

California - Child and Family Services Review

System Improvement Plan

[2016-2021]



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Introduction

The Nevada County 2016 – 2021 System Improvement Plan (SIP) is the third component of the Child and Family Services Review (CFSR). The CFSR is the comprehensive review of the child welfare a probation placement programs and the continuum of care all the way from prevention and protection through permanency and after care. The CFSR process occurs on a 5-year cycle and is guided by a philosophy of continuous quality improvement (CQI), interagency partnerships, community involvement, and accountability for program outcomes. The development of the 2016 SIP is a continuation of the 2016 Nevada County Self-Assessment (CSA). The development of this SIP was guided by the CSA outcomes and was created in collaboration with Nevada County Juvenile Probation and Child Protective Services (CPS) in partnership with the California Department of Social Services (CDSS).

Through the course of the CSA, analysis of service delivery, programs, outcome measures, and policy and procedure were conducted for the purpose of identifying areas of strength and areas for improvement within the child welfare and juvenile probation systems in Nevada County. The 2016-2021 SIP is a 5-year strategic plan to improve in the program areas identified in the 2016 CSA and the Peer Review. Nevada County is in its third cycle of the C-CFSR process.

There were several themes that arose during the CSA from stakeholders, staff, parents, and foster youth. Nevada is a small community and though there are preventative services available, there still are gaps. There are not service providers that deal with co-occurring disorders that are seen by experienced by parents and youth involved with CPS and Probation. There is also a lack of substance abuse treatment that is specifically for youth. Access to mental health services for parents who do not rise to the level of CPS intervention was also identified as lacking as individuals must be diagnosed with a mental illness in order to receive services through Behavioral Health. Additionally, affordable housing was a struggle for families in Nevada County. This affordable housing crisis is particularly pronounced in the very affluent Truckee area of Eastern Nevada County. Transportation is a barrier to families receiving the

preventative services that do exist in the county. For Probation, youth in congregate care are all placed out-of-county which causes problems with transportation as well.

There were systemic factors that were identified as negatively impacting exits to permanency. Foster parent recruitment, retention, and support were identified as areas for improvement. Kinship caregivers were specifically identified as needing additional support. There is also a lack of foster parents who will work with teenagers, larger sibling sets, and youth on probation. The court practice of allowing continuances and contested hearings and attorney's lack of knowledge about timely permanency was identified during the Peer Review as barrier to exiting children from care within mandated timeframes.

Communication and collaboration with the community providers were seen as strengths for both the CPS and Probation. Efforts to place children with kin and maintain them in the community were seen as playing a role in improved outcomes for children. The focus on prevention activities was also seen as having a positive effect on the community. Nevada County receives federal Community Based Child Abuse Prevention (CBCAP), state Child Abuse Prevention Intervention and Treatment (CAPIT) funds, and Promoting Safe and Stable Families (PSSF) funds. These funds are combined with Children's Trust Fund and Kid's Plate fees to create a network of community prevention and intervention services to help attain favorable outcomes for families.

Child Protective Services is the Board of Supervisors (BOS)-designated agency to administer and monitor the use of CAPIT, CBCAP, and PSSF funds. Nevada County had a BOS designated PSSF Collaborative during the 2010 CSA, which consisted of both of the local Child Abuse Prevention Councils. At some point there was confusion with previous management regarding 2011 Realignment and the role the PSSF Collaborative was to play in making recommendations about funding and the Collaborative was disbanded. The PSSF Collaborative has since been reconvened.

The current service providers utilizing CAPIT, CBCAP, and PSSF funds were selected based on the needs outlined in the 2010 CSA. A Request for Proposal (RFP) was issued in 2012 for the Differential Response Program of which there were two proposals, one from Partners FRC in Western Nevada County and one from the Family Resource Center of Truckee. Both

proposals were granted contracts utilizing CAPIT and CBCAP funds. The previous program manger selected a contractor to provide parenting services but the service became unreliable and an RFP was released in 2014 for parenting services. Helping Hands was selected to provide Nurturing Parenting Program and supervised visitation for CPS involved families. Helping Hands is currently in the middle of a two year contract for parenting services. CPS will be releasing an RFP for parenting services at the beginning of 2018.

SIP Narrative

C-CFSR TEAM AND CORE REPRESENTATIVES

Below is the list of the C-CFSR team and Core C-CSFR team that met on a regular basis in the planning stages of the CSA, Peer Review process, and during the creation of the SIP.

- Mike Dent, Director of Social Services
- Nick Ready, Program Manager, Child Protective Services
- Faye Hignight, Analyst, Child Protective Services
- Jeff Goldman, Probation Program Manager
- Victoria DeFriesse, Supervising Deputy Probation Officer
- Daniel Wilson, CDSS, Outcomes and Accountability Bureau Consultant
- Laura Smith, CDSS, Office of Child Abuse Prevention Consultant

In an effort to reengage stakeholders Nevada County CPS reconvened the Promoting Safe and Stable Families (PSSF) Collaborative which is comprised members of the Child Abuse Prevention Council (CAPC). Nicholas Ready and Faye Hignight met with the PSSF collaborative to present the findings from the CSA and to gain help in prioritizing the outcomes and strategies. The program manager or a supervisor meets with the CAPC/PSSF Collaborative on a monthly basis.

PRIORITIZATION OF OUTCOME DATA MEASURES/SYSTEMIC FACTORS

The 2016 CSA gave a thorough analysis of the federal and state outcome measures and compared them to the noteworthy changes since the 2011 CSA. The data in this report is from the UC Berkeley California Child Welfare Indicators Project (CCWIP), unless otherwise indicated. In some instances, SafeMeasures® was used provide more detailed data analyze for a given

outcome. Prioritization of Outcome Measures and Systematic Factors was based on performance on Outcome Measures and analysis gleaned from the 2016 CSA, which included information from the Peer Review, stakeholder meeting, focus groups, and surveys. Outcomes were prioritized based on whether or not the measure met the national standard and what the general trend was over the previous SIP cycle. Systematic Factors were identified by stakeholders, staff, and parents. The Outcome results for Child Welfare are summarized as follows.

S1: MALTREATMENT IN FOSTER CARE (FEDERAL STANDARD ≤ 8.5 INSTANCES PER 100,000 DAYS IN FOSTER CARE)

Nevada County has typically done very well on this measure. There was only one quarter during the last SIP cycle where performance was out of compliance with the National Standard. The data reported for the CSA was Q2 2015 (July 1, 2014-June 30, 2015) which was zero instances of maltreatment by any perpetrator while in foster care per 100,000 days in care. The current performance on this measure for Q1 2016 (April 1, 2015-March 31, 2016) 4.58 instances of maltreatment per 100,000 days in foster care which is below the National Standard of 8.5 instances of maltreatment per 100,000 days in foster care. This actually equates to one instance of maltreatment. Upon further examination of the data, this one instance was an instance where abuse was disclosed while the child was in foster care but occurred before the child was in placement. Due to a change in methodology on this newer measure, maltreatment in foster care is counted on any perpetrator not just the foster parents. Since the field Date of Occurrence was not filled out in this instance the calculation defaults to the date that the substantiated maltreatment was entered. The data entry mistake that lead to this erroneous data point is being addressed internally. Given the historically low rate of maltreatment in foster care this measure is not being prioritized for improvement strategies.

S2: RECURRENCE OF MALTREATMENT (FEDERAL STANDARD $\leq 9.1\%$)

This Outcome was the focus of the last System Improvement Plan. As such, the data from the 2016 CSA showed that there had been a steady decline in the rate of recurrence of maltreatment in 12 month over the last SIP cycle culminating in a rate for Q2 2015 that was 4.2% which is well below the National Standard. The current data for Q1 2016 is also below the

National Standard at 4.3%. However, again there was issue with inputting the date of occurrence so that it appears that maltreatment reoccurred when in reality the maltreatment did not reoccur but was a report of past maltreatment. Though this measure is not going to be a specific focus for improvement some of the strategies aimed at improving other measures will likely positively affect this measure as well.

P1: PERMANENCY IN 12 MONTHS FOR CHILDREN ENTERING FOSTER CARE (FEDERAL STANDARD \geq 40.5%)

The CSA revealed that Nevada County was on a downturn for exits to permanency and was below the National Standard where 24.5% children exited to permanency in 12 months in Q2 2015. There were many factors that were identified as being barriers to timely exits to permanency, among one of which was relations with the court. These barriers with the court were addressed immediately. Findings from the Peer Reviews and the CSA were shared with the judges and court affiliated stakeholders at the quarterly Palm Tree Group meeting. The CPS Program Manager also meets quarterly with the judge and this has also helped to open up communication and collaboration. These efforts have borne fruit as Nevada County CPS has been above the National Standard for the past two quarters with the most recent data from Q1 2016 where 43.3% of children who entered care, exited within 12 months. Though there has been improvement in this area, given the poor performance on this measure during the previous SIP cycle this measure has been targeted for improvement strategies.

P2: PERMANENCY IN 12 MONTHS FOR CHILDREN IN CARE FOR 12-23 MONTHS (FEDERAL STANDARD \geq 43.6%)

Analysis of this measure during the 2016 CSA revealed that Nevada County CPS did fairly well on this measure over the course of the previous SIP cycle. The data for Q2 2015 illustrated that 63.6% of children who were in care for 12 months exited to permanency in the following 12 months. The most current data (Q1 2016) shows that 62% of children who were in care for 12 months exited to permanency in the following 12 months. Given the high performance on this Outcome, it has not been prioritized for improvement strategies. Nonetheless, strategies to improve exits to permanency for children entering care will likely improve all exits to permanency.

P3: PERMANENCY IN 12 MONTHS FOR CHILDREN IN CARE FOR 24+ MONTHS (FEDERAL STANDARD $\geq 30.3\%$)

This is another measure that Nevada County excelled in during the last SIP cycle. The CSA revealed in the Q2 2015 data that 38.1% of children in care for 24 months or more exited to permanency within 12 months. The data for Q1 2016 shows that 60% of children in care for 24 months or longer exited care in 12 months. Since historically CPS has done well on this measure this it was not prioritized for improvement. Nevertheless, strategies targeted for exits to permanency in 12 months for children entering care are likely to improve performance in this category as well.

P4: REENTRY TO FOSTER CARE (FEDERAL STANDARD $\leq 8.3\%$)

Reentry into foster care is a measure that CPS has had inconsistent performance on over the last 10 years but has generally been over the Federal Standard. At the time of the CSA, CPS was over the Federal Standard on this measure. Of all the children who entered care within the 12 month period between July 1, 2012-June 30, 2013, then exited care to reunification or guardianship in the following 12 months, 25% reentered care in the 12 months that followed their exit. Conversely, CPS has done very well on this measure for the past two quarters with no children who have exited care within 12 months of entry, reentering care. Nevertheless, given the history of performance on this measure and that it is a companion measure to P1: Permanency within 12 months for Children Entering Care, this measure has been prioritized for improvement strategies.

P5: PLACEMENT STABILITY (FEDERAL STANDARD ≤ 4.12 MOVES PER 1000 FOSTER CARE DAYS)

Placement stability is a measure that CPS has had sporadic performance on for the past ten years. Over the past five years, Nevada County CPS has generally oscillated between meeting the Federal Standard and not meeting the Federal Standard. The data gathered on this measure during the CSA showed that CPS had met the Federal Standard between July 2014 and June 2015 with children and youth experiencing 3.88 moves per thousand days in foster care. The data for Q1 2016 shows that CPS was slightly above the National Standard at 4.5 moves per 1000 days in foster care. Given the variable performance on placement stability, it has been targeted for improvement.

FOSTER PARENT RECRUITMENT, RETENTION, AND SUPPORT

Through the course of the CSA it was ascertained that in addition to there being a lack of foster parents for specialized populations (i.e. sibling sets, youth aged 11-17, probation youth, and foster homes in the Truckee area) there was a lack of supports to retain them. Stakeholders and staff thought this to be especially true of relative and nonrelated extended family members (NREFMs). Strategies to increase the number of resource families and retain this key resource have already begun to be implemented. This systemic factor is of utmost importance and recruitment, retention, and support strategies are being prioritized.

PROBATION

P1: PERMANENCY IN 12 MONTHS FOR CHILDREN ENTERING CARE

Although Probation met the national goal for measure 3-P1 in Q1 of 2016, this cohort only represented two youth out of four who obtained permanency in twelve months of entering foster care. The CSA data showed that were two youth who entered care for the 12 month-period between July 1, 2013-June 30, 2014. Neither of these youth exited care to permanency within 12 months (0%). Historically probation has struggled with this measure. Several factors could be affecting the outcomes on this measure. First being a lack of engagement in the services necessary to achieve the stability needed to gain a permanent placement. Moreover, probation youth tend to be older youth. It is generally harder to find a permanent placement for this age group. Furthermore, typically youth who have been in care longer because they often present with challenging behaviors which makes it difficult to find placement and permanency. Given these factors, this measure has been prioritized for improvement strategies.

