Behavioral health services support parents and caregivers in addressing the social and emotional needs of children, including those who have experienced toxic stress or multiple adverse childhood experiences. Referrals for behavioral health services are processed through CALM's intake department where an intake coordinator conducts a pre-admission screening with each referral to better understand presenting issues and symptoms that are impacting the family. Data collected informs which behavioral health model would be most appropriate for alleviating symptoms and addressing the underlying concerns. Families are assigned to a clinician with specialized training in one of CALM's evidence-based models. CALM staff are trained to administer a variety of standardized assessments that are selected based on presenting symptoms and the treatment model used. All clients are screened for Adverse Childhood Experiences (ACEs) during intake. The Collaborative uses evidence-based behavioral health models as methods of service delivery that offer a range of interventions that address mental and behavioral health concerns, such as postpartum depression, anxiety, and intimate partner violence. Selected models include: *Parent-Child Interaction Therapy, Interpersonal Psychotherapy, Cognitive Behavioral Therapy,* and *Eye Movement Desensitization and Reprocessing.*

- *Parent-Child Interaction Therapy (PCIT)* is a dyadic behavioral intervention for children and their parents or caregivers that focuses on decreasing externalizing child behavior problems (e.g., defiance, aggression), increasing child social skills and cooperation, and improving the parent-child attachment relationship. It teaches parents traditional play-therapy skills. Parents are taught and practice these skills with their child in a playroom while coached by a therapist. The coaching provides parents with immediate feedback on their use of the new parenting skills, which enables them to apply the skills correctly and master them rapidly. Sessions are provided weekly for one hour for an average of 14 weeks. PCIT is implemented in two phases: (1) the Child-Directed Interaction Phase (CDI), where parents develop child-centered interaction skills to enhance the parent-child relationship; and (2) the Parent-Directed Interaction Phase (PDI), where caregivers learn additional behavior-management skills. PCIT gives equal attention to the enhancement of the parent-child relationship, and the development of caregivers' behavior-management skills. The frequency of child disruptive behaviors and the extent to which the caregiver finds the child's behavior troublesome are assessed using the *Eyberg Child Behavior Inventory* at intake, at the mid-phase of treatment, and again at the end of services. Therapists typically coach from an observation room with a one-way mirror into the playroom, using a "bug-in-the-ear" system to communicate with the caregivers as they play with their child. The caregiver completes a nine-item *Weekly Assessment of Child Behavior* to monitor challenging behaviors that are addressed through treatment, and the clinician completes a weekly *Dyadic Parent-Child Interaction Coding System* (DPICS) which tracks the caregiver's use of skills that are taught during treatment. By providing caregivers with effective strategies for managing challenging behaviors, and by offering caregiver coaching during live interactions with children, this modality fosters warm, responsive, and supportive interactions between caregivers and their young children. Caregivers who successfully complete this program exhibit greater capacity to manage their child's difficult behaviors using a broad range of parenting skills, and improved closeness with their child. In turn, children exhibit a reduction in symptoms, a decrease in disruptive behaviors, enhanced self-esteem, and improved social skills.
- *Interpersonal Psychotherapy (IPT)*, a form of psychotherapy appropriate for adolescents, adults, and caregivers, is offered to adults with risk factors such as domestic violence,

perinatal mood and anxiety disorders, and interpersonal challenges. IPT focuses on relieving symptoms by improving interpersonal functioning in four areas: (1) conflict in relationships that is a source of tension and distress; (2) life changes, such as job loss or the birth of a child, which affect people's feelings about themselves and others; (3) grief and loss; and (4) difficulties in starting or sustaining relationships. When people learn effective strategies for dealing with their relationship problems, their symptoms often improve. Clients complete a comprehensive bio-psycho-social assessment at intake, and a symptom inventory is used pre-intervention and post-intervention to measure for the intervention's effectiveness in alleviating symptoms. Assessments that may be used include the *Adult Rating Scale* (ARS), *Beck's Depression Inventory* (BDI), *Beck's Anxiety Inventory* (BAI), and the *Edinburgh Postnatal Depression Scale*. By improving interpersonal functioning and relieving symptoms, caregivers form better attachments to their child, and can access internal and external resources that reduce risk for child abuse and neglect.

