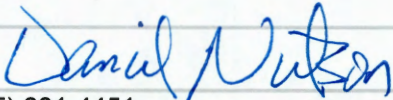
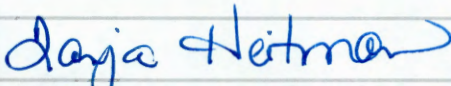
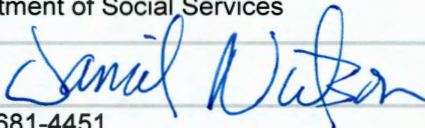


# California – Child and Family Services Review Signature Sheet

For submittal of: CSA ☐ SIP ☒ Progress Report ☐

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SIP Period Dates	October 1, 2017 – September 30, 2022
Outcome Data Period	Quarter 1, 2017
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Board of Supervisors (BOS) Signature	
BOS Approval Date	
Name	
Signature*	

Mail the original Signature Sheet to:

\*Signatures must be in blue ink

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# California - Child and Family Services Review

## **Santa Barbara County System Improvement Plan**

**October 1, 2017 – September 30, 2022**



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## INTRODUCTION

The Santa Barbara County System Improvement Plan (SIP) is the culmination of the California Child and Family Services Review process (C-CFSR). It is based upon the data and lessons learned from the Peer Case Review (PCR) conducted in January 2017 and the County Self Assessment (CSA) conducted in March of 2017. The SIP is aligned with the strategies of the State of California's Program Improvement Plan (PIP) submitted to the U.S. Department of Health and Human Services Children's Bureau.

The C-CFSR 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 system and establishes a process for assessment and analysis of a county's performance on critical child welfare outcomes in the areas of child safety, permanency and well-being. The C-CFSR established the following three key activities during the first year of the five year cycle:

1. **Peer Case Review:** The host county selects an outcome measure where performance is not meeting federal standards. The host county then identifies other counties who are excelling in the outcome measure and invites those counties' Social Workers, Probation Officers, and Supervisors to review the host county's practice and to advise of strategies that have supported good practice in their own counties. Santa Barbara County Child Welfare Services and Probation selected Permanency in 12 months for the January 2017 Peer Review.
2. **County Self-Assessment:** The CSA is a comprehensive analysis of how local Child Welfare and Probation programs, systems and factors impact performance on the Federal and State Outcome Measures. The assessment includes both an analysis of data and extensive community input. More than 100 people representing the public, private, and consumer sectors provided input into the 2017 CSA.
3. **System Improvement Plan (SIP):** The SIP serves as the operations agreement between the County and the State, outlining how the county will improve its system to provide better outcomes for children and families. The SIP is informed by the PCR and the CSA and guides performance improvement during a 5 year cycle. The SIP identifies goals, strategies, and key activities to improve performance on outcome measures needing the most improvement. The SIP is updated and adjusted as needed on a yearly basis.

The SIP is not meant to be a comprehensive child welfare plan, but rather targets specific performance areas and strategies that can be measured and improved during the 5 year cycle. This report was completed with the assistance of a core team of staff from Santa Barbara County Department of Social Services and the Probation Department and with input from many of our community partners, stakeholders, consumers, court personnel, service providers, staff, and foster and kinship care providers.

## SIP NARRATIVE

### C-CFSR Team and Core Representatives

The County of Santa Barbara's SIP C-CFSR planning team is comprised of the CWS Deputy Director, CWS Managers, CWS Department Business Specialists, Probation Managers and Supervisors, and the KIDS Network Manager/CAPIT/CBCAP/PSSF Liaison. In addition, the planning team consisted of consultants from the Central California Training Academy and CDSS. Throughout the Peer Review and County Self Assessment process, the C-CFSR planning team engaged key stakeholders in order to obtain their input as to how Santa Barbara County Child Welfare Services and the Probation Department could improve their service delivery. Members of the C-CFSR planning team met on a regular basis to review data trends, stakeholder feedback, and information from CWS and Probation program workgroup and teams.

### The C-CFSR Planning Team:

NAME	AGENCY
Caldera-Gammage, Soledad	Central California Training Academy
Cera, Jennifer	SB Co. Child Welfare Services
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Hartman, Deborah	SB Co. Child Welfare Services



NAME	AGENCY
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Prado, Gustavo	SB Co. Child Welfare Services
Reagan, Marianne	SB Co. Child Welfare Services
Steeles, James	Probation
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Valdez, Lupe	SB Co. Child Welfare Services

### C-CFSR Team/Acknowledgements

CWS and Probation thank all of the staff, stakeholders, community partners, resource families, and other individuals for their expertise and input at the Stakeholder meetings, focus groups, and CSA meetings. A partial list of participants is reflected below:

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Hines, Martha	SB. Co. Child Welfare Services
Huffer, Polly	Casa Pacifica
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Johnes, Teressa	First Five
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Perez, Erica	SB. Co. Child Welfare Services
Pipersburg, Lillian	Foster Parent
Pollon, Joe	Allan Hancock College
Rangel-Reyes, Lilia	Tri-Counties Regional Center
Rodriguez, Cuco	Behavioral Wellness
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Sodergreen, Tom	Casa Pacifica
Stillwell, Amanda	Changing Faces
Stone, Anastasia	SB. Co. Child Welfare Services
Swanson, Brian	SB. Co. Probation Department
Tran, Edward	SB. Co. Public Health
Truman McCraw, Rita	Victim Witness
Vogt, Katrina	CWS Supervisor
Waters, Denise	Tri-Counties Regional Center

## **Prioritization of Outcome Data Measures/Systemic Factors and Strategy Rationale**

### **Prioritization and Decision Making Process**

Child Welfare and Probation have utilized a number of methods for determining which outcome measures and systemic factors to address in this System Improvement Plan. Our C-CFSR Team reviewed and analyzed the data provided in the quarterly CWS Outcomes and Systems Summary reports issued by CDSS. These quarterly reports provide summary-level federal and state program measures that focus on key safety, permanency, and well-being outcomes for each county and are used to track performance over time. Information from a review of these reports over time helped us to choose a focus for the Peer Review and CSA, as well as topic areas for quarterly stakeholder meetings. Our C-CFSR Team reviewed and analyzed key findings from the Peer Review and CSA, which included information from parent, youth, and staff focus groups in addition to key stakeholders, including the Juvenile Court. In addition, the planning team reviewed summary level data from the C-CFSR case review process and looked at areas of strength as well as areas needing improvement. The team also considered data from Safe Measures and other internal databases. The team developed initial goals and strategies and then presented them to the larger group of managers, supervisors, and line staff for input and feedback.

In September 2017, the University of California Santa Barbara, under a grant funded by the Board of State and Community Corrections (BSCC) Federal Formula Grants Program, conducted an in-depth study of racial and ethnic disparities in the Child Welfare system. This study was part of a larger grant initiative and study to combat racial and ethnic disproportionalities in the juvenile justice system. Information and recommendations in the resulting report, Investigating Racial and Ethnic Disparities in Santa Barbara County's Child Welfare Services, were considered in the development of SIP goals and strategies.

### **Themes and Trends**

Key findings from the CSA and other sources named above that informed our selection of outcome measures include:

- Improve engagement of parents and families: Families need to be engaged earlier in the case planning process and be equal partners in the development of safety and case planning goals

- Need for better collaboration with Juvenile Court partners: There is need for a better understanding of CWS and Court roles and perspectives to decrease the number of continued and contested hearings that impact permanency
- Need for better continuity of social workers throughout the life of a case: High staff turnover is linked to a decrease in youth and parent engagement and satisfaction, and may negatively affect outcomes
- Improve training and support for staff: Increasing demands and complex child and family needs may lead to secondary trauma for staff. Staff need ongoing training and coaching in trauma-informed practices as well as support to address secondary trauma.
- Increase resources and support for resource families: Resource families need increased support such as peer mentors, crisis response, and respite care. In addition, resource families need increased training to understand and respond to children affected by trauma.
- Look at targeted solutions for teen girls with placement disruptions: An analysis of the data shows that the group at most risk for placement disruption is girls ages 11 to 17.
- Create a more efficient and accessible service array: Children and families need specialized services and treatment, that are based on need, and that are easily accessible and available.

For Probation, the following key trends were considered in the development of this SIP:

- Congregate care is the most likely form of care for youth placed in foster care through the delinquency system: the high level needs of a youth entering foster care often require the services available in an established residential program. Relative caregivers may not have the capacity to meet these needs, at least at the time of initial placement. Further, relative caregivers are difficult to secure and many decline to provide actual foster care even though they may indicate they wish to remain involved with a youth.
- Females represent a higher percentage of youth in foster care despite representing a lower percentage of youth under Probation supervision overall: females in congregate care under Probation supervision are often victims of human trafficking. The complex nature of this problem often results in the need for females to be placed in specialized residential programs, many of which are located outside of California.
- Many Probation youth that are 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.

During our SIP planning meetings, we reviewed the quantitative and qualitative data and performance trends. This culminated in the identification of the measures to prioritize, the

goals we want to meet, and the strategies and key activities to help us to meet our goals. Based on the analysis of data collected through stakeholder meetings, Peer Review, the CSA, and the C-CFSR case review process, Santa Barbara County has clearly identified the outcomes to be addressed as the focus for this next 5-Year SIP by CWS, Juvenile Probation, and OCAP providers:

- CWS – P1 Permanency in 12 months
- CWS – P5 Placement Stability
- Probation – P1 Permanency in 12 months

### Summary of Data for Performing and Underperforming Measures

Areas highlighted in yellow show performance measures where Child Welfare Services is not meeting the standard and are focus areas for this SIP.

Areas highlighted in orange show performance measures where Probation is not meeting the standard and are focus areas for this SIP.

Santa Barbara County Summary of CFSR Data Quarter 1 2017							
Measure	Federal Standard	Child Welfare Services' Performance		CWS: Percent of Standard Met	Probation Performance		Probation: Percent of Standard Met
		Percent	Count		Percent	Count	
3-S1 Maltreatment in foster care	<8.50%	4.9%	6/122,722	173.5%	5.98%	1/16,712	142.1%
3-S2 Recurrence of maltreatment	<9.1%	7.1%	37/524	128.9%	N/A	N/A	n/a
3-P1 Permanency in 12 months (entering foster care)	>40.5%	32.8%	61/186	81.0%	23.8%	10/42	58.8%
3-P2 Permanency in 12 months (in care 12-23 months)	>43.6%	60.2%	56/93	138.1%	44.4%	4/9	101.9%
P-3 Permanency in 12 months (in care 24 months or more)	>30.3%	35.2%	44/125	116.2%	16.7%	1/6	55.0%
3-P4 Re-entry to foster care in 12 months	<8.3%	8.3%	4/48	99.6%	16.7%	1/6	49.8
3-P5 Placement Stability	<4.12%	4.54%	137/30,159	90.0%	2.30%	12/5,212	178.9%
Quarter 1 2017- <a href="http://cssr.berkeley.edu/ucb_childwelfare">http://cssr.berkeley.edu/ucb_childwelfare</a>				Extract Date: Quarter 2 2017			



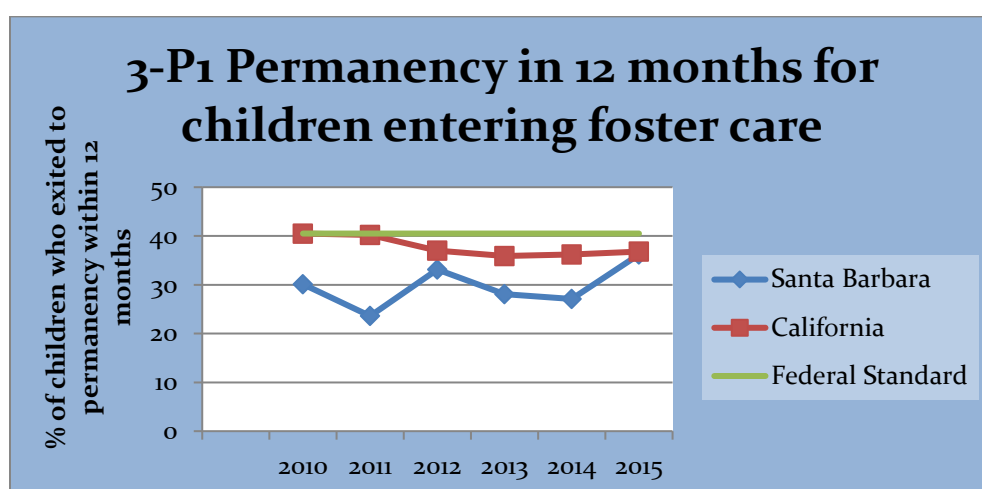
## Selected Outcomes

### CWS – P1 Permanency in 12 Months

Current Performance	National/State Standard	Performance Related to Standard
32.8%	>40.5%	81.0%

Data Source: CWS/CMS 2017 Quarter 1 Extract

This measure looks at all children who enter foster care in a 12-month period, and tracks what percent discharged to permanency with 12 months of entering foster care. Permanency includes reunification, guardianship, or adoption for this measure. We are currently performing below the federal standard by approximately 20%. Further analysis of this measure over the previous six years shows some fluctuation, however, we consistently underperform related to both the federal standard and the overall rate in the State of California. In 2015, we had our highest level of performance with 36.2%. As seen in the figures below, the numbers of children reunified in 12 months is a relatively small sample which affects overall outcomes. For this measure, we will focus primarily on reunification as it is highly unlikely that either guardianships or adoptions are accomplished during a 12 month period, unless there was a bypass of reunification services by the Court early on in the case.



County of Santa Barbara Permanency in 12 Months for Children Entering Care Federal Standard 40.5%						
	2010	2011	2012	2013	2014	2015
Children with exits to permanency (%)	30.1	23.6	33.2	28.1	27.1	36.2
Children with exits to permanency (n)	77	55	81	73	56	64

Data Source: CWS/CMS 2017 Quarter 2 Extract.

### 3-P1 Permanency in 12 Months – Demographic Analysis

The following chart identifies permanency in 12 months by age group for all children who entered foster care between January 1, 2015 and December 31, 2015.

Federal Standard = 40.5%								
PERCENT	Age Group							All
	<1 mo	1-11 mo	1-2 yr	3-5 yr	6-10 yr	11-15 yr	16-17 yr	
	N (%)	N (%)	N (%)	N (%)	N (%)	N (%)	N (%)	
Reunified	3 (16.7%)	11 (35.5%)	12 (41.4%)	9 (32.1%)	14 (35%)	4 (23.5%)	.	53 (29.9%)
Adopted	8 (44.4%)	1 (3.2%)	1 (3.4%)	1 (3.6%)	.	.	.	11 (6.2%)
Guardianship	.	.	.	.	.	.	.	.
Emancipated	.	.	.	.	.	.	2 (14.3%)	2 (1.1%)
Other	.	.	.	.	.	1 (5.9%)	1 (7.1%)	2 (1.1%)
Still in care	7 (38.9%)	19 (61.3%)	16 (55.2%)	18 (64.3%)	26 (65%)	12 (70.6%)	11 (78.6%)	109 (61.6%)
Total	18 (100%)	31 (100%)	29 (100%)	28 (100%)	40 (100%)	17 (100%)	14 (100%)	177 (100%)

Children who entered care when they were between the ages of 1 and 2 were most likely to reunify within 12 months (41.1%). Children who entered care when they were under 1 month old were most likely to be adopted within 12 months (44.4%). Children who entered care between the ages of 16 and 17 and 11 and 15 were most likely to still be in care at 12 months. For the 177 children in the entry cohort of 2015:

- 61% (109/177) were female and 39% (68/177) were male
- 38% of the females and 40% of the males exited to permanency within 12 months

- 91% (161/177) of the children coming into care had neglect as their reason for removal.
- 37% (60/161) of the children who were removed because of neglect exited to permanency within 12 months
- 9% (16/177) of the children were removed because of reasons other than neglect e.g., physical abuse, sexual abuse, emotional abuse, caretaker absence/incapacity
- 50% (8/16) of the children removed for reasons other than neglect exited to permanency within 12 months

An analysis of the 2015 entry cohort focusing on ethnicity shows that 55% of the children were Latino, 41% were White, and 4% were black. Latino and White children achieved permanency within 12 months at similar rates, 28.9% and 29.2% respectively. Black children achieved permanency at a rate of 57.1%, however, the small sample size (7 children) leads to greater rate fluctuation. An in-depth longitudinal study of racial and ethnic disparities in the Child Welfare System conducted by UCSB showed that “children from different racial and ethnic groups had similar probabilities of being reunified with their families, adopted, and emancipated. Across all groups, approximately half of all children who received out-of-home placements were reunified with their families and approximately 5% of children aged out of the system and were emancipated.”(Dougherty & Sharkey, 2017, p.30)<sup>1</sup>

#### Summary of P1- Permanency in 12 months

Although this performance measure was in our previous SIP, we choose to continue to focus our efforts in this area as we consistently have underperformed in both the federal standard and the overall State performance. Timely permanency is an important measure of child safety and well-being and is achieved through best practices in a variety of areas including family engagement, progressive visitation, family team meetings, and good working relationships with stakeholders involved with the family.

