

**Humboldt County  
Child and Family Services Review  
County Self-Assessment  
9/20/06**



The mission of Humboldt County Child Welfare Services is to protect children from abuse, neglect, and exploitation, and to promote the health, safety, and nurturing of children, recognizing that a caring family is the best and most appropriate environment for raising children.

Humboldt County Probation Department Mission Statement  
As an agent of the Court, we reduce the impact of crime in our communities through investigation, prevention, supervision, collaboration, detention, and victim restoration.

Cynthia L. Sutcliffe, MSW  
Department of Health and Human Services  
Social Services Branch, Child Welfare Services, Program Manager II

Diane Goldsmith Harger, MA  
Department of Health and Human Services  
Compliance and Quality Assurance Administrative Analyst



## California's Child and Family Services Review County Self-Assessment

County:	Humboldt
Responsible County Child Welfare Agency:	Department of Health and Human Services, Social Services Branch
Period of Assessment:	2003-2006
Period of Outcomes Data:	January 2006 and April 2006
Date Submitted:	September 20, 2006








### County Contact Person for County Self-Assessment

Name:	Beverly Morgan Lewis
Title:	Director, Social Services Branch
Address:	929 Kester Street, Eureka, CA 95501
Phone:	(707) 476-4700
Email:	blewis@co.humboldt.ca.us

### Submitted by each agency for the children under its care

Submitted by:	County Child Welfare Agency Director (Lead Agency)
Name:	Beverly Morgan Lewis
Signature:	
Submitted by:	Humboldt County Probation Department
Name:	Doug Rasines
Signature:	

### In Collaboration with:

County & Community Partners	Name	Signature
County Public Health Branch	Alexander Wiseland	
County Mental Health Branch	Doana Wheeler	
Parent Representative	Excelsior Sturud	
Local Education Agency	Kim Cubine	
As Applicable:		
California Youth Connection	Allan Bard	
CDSS or Other County Adoption Agency	Jane Micks	
Tribal Organization Two Feathers Native American Family Services	Barbara Orr	

## Table of Contents

	<b>Page</b>
<b>Executive Summary</b>	5
<b>Demographic Profile and Outcomes Data</b>	9
Demographic Profile	9
County Data Report 1/2006	9
County Data Report 4/2006	15
Demographics of General Population	22
Education System Profile	23
CWS Outcomes and C-CFSR Data Indicators	23
<b>Public Agency Characteristics</b>	39
<b>Size and Structure of Agencies</b>	39
Child Welfare Services	39
Probation Department	41
County operated shelter(s)	42
Child Welfare Services	42
Probation Department	42
County Licensing	43
Foster Care Licensing	43
County Adoptions	43
<b>County governance structure</b>	43
<b>Staffing characteristics/ issues</b>	44
<b>Bargaining unit issues</b>	45
<b>Private Contractors</b>	45
<b>Financial/ material resources</b>	47
Child Welfare Services	47
Probation Department	48
<b>Political jurisdictions</b>	48
<b>Technology level</b>	49
Child Welfare Services	49
Probation Department	50
<b>Current Systemic Reform Efforts</b>	50
<b>Systemic Factors</b>	51
<b>Relevant Management Information Systems</b>	51
<b>Case Review System</b>	52
Court structure/ relationship	52
Timely Notification of Hearing	54
Parent-child-youth participation in case planning	54
General Case Planning and Review	55
<b>Foster/ Adoptive Parent Licensing, Recruitment, and Retention</b>	56
General licensing, recruitment, and retention	56
Placement resources	57
<b>Quality Assurance System</b>	57
<b>Service Array</b>	59
Availability of services	59
Services and Programs for Probation Youth in the Community	60
Assessment of needs and provision of services to children, parents, and foster parents	61
Services for Indian children	62

<b>Staff/ Provider Training</b>	64
<b>Agency Collaborations</b>	66
Collaboration with public and private agencies	66
Interaction with local Tribes	69
<b>Countywide Prevention Activities and Strategies</b>	70
<b>Countywide Primary Prevention Efforts</b>	70
Services Targeted to Families with Key Risk Factors for Child	72
Maltreatment	
Family Violence	72
Alcohol and Other Drug Use	73
Teen Parenting	73
Strategies for the Future	73
<b>Summary Assessment</b>	73
<b>Discussion of System Strengths and Areas Needing</b>	73
<b>Improvement</b>	
Child Welfare Services	73
Juvenile Justice System Strengths	77
Juvenile Justice System Weaknesses	77
<b>Areas for further exploration through the Peer Quality Case</b>	78
<b>Review PQCR)</b>	

