

## Strategy Summary

### CHILD WELFARE

#### **Strategy #1**

Expand Child and Family Team meetings to occur throughout the life of the case for child welfare youth, with an initial focus on children ages 11-17 who have been in foster care for 24 months or more.

P3 - Permanency in 12 months for Children in Foster care 24 months or more

#### **Purpose/Justification Rationale**

Continuum of Care Reform (CCR) (AB403) asserts that child welfare services are most effective when delivered in a family-centered context. Child and Family Team (CFT) meetings share responsibility to assess, plan, intervene, monitor, and refine services over time. Welfare and Institutions Code, Sections 16501.1 (c) and (d) require that county placing agencies convene a CFT meeting as defined in Section 16501 to identify supports and services that are needed to achieve permanency, enable a child to live in the least restrictive family setting, and promote normal childhood experiences. For children to reach permanency and heal from trauma, ongoing engagement with their team is essential.

The CFT is intended to bring all individuals involved in a child's life together in order to engage child and family, collaborate, and create individualized plans. This strategy will expand the usage of CFT Meetings to ensure that the meetings address the multiple components in a case including:

- At the time that the need for placement and court involvement is identified;
- At the time that the initial case plan is developed;
- To assist the County in Family Finding & Engagement efforts;
- To assist in development of Concurrent Planning, and
- To review case plan and modify so that family members and providers are aware of all case plan activities occurring and those with which the family must be involved.

When children must be removed from their families to ensure their safety, the first goal is to reunite them with their families as soon as possible. Child welfare agencies implement multifaceted strategies that build on family strengths and address concerns. According to the Child Welfare Information Gateway<sup>2</sup>, such strategies may include family engagement, maintaining family and cultural connections, connecting families to evidence-based services, regular and frequent visits among family members with the social worker, and parent education. It will ensure that concurrent planning and family finding occur to benefit the child and family.

Implementing CFTs throughout the life of every case will assist in accomplishing strategies by offering a regular opportunity to discuss family finding and engagement, concurrent planning, and the needs identified through the CANS tool. This will offer children and families an opportunity to be actively involved members in the permanency planning process and improve the possibility for children in care

---

<sup>2</sup> Child Welfare Information Gateway, <https://www.childwelfare.gov/topics/permanency/reunification/>

for over 24 months to achieve permanency. This teaming approach will be particularly suited to older children (11-17), like those in the P3 target population, who often want to have input into their placements and the decisions made about them.

Thus far, San Benito County Child Welfare has incorporated CFTs at the onset of cases; however, by extending the frequency of CFTs for every child in care at six-month intervals (to coincide with court hearings), and by incorporating family finding and engagement in every CFT, new and newly interested family members and friends may be considered for placement to achieve permanency. This may provide permanency for those children already in care for over 24 months who also have court hearings every six months.

#### **Action Steps**

- A. Child Welfare has developed a comprehensive CFT policy that is aligned with California's Integrated Core Practice Model framework, and which links Behavioral Health (BHRC) services to the planning and engagement process.
- B. Child Welfare and Behavioral Health will contract with a Vendor or the Regional Training Academy to train supervisors, social workers, and Behavioral Health staff on the policy.
- C. Child Welfare and Behavioral Health will contract with a Vendor or the Regional Training Academy to train and coach staff on effective facilitation of CFT meetings.
- D. Child Welfare will develop a tracking system to schedule CFTs and monitor staff compliance with the CFT policy.
- E. Child Welfare will develop and implement a process for families to give feedback about their experience with CFTs. Questions will be focused on their perception of the benefits and any recommendations for modifications. Questionnaires will be provided to the participants at the CFT and returned upon completion.
- F. Child Welfare will develop a CFT utilization report for Management to be used on an ongoing basis to review for timely completion and compliance.
- G. Prior to participation in CFTs, Child Welfare and Behavioral Health will ensure community partners and other participants will be oriented to the purpose and structure of CFT meetings by Child Welfare and Behavioral Health's CFT facilitator.
- H. Child Welfare and Behavioral Health will conduct a focus group with community partners and participants who have participated in CFTs, to review the completed questionnaires provided, gather further input in order to modify on-going annual CFT Program evaluations, and identify needed improvements for the CFT process.

#### **Evaluation**

Utilize the developed tracking system to ensure timely compliance of CFTs. Review family feedback to ensure effectiveness of CFT processes and team meetings. Meet monthly as a team to make any needed modifications to the CFT process.

#### **Systemic Changes Needed to Support Improvement Goal**

Share key CFT related process and data between Behavioral Health and Child Welfare



teams/supervisors.

**Educational/Training Needs to Achieve the Goal**

Social workers and supervisors will be trained on the developed policy. Training will be provided for CFT facilitators by Bay Area Academy or another vendor. Education about the purpose and structure of CFT Meetings will be provided for community partners and participants.

**Roles of Other Partners in Achieving the Goal**

Community partners and service providers will participate in CFTs, as well as program evaluations.

**Technical Assistance**

None identified.

**Strategy #2**

Strengthen Family Finding and Engagement for all children and youth in the foster care system, with an initial focus on children ages 11-17 who have been in foster care for 24 months or more.

P3 - Permanency in 12 months for Children in Foster care 24 months or more – Child Welfare

**Purpose/Justification Rationale**

The Family Finding and Engagement (FFE) initiative was specifically developed to address the needs of children and youth who are in the child welfare system over 24 months, and strategically has been expanded through the life of the cases. The intent is to identify and connect with family including non-related extended family to develop permanent connections. In order to better serve the children currently in care for more than 24 months, every assigned social worker will staff these cases with their supervisor to identify any possibility to achieve permanency through targeted recruitment of relatives and other extended family members, (as discussed on page 105 of the CSA).

The RFA Unit will focus on existing family members and engage them in caring for and supporting children. In some long-term cases, current resources for children and youth could include parents from whom children were originally removed. Conducting RFA Assessments for kin and fictive kin options while recruiting unmatched homes is exciting and challenging for the RFA Unit.

The County emphasizes initially placing children in-county in order to provide the opportunity for consistent and natural contact with family. For those children who have been placed out of the county, it is important to continue to work toward moving children back into their community of origin. With the recent Agency changes, reducing the expectations of the Specialized Unit and narrowing the focus to RFA will allow for further development of the RFA process in San Benito County. Active recruitment efforts will grow the County's local inventory of homes and assist the case-carrying social workers with local placements while exploring extended family member involvement in children's cases.

Furthermore, children in the P3 population are currently ages 11-17. These youth are more mature and able to identify either new support persons and/or possible placement options, as well as family

members and friends with whom they have lost contact and would like to reconnect.