FOSTER PARENT RECRUITMENT RETENTION AND SUPPORT

The CSA identified foster parent recruitment for probation as an area needing improvement. This has been historically a very difficult population to recruit foster parents for. Recently, clarification has come from the California Department of Social Services that wards of the juvenile court can be placed with dependants of child welfare. Probation was included in the Foster Parent Recruitment, Retention, and Support Plan that has been submitted to the

CDSS for fiscal year 2016/17. Placements for probation youth are of highest importance and are being prioritized for improvement.

STRATEGY RATIONALE

STRATEGY 1: CONTINUUM OF CARE REFORM (CCR)

“Continuum of Care” refers to the spectrum of care settings for youth and children in foster care. In October 2015, Assembly Bill (AB) 403 was signed in to California law which is a comprehensive reform effort to ensure children and youth in foster care grow up in the least restrictive, most “family-like” setting possible while still receiving the services and supports that to ensure the youth’s wellbeing. CCR seeks to better meet the needs of youth in foster care and improve outcomes as they transition out of foster care by instating several different policy changes among which are Child and Family Team (CFT) meetings, a comprehensive initial assessment of the child to ensure proper placement, implementation of Resource Family Approval (RFA) state-wide (see below for more information on RFA), and Probation specific provisions which include identifying, engaging, and supporting relative caregivers.

Group homes are to be transformed into Short-Term Residential Therapeutic Programs (STRTPs) with stricter accreditation standards which includes more training for staff. Additionally, foster parent recruitment, retention, and support are critical to moving away from congregate care by creating more family-based placements. CCR also seeks to create Therapeutic Foster Care (TFC) placements which recruit and train resource families to deliver short-term, intensive, highly coordinated, and individualized Specialty Mental Health Services (SMHS) with the goal of stepping youth down from group home placements or giving a viable alternative to these placements.

There is research to support moving away from reliance on congregate care and maintaining youth in “family-like” settings. Ryan and colleagues conducted a large-scale study comparing youth in congregate care to a propensity matched sample of youth living in foster care.¹ The samples were matched on race, sex, abuse, and placement history, behavior problems, and history of running away. When these factors were controlled for, youth placed in

¹ Ryan, J. P., Marshall, J., Herz, D., & Hernandez, P. (2008). Juvenile delinquency in child welfare: Investigating group home effects. *Children and Youth Services Review*, 30, 1088 –1099.

group homes were 2.4 times more likely to be arrested. The conclusion being that congregate care may increase the likelihood of delinquency and criminal behavior. This could be due to the fact that youth in congregate care do not have access to typical peers who do not have behavioral or emotional problems and could provide positive peer support.

Substance abuse and sexually acting out are frequent reasons for placing youth in congregate care. Cognitive Behavioral, family systems, and motivational enhancement therapies are evidence-based treatments that are used for substance abuse disorders in adolescence which have been found to be effective in outpatient settings.² Therapeutic Foster Care (TFC) has been shown to improve outcomes for foster children by providing mental health services by specially trained foster parents in a family home setting. One study found that propensity matching youth in treatment foster care were likely less to return to out-of-home placement and had a greater reduction in felony charges than their matched group home youth counterparts.³ TFC is an integral part of CCR in that these placements are needed in order to step youth down from congregate care or to avoid these placements all together.

Unfortunately, there are currently no TFC homes within Nevada County. This specific type of foster home is going to be a focus of recruitment so this resource is available to foster and probation youth in the community. Increasing the number of children and youth screened for Commercial Sexual Exploitation and for trauma during the referral process to Children's Behavioral Health services is also a strategy that will be implemented to improve access to trauma informed mental health services and outcomes foster youth and maintain them family-like settings (see below).

Child and Family Team (CFT) approach to child welfare is another component to CCR which has some evidence of efficacy behind it. Pennell et al found that when family team meetings were held within 72 hours of child being placed in out-of-home care on an emergency basis in the District of Columbia children were significantly more likely to be placed with kin,

² Winters, K. C., Botzet, A. M., & Fanhorst, T. Advances in adolescent substance abuse treatment. *Current Psychiatry Reports*, 13, (2011) 416–421.

³ Robst, J; Armstrong, M; Dollard, N. Comparing Outcomes for Youth Served in Treatment Foster Care and Treatment Group Care. *The Journal of Child and Family Studies*. (2011) 20:696–705.

have family-type permanency goals, exit care faster, and be discharged to family or relatives.⁴

This approach seems to be effective because it changes the concept of client engagement from worker-parent relationship to a partnership between the family, community, and public agencies.

The implementation plan for CFT meetings is that the meetings will occur within 48-hours of a child being placed in out-of-home care. For youth placed in a Short Term Residential Treatment Programs (STRTPs), CFTs will occur every 90 days. Children who are placed in foster care will have CFTs at least every six month, more as needed. The role of facilitator for CFTs may be contracted to a local mental health provider.

The AB 403 Taskforce has begun to meet monthly to discuss implementation of CCR. The Taskforce includes representatives from CPS, Probation, Eligibility, Children's Behavioral Health (CBH), the family preservation service provider, the local foster family association, group home providers, wraparound providers, and the Directors of Social Services and Behavioral Health. Additionally, Nevada County already has a placement committee in place that meets monthly to make group decisions about placement.

STRATEGY 2: RESOURCE FAMILY APPROVAL (RFA)

RFA is a new foster caregiver approval process that improves the way caregivers (related and non-related) are approved by preparing families to better meet the needs of vulnerable children, youth and Non-minor Dependents (NMD) in the county child welfare and probation systems. The RFA Program replaces the existing processes for licensing foster family homes, certifying homes of licensed foster family agencies, approving relatives and NREFMs as caregivers, and approving legal guardians and adoptive families by combining the best elements of all the processes, including training, home environment assessment, background checks, and psychosocial assessments into a single approval standard. The process is streamlined and unifies approval standards for all caregivers regardless of the child's case plan, thereby eliminating the duplication of existing processes such as background checks.

⁴ Pennell, J., Dewars, M., Burford, G. Expedited family group engagement and child permanency. *Children and Youth Services Review*, 32, (2010) 1012-1019.

RFA creates a framework for all families, including relative and NREFM caregivers, to receive the same information, training and opportunities for support. A resource family completes one approval process, and upon approval, may choose to provide care on a short- or long-term basis. Once a resource family is approved, they will not have to undergo any additional approval or licensure if they choose to adopt or be appointed a guardian for a child in foster care. This new process for approving resource families seeks to improve the experience children, youth, and NMD's have in foster care by increasing the caregiver's ability to effectively meet the diverse needs of those in their care. The RFA process seeks to improve the partnership between foster parents and placing agencies and is intended to build the capacity in terms of numbers and quality of the continuum of foster care placements.⁵

It is anticipated that the RFA Program will result in better outcomes for children and families by addressing the safety and well-being of children in foster care and the length of time it takes for them to achieve permanency when they cannot return to their parents. The goal is to improve caregiver standards and better prepare families to meet the needs of children in the foster care system by providing increased support and training. Families who are better prepared and supported will mean that children in their care will experience less placement changes and exit foster care in less time than under the current processes.

Nevada County is preparing to go live with RFA along with the rest of the state on January 1, 2017. To that end the Nevada County Implementation Plan was submitted on August 31, 2016 and approved by the CDSS. Several of the components of RFA are going to be contracted to providers. A Request for Proposal (RFP) was released on October 12, 2016 with final proposals due on November 4, 2016. The RFP includes a request for foster parent recruitment services that includes specific recruitment for youth aged 11-17, probation youth, sibling sets, a respite home, and TFC homes. Additionally, preapproval training and ongoing training for RFA was included in the RFP which highlight the training requirements in the Written Directives. Finally, the RFP contains a request for services related to psychosocial assessments and adoption. There is also a request that the worker who performs the

⁵ All County Letter Number 16-10 (2/17/16)

psychosocial assessment be co-located in the Nevada County office for 16 hours a week. It is anticipated that contracts will be in place close to the implementation start date.

There has been a planning team in place for RFA since July 2016 and there are two social workers who have been identified to hold RFA cases. One will be fully dedicated to RFA and the other will spend up to half their time on RFA. Nevada County is taking a team approach to RFA starting with the Orientation for applicants. Every person who has involvement in the RFA process will attend the Resource Family's Orientation which will take place at the CPS office. The plan is to have each person meet the family, explain their part in the process, and schedule their first appointment to provide services (i.e. training session, health screening, etc.). Since Nevada County is a small rural county, the preapproval training is going to be administered in the home of the applicant as this avoids waiting until there a cohort large enough to hold group trainings which would negatively impact the 90 day timeline of approval completion.

CPS is in the process of creating a contract with the information systems company, Binti. Binti has a web-based platform that allows applicants to apply to be a resource family online. This data system can also be used by contractors, eligibility, social workers, and supervisors to input data and track progress through the RFA process. This data system will help ensure compliance with the Written Directives and ensure that families are moving through the process as smoothly as possible.

County staff and supervisors have been attending RFA training provided by the Northern Training Academy and by the CDSS as they have been available. The two RFA social workers will be attending a four day training held by the Northern Training Academy in December just before RFA implementation. It is anticipated that all staff will need training on the basics of the RFA process and the RFA team will need ongoing training and support from the Northern Training Academy and the CDSS as the Written Directives change and the process develops in Nevada County.

STRATEGY 3: INCREASING TRAUMA FOCUSED MENTAL HEALTH SERVICES

The majority of the children who enter into foster care through CPS do so by reason of general neglect. Research has shown that deprivation of critical experiences during brain development may be the most destructive area of child maltreatment. The earlier and more

pervasive the neglect is more devastating the developmental and emotional problems for the child. More than 82% of infants removed from their parents for maltreatment had disruptions in attachment capacity.⁶ Increases in the risk for violent and aggressive behavior have been found in individuals with disordered attachments. Empathy and remorse are constructed from experience, if a child has no emotional attachment to any person these social and emotional constructs do not develop.⁷

Emotional regulation is developed through relationships with primary caregivers. If the relationships are positive, the child develops cognitive structures to learn how to regulate aggressive, submissive, and frustration behaviors. If the relationships are negative, the lower brain becomes dominant and the cognitive structures that regulate emotions do not develop.⁸ In terms of child who enters foster care, deregulation and difficult behaviors negatively impact the child in every arena of life. Challenging behaviors and emotional instability from early trauma due to maltreatment can disrupt placements, delay reunification, and lead to reentry into foster care.

In order to address these concerns for children in out-of-home care, every child who comes into care is to be assessed for trauma. This is to be a joint effort with Nevada County Children's Behavioral Health (CBH). CPS sends Katie A. referrals to CBH. Within these referrals there is to be a comprehensive description of the trauma that the child incurred which may include the narrative of the detention report. Also included, will be a new Commercially Sexually Exploited Child assessment tool that will be administered for every child (as age appropriate) who enters care.

CBH will screen every referral with Minnesota's Traumatic Stress Screen for Children and Adolescents (TSSCA).⁹ Every child who scores a 5 or more on the scale will receive a referral to a clinician for Trauma Focused-Cognitive Behavioral Therapy (TF-CBT). TF-CBT sessions will

⁶ Carlson, Vicki; Cicchetti, Dante; Barnett, Douglas; Braunwald, Karen. Disorganized/disoriented attachment relationships in maltreated infants. *Developmental Psychology*, Vol 25(4), Jul 1989, 525-531.

⁷ Perry, B.D. (2001a). Understanding the Effects of Maltreatment on Early Brain Development. (online). Retrieved from <http://www.ou.edu/cwtraining/assets/pdf/handouts/2010/Maltreatment%20on%20Brain%20Development.pdf>

⁸ Kraemer, G.W. (1992). A psychobiological theory of attachment. *Behavioral and Brain Sciences*, 15(3), 493-511.

⁹ Ambit Network, University of Minnesota, 2015, Minneapolis, MN. tfcbt@umn.edu. Donisch, K., Bray, C., & Gewirtz, A. H. (2015). University of Minnesota's Traumatic Stress Screen for Children and Adolescents (TSSCA).

last for four to six months of weekly sessions and children will be reevaluated using the TSSCA after treatment has been completed.