- *Cognitive Behavioral Therapy (CBT)* is used for adults, children, and adolescents with depression and anxiety risk factors. CBT is a skills-based, present-focused, and goal-oriented treatment approach that targets thinking styles and behavioral patterns that cause and maintain depression and anxiety. CBT is for children, youth, and caregivers. It highlights the relationship between thoughts, emotions, and behaviors, and aims to identify the distorted cognitions associated with psychological problems. Clients complete a comprehensive bio-psycho-social assessment at intake, and a symptom inventory is used pre-intervention and post-intervention to measure for the intervention's effectiveness in alleviating symptoms. Assessments that may be used include the *Adult Rating Scale, Beck's Depression Inventory, Beck's Anxiety Inventory*, and the *Edinburgh Postnatal Depression Scale*. By addressing the mental health issues that impact positive parenting, parental capacity is enhanced, and the likelihood of child abuse and neglect is reduced.

- *Eye Movement Desensitization and Reprocessing (EMDR)* therapy is used for adults who have experienced trauma and may experience post-traumatic stress disorder (PTSD), post-traumatic stress, phobias, and other mental health disorders, and children who have experienced symptoms related to trauma, anxiety, or depression. The therapy is suitable for all ages. EMDR is an eight-phase psychotherapy treatment designed to alleviate trauma-related symptoms such as PTSD, anxiety, and depression. During the EMDR trauma-processing phases, guided by standardized procedures, the client attends to emotionally disturbing material in brief sequential doses that include the client's beliefs, emotions, and body sensations associated with the traumatic event while simultaneously focusing on an external stimulus. Therapist-directed bilateral eye movements are the most-used external stimulus, but a variety of other stimuli including hand tapping and audio bilateral stimulation are often used. Clients complete a comprehensive bio-psycho-social assessment at intake, and a symptom inventory is used pre-intervention and post-intervention to measure for the intervention's effectiveness in alleviating symptoms. Assessments that may be used include the *Adult Rating Scale, Beck's Depression Inventory, Beck's Anxiety Inventory*, the *PTSD Checklist (PCL-5)*, and the *Edinburgh Postnatal Depression Scale*. By addressing the impacts of toxic stress in caregivers, they can form nurturing attachments, co-regulate, and effectively respond to their child's needs.

Parent-Leadership Activities. In North, Mid, and South County, the Collaborative dedicates a portion of the budget to parent-led family-engagement activities (one in each region). Activities such as picnics in the park or holiday gatherings encourage parent leadership and peer-to-peer connections and are intended to strengthen community. Examples of parent leadership activities include civic engagement with local elected officials, peer support groups for parents and grandparents, education and literacy projects, Parent Advisory Councils, and Parent Cafés.

FUNDING SOURCES

Source	List Funded Activities
CAPIT	Case Management, Concrete Supports, Peer Support
CBCAP	Mental and Behavioral Health Services
PSSF Family Preservation	Parent Education, Home Visitation

PSSF Family Support	Case Management, Parent Education, Home Visitation, Parent Leadership/Peer Support
PSSF Family Reunification	Substance Abuse Treatment Services, Transportation
PSSF Adoption Promotion and Support	Youth Programs, Legal Assistance, Health Services, Case Management, Concrete Supports
Other Source(s): CCTF	Case Management, Concrete Supports/Information and Referral

IDENTIFY PRIORITY NEED OUTLINED IN CSA

The priority concerns in SBC as identified in the 2022 CSA are: poverty; neglect; housing; substance abuse; domestic violence; behavioral and mental health services; disparity in access to resources; and a lack of resources to address risk factors for abuse and neglect.