FFE will be a greater benefit to children the earlier in the case that it is implemented. Investigating social workers and court workers should begin family finding efforts as soon as possible. This will also help meet the requirement to notify relatives within 30 days of a child being removed. Many parents are more willing to engage with social workers prior to the Jurisdiction Hearing. If family members and/or other supports are identified early on, these people may participate in the initial CFT. Potential placement options may be discussed, as well as other supportive roles for the children, such as assistance with transportation, connections with biological family through participation in family events/holidays/customs, and emotional support. Support may also be identified for the parents, such as help with transportation, assistance with housing, maintaining sobriety, and emotional support. Additionally, children who are placed with relatives and/or have family connections while in placement are less likely to run away from their placements, therefore they are safer and more engaged in the reunification process. Additionally, since a youth who was AWOL was identified as one of the challenges for the County in complying with the caseworker visit requirements, this strategy can potentially help improve that measure.

The CalSWEC Family Finding and Engagement Toolkit<sup>3</sup> describes children and youth who do not feel connected to family or other adults as more likely to have struggles later in life. Some experience:

- Mental health issues
- Behavioral issues
- Homelessness
- Placement disruptions, including multiple placements and/or mismatched placements
- School disruptions and failures
- Lack of self-sufficiency
- Lack of permanency and support networks
- Loss of identity, and/or
- Feelings of groundlessness.

Thus far, social workers have received Family Finding training, and have access to LexisNexis; however, the current policy is outdated and in need of revision, therefore, Family Finding is currently being revisited to enhance the process.

### **Action Steps**

- A. Child Welfare has attended training on Family Finding and Engagement and received tools. They will continue to research and understand best practice in the area of family finding and engagement specifically for San Benito County and incorporate this into a policy once the tools have been chosen.

<sup>3</sup> CalSWEC Family Finding and Engagement (FFE) Toolkit <http://calswec.berkeley.edu/toolkits/family-finding-and-engagement-ffe-toolkit/what-family-finding-and-engagement>



- B. Child Welfare will train social workers on the policy and related practices, including new technologies, services, and resources used to locate family.
- C. Social Workers will begin implementing the new policy, to include application to new cases, as well as cases with children in care over 24 months.
- D. Child Welfare will ensure that the policy will integrate with the new CFT policy so that Social workers will utilize CFT Meetings to elicit information from attendees to assist in family finding and engagement efforts.
- E. Child Welfare will monitor family finding and engagement through case review and revise policy and training as necessary.

#### **Evaluation**

Randomly pull and review three cases per quarter for compliance with policies and procedures. Identify any gaps to inform improvement in the process.

#### **Systemic Changes Needed to Support Improvement Goal**

None identified.

#### **Educational/Training Needs to Achieve the Goal**

Training will be conducted yearly by Bay Area Academy and/or other vendors.

#### **Roles of Other Partners in Achieving the Goal**

None Identified.

Child Welfare, Probation, and other service providers will discuss at the monthly CSOC meeting any cases where the social worker or probation officer needs assistance with family finding efforts.

#### **Technical Assistance**

None identified.

#### **Strategy #3**

Staff will partner with behavioral health staff to ensure completion and transparency of results between Behavioral Health staff and social workers, with an initial focus on children ages 11-17 who have been in foster care for 24 months or more. The results of the CANS Assessments will be used to guide the Child and Family Team meetings.

P3 - Permanency in 12 months for Children in Foster care 24 months or more

#### **Purpose/Justification Rationale**

The Child and Adolescent Needs and Strengths Assessment (CANS) is the functional assessment tool to be used with the CFT process to guide case planning and decisions. The CANS is a validated tool

that assesses the individual strengths and needs of the family as well as the caregiving environment, (ACL 18-81). The CDSS requires that Child Welfare Agencies complete the CANS for every child, youth and NMD with an open child welfare case.

The strategy will ensure that staff are trained regarding how the CANS should be incorporated into CFTs. The CFT is the teaming meeting intended to bring all individuals involved in a child's life together in order to collaborate and create individualized plans. The action steps outlined below ensure that CFT and CANS are implemented fully and bring family, partners, and caregivers to the table to meet a child's needs. There will be a number of trainings implemented to ensure staff and caregivers are trauma informed and steeped in the values of CPM, CANS, and CFT.

This strategy will also incorporate family finding and engagement with CFTs and the CANS process to ensure that families feel comfortable in CFTs and that relatives and support people are engaged in the family's reunification plan.

By assessing all children for strengths and needs, including children in care for more than 24 months, new needs may be identified, and may lead to further services which may resolve any obstacles that may be barriers for permanency. Additionally, the youth in this population, ages 11-17, may be able to better understand the CANS Assessment and its implications, and may be able to suggest services or other means to address their needs and utilize their strengths. Furthermore, by incorporating the CANS in every CFT, new and newly interested family members and friends may become aware of a child's needs and may be more open to becoming a resource to the child. This may provide permanency for those children already in care for over 24 months.

#### **Action Steps**

- A. Child Welfare has developed a comprehensive CANS policy that is aligned with California's Integrated Core Practice Model framework, and which links mental health services to the planning and engagement process.
- B. Child Welfare will train supervisors, social workers, and service providers on the policy.
- C. Child Welfare will train and certify identified staff to conduct the CANS Assessment.
- D. Child Welfare will train staff on how to implement the CANS Assessment into all CFT meetings.
- E. Child Welfare will develop a tracking system to monitor staff compliance with the CANS policy and provide training and coaching as needed.
- F. Child Welfare will develop a CANS utilization report for Management to be used on an ongoing basis to review for timely completion, incorporation into the CFT, and policy compliance.

#### **Evaluation**

Utilize the developed tracking system to ensure timely compliance of CANS. Meet regularly as a team to make any needed modifications to the CANS process.

#### **Systemic Changes Needed to Support Improvement Goal**

Share key CANS related process and data with mental health service provider teams/supervisors.

**Educational/Training Needs to Achieve the Goal**

Social workers and supervisors will be trained on the developed policy and identified staff will be trained to conduct the CANS Assessment, by the Regional Training Academy and/or other vendors.

**Roles of Other Partners in Achieving the Goal**

Mental Health Service Providers will assist in the completion of the CANS.

**Technical Assistance**

None identified.

**CHILD WELFARE AND PROBATION****Strategy #4**

San Benito Child Welfare will expand access to Mental Health and Substance Use Disorder services for children and youth who are involved in the Child Welfare and Juvenile Probation systems.