TF-CBT is a progressive phased based treatment. The start is an initial stabilization phase to provide coping skills, a trauma processing phase to understand personal trauma experiences, and a final integration phase to consolidate and generalize safety and trust. Developing and sustaining the therapeutic relationship is essential to TF-CBT treatment but especially central to youth with complex trauma and their caregivers. Due to the factors mentioned above interpersonal trauma experiences these youth view most relationships as threatening. Given this, the therapist gradually exposes the child to the idea of a safe and predictable relationship.

Caregivers are included in the TF-CBT to build a relationship between the child and caregiver that is based on trust and mutual respect; this is done with parallel parenting sessions. The child in foster care can choose which caregiver (bio-parent or foster parent) that they are most comfortable with including in the TF-CBT. The therapist educates the adult caregivers about the child's trauma related problems and ways to enhance positive interactions while not encouraging trauma reenactment in the child.¹⁰

TF-CBT is a therapeutic intervention that has research on its efficacy behind it. One study examined children who were exposed to intimate partner violence (IPV) with resulting post traumatic stress symptoms and compared the use of TF-CBT and child-centered therapy (CCT) in a community IPV center. Both treatments included mothers in the treatment and focused on strengthening trust. TF-CBT addressed trauma avoidance, hyperarousal, and maladaptive cognitions in an adapted version that was shortened to eight weeks and included two sessions where parent and child were in treatment together. It was found that children receiving TF-CBT had statistically significantly improved scores in hyperarousal and anxiety. The TF-CBT group also had a decrease in PTSD diagnosis from pretreatment to post-treatment of 75% were as the CCT group had a reduction of 55.6%.¹¹

¹⁰ Judith A. Cohen, Anthony P. Mannarino, Matthew Kliethermes, Laura A. Murray. Trauma-focused CBT for youth with complex trauma. *Child Abuse Neglect*. 2012 Jun; 36(6): 528–541.

¹¹ Judith A. Cohen, MD; Anthony P. Mannarino, PhD; Satish Iyengar, PhD. Community Treatment of Posttraumatic Stress Disorder for Children Exposed to Intimate Partner Violence: A Randomized Controlled Trial. *Archives of Pediatrics Adolescence Medicine*. 2011; 165(1):16-21.

Another study on children who experienced contact sexual abuse that was confirmed by Child Protective Services compared TF-CBT to CCT. It was found that children that received TF-CBT showed greater improvement with respect to PTSD, depression, behavior problems, shame and abuse related attributions than the CCT group. Likewise, parents assigned to the TF-CBT showed more improvement with respect to their own self-reported levels of depression, abuse specific distress, support of the child, and effective parenting classes than the CCT group.¹² An additional study found that children who experienced sexual abuse and were treated with TF-CBT sustained the benefits of treatment across 14 outcomes that were measured at six and 12 months.¹³

Given that TF-CBT is a tested and proven method of treating trauma, it is believed that increasing the number of children and caregivers who receive TF-CBT will have improved placement stability as children will have less behavioral problems. Including the child identified caregiver in the TF-CBT is assumed to improve the youth's ability to have a relationship and will increase the identified caregiver's understanding of the child's trauma and the resultant behavior and improve their ability to parent, which in turn may lead to faster exits to permanency. Finally, it is believed that the lasting positive gains that have been documented by research in terms of emotional stability and decreased acting out behavior will also decrease the number children who reenter care.

STRATEGY 4: COMMERCIAL SEXUALLY EXPLOITED CHILDREN (CSEC) PREVENTION AND INTERVENTION

CSEC refers to a range of crimes and activities involving the sexual abuse or exploitation of a child for the financial benefit of any person or in exchange for anything of value (including monetary and non-monetary benefits) given or received by any person. It is estimated by the Federal Bureau of Investigation (FBI) that 100,000 children are sold for sex each year, and as many as 300,000 are at risk of CSEC in the United States. It has been recognized that this is a growing problem in California.¹⁴

¹² Judith A. Cohen, M.D., Esther Deblinger, M.D., Anthony P. Mannarino, Ph.D., and Robert Steer, Ed.D. A Multi-Site, Randomized Controlled Trial for Children With Abuse-Related PTSD Symptoms. *Journal of American Academic Child Adolescent Psychiatry*. 2004 Apr; 43(4): 393–402.

¹³ Anthony P. Mannarino, Judith A. Cohen, Esther Deblinger, Melissa K. Runyon, and Robert A. Steer. Trauma-Focused Cognitive-Behavioral Therapy for Children Sustained Impact of Treatment 6 and 12 Months Later. *Child Maltreatment* 2012; 17(3) 231-241.

¹⁴ U.S. Dep't of Justice, *The Federal Bureau of Investigation's Efforts to Combat Crimes Against Children, Audit Report 09-08, Ch. 4 (2009)* available at <http://www.justice.gov/oig/reports/FBI/a0908/final.pdf>.

Youth in the child welfare system are particularly vulnerable to Commercial Sexual Exploitation (CSE). Abuse and neglect, unstable placements, and lack of positive relationships create vulnerabilities that exploiters target. The link between familial neglect and abuse on subsequent running away of youth who later become exploited is well documented.¹⁵ Of the approximately 1000 girls that have utilized Motivating, Inspiring, Supporting, and Serving Sexually Exploited Youth (MISSEY) a survivor-led, survivor-informed nonprofit organization devoted to *“motivating, inspiring, supporting and serving sexually exploited youth”* services based in Alameda County, 82% have a history of running away, over 65% have been in foster care, and 73% have been previously involved in the juvenile justice system.¹⁶

The State of California has recently been addressing this issue through legislation. Senate Bill (SB) 855 enacted in 2014 clarified that commercially sexually exploited children are victims of child abuse and should be served by the child welfare system whenever possible. In 2015, the governor enacted SB 794 which requires county child welfare agencies to identify, document, and determine appropriate services for children and youth receiving child welfare services who are or are at-risk of becoming victims of commercial sexual exploitation. Part of SB 794 was to have child welfare and probation agencies develop and implement specific protocols to quickly locate any missing child from foster care. SB 1322 which enacts January 1, 2017 makes the laws pertaining to prostitution null for a child under the age of 18. This decriminalizes prostitution for a minor and gives the court the power to seek treatment and care of the child in the absence of a responsible parent.

California has also made funding available. The state CSEC program was established as a county opt-in program designed to train caseworkers and out-of-home caregivers to identify children and youth who are and at risk of being exploited. Education for children and youth on how to avoid exploitation is also a target of the for the CSEC program. Nevada County is not currently opted-in to the program however will submit a CSEC plan to the CDSS in for fiscal year 2017/18. Part of the qualification needed in order to receive this funding is that counties create an internal policy and procedure for CSEC, which has been completed. Furthermore, a runaway

¹⁵ Tyler, K., Hoyt, D., Whitbeck, L., & Cauce, A. (2001). The impact of childhood sexual abuse on later sexual victimization among runaway youth. *Journal of Research on Adolescents*, 11, 151–176.

¹⁶ MISSEY Inc. et al., *About CSEC*, available at <http://www.misseey.org/about-csec> (last viewed Jan.25,2017).

policy and procedure and an interagency protocol regarding CSEC is needed to fully opt-in to the program. Both of these procedures are currently under development in consultation with the Northern Training Academy.

The CSEC plan will follow recommendations that were laid out by the California Child Welfare Council in their 2013 report titled *Ending the Commercial Sexual Exploitation of Children: A Call for Multi-System Collaboration in California*.¹⁷ The first recommendation is placement. This has already been a focus of our foster parent recruitment plan to train identified resource families specifically to meet the needs of CSEC youth. The second recommendation is to systematically identify CSEC and children at risk of exploitation. As mentioned in the previous section the CPS Program Manager has adapted a CSEC screening tool from one currently utilized in San Luis Obispo County. Each child entering foster care will be screened for CSEC and will be sent with the Katie A. packet to Children's Behavioral Health. The next recommendation was training. Child Welfare staff have already received some training in CSEC but ongoing training will be critical. The recommendation for training encompasses all professionals working with youth in child-serving systems but further specifically recommends that health care professionals receive comprehensive training in identification of exploited youth or those at-risk of exploitation and specialized services and supports which are trauma informed to serve these youth. The final recommendation was to develop protocols and strategies to collect and share data across systems that serve children to better serve and understand the needs of these youth.

Sex traffickers of children often move children around from place to place in order to avoid detection, keep the child disoriented, and in isolation. Given this and the small size of the county, Nevada County CPS' Program Manager is working to establish relations with two of the neighboring counties, Placer and El Dorado, to create a Tri-County CSEC Response Team in conjunction with Law Enforcement. In this way, Nevada County can draw on the experience and resources available in these neighboring counties that have larger child populations. Placer County Child Welfare has two counselors who work specifically with CSEC youth which Nevada will look to contract with once a formal CSEC plan is in place.

¹⁷ <http://www.chhs.ca.gov/Child%20Welfare/Ending%20CSEC%20-%20A%20Call%20for%20Multi-System%20Collaboration%20in%20CA%20-%20February%202013.pdf>

It is believed that these activities will improve outcomes for foster youth who by virtue of the trauma that have brought them to the foster care system are at greater risk of CSEC. Services targeted to youth were identified in the 2016 CSA as lacking in Nevada County. By identifying and assisting these youth with appropriate services and creating placements specific to their needs, it is believed that there will be an increase in placement stability and decrease in the number of children in the child welfare system who runaway. It is also believed by identifying and serving youth who are at-risk the number of youth who are not only exploited but who enter foster care can be reduced.

STRATEGY 5: CONTINUOUS QUALITY IMPROVEMENT (CQI)

CQI is a system of processes which, when effectively implemented, can ensure that a set of practices are delivered in the intended manner, continuously, over time, and achieving the desired outcome. Bickman and Nosser¹⁸ describe CQI as involving the use of assessment, feedback and application of information to enhance services in a proactive manner by continuously evaluating process and outcomes and the link between them to change services. CQI integration into the daily practice of an agency is the collective responsibility of line staff, management, community partners, internal and external stakeholders, and clients as partners in improvement. To accomplish CQI integration team building, training, and communication are vital.

The CQI process typically begins with a core set of outcomes that identify the fundamental mission of an agency, in this case child welfare. The core outcomes for child welfare are child safety, permanency, and well-being. In order to set goals for improvement there must first be the establishment of performance baseline. The baseline uses data that describes how well the agency has performed historically and currently on the core outcomes. Typically goals are created based on the gap between the baseline and where an agency would like to be in terms of future performance.¹⁹ The theory of change then describes the steps that will be taken in order to close this gap. This document outlines theories of change that are

¹⁸ Bickman, L. & Nosser, K. (1999) Meeting the challenges in the delivery of child and adolescent mental health services in the next millennium: The continuous quality improvement approach. *Applied and Preventive Psychology*, 8:247-255.

¹⁹ Wulczyn, F. (2007) Monitoring Child Welfare Programs: Performance Improvement in a CQI Context. Chapin Hall Center for Children at University of Chicago.

believed to likely affect the outcomes that were identified for improvement based on the 2016 CSA. This CQI strategy will provide monitoring of progress to determine if these strategies are having the intended impact on outcomes.

There are several functional components that are integral to a quality CQI system.²⁰ First is a foundational administrative structure which includes oversight, consistent standards, a training process, written policy and procedures, and the capacity to sustain the CQI process. Secondly, a system for quality data collection (quantitative and qualitative) from a variety of sources is an important component of CQI. Nevada County has access to several quality sources of data. SafeMeasures, California Child Welfare Indicators Project (CCWIP) through Cal Berkeley, Business Objects, and Chapin Hall's Center for State Child Welfare Data provide a plethora quantitative data. The third component that is important to the CQI process is case record review. Child and Family Service Reviews (CFSR) case reviews have been fully implemented in Nevada County which provides qualitative look a case practice. The next component is analysis and dissemination of quality data. In commitment to quality data Nevada County CPS created a permanent analyst position in the department in 2016. This staff member also provides Quality Assurance (QA) for the CFSR case reviews. The final component is feedback to stakeholders and decision-makers which in turn leads to adjustment of programs and the CQI process.

As Nevada County implements the SIP, CQI will be an important component to determining the effectiveness of strategies that are being put into practice. Monitoring of data related to the key outcomes of exits to permanency, reentry into foster care, and placement stability are integral. CPS will be creating quarterly reports that highlight the core outcomes of child welfare. These quarterly reports will be disseminated to staff and stakeholders providing opportunities for feedback. Though the CFSR case reviews are fully implemented in Nevada County, the database of completed cases that have been fully reviewed for QA is still small. As this database grows it will be used monitor progress on goals and inform practice. Once there is a larger amount of data from the case reviews a report on the outcomes will be generated

²⁰ Administration for Children and Families Information Memorandum August 27, 2012.
<https://www.acf.hhs.gov/sites/default/files/cb/im1207.pdf>.

annually. It is believed that having a formal CQI structure in the county will not only improve the identified outcomes but also inform and enhance practice in the county.