Poverty (CSA pp 12, 13)

In Santa Barbara County, 13.5% of the population for whom poverty status is determined live below the federal poverty line. According to the California Poverty Measure, which accounts for geographic differences in the cost of living, factors in tax credits and in-kind assistance, and subtracts medical, commuting, and child care expenses, 22.8% of children in the county live in poverty. The Self-Sufficiency Standard is another measure of family economics that calculates the full cost for six basic needs (housing, child care, food, transportation, health care, and other necessities). This index shows that 55.5% of families in the county live below the self-sufficiency standard. (KidsData.org)

Neglect (CSA pp 33, 34, 35, 36)

General neglect was consistently the number one cause of substantiated cases—in all age groups, for all years. General neglect in a family is often rooted in substance abuse, domestic violence, mental illness or caretaker incapacity/absence and is best addressed through prevention or treatment services for the caretakers. In 2021, 79% of substantiated allegations were for general neglect.

Substance Abuse (CSA 24, 25)

Over one third of the 1,496 adults admitted to County funded treatment programs from October–December 2021 reported that opioids were their primary drug of choice. Stimulant use, such as methamphetamines and cocaine, is also rising, cited by 24% of treatment clients as the primary drug used. CWS estimates that substance abuse is a factor in 75% of entries into foster care.

Domestic Violence (CSA 28, 29)

In 2020, during the COVID-19 pandemic and subsequent lockdown, domestic violence cases spiked. Advocates speculated that the actual number of cases was likely higher since many domestic violence victims do not report their abuse. The National Commission on COVID-19 reported that domestic violence incidents increased 8.1% on average following stay-at-home orders. CALM conducts ACEs screening with all clients, and they report that positive screens for domestic violence rose from 11% to 37% when comparing results to pre-pandemic levels. Multiple families living together in one home due to the high cost of living is a contributing factor to the increase in DV. Several factors contribute to individuals in SBC not reporting DV, such as immigration status and fear of deportation, intimidation and cultural barriers, fear of being stigmatized, and lack of understanding of the dynamics of abuse.

Behavioral and Mental Health Services (CSA 26, 33)

During FY 2020-21 the Department of Behavioral Wellness served 7,476 mental health clients and 3,106 Alcohol and Drug Program clients. Clients include children experiencing serious emotional disorders, adults with severe mental illness, people experiencing psychiatric crises and individuals with co-occurring mental health and substance use conditions.

Disparity in access to services (CSA pp 16, 19, 30, 31)

There are distinct economic, cultural and political differences between North County and South County. Given the distances and lack of transportation between communities, families in need of services are in large part limited to accessing local resources, which may have long waiting lists. This becomes further problematic when children are placed outside of their communities, resulting in difficulty coordinating visitation and service delivery for families. Housing system inequities also persist, limiting access to safe, affordable housing and related resources for vulnerable groups, including low-income families, people of color, and those with disabilities.

Lack of services/resources (CSA pp 16, 19, 30, 31, 50, 122)

During the Stakeholder meeting and the other CSA forums, there was universal feedback that more culturally appropriate services were needed for underserved communities, especially for the Mixteco speaking population. The Mixteco dialects are spoken by indigenous Mexicans, who mainly come from the state of Oaxaca in southern Mexico. The county has seen an increasing number of Mixteco speaking residents over the last ten years, and culturally appropriate services are lacking for this community.

Housing (CSA pp 13, 14, 19)

A lack of affordable housing can result in families living in crowded households. Residential crowding is associated with poor health outcomes, including infectious disease transmission, poor educational attainment, and mental health problems. In 2018, 34.9% of children in Santa Barbara County were living in crowded households.(KidsData.org)

TARGET POPULATION

The target population for this program is children/youth (ages 0-17) and their families in Santa Barbara County. Participants include impoverished families, single parents, parents and children with disabilities, families experiencing partner violence and/or substance abuse, families lacking literacy skills, immigrants and first-generation U.S citizens, and monolingual Spanish and Mixteco-speaking parents. Families may present with additional risk factors for abuse and neglect, such as untreated mental illness, lack of parenting skills, overwhelming stress and/or lack of support. Families may be self-referred or may be referred by local schools or other community agencies. School-based family resource centers, therapists, and outreach consultants facilitate school referrals to the program. Collaborative partners are well known to the community, and awareness about services is promoted through participation in the KIDS Network, the Child Abuse Prevention Council, Together for Children (Comprehensive Prevention Planning Team), Resilient Santa Barbara County, and the Network of Family Resource Centers.