Child Welfare Services is committed to finding solutions to getting children home safely in a timely manner and has implemented programs such as Parent Partners, Intensive Family Reunification and Family Drug Treatment Court. These programs have been successful in helping parents and children reunify and information gathered from the PCR and CSA show that staff, consumers, and stakeholders have positive regard for these programs and would like to see their expansion. Along with these successes, we continue to have challenges that impact timely reunification. Areas where we will focus our efforts in this SIP cycle include:

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<sup>1</sup> Dougherty, D. & Sharkey, J. (2017, August). Investigating Racial and Ethnic Disparities in Santa Barbara County's Child Welfare System.

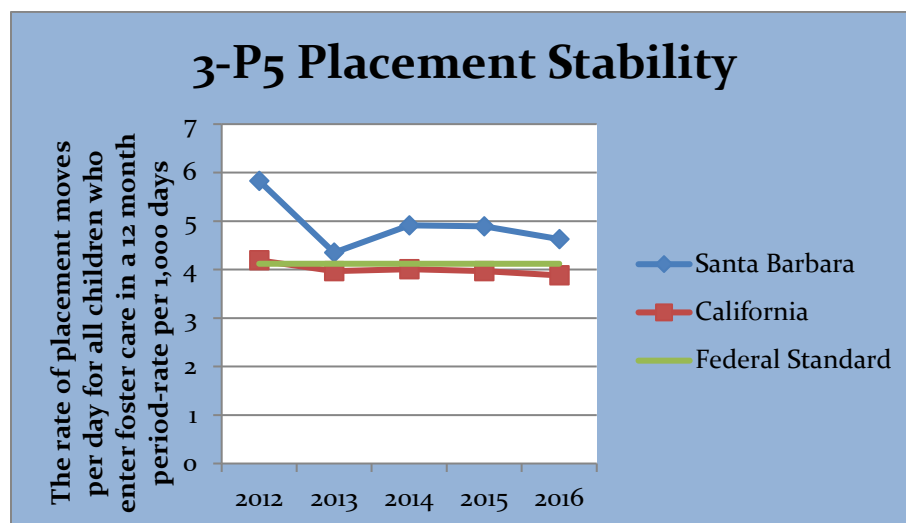
- Early and consistent engagement of the family, especially in the case planning process
- Increasing family teaming through the Child and Family Team process
- Improving collaboration with Juvenile Court partners to avoid unnecessary contested and continued hearings
- Improving consistency of social worker case assignments by lessening staff turnover
- Ensuring that families have access to needed services and that families with complex needs receive the services and support they need

### CWS –P5 Placement Stability

Current Performance	National/State Standard	Performance Related to Standard
4.54	<4.12	90%

*Data Source: CWS/CMS 2017 Quarter 1 Extract*

This performance measure looks at: For the number children who enter foster care in a 12-month period, what is the rate of placement moves per day of foster care? The rate is multiplied by 1,000 to produce a whole number which is easier to interpret. A decrease in the rate per 1,000 days indicates an improvement in performance. Santa Barbara CWS is currently meeting 90% of the federal standard and although we have achieved some improvement in this performance measure, this area continues to pose challenges and opportunities for growth. The chart below shows the prior 5 year history of placement stability in relation to the federal standard and the overall State rate.



*Data Source: CWS/CMS 2017 Quarter 2 Extract*



County of Santa Barbara Permanency in Placement Stability Federal Standard 4.12					
	2012	2013	2014	2015	2016
Placement Stability Rate	5.83	4.37	4.88	4.89	4.63

#### P5 Placement Stability -Demographic Analysis

Analysis of the data shows that the children aged 10 and under had more placement stability than children age 11-17. The chart below shows the number and rate of placement moves by age group for 2016.

Children who entered foster care during 12 month period: Rate of placement moves Jan 1, 2016 to December 31, 2016			
Federal Standard = 4.12			
Age Group	Foster Care Days for Children with Entries	Placement moves	per 1,000 days
Under 1	5,316	17	3.20
1-2	5,632	25	4.44
3-5	6,822	24	3.52
6-10	6,574	31	4.72
11-15	6,679	43	→ 6.44
16-17	2,242	14	→ 6.24
Total	33,265	154	4.63

*Data Source: CWS/CMS 2017 Quarter 2 Extract Date.*

Further analysis of the data by gender shows that overall, females have a higher rate of instability than do males, and in particular, females between the ages of 11 and 17 have the highest rate of placement instability. One factor that may be contributing to this outcome is the passage of Senate Bill 855 which designates Child Welfare Services as a lead agency for children and youth who are victims or at risk of becoming victims of commercial sexual exploitation. Santa Barbara County opted into the Commercially Sexually Exploited Children (CSEC) program in 2015 and began serving this population, who often have multiple placement moves. We will monitor and analyze the data to determine if this trend continues and how to best allocate resources to support the population of teenage girls in placement.

Federal Standard = 4.12						
Age Group	Foster Care Days for Children with Entries		Placement moves		per 1,000 days	
Gender	Female	Male	Female	Male	Female	Male
<b>Under 1</b>	3,032	2,284	7	10	2.31	4.38
<b>1-2</b>	2,890	2,742	11	14	3.81	5.11
<b>3-5</b>	2,032	4,790	11	13	5.41	2.71
<b>6-10</b>	2,916	3,658	14	17	4.80	4.65
<b>11-15</b>	4,532	2,147	33	10	→ 7.28	4.66
<b>16-17</b>	2,089	153	14	0	→ 6.70	0.00
<b>Total</b>	17,491	15,774	90	64	5.15	4.06

Data Source: CWS/CMS 2017 Quarter 2 Extract Date.

Looking at ethnicity data over a five year period, we see that average rate of placement stability is similar for both White and Latino children, with White children having slightly higher placement stability. Black children have a highest rate of placement instability; however the overall number of Black children in care is lower so there are greater fluctuations in the rate. The UCSB racial and ethnic disparities study showed that although Black children were more likely to be in foster care, there were no significant disparities in placement moves between White, Black and Latino children. (Dougherty & Sharkey, 2017, p. 16)<sup>2</sup>

Placement Moves per 1,000 days						
Federal Standard = 4.12						
Ethnicity	2012	2013	2014	2015	2016	Average
<b>Black</b>	6.01	6.04	10.2	9.14	4.15	<b>7.11</b>
<b>White</b>	5.59	4.05	2.85	5.27	5.91	→ <b>4.73</b>
<b>Latino</b>	6.04	4.24	5.34	4.23	4.21	→ <b>4.81</b>
<b>Asian/P.I.</b>	3.77	6.13	0	.	.	<b>3.30</b>
<b>Nat Amer</b>	7.23	6.09	4.03	.	0	<b>4.34</b>
<b>Missing</b>	.	4.5	2.2	0	0	<b>1.68</b>
<b>Total</b>	5.83	4.37	4.88	4.89	4.63	<b>4.92</b>

Data Source: CWS/CMS 2017 Quarter 2 Extract Date.

### Summary of P5-Placement Stability

Child Welfare Services has had some success in increasing stability for our children and youth in placement, however, we have been unable to meet the performance standard. Programs and

<sup>2</sup> Dougherty, D. & Sharkey, J. (2017, August). Investigating Racial and Ethnic Disparities in Santa Barbara County's Child Welfare System.

initiatives that have been implemented to help improve placement stability include:

- HOPE- an in-home service aimed at helping resource parents adjust and care for a child newly placed in their home
- Santa Barbara County Quality Parenting Initiative Network – a group of CWS staff, Resource Families, Foster Parent Association members, and community members that work together to improve the capacity of resource parents to provide a high standard of care to foster children.
- Resource Family Training, Mentoring, and Support – an in home service in which a seasoned Resource Parent Mentor provides non-emergency support such as: training on child development and parenting skills; instructions on resource parent self-care; referrals to resources/services; and training, emotional support and partnership with resource parents on their journey as RFA parents.

There are a number of factors that affect placement stability. In general, there is a lack of resource family homes which, at times, results in placing children in available homes, rather than the best matched home. This is especially true for sibling groups, older children, and children with higher needs. Resource family training and support is also a factor as there are many children in foster care with complex needs and resource parents need increased training and support to successfully meet those needs. One element of resource family support that has been identified through the CSA process is the need for increased in-home support for resource families as well as respite care. Another area of focus is ensuring that children in placement have access to needed supports and services to ensure their success in school. In addition, teen girls have been identified as being particularly vulnerable to placement instability. Child Welfare Services will continue to monitor this and develop targeted solutions to support this population, which may include CSEC youth.

### **Probation –P1-Permanency 12 Months**

This measure captures the number of probation supervised youth who entered foster care during the year timeframe of April 1, 2015 to March 31, 2016, 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 1 of calendar year 2017; January to March, 2017, but includes information from cases entering care starting in April of 2015. Probation chose this measure as the number of youth reunifying or attaining some other permanent arrangement within 12 months has remained below the Federal standard despite a focus on limiting the use of placement and expediting the return from care. Further, as the State pursues its overhaul of the foster care system through the Continuum of Care Reform legislation and counties implement

related practices and strategies, Probation anticipates improvement in this measure as efforts toward compliance are focused on empowering families, bolstering local treatment options, and working with residential programs to provide necessary interventions and services within shorter periods and discharging youth to local programs once stable and prepared.

The Federal compliance standard for this measure is 40.5 percent. The Probation Department's performance is 23.8 percent or 58.8 percent of the standard. This means that 23.8 percent of the youth in care in the timeframe indicated returned from foster care into a permanent arrangement of reunification, adoption, or guardianship within one year. In terms of raw numbers, 42 youth entered care in the 12 month period indicated, and 10 of those youth returned to permanency within 12 months of entry into care.

Probation youth are most likely to reunify with a parent or guardian following their time in foster care. According to U.C. Berkeley, for those youth who entered care in the April 2015 to March 2016 period, 22.7 percent reunified while another 6.8 percent entered into another permanent arrangement. 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 arrangement. 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.

## **Systemic Factors - Child Welfare Services**

### **Staff, Caregiver, and Service Provider Training- Emphasis on Staff**

A healthy and stable workforce contributes to higher job satisfaction and reduced staff turnover. Child welfare workers are at risk of experiencing secondary or vicarious trauma due to the scope and severity of the cases they manage. It is important for the agency to acknowledge and address secondary trauma issues to avoid social worker burnout and staff turnover.

Our CSA identified that both a lack of social worker continuity and higher caseloads were a result of social worker turnover and were a factor in diminished outcomes for children and family. During a parent focus group conducted in January 2017, a number of parents stated



that they had too many changes in social workers and this instability affected their cases. Youth that were interviewed during a similar focus group in January 2017 also identified worker turnover as a concern.

In 2017, Santa Barbara County Child Welfare Services participated in the CalSWEC Workforce Study conducted by Sandhya Rao Hermon, Ph.D. and Elizabeth Wroughton, M.S.W. This study included both social worker and supervisory staff. Results of this study showed that in general, many workers are satisfied with their jobs; but that many are also under stress and a smaller number are experiencing burnout. Trends that emerged included concerns about staff retention and high workloads and the perception that communication between staff and management needed improvement. Recommendations from the study included addressing staff retention issues, exploring possibilities for telecommuting, identifying ways in which to increase transparency and build trust between management and staff, and to celebrate successes with the unit and within the agency.

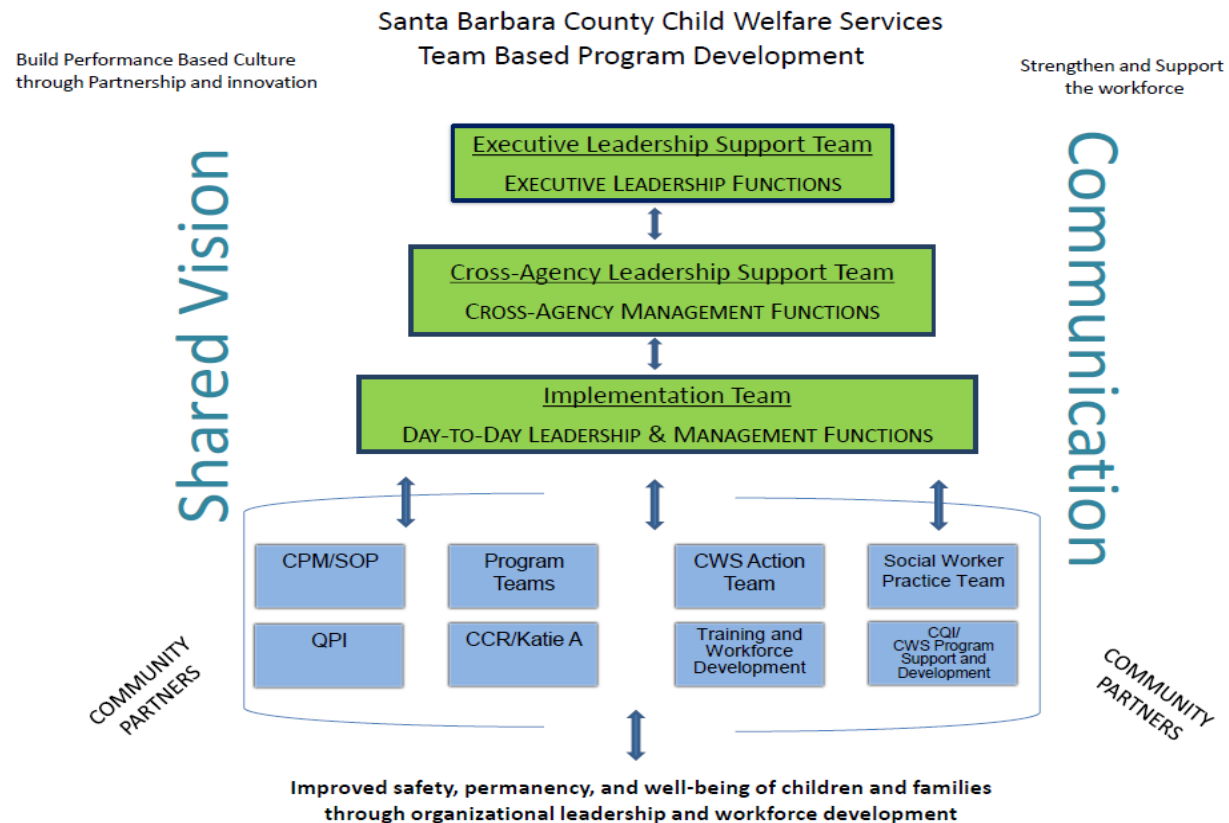
A study of attrition rates in the Department of Social Services was completed for FYs 14-15 through 16-17. This study showed that the Department-wide average attrition rate was generally lower than the attrition rates for the social worker job class series. In particular, the Master's level job class, Social Services Practitioner, had a higher rate of attrition.

Job Class Title	Attrition Rate		
	FY 14-15	FY 15-16	FY 16-17
Social Services Worker	9.52%	10.42%	2.33%
Social Services Worker Sr./PSL	3.03%	6.67%	19.44%
Social Services Practitioner	34.29%	12.90%	10.00%
<b>Average for Social Worker Job Class</b>	<b>15.61%</b>	<b>10.00%</b>	<b>10.59%</b>
<b>Department-wide Average for all job classes</b>	<b>9.73%</b>	<b>7.78%</b>	<b>7.11%</b>
Note: Attrition rates include social work staff in Adult services, the Practitioner job class is not used in Adult Services			

Child Welfare Services has made some recent strides towards improving workforce wellness:

- Secondary Trauma Support Group– This group is in the early stages of implementation and is intended to provide ongoing support to workers to avoid symptoms of secondary trauma and the resulting burnout that secondary trauma can cause.
- Critical incident de-briefing – When there is a critical incident such as a child or parent fatality, a therapist will conduct a voluntary debriefing with any affected staff.
- Team Based Program Development - In 2016, Child Welfare Services developed a team based program development structure throughout and across all levels of the organization. This structure aims to strengthen and support the workforce and to build a performance based culture through partnership and innovation. The teams are meant to have a specific goal and purpose and report to other teams including executive and management functions.

The overall structure of Team Based Program Development is shown below:



Two newly developed program teams include:

- Social Worker Practice Team- In August 2017, a Social Worker Practice Team began which is an independent, social worker driven group that is charged with identifying areas of both strengths and of needs in all aspects of CWS operations. The CWS Practice Team generates ideas and develops strategies for process improvements and recommends needed changes in policy and social work procedures. The Social Worker Practice Team seeks to accurately represent the opinions and ideas of the social work staff. The Social Worker Practice Team collaborates with other program teams and provides input and recommendations to the Implementation Team (TOPS) and other teams as needed
- CWS Action Team – In 2016, this team was formed, which consists of CWS supervisors, managers, and department business specialists as a way to improve critical program operations.
- Deputy Director at unit meetings – In 2017 the CWS Deputy Director attended each CWS unit's monthly meeting to get staff input about both successes and challenges within the agency as well as ideas to improve staff morale, business processes, etc.