Systemic Factor – Agency Collaboration

**Purpose/Justification Rationale**

Using the state's Integrated Core Practice Model guide and an AB 2083 compliant Memorandum of Understanding, San Benito Child Welfare will expand access to mental health (MH) and substance use disorder (SUD) services for Child Welfare and Juvenile Probation involved youth. This expansion of services will be accomplished via partnership with Behavioral Health, Juvenile Probation, County SELPA, and identified youth serving departments to redesign and implement its Children's System of Care.

Access to timely and effective MH and SUD related services is critical to successful service delivery and to assure effective long-term outcomes for youth in care. Research has established, in a host of national evaluations, that a highly connected and integrated, single system of care for children, youth and families is the most effective structure and process to assure access to care. Investment in Systems of Care empowers stakeholders/communities; insulates otherwise separate departments from government funding shifts; shares accountability and risk issues; increases cultural proficiency and sensitivity; reduces recidivism and re-entry; and, reduces costs to agencies.

Children and youth in a well-administered system of care show increased school attendance rates of nearly 10%; are less likely to require inpatient services (42% decrease); are less likely to visit an emergency room (ER) for behavioral and/or emotional problems (average cost per child for ER visits decreased 57%); are less likely to be arrested (average cost per child for juvenile arrests decreased by 38%); and experience a school dropout rate of 8.6% vs. 15% for non-System youth. (Beth A. Stroul, M.Ed., Sheila A. Pires, M.P.A., Simone Boyce, Ph.D., Anya Krivelyova, M.A., and Christine Walrath, Ph.D.)

Each of these translates of course, to fewer dollars expended and to less caregiver strain. Effective



System of Care design and administration allows public agencies to support the social determinants of health in ways that otherwise are not possible.

Through a deliberate, purposeful monthly meeting, the team will staff all cases in which a family is identified as needing additional services and/or is receiving multiple services. Such services may include therapy for children with difficult behaviors, which in turn would increase the likelihood that a relative or resource family may wish to provide permanency.

Thus far, there have been several meetings with Child Welfare, Probation, and Behavioral Health to discuss this strategy, gain support, and develop rapport. In the event that potential partners decline to participate in the future, Child Welfare and Probation will reach out to other service providers.

#### **Action Steps**

- A. Child Welfare and Probation have convened monthly CSOC Child Interagency Council (CICC) meetings. Participants may include but are not limited to Child Welfare, Behavioral Health, Probation, and County Office of Education.
- B. Child Welfare and Probation have engaged Peer Departments in planning for redesign of the existing system. Peer departments may include but are not limited to Child Welfare, Behavioral Health, Probation, County Office of Education, and other service providers.
- C. Child Welfare and Probation will evaluate existing/prior CSOC documents/memoranda, in order to revise, update, and build upon, to create a more effective and comprehensive system.
- D. Child Welfare and Probation will work with a vendor to conduct orientation and training for social workers and Probation Officers for System of Care principles and practices.
- E. Child Welfare and Probation will work with a vendor to coach and train Supervisor and Management level staff in the Integrated Core Practice Model SOC leadership.
- F. Child Welfare and its partners will evaluate existing data sets to monitor and adapt to this goal.

#### **Evaluation**

CWS and its partners will evaluate existing data sets to monitor and adapt to this goal. These include, but are not limited to: 1) the number of foster youth referred for SMHS assessment; 2) the number of foster youth assessed via CANS; 3) the number of foster youth receiving more than five MH or SUD services per month; 4) the number of San Benito County foster youth admitted to inpatient care while in county placement; and 5) the school attendance rates for San Benito County foster youth placed in county. In addition to the desired improved outcomes for children in care, the collaboration and systemic factor will be evaluated as follows: 1) 95% of all scheduled meetings will occur; 2) each Council agency will ensure that a representative will be present for 90% of meetings; and, 3) 80% of children with a need that has been identified by the CANS Assessment will receive appropriate services within 30 days.

#### **Systemic Changes Needed to Support Improvement Goal**

The Children's System of Care in San Benito has been in existence for some years, but in recent years, has been inconsistently practiced. Interagency partners will be needed to convene and consistently attend to both Interagency Leadership and Interagency Placement Committee processes, and to

identify a pathway to a revised and updated MOU.

System of Care redesign will invite the county youth serving departments to determine how co-location of personnel and teams may assist in fostering better outcomes. The most important element of system change is the leadership behaviors that are required of all department heads and managers.

#### **Educational/Training Needs to Achieve the Goal**

Staff training should include sessions on orientation to System of Care principles and as a practice approach; cross training in Child and Family Teaming; CANS orientation; and training in CANS administration for identified staff. Additional training on Trauma Informed Systems will support the parallel efforts to deliver trauma informed care to youth and families.

Sustainable Systems of Care invite supervisor and management level staff to become facile in the various components of one another's functional areas, so that rotation of leadership is possible. This assures an institutionalization of shared governance and management that is otherwise subject to financial and policy changes. Training and coaching of leaders will be required.

#### **Roles of Other Partners in Achieving the Goal**

Critical to this enhancement effort are Behavioral Health, Probation, County Office of Education, and/or other service provider partners, who share resources and responsibilities for similar outcomes under their Medi Cal and Local Control Accountability Planning and funding processes.

Regular attendance by all partners at the monthly Interagency Leadership team will be needed, and ongoing dialogue about how to identify obstacles to care delivery and fund sharing will be necessary. A shared and aligned governance and commitment to System of Care is fundamental to successful administration.

#### **Technical Assistance**

Technical support for this strategy will be provided by county associations via their pending MOU/2083 guidance.

Systems of Care resources are also available from federally funded TA Centers at the University of Maryland and University of South Florida.

### **Prioritization of Direct Service Needs**

When determining which direct service needs should be funded through CAPIT/CBCAP/PSSF, the County considered outcome measure data, insight gathered from focus groups and stakeholder meetings during the CSA process, and availability, or lack thereof, of resources in the County.

Outcome measure data showed that the children most at-risk for maltreatment in San Benito County were children age two years and younger, and children under the age of one year had the highest rate of substantiated allegations of abuse and/or neglect and were the age group most often removed from their parents. Outcome measure data also indicated that San Benito County had General Neglect as the most common type of allegation received (54.8%). These referrals generally involve substance abuse, domestic violence, and mental health issues related to the caregiver or in some way impacting the care

of the child. Substance Use Disorder is commonly linked to cases involving domestic violence and mental health issues. Additionally, during the reporting period, April 1, 2017, to March 31, 2018, San Benito County had 0% (0 of 11) children exit to permanency.