TARGET GEOGRAPHIC AREA

This program is county-wide, serving the city of Santa Maria, the unincorporated township of Orcutt and the rural communities of Guadalupe, Casmalia, Tanglewood and Cuyama/New Cuyama; the Lompoc Valley; Santa Ynez Valley, including Buellton, Solvang, Ballard, Los Olivos, Santa Ynez, and Los Alamos; Goleta Valley / Isla Vista; City of Santa Barbara; City of Carpinteria; and unincorporated areas of the County.

Targeted communities within each geographic region include areas that are home to vulnerable and underserved populations experiencing cumulative stressors and a lack of corresponding services. Many children in the service area have multiple risk factors associated with the economic stressors of living in poverty.

TIMELINE

This program was funded through an RFP process with services beginning January 2023 - June 24, and continuing for fiscal years 2024-25 and 2025-26. Another RFP will be released early in 2026 for the next three-year funding cycle. All service activities are currently being implemented, with plans to expand some of the evidence-based practices to new locations in June of 2023.

PROGRAM OUTCOME(S) AND MEASUREMENT & QUALITY ASSURANCE (QA) MONITORING

Desired Outcome	Indicator	Source of Measure	Frequency
Parents/caregivers will improve their ability to access concrete support in times of need	85% of referrals will result in successful access to services.	Vertical Change or in-house tracking systems implemented at the FRCs	Entered at time of referral and after follow-up
Parents / caregivers will increase resilience and strengthen protective factors by participating in intensive family case management services	75% of case-managed families who score in-crisis or at-risk will show measurable improvement on at least one follow-up assessment, as measured by the Family Development Matrix*	*Family Development Matrix will be used for 2023-24, then replaced by Goal4 It!	Every three months
Parents will maintain or improve positive parenting attitudes following six months of home visitation services	85% of parents will maintain or improve positive parenting attitudes in at least one domain 65% of caregivers will report an increase in at least one of the protective factors 65% of participants will report reductions in concerns / symptoms	AAPI-2 Protective Factors Survey ASQ, EPDS	Pre & post services
Parents will improve knowledge of parenting and child development by participating in the Nurturing Parenting or PC Care	75% of parents who complete parent education classes will achieve higher levels of competence in Knowledge of Child Development	PFS PSI-SF ECBI WACB	Pre and Post Services
Quality Assurance (QA) Monitoring			
KIDS Network Director/OCAP Liaison will attend quarterly meetings of the collaborative	Semi-annual reports submitted to county liaison	Issues regarding program performance are addressed with program leads	Semi-annual

CLIENT SATISFACTION

Method or Tool	Frequency	Utilization	Action
Santa Barbara County Parent Satisfaction Survey	Completed by parents at the close of services	Reviewed quarterly by Lead Family Advocate and used to improve service delivery	Problem areas addressed by staff as appropriate to resolve issues and ensure continuous quality improvement

PROGRAM DESCRIPTION

PROGRAM NAME
Family Reunification Services

Expenditure Workbook Line #4

SERVICE PROVIDER
Good Samaritan Shelter Services

PROGRAM DESCRIPTION
Good Samaritan Shelter Services provides the community with several programs to address homelessness as well as alcohol and drug abuse treatment. Services include an Emergency Shelter, Family Transitional Shelter, Perinatal Services, After-School Programs, Drug and Alcohol Outpatient Services, Acute Care Detox and Sober Living Homes.