PROBATION

STRATEGY 1: FAMILY FINDING

Probation's plan is to increase permanency options to reduce the length of stay in congregate care by increasing efforts in family finding that is specifically targeted to youth in probation. Family finding is an intensive search method to find family members and other adults who would like to step in and care for children and youth in foster care who lack permanency. The goal of family finding is to locate long-term, caring, permanent connections and relationships for children and youth in foster care. The other key goal of family finding is to establish a long-term emotional support network with family members and other adults who may not be able to take the child into their home but who want to stay connected with the child. While family finding may result in permanent placements with relatives, another outcome is to establish a permanent lifelong connection with a group of relatives who reconnect with the child and provide emotional and other types of support.

By connecting youth in placement to extended family they may benefit from the connections that a family setting can provide. Permanent connections can increase the likelihood that youth will achieve stability and successfully transition to independent adulthood. These connections could help mitigate some of the challenges that are faced by probation youth in timely exits to permanency and could provide options that can reduce reliance on congregate care. Probation will seek to increase family finding efforts by locating, contracting, and utilizing a third party specializing in these efforts.

PRIORITIZATION OF DIRECT SERVICE NEEDS

Prioritization and selection of direct service needs to be funded with Child Abuse Prevention, Intervention and Treatment (CAPIT)/ Community Based Child Abuse Prevention (CBCAP)/and Promoting Safe and Stable Families (PSSF) funding is based on County needs and information obtained during the CFSR process. Nevada County plans to continue the services and contracts that were initiated during the previous cycle which are serving the needs of families described below.

CAPIT/CBCAP/PSSF FUNDED ACTIVITIES

PARTNERs Family Resource Centers- The PARTNERs FRCs are an important resource for families in the community to get connected to other families and services available in the area. Child Welfare currently contracts with the Nevada County Superintendent of Schools (NCSOS) using CBCAP and CAPIT funds to provide Differential Response (DR) to families referred to CPS but not rising to the level of CPS intervention. These families are referred to the FRC to receive case management and referral services. CPS also funds one AmeriCorps worker who is located at the FRC to support the DR program. Families in need can also receive services on a walk-in basis. Probation also refers clients to the FRCs. In fiscal year 2015/16 PARTNERs FRC provided DR to 355 unduplicated parents of 644 children and provided:

- Over 1,100 referrals in addition to providing other resources over 7,000 times. Referrals included warm handoffs to DVSAC, Women of Worth, Nevada Union Adult Education, ESL classes, the Salvation Army, Habitat Restore, Nevada County Social Services, Behavioral Health as well as many others. Often the families worked with staff on an ongoing basis and received a variety of referrals and resources as needed.
- Help with Medi-Cal enrollments as well assisting with healthcare questions and concerns. During this period, they handled 97 inquiries. Additionally, they made behavioral health referrals for 39 children and 42 adults.
- 211 playgroup sessions for parents and toddlers facilitating developmentally appropriate activities as well as peer support for 202 unduplicated children (0-5 years) and 186 unduplicated parents or family members.
- High-speed computers and they were used over 1,600 times in FY 15/16. These computers have programs on resume writing, completing the GED, typing skills and Rosetta Stone, (for Spanish speakers wanting to learn English). Additionally, one of the FRCs works with the local Adult Education office to offer GED and ESL classes at that site. Furthermore, there is a resource library at each site containing a number of books on job searches and readiness. Staff assist visitors as needed with resume review and interview practices.
- Clothes closets, (as well as connections with Women of Worth, the Karing Closet and other non-profits who can supply clothing) are at all three FRC locations that include adult as well as children's clothing. They provide a large amount of children's clothing, but also help find appropriate interview clothes for visitors looking for a job. During this period there were a total of 1,756 uses of the clothes closets at the three FRCs.
- Six series of Triple P parenting and one series of Circle of Security classes were offered this year and 101 parents attended with an 80% completion rate.

Foothill Truckee Healthy Babies (FTHB) – FTHB is funded with CBCAP dollars. This is a prevention based program that is an intensive home visiting curriculum using the evidence-based Healthy Families America Model. Each woman giving birth at the hospital is assessed for risk factors. FHTB services are offered to families with indicated risk. Home visitors (HVs) work in both Western and Eastern County. Program activities supported by the FTHB HVs included client home visits, transports, and monthly group socialization activities. The FTHB HVs additionally provided client information and referrals to a variety of other services including Basic Needs/Concrete Supports; Behavioral Health/Mental Health Services; Domestic Violence Services; Health Services; Substance Abuse Services; Substance Abuse Treatment, and other community resources based on individual need. In fiscal year 2015/16, FTHB served 158 children and 300 guardians or primary caregivers including 24 pregnant mothers.

Parent leadership opportunities were also provided by the FTHB Supervisors and the Program Manager by encouraging parents' service/participation on the FTHB Community Advisory Board (CAB); by being interviewed as a FTHB program participant during regular site visits, and/or by participating in focus groups and/or other survey opportunities as they become available to the program.

Special projects also supplied to parents include providing testimonials, participation in surveys after events, pictures for local, state newsletters, or other outreach activities. The FTHB Supervisors and Program Manager additionally support parents by offering training opportunities to ensure that the parents are well-received and their skills are used effectively during, meetings or other outreach activities.

Family Resources Center of Truckee (FRCoT) – The FRCoT serves families in the Eastern region of the county. CPS contracts with the FRCoT using CAPIT funds to provide Differential Response to that region of the county. Families are referred to the FRCoT to receive case management and referrals services. Families can also receive services on a walk-in basis. Probation also refers clients to the FRCoT.

The FRCoT utilizes the Strengthening Families and Family Support frameworks, by delivering services that are research and evidence-based. All programs and services apply research-informed ideas that contribute to the overall well-being of families. The Strengthening

Families approach aims to build the five protective factors in families, in order for these families to have the support and tools needed to be successful. The work of the FRCoT is to build upon the following protective factors:

1. parental resilience
2. social connections
3. knowledge of parenting and child development
4. concrete support in times of need
5. social and emotional competence in children.

Additionally, the principles of Family Support primarily guide the services and programs, as well as the collaborative partnerships with other resources and partners in the community. For the target population, Family Advocates aim to leverage existing strengths within the family while empowering families to build upon these strengths to maintain their overall well-being.

Parents are the experts on their family's needs and as such play the central role in identifying areas for growth and improvement and in developing their family goals. This process includes assessing resources, skills, and experiences while at the same time further developing individualized action plans that establish goals and incorporate access to community resources and services. All programs and services at the FRCoT align with the overall mission of the organization to promote the social and economic success in the community by providing education, mobilizing resources, and advocating for change.

In fiscal year 2015, FRCoT provided services to 48 unduplicated parents of 68 children. They also provided the following programs:

1. **Baby and Me, Baby Massage, Cursos de Mamas y Papas, Musikgarten**
The series of early childhood development classes is coordinated and organized by a local early childhood specialist. The consultant coordinates the classes and seeks out local expertise to provide an extensive suite of learning opportunities for new parents. The classes provide instruction around child development, health education, interactive song and play between parents and children, and positive discipline. Additionally, the class provides a great opportunity for group interaction and support between parents.
2. **Health Outreach with the Promotoras, North Tahoe FRC, and Tahoe Forest Hospital**
Through a collaborative grant, the FRCoT continues to provide trainings to four Promotoras on issues of health, wellness, and mental health. As plans develop for

the provision of services through this grant, the FRCoT has worked closely with the North Tahoe FRC and Tahoe Forest Hospital's Wellness Neighborhood. The goal is to address the disparities in access to healthcare in our area and to improve the overall health of our Latino community. The Promotoras hosted several workshops, including Parent Project (in Spanish), Chronic Disease Self-Management, Breast Cancer Education, Knitting and Mental Health, Family Mental Health Education, and Family Nutrition.

3. Immigration Support and Outreach – DACA, DAPA, Pathways to Citizenship

The Mediation and Legal Assistance Program collaborates with Truckee Police, Truckee DMV, Catholic Charities of Reno, Tu Casa Latina of Reno, and OneJustice to provide support, education, and workshops for community members. Topics of these clinics include DACA and DAPA applications, citizenship applications, and work permits.

4. Community Christmas and Adopt-A-Family

Every year the FRCoT participates in the coordination of community wide effort to provide families with support during the Christmas holiday season. Families receive gifts for their children and food support. The FRCoT works with local businesses, organizations, and groups to provide gifts for the most deserving families with the community.

5. The Family Room

The FRCoT offers an interactive creative space for children 0-3 at the Truckee Elementary School. The bilingual program, facilitated in Spanish and English, allows children and parents to make art, sing, and play together. This year, the Family Room was extended to operate five days per week to meet the high demand of the program. During the Family Room programming, positive parenting is modeled by the excellent and experienced FRCoT volunteers and Promotora staff. At the Family Room, new parents are able to get out and meet their peers. The Family Room is as instrumental to the development of its parent attendees as it is to its children attendees; it creates networks amongst parents and helps to alleviate the isolation felt by some parents.

6. Family Fun Nights

The FRCoT hosted two Family Fun Nights to provide creative spaces for families to enjoy a community setting. During Family Fun Nights, parents and children participate in activities and crafts, while sharing a healthy meal. These events allowed for demonstration of positive parenting by peers and FRCoT staff and provided a great place for parents to get to know each other and create peer networks.

7. Partnership with KidZone Museum

The FRCoT continues to grow in collaboration with the KidZone Museum to reach out to the community and provide sources of fun, support, and parent modeling to community members. KidZone offers scholarships for FRCoT clients.

8. Toddler Gymtime

The FRCoT was able to bring back Toddler Gymtime program with the assistance of a bilingual facilitator. The free program is open to all parents/caregivers and toddler-aged children. The open gym is an interactive gross motor program, allowing children to socialize and participate in active play.

9. Truckee/North Tahoe Regional Housing Study

The Community Collaborative of Tahoe Truckee (CCTT) and Tahoe Truckee Community Foundation (TTCF) requested that the FRCoT represent underserved populations in Truckee a partner for a housing study of the local area. CCTT and TTCF requested the assistance for the needs assessment given the FRCoT's understandings of the housing needs and how it has affected community members. Once the housing study is completed by a consultant firm, the North Tahoe and Truckee areas hope to utilize the findings for future policy implications.

10. Other

On an individual basis, parents received the Ages and Stages Questionnaire to track childhood development with the guidance of their Family Advocate. Families also received assistance with access to housing, health care, mental health services, educational support, social services, and parenting support.

Parent Leadership Engagement and Advocacy Group (PLEAG)- Community Recovery Resources (CoRR) is contracted to provide a collaboration between public and private agencies and independent parents and uses CAPIT and PSSF funding to create a solid structure for meaningful parent engagement, support, and leadership development in Nevada County. This program is located at CoRR campus in Grass Valley.

PLEAG's program was initially modeled on an evidence-informed parent support strategy (Parent's Anonymous®) However, it was significantly changed to better meet the needs of the community and include a stronger leadership and resource connection focus. PLEAG Parent Leadership Institute (PLI) also models on Nevada County's Community Leadership Institute (NCCLI). PLEAG also embraces the 5 Protective Factors Framework (mentioned above),

shown to reduce the risk of child abuse and neglect. Primary goals of the program are safety and well-being.

In fiscal year 2015/16, PEALG served 82 unduplicated parents of which 70% returned at least once. Some of the activities for this time period included:

1. Weekly meetings with the only exceptions being a few days off due to holidays. Each evening, a healthy meal was served to parents and children together from 5:30 to 6:00 with informal check in and socialization. From 6:00-7:00 parents went to a classroom space for a check-in time, and then a program which may consist of a presentation from a community speaker or a facilitated resource sharing group. Some evenings programming consisted of family time, such as facilitated games, crafts, or activities. Topics, and corresponding curriculum categories, have included:
 - a. GVPD – Criminal Justice
 - b. Child Advocates of Nevada County – Family Wellness
 - c. Nutrition Group – Family Wellness
 - d. Behavioral Health
 - e. CPS
 - f. Domestic Violence Sexual Assault Coalition
2. Every parent was surveyed at each meeting to ensure that the topics and speakers were what they want. PELEAG worked to address needs through handouts, speakers, special events and activities and one-on-one when issues are too great for group setting. Parents asked about and shared resources.