Focus groups and stakeholder meetings provided insight regarding more specific community needs. These needs include assistance with transportation to access services, and more services provided by non-County providers, such as parenting education, as this may be seen as a conflict of interest. Additionally, families may feel more comfortable engaging in services not directly provided by the County. Therefore, they may be more open and honest throughout the process, and successfully reunify timelier and have a reduced chance of re-entering the child welfare system.

When considering the specific needs of the community, it was discovered that there were no such available services to address these needs. In order to rectify this issue, the County released an RFP with specific guidelines for application. As a result, First 5 San Benito was awarded the contract. Through their evidence-based programs, the Strengthen Families Program (<https://www.cebc4cw.org/program/strengthening-families-program-sfp/>) and the Positive Parenting Program (<https://www.cebc4cw.org/program/triple-p-positive-parenting-program-system/>), they will provide home visiting and parenting education. CAPIT and CBCAP funds will be used for the home visiting services and will be available to at-risk families and those with open CPS cases. The parenting education program will be funded with PSSF Family Preservation and PSSF Family Support monies, and will also be available to at-risk families and those with open CPS cases.

Because San Benito County is geographically small and mostly rural, there is not an abundance of substance abuse services available. As a result, the County will continue to contract with San Benito County Behavioral Health (SBCBH) to provide referrals to residential substance abuse programs, most of which are located out-of-county. It will be at the discretion of SBCBH whether to utilize evidence-based or evidence-informed programs. This contract will be funded by PSSF Time Limited Family Reunification funds and will be available to families with an open CPS case where drug and/or alcohol addiction was a factor in the removal of the child(ren). With over half of the referrals received being in regard to General Neglect, many of which involve substance use, it is the expectation of the County that through the provision of this service families will reunify in a timely manner and will have a reduced chance of re-entering the child welfare system.

Since San Benito County does not have an adoptions unit, the County will continue to contract with State Adoptions to fulfill this need. This program is evidence-informed and utilizes best practices in the areas of social work, case management, and family engagement. This program will be funded with PSSF Adoption Promotion and Support and will be available to current dependents in the foster care system with a case plan goal of adoption, children who have had a finalized adoption and their adoptive families, and families exploring adoption. It is the hope of the County that through utilization of these services, the County will be able to improve outcome measure P3 from 0% to at least the National Standard of 30.3%.

The Child Abuse Prevention Council (CAPC) will continue to receive CBCAP funding as outlined in their contract, in order to provide child abuse prevention services, such as mandated reporter trainings.



## Child Welfare/Probation Initiatives

The County has participated in and is currently implementing Federal or State initiatives.

### **Continuum of Care Reform**

To meet Continuum of Care Reform (CCR) expectations, Short Term Residential Treatment Program (STRTP) placements continue to be made very sparingly. CPS has not placed a child in STRTP during this C-CFSR cycle.

Probation has had a few placements in STRTPs and transition plans are immediately implemented to expedite the child's return to the least restrictive placement.

### **Resource Family Approval (RFA)**

The Agency hosts information meetings and orientations for prospective resource families. The RFA supervisor and Deputy Director participate in state-wide and regional convenings. Like other units, the RFA unit has experienced turnover in past years. The CDSS recently conducted a Site Review of RFA and found San Benito to be doing well in implementation of the program. The CDSS recommendations for improvement have been implemented.

Probation has had two RFA applications and partners with CPS to approve their homes where approval is appropriate.

### **Child and Family Team Meetings**

CFTs have been utilized in case management on a sporadic basis. The County values the process but due to staffing turnover they have not been fully implemented. This will be addressed in this SIP.

### **Case Reviews**

CPS initiated case reviews in August 2017, but due to staff vacancies and excessive workload the reviewer was challenged keeping up with the data entry reporting in the state On-line Monitoring System (OMS). The following areas of strength have been identified: timeliness to an investigation; ensuring relative placements are explored and used whenever possible; and, ensuring medical/dental care is provided in a timely manner. Areas which need improvement include actively involving youth and caregivers in developing case plan goals, and documenting compelling reasons for not seeking Termination of Parental Rights (TPR). Although it may be poorly documented in a case file, it generally is provided during case review interviews. A new staff member has been hired to complete case reviews and more thoroughly document the results of the review.

### **Extended Foster Care**

San Benito County collaborates with community partners to support and improve outcomes for transition-aged youth pursuant to AB12/Extended Foster Care. San Benito County actively educates youth, families, and providers about resources and access for Non-Minor Dependents (NMDs). There is one CPS social worker who has the extended foster care caseload and receives specialized coaching.

## **Commercially Sexually Exploited Children**

Commercially Sexually Exploited Children (CSEC) – SB 855 modified W&I Code 300 (b) to define sexual exploitation as sexual abuse and required mandated child abuse reports of CSEC, investigation by Emergency Response, and opening a CPS case if necessary. The Tri-County CSEC group includes child welfare and Probation representatives from San Benito, Monterey, and Santa Cruz counties. Typically, a telephone conference call is held once a month to share updates and information from each county and agency. All participants have signed an MOU agreeing to use similar protocols for responding to any CSEC concerns. CSEC meetings, MDT meetings, and CFTS have assisted the County to improve communication among providers and identify and serve all eligible youth.

Most initiatives regarding the prevalence study were driven by Monterey County. Initially, the participating counties split costs equally for initiatives. At the recommendation of Monterey, beginning July 2017, each county began managing its own funds. For all practical purposes, this agreement ended any collaborative effort between the counties since there are no longer shared presentations, initiatives, trainings, etc. Each County has agreed to continue to extend invitations to any CSEC training.

## **Pathways to Well-Being**

The Children's System of Care (CSOC) meeting continues to provide a multi-disciplinary approach for targeted case management and services for at-risk children with open CPS and Juvenile Probation cases. Concerns may include youth with multiple placements or high mental health needs. CPS Department representatives and Probation staff meet biweekly with Behavioral Health to staff eligible cases. All foster youth with presenting symptoms are referred to the Behavioral Health Department or contracted providers for screening, assessment, and treatment, if indicated. San Benito County has received no waivers regarding any of these mandated initiatives, with the exception of the requirement that social workers have MSWs.

## Performance Goals

### Child Welfare

**Priority Outcome Measure or Systemic Factor:** P3 Permanency in 12 months for Children in Foster care 24 months or more

**National Standard:** 30.3%

**CSA Baseline Performance:** 0% (0 of 11) Quarter 1, 2018

**Current Performance:** 27.3% (3 of 11) Quarter 4, 2018

**Target Improvement Goal:** 30.3 %

### Probation and Child Welfare

**Priority Outcome Measure or Systemic Factor:**

Systemic Factor – Agency Collaboration

**CSA Baseline Performance:** As of Quarter 1, 2018, the CSOC Child Interagency Council (CICC) had not created an evaluation method to ensure effectiveness of the Council.