Santa Barbara will build on existing resources and successes and look to improve our support of staff through a number of strategies including:

- Launch secondary trauma support group and support staff attendance at this group
- Assess and improve recruitment and retention strategies, utilizing information from the California Core Practice Model Development Circles
- Develop and support a supervisory framework so that supervisors are able to effectively coach, train, and support their staff
- Continue to expand the Social Worker Practice Team and ensure that their input is received at management level meetings

### **County Case Review System – CWS and Juvenile Court Relationship**

A good working relationship between Child Welfare Services and the Juvenile Court constituents is vital to improving outcomes for children and families. Unnecessary delays due to contested hearings and continuances ultimately delay permanency for children. In an effort to improve communication between Child Welfare Services and the Juvenile Court, brown bag meetings were recently instituted to provide transparency and an open forum to discuss systemic issues impacting both CWS and the Court systems. In Santa Barbara County,

dependency cases are heard in both the Santa Maria branch and the Santa Barbara branch of the Juvenile Court. Efforts have been made to standardize procedures between the two regions but improvements can still be made to reduce filing errors and the resulting delays. CWS is in the process of working closely with County Counsel to identify ways to address the potentially unnecessary continuances and to streamline the processes for correct findings and orders, court reports, and case plans so that timely reunification and permanency for our children and families may be achieved.

In addition, staff turnover has resulted in a relatively inexperienced work force. New workers need training and supervisory support to ensure that hearings are not continued due to errors in filing timelines, court reports missing required elements, incorrect findings and orders, unresolved paternity and ICWA issues, and other required court procedures.

Lastly, Child Welfare Services has gone through many changes in the past several years with new initiatives and programs such as Safety Organized Practice, Katie A., Resource Family Approval, and the California Core Practice Model. Although some training has occurred with Court partners, not all Court partners are familiar with these changes and how Child Welfare Services practice is evolving. Ongoing training and communication with both CWS and Court staff will improve our collaboration and ensure that we are working towards the same goals for children under the Court's jurisdiction and with their families and caregivers.

## **Systemic Factors – Probation**

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 are often difficult to secure and the result is that most Probation youth who are placed are put into congregate care programs. Probation's future efforts will emphasize the use of congregate care for youth with mental health deficiencies and serious behavior issues or treatment needs, and pursue alternative programs for youth who might otherwise be placed largely for less severe conduct issues. Disposition recommendations favoring placement will speak to the specific treatment needs that a high-level residential program is best suited to provide so that the use of placement is appropriately limited to those youth with the greatest 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 and rely on placement less as an option in a continuum of sanctions.

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, collaboration with residential care providers, focus on and commitment to family reunification, and matching youth with the best program to meet their needs. The overall support of family reunification as the permanent plan was recognized and highlighted.

The same process identified challenges for Probation Officers and staff working with youth in placement. Among them were inconsistent efforts in locating suitable relatives as possible caregivers, reunification efforts were impacted by drug use involving the youth and family members and long-standing negative family dynamics, factors such as gang involvement and human trafficking presented additional difficulties, distance of programs from the local area impacted coordination of services and connections at home for the youth, families disengaged some when a youth was in placement, services and supports for the family while a youth is in placement were minimal or lacking, underlying conditions and problems in the home often remained unchanged and impacted reunification efforts, and aftercare efforts needed to be bolstered.

The process recommended that Probation work to improve family finding and aftercare efforts, increase services for families when a youth is in care, increase Wraparound involvement, increase engagement with a youth in care and work on family issues (seen as a key factor).

## **Strategy Rationale**

### **Child Welfare Services**

#### **Outcome Measure: Permanency in 12 Months**

***Goal #1: Strengthen engagement of children/youth, families and stakeholders in case planning and decision-making processes across the life of the case to improve timely reunification and other permanency outcomes.***

In order to increase timely permanency for children, Child Welfare Services' goal is to strengthen the engagement of parents, children, youth and caretakers. Early and effective engagement of families is central to the process of reunification and occurs when child welfare practitioners actively collaborate and partner with family members throughout their involvement with the child welfare system, recognizing them as the experts on their respective

situations and empowering them in the process.<sup>3</sup> It is important that children, families and their support networks know and understand why they are involved with the Child Welfare System. Child Welfare Services began training staff in the Safety Organized Practice framework in 2014. The SOP framework helps families to understand the issues of harm and danger that led to CWS involvement as well as the safety goals that must be achieved before a child can be returned or a case may be closed. We are currently incorporating elements of Safety Organized Practice into the development of our Core Practice Model. Through the CSA process, it was identified that parents should play a more active role in the development of their case plans, and that case plans must to be more specific to needs and based on behavioral changes rather than just service compliance. The following strategies will be adopted to address our goal of strengthening engagement:

**Strategy #1** Improve family engagement through the implementation and increased use of Child and Family Team (CFT) meetings that use strength based collaborative strategies in line with the Core Practice Model.

**Rationale:** The field of Child Welfare has encouraged and promoted the use of family teaming and group decision making for many years. Santa Barbara County CWS began using the Team Decision Making (TDM) model in 2003 and Wraparound meetings in 2007. In addition, Santa Barbara County CWS conducts Permanency Teaming meetings for youth who are preparing to emancipate. More recently, Santa Barbara County introduced CFT meetings to meet the requirements of Continuum Care Reform (CCR). Although Santa Barbara has been successful in utilizing TDMs during the investigation process, conducting ongoing family team meetings has been more of a challenge. For example, in 2016 approximately 67% of the TDMs held were for reasons of imminent risk or emergency removal, whereas only 13% were for initial case planning or reunification planning. By increasing the use of CFT meetings, especially prior to the first case plan, CWS hopes to increase the parent's (and child's when applicable) participation in their case plan development, thereby increasing their buy-in and ultimately improving their outcomes.

#### Action/Steps

To fully implement Child and Family Team meetings we will take the following action steps:

- Develop a comprehensive CFT policy that is aligned with the California Core Practice Model framework and train supervisors and social work staff on the policy
- Train and coach staff on the facilitation of CFT meetings

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<sup>3</sup> : Child Welfare Information Gateway. (2016). *Family engagement: Partnering with families to improve child welfare outcomes*. Washington, DC: U.S. Department of Health and Human Services, Children's Bureau.

- Develop a tracking system to monitor staff compliance with the CFT policy and provide training and coaching as needed
- Develop and employ a CQI process to ensure that CFTs are aligned with the CPM framework
- Develop and implement a process for families to give feedback about their experience with CFTs
- Develop a CFT utilization report for Child Welfare Management to be used on an ongoing basis

Roles of other partners in achieving this strategy:

- Ensure that contracted staff that facilitate CFTs are trained in the CFT policy and SOP/CPM framework.
- Community partners and other stakeholders will be oriented to the purpose and structure of CFT meetings

**Strategy #2** Improve the quality of case worker visits to better support child/youth, parents and resource families.

**Rationale:** In order to assess, identify, and respond to the strengths and needs of parents, children, and resource families, child welfare professionals must be able to conduct quality case worker visits. Case worker visits can improve outcomes for permanency when they are aligned with the six case work components of the Core Practice Model:

- Prevention – reducing risk factors and increasing protective factors
- Engagement – family-centered and strengths-based approach to partnering with families in making decisions, setting goals, and achieving desired outcomes
- Assessment- a continuous process to better understand why children and families are involved with Child Welfare and to help families identify the underlying needs that affect the safety , permanency, and well-being of children and youth
- Planning and Service Delivery- working with the family and their team to create individualized and needs-based plans that build on strengths and protective capacities
- Monitoring and Adapting-continuous assessment of the effectiveness of the plan and changing plan as needed
- Transition - helping the family transition from formal supports to informal supports when the formal systems are no longer needed.

Additionally, supervisor knowledge and skill plays a key role in ensuring that casework is being completed with fidelity to the Core Practice Model. We currently have a relatively new supervisory team and with the implementation of the CPM, we are presented with a great opportunity to train and coach new supervisors within the framework of CPM.

#### Action Steps:

- Review and update the monthly case worker visitation policy to include best practice guidelines for visits with parents, children, and caregivers
- Train and coach staff on the use of the California Core Practice Model and SOP principles and practices for case planning and family engagement
- Train and Coach CWS Supervisors using the CPM Supervision/Coaching Guide and Quality Supervision Tool so that they may facilitate transfer of learning and support their workers efforts at improving caseworker visits
- Develop a case reading tool to be used by Child Welfare Supervisors to monitor the quality of case worker visits and fidelity with CPM/SOP framework
- Use the findings of the CFSR case review process to assess for CPM outcomes, monitor quality of visits, and make suggestions for improvements
- Utilize the CQI process to monitor the progress of quality case worker visits and make adjustments to policy, training, and coaching as needed

#### Roles of other partners in achieving this strategy:

We currently have a contract with NCCD staff to assist us in furthering our implementation of the CPM/SOP framework. This contractor is assisting us with developing case reading tools and other CQI processes to assess our improvement in case worker visits.

**Strategy #3** Enhance collaboration and engagement with Juvenile Court partners to ensure that Court proceedings are timely and efficient and lead to the best outcomes for child/youth and families.

**Rationale:** A good working relationship between Child Welfare Services and the Juvenile Court partners is vital to improving outcomes for children and families. Unnecessary delays due to contested hearings and continuances ultimately delay permanency for children. Improved communication and collaboration will ensure that we are working towards the same goals for children under the Court's jurisdiction and with their families and caregivers.

In previous years, Child Welfare Services staff and Juvenile Court staff participated in monthly "brown bag" meetings. These meetings created a forum for members to address system

improvements, program changes, communication methods, and also provide educational opportunities. The frequency of these meetings declined due to personnel changes, however both CWS and the Juvenile Court are committed to re-instating monthly meetings.

**Action Steps:**

- Schedule monthly brown bag meetings with the North and South County Courts
- Disseminate information through the Brown Bag meetings to the Court partners on state and local CWS initiatives such as CCR, CFT, RFA, QPI, and the Core Practice Model
- Provide shared educational and training opportunities to Court partners and CWS staff on topics such as SOP, behaviorally based case plans, and quality parent visitation
- Arrange for a Visitation Specialist to train Court partners and CWS staff on the importance of meaningful visitation

**Roles of other partners in achieving this strategy:**

We will utilize the Central California Training Academy to provide training as needed to both CWS and Court partners. Training may also be conducted by Staff Development. To achieve success in the strategy, CWS will need to engage the Juvenile Court leadership staff to ensure participation of other Court partners such as attorneys, CASA, etc.

***Goal #2 Improve the safety, permanency and well-being of children/youth and families served by Child Welfare Services by increasing both the access to and the quality of needed services.***

In order to increase timely permanency for children, Child Welfare Services must ensure that children and youth and their families are able to access services in a timely manner and these services must be relevant, culturally competent, and effective. Our strategy to help us achieve this goal is focused on improving and streamlining services to parents receiving Child Welfare Services.

**Strategy #1:** Increase support and services to parents in order to achieve healthy and safe relationships with their children

**Rationale:** Often, when parents become involved with the Child Welfare Services, they have experienced complex trauma and have a variety of needs related to substance abuse, mental health, domestic violence, and parenting skills. To achieve the best outcomes, services and support for parents must be needs-based, accessible, and culturally competent. Information from both the Peer Case Review and the CSA informed us that the location of services can be a

barrier to parents and that there is limited access to services for working parents. In addition, we have received feedback from stakeholders that emphasized the need for birth parents and resource families/caregivers to work together to support the child. Additionally, stakeholders reported that Child Welfare Services also needs to improve transitioning planning by ensuring that the family has both formal and informal supports that will stay with them throughout the case and after the case ends.

**Action Steps:**

- Increase conjoint trainings for parents, resource families and staff, focusing on mutually shared topics like the effects of trauma and the benefits of co-parenting.
- Increase opportunities for co-parenting between birth parents and caregivers through icebreakers, and planned transitions.
- Explore the use of orientation and support groups for parents involved in the Child Welfare System
- Increase the availability of and access to culturally responsive services.
- Monitor the progress of the goals using a CQI model that includes parent, social worker and community feedback

**Roles of other partners in achieving this strategy:**

In order to achieve this strategy, Child Welfare Services will have ongoing collaboration with service providers to assess if services are meeting client needs and engaging in efforts to streamline service provision.

Systemic Factor – Staff, Caregiver, and Service Provider Training – Emphasis on Staff

***Goal #1 Develop a trauma informed workplace that ensures a healthy and competent workforce***

A healthy and stable workforce contributes to higher job satisfaction and reduced staff turnover. Child welfare workers are at risk of experiencing secondary or vicarious trauma due to the scope and severity of the cases they manage. According to the ACS-NYU Children's Trauma Institute, unaddressed secondary trauma can lead to child welfare staff feeling helpless, have reduced perspective and critical thinking skills, adopt a negative world view and



over time, experience a lack of collaboration with their supervisors and colleagues.<sup>4</sup> It is important for the agency to acknowledge and address secondary trauma issues to avoid social worker burnout and staff turnover.

An additional strategy to reduce staff turnover is to improve both recruitment and retention strategies to ensure that social workers understand the nature of the job and that the candidate is a good fit for the agency. Once hired, new staff need sufficient training and mentoring so that they do not become overwhelmed by the all of the varied responsibilities and vast knowledge required of a fully trained child welfare worker. In a recent survey conducted by our Social Worker Practice Team, over 95% of the respondents stated that a mentor program would be beneficial to workers as they transition from training into their units.

**Strategy #1** Develop trauma informed strategies to create a healthy workplace and address secondary trauma in Child Welfare Services social workers and other staff.

**Rationale:** Attrition rates for social workers are, on average, higher than for other job classes in the department. Although staff turnover can be attributed to many reasons, results of social worker surveys, both internal and external, show that workers are concerned about job stress, high caseload, and the turnover of both workers and supervisors. As an agency, we cannot control all aspects of turnover (salary, relocation, personal reasons), but we do have responsibility to educate and support staff to recognize and address issues related to secondary trauma that can lead to stress and burnout.

**Action Steps:**

- Review the findings of the CalSWEC 2017 Santa Barbara County Workforce Study to use as a baseline for recommendations, specifically the Personal Stress and Burnout scales
- Incorporate new questions concerning secondary trauma into the existing CalSWEC survey, and administer the survey to staff on a yearly basis
- Develop and implement a plan to incorporate trauma informed strategies into the workplace culture.  
Utilize community based therapists and agencies that specialize in dealing with trauma to work with CWS staff
- Provide training to staff on secondary trauma including how to identify and manage the effects

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<sup>4</sup> ACS-NYU Children's Trauma Institute. (2012). *Addressing Secondary Traumatic Stress Among Child Welfare Staff: A Practice Brief*. New York: NYU Langone Medical Center.

- Use different forums such as focus groups and unit meetings to engage staff in discussions of secondary trauma and how to identify and meet the staff's needs, and evaluate effectiveness of trauma informed strategies.
- Use the findings of the yearly administration of the CalSWEC Workforce study to evaluate and adjust strategies as needed.

**Roles of other partners in achieving this strategy:**

To achieve this strategy Child Welfare Services will partner with Behavioral Wellness and community mental health agencies to provide both direct support and training opportunities for staff.

**Strategy #2:** Develop and implement staff recruitment and retention strategies.

**Rationale:** This strategy focuses on recruitment and hiring practices as well as strategies to retain qualified social workers. In order to hire the most qualified candidates, Child Welfare Services needs to improve and revamp the interview process. This will help candidates get a realistic picture of the job as well as allow supervisor and managers to identify and select the best candidates. Once hired, Child Welfare Services will improve retention strategies through the recommendations of both the Social Worker Practice Team and other staff. These strategies are outlined in the action steps below.

**Action Steps:**

- Review the findings of the CalSWEC 2017 Santa Barbara County Workforce Study to use as a baseline for recommendations, specifically the Commitment to Agency, Communication and Satisfaction scales
- Continue to expand the Social Worker Practice Team to enable line staff to have more direct input into agency decisions
- Improve new staff satisfaction by developing approaches such as meet and greets and mentoring to help staff become acclimated to the agency
- Develop strategies where offices and units can create a supportive, positive atmosphere and staff can feel recognized and appreciated
- Conduct employee exit and stay interviews and track trends and results to better inform retention strategies
- Enhance recruitment and selection practices aligned with the California Core Practice Model and using feedback from staff focus groups in order to obtain high quality staff
- Monitor progress on a yearly basis by having CalSWEC administer the survey, and track the survey results. In addition, analyze attrition rates for the social worker job class

## **Roles of other partners in achieving this strategy:**

The CWS staff development team and the Santa Barbara County Human Resources Department will provide assistance and guidance in achieving this strategy.

### **Child Welfare Services Outcome measure: 3P5-Placement Stability**

***Goal #1: Enhance practices and strategies that result in more children/youth having permanent homes, stable placements, and connections to community, culture, and important adults***

Placement stability is important for children and youth to be able to develop healthy and secure relationships and have success in other areas of their life including school, social activities, and overall health and well-being. In order to achieve the goal of improved placement stability, Santa Barbara County Child Welfare Services will enact targeted strategies to reduce the number of placement moves for children. These strategies include collaborative placement staffing with stakeholders, coaching staff on best practices for concurrent planning, and targeted and child specific recruitment strategies for best match placements. Casey Family Programs highlights both targeted recruitment strategies and child-specific recruitment strategies, such as extreme recruitment, as effective methods to increase foster parent recruitment and permanency and well-being outcomes for children.<sup>5</sup> Targeted recruitment focuses on recruiting foster parents based on the agency's needs and often focuses on specific groups such as faith-based organizations or medical professionals. Extreme recruiting methods include extensive searches for multiple relatives and kin, involving youth in their own permanency planning, and frequent teaming meetings.