## Executive Summary

In 1997, the federal government enacted the Adoption & Safe Families Act (AFSA), which mandated the development of outcome measures for safety, permanency, and child/family well-being. The Child and Family Services Review (CFSR) was created to measure outcomes in these areas. The federal government then began to audit child welfare systems in all 50 states using the CFSR. To date no state has passed this audit. As a result the federal government requires states to develop and implement a Program Improvement Plan (PIP). California enacted AB 636 into law as the Child Welfare Services Improvement and Accountability Act of 2001. As part of this Act and California's PIP, all 58 counties in California are required to participate in the California Child and Family Services Review (C-CFSR). The C-CFSR is comprised of three parts: County Self-Assessment (SA), County System Improvement Plan (SIP), and Peer Quality Case Review (PQCR).

This Self-Assessment is the county's opportunity to explore how local program operations and systemic factors affect measured outcomes. The January 2007 SIP will focus on those areas identified in this Self-Assessment and the March 2006 PQCR that need improvement. The SIP will have plans for improvements in specific outcomes within defined timelines. The PQCR uses peers from other counties to analyze specific practice areas and to identify key patterns of agency strengths and challenges.

This Self-Assessment report of Humboldt County's Child Welfare Services (CWS) addresses CWS outcomes and indicators as well as local system characteristics. The report also assesses outcomes for foster children under the direct supervision of the Probation Department's Juvenile Division. This Self-Assessment includes input from representatives of the following areas:

- Adoptions (CDSS)
- California Youth Connection
- Community Partners
- CWS Social Workers and Supervisors
- Parent Partners
- Foster Parents
- Probation Department
- Public Health Branch
- Law Enforcement
- Northern California Regional Training Academy
- Local Education
- Mental Health Branch
- Local Tribes and Tribal Organizations
- Foster Family Agencies

This report is composed of five key areas:

1) Demographic Profile and Outcomes Data. This section includes the County Data Reports compiled and provided by the California Department of Social Services (CDSS). This report includes Child Welfare participation rates, outcome indicators, process measures, and caseload demographics. An analysis about the performance on each of the outcome indicators provided in the County Data Report is provided. This section also includes demographics of the general population and a profile of the education system in Humboldt County.

2) Public Agency Characteristics. This section describes the county, community, and child welfare system environment. It includes size and structure of agencies, county governance structure, number and composition of employees, and current system reform efforts.

- 3) Systemic Factors. This section includes relevant management information systems, case review system, foster/adoptive parent licensing, recruitment, and retention, quality assurance system, service array, staff/provider training, and agency collaborations.
- 4) Prevention Activities and Strategies. This segment addresses efforts to use primary prevention or early intervention strategies to improve outcomes for at-risk populations. Prevention Partnerships and Strategies for the Future are included.
- 5) Summary Assessment. This section includes a discussion of system strengths and areas needing improvement as well as areas for further exploration through the PQCR and the SIP.

Humboldt County integrated several Departments, through AB 1259 and subsequently AB 1881, (Social Services [which includes Child Welfare Services], Mental Health, Public Health, Employment Training, Veterans Services, and Public Guardian) to form the Department of Health and Human Services (DHHS). Over the past six years, Humboldt County Department of Health and Human Services has demonstrated, through its integrated delivery structures and processes, significantly higher quality, more efficient, effective, holistic and outcome-based practices. This integration has allowed the Branches to work closely together in serving the children and families within the DHHS Continuum of Care by delivering services that keep children and families safe.

Humboldt County was in the first cohort of counties to implement CWS Redesign. CWS Redesign's outcomes and goals are in accord with the outcomes of C-CFSR, which are:

- Children are safer
- Youth are supported
- Families are stronger
- Services are more responsive
- Results are more fair & equitable
- Children experience greater stability
- Communities share responsibility for child welfare
- Families realize their potential

Humboldt County CWS is one of the eleven counties in Cohort 1 of California's Child Welfare Services Redesign. As one of the first counties to implement Redesign policies, procedures, and activities, Humboldt County implemented new strategies to improve the well-being of children. Summarized data demonstrates Humboldt County strengths compared to the Federal Standards. However, it should be noted that many of the measures have no Federal Standards.