Helping Hands Nurturing Center-CPS contracts with Helping Hands using a blending of CAPIT, PSSF, and CalWORKs funds to provide the Nurturing Parenting Program to families with an open CPS case. The Nurturing Parenting Program is a family-centered trauma-informed program designed to build nurturing parenting skills as an alternative to abusive and neglecting parenting and child-rearing practices. The long term goals are to prevent recidivism in families receiving social services, lower the rate of multi-parent teenage pregnancies, reduce the rate of juvenile delinquency and alcohol abuse, and stop the intergenerational cycle of child abuse by teaching positive parenting behaviors. Helping Hands also provides court ordered supervised visitation. They have one location in Grass Valley.

Helping Hands in fiscal year 2015/16 provided in-home visits, parenting sessions, one-on-one sessions, groups designed for parents of children of all different ages, young parent groups, mommy and me play groups, co-parenting sessions in one-on-one or group settings,

training for kinship-care providers, training for foster parents, community education, parent coaching, services to incarcerated parents, and a positive play space with several play rooms that have games, paints, and activities. They also modeled and provided nutritional foods and snacks, positive nurturing peer support, home safety support and education, and hands on developmental interactive play skills were taught. They served 58 parents of 88 children for this time period.

Sierra Forever Families- Family Preservation Program is funded with Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) dollars in a partnership with Behavioral Health. The PSSF funds provide the Medi-Cal match for early intervention services and after-care services for families. The Family Preservation service offers in home parenting education, family therapy, case management, and child psychotherapy with the goal of keeping children safely in their homes. They also provide adoptive parent recruitment and training. They have locations in Sacramento, Placer County, Chico, and Nevada City.

In addition to the program serving 55 parents/guardians/caregivers of 68 children in Nevada County for fiscal year 2015/16, 16 of those children were adopted children, and 8 of those children were in guardianships. They provided the families with:

1. Individual therapy & family therapy
2. Clinician and Family Support Specialists (FSSs):
3. Individual rehabilitation related to skill building
4. Case management
5. Positive Parenting Program (Triple P)
6. Parent Partners

Child Welfare/Probation Placement Initiatives

KATIE A. VS BONTA

Child Welfare utilizes the Child Welfare Mental Health Screening Tool to determine Katie A. eligibility for children. Currently, every child with an open CPS case who is eligible is referred for Katie A. services through Children's Behavioral Health. Once the referral is received, Children's Behavioral Health then initiates services. Child welfare facilitates monthly

Katie A. meetings with behavioral health, public health, children's mental health, and eligibility to discuss cases.

Katie A. policy and procedure for 7-day renewal of services is such that one of the parents is needed to sign the renewal, as is their legal right. The social worker can only sign for renewal if so ordered by the court. It can become problematic when parents are absent and a social worker has a hard time locating them. When a parent cannot be found a court order must be obtained. This ultimately leads to delays in treatment.

FOSTERING CONNECTIONS

Nevada County Child Welfare Services and the Probation have implemented California Fostering Connections to Success program. This program allows foster youth over the age of 18 to continue to remain in foster care and receive foster care benefits from ages 18 to 21 if certain participation criteria are met. Currently, there is one social worker who is dedicated to this program. Probation placement youth are also part of this program

Nevada County also offers Transitional Housing Program-Plus (THP+) for youth who exited foster care after turning 18. The program was expanded the last year by opting in to SB 1252. This extended the age limit for THP+ to 25 years of age and expanded the cumulative amount of time that a youth may receive services to 36 months. Eligible probation youth also utilize this program.

CONTINUOUS QUALITY IMPROVEMENT (CQI)

A critical part of building an effective CQI system is strengthening staff's skills for generating and applying evidence to decision making. As part of the implementation of CQI, case consultations are occurring on weekly or as needed basis. In a case consultation a worker with a concern or problem with a case or referral meets with the entire staff to brainstorm a solution to the situation. Involving all staff in the process lends many different perspectives to the problem aiding in the development of well-informed decisions.

Also as part of CQI, Nevada County has implemented the CFSR case reviews process. The CFSR case reviews are a qualitative look a case to supplement the quantitative data already available. Currently, Nevada County has trained and certified three social workers and one analyst to perform the CFSR case reviews. Nevada County is required to review 20 cases a year,

five to be completed each quarter. As the data from this process builds it will be used to inform the SIP goals and improve practice.

COMMERCIALLY SEXUALLY EXPLOITED CHILDREN (CSEC)

Nevada County has not as yet opted into the Commercially Sexually Exploited Children (CSEC) funding options provided by the state. However, a policy and procedure was created for Nevada County regarding CSEC. This policy and procedure has been used as a training tool and has help raise awareness of these children and youth in the department. Staff training, supervision of cases, and case consultation meetings have helped identify CSEC cases.

Nevada County is planning on opting-in to the state CSEC program for the fiscal year 2017-18. In preparation of this occurring an interagency policy and procedure is being developed as per the requirement to opt-in. A procedure dealing with runaway youth is also in the process of being drafted with the assistance of the Northern Training Academy. The Program Manager has also adapted a form from San Luis Obispo County to screen each child that is taken into out-of-home care for Commercial Sexual Exploitation. This screening tool is being attached to all the Katie A. forms that are being sent to Children's Behavioral Health.

5 – YEAR SIP CHART

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

National Standard: $\leq 40.5\%$

CSA Baseline Performance: (Q2 2015) 24.5%

Current Performance: (Q1 2016) 43.3%

Target Improvement Goal: Maintain the current performance and increase the percentage of children exiting to permanency by 3-5%.

Priority Outcome Measure or Systemic Factor: P4: Reentry to foster care in 12 months

National Standard: $\geq 8.3\%$

CSA Baseline Performance: (Q2 2015) 25%

Current Performance: (Q1 2016) 0%

Target Improvement Goal: Maintain the current performance.

Priority Outcome Measure or Systemic Factor: P5: Placement Stability

National Standard: ≤ 4.12 placement moves per 1000 days in foster care

CSA Baseline Performance: (Q2 2015) 3.88 moves per 1000 days in foster care

Current Performance: (Q1 2016) 4.5 moves per 1000 days in foster care

Target Improvement Goal: Decrease the number of placement moves per 1000 days by .5 moves.

Priority Outcome Measure or Systemic Factor:

Foster Parent Recruitment, Retention, and Support

National Standard: N/A

CSA Baseline Performance: Through the course of the CSA it became clear stakeholder feedback and looking at the data that foster parent recruitment needed to be expanded in to include specific recruitment for sibling sets, youth aged 11-17, and the Eastern Region of the county. Stakeholder feedback as well as lack of participation of foster parents in the CSA process spoke to the need to work on retention and support.

Current Performance: Since the 2015 CSA, CPS applied for and was awarded Foster Parent, Recruitment, Retention, and Support (FPPRS) funding provided through the CDSS. Recruitment activities have been successful to date with 7 new foster homes being certified and 4 new host-homes. FPPRS funds were used to send foster children to summer camps. Several relatives and non-related extended family members (NREFMs) have received initial training sessions.

Target Improvement Goal: 12 new certified foster home which will include 1 respite home, 2 probation homes, 4 homes willing to foster 11-17 years, 3 homes willing to foster sibling sets, and 2 Therapeutic Foster Care homes. 80% of resource family homes will be retained 3 months beyond the initial placement. All relative caregivers will complete the initial Resource Family Approval training.

PROBATION

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

National Standard: ≤ 40.5%

CSA Baseline Performance: (Q2 2015) 0%

Current Performance: (Q1 2016) 50%

Target Improvement Goal: Maintain the current performance and increase by 5%.

Priority Outcome Measure or Systemic Factor: Foster Parent Recruitment Retention and Support

National Standard: N/A

CSA Baseline Performance: At the time of the CSA, only one minor youth was placed in a relative placement. The other two minor youth were placed in group homes. Two Nonminor Dependents (NMDs) were placed in a Supervised Independent Living Placement (SILP).

Current Performance: There are three youth in congregate care and one youth is in a THPP.

Target Improvement Goal: Increase the number of relative probation placements by 2 and non-related caregivers by 1.

Strategy 1: Continuum of Care Reform (CCR)	<input type="checkbox"/> CAPIT	Applicable Outcome Measure(s) and/or Systemic Factor(s): P1: Permanency in 12 Months for Children Entering Care P4: Reentry into Foster Care P5: Placement Stability <input type="checkbox"/> Title IV-E Child Welfare Waiver Demonstration Capped Allocation Project	
	<input type="checkbox"/> CBCAP		
	<input type="checkbox"/> PSSF		
	<input checked="" type="checkbox"/> N/A		
Action Steps:	Implementation Date:	Completion Date:	Person Responsible:
	May 2016	June 2016 Completed	CPS Program Manager
	July 2016	August 2016 Completed	CPS Analyst
	November 2016	November 2016 Completed	CPS Program Manager and CPS Analyst
A. Create an AB 403 Workforce Group to guide the implementation of CCR.			
B. Identify the number of youth placed in RCL facilities.			
C. Apply for an extension on the current group homes utilized by the county that are transitioning to an STRTP.			

D. Develop a training plan with the Northern Training Academy for AB 403.	January 2017	December 2017	CPS Program Manager and Northern Training Academy
E. Integrate child and family team model into practice across agencies.	January 2017	June 2018	CPS PM, Probation PM, and Children's Behavioral Health PM
F. Perform a gap analysis to identify what services and supports will be needed in a home-based setting to enable children currently placed in RCL 5-11 to transition to a home-based setting.	March 2018	July 2019	CPS Program Manager and CPS Analyst
G. Create a CFT policy and procedure and include an information sharing protocol.	December 2017	July 2019	CPS Program Manager and Northern Training Academy
I. Identify capacity building needs related to CFTs (i.e. additional facilitators, social workers, service area staff, etc.).	January 2017	June 2018	CPS PM, Probation PM, CBH PM, Supervisors, Social Workers, Probation Officers.
J. Implement training for staff using the statewide CCR curriculum.	March 2017	December 2020	CPS Program Manager and Northern Training Academy

Strategy 2: Resource Family Approval (RFA)	<input type="checkbox"/> CAPIT <input type="checkbox"/> CBCAP <input type="checkbox"/> PSSF	Applicable Outcome Measure(s) and/or Systemic Factor(s): P1: Exits to Permanency in 12 Months for Children Entering Care P4: Reentry into Foster Care P5: Placement Stability Foster Parent, Recruitment, Retention, and Support	
	<input checked="" type="checkbox"/> N/A	<input type="checkbox"/> Title IV-E Child Welfare Waiver Demonstration Capped Allocation Project	
	Implementation Date:	Completion date:	Person Responsible:
Action Steps:			
A. Create an enhanced Foster Parent Recruitment, Retention, and Support (FPPRS) Funding Plan to include Probation to the CDSS for approval.	August 2016	September 2016 Completed	CPS Analyst
B. Develop a RFA Implementation Plan to the CDSS for approval.	July 2016	October 2016 Completed	CPS PM
C. Issue a Request for Proposal (RFP) for Foster Parent Recruitment, RFA Training, Psychosocial Assessments, and Adoption Services to be disseminated to local service providers.	July 2016	October 2016 Completed	CPS Analyst

D. Select service provider proposals from the RFP to deliver RFA services.	November 2016	November 2016 Completed	Director of Social Services, CPS PM, Administrative Services Officer, RFA Social Worker, CPS Analyst
E. Establish contracts with the selected service providers for RFA services.	December 2016	January 2017 Completed	CPS Analyst
F. Build an RFA database utilizing Binti that will allow RFA applicants to apply online and enable management, RFA Social Worker, Foster Care Eligibility Workers, and contractors to input and track applicants through the RFA process.	March 2017	February 2018	CPS PM, CPS Analyst, RFA Social Worker, Foster Care Eligibility Worker
G. RFA Social Workers and RFA Supervisor will attend the Northern Training Academy's RFA Training	December 2016	March 2019	RFA Social Workers, RFA Supervisor
H. Establish a biweekly collaborative meeting of stakeholders and staff to discuss RFA cases/implementation.	January 2017	July 2021	CPS PM, CPS Analyst, RFA Supervisor, RFA Social Workers, Foster Care Eligibility Workers, RFA contractors