**Current Performance:** As of Quarter 4, 2018, the CICC had several meetings with the intention of creating an MOU which will outline roles and responsibilities of partners, as well as desired outcomes for children and youth.

**Target Improvement Goals:**

- 95% of all scheduled meetings will occur.
- Each Council agency will ensure that a representative will be present for 90% of meetings.
- 80% of children with a need that has been identified by the CANS Assessment will receive appropriate services within 30 days.



## Attachment A: Five Year SIP Chart

### Child Welfare Five Year SIP Chart

CWS STRATEGY 1: Expand Child and Family Team meetings to occur throughout the life of the case for child welfare youth, with an initial focus on children ages 11-17 who have been in foster care for 24 months or more.	<input type="checkbox"/> CAPIT <input type="checkbox"/> CBCAP <input type="checkbox"/> PSSF <input checked="" type="checkbox"/> N/A	Applicable Outcome Measure(s) and/or Systemic Factor(s): P3 - Permanency in 12 months for Children in Foster care 24 months or more <input type="checkbox"/> Title IV-E Child Welfare Waiver Demonstration Capped Allocation Project.	
		Implementation Date:	Person Responsible:
<b>Action Steps:</b>		Completion Date:	
<b>A.</b> Child Welfare has developed a comprehensive CFT policy that is aligned with California's Integrated Core Practice Model framework, and which links Behavioral Health services to the planning and engagement process.	August 2019	December 2019	Deputy Child Welfare Director Consultant
<b>B.</b> Child Welfare and Behavioral Health will contract with a vendor or the Regional Training Academy to train supervisors, social workers, and Behavioral Health staff on the policy.	January 2020	June 2020 Ongoing	Deputy Child Welfare Director Behavioral Health Assistant Director Staff Services Analyst
<b>C.</b> Child Welfare and Behavioral Health will hire a vendor or the Regional Training Academy to train and coach staff on effective facilitation of CFT meetings.	June 2020	June 2021	Deputy Child Welfare Director Behavioral Health Assistant Director Staff Services Analyst
<b>D.</b> Child Welfare will develop a tracking system to schedule CFTs and monitor staff compliance with the CFT policy.	January 2020	June 2020 Ongoing	Deputy Child Welfare Director Legal Clerk ER Supervisor Ongoing Supervisor

<b>E.</b> Child Welfare will develop and implement a process for families to give feedback about their experience with CFTs. Questions will be focused on their perception of the benefits and any recommendations for modifications. Questionnaires will be administered at the CFTs and returned upon completion.	January 2020	June 2020 Ongoing	Deputy Child Welfare Director Social Workers Staff Services Analyst
<b>F.</b> Child Welfare will develop a CFT utilization report for Management to be used on an ongoing basis and to be reviewed for timely completion and compliance.	January 2020	June 2020 Ongoing quarterly	Deputy Child Welfare Director Staff Services Analyst ER Supervisor Ongoing Supervisor
<b>G.</b> Prior to participation in CFTs, Child Welfare and Behavioral Health will ensure community partners and other participants will be oriented to the purpose and structure of CFT meetings by Child Welfare and Behavioral Health's CFT facilitator.	June 2020	June 2021 and quarterly thereafter Ongoing	Deputy Child Welfare Director Child Welfare and Behavioral Health Facilitators Social Workers
<b>H.</b> Child Welfare and Behavioral Health will conduct a focus group with community partners and participants who have participated in CFTs, to review the completed questionnaires provided, gather further input in order to modify the on-going annual CFT Program evaluations, and identify needed improvements for the CFT process.	June 2020	June 2020 Ongoing on a yearly basis	Deputy Child Welfare Director Staff Services Analyst ER Supervisor Ongoing Supervisor

<b>CWS STRATEGY 2:</b> Strengthen Family Finding and Engagement for all children and youth in the foster care system, with an initial focus on children ages 11-17 who have been in foster care for 24 months or more.	<input type="checkbox"/> CAPIT <input type="checkbox"/> CBCAP <input type="checkbox"/> PSSF X N/A	Applicable Outcome Measure(s) and/or Systemic Factor(s): P3 - Permanency in 12 months for Children in Foster care 24 months or more <input type="checkbox"/> Title IV-E Child Welfare Waiver Demonstration Capped Allocation Project.	
		Completion Date:	Person Responsible:
<b>Action Steps:</b>	Implementation Date:		
A. Child Welfare has attended training on Family Finding and Engagement and received tools. They will continue to research and understand best practices in the area of family finding and engagement specifically for San Benito County and incorporate this into a policy once the tools have been chosen.	August 2019	August 2020	Deputy Child Welfare Director Staff Services Analyst
B. Child Welfare will train social workers on the policy and related practices, including new technologies, services, and resources used to locate family.	August 2020	August 2021 And ongoing for new staff until 2023	Deputy Child Welfare Director ER Supervisor Ongoing Supervisor RFA Supervisor
C. Social Workers will begin implementing the new policy, to include application to new cases, as well as cases with children in care over 24 months.	August 2021	August 2022 Ongoing to 2024	Social Workers ER Supervisor Ongoing Supervisor RFA Supervisor
D. Child Welfare will ensure that the policy will integrate with the new CFT policy so that social workers will utilize CFT Meetings to elicit information from attendees to assist in family finding and engagement efforts.	August 2021	August 2022 Ongoing	Deputy Child Welfare Director ER Supervisor Ongoing Supervisor
E. Child Welfare will monitor family finding and engagement through case review and revise policy and training as necessary.	August 2022 Ongoing	December 2022 And ongoing quarterly	Deputy Child Welfare Director ER Supervisor Ongoing Supervisor RFA Supervisor