**Strategy #1** Enhance coordinated placement practices and processes in order to reduce the number of placement moves for children and youth in foster care

**Rationale:** Santa Barbara County Child Welfare services has consistently underperformed in both State and Federal levels in the area of placement stability. This is especially true for older children and also for children who have been in placement over 24 months. During the time period from April 1, 2016 to March 31, 2017, only 29.7% of the children in care over 24 months

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<sup>5</sup> Casey Family Programs (2014) *Effective Practices in Foster Parent Recruitment, Infrastructure, and Retention*. [http://calswec.berkeley.edu/sites/default/files/uploads/effective\\_practices\\_in\\_foster\\_parent\\_recruitment\\_and\\_retention.pdf](http://calswec.berkeley.edu/sites/default/files/uploads/effective_practices_in_foster_parent_recruitment_and_retention.pdf)

had one or two placement settings. Placement stability is correlated to positive child well-being outcomes. (Federal recommendation 41.8%) In their study of the impact of placement on behavioral well-being for foster children, Rubin, O'Reilly, and colleagues (2007) report that "placement stability, independent of a child's problems at entry into care, can influence wellbeing for children in out-of-home care.....children who failed to achieve placement stability were estimated to have a 36%-63% increased risk of behavioral problems compared with children who achieved any stability in foster care."<sup>6</sup> Child Welfare Services endeavors to decrease the number of placement moves for children in foster care through the action steps outlined below.

**Action Steps:**

- Continue to monitor and analyze data to determine which groups are most at risk of placement disruption and develop targeted placement resources specific to high risk groups
- Use child specific and targeted recruitment strategies to ensure the best placement match, including the use of principles of the extreme recruitment model
- Develop a multi-agency placement staffing process that actively involves stakeholders and foster family agencies for youth who are difficult to place and/or have a history of placement disruption.
- Review and update the concurrent planning policy and train and coach staff to optimize the concurrent planning process
- Monitor placement stability data and use CQI methods to make adjustments as needed

**Roles of other partners in achieving this strategy:**

In order to successfully implement targeted recruitment strategies Child Welfare Services will partner with foster families agencies, contracted recruiters and stakeholders. Placement staffing will also be conducted with stakeholders such as foster family agencies and service providers.

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<sup>6</sup> Rubin, D.M., O'Reilly, A. et al. (2007) *The Impact of Placement Stability on Behavioral Well-Being for Children in Foster Care*. Pediatrics. 2007 Feb. 119(2): 336-344.  
<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2693406/>

***Goal #2 Improve Resource family support strategies in order to increase the caregivers' capacity to understand and help the children in their care and thus decrease the number of placement disruptions***

While recruitment of quality Resource families is important, retention of those quality homes is vital to the success of children and youth in their care. Children who experience multiple moves are at a higher risk of poor outcomes in academic achievement, socio-emotional health, developing insecure attachments, and distress due to the uncertainty of not having a stable place to live.<sup>7</sup>

To meet this goal, Santa Barbara County Child Welfare Services will employ a two pronged strategy. One will focus on developing tangible supports for Resource families and the other will focus on skill development for these Resource families in order to better prepare them to support and keep the children in their care.

**Strategy #1: Increase resources, trainings and supports for Resource parents**

**Rationale:**

Through the CSA process, Child Welfare Services received feedback from resource families and other representatives in the foster care system on what supports are most needed to ensure that resource parents can effectively care for the children placed in their homes. Feedback included the need for tangible supports such as respite care and transportation assistance. Additionally, there is a need for a program where a social worker can provide advocacy and support for resource parents, especially when a child is first placed or for a new resource family. Furthermore, it is important for Child Welfare staff and resource parents to work together as a team to understand each other's primary roles and responsibilities. Having opportunities for Child Welfare staff and resource parents to attend trainings and other events together can help bridge this gap.

To lessen placement disruptions and promote increased child well-being, resource parents must have the capacity to successfully parent the children in their care. Caregivers need to understand the causes and reasons for a child's behavior and also be able to effectively respond to those behaviors. Caregivers must understand the impact of trauma on child development and learn how to effectively minimize its effects without causing additional trauma. In addition to increasing skill development to care for children in the foster care system who have been impacted by trauma, resource parents must also take care of themselves by

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<sup>7</sup> University of California, Davis, Extension. The Center for Human Services (August 2008) *A Literature Review of Placement Stability in child Welfare Service: Issues, Concerns, Outcomes and Future Directions*. Pg.3 <http://www.childsworld.ca.gov/res/pdf/PlacementStability.pdf>

managing their stress and engaging in wellness activities. It is important that resource parents have a forum for peer support and that they develop their own resilience through wellness activities.

**Action Steps:**

- Review current Resource Parent support strategies using information gathered from the QPI, foster parent association groups, staff and results of the CFSR case reviews items 14 and 15 to make recommendations to CWS teams about desired changes
- Amend the Resource Parent support strategies to align with the needs assessment and present these strategies to the CWS teams for implementation
- Adopt new strategies and methods of support for resource families, such as respite care, Child Care Bridge Program, and transportation assistance
- Promote peer support activities among Resource Parents such as support groups, newsletters and family friendly events
- Hire a Resource Family Support Specialist who will provide advocacy and support to Resource Families through phone calls, visits, and information sharing
- Establish co-training opportunities and activities with Resource families and Child Welfare staff to increase interaction and familiarity
- Increase the continuing education opportunities for Resource families to include both trauma informed and wellness training
- Continue to build community relationships and involvement through the Inspire Program which recruits businesses to give discounts to Resource families
- Monitor the progress of the programs and strategies using CQI methods and make adjustments as needed

**Roles of other partners in achieving this strategy:**

In order to achieve this strategy, Santa Barbara County Child Welfare Services and the Resource Family Recruitment, Retention and Support Team will work closely with social workers, Resource families and QPI and stakeholder groups to bring all parties together to address issues and respond to the needs of Resource families. Additional partners may include the Department of Behavioral Wellness for trauma-informed care training as well as the Central California Regional Training Academy.



## **Probation**

### **Outcome Measure: 3-P-1 Permanency in 12 Months**

***Goal #1: Enhance the Probation Department's strategies and practices in order to improve timely reunification and other permanency outcomes for youth in care***

**Strategy #1:** Develop short-term treatment interventions designed to limit a youth's time in care (emphasis on congregate care).

#### **Rationale:**

Historically, under the Rate Classification Level arrangement, youth often remained in care according to a specific residential program design. While these included treatment milestones they also sometimes included non-treatment related requirements that increased time in care. Probation will coordinate with program providers to insure that individual plans and strategies are developed that focus on shorter term treatment interventions.

Appropriate and timely discharge planning by the residential program and case management planning from Probation that focus on strategies for care and return from care will increase the likelihood that a youth can return from care after a short period. This will include utilizing Child Family Team meetings regarding the youth while a youth is in care that include putting in place services in the home for when a youth returns.

Historically, Probation's focus with youth in residential care has been on the youth and his or her needs. While parents are routinely contacted and met with during a youth's time in care, the priority for identifying necessary services to bolster a youth's chances of success once home have been on the youth and less on the parent or guardian. Increasing involvement with a parent or guardian while a youth is in care, and referring them to appropriate services to increase their capabilities and prepare them for a youth's return will support earlier returns home for youth, and increase the likelihood the return will be permanent. It will also insure parents remain actively involved in their child's care and treatment and support them as the most important resource for their child.

#### **Action Steps:**

- Survey programs to determine treatment interventions used and their relation to time in care.
- Align program services and interventions with needs and strengths identified in risk assessment.
- Develop treatment plan that identifies goals and a timeframe for meeting them.
- Use Child-Family Teams to assess progress and inform case plan.
- Monitor the progress of strategy implementation using a CQI model that includes assessment of youth's time in placement

**Strategy #2** Develop reunification strategies for parents to ensure successful reunification.

**Rationale:**

Services for parents and families while a youth is in care are necessary to assist them in building upon strengths and developing strategies for long-term success when a youth reunifies. Often, services are limited or not available, and parents and families don't participate in interventions or develop supports that may increase the likelihood that a youth's reunification will be permanent. This strategy anticipates that determining family and home-based needs and providing specified services during a youth's time in care will improve upon the measure and facilitate earlier reunification.

**Action Steps:**

- Develop orientation for parents that describes the purpose of care, roles of various persons, and expectations.
- Obtain assessment tool to determine parent capacity and readiness for meeting case plan goals.
- Develop process for identifying and engaging family members and support persons to assist parent.
- Use meeting schedule, including Child-Family Team meetings, to determine parent progress with strategies for reunification.
- Develop protocol for reporting parent progress and participation for court review hearings.
- Monitor the progress of strategy implementation using a CQI model that includes assessment of time to reunification

**Systemic Factor: Youth Placement Prevention**

**Goal #2: Increase the Probation Department's capacity to provide community and evidence-based interventions to youth and families to limit the likelihood that youth will enter care and align organizational practices to emphasize community programs.**

**Strategy #1: Create new and improve upon existing organizational practices to negate the need for or limit entry into foster care.**

**Rationale:**

Probation's goal is to increase community-based services that target youth behaviors and family dynamics that may contribute to the need for removal from the home. These will include both short and longer term interventions that can simultaneously address acute and chronic issues. This goal anticipates that performance measures can be improved upon by having less

youth in care in the first place.

Probation will utilize an evidence-based risk assessment instrument to identify areas where services may be focused to have the greatest impact on factors that may contribute to eventual removal from the home and entry into residential care. This will become increasingly important for youth whose needs do not rise to the level of services in an STRTP but who nonetheless require interventions. Organizational practices will favor the use of community-based interventions that address a youth's individual needs as well as the needs of his or her family. These practices will assume that repeated use of community-based interventions may be necessary during periods of difficulty for a youth or a youth's family.

Insuring that internal protocols for recommending removal to foster care adheres to the letter and spirit of CCR will insure that only those youth who require the level of services provided in a STRTP are recommended for placement in a residential program, where, historically, most probation supervised youth are placed. This reinforces the approach that most youth can be treated in a community setting despite the troubling or difficult behaviors they may be presenting.

The transition between the detention setting – where youth are housed prior to entering a residential care program – and a foster care placement often requires the coordination of mental health services to insure continuity of care. Collaboration between agencies and programs will insure a youth's mental health needs are continuously met as he or she transitions between settings. Case planning opportunities in this regard can take place during Child Family Team meetings, placement committee discussions, and in discharge planning from the juvenile hall.

**Action Steps:**

- Provide Wraparound information to parents when a youth is made a ward.
- Incorporate into case plans family needs and strengths as assessed by risk instrument.
- Incorporate into court reports family needs and strengths as assessed by risk instrument.
- Establish protocol for using cross-disciplinary teams to match family and youth needs with community interventions.
- Monitor the progress of strategy implementation using a CQI model that includes assessment of entries into placement

## **Systemic Factor: Staff, Caregiver, and Service Provide Training (emphasis on staff)**

**Goal #3: Increase organizational capacity to ensure compliance with various measures by improving staff access to and familiarity with various information systems and databases that concern foster care activities.**

**Strategy #1** Increase staff access to and knowledge of foster care information and programs to achieve and maintain compliance with measures

### **Rationale:**

Ready access to SafeMeasures will enable Probation staff to make better use of CWS/CMS data in a more user-friendly manner. It will help staff set case planning goals and allow them to discern trends and make adjustments to supervision strategies, case plan components, and service delivery to comply with measures.

Insuring that staff who work with youth in placement and who provide support to placement efforts know of and know how to access and use various information sources and systems concerning foster care will improve compliance with measures as they can determine the status of a case, assess their performance against a measure, and insure information that is stored in the various systems is accurate, timely, and reliable. Introductory training on the CWS/CMS has been provided, but training should also include deeper instruction on that system, SafeMeasures, the U.C. Berkeley database, and all Federal and State outcome measures in general. It will also allow for strategic planning with case management strategies that ultimately support positive foster care outcomes. The organization's ability to readily and routinely access and interpret relevant data will insure that it remains adaptive and able to modify practices to perform well against all measures.

Having a variety of assessment tools available for Probation to use to discern treatment needs and areas of concern will increase the likelihood that services provided in a residential home will target the behaviors that necessitated removal and which will insure earlier reunification once mitigated. Training Probation staff to either administer these assessments or insure that others in allied agencies administer them, will increase the overall capability of the Placement Unit to identify the most appropriate treatment programs for individual youth, and focus on the most serious treatment needs.

**Action Steps:**

- Obtain access to and training for staff in SafeMeasures.
- Develop policy and practice for the use of CWS/CMS.
- Schedule periodic initial and refresher training on CWS/CMS.
- Provide training on the requirements of the Child Family Services Review.
- Provide training on the performance measures database maintained by U.C. Berkeley.
- Develop a CQI oversight team that will utilize acquired data training and skills to monitor and evaluate remaining strategies

**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 CTF 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 from a variety of service sectors. As such, determining priority needs is a collaborative process that includes a variety of different perspectives.

KIDS Network is responsible for the publication of the Children's Scorecard, a compilation of local data and narratives from numerous sources that assesses child wellbeing in the areas of safety, health, education, and family. Data compiled for the 2017 Scorecard was used as a resource to inform the County Self Assessment and also framed discussions about community priorities for child abuse and neglect prevention. 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.

In the 2015 Cohort cited earlier in this report (3P1-Demographic Analysis), it was stated that 91% of children coming into care had neglect as the reason for removal. The Children's Scorecard sheds additional light on circumstances that set the stage for neglect and drive children into the Child Welfare System. Between 2007 and 2014 the percentage of Santa Barbara County children living below the federal poverty level grew from under 15% to nearly 25%. The FPL was \$24,008 for a family of two adults and two children in 2014. According to the Insight Center for Community Economic Development, the 2014 Self-Sufficiency Standard for a Santa Barbara County family of four ranged from \$52,331 to \$80,523, depending on the

ages of the children. Many families fall into the income gap, potentially making too much money to qualify for public assistance but too little to meet basic needs. One in five children lives in a high poverty area and one in five live in a food-insecure household. Three out of five school-aged children qualify for free or reduced-price meals at school. Santa Barbara County ranks third in the state of California for children living in crowded households, with nearly half the students in the cities of Santa Maria and Santa Barbara living in crowded households. These statistics point to disparities in access to resources. Language barriers also create disparities in access to services, as services for Mixteco and Spanish speaking residents are lacking and/or in high demand.

Economic challenges place families under stress and are correlated with higher rates of mental illness, domestic violence and substance abuse. Community Needs Assessments completed by Cottage Health, Marian Regional Medical Center and the Santa Barbara County Public Health Department each independently identified behavioral health services as a primary need and concern for Santa Barbara residents. A retrospective study of adults in Santa Barbara County showed that 57% had experienced at least one Adverse Childhood Experience while growing up and over 13% had four or more. ACEs research shows a correlation between ACEs and higher risk for poor health and behavioral health outcomes, including higher incidences of depression and substance abuse. Child Welfare Services detention data shows that 75% of cases involve substance abuse as either the primary or secondary reason for removal. Intimate partner violence is also a concern in Santa Barbara County. Domestic Violence Solutions has reported steady increases in crisis calls and clients receiving shelter services, and in FY 2015-16, 67% of those living in emergency shelters were children.

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. Direct service priorities continue to be parent education, home visitation, family support services such as case management, referrals, and parent leadership development, and behavioral health services for children and families. Substance abuse treatment services are another priority for Child Welfare Services, along with support for families who are seeking to provide permanency for children and youth through adoption.

This CAPIT/CBCAP/ PSSF Plan is designed to maximize use of limited funds to strengthen and preserve families and to support an integrated, comprehensive system of care that includes early identification, prevention, intervention and treatment services. Funded programs emphasize collaborative, community-based responses to child abuse and neglect that focus on

reducing risks and building protective factors. Prevention partners provide family-centered, strength-based services that support families with complex needs, some of whom are involved with Child Welfare Services. The county prioritizes evidence – based practices in parent education, home visitation and therapeutic support. Evidence-based interventions are outcome-oriented and they promote fidelity and consistency in implementation across organizations and individual practitioners. . Evidence-based programs currently being implemented include Trauma-Focused Cognitive Behavioral Therapy, Parent-Child Interaction Therapy, Child Parent Psychotherapy, Healthy Families America Home Visitation, Incredible Years Parenting Program, Nurturing Parent, Supporting Father Involvement and SafeCare.

### **PSSF Collaborative**

The KIDS Network was established in 1991 as an advisory board to the Board of Supervisors and serves as the required collaborative for Promoting Safe and Stable Families funding (PSSF). The Network is comprised of a 15 member Executive Committee and an open General Membership. Regular meetings focus on determining strategic priorities for the county and coordinating and integrating existing services for children and families. Members of the KIDS Network participate in the RFP process, reviewing and evaluating proposals and making recommendations to the Board of Supervisors for funding allocations.