Strategy 3: Trauma Informed Mental Health Services	<input type="checkbox"/> CAPIT <input type="checkbox"/> CBCAP <input type="checkbox"/> PSSF	Applicable Outcome Measure(s) and/or Systemic Factor(s): P1: Permanency in 12 Months for Children Entering Care P4: Reentry into Foster Care P5: Placement Stability	
	<input checked="" type="checkbox"/> N/A	<input type="checkbox"/> Title IV-E Child Welfare Waiver Demonstration Capped Allocation Project	
	Action Steps:	Completion Date:	Person Responsible:
A. Establish baseline data on trauma informed services for children with an open CPS Case.	August 2016	September 2016 Completed	CPS PM and CPS Analyst
B. Modify the Katie A. Policy and Procedure to include a comprehensive evaluation of trauma experienced by the child, comprehensive screening of every child using the Minnesota's Traumatic Stress Screen for Children and Adolescents (TSSCA), all children who score five (5) or higher on the TSSCA will be referred to a clinician for TF-CBT through Children's Behavioral Health.	October 2017	December 2018	CPS PM and Children's Behavioral Health Clinical Supervisor

C. Reevaluation of all children who received (TF-CBT) using the TSSCA.	April 2018	July 2021	CBH Clinical Supervisor
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Strategy 4: Commercially Sexually Exploited Children (CSEC) Prevention and Intervention	<input type="checkbox"/> CAPIT <input type="checkbox"/> CBCAP <input type="checkbox"/> PSSF	Applicable Outcome Measure(s) and/or Systemic Factor(s): P5: Placement Stability Foster Parent Recruitment Retention and Support	
	<input checked="" type="checkbox"/> N/A	<input type="checkbox"/> Title IV-E Child Welfare Waiver Demonstration Capped Allocation Project	
	Implementation Date:	Completion Date:	Person Responsible:
	August 2015	January 2016 Completed	CPS PM and UC Davis Consultant
A. Create an internal policy and procedure for CSEC			
B. Create a Commercially Sexually Exploited Children (CSEC) assessment for use on all children who are detained by CPS.	September 2016	October 2016 Completed	CPS PM
C. Create an interagency CSEC protocol	November 2016	July 2017	CPS PM and UC Davis Consultant

D. Submit a CSEC plan to the CDSS to opt in to the CSEC Program	June 2017	October 2017	CPS PM and CPS Analyst
E. Modify the Katie A. Policy and Procedure to include CSEC assessment and a comprehensive evaluation of trauma experienced by the child in the Katie A. packet to be sent to Children's Behavioral Health.	October 2017	March 2018	CPS PM
D. Create a Runaway Policy and Procedure	November 2017	July 2018	CPS PM and UC Davis Consultant
G. Foster Parent Recruitment specific to CSEC	January 2017	July 2021	FFA Staff

Strategy 5: Continuous Quality Improvement	<input type="checkbox"/> CAPIT	Applicable Outcome Measure(s) and/or Systemic Factor(s): P1: Exits to Permanency in 12 Months for Children Entering Care P4: Reentry into Foster Care P5: Placement Stability Foster Parent, Recruitment, Retention, and Support
	<input type="checkbox"/> CBCAP	
	<input type="checkbox"/> PSSF	
	<input checked="" type="checkbox"/> N/A	<input type="checkbox"/> Title IV-E Child Welfare Waiver Demonstration Capped

Action Steps:	Implementation Date:	Allocation Project	
		Completion Date:	Person Responsible:
A. Creation of a quarterly report for dissemination to staff and stakeholders that highlights data related to child safety, permanency, and well-being.	April 2017	April 2018	Director of Social Services, CPS PM, CPS Analyst
B. Annual report that highlights data from the CFSR case reviews for staff and management.	June 2018	June 2019	CPS PM and CPS Analyst
C. Modify the county's Continuous Quality Improvement (CQI) system to include a review and tracking of CFT activities to evaluate and improve the use of CFTs for all child welfare and probation youth.	March 2017	July 2019	CPS Analyst
D. Program Evaluation for RFA will be developed based on the identified outcomes to be measured including analysis from CWS/CMS, SafeMeasures, Contactor Reports, Case Reviews, Business Objects, and surveys.	March 2017	December 2019	CPS PM, CPS Analyst
E. Program Evaluation of TF-CBT developed based on the identified outcomes to be measured and will utilize analysis from CWS/CMS and	November 2017	July 2020	CPS PM, CBH PM, CBH Clinical Supervisor, CPS Analyst

SafeMeasures				
F. Evaluation of CCR developed using the outcome measures identified including analysis of data from CWS/CMS, SafeMeasures, CFSR case review, and surveys.	March 2018	December 2020	Program Manager CPS Analyst	
G. Create a program evaluation based the CSEC plan which coordinates data sharing across systems to better understand the needs and outcomes of CSEC youth.	June 2019	July 2021	CPS PM, CPS Analyst, Community Stakeholders	

Probation Strategy 1: Family Finding	<input type="checkbox"/> CAPIT <input type="checkbox"/> CBCAP <input type="checkbox"/> PSSF	Applicable Outcome Measure(s) and/or Systemic Factor(s): P1: Permanency in 12 Months for Children Entering Foster Care Foster Parent, Recruitment, Retention, and Support	
	<input checked="" type="checkbox"/> N/A	<input type="checkbox"/> Title IV-E Child Welfare Waiver Demonstration Capped Allocation Project	
	Implementation Date:	Completion Date:	Person Responsible:
Action Steps:			
A. Research family finding providers, cost, and associated services.	April 2017	July 2017	Probation PM
B. Initiate contract with selected provider to engage in family finding services.	July 2017	September 2017	Probation PM
C. Probation Staff will attend family finding training through the Northern Training Academy.	October 2017	July 2019	Probation PM, Probation Supervisor, Placement Probation Officer
D. Implement procedure for probation officers to utilize family finding services.	October 2017	July 2020	Probation PM, Probation Supervisor, Placement Probation Officer
E. Establish an evaluation of program utilizing Automon, CWS/CMS, SafeMeasures, and surveys.	December 2017	July 2021	Probation PM, Probation Analyst

CAPIT/CBCAP/PSSF Expenditure Workbook

(1) DATE SUBMITTED: 11/28/16

(2) DATES FOR THIS WORKBOOK 7/1/16

6/30/17

(3) DATE APPROVED BY
OCAP

(4) COUNTY: Nevada

(5) PERIOD OF SIP: 7/1/16

through

6/30/21

5

Internal Use Only

(7) ALLOCATION (Use the latest Fiscal or All County Information Notice for Allocation):																							
CAPIT: \$ 75,883					CBCAP: \$23,241			PSSF: \$47,591															
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						
					CADo PI llar T am Prou grant msto be spe nt on	AdCA mi PI nis T tratis tonuse d for	CBDa Callar P am Prou grant msto be spe nt on	AdCB mi CA nis P tratis tonuse d for	Fa Do millar y am Prou sernt vatto ionbe spe nt on	Fa Do millar y am Suou ppnt ortto be spe nt on	Ti Do mellar Li ou mint ed to Rebe unispe fic nt ati on	AdDo optlar ionam Prou mont tio to n be & spe nt pp on ort	G1	G2	G3	G4	G5	G6	H1	H2	I		
1	Parent Engagement & Development		Community Recovery Resources		\$10,000		\$0		\$0	\$0	\$0	\$0	\$0		\$0		\$0	\$0	\$0				\$10,000
2	Collaborative child abuse prevention services		Family Resource Center of Truckee		\$10,000		\$0		\$0	\$0	\$0	\$0	\$0		\$0		\$0	\$0	\$0				\$10,000
3	Partner Family Resource Centers		Nevada County Superintendent of Schools		\$20,000		\$0		\$0	\$0	\$0	\$0	\$0		\$0		\$0	\$0	\$0				\$20,000
4	Nurturing Parenting Program & Supervised Visitation		Helping Hands Nurturing Center, LLC		\$45,000		\$0		\$0	\$0	\$0	\$0	\$0		\$0		\$0	\$0	\$0				\$45,000
5	Foothill Healthy Babies		Child Advocates		\$0		\$20,000		\$0	\$0	\$0	\$0	\$0		\$0		\$0	\$0	\$0				\$20,000
6	Partner Family Resource Centers		Nevada County Superintendent of Schools		\$0		\$10,000		\$0	\$0	\$0	\$0	\$0		\$0		\$0	\$0	\$0				\$10,000
7	Contract Match for Sierra Forever Families		Nevada County Behavioral Health		\$0				\$15,000		\$15,000		\$30,000		\$0		\$0	\$0	\$0				\$30,000
8	Nurturing Parenting Program & Supervised		Helping Hands Nurturing Center, LLC		\$0		\$0			\$5,000		\$15,000	\$20,000		\$0		\$0	\$0	\$0				\$20,000

[illegible]

CAPIT/CBCAP/PSSF

PROGRAM AND EVALUATION DESCRIPTION

PROGRAM DESCRIPTION

PROGRAM NAME

Nurturing Parenting Program

SERVICE PROVIDER

Helping Hands

PROGRAM DESCRIPTION

Helping Hands provides Nurturing Parenting Program (NPP) services utilizing the Nurturing Parenting Program (NPP) curriculum that coordinates health and social services for families referred by Child Protective Services (CPS) with an open CPS case, Helping Hands provides supervised supervision/parenting sessions, and/or group services; utilizing the NPP best practices; using strength based and multi-disciplinary approaches; and focuses on family stability and self-sufficiency.

Helping Hands assesses the family's strengths and needs when a referral from Child Protective Services (CPS) is received and provides needed services. The assessment is accomplished utilizing the Adult & Adolescent Parenting Inventory (AAPI-2) pre-process/post survey. The AAPI-2 is an inventory designed to assess the parenting and child rearing attitudes of adolescents and adult parent and pre-parent populations. Based on the known parenting and child rearing behaviors of abusive parents, responses to the inventory provide an index of risk for practicing behaviors known to be attributable to child abuse and neglect. The AAPI-2 is the revised and re-formed version of the original AAPI first developed in 1979. This assessment is given halfway through the program to assess progress and identify areas still needing to improve and again at the end of the program.

Helping Hands provides NPP groups staggered throughout the year to help at-risk families build self-sufficiency and connect to their own natural supports. Helping Hands helps strengthen natural supports for the families and connects children and parents to resources that remain as concrete supports after services are ended. This helps families build a family safety network. Each group:

- runs for 16 weeks, meeting two and a half hours weekly
- has 5 individual parent sessions occurring in the family's home

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- has a concurrently scheduled group session for children to attend

Helping Hands provides individual parenting sessions weekly. Families receive individualized parent sessions between the group sessions to ensure skills learned in the group sessions are being implemented in the home. Individual sessions consist of 16 lessons, 26 lessons or 55 lessons. The number of sessions scheduled is determined by the results of the AAPI-2 and by CPS/Courts. Depending on the needs of the family, these sessions can be conducted at the Helping Hands' facility, in the community, or in the client's home.

Helping Hands provides any needed program reports to CPS, and provides brief written narrative reports outlining progress on outcomes and including pre, process and post results on the AAPI assessments. The Helping Hands also provides professional quality documentation that clearly addresses the risk and safety factors that brought the family to the attention of CPS and addresses how the NPP services are or are not mitigating those concerns.

Court-ordered monitored visits are provided by Helping Hands from Certified Monitors for children from birth up to the age of 18. This supervised visitation occurs in a neutral setting that is conducive to quality visits by non-custodial parents who otherwise would not see their children or who may not have been able to be with their children for many months. Safe exchanges between separated parents are accomplished and children benefit by being able to visit with their non-custodial parents. The Certified Monitor is able to overhear conversations and observe the interactions and activities of parents and children at all times. Parents are also given coaching during the visits to help implement what they are learning in the NPP sessions.