An area of strength identified through the SA is a component of the outcome "Children are, first and foremost, protected from abuse and neglect." The data component is used to measure the "rate of child abuse and/or neglect in foster care." From the January 2006 County Data Report (review period 7/1/02-6/30/03) to the present, this measure has consistently reported that no child had a substantiated allegation for abuse or neglect while in a foster or Foster Family Agency home (licensed or certified foster home).

Another strength is a component of the outcome "Children are safely maintained in their homes whenever possible and appropriate." Since Quarter 2, 2004, the percent of child abuse and neglect referrals that have resulted in an immediate in-person investigation have consistently exceeded the Federal Standard of 90%. The 10-day timely investigation percentages for the same measure have consistently exceeded the Federal Standard since Quarter 1, 2004.

Components of the outcome "Children have permanency and stability in their living situation without increasing reentry to foster care" include length of time to exit foster care to reunification and adoption. For all children who were reunified from foster care, the percent that had been in care less than 12 months

exceeded the Federal Standard 10 of the last 11 reporting periods (7/02-12/05). For all children who were adopted from foster care, the percent that had been in care less than 24 months exceeded the Federal Standard five of the last seven reporting periods (7/03-6/05). For all children in foster care for less than 12 months, the percent that had no more than two placements exceeded the Federal Standard for eight of the last nine reporting periods (1/03-9/05).

Several strengths that affect outcomes are described in the Systemic Factors section. A component of the Promising Practice Family to Family is Team Decision Making (TDM). Humboldt County, through TDM, engages family members as much as possible in case planning to reach consensus on placement issues. This promising practice, a component of CWS Redesign, brings, “communities” into the placement decision process. Having more participants involved in the decision-making process means more ideas and information and can improve the quality of placement decisions. Another benefit of TDM is that it empowers families, caregivers, service providers, and the community, which assists in promoting understanding, improving engagement, and building relationships. TDMs also provide a plan to keep children safely in their home, a relative home, and/or a home in their community.

The extensive array of available services and resources beginning on page 59 highlights collaborative efforts throughout DHHS and the community to meet the needs of families and children. Child Welfare Services concentrated efforts to partner with Family Resource Centers has created the advantage of providing services tailored to community members in isolated parts of the county. Specific agency collaborations are listed and described beginning on page 66. Some of the outstanding collaborations include Family Intervention Team (FIT)/ Placement Committee, New Horizons, Community Partners meetings, Multi-Tribal Roundtable, Child Abuse Services Team (CAST), Humboldt Community Switchboard Network, Linkages, Alternative Response Team (ART), the Family Preservation Program, Best Beginnings for Moms and Babies, First 5 Humboldt, and Speed Prevention and Awareness Network (SPAN).

The Humboldt County Probation Department is the first Probation Department in the nation to implement the Evidence Based Practice, Family to Family. Under the tutelage of CWS, it is being phased in one stage at a time and this innovation is an example of a system strength.

Some service capacity issues need to be addressed and are discussed in the Systemic Factors section. Increased access to services is needed outside of the Eureka area. More alcohol and other drug services are needed for youth and adults. Humboldt County needs more placement options for children and youth with critical high-end needs.

Some outcome areas need improvement. “Timely Social Worker (SW) visits with child” is a process measure to determine if SW are seeing the children on a monthly basis when that is required. Through an analysis of this measure, CWS has been able to identify training needs for staff around data entry into Child Welfare Services/ Case Management System (CWS/CMS).

The measure “rate of foster care reentry” is a measure reflecting the number of children who reenter foster care subsequent to reunification or guardianship. Although the reentry rate is higher than desired, the practices being implemented, such as TDM, should positively affect this in the future. Since the 2004 Self-Assessment, subsequent entries within 12 months of a prior exit decreased by 2.7%.

The “rate of Indian Child Welfare Act (ICWA) placement preferences” measures the ICWA eligible children placed in foster care settings. There are a relatively high number of placements with non-relative non-Indian families and this is an area where Humboldt County needs and wants to improve. Ongoing collaboration with local Tribes, through such processes as TDM and Recruiting Rural Parents for Indian

Children will improve placement processes for increasing relative and non-relative Indian family placements.

The Probation Department needs to develop a comprehensive information management system to maintain appropriate data for tracking cases, develop gender specific interventions, expand and form broad-based