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, and parent education. Family Preservation Services are provided to families at-risk or in crisis and include case management, home visitation, parent education and peer support. Time-Limited 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, Time-Limited 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 programs that are implemented through Child Abuse Listening



Mediation (CALM). CALM is a leader in building public awareness about child abuse and neglect, and they are a reliable partner in community-based efforts to develop, operate, expand, and enhance child abuse and neglect prevention initiatives, programs, and activities. CALM leads by example, strengthening and supporting families by using evidence-based models for parenting education, home visitation and therapeutic intervention. CALM programs serve vulnerable families at risk of abuse or neglect, including new parents, racial and ethnic minorities, members of underserved populations, fathers, and adult survivors of child abuse and neglect or domestic violence. Funded parent education and behavioral health programs promote the development of parenting skills and increase family stability. CALM collaborates with other community partners to increase access to resources and provide early, comprehensive support for parents. All programs are accessible, effective, culturally appropriate, and strengths-based. CALM has robust systems for client assessment and evaluation of outcomes.

Although CALM provides a full range of intervention and treatment services, those funded through CBCAP serve only non-CWS families.

## **CAPIT**

Child Abuse Prevention, Intervention and Treatment (CAPIT) funding supports nonprofit agencies that are serving families with multiple risk factors. 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 case management, parent education, behavioral health services, basic needs, 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.

The KIDS Network and the Child Abuse Prevention Council are built on county-wide partnerships that support collaborative efforts. Coordination and collaboration between the Network of Family Resource Centers and community-based service providers promotes leveraging of resources and funding support, and ensures accessible and efficient service delivery to families in Santa Barbara County. Braiding CAPIT/CBCAP/PSSF/CTF funding streams results in maximized funding and avoids duplication of services that would occur if programs and funding were not integrated and coordinated. In addition, the collaborative model being supported through these contracts ensures that dollars are leveraged through referrals of consumers to ancillary services provided by the contractor but funded through other sources, as well as referrals to other community partners.

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

### **Local Agencies-Request for Proposal**

CAPIT/CBCAP/PSSF funds will be allocated to eligible agencies in response to a Request for Proposal 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.

All requests for proposals will be 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 request for proposal will be open to all community based organizations serving children, youth and families and will be posted on the County's website. Review of proposals will include a panel of representatives from KIDS Network, CAPC, Human Services Commission and parent consumers. Funding will be 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 will be awarded priority. Santa Barbara County complies with all required assurances related to these funds. The Assurances are included in Attachment \_\_\_\_

### **CBCAP, CAPIT, PSSF Outcomes**

Services will be evaluated based on agreed-upon outcomes set forth in the statements of work included in the standard county contracts. Contractors will need to demonstrate a clear understanding of how their services contribute toward a reduced rate of child abuse and neglect in Santa Barbara County. Contractors will further be 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 will be requested annually. In addition, vendors will have to report annually on their outreach and client engagement process. While specific additional outcome measures may be developed in coordination with contractors, the following outcomes will be required for all grantees:

**CBCAP, CAPIT, PSSF Outcomes**

<b>Service</b>	<b>Engagement Outcomes</b>	<b>Short-term Outcomes</b>	<b>Intermediate Outcomes</b>	<b>Long-term (Pathway Outcome)</b>
<b>Comprehensive substance abuse services designed to maintain families free of substance abuse and their children free of abuse and neglect</b>	<b>Families reached through pro-active outreach methods, number of families reached through multiple access points</b>	<b>All family members are enrolled in appropriate services</b>	<b>Maintained sobriety No child abuse or neglect occurs during service period</b>	<b>Families are free from Substance Abuse and Mental Illness</b>
<b>Family case management, including resources and referrals and access to basic services to strengthen families</b>	<b>Successful pro-active outreach methods, number of families reached through multiple access points and/or ratio of referrals to successfully engaged families (Front Porch).</b>	<b>All family members are receiving appropriate services, as established by assessment.</b>	<b>Successfully reaching case-management goals (potentially using Family Development Matrix Model) No child abuse or neglect occurs during service period</b>	<b>Families are Strong and Connected</b>

<p><b>Comprehensive early care and education services that integrate the “Strengthening Families through Early Care and Education” protective factors which have been demonstrated to be effective in research to prevent child abuse and neglect</b></p>	<p><b>Parents have been successfully engaged as participants.</b></p>	<p><b>All family members are receiving appropriate services. Parents are actively participating and are receiving on site coaching and support.</b></p>	<p><b>Improved family functioning No child abuse or neglect occurs during service period</b></p>	<p><b>Children and Youth are Nurtured, Safe and Engaged</b></p>
<p><b>Continuum of comprehensive services for mental health issues, including counseling to address mental health issues of parents placing children at-risk of abuse and neglect</b></p>	<p><b>Families reached through pro-active outreach methods, number of families reached through multiple access points</b></p>	<p><b>All family members are receiving appropriate services.</b></p>	<p><b>Improved family functioning No child abuse or neglect occurs during service period</b></p>	<p><b>Families are free from Substance Abuse and Mental Illness</b></p>

<b>Comprehensive intimate partner violence services designed to maintain families free from violence and to keep their children free from abuse and neglect</b>	<b>Families reached through pro-active outreach methods, number of families reached through multiple access points</b>	<b>All family members are receiving appropriate services</b>	<b>Maintained home that is free of intimate partner violence. No child abuse or neglect occurs during service period</b>	<b>Families are Strong and Connected  Children and Youth are Nurtured, Safe and Engaged</b>
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#### **CBCAP Specific Outcomes**

<b>Service</b>	<b>Engagement Outcomes</b>	<b>Short-term Outcomes</b>	<b>Intermediate Outcomes</b>	<b>Long-term Permanent Change</b>	<b>Long-term (Pathway Outcome)</b>
<b>Comprehensive substance abuse services designed to maintain families free of substance abuse and their children free of abuse and neglect</b>	<b>Participants feel respected in their environment and treated as equal partners in the decision-making process</b>	<b>Participants demonstrate knowledge of available support services and how to access them</b>	<b>Participants actively engage in treatment programs and family support components</b>	<b>Participants maintain sobriety and provide appropriate parenting to their children</b>	<b>Families are free from Substance Abuse and Mental Illness</b>

<b>Family case management, including resources and referrals and access to basic services to strengthen families</b>	<b>Participants feel respected in their environment and treated as equal partners in the decision-making process</b>	<b>Participants demonstrate knowledge of available services, how to access them and participate actively in the development of a family case plan</b>	<b>Participants successfully reach their family case-plan goals</b>	<b>Participants access supports in a timely manner, maintain a high functioning family and provide appropriate parenting support to their children</b>	<b>Families are strong and connected</b>
<b>Comprehensive early care and education services that integrate the “Strengthening Families through Early Care and Education” protective factors which have been demonstrated to be effective in research to prevent child abuse and neglect</b>	<b>Parents / guardians feel respected as primary caregivers in their children’s lives and treated as equal partners in making decisions for the child’s benefit</b>	<b>Parents / guardians are actively participating on site and know how to access support services in the community.</b>	<b>Parents / guardians access support services for their families and demonstrate knowledge of appropriate parenting techniques</b>	<b>Parents access supports in a timely manner maintain a high functioning family and provide appropriate parenting support to their children. Children are meeting developmental , emotional and social milestones</b>	<b>Children and Youth are Nurtured, Safe and Engaged</b>

<b>Continuum of comprehensive services for mental health issues, including counseling to address mental health issues of parents placing children at-risk of abuse and neglect</b>	<b>Participants feel respected in their environment and treated as equal partners in the decision-making process</b>	<b>Participants demonstrate knowledge of available services and how to access them</b>	<b>Participants actively engage in treatment programs and family support components</b>	<b>Participants are able to maintain stability to provide appropriate parenting to their children</b>	<b>Families are free from Substance Abuse and Mental Illness</b>
<b>Comprehensive intimate partner violence services designed to maintain families free of violence and their children free of abuse and neglect</b>	<b>Participants feel respected in their environment and treated as equal partners in the decision-making process</b>	<b>Participants demonstrate knowledge of available support services and how to access them</b>	<b>Participants actively engage in treatment programs and family support components</b>	<b>Participants maintain a violence-free home and provide appropriate parenting to their children</b>	<b>Families are Strong and Connected  Children and Youth are Nurtured, Safe and Engaged</b>

## **Peer Review**

All contractors will be required to participate annually in peer review activities. Contractors will be paired across different regions within the county to discuss case plan development, family engagement, timely entry into services, gaps in services and suggestions regarding strategies for overcoming barriers encountered by the staff or consumer. The Peer Review Team will include managers, clinical staff, and direct service staff as well as parent consumers. The contract liaison will be an active participant in planning meetings and on peer review teams and will oversee the peer review process.



## **Service Array**

In Santa Barbara County, CAPIT/CBCAP/PSSF (Family Support and preservation) and CCTF prevention funds are braided and used for two collaboratives, providing a continuum of targeted child abuse and neglect prevention, intervention and treatment services in North and South County. Services include home visiting and therapeutic services as well as case management provided through Family Resource Centers. Major components of the collaboration are transfer of expertise from clinical /therapeutic providers to family resource and childcare staff, as well as increased accessibility of services for families. The Children's Trust also provides funding for a residential program targeted to single mothers with young children. All funded agencies participate in the Child Abuse Prevention Council and offer parent leadership activities as part of their services. PSSF Funds are also allocated through CWS to support services for Time Limited Family Reunification and Adoption Promotion and Support.

The Child Abuse Prevention Council is funded through the County Children's Trust Fund and provides education, public awareness and parent leadership activities in collaboration with prevention-funded agencies. Key efforts include a Child Abuse Prevention Academy at both community colleges, educational activities targeted at Early Care and Education providers, and sponsorship of state and local parent training opportunities. The CAPC coordinates with the Childcare Planning Council, First 5 Santa Barbara and the Network of Family Resource Centers, and belongs to the Coastal Tri-Counties Child Abuse Prevention Coalition, formed with San Luis Obispo and Ventura Counties.

Listed in this section are the current services, programs and activities provided by the public, private profit and nonprofit organizations that support and strengthen the service array in the community for prevention as well as for families receiving Child Welfare and Probation services:

### ***PSSF Adoption Promotion and Support***

PSSF adoption promotion and support funds are used to assess and prepare families for adoption as well as to contribute to the success of adoptive placements by funding services to children and adoptive families both pre and post adoption . Currently PSSF funds are utilized to fund services such as Pride Assessment, pre and post-adoptive therapeutic services, scholarships to attend summer camp and recreational activities for children to aid in social/emotional development and provide respite for families, as well as other resources and supports that will aid permanent placement for adoptive families and their children.

### ***PSSF Time-Limited Family Reunification Services***

Family reunification funds are utilized by Santa Barbara County Child Welfare Services to cover cost for services that aid the reunification process within the required 12-month period. Such services include individual, group, and family counseling; inpatient, residential, or outpatient substance abuse treatment services; mental health services; assistance to address intimate partner violence; services designed to provide temporary child care and therapeutic services for families, including crisis nurseries; and transportation to or from any of the services and activities described in this subparagraph. Currently, the majority of PSSF funds are utilized to fund contracts for substance abuse treatment with Good Samaritan to serve the Northern Region, Zona Seca to serve the Lompoc Valley and CADA to serve the Southern region.

### ***CAPIT/CBCAP/CTF/ PSSF Family Support and Preservation***

**These funding streams have been braided and are used to support services to families at risk of abuse and neglect such as:**

- **Incredible Years Home Visiting program**
- **Parent-Child Interaction Therapy (PCIT)**
- **Post-partum depression counseling**
- **Case Management**
- **Trauma-focused Cognitive Behavioral Therapy (CBT)**
- **Parenting and life skills classes.**
- **Parent Leadership development programs**

In both the North and South County collaboratives, clinical providers have teamed up with the family resource centers to increase accessibility for these services. The Family Resource Centers empower at-risk individuals and families through outreach, assessment, case-management, information and referrals, parent education and counseling services. Families are also supported in accessing services to meet basic needs, such as health insurance and housing. The Centers include bilingual/bicultural staff members who live in the community and provide coordinated case management services. The focus is to assist children, individuals and their families in moving toward self-sufficiency.

Services are offered county-wide, with offices in Carpinteria, Santa Barbara, Lompoc, Santa Maria, Solvang, and more remote areas such as Cuyama and Guadalupe. With additional funding from individuals, foundations, businesses and corporations, centers are able to offer services on a sliding scale or at no cost. Both the provider agencies and the Family Resource Centers work closely with Tri-Counties Regional Center and Alpha Resource Center to meet the

needs of children with special needs and their relatives. Particular efforts are also being made to outreach to the Mixteco population, in coordination with Promotores programs, which are comprised of outreach workers recruited from within the community to share information through a traditional social network.

All of the Family Resource Centers in the Santa Barbara network utilize the Family Development Matrix for shared data collection and case management. The Family Development Matrix allows an agency to work from a family's strengths, rather than focusing on deficits, documenting where a family is thriving as well as where there is a need for support. The FDM approach to case management creates family-driven plans that encourage skill building and identify specific outcomes that measure family progress. FDM also provides a powerful "data set" for needs assessment, program planning and evaluation of interventions.

### **CAPIT/CBCAP/PSSF Services and Expenditure Summary:**

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

### **Description of CAPIT/CBCAP/PSSF Programs**

#### **1) North County Child Abuse and Neglect Prevention Collaborative**

Provides case management and therapeutic In-Home Services. Prevention Partners include Santa Maria Valley Youth & Family Center (Lead Agency) and Guadalupe Family Service Center.

- Case Management – individualized case plans created through the Family Development Matrix. Comprehensive services to help families increase protective factors and minimize risk factors for abuse and neglect.
- Therapeutic In-Home Services – Assessment, treatment planning, 12 parent education sessions and 12 "in-vivo" skills practice sessions with children using the *Incredible Years Home Visitor Model*
- Target Population – Santa Maria families with high risk for abuse or neglect due to domestic violence, alcohol or drug abuse, untreated mental illness, lack of parenting skills, stress and/or lack of support. Children 0-18

#### **2) South County Targeted Child Abuse and Neglect Prevention Collaborative**

Provides an array of services and supports to families. Prevention partners include Child Abuse Listening and Mediation (CALM – Lead Agency), Family Service Agency, Isla Vista Youth Projects, Carpinteria Children's Project at Main School, Storyteller Children's Center, and Santa Ynez

A. Services provided by Family Resource Centers:

- Family Case Management Services using the Family Development Matrix
- Early Care and Education Services
- Referrals to community services, including intensive therapeutic interventions available through CALM

B. Prevention Services provided by CALM

- *Great Beginnings* child abuse prevention services (based on Healthy Families America) for overburdened families and their children prenatal to five years who are at-risk for child abuse and neglect and other adverse childhood experiences
- *Incredible Years Parenting Program* to help parents of children 3-11 become optimally effective in meeting their children's needs
- *Nurturing Parenting* an evidence based parenting curriculum
- *Love and Logic Parenting Group*
- *Individual Counseling*
- *Reflective Supervision* for early care and education providers

C. Additional Services available through CALM for Qualified Referrals

- *Trauma-focused Cognitive-Behavioral Therapy* for children and adolescents who have been abused or who have witnessed violence in their home or community
- *Parent-Child Interaction Therapy* for parents/caregivers and their children aged 2-7 who present significant behavioral challenges
- *SafeCare* for children 0-7 yrs and their families is an in-home parenting model program that provides direct skill training to parents in child behavior management and planned activities training, home safety training, and child health care skills to prevent child maltreatment

3) Substance Abuse Resources

- Good Samaritan Shelter Services- Provides the community with several programs to address homelessness as well as alcohol and substance abuse treatment. Services in the North County consist of the following: Emergency Shelter, Family Transitional Shelter, Perinatal Services, After School

Programs, Drug and Alcohol outpatient services, Acute Care Detox and Clean and Sober Living Homes.

- Coast Valley Substance Abuse Treatment Center- Provides substance abuse treatment, counseling and testing services to the Santa Maria and Lompoc communities
- Council on Alcohol and Drug Abuse (CADA) – CADA provides a range of adult services from prevention to treatment in substance abuse. Treatment is provided using a research-based curriculum (The Matrix Model) and delivered by state-certified Alcohol and Drug Counselors. Program consist of assessment and referral, adult outpatient treatment program, perinatal program, court mandated treatment programs a project recovery detox center and drug testing abuse.

## Child Welfare/Probation Placement Initiatives

Santa Barbara County has been actively implementing the current state and federal initiatives aimed at improving outcomes for our county’s children and families. These initiatives will continue to provide Santa Barbara County with a framework for reaching our SIP goals. Below, we will describe these initiatives and the extent to which the Child Welfare and Probation Departments are using them.

### **RESOURCE FAMILY APPROVAL (RFA)**

In regards to RFA, Santa Barbara County was one of the pilot counties to implement the RFA process. Subsequently, we have developed policies and procedures to support the Resource Family Approval process and have done so for the past several years. 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 will also work 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, high chairs, car seats and other essentials; they have offered assistance with child care and college scholarships. Community colleges are providing pre-service training and 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.

- Placement Coordinator:

Santa Barbara County has a placement coordinator who tracks children who are awaiting a permanent home and has up to date placement resource lists regarding collateral counties for possible placement opportunities. Additionally the coordinator remains in contact with FFA agencies and sends out weekly emails to CWS staff regarding placement availabilities and opportunities.

- Special Placement Populations:

Within Santa Barbara County we have limited resources and placements for teenagers, large sibling groups and the LGBTQ+ populations. In response to this need the county has begun targeted recruitment for teenagers in our media outreach as well as within our resource family trainings.