FUNDING SOURCES

SOURCE	LIST FUNDED ACTIVITIES
CAPIT	Parent Education
CBCAP	
PSSF Family Preservation	Parent Education
PSSF Family Support	
PSSF Time-Limited Family Reunification	Supervised Visitation
PSSF Adoption Promotion and Support	

OTHER Source(s): (Specify)	CalWORKs
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IDENTIFY PRIORITY NEED OUTLINED IN CSA

General Neglect

P1: Exits to Permanency in 12 Months for Children Entering Care

P4: Reentry into Foster Care

TARGET POPULATION

Families involved with Child Welfare

TARGET GEOGRAPHIC AREA

Western Nevada County

TIMELINE

JULY 2016-JUNE 2021

EVALUATION

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

Desired Outcome	Indicator	Source of Measure	Frequency
Parents increase knowledge of parenting and child development	90% of parents achieve positive outcomes	The Adult & Adolescent Parenting Inventory (AAPI-2)	Completed by participants at program entry, in process, and at exit

CLIENT SATISFACTION

Method or Tool	Frequency	Utilization	Action
Scaling Questions	Completed by participants before each parenting class & at end of session	Surveys reviewed by staff after each session	Areas of concern addressed by staff, as appropriate to resolve issues and ensure continuous quality improvement

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			(CQI)
Testimonials	Given at the end of the program	Statements reviewed by staff after a client has completed the program	Area of concern addressed by staff and addressed using CQI

PROGRAM DESCRIPTION

PROGRAM NAME:

DIFFERENTIAL RESPONSE

SERVICE PROVIDER:

PARTNERS FAMILY RESOURCE CENTERS

PROGRAM DESCRIPTION

Nevada County Superintendent of Schools PARTNERS Family Resource Centers (FRCs) offer a wide variety of events, classes and opportunities for families and children of all ages. The FRCs provide an array of services to address the unmet needs of the populations out of three sites: Grass Valley; North San Juan; and Penn Valley. The FRC's are a family-friendly spaces with quality toys, children's books and a video lending library with sections on pregnancy, childbirth, parenting and wellness, a brochure rack, and multiple public access computers with high-speed internet connection. The FRC staff provide confidential information and referral to families for services like counseling, parenting classes, healthcare and childcare on an as-needed basis. In addition to drop-in services, the Centers may host playgroups and story time activities for young children; provide periodic classes including an 8-week Triple-P positive parenting class for families; and babysitting certification for young adults. In addition, the FRCs serves as a home for unique, parent-driven initiatives. The FRCs also effectively collaborate to provide free access to a community-supported closet of clothing, gear, and basic necessities for foster children and children in crisis.

The FRC will incorporate these family support principles and activities:

- Staff and families work together in relationships based on equality and respect.
- Staff will support the capacity of families' growth and development.
- Families are resources to themselves and the community.
- Activities affirm and strengthen cultural, racial, and linguistic identities and enhance the ability of families to function in a multicultural society.

- FRCs are embedded in their communities and contribute to the community-building process.
- Programs advocate with the families for services and systems that are fair, responsive and accountable.
- Activities are flexible and continually responsive to emerging family and community issues.
- Principles of family support are modeled in all activities, including planning, governance and administration.

Service Area:

Through the three PARTNERS FRCs, services are provided to children and families throughout Western Nevada County including Grass Valley, Penn Valley, North San Juan, and surrounding areas. The FRCs prioritize special needs and high-risk children and families as necessary. Services are offered primarily at the FRC, but may include area schools, in the family's home, and other locations as needed. Programs are adapted to meet the special needs of children with physical and/or learning disabilities. Families are encouraged to participate in all treatment services. Children benefit when parents make needed changes and address their issues. Working with the entire family helps create a safe place for children to thrive. Priority is given to children and families referred by health and human service professionals, including Child Protective Services, physicians, counselors, child development programs, schools, etc., that have identified potential levels of abuse or neglect in the home.

Scope of Services:

The PARTNERS FRCs provide the following services:

- PARTNERS FRCs actively participate in a collaborative group comprised of Nevada County Child Protective Services and other community agencies benefiting from AmeriCorps volunteer support with the purpose of: defining AmeriCorps activities and models of service delivery; recruiting volunteers; training and supervising, advising, and supporting AmeriCorps volunteers.
- PARTNERS FRCs maintain successful differential response model for community services. Priority is given to children and families referred by health and human service professionals that have identified potential levels of abuse or neglect in the home. The coalition meets once a month to execute a successful coordinated response model and evaluate and refine the model.
- A member of the PARTNERS FRCs regularly attends the Child Abuse Prevention Council meetings.
- Guidance/onsite oversight to support Family Resource Center activities, including Differential Response referrals.
- Attendance and collaborative participation in AmeriCorps coordination/planning meeting, and adherence to applicable AmeriCorps restrictions and requirements.

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- Support of AmeriCorps volunteers' access to training and technical assistance.
- PARTNERS Family Resource Centers help families alleviate crisis that might lead to out-of-home placement or unsafe conditions for children by assisting families in identifying and obtaining services and other support necessary to address their multiple needs in a culturally sensitive manner. PARTNERS FRCs focus on family stability and self-sufficiency by combining efforts and resources to fulfill a total community need. By identifying families at the first sign of trouble and engaging them in identifying solutions to their problems, the goal is to promote voluntary participation in community-based organizational services designed to support families before further problems develop, engaging families in solutions and providing them with focused services so that there is the best possible opportunity to make needed improvements.

Major activities and timelines:

October: Coordinate and staff Halloween Book Giveaway to engage families with young children

March: Assist with planning of Summer Day Camp at Penn Valley FRC

Monthly: Meetings with CPS, FRC Staff and FRC Coordinator

Quarterly: Coordinate and plan Family Fun Nights to engage families at local schools

Ongoing: Outreach and engagement activities

Ongoing: Link families with Parenting and other resources at FRC's.

Ongoing: Case management of Differential Response and other at-risk families

FUNDING SOURCES

SOURCE	LIST FUNDED ACTIVITIES
CAPIT	Differential Response
CBCAP	Differential Response
PSSF Family Preservation	
PSSF Family Support	
PSSF Time-Limited Family Reunification	
PSSF Adoption Promotion and Support	
OTHER Source(s): (Specify)	

IDENTIFY PRIORITY NEED OUTLINED IN CSA

Lack of Services and Resources

TARGET POPULATION

Families at risk of child abuse and neglect

TARGET GEOGRAPHIC AREA

Western Nevada County

TIMELINE

JULY 2016-JUNE 2021

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

Desired Outcome	Indicator	Source of Measure	Frequency
Families have concrete support in times of need	80% of Parents show improvement in protective and risk factors	ICARE evaluation used on all parents receiving 15 hours or more of case management	ICARE administer at program entry & exit
Parents increase knowledge of parenting and child development	80% of Parents taking Triple P will decline in overall stress, over-reactivity, and hostility while increasing parenting skills	Parenting Ladder Survey-administered to parents to report the change in their parenting behavior as a result of their participation in the program	Survey completed before and after completing the Triple P Parenting Program.

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CLIENT SATISFACTION

Method or Tool	Frequency	Utilization	Action
Satisfaction Survey developed in-house at PARTNERS FRCs.	Are encouraged by staff to complete by participants after they have received services for a second time	Surveys reviewed monthly	Areas of concern addressed by staff to resolve issues and ensure CQI

PROGRAM DESCRIPTION

PROGRAM NAME

Differential Response

SERVICE PROVIDER

Family Resource Center of Truckee (FRCOT)

PROGRAM DESCRIPTION

The FRC of Truckee was conceived as a partnership, by a group of public and private agencies, community parents, and advocates for the underserved populations in the Truckee area. The spirit of collaboration and partnership – with clients, community organizations and local resources – continues to be a defining characteristic of the FRC of Truckee.

The FRC of Truckee's mission is to promote social and economic success in the community by providing education, mobilizing resources and advocating for change. All programs offered at the FRC of Truckee build on family strengths and assets and are delivered through strategies of prevention, education, support and networking in collaboration with other resources and partners in the community. By working with a large range of community partners, FRC of Truckee is able to leverage minimum resources at a time when the economy demands our best efforts to meet the growing needs of our communities.

Service Area:

The FRC of Truckee provides core services including case management as well as specific direct services to families and individuals, including early childhood education classes, parenting support and parenting classes, home visits, access to mental health therapy, access to low-cost health insurance, emergency assistance for housing and utilities, peer education programs for chronic health issues, affordable housing outreach, assistance with energy efficiency surveys for

low-income households, and legal assistance with civil issues such as eviction and wage claims that prevent a family from moving towards stability and self-sufficiency. Where FRC of Truckee does not provide the particular service needed by a family, they refer that family to other nonprofit agencies or to a county agency that can offer the service that is needed. The Family Resource Center is Truckee's one-stop, safety-net location for programs and referrals focused on building family health and strength while encouraging residents to take leadership roles to create positive change in their communities. FRCoT is staffed with bilingual/bicultural individuals trained in the principles of family support and poised to provide referrals for behavioral health, medical/dental resources, peer counseling, support groups, educational services and enrichment programs for parents and their children.

FRC of Truckee's ability to provide child development and family support services in Eastern Nevada County. The scope of work provided supports both Nevada County's and the Family Resource Center of Truckee's overall mission and needs of families.

Scope of Services:

The FRCoT provides the following services:

- Actively participates in collaborative groups comprised of Nevada County Child Protective Services and other community agencies benefiting from AmeriCorps volunteer support with the purpose of: defining AmeriCorps activities and models of service delivery; recruiting volunteers; training and supervising, advising, and supporting AmeriCorps volunteers. All AmeriCorps members will be trained in the Nurturing Parenting Program (NPP) through the Office of Child Abuse and Prevention and the NPP curriculum will be incorporated into practice,
- Maintain a successful differential response model for community services. Priority is given to children and families referred by health and human service professionals that have identified potential levels of abuse or neglect in the home. FRCoT is the designated Eastern Nevada County hub providing case management, information, community links and outcomes tracking. The DR Multidisciplinary Team meets once a month to execute a successful coordinated response model, evaluate, and refine the model. In addition, a second monthly multi-disciplinary meeting helps track the success of referrals and services provided to the families.
- Provides advocacy, counseling, and other services to clients referred by CPS tracking each family's success as a result of the referrals and reporting the amount of services each referred family received during the year and educates the community on the differential response model.
- Provides integrated services ensuring cooperative efforts among all the participating organizations for children and families to receive the needed services.
- Help for families to alleviate crisis that might lead to out-of-home placement or unsafe conditions for children by assisting families in identifying and obtaining services and other support necessary to address their multiple needs in a culturally sensitive manner.

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- The FRCOT focuses on family stability and self-sufficiency by combining efforts and resources to fulfill a total community need by identifying families at the first sign of trouble and engaging them in identifying solutions to their problems, promoting voluntary participation in community-based organizational services designed to support families before further problems develop, engaging families in solutions and providing them with focused services so that there is the best possible opportunity to make needed improvements.
- Differential Response staff assess families on intake and develop action plans within two weeks and connect families to needed services on and off site as matched with their identified needs (mental health, substance abuse, parenting support, housing, domestic violence, etc.).

FUNDING SOURCES

SOURCE	LIST FUNDED ACTIVITIES
CAPIT	Differential Response
CBCAP	
PSSF Family Preservation	
PSSF Family Support	
PSSF Time-Limited Family Reunification	
PSSF Adoption Promotion and Support	
OTHER Source(s): (Specify)	

IDENTIFY PRIORITY NEED OUTLINED IN CSA

Lack of services and resources

TARGET POPULATION

Families at risk of child abuse and neglect

TARGET GEOGRAPHIC AREA

Eastern Nevada County

TIMELINE

JULY 2016- JUNE 2017

EVALUATION

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

Desired Outcome	Indicator	Source of Measure	Frequency
Families have concrete supports in times of need	80% of high-risk families will achieve their individualized action plan	Community Tecknowledge is the database management system used by FRCOT	Staff track clients progress bi-monthly throughout the life of the case by running data reports

CLIENT SATISFACTION

Method or Tool	Frequency	Utilization	Action
Satisfaction survey developed in-house	Voluntarily completed by participants after families received services	Surveys reviewed monthly	Areas of concern addressed by staff to resolve issues and ensure CQI

PROGRAM DESCRIPTION

PROGRAM NAME

Parent Leadership, Empowerment, and Advocacy Group (PLEAG)

SERVICE PROVIDER

Community Recovery Resources (CoRR)

PROGRAM DESCRIPTION

Parent Leadership, Empowerment and Advocacy Group (PLEAG), a collaborative project between public and private agencies and independent parents to create a solid structure for meaningful parent engagement, support, and leadership development in Nevada County. PLEAG has built upon the evidence-informed Parent's Anonymous® (PA) model, tailoring it to the community and the parent group, and also draws from the Nevada County Community Leadership Institute (NCCLI). Parents Anonymous® Inc. is a community of parents, organizations and volunteers committed to strengthening families, building strong communities, and

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achieving meaningful parent leadership. Parents Anonymous® Group is a group which meets weekly, is free of charge to participants and is based on Shared Leadership and mutual support. Goals are: 1) to train and educate parents and to engage them in leadership roles according to the shared leadership model where parents work side by side with agency staff, in schools, with child welfare staff, court teams and treatment teams; and 2) To ensure that parents have a prevention-based program that offers a safe, consistent vehicle for parents to find resources; develop informal supports; develop leadership skills; access opportunities to serve in leadership roles. The PA model provided a structure for weekly groups. Weekly groups maintain the dual objectives of 1) ensuring parents feel supported and engaged to foster meaningful, ongoing participation and 2) working with parents to develop and implement a relevant Nevada County Parent Leadership Curriculum.

Service Area:

The Parent Leadership, Empowerment and Advocacy groups meet regularly in Grass Valley in Western Nevada County.