<b>CWS STRATEGY 3:</b> Staff will be trained in the CANS Assessment and will partner with Behavioral Health staff to ensure completion and transparency of results between Behavioral Health staff and social workers, with an initial focus on children ages 11-17 who have been in foster care for 24 months or more. The results of the CANS Assessments will be used to guide the CFT meetings.	<input type="checkbox"/> CAPIT <input type="checkbox"/> CBCAP <input type="checkbox"/> PSSF X N/A		Applicable Outcome Measure(s) and/or Systemic Factor(s): P3 - Permanency in 12 months for Children in Foster care 24 months or more <input type="checkbox"/> Title IV-E Child Welfare Waiver Demonstration Capped Allocation Project.	
	Action Steps:	Implementation Date:	Completion Date:	Person Responsible:
A. Child Welfare has developed a comprehensive CANS policy that is aligned with California's Integrated Core Practice Model framework, and which links mental health services to the planning and engagement process.	August 2019		December 2019	Deputy Child Welfare Director
B. Child Welfare will train supervisors and social workers on the policy.	January 2020		June 2020 Ongoing	Deputy Child Welfare Director Staff Services Analyst Consultant
C. Child Welfare will train and certify identified staff to conduct the CANS Assessment.	January 2020		December 2019 Ongoing monthly	Deputy Child Welfare Director Staff Services Analyst
D. Child Welfare will contract with a vendor to train staff on how to integrate the CANS Assessment into all CFT meetings.	January 2020		June 2020 Ongoing	Deputy Child Welfare Director Consultant/Vendor
E. Child Welfare will develop a tracking system to monitor staff compliance with the CANS policy and provide training and coaching as needed.	January 2020		June 2020 Ongoing	Deputy Child Welfare Director Staff Services Analyst Consultant
F. Child Welfare will develop a CANS utilization report for Management, to be used on an ongoing basis and to review timely completion, incorporation into the CFT, and policy compliance.	January 2020		June 2020 Ongoing quarterly	Deputy Child Welfare Director ER Supervisor Ongoing Supervisor



<b>CWS AND PROBATION STRATEGY 4:</b> Expand access to Mental Health and Substance Use Disorder services for children and youth who are involved in the Child Welfare and Juvenile Probation systems.	<input type="checkbox"/> CAPIT <input type="checkbox"/> CBCAP <input type="checkbox"/> PSSF X N/A	Applicable Outcome Measure(s) and/or Systemic Factor(s): Systemic Factor – Agency Collaboration <input type="checkbox"/> Title IV-E Child Welfare Waiver Demonstration Capped Allocation Project.	
		Implementation Date:	Person Responsible:
<b>A.</b> Child Welfare and Probation have convened monthly CSOC Child Interagency Council (CICC) meetings. Participants may include but are not limited to Child Welfare, Behavioral Health, Probation, and County Office of Education.	August 2019	August 2019 and monthly Ongoing	Deputy Child Welfare Director Chief Probation Officer Behavioral Health Assistant Director
<b>B.</b> Child Welfare and Probation have engaged Peer Departments in planning for redesign of existing system. Peer departments may include but are not limited to Child Welfare, Behavioral Health, Probation, and County Office of Education, and other service providers.	August 2019	August 2019	Child Welfare Deputy Director Chief Probation Officer Behavioral Health Assistant Director
<b>C.</b> Child Welfare and Probation will collaboratively evaluate existing/prior CSOC documents/memoranda, in order to revise, update, and build upon them, to create a more effective and comprehensive system.	August 2019	March 2020	Child Welfare Deputy Director Chief Probation Officer Behavioral Health Assistant Director
<b>D.</b> Child Welfare and Probation will work with a vendor to train social workers and Probation Officers in System of Care principles and practices that build on collaboration.	March 2020	June 2020 and ongoing	Child Welfare Supervisors Probation Placement Supervisor Consultant
<b>E.</b> Child Welfare and Probation will work with a vendor to coach and train Supervisor and Management level staff in SOC Integrated Core Practice Model leadership.	March 2020	June 2020 and ongoing	Child Welfare Deputy Director Chief Probation Officer

				Consultant
<b>F.</b> Child Welfare and Probation and its partners will evaluate existing data sets to monitor and adapt to this goal.	June 2020	June 2021		Child Welfare Deputy Director Chief Probation Officer Staff Services Analyst Child Welfare Supervisors Probation Placement Supervisor

# Attachment B: CAPIT/CBCAP/PSSF Expenditure Workbook

## Appendix X

### CAPIT/CBCAP/PSSF Expenditure Workbook Proposed Expenditures Worksheet 1

(1) DATE SUBMITTED: _____		(4) COUNTY: <u>San Benito</u>		(5) PERIOD OF SIP: _____		(2) DATES FOR THIS WORKBOOK: <u>7/1/19</u> thru <u>6/30/20</u>		(3) DATE APPROVED BY OCAP: _____ Internal Use Only									
(7) ALLOCATION (Use the latest Fiscal or All County Information Notice for Allocation):																	
CAPIT: \$ <u>75,883</u>				CBCAP: \$ <u>21,955</u>				PSSF: \$ <u>44,533</u>									
No.	Program Name	Applies to CBCAP Programs Only	Name of Service Provider	Service Provider is Unknown, Date Revised Workbook to be Submitted to OCAP	CAPIT		CBCAP		PSSF	OTHER SOURCES	NAME OF OTHER	TOTAL					
					E1	E2	F1	F2	G1	G2	G3	G4	G5	G6	H1	H2	I
1	Home Visiting		First 5		\$75,883		\$11,955	X	\$11,360	\$13,360	\$0	\$0	\$0	\$0	\$30,805	SS Realignment	\$118,643
2	Parent Education Classes		First 5		\$0		\$0		\$0	\$0	\$0	\$0	\$26,730	\$0	\$4,637	SS Realignment	\$31,457
3	Substance Use Services		SBC Behavioral Health		\$0		\$0		\$0	\$0	\$8,907	\$0	\$0	\$0	\$61,093	SS Realignment	\$70,000
4	Adoption Services		State of California		\$0		\$0		\$0	\$0	\$0	\$8,907	\$8,907	\$0	\$36,071	SFG	\$44,978
5	San Benito County		Child Abuse Prevention Council		\$0		\$12,000	X	\$0	\$0	\$0	\$0	\$0	\$0	\$8,000	Birth Cert	\$20,000
6					\$0		\$0		\$0	\$0	\$0	\$0	\$0	\$0	\$0		\$0
7					\$0		\$0		\$0	\$0	\$0	\$0	\$0	\$0	\$0		\$0
8					\$0		\$0		\$0	\$0	\$0	\$0	\$0	\$0	\$0		\$0
9					\$0		\$0		\$0	\$0	\$0	\$0	\$0	\$0	\$0		\$0
10					\$0		\$0		\$0	\$0	\$0	\$0	\$0	\$0	\$0		\$0
11					\$0		\$0		\$0	\$0	\$0	\$0	\$0	\$0	\$0		\$0
12					\$0		\$0		\$0	\$0	\$0	\$0	\$0	\$0	\$0		\$0
13					\$0		\$0		\$0	\$0	\$0	\$0	\$0	\$0	\$0		\$0
14					\$0		\$0		\$0	\$0	\$0	\$0	\$0	\$0	\$0		\$0
15					\$0		\$0		\$0	\$0	\$0	\$0	\$0	\$0	\$0		\$0
<b>Totals</b>					\$75,883		\$23,955		\$13,360	\$13,360	\$8,907	\$8,907	\$44,534	\$0	\$140,606		\$284,978
									30%	30%	20%	20%	100%				

[illegible]



## Attachment C: CAPIT/CBCAP/PSSF Program and Evaluation Description

### Child Welfare

#### PROGRAM NAME

Home Visiting/Parent Education Classes (Lines 1 and 2)

#### SERVICE PROVIDER

First 5 San Benito

#### PROGRAM DESCRIPTION

The Family Education Program implements a two-pronged approach to prevention and intervention services by providing parent education, home visits (in-home parent education and support), and “Family Nights.” The program will utilize the Strengthening Families Program and the Positive Parenting Program, evidenced-based curricula. The programs’ goals include improving mental health, behavioral and academic outcomes in children, improving parenting and mental health outcomes in parents, and improving overall family functioning.