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

Significantly, the rising number of sibling groups including large sibling groups of 3 or more is impacting the county's ability to keep them placed together when relative placements are not available. In regards to Santa Barbara County's ability to support and place large sibling groups, during our recruitment process we continue to encourage and educate resource

parents on the utility and positive outcomes that are had when siblings are placed together.

### **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 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 (RISE), 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.

### **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 which 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 actions teams and trainings.

The CWS Program Support and Development Unit staff report directly to the CWS Deputy Director. This unit provides multifaceted program support including policy and procedure development, legislative analysis, fiscal oversight, and data analysis. This unit is comprised of 6 Department Business Specialists (DBS) who are assigned to program areas, i.e. 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, i.e. Katie A., Continuum of Care Reform, Core Practice

Model/Safety Organized Practice. The DBS staff also conduct the CFSR Case Reviews. This 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 caregiver, birth families, and agencies voices in the process. Through the use of formed networks to share information on how to improve parenting, recruit and retain excellent families and develop policies and procedure 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 2014.

CWS has continued quarterly QPI steering committee meetings comprised of Resource Parents and CWS staff. QPI activities have ramped up and participation in the QPI initiative has expanded to 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 formed to develop strategies.

### **SAFETY ORGANIZED PRACTICE (SOP)**

In 2013, Santa Barbara CWS added the family-centered skills of Safety-Organized Practice (SOP) 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 fostering families, community engagement, and equitable decision making in developing plans to ensure our youth's 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 early adopters and new social workers in an effort to begin cascading the SOP philosophy throughout the agency.

### **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 FY 2015/16 there were over 60 youth taking part in extended foster care in Santa Barbara County.

## **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 efforts of CCR will occur in stages between now and 2021. In order to meet the challenges of CCR the Department has formed internal and interagency workgroup structures to develop a framework for cross-agency teaming in order to serve children and families. Similarly, the Probation Department is implementing the requirements of CCR in stages, and will focus on the use of relative caregivers and decreasing reliance on group care programs. Further, Placement Officers will focus on returning youth from group care to their homes or lower levels of care when safe to do so and with services in place to support a transition. The Department is exploring recruitment options, work with FFAs, and implementing CFTs. The Department does not have

the capacity to dedicate staff resources to CCR implementation exclusively, but instead will have to rely on sworn and non-sworn support staff to collectively implement it.

5 Year Strategy Chart  
Performance Goals  
Child Welfare Services

Priority Outcome or Systemic Factor:

**3-P1 Permanency in 12 months (entering foster care)**

*Of all children who entered foster care in the 12 month period, what percent discharged to permanency within 12 months?*

National Standard: >40.5%

CSA Baseline Performance(Quarter 1 2017): 32.8% (81% of the national standard)

According to the Q1 2017 Data Report, 61 of the 186 children who entered foster care between April 1, 2015 and March 31, 2016 were discharged to permanency within 12 months. To meet the National Standard for this quarter, an additional 15 children would need to have achieved permanency in that time frame.

Target Improvement Goal:

According to first quarter 2017 data, Santa Barbara County Child Welfare Services improved on measure 3P1, and 2015-2016 had the best outcome for this measure in the last 13 years. While this progress is encouraging, Santa Barbara County Child Welfare Services intends to improve its performance on this measure to meet the National Standard of 40.5.

If the number of children entering foster care remains static at 186, Santa Barbara County will need to increase the number of children achieving permanency in 12 months by the following:

Year 1:

No target for Year 1 due to focus on development and implementation of strategies.

Year 2:

- Increase by 2 children
- 33.8%

Year 3:

- Increase by 4 children
- 36.0%

Year 4:

- Increase by 4 children
- 38.0%

Year 5:

- Increase by 5 children
- 40.8%

Data Source: CWS/CMS 2017 Quarter 2 Extract.

### **Systemic Factor – Staff, Caregiver, and Service Provider Training – Emphasis on Staff**

In order to develop a trauma informed workplace that ensures a healthy and competent workforce, we will utilize two main strategies: focusing on addressing secondary trauma and staff recruitment and retention. In order to measure change, we will use both the 2017 CalSWEC Workforce study results and the attrition rate study completed in 2017 for the social worker job classes.

National Standard: N/A

**1. CalSWEC Workforce Study:** This study included 35 responses, which was a 50% response rate and included both line staff and supervisors located in all three geographical regions. Although this study covered 25 scales, we will be focusing on the Personal Stress and Burnout scales for strategy 1 and the Commitment to Agency, Communication, and Job Satisfaction scales for strategy 2.

Our baseline performance on these scales\* is as follows:

Personal Stress: 4.03 (↓)

Burnout: 2.88 (↓)

Commitment to Agency: 3.26 (↑)

Communication: 2.84 (↑)

Job Satisfaction: 3.81 (↑)

\*The scales are from 1 (strongly disagree) to 5 (strongly agree).

## **2. 2017 Social Worker Attrition Study:**

This study, completed in September 2017, looked at the social worker job class series attrition rate over a three year period, i.e. FY 14/15-FY 16/17. The attrition rate for the social worker job class was consistently higher than the department wide average. In 2017, the average attrition rate for the social work job class was 10.59% (department average=7.11%).

### Target Performance:

Years 1 and 2 of the System Improvement Plan will focus on evaluating and implementing strategies and we do not anticipate significant change from our baseline.

The CalSWEC Workplace study will be given on a yearly basis starting in 2018. Additional questions will be added to the survey to deepen focus on the mitigation of secondary trauma and improvement of workforce wellness. While we expect to see some improvements on the scales listed above, we do not expect significant improvement until Years 3, 4, and 5.

Year 3:

We anticipate a 1% decline in the attrition rate to 9.5%.

Year 4:

We anticipate a 1% decline in the attrition rate to 8.5%.

Year 5:

We anticipate a 1% decline in the attrition rate to 7.5% to mirror the department average.

**Priority Outcome or Systemic Factor:**

**3-P5 Placement Stability**

*Of all children who entered foster care in the 12 month period, what is the rate of placement moves per day?*

**National Standard:** <4.12

**CSA Baseline Performance(Quarter 1 2017):** 4.54 (90.7%) of the national standard)

According to the Q1 2017 Data Report, of the 30,159 foster care days for all children who entered foster care the 12 month period, there were 137 placement moves. This number is expressed as a rate per 1,000 days (4.54). To meet the national standard for this quarter, placement moves would need to decrease by 9.4% for a total of 124 placement moves.

**Target Improvement Goal:** According to first quarter 2017 data, Santa Barbara County Child Welfare Services has steadily shown improvement on measure 3P5 over the last 10 years. However, Santa Barbara County Child Welfare Services will improve its performance on this measure to meet the National Standard of 4.12

If the number of foster care days remains static at 30,159, Santa Barbara County will need to decrease the number of placement moves by the following:

Year 1:

- No target placement stability outcome during Year One due to focus on development and implementation of strategies.

Year 2:

- Decrease placement moves to 134 (4.44)

Year 3:

- Decrease placement moves to 131 (4.34)

Year 4:

- Decrease placement moves to 128 (4.24)

Year 5:

- Decrease placement moves to 124 (4.1)

5 Year Strategy Chart  
Performance Goals  
Probation

Priority Outcome or Systemic Factor:

**3-P1 Permanency in 12 months (entering foster care)**

*Of all children who entered foster care in the 12 month period, what percent discharged to permanency within 12 months?*

National Standard: >40.5

CSA Baseline Performance(Quarter 1 2017): 23.8 (58.8% of the national standard)

According to the Q1 2017 Data Report, 10 of the 42 children who entered foster care between April 1, 2015 and March 31, 2015 were discharged to permanency within 12 months. To meet the National Standard for this quarter, an additional 8 children would need to have achieved permanency in that time frame.

Target Improvement Goal: According to first quarter 2017 data, Santa Barbara County Probation Department's performance on this measure has varied widely over the last 10 years. This is due, in large part, to the relatively small number of youth who enter a placement through the juvenile justice system and the variety of dynamics that can influence individual cases and their outcomes. Nonetheless, Probation has not met the Federal standard of 40.5% since 2001. Santa Barbara County Probation Department strives to achieve and maintain compliance with this measure, and intends to improve outcomes during this SIP period to reach the Federal standard of 40.5.

Data Source: CWS/CMS 2017 Quarter 2 Extract.

If the number of children entering foster care remains static at 42, Santa Barbara County Probation will need to increase the number of children achieving permanency in 12 months by the following:

Year 1:

No target for Year 1 due to focus on development and implementation of strategies.



Year 2:

- Increase by 2 children
- 28.6%

Year 3:

- Increase by 2 children
- 33.3%

Year 4:

- Increase by 2 children
- 38.1%

Year 5:

- Increase by 2 children
- 42.9%

Priority Outcome or Systemic Factor:

**Youth Placement Prevention**

National Standard: N/A

CSA Baseline Performance:

In Fiscal Year 2016-2017, 257 youth became wards of the Juvenile Court. From those 257 youth, 19 were removed from the home and placed into a foster care program. This represents 7.39 percent of youth who became wards of the Juvenile Court.

Target Improvement Goal:

Year 1: Complete data is not available for FY 2017-2018 and efforts toward this systemic factor are developing and being implemented.

Year 2: Maintain the number of youth entering foster care programs at 19 to allow for variances associated with implementation efforts.

Year 3: Decrease the number of youth entering foster care programs by three (2) youth.

Year 4: Decrease the number of youth entering foster care programs by two (2) youth.

Year 5: Decrease the number of youth entering foster care programs by one (1) youth.

**Priority Outcome or Systemic Factor:**

**Staff, Caregiver, & Service Provider Training (Emphasis on Staff)**

National Standard: N/A

CSA Baseline Performance: In FY 2017-18, one (1) person had access to SafeMeasures but had not received formal training for it; seven (7) persons were provided orientation training to CWS/CMS; one (1) person has familiarity with the outcome measures database maintained by U.C. Berkeley.

**Target Goal Improvement:**

Year 1: Increase access to SafeMeasures by two (2) persons; increase access to CWS/CMS by (1) person; increase use of and familiarity with the U.C. Berkeley database by (1) person.

Year 2: Increase access to SafeMeasures by two (2) persons and provide training on it to five (5) persons; increase access to CWS/CMS by (1) person; increase use of and familiarity with the U.C. Berkeley database by two (2) persons.

Year 3: Increase access to SafeMeasures by one (1) person; increase access to CWS/CMS by (1) person and provide orientation training on it to two (2) persons; increase use of and familiarity with the U.C. Berkeley database by two (2) persons.

Year 4: Increase access to SafeMeasures by one (1) person; provide refresher

CWS/CMS training to seven (7) persons; increase use of and familiarity with the U.C. Berkeley database by one (1) person.

Year 5: Provide orientation/refresher training on SafeMeasures to seven (7) persons.

Outcome measure: 3-P1-Permanency in 12 months (CWS)

Goal #1: Strengthen engagement of children/youth, families and stakeholders in case planning and decision making processes across the life of the case to improve timely reunification and other permanency outcomes.

Strategy 1: Improve family engagement through the implementation and increased use of Child and Family Team (CFT) meetings that use strength based collaborative strategies aligned with the Core Practice Model	<input type="checkbox"/> CAPIT <input type="checkbox"/> CBCAP <input type="checkbox"/> PSSF <input type="checkbox"/> N/A	Applicable Outcome Measures and/or System Factors 3-P1 Permanency in 12 months (entering care)  <input type="checkbox"/> Title IV-E Child Welfare Waiver Demonstration Capped Allocation Project	
Action Steps	Implementation Date	Completion Date	Person Responsible
A. Develop a comprehensive CFT policy that is aligned with the California Core Practice Model framework and train supervisors and social work staff on the policy	October 2017	Ongoing	-Child Welfare Services Program Support and Development -Staff Development
B. Train and coach staff on the facilitation of CFT meetings	January 2018	Ongoing	-Staff Development -Central California Training Academy
C. Develop a tracking system to monitor the staff compliance with CFT policy and provide training and coaching as needed	March 2018	March 2018	-Child Welfare Services Program Support and Development
D. Develop and employ a CQI process to ensure that CFTs are aligned with Core Practice Model framework	January 2019	Ongoing	-Child Welfare Services Program Support and Development -Staff Development
E. Incorporate a system for families to give feedback about their experiences with CFTs	January 2020	January 2020	Child Welfare Services Program Support and Development

F. Develop a CFT utilization report for Child Welfare Management to be used on an ongoing basis	January 2020	January 2020	Child Welfare Services Program Support and Development
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Outcome measure: 3-P1-Permanency in 12 months (CWS)

Goal #1: Strengthen engagement of children/youth, families and stakeholders in case planning and decision making processes across the life of the case to improve timely reunification and other permanency outcomes.

Strategy 2: Improve the quality of case worker visits to better support children/youth, parents and resource families	<input type="checkbox"/> CAPIT <input type="checkbox"/> CBCAP <input type="checkbox"/> PSSF <input type="checkbox"/> N/A	Applicable Outcome Measures and/or System Factors 3-P1 Permanency in 12 months (entering care) <input type="checkbox"/> Title IV-E Child Welfare Waiver Demonstration Capped Allocation Project	
Action Steps	Implementation Date	Completion Date	Person Responsible
A. Review and update the monthly case worker visitation policy to include best practice guidelines for visits with parents, children, and caregivers	January 2018	January 2019	-Child Welfare Services Program Support and Development
B. Train and coach staff on the use of Core Practice Model (CPM)/ SOP principles and practices for case planning and family engagement	January 2019	Ongoing	-Child Welfare Services Program Support and Development -Staff Development -Central California Training Academy
C. Train and Coach CWS Supervisors using the CPM Supervision/Coaching Guide and Quality Supervision Tool so that they may facilitate TOL and support their workers efforts at improving casework visits	January 2019	Ongoing	-Child Welfare Services Program Support and Development -CCR Team -Staff Development -Central California Training Academy
D. Develop a case reading tool to be used by Child Welfare Supervisors to monitor the quality of case worker visits	January 2018	August 2018	-Child Welfare Services Program Support and development -NCCD Consultant

and fidelity with CPM/SOP framework			
E. Use the CFSR case review process, specifically using items 14 & 15, to assess for CPM outcomes, monitor quality of visits, and make suggestions for improvement	January 2020	Ongoing	-Child Welfare Services Program Support and Development
F. Utilize the CQI process to monitor the progress of quality case worker visits and make adjustments to policy, training, and coaching as needed	January 2020	Ongoing	-Child Welfare Services Program Support and Development -Staff Development

Outcome measure: 3-P1-Permanency in 12 months (CWS)

Goal #1: Strengthen engagement of children/youth, families and stakeholders in case planning and decision making processes across the life of the case to improve timely reunification and other permanency outcomes.