Funded services include screening and assessment, treatment planning and a variety of residential and outpatient treatment services, including drug and alcohol education, trauma-informed counseling, 12 step recovery programs, and relapse treatment. Perinatal Services also include positive parenting and life skills education, self-esteem groups and support for domestic violence and family issues. Good Samaritan uses the evidence-based Matrix Model in providing recovery services.

FUNDING SOURCES

Source	List Funded Activities
CAPIT	
CBCAP	
PSSF Family Preservation	
PSSF Family Support	
PSSF Family Reunification	Substance abuse treatment services
PSSF Adoption Promotion and Support	
OTHER Source(s): Medi-Cal, CWS Realignment	Substance abuse treatment services

IDENTIFY PRIORITY NEED OUTLINED IN CSA
Neglect (CSA pp 33, 34, 35, 36)
Substance abuse (CSA pp 24-25)

TARGET POPULATION
Families with children ages 0-18 who have been removed from their home and placed in a foster family home or child care institution. Parents who are actively involved with Child Welfare Services and have court-ordered substance abuse treatment as a condition for family reunification.

TARGET GEOGRAPHIC AREA
Program facilities are located in Santa Maria and Lompoc so target area is primarily north and mid county. Clients may be referred to inpatient residential services from other parts of Santa Barbara County.

TIMELINE
PSSF Funding period July 1, 2022-June 30, 2023, SIP period dates October 1, 2022-September 30, 2027. This portion of PSSF funding is managed by CWS and is not included in the RFP process for prevention services.

The contract with Good Samaritan Shelter Services was initially established through a CWS Request for Proposal process. The current contract ends June 30, 2023. The contract no longer meets the threshold for procurement and is renewed yearly based on performance. It is expected that this contract will be renewed for fiscal year 2023-24, and no changes are anticipated with this funding stream in the new funding cycle.

PROGRAM OUTCOME(S) AND MEASUREMENT & QUALITY ASSURANCE (QA) MONITORING

Desired Outcome	Indicator	Source of Measure	Frequency
Clients will engage in recovery services in a timely manner and will participate in the development of treatment plans.	In 95% of cases, service provider will complete the substance use/abuse screening and assessment and provide the CWS Social Worker with a Pre-Authorization Form outlining the recommended treatment schedule within three days.	Submission of Pre-Authorization Form	Within 3 days of assessment completion
Engage clients at first contact and beyond in the treatment process	75% of the clients who complete the substance use/abuse assessment will return and participate in their recommended AOD treatment for a period of at least 30 days	The Matrix Model tracking tools	Ongoing – Notify CWS within 24 hours of client discharge from program
Clients will report increased skills to mitigate the effects of substance use on the family	65% of clients who attend treatment will develop and utilize skills to minimize the negative effects of their substance use on their family following 3-6 months of treatment	ASI (Addiction Severity Index) Internal progress reports	ASI at intake / discharge Monthly
Quality Assurance (QA) Monitoring			
Semi-annual contract compliance meeting	Monthly and quarterly reports submitted to CWS	Issues regarding program performance are addressed with program leads	Monthly and Quarterly

CLIENT SATISFACTION

Method or Tool	Frequency	Utilization	Action
In-House Parent Satisfaction Survey	Completed by parents at the close of treatment services	Reviewed quarterly and used to improve service delivery	Problem areas addressed by staff as appropriate to resolve issues and ensure continuous quality improvement

CAPIT/CBCAP/PSSF
PROGRAM AND EVALUATION DESCRIPTION

PROGRAM DESCRIPTION

PROGRAM NAME
Pre and Post Adoptive Support Services

Expenditure Workbook Line #3

SERVICE PROVIDER
County of Santa Barbara Social Services

Various Service Providers – Services provided for Adoption Promotion and Support are child-specific and must be tailored to the specific needs of the family and the child. Some children are adopted by families in other counties or other states. With multiple categories of services and support (some of which are listed below), CWS may utilize upwards of 25 different providers within one year.