Scope of Services:

PLEAG provides the following services:

- Outreach to parents through schools, Family Resource Centers and other service providers; newsletters, fliers, social media, Community Support Network etc.
- Plan and facilitate weekly parent support and planning groups, with childcare, food, and appropriate materials provided. Topic areas are chosen with input from parents, parent leader, and project lead. The goal of the program is to train parents to become the natural leaders and in turn support them in establishing parenting programs in the community that are run by the parents, for the parents.
- Deliver a Nevada County Parent Leadership Curriculum which must identify specific learning objectives to provide parents with tools, education, confidence, and resources to become leaders in the creation, improvement, and oversight of programs and services for children and families in Nevada County. Curriculum will include issues and topics such as: Child Welfare and Juvenile Dependency; Health and Human Services; Education; Criminal Justice; Arts and Culture; etc. Parents may identify other specific topic areas.
- Childcare provision at parent support groups.
- Facilitator and/or parent lead attend monthly meetings of the CSN Parent Engagement Committee to ensure collaboration.
- Regular attendance by an authorized representative at Child Abuse Prevention Council meetings.

FUNDING SOURCES

SOURCE	LIST FUNDED ACTIVITIES
CAPIT	Parent Leadership Training
CBCAP	
PSSF Family Preservation	
PSSF Family Support	Parent Support Groups
PSSF Time-Limited Family Reunification	
PSSF Adoption Promotion and Support	
OTHER Source(s): (Specify)	

IDENTIFY PRIORITY NEED OUTLINED IN CSA

Lack of Services and Resources

TARGET POPULATION

Families with open CPS cases

Families at risk of child abuse and neglect

TARGET GEOGRAPHIC AREA

Western Nevada County

TIMELINE

JULY 2016-JUNE 2021

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

Desired Outcome	Indicator	Source of Measure	Frequency
Parents will establish informal support by connecting with other parents and the community	80% of parents will return to group and will answer survey questions related to establishing	Tracked through the weekly sign-in sheets and weekly survey results	Completed by participants on a weekly basis at the close of session

COUNTY: NEVADA

DATE APPROVED BY OCAP:

presenters	connections to other families and resources rated on a scale of 1-5		
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CLIENT SATISFACTION

Method or Tool	Frequency	Utilization	Action
Satisfaction Survey	Completed by participants after each PLEAG group at the end of session	Surveys reviewed weekly	Surveys are used for quality improvement and also to develop topics of interest for subsequent groups

PROGRAM DESCRIPTION

PROGRAM NAME

Home Visiting

SERVICE PROVIDER

Foothill Truckee Healthy Babies (FTHB)

PROGRAM DESCRIPTION

Foothill Truckee Healthy Babies' primary goal is to prevent child abuse and neglect before it starts, during pregnancy, in families identified to be at risk for child maltreatment. This goal is achieved through regular home visitation and by: 1) identification of family's strengths and goals, 2) positive development of parent-child relationships, 3) healthy childhood development, and 4) enhanced family functioning.

FTHB is nationally accredited through *Healthy Families America* (HFA) and follows their Best Practice Standards for home visiting. HFA, a program with *Prevent Child Abuse America*, strives to provide all expectant and new parents with the opportunity to receive the education and support they need at the time of their baby's birth and after.

The FTHB program provides an intensive, long-term (up to age 5) voluntary home visiting program promoting and supporting positive parenting and healthy growth and development of

the target baby along with strengthening family functioning for those families expecting or parenting 0-5 year olds in Nevada County and the greater Truckee area. The small population of the county allows us to screen all pregnant women in the county so FTHB can provide resource and referrals services as well as the HFA screen to all pregnant women. This allows the best chance of reaching and targeting all HFA eligible women county-wide. Information and referrals are available to all women and their families with home visiting services available to those families that score with the highest risk.

Home Visitors come into the home and spend about an hour with parents (most often the mother). During each visit parents can share their concerns about parenting with the Home Visitor and discuss the family's goals and needs. The Home Visitors listen, answer questions, and brings materials regarding child development, child health and safety, and community resources that match the family's needs. The Home Visitors also encourage fun parent-child activities that strengthen and support healthy child development. They explain how simple activities help babies explore and grow. Foothills Truckee Healthy Babies hosts events for mothers and children to socialize. These events are opportunities to meet other moms and learn more about child development.

FUNDING SOURCES

SOURCE	LIST FUNDED ACTIVITIES
CAPIT	
CBCAP	Home Visiting
PSSF Family Preservation	
PSSF Family Support	
PSSF Time-Limited Family Reunification	
PSSF Adoption Promotion and Support	
OTHER Source(s): (Specify)	

IDENTIFY PRIORITY NEED OUTLINED IN CSA

General Neglect

TARGET POPULATION

At risk pregnant women and parents of newborns

TARGET GEOGRAPHIC AREA

Eastern and Western Nevada County

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DATE APPROVED BY OCAP:

TIMELINE

JULY 2016-JUNE 2021

EVALUATION

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

Desired Outcome	Indicator	Source of Measure	Frequency
Children's social and emotional needs are met	90% of children achieve the HFA standard score on Ages and Stages Questionnaire-3 (ASQ-3) or Ages and Stages Questionnaire-Social Emotional (ASQ-SE)	ASQ-3(pinpoints developmental progress in children between the ages of one month to 5 ½ years) and ASQ-SE (which identifies social-emotional challenges)	Completed at a minimum twice a year
Increased knowledge of parenting and child development	90% of parents will have increased capacity in parenting skills	Healthy Families Parenting Inventory (HFPI) is designed to examine change in nine parenting domains	Completed at a minimum twice a year

CLIENT SATISFACTION

Method or Tool	Frequency	Utilization	Action
<i>Parent Satisfaction Survey</i>	Completed by participants annually and at the exit of the program	Surveys reviewed annually	Areas of concern addressed by staff to resolve issues and ensure CQI

<i>Exit Survey</i>	Completed by participants at the exit of the program	Surveys are reviewed when parent exit the program	Areas of concern addressed by staff to resolve issues and ensure CQI
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PROGRAM DESCRIPTION

PROGRAM NAME

Behavioral and Mental Health Services

SERVICE PROVIDER

Sierra Forever Families (SFF)

PROGRAM DESCRIPTION

Sierra Forever Families provides comprehensive, specialty mental health services primarily targeted to serve pre- and post-adoptive and guardianship children and families and families at risk of a Child Protective Services referral with specialty focus on issues related to trauma, attachment and permanency for youth who have been removed from birth families. Additional children are served on a space-available basis. Specialty services are provided based on the established medical necessity for mental health services due to behavioral, emotional, and functional impairments meeting the Nevada County Mental Health Plan eligibility criteria.

Programs:

- The Therapeutic Support Services (TSS) program offers a range of therapeutic and supportive services to foster, adoptive, guardianship, birth and kinship children who meet medical necessity requirements. Services are provided by permanency trained therapists who offer individual therapy, family therapy and support, provision of community resources and school consultations with a specialty focus on trauma, grief and loss, attachment and permanency issues.
- The Family Preservation Program offers a range of therapeutic and supportive in home services focusing on high-risk families with complex needs who have been referred by Child Protective Services. The mission is to keep children out of foster care or to keep children who are already in foster care in a permanent stable home. The program's six month model provides a team approach which is individualized based upon the needs of the family. The team includes a therapist, case manager, parent educator and family partner. In home parent education utilizes the Positive Parenting Program (Triple P) curriculum. Services are enhanced by using local community resources to strengthen the family in their community and to build natural supports. The services for this program are managed and authorized

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through Nevada County Behavioral Health; however CPS will closely interact with the Contractor.

- Destination Family creates lifelong family connections for youth in foster care. The goal is that no youth will age out of foster care without a permanent family connection that is legally, emotionally and physically secure as possible. Case management and family engagement support are provided by the program's Case Manager.

FUNDING SOURCES

SOURCE	LIST FUNDED ACTIVITIES
CAPIT	
CBCAP	
PSSF Family Preservation	
PSSF Family Support	Behavioral and Mental Health
PSSF Time-Limited Family Reunification	
PSSF Adoption Promotion and Support	Behavioral and Mental Health
OTHER Source(s): (Specify)	

IDENTIFY PRIORITY NEED OUTLINED IN CSA

Behavioral and mental health services

TARGET POPULATION

At risk children and children eligible for adoption needing Behavioral and Mental Health service

TARGET GEOGRAPHIC AREA

Eastern and Western Nevada County

TIMELINE

JULY 2016-JUNE 2016

EVALUATION

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

Desired Outcome	Indicator	Source of Measure	Frequency
Children's social and emotional developmental needs are met	85% of children will show improvement in their scores on the Comprehensive Child & Adolescent Needs and Strengths (CANS) between intake and discharge	Comprehensive Child & Adolescent Needs and Strengths (CANS)	Administered to participants at program entry & exit
Caregivers will have an increased knowledge of parenting and child development	85% of caregivers will achieve treatment goals which are related to parenting and child development (i.e. successfully completing Triple P)	Goals are written by therapist who determines if the goal has been met and this data is entered into an Excel Spreadsheet	Outcomes are tracked quarterly with six months and one year being major benchmarks for determining progress.

CLIENT SATISFACTION

Method or Tool	Frequency	Utilization	Action
Satisfaction Survey	*Completed by children ages 12 and up and caregivers at the close of services	Surveys reviewed after the close of services	Problem areas addressed by staff, as appropriate to resolve issues and ensure continuous quality improvement

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CAPIT/CBCAP/PSSF PROGRAM FUNDING ASSURANCES

FOR NEVADA COUNTY

PERIOD OF PLAN (MM/DD/YY): 07/01/16 THROUGH (MM/DD/YY): 06/30/21

DESIGNATION OF ADMINISTRATION OF FUNDS

The County Board of Supervisors designates Nevada County Child Protective Services 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 Nevada County Child Protective Services 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 statute²¹:

- 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

Hank Weston

Print Name

Date

Chair

Title

²¹ Fact Sheets for the CAPIT, CBCAP and PSSF Programs outlining state and federal requirements can be found at:
<http://www.cdsscounties.ca.gov/OCAP/>

California – Child and Family Services Review Signature Sheet

For submittal of: CSA ☐ SIP ☒ Progress Report ☐

County	Nevada
SIP Period Dates	July 1, 2016 - June 30, 2021
Outcome Data Period	Q1 2016
County Child Welfare Agency Director	
Name	Mike Dent
Signature*	
Phone Number	530-265-1410
Mailing Address	Attn: Mike Dent 988 McCourtney Road Grass Valley, Ca 95949
County Chief Probation Officer	
Name	Michael Ertola
Signature*	
Phone Number	530-265-1209
Mailing Address	109 ½ Pine Street Nevada City, Ca 95959
Public Agency Designated to Administer CAPIT and CBCAP	
Name	Nicholas Ready
Signature*	
Phone Number	530-265-1654
Mailing Address	988 McCourtney Road #104 Grass Valley, Ca 95949
Board of Supervisors (BOS) Signature	
BOS Approval Date	
Name	

Mail the original Signature Sheet to:

*Signatures must be in blue ink

Children's Services Outcomes and Accountability Bureau
Attention: Bureau Chief
Children and Family Services Division
California Department of Social Services
744 P Street, MS 8-12-91
Sacramento, CA 95814

Contact Information

Child Welfare Agency	Name	Nicholas Ready
	Agency	Child Protective Services
	Phone & E-mail	530-265-1654 & nicholas.ready@co.nevada.ca.us
	Mailing Address	988 McCourtney Road #104 Grass Valley, Ca 95949
Probation Agency	Name	Jeff Goldman
	Agency	Juvenile Probation
	Phone & E-mail	530-265-1211 & jeff.goldman@co.nevada.ca.us
	Mailing Address	109 ½ Pine Street Nevada City, Ca 95959
CAPIT Liaison	Name	Nicholas Ready
	Agency	Child Welfare Agency
	Phone & E-mail	530-265-1654 & nicholas.ready@co.nevada.ca.us
	Mailing Address	988 McCourtney Road #104 Grass Valley, Ca 95949
CBCAP Liaison	Name	Nicholas Ready
	Agency	Child Protective Services
	Phone & E-mail	530-265-1654 & nicholas.ready@co.nevada.ca.us
	Mailing Address	988 McCourtney Road #104 Grass Valley, Ca 95949
PSSF Liaison	Name	Nicholas Ready
	Agency	Child Protective Services
	Phone & E-mail	530-265-1654 & nicholas.ready@co.nevada.ca.us
	Mailing Address	988 McCourtney Road #104 Grass Valley, Ca 95949