Strategy 3: Enhance collaboration and engagement with Juvenile Court partners to ensure that Court proceedings are timely and efficient and lead to the best outcomes for children/youth and families	<input type="checkbox"/> CAPIT <input type="checkbox"/> CBCAP <input type="checkbox"/> PSSF <input type="checkbox"/> N/A	Applicable Outcome Measures and/or System Factors 3-P1 Permanency in 12 months (entering care) <input type="checkbox"/> Title IV-E Child Welfare Waiver Demonstration Capped Allocation Project	
Action Steps	Implementation Date	Completion Date	Person Responsible
A. Schedule monthly brown bag meetings with the North and South County Courts	October 2017	Ongoing	-CWS Court Services Manager and staff -Juvenile Court Judge and Dependency Attorneys
B. Disseminate information through the brown bag meetings to the Court partners on state and local CWS initiatives such as CCR, CFT, RFA,QPI, and the Core Practice Model	January 2018	Ongoing	-CWS Court Services Manager and staff -Child Welfare Services Program Support and Development
C. Provide shared educational and training opportunities to Court partners and CWS staff on topics such as SOP, behaviorally based case plans, and quality parent visitation	June 2018	Ongoing	-CWS Court Services Manager and staff -Staff Development -Central California Training Academy
D. Arrange for a Visitation Specialist to train Court partners and CWS staff on the importance of meaningful visitation	January 2019	January 2019	-CWS Court Services Manager and staff -Staff Development -Central California Training Academy



Outcome measure: 3-P1-Permanency in 12 months (CWS)

Goal #2 Improve the safety, permanency and well-being of children/youth and families served by Child Welfare Services by increasing both the access to and the quality of needed services

Strategy 1: Increase support and services to parents in order to achieve healthy and safe relationships with their children	<input type="checkbox"/> CAPIT <input type="checkbox"/> CBCAP <input type="checkbox"/> PSSF <input type="checkbox"/> N/A	Applicable Outcome Measures and/or System Factors 3-P1 Permanency in 12 months (entering care) <input type="checkbox"/> Title IV-E Child Welfare Waiver Demonstration Capped Allocation Project	
Action Steps	Implementation Date	Completion Date	Person Responsible
A. Increase conjoint trainings for parents, resource families and staff, focusing on mutually shared topics like the effects of trauma and the benefits of co-parenting	June 2018	December 2018	-Child Welfare Services Program Support and Development -RFA unit -QPI Team
B. Increase opportunities for co-parenting between birth parents and caregivers through icebreakers, and planned transitions	January 2019	January 2020	-Child Welfare Services Program Support and Development -RFA unit -QPI Team
C. Explore the use of orientation and support groups for parents involved in the Child Welfare System	January 2020	January 2021	-Child Welfare Services Program Support and Development
D. Increase the availability of and access to culturally responsive services	June 2019	June 2020	-Child Welfare Services Program Support and Development
E. Monitor the progress of the goals using a CQI model that includes parent, social worker and community feedback	March 2020	Ongoing	-Child Welfare Services Program Support and Development

Systemic Factor: Staff, Caregiver, and Service Provider Training (Emphasis on Staff) (CWS)

Goal #1 Develop a trauma informed workplace that ensures a healthy and competent workforce

Strategy 1: Develop trauma informed strategies to create a healthy workplace and address secondary trauma in Child Welfare Services social workers and other staff	<input type="checkbox"/> CAPIT <input type="checkbox"/> CBCAP <input type="checkbox"/> PSSF <input type="checkbox"/> N/A	Applicable Outcome Measures and/or System Factors: Staff, Caregiver, & Service Provider Training (Emphasis on Staff)  <input type="checkbox"/> Title IV-E Child Welfare Waiver Demonstration Capped Allocation Project	
Action Steps	Implementation Date	Completion Date	Person Responsible
A. Review the findings of the CalSWEC 2017 Santa Barbara County Workforce Study to use as a baseline for recommendations, specifically the Personal Stress and Burnout scales	January 2018	March 2018	-Child Welfare Services Program Support and Development
B. Incorporate new questions concerning secondary trauma into the existing CalSWEC survey, and administer the survey to staff on a yearly basis	August 2018	Ongoing	-Child Welfare Services Program Support and Development
C. Develop and implement a plan to incorporate trauma informed strategies into the workplace culture.	October 2018	Ongoing	-Child Welfare Services Program Support and Development -Staff Development -CWS Managers and Supervisors-CPM/SOP Team
D. Utilize community based therapists and agencies that specialize in dealing with trauma to work with CWS staff	October 2018	Ongoing	-Child Welfare Services Program Support and Development -Staff Development
E. Provide training to staff on secondary trauma including how	June 2019	Ongoing	Child Welfare Services Program Support and Development

to identify and manage the effects			-Staff Development -Central California Training Academy
F. Use different forums such as focus groups and unit meetings to engage staff in discussions of secondary trauma and how to identify and meet the staff's needs, and evaluate effectiveness of trauma informed strategies.	June 2020	Ongoing	-Child Welfare Services Program Support and Development -Staff Development
G. Use the findings of the yearly administration of the CalSWEC Workforce study to evaluate and adjust strategies as needed.	October 2020	Ongoing	-Child Welfare Services Program Support and Development

Systemic Factor: Staff, Caregiver, and Service Provider Training (Emphasis on Staff) (CWS)

Goal #1 Develop a trauma informed workplace that ensures a healthy and competent workforce

Strategy 2: Develop and implement staff recruitment and retention strategies	<input type="checkbox"/> CAPIT <input type="checkbox"/> CBCAP <input type="checkbox"/> PSSF <input type="checkbox"/> N/A	Applicable Outcome Measures and/or System Factors Staff, Caregiver, & Service Provider Training (Emphasis on Staff)  <input type="checkbox"/> Title IV-E Child Welfare Waiver Demonstration Capped Allocation Project	
Action Steps	Implementation Date	Completion Date	Person Responsible
A. Review the findings of the CalSWEC 2017 Santa Barbara County Workforce Study to use as a baseline for recommendations, specifically the Commitment to Agency, Communication and Satisfaction scales	January 2018	March 2018	-Child Welfare Services Program Support and Development
B. Continue to expand the Social Worker Practice Team to enable line staff to have more direct input into agency decisions	March 2018	Ongoing	-Child Welfare Services Program Support and Development
C. Improve new staff satisfaction by developing approaches such as meet and greets and mentoring to help staff become acclimated to the agency	June 2018	Ongoing	-Child Welfare Services Program Support and Development -Staff Development
D. Develop and implement strategies where offices and units can create a supportive, positive atmosphere and staff can feel recognized and appreciated	January 2019	June 2019	-Child Welfare Services Program Support and Development -Staff Development -CWS Supervisors and Managers
E. Conduct employee exit and stay interviews and track trends	January 2020	Ongoing	-Child Welfare Services Program Support and Development

and results to better inform retention strategies			-Staff Development
F. Enhance recruitment and selection practices aligned with the California Core Practice Model and using feedback from staff focus groups in order to obtain high quality staff	January 2021	June 2021	-Staff Development -CWS Program Support and Development -Human Resources
G. Monitor progress on a yearly basis by having CalSWEC administer the survey, and track the survey results. In addition, analyze attrition rates for the social worker job class	October 2018	Ongoing	-Child Welfare Services Program Support and Development

Outcome measure: 3-P5-Placement Stability (CWS)

Goal #1: Enhance practices and strategies that result in more children/youth having permanent homes, stable placements, and connections to community, culture, and important adults

Strategy 1: Enhance coordinated placement practices and processes in order to reduce the number of placement moves for children and youth in foster care	<input type="checkbox"/> CAPIT <input type="checkbox"/> CBCAP <input type="checkbox"/> PSSF <input type="checkbox"/> N/A	Applicable Outcome Measures and/or System Factors 3-P5 Placement Stability  <input type="checkbox"/> Title IV-E Child Welfare Waiver Demonstration Capped Allocation Project	
Action Steps	Implementation Date	Completion Date	Person Responsible
A. Continue to monitor and analyze data to determine which groups are most at risk of placement disruption and develop targeted placement resources specific to high risk groups	October 2017	Ongoing	-Child Welfare Services Support and Development
B. Use child specific and targeted recruitment strategies to ensure the best placement match using the principles of the extreme recruitment model	October 2017	Ongoing	-Child Welfare Services Support and Development -QPI Team
C. Develop a multi-agency placement staffing process that actively involves stakeholders and foster family agencies for youth who are difficult to place and/or have a history of placement disruption	January 2019	June 2019	-Child Welfare Services Support and Development -QPI Team

D. Review and update the Concurrent Planning policy and train and coach staff to optimize the concurrent planning process	January 2019	Ongoing	-Child Welfare Services Support and Development -Staff Development -CWS Supervisors and managers
E. Monitor placement stability data and use CQI methods to make adjustments as needed	January 2018	Ongoing	-Child Welfare Services Support and Development

Outcome Measure: 3 P5-Placement Stability (CWS)

Goal #2: Improve Resource family support strategies in order to increase the caregivers' capacity to understand and help the children in their care and thus decrease the number of placement disruptions

Strategy 1: Increase resources, trainings and support for Resource Parents	<input type="checkbox"/> CAPIT <input type="checkbox"/> CBCAP <input type="checkbox"/> PSSF <input type="checkbox"/> N/A	Applicable Outcome Measures and/or System Factors 3-P5 Placement Stability <input type="checkbox"/> Title IV-E Child Welfare Waiver Demonstration Capped Allocation Project	
Action Steps	Implementation Date	Completion Date	Person Responsible
A. Review current Resource Parent support strategies using information gathered from the QPI, foster parent association groups, staff and results of the CFSR case reviews item 12C to make recommendations to CWS teams about desired changes	January 2018	June 2018	-Child Welfare Services Program Support and Development -QPI group -Foster Parent Association -Resource Family Recruitment and Retention Work Group
B. Amend the Resource Parent support strategies to align with the findings identified in Step A, and present these strategies to the CWS teams for implementation	July 2018	December 2018	-Child Welfare Services Program Support and Development -Resource Family Recruitment and Retention Work Group
C. Adopt new strategies and methods of support for resource families, such as respite care, Child Care Bridge Program, and transportation assistance	June 2018	September 2018	-Child Welfare Services Program Support and Development -Resource Family Recruitment and Retention Work Group



D. Promote peer support activities among Resource Parents such as support groups, newsletters and family friendly events	January 2019	Ongoing	-Child Welfare Services Program Support and Development -Staff Development -QPI group -Foster Parent Association -Resource Family Recruitment and Retention Work Group
E. Hire a Resource Family Support Specialist who will provide advocacy and support to Resource Families through phone calls, visits, and information sharing	October 2017	Ongoing	-Resource Family Recruitment and Retention Work Group -CWS management
F. Establish co-training opportunities and activities with Resource families and Child Welfare staff to increase interaction and familiarity	January 2020	Ongoing	-Resource Family Recruitment and Retention Work Group -Staff Development
G. Increase the continuing education opportunities for Resource families to include both trauma informed and wellness training	January 2018	Ongoing	-Resource Family Recruitment and Retention Work Group
H. Continue to build community relationships and involvement through the Inspire Program which recruits businesses to give discounts to Resource families	January 2018	Ongoing	-Resource Family Recruitment and Retention Work Group
I. Monitor the progress of the programs and strategies using	December 2018	Ongoing	-Resource Family Recruitment and Retention Work Group

CQI methods and make adjustments as needed			-Child Welfare Services Program Support and Development
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**Outcome Measure: 3-P1-Permanency in 12 months (Probation)**

Goal #1: Enhance the Probation Department's strategies and practices in order to improve timely reunification and other permanency outcomes for youth in care

Strategy 1: Develop short-term treatment interventions designed to limit a youth's time in care (emphasis congregate care).	<input type="checkbox"/> CAPIT <input type="checkbox"/> CBCAP <input type="checkbox"/> PSSF <input type="checkbox"/> N/A	Applicable Outcome Measures and/or System Factors 3-P1 Permanency in 12 months (entering care)  <input type="checkbox"/> Title IV-E Child Welfare Waiver Demonstration Capped Allocation Project	
Action Steps	Implementation Date	Completion Date	Person Responsible
A. Survey programs to determine treatment interventions used and their relation to time in care.	September 2018	October 2019 for programs in use; ongoing for new programs	-Placement Unit DPOs and support staff. -Behavioral Wellness clinicians. -Program staff
B. Align program services and interventions with needs and strengths identified in risk assessment.	March 2019	Ongoing	-Placement Unit DPOs -Behavioral Wellness clinicians -STRTP program staff
C. Develop treatment plan that identifies goals and a timeframe for meeting them.	July 2018	Ongoing	-Program treatment providers
D. Use Child-Family Teams to assess progress and inform case plan.	September 2018	Ongoing	-Placement DPOs -STRTP program staff
E. Monitor the progress of strategy implementation using a CQI model that includes assessment of youth's time in placement	March 2020	Ongoing	-Placement SPO and Manager

Goal #1: Enhance the Probation Department's strategies and practices in order to improve timely reunification and other permanency outcomes for youth in care

Strategy 2: Develop reunification strategies for parent to ensure successful reunification.	<input type="checkbox"/> CAPIT <input type="checkbox"/> CBCAP <input type="checkbox"/> PSSF <input type="checkbox"/> N/A	Applicable Outcome Measures and/or System Factors 3-P1 Permanency in 12 months (entering care)  <input type="checkbox"/> Title IV-E Child Welfare Waiver Demonstration Capped Allocation Project	
Action Steps	Implementation Date	Completion Date	Person Responsible
A. Develop orientation for parents that describes the purpose of care, roles of various persons, and expectations.	April 2019	Ongoing	-Placement DPOs
B. Obtain assessment tool to determine parent capacity and readiness for meeting case plan goals.	April 2019	December 2019	-Placement Unit DPOs -Behavioral Wellness clinician rs
C. Develop process for identifying and engaging family members and support persons to assist parent.	November 2018	May 2019	-Probation Court Services DPOs -Placement Unit DPOs
D. Use meeting schedule, including Child-Family Team meetings, to determine parent progress with strategies for reunification.	January 2019	October 2019	-Placement Unit DPOs -Behavioral Wellness clinician -Parent, family members -Program staff -Other CFT participants
E. Develop protocol for reporting parent progress and participation for court review hearings.	October 2018	April 2019	-Probation Court Services DPOs -Placement Unit DPOs
F. Monitor the progress of strategy implementation using a CQI model that includes	March 2020	Ongoing	-Placement SPO and Manager

assessment of time to reunification			
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Systemic Factor: Youth Placement Prevention (Probation)

Goal # 2: Increase the Probation Department's capacity to provide community and evidence-based interventions to youth and families to limit the likelihood that youth will enter care and align organizational practices to emphasize community programs.

Strategy 1: Create new and improve upon existing organizational practices to negate the need for or limit entry into foster care	<input type="checkbox"/> CAPIT <input type="checkbox"/> CBCAP <input type="checkbox"/> PSSF <input type="checkbox"/> N/A	Applicable Outcome Measures and/or System Factors: Youth Placement Prevention  <input type="checkbox"/> Title IV-E Child Welfare Waiver Demonstration Capped Allocation Project	
Action Steps	Implementation Date	Completion Date	Person Responsible
A. Provide Wraparound information to parents when a youth is made a ward.	July 2018	Ongoing	-Probation Court Services DPOs
B. Incorporate into case plans family needs and strengths as assessed by risk instrument.	March 2019	Ongoing	-Probation Court Services DPOs
C. Incorporate into court reports family needs and strengths as assessed by risk instrument.	March 2019	Ongoing	-Probation Court Services DPOs -Placement Unit DPOs
D. Establish protocol for using cross-disciplinary teams to match family and youth needs with community interventions.	July 2019	December 2019	-Probation Court Services, Supervision, and Placement DPOs -Behavioral Wellness staff
E. Monitor the progress of strategy implementation using a CQI model that includes assessment of entries into placement	March 2020	Ongoing	-Placement SPO and Manager

Systemic Factor: Staff, Caregiver and Service Provider Training (Emphasis on Staff) (Probation)

Goal # 3: Increase organizational capacity to ensure compliance with various measures by improving staff access to and familiarity with various information systems and databases that concern foster care activities.

Strategy 1: Increase staff access to and knowledge of foster care information and programs to achieve and maintain compliance with measures.	<input type="checkbox"/> CAPIT <input type="checkbox"/> CBCAP <input type="checkbox"/> PSSF <input type="checkbox"/> N/A	Applicable Outcome Measures and/or System Factors Staff, Caregiver, and Service Provider Training (Emphasis on Staff)  <input type="checkbox"/> Title IV-E Child Welfare Waiver Demonstration Capped Allocation Project	
Action Steps	Implementation Date	Completion Date	Person Responsible
A. Obtain access to and training for staff in SafeMeasures.	January 2019	August 2019	-Placement Unit SPO and Manager -CWS and/or CDSS staff
B. Develop policy and practice for the use of CWS/CMS.	June 2019	December 2019	-Placement Unit SPO and Manager
C. Schedule periodic initial and refresher training on CWS/CMS.	October 2018	Ongoing	-Placement SPO and Manager
D. Provide training on the requirements of the Child Family Services Review.	April 2019	February 2020	-Placement SPO and Manager
E. Provide training on the performance measures database maintained by U.C. Berkeley.	March 2019	December 2019	-Placement SPO and Manager
F. Develop a CQI oversight team that will utilize acquired data training and skills to monitor and evaluate remaining strategies	March 2020	Ongoing	-Placement SPO and Manager

CAPIT/CBCAP/PSSF Expenditure Workbook  
Proposed Expenditures  
Worksheet 1

(1) DATE SUBMITTED: 4/24/18 (2) DATES FOR THIS WORKBOOK 10/1/17 thru 6/30/19  
(4) COUNTY: Santa Barbara (5) PERIOD OF SIP: 10/1/17 thru 9/30/22 (6) YEARS: 1 & 2

(3) DATE APPROVED BY OCAP 4/24/2018  
Internal Use Only

(7) <u>ALLOCATION</u> (Use the latest Fiscal or All County Information Notice for Allocation):	CAPIT:		CBCAP:		PSSF:		
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No.	Program Name	Applies to CBCAP Programs Only	Name of Service Provider	Service Provider is Unknown, Date Revised Workbook to be Submitted to OCAP	<u>CAPIT</u>		<u>CBCAP</u>		<u>PSSF</u>						<u>OTHER SOURCES</u>	<u>NAME OF OTHER</u>	<u>TOTAL</u>
					Dollar amount to be spent on CAPIT Programs	CAPIT is used for Administration	Dollar amount to be spent on CBCAP Programs	CBCAP is used for Administration	Dollar amount to be spent on Family Preservation	Dollar amount to be spent on Family Support	Dollar amount to be spent on Time Limited Reunification	Dollar amount to be spent on Adoption Promotion & Support	Dollar amount of PSSF allocation to be spent on PSSF activities (Sum of columns G1-G4)	PSSF is used for Administration	Dollar amount from other sources	List the name(s) of the other funding source(s)	Total dollar amount to be spent on this Program (Sum of Columns E, F, G5)
A	B	C	D1	D2	E1	E2	F1	F2	G1	G2	G3	G4	G5	G6	H1	H2	I
1	North County Targeted Community Child Abuse and Neglect Prevention Program		Family Service Agency - Anta Maria Valley Youth and Family Center	RFP and Revised workbook 7/1/19 through 6/30/22	\$0		\$0		\$32,419	\$80,012	\$0	\$0	\$112,431		\$34,569	CCTF	\$147,000
2	South County Targeted Child Abuse and Neglect Prevention Program	Direct Service	Child Abuse Listening Mediation (CALM)	RFP and Revised Workbook 7/1/19 through 6/30/22	\$127,922		\$21,428		\$30,000	\$44,827	\$0	\$0	\$74,827		\$15,147	CCTF	\$239,324
3	Pre and Post Adoption Services		County of Santa Barbara Various Providers		\$0		\$0		\$0	\$0	\$0	\$62,419	\$62,419		\$412,081	SB County Realignment	\$474,500
4	Time Limited Family Reunification Services		Good Samaritan Shelter Services		\$0		\$0		\$0	\$0	\$62,419	\$0	\$62,419		\$187,581	SB County Realignment	\$250,000
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
8					\$0		\$0		\$0	\$0	\$0	\$0	\$0		\$0		\$0
9					\$0		\$0		\$0	\$0	\$0	\$0	\$0		\$0		\$0
10					\$0		\$0		\$0	\$0	\$0	\$0	\$0		\$0		\$0