PROGRAM DESCRIPTION
Variety of Pre and Post Adoption Support Services provided by DSS Adoption and AAP workers to promote and support adoptions out of the foster care system. Services are designed to both support and stabilize adoptive placements, remove barriers and expedite adoptions, and support finalized adoptions. Services include but are not limited to case management, legal services, behavioral and mental health services, concrete support for basic needs, respite, youth programs, and transportation.

FUNDING SOURCES

Source	List Funded Activities
CAPIT	
CBCAP	
PSSF Family Preservation	
PSSF Family Support	
PSSF Family Reunification	
PSSF Adoption Promotion and Support	Case management, legal services, behavioral and mental health services, basic needs support, respite, youth programs and transportation
OTHER Source(s): AB 2994	Adoptions Case Management

IDENTIFY PRIORITY NEED OUTLINED IN CSA
Permanency in 12 months – CSA indicates for the 2020 entry cohort only 2.4% of children who entered foster care were adopted within 12 months - pg 131
Placement Stability – CSA indicates a need for increased placement support - pg 138-140

TARGET POPULATION
Children in foster care who were unable to reunify with their parent or guardian and have been determined to have a permanent plan of adoption. This includes children and families in need of post adoptive services.

TARGET GEOGRAPHIC AREA
Santa Barbara County and children and adoptive families that reside outside of the County.

TIMELINE
PSSF Funding period July 1, 2022-June 30, 2023, SIP period dates October 1, 2022-September 30, 2027. This portion of PSSF funding is managed by CWS and is not included in the RFP process.

EVALUATION

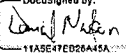**PROGRAM OUTCOME(S) AND MEASUREMENT & QUALITY ASSURANCE (QA) MONITORING**
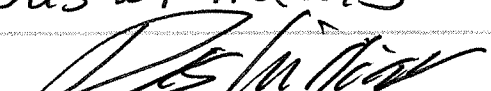
Desired Outcome	Indicator	Source of Measure	Frequency
Increase number of timely and successful adoptions of children from foster care	Increase percentage of adoptions completed within 12 months by 5% over the next 5 years	CWS/CMS – CCWIP data	Quarterly

CLIENT SATISFACTION

Method or Tool	Frequency	Utilization	Action
Satisfaction survey and feedback from Adoption Social Workers and Adoptive children and families	Every Case that receives Services	Adoption Supervisor and Manger	Used for program support and development as well as training needs.

California – Child and Family Services Review Signature Sheet

For submittal of: CSA ☐   SIP ☒   Progress Report ☐

County	Santa Barbara
SIP Period Dates	October 1, 2022 – September 30, 2027
Outcome Data Period	Quarter 4, 2021

County Child Welfare Agency Director

Name	Daniel Nielson
Signature*	*DocuSigned by:* Daniel Nielson
Phone Number	(805)346-7101
Mailing Address	2125 S. Centerpointe Parkway, Santa Maria, CA 93455

County Chief Probation Officer

Name	Holly Benton
Signature*	*DocuSigned by:* Holly Benton
Phone Number	(805)803-8537
Mailing Address	2121 S. Centerpointe Parkway, Santa Maria, CA 93455

Public Agency Designated to Administer CAPIT and CBCAP

Name	Daniel Nielson, Director Department of Social Services
Signature*	*DocuSigned by:* Daniel Nielson
Phone Number	(805)346-7101
Mailing Address	2125 S. Centerpointe Parkway, Santa Maria, CA 93455

Board of Supervisors (BOS) Signature

BOS Approval Date	8-22-23
Name	Das williams
Signature*	

Mail the original Signature Sheet to:	Children and Family Services Division
Outcomes and Accountability Section
California Department of Social Services
744 P Street, MS 8-12-91
Sacramento, CA 95814
*Signatures must be in blue ink	

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY   CALIFORNIA DEPARTMENT OF SOCIAL SERVICES   Rev. 12/2017

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	Agency	Probation Department
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