The specific objectives for children in the program are to improve children’s social skills and resiliency and academic outcomes; and, reduce children’s aggression, depression and conduct disorder symptoms, substance use, and association with substance using or antisocial peers.

Objectives of the program for parents include improvements in parenting practices and reductions in parental depression and substance use. The program is also designed to improve family functioning, cohesion, and communication.

Specifically, the program will offer:

- Parent/child educational sessions, in both English and Spanish, using evidence-based prevention and intervention curricula including the Positive Parenting Program, for families with children ages 3-11 years, and the Strengthening Families Program, parent education classes with an accompanying education component for children ages 11–18 years.
  - Positive Parenting – (families with children ages 3 to 11 years) three 8-week sessions/10 months = 36 families (Spanish/English)
  - Strengthening Families – (families with children ages 11 to 18 years) two 8-week sessions/10 months = 20 families (Spanish/English)
- Family Wellness, a court-mandated Family Strengthening Program to families referred by CPS.
  - Family Wellness – Court Mandated – for families referred to program, six 8-week sessions for 11 months = 60 families

- Intervention case management services and group support/connections to families referred by CPS. Services will be provided to families, with children ages birth–18 years, with alleged allegations of child abuse and neglect and/or at risk of child abuse, depression, emotional distress, and/or substance abuse.
- Parents As Teachers – An evidence-based home visiting program serving families at risk or underserved for prevention and intervention services as they relate to child abuse. It is estimated that 117 families that are prenatal/perinatal or with children birth to 5 years of age will be served by this program. Services will be offered in English and in Spanish.
- Family Fun Nights or Parent Child Interactions that will consist of five levels of prevention and intervention parent education and parent/child interaction classes including:
  - Hola Bebe – parents with infants (ages 6 weeks to 1 year) 12 weekly sessions/10 months = 120 families
  - Happiest Baby – parents with newborns (birth to 3 years) three 8-week sessions = 30 families

#### FUNDING SOURCES

SOURCE	LIST FUNDED ACTIVITIES
CAPIT	Home visiting
CBCAP	Home visiting
PSSF Family Preservation	Parent Education Classes
PSSF Family Support	Parent Education Classes
PSSF Time-Limited Family Reunification	
PSSF Adoption Promotion and Support	
OTHER Source(s): AB 2994	

#### IDENTIFY PRIORITY NEED OUTLINED IN CSA

Page 111 of the CSA discusses that for the period under review (January 1, 2017- December 31, 2017), data collected shows that the children most at-risk for maltreatment in San Benito County were children age two years and younger, and children under the age of 1 year had the highest rate of substantiated allegations of abuse and/or neglect and were the age group most often removed from their parents. Many of these substantiations and removals are due to substance abuse and/or general neglect. Parenting education and support will provide parents with the tools they need to provide a safe home for their children and understand the effects of substance abuse and neglect on children. Page 112 of the CSA discusses the need to restructure the county service array through contracting broadly for services for children and families rather than relying on the County to provide the services. This was identified as a priority among focus groups and stakeholders. As was recommended to the agency, an RFP was released and First 5 was awarded the contract.

#### TARGET POPULATION

Community families/high risk families and/or families with open CPS cases.

**TARGET GEOGRAPHIC AREA**

County wide.

**TIMELINE**

SIP Cycle: 8/14/2019-8/14/2024

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

Desired Outcome	Indicator	Source of Measure	Frequency
Improved parenting skills and overall family functioning	Improvement on each measured outcome (7 outcomes with 20 variables) for at least 80% of families	Strengthening Families Program Questionnaires	Pre- and Post-participation in the program, as well as annually.
Quality Assurance (QA) Monitoring			
Child Welfare Agency will meet with the contractor to review outcome measure data	Overall improvement of measured outcomes of participants	Quarterly Reports	Quarterly

**CLIENT SATISFACTION**

Method or Tool	Frequency	Utilization	Action
Satisfaction Survey	Within 90 days initial request.	Surveys are provided by service provider.	Areas needing improvement are to be addressed by leadership and staff to ensure continuous quality improvement.

## PROGRAM NAME

Substance Use Services (Line 3)

### SERVICE PROVIDER

San Benito County Behavioral Health

### PROGRAM DESCRIPTION

San Benito County Behavioral Health provides referrals for treatment programs for parents with an open child welfare case.

These programs provide accessible, intensive, high quality substance abuse services and case management services for clients with court oversight. The programs provide assessments, group and individual counseling, frequent and random drug testing, residential treatment, support groups, intensive case management, and referrals to other services and resources as needed.

San Benito County Behavioral Health invoices Child Welfare for all services provided.

### FUNDING SOURCES

SOURCE	LIST FUNDED ACTIVITIES
CAPIT	
CBCAP	
PSSF Family Preservation	
PSSF Family Support	
PSSF Time-Limited Family Reunification	Substance Use Services
PSSF Adoption Promotion and Support	
OTHER Source(s):	

### IDENTIFY PRIORITY NEED OUTLINED IN CSA

On page 26 of the CSA it is stated that during the reporting period, January 1, 2017, to December 31, 2017, San Benito County had General Neglect as the most common type of allegation received in San Benito County (54.8%). These referrals generally involve substance abuse, domestic violence and mental health issues related to the caregiver or in some way impacting the care of the child. Substance Use Disorder is commonly linked to cases involving domestic violence and mental health issues. Additionally, on page 44 of the CSA, the stakeholder and court focus groups discussed their concerns that substance abuse treatment services appear to be quite basic and that clients receive the same services across the board. They would like to see more intensive services, more individual treatment, and other modalities developed to better assist those recovering from their addictions.

### TARGET POPULATION

Parents with open CPS cases in family reunification.

### TARGET GEOGRAPHIC AREA

County wide.



**TIMELINE**

SIP Cycle: 8/14/2019-8/14/2024

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

Desired Outcome	Indicator	Source of Measure	Frequency
Parents achieve sobriety and are able to provide a safe environment, free of substance abuse for their children.	50% of families served are reunified.	CWS/CMS and Child Welfare Indicators Project will provide reunification data.	Quarterly
Quality Assurance (QA) Monitoring			
Child Welfare Agency will meet with the contractor to review reunification outcomes.	50% of families served are reunified.	CWS/CMS will provide reunification data.	Quarterly

**CLIENT SATISFACTION**

Method or Tool	Frequency	Utilization	Action
Satisfaction Survey	Within 90 days initial request.	Surveys are provided by service provider.	Areas needing improvement are to be addressed by leadership and staff to ensure continuous quality improvement.

## PROGRAM NAME

Adoptions Services (Line 4)

### SERVICE PROVIDER

California Department of Social Services - State Adoptions

### PROGRAM DESCRIPTION

This program identifies adoptive families, assures a foster care permanency option, and case management to our prospective adoptive parents to expedite the adoption process. San Benito County and State Adoptions consult and review children in out of home care who need concurrent planning services. They assess and provide a written analysis of the adoptability of a child. They inform caregivers and birth families of provisions and availability of kinship adoptions, post-adoption contact agreements and related services. They provide feedback and coaching about the potential special needs of the child in placement and provide linkage to services for the children to include but not be limited to mental health, school based and in-home parent assistance.

Additionally, the State Adoptions workers provide relinquishment services for birth/legal parents who are considering the option of adoption. They recruit prospective families and complete home studies of prospective adoptive families.

It also provides support for placement stabilization adoptive and pre-adoptive families with concrete assistance related to the needs of an adopted or pre-adoptive child that are not provided through other means. This could be assistance with transportation, counselling, support for extracurricular activities, etc.

### FUNDING SOURCES

SOURCE	LIST FUNDED ACTIVITIES
CAPIT	
CBCAP	
PSSF Family Preservation	
PSSF Family Support	
PSSF Time-Limited Family Reunification	
PSSF Adoption Promotion and Support	Pre and post adoption services
OTHER Source(s):	

### IDENTIFY PRIORITY NEED OUTLINED IN CSA

On page 83 of the CSA it is stated that during the reporting period, April 1, 2017, to March 31, 2018, San Benito County had 0% (0 of 11) children exit to permanency. This is below the national standard and a 100% decrease over five years. The measure has been above the National Standard which is 30.3% for the three of the last five years.

### TARGET POPULATION

Prospective adoptive families/concurrent families who have Child Welfare Cases going through Adoption services.

**TARGET GEOGRAPHIC AREA**

Countywide

**TIMELINE**

SIP Cycle: 8/14/2019-8/14/2024

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

Desired Outcome	Indicator	Source of Measure	Frequency
Increase timeliness for adoptions in the County	75% of adoptions will be completed timely within twelve months	CWS/CMS	Monthly
Quality Assurance (QA) Monitoring			
Child Welfare Agency will meet with the contractor to review adoption rates.	75% of adoptions will be completed timely within twelve months	CWS/CMS	Bi-annually

**CLIENT SATISFACTION**

Method or Tool	Frequency	Utilization	Action
Satisfaction Survey	Within 90 days of request	Surveys	Areas needing improvement are to be addressed by leadership and staff to ensure continuous quality improvement.

## PROGRAM NAME

Child Abuse Prevention Council (CAPC, Line 5)

### SERVICE PROVIDER

San Benito County CAPC

### PROGRAM DESCRIPTION

The San Benito County Child Abuse Committee was initially established by the San Benito County Board of Supervisors on November 15, 1977. In approximately 1994, the San Benito County Child Abuse Committee began to function in tandem with the San Benito County Family Preservation and Support Board. On October 2, 2001, the San Benito County Board of Supervisors approved a Resolution which separated the San Benito County Child Abuse Committee and San Benito County Family Preservation and Support Board, as well as changed the Committee's name to the "San Benito County Child Abuse Prevention Coordinating Council" in accordance with applicable legislation.

Although the San Benito County Board of Supervisors created the Council, it is an independent organization functioning within county government pursuant to Welfare and Institutions Code § 18983.5. The San Benito County Board of Supervisors directed the Council to create bylaws, which were successfully completed and approved by the Council on October 22, 2001. The primary purpose of the Council is to coordinate the community's efforts to prevent and respond to child abuse.

CAPC will provide quarterly culturally responsive and trauma-informed mandated reporter trainings to the community. CAPC will contact various agencies throughout the community such as school districts, mental health professionals, medical offices, day care providers, and law enforcement agencies, who employ mandated reporters, and provide the required mandated reporter trainings.

By providing comprehensive trainings for mandated reporters, they will be better able to identify the signs of child abuse and/or neglect; they will be able to identify the signs earlier on; and, they will know what information will be required and/or requested by an intake social worker. Ability to identify early signs of abuse and/or neglect may prevent further and/or escalating abuse and/or neglect. Additionally, knowing which information is required for reporting will allow child welfare intake workers to more accurately decide on a path of response, and better meet the needs of the children and families in the community.

### FUNDING SOURCES

SOURCE	LIST FUNDED ACTIVITIES
CAPIT	
CBCAP	Mandated Reporter Training
PSSF Family Preservation	
PSSF Family Support	
PSSF Time-Limited Family Reunification	
PSSF Adoption Promotion and Support	
OTHER Source(s): AB 2994	



### IDENTIFY PRIORITY NEED OUTLINED IN CSA

As stated on page 50 of the CSA, the County will utilize CBCAP monies to provide the preventative and early intervention service of mandated reporter training.

### TARGET POPULATION

Mandated Reporters.

### TARGET GEOGRAPHIC AREA

County wide.

### TIMELINE

SIP Cycle: 8/14/2019-8/14/2024

## EVALUATION

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

Desired Outcome	Indicator	Source of Measure	Frequency
Mandated reporters acquire increased knowledge about child abuse and neglect, and what, and what not, to report to child welfare.	50% of mandated reporters will score higher on the post-training test than on the pre-test.	Pre- and Post-training tests.	Pre- and Post-training.
Quality Assurance (QA) Monitoring			
Child Welfare Agency will meet with the contractor to review test scores.	Overall improved test scores for participants.	Yearly reports.	Yearly.

### CLIENT SATISFACTION

Method or Tool	Frequency	Utilization	Action
Satisfaction Survey	Within 90 days initial request.	Surveys are provided by service provider.	Areas needing improvement are to be addressed by leadership and staff to ensure continuous quality improvement.