CAPIT/CBCAP/PSSF Expenditure Workbook  
Proposed Expenditures  
Worksheet 1

No.	Program Name	Applies to CBCAP Programs Only	Name of Service Provider	Service Provider is Unknown, Date Revised Workbook to be Submitted to OCAP	<u>CAPIT</u>		<u>CBCAP</u>		<u>PSSF</u>						<u>OTHER SOURCES</u>	<u>NAME OF OTHER</u>	<u>TOTAL</u>
					Dollar amount to be spent on CAPIT Programs	CAPIT is used for Administration	Dollar amount to be spent on CBCAP Programs	CBCAP is used for Administration	Dollar amount to be spent on Family Preservation	Dollar amount to be spent on Family Support	Dollar amount to be spent on Time Limited Reunification	Dollar amount to be spent on Adoption Promotion & Support	Dollar amount of PSSF allocation to be spent on PSSF activities (Sum of columns G1-G4)	PSSF is used for Administration	Dollar amount from other sources	List the name(s) of the other funding source(s)	Total dollar amount to be spent on this Program (Sum of Columns E, F, G5)
A	B	C	D1	D2	E1	E2	F1	F2	G1	G2	G3	G4	G5	G6	H1	H2	I
11					\$0		\$0		\$0	\$0	\$0	\$0	\$0		\$0		\$0
12					\$0		\$0		\$0	\$0	\$0	\$0	\$0		\$0		\$0
13					\$0		\$0		\$0	\$0	\$0	\$0	\$0		\$0		\$0
14					\$0		\$0		\$0	\$0	\$0	\$0	\$0		\$0		\$0
15					\$0		\$0		\$0	\$0	\$0	\$0	\$0		\$0		\$0
	Totals				\$127,922		\$21,428		\$62,419	\$124,839	\$62,419	\$62,419	\$312,096		\$649,378		\$1,110,824
									20%	40%	20%	20%	100%				

**(1) COUNTY:** Santa Barbara County

**(2) YEARS: 2017-2019**

[illegible]

## CAPIT/CBCAP/PSSF PROGRAM AND EVALUATION DESCRIPTION

### PROGRAM DESCRIPTION

#### PROGRAM NAME

North County Targeted Community Child Abuse and Neglect Prevention Program

Expenditure Workbook Line # 1

#### SERVICE PROVIDER

Family Service Agency

#### PROGRAM DESCRIPTION

Family Service Agency merged with the Santa Maria Valley Youth and Family Center in July of 2017 and is now the lead agency for the Targeted Community Child Abuse and Neglect Prevention Collaborative. FSA-SMVYC partners with Santa Maria Healthy Start, Santa Maria Bonita School District, and Guadalupe Union School District Little House by the Park to provide comprehensive services for families in northern Santa Barbara County who have multiple risk factors. Families are screened for risk factors using a comprehensive Intake Assessment and if they meet criteria for the program, they are offered an array of supportive services to strengthen protective factors and reduce the risk for child abuse and neglect.

Funded services include concrete support, case management, home visitation, parent education, and peer support groups. Santa Maria Healthy Start and Guadalupe Little House by the Park are Family Resource Centers that share information and make referrals to link families to a variety of concrete supports. They also provide case management services that empower families to identify priorities and work on goals in order to strengthen resilience and improve family circumstances. Case management outcomes are tracked across 21 indicators using the Family Development Matrix. Evidence-based parent education is delivered either in a classroom setting (Guadalupe) or as a home visitation program (Santa Maria). The Collaborative uses the Incredible Years Parenting curriculum for both programs. Parenting outcomes are measured using the Positive Parenting Inventory (PPI) and the Protective Factors Survey. The PPI tracks improvements in discipline, supervision, punishment, praise and expectations. The Protective Factors Survey is used to measure gains in Knowledge of Parenting and Child Development. Peer Support is provided through Parent Cafés that are conducted in partnership with the Family Resource Centers and other community providers.

## FUNDING SOURCES

SOURCE	LIST FUNDED ACTIVITIES
CAPIT	
CBCAP	
PSSF Family Preservation	Case management, parent education, peer support
PSSF Family Support	Case management, parent education, home visitation
PSSF Time-Limited Family Reunification	
PSSF Adoption Promotion and Support	
OTHER Source(s): CCTF	Case management, concrete supports/information and referral

## IDENTIFY PRIORITY NEED OUTLINED IN CSA

**Poverty** (CSA pp 18, 19, 20)

**Neglect** (CSA pp 26, 28, 32-33, 35, 37-38)

**Lack of services/resources** (CSA pp 25, 26)

**Disparity in access to services** (CSA pp 17, 25)

## TARGET POPULATION

The target population for this program is families with children ages 0-18 who are at high-risk for child abuse and /or neglect due to domestic violence, alcohol or drug abuse, untreated mental illness, lack of parenting skills, overwhelming stress and/or lack of support. Families with children ages 0-18 may be self-referred or may be referred by local schools or other community agencies. The program also accepts referrals for children 6-18 who are referred through Path 1 Differential Response. (First 5 funds Path 1 DR services for children ages 0-5). In North County (Santa Maria) the school districts support Outreach Consultants on a majority of the school campuses who assess needs and make referrals to community service providers. The partners in this collaborative are well known and awareness about their services is promoted through their participation in the KIDS Network, the Child Abuse Prevention Council, the Partnership for Strengthening Families, and the monthly Healthy School Pantry.

## TARGET GEOGRAPHIC AREA

North Santa Barbara County, including the city of Santa Maria, the unincorporated township of Orcutt and the rural communities of Guadalupe, Casmalia and Tanglewood.

## TIMELINE

This program was funded through an RFP process for fiscal years 2016-17, 2017-18 and 2018-19. Another RFP will be released early in 2019 for the next three year funding cycle.

## EVALUATION

### 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	125 at-risk families will be successfully linked to community-based services and supports	In-house tracking system	Pre and post services
Parents / caregivers will increase resilience and strengthen protective factors by participating in intensive family case management services	75% of parents who participate in case management services will improve functioning by at least one status level on indicators selected for the Family Empowerment Plan	Family Development Matrix	Every three months
Parents will increase positive parenting practices by participating in the Incredible Years Parenting Program	75% of parents who complete the program will increase their level of competency in the domains of Appropriate Discipline, Positive Parenting and Clear Expectations	Parenting Practices Interview (PPI) Summary Scales	Pre & post services
Parents will improve knowledge of parenting and child development by participating in the Incredible Years Parent Program	75% of parents who complete the Incredible Years Parenting Program will achieve higher levels of competence in Knowledge of Child Development as indicated by improved ratings on the PFS scale	Protective Factors Survey (PFS)	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	
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### CLIENT SATISFACTION

Method or Tool	Frequency	Utilization	Action
Santa Barbara County Parent Satisfaction Survey	Completed by parents at the close of services (case management or parent education)	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

# CAPIT/CBCAP/PSSF

## PROGRAM AND EVALUATION DESCRIPTION

### PROGRAM DESCRIPTION

#### PROGRAM NAME

South County Targeted Child Abuse and Neglect Prevention Program

Expenditure Workbook Line #2

#### SERVICE PROVIDER

Child Abuse Listening Mediation (CALM)

#### PROGRAM DESCRIPTION

CALM is the lead agency for the DSS Targeted Child Abuse and Neglect Prevention Program. CALM partners with Family Service Agency, Isla Vista Youth Projects, and Santa Ynez Valley People Helping People to provide comprehensive services for families in southern and mid Santa Barbara County. CALM also has offices in Santa Maria, where they extend therapeutic services to north county families as well. Families are screened for risk factors using a comprehensive Triage Protocol and if they meet criteria for the program, they are offered an array of supportive services to strengthen protective factors and reduce the risk for child abuse and neglect. Services begin prenatally whenever possible and follow the Principles of Family Support, recognizing families as resources, affirming their cultural/racial/linguistic identity and enhancing their capacity to support growth and development of all family members through embedded programs and services and relationships that are based on equality and respect.

Funded services include concrete support, case management, home visitation, parent education, mental/behavioral health services, and peer support groups. Isla Vista Youth Projects, Family Service Agency (Santa Barbara and Lompoc) and Santa Ynez Valley People Helping People are Family Resource Centers (FRCs) that share information and make referrals to link families to a variety of concrete supports. Carpinteria Children's Project and the Cuyama Valley Family Resource Center are unfunded partners who provide the same services. FRCs also provide case management services that empower families to identify priorities and work on goals in order to strengthen resilience and improve family circumstances. Case management outcomes are tracked across 21 indicators using the Family Development Matrix. Peer Support is provided through the FRCs using the Parent Café model.

Parent education is delivered using evidence-based curricula, including Nurturing Parenting and Supporting Father Involvement. Evidence-based home visitation uses the Healthy Families America model. Behavioral Health services are provided for children and parents to address issues that include but are not limited to complex needs that arise from trauma, postpartum depression, substance abuse, and intimate partner violence. Trauma-Focused Cognitive-Behavioral Therapy is a primary intervention. Outcomes for parent services are measured using

the Adult Adolescent Parenting Index (AAPI). The AAPI tracks improvements in parental expectations, awareness of child's needs, belief in corporal punishment, parent-child role reversal and oppressing child's power and independence. The Protective Factors Survey is also used to measure gains in nurturing and attachment, family functioning, social support and concrete support.

#### FUNDING SOURCES

SOURCE	LIST FUNDED ACTIVITIES
CAPIT	Case management, parent education, behavioral health services, basic needs, peer support
CBCAP	Parent education, behavioral health services
PSSF Family Preservation	Case management, home visitation
PSSF Family Support	Case management, parent education, home visitation
PSSF Time-Limited Family Reunification	
PSSF Adoption Promotion and Support	
OTHER Source(s): CETF	Basic needs/concrete supports

#### IDENTIFY PRIORITY NEED OUTLINED IN CSA

Poverty (CSA pp 18, 19, 20)  
Neglect (CSA pp 26, 28, 32-33, 35, 37-38)  
Lack of services/resources (CSA pp 25, 26)  
Disparity in access to services (CSA pp 17, 25)  
Behavioral Health Services (CSA pp 28, 33, 34-35)

#### TARGET POPULATION

Families with children ages 0-18 who are at high-risk for child abuse and /or neglect due to domestic violence, alcohol or drug abuse, untreated mental illness, lack of parenting skills, overwhelming stress and/or lack of support. Families with children 0-18 may be self-referred or may be referred by local schools or other community agencies. Families with children ages 6-18 may also be referred through Path 1 Differential Response. Outreach and engagement with schools happens through the Child Abuse Prevention Council and the KIDS Network. Many FRC partners have sites on school campuses and staff serve as ambassadors, informing schools about community services.

#### TARGET GEOGRAPHIC AREA

South Santa Barbara County, including the cities of Santa Barbara, Goleta, and Carpinteria; the unincorporated township of Isla Vista; and Mid-County communities of Lompoc, Solvang, Buellton, Los Alamos, and the Santa Ynez Valley. CALM also provides parent support groups in Santa Maria and in the rural community of New Cuyama as part of this program.

#### TIMELINE

This program was funded through an RFP process for fiscal years 2016-17, 2017-18 and 2018-19. Another RFP will be released early in 2019 for the next three year funding cycle.

## EVALUATION

### 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 supports in times of need	75% of case managed clients will demonstrate increased knowledge of and ability to access community resources, moving at least one status level between in-crisis/at risk toward safe and self-sufficient	Family Development Matrix	At intake and every three months
Parents / caregivers will increase resilience and strengthen protective factors	Families will demonstrate increased competence in family functioning, emotional support, concrete support and nurturing and attachment between intake and follow-up, as indicated by improved ratings on the PFS scale	Protective Factors Survey	Pre and post services
Parents will increase positive parenting practices by participating in parent education, home visitation and other treatment services	60% of parents receiving services will maintain or improve positive parenting attitudes related to reduced risk of child abuse following 6 months of treatment, as shown by improved scores on the AAPI-2	Adult Adolescent Parenting Index(AAPI-2)	Pre and post services

### Quality Assurance (QA) Monitoring

Attend quarterly meetings of the collaborative	Semi-annual reports submitted to county liaison	Issues regarding program performance are addressed with program lead	
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### CLIENT SATISFACTION

Method or Tool	Frequency	Utilization	Action
Santa Barbara County Parent Satisfaction Survey	Completed annually or upon completion of services	Reviewed quarterly by program leads, shared with practitioners to improve service delivery	Problem areas addressed by staff as appropriate to resolve issues and ensure quality improvement



## CAPIT/CBCAP/PSSF PROGRAM AND EVALUATION DESCRIPTION

### PROGRAM DESCRIPTION

#### PROGRAM NAME

Time-Limited 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 Time-Limited 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 26, 28, 37-38)

Substance abuse (CSA pp 34-35)

**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**

The contract with Good Samaritan Shelter Services was established through a Request for Proposal process. The current contract ends June 30, 2018. A new RFP will be released this year with contracts to begin July 1, 2018, extending through June 30, 2022; however, no changes are anticipated with this funding stream in the new funding cycle.

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

<b>Desired Outcome</b>	<b>Indicator</b>	<b>Source of Measure</b>	<b>Frequency</b>
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	ASI (Addiction Severity Index)  Internal progress reports	ASI at intake / discharge  Monthly

	family following 3-6 months of treatment		
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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	

**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 Time-Limited 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 2015 entry cohort only 11 of 177 children who entered foster care were adopted within 12 months - pg 132

Placement Stability – CSA indicates a need for increased placement support - pg 142

### 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

Funding period July 1, 2017-June 30, 2019, SIP period dates September 1, 2017-June 30, 2019. For the remainder of the SIP Period (July 1, 2019-August 31, 2022) the Department will issue an RFP to contract with vendors for CAPIT/CBCAP/PSSF funded prevention services. OCAP will be notified of all changes.

## 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
Feedback from Adoption Social Workers and Adoptive children and families	Every Case that receives Services	Adoption Supervisor and Manager	Used for program support and development as well as training needs.

## BOS NOTICE OF INTENT

THIS FORM SERVES AS NOTIFICATION OF THE COUNTY'S INTENT TO MEET ASSURANCES FOR THE CAPIT/CBCAP/PSSF PROGRAMS.

**CAPIT/CBCAP/PSSF PROGRAM FUNDING ASSURANCES  
FOR Santa Barbara COUNTY**

**PERIOD OF PLAN (MM/DD/YY): 10/01/17 THROUGH (MM/DD/YY) 09/30/22**

**DESIGNATION OF ADMINISTRATION OF FUNDS**

The County Board of Supervisors designates Santa Barbara County Department of Social Services KIDS Network as the public agency to administer CAPIT and CBCAP.

**W&I Code Section 16602 (b)** requires that the local Welfare Department administer the PSSF funds. The County Board of Supervisors designates Santa Barbara County Department of Social Services KIDS Network as the local welfare department to administer PSSF.

**FUNDING ASSURANCES**

The undersigned assures that the Child Abuse Prevention, Intervention and Treatment (CAPIT), Community Based Child Abuse Prevention (CBCAP), and Promoting Safe and Stable Families (PSSF) funds will be used as outlined in state and federal statute<sup>1</sup>:

- Funding will be used to supplement, but not supplant, existing child welfare services;
- Funds will be expended by the county in a manner that will maximize eligibility for federal financial participation;
- The designated public agency to administer the CAPIT/CBCAP/PSSF funds will provide to the OCAP all information necessary to meet federal reporting mandates;
- Approval will be obtained from the California Department of Social Services (CDSS), Office of Child Abuse Prevention (OCAP) prior to modifying the service provision plan for CAPIT, CBCAP and/or PSSF funds to avoid any potential disallowances;
- Compliance with federal requirements to ensure that anyone who has or will be awarded funds has not been excluded from receiving Federal contracts, certain subcontracts, certain Federal financial and nonfinancial assistance or benefits as specified at <http://www.epls.gov/>.

In order to continue to receive funding, please sign and return the Notice of Intent with the County's System Improvement Plan to:

California Department of Social Services  
Office of Child Abuse Prevention  
744 P Street, MS 8-11-82  
Sacramento, California 95814

\_\_\_\_\_  
County Board of Supervisors Authorized Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Title

<sup>1</sup> Fact Sheets for the CAPIT, CBCAP and PSSF Programs outlining state and federal requirements can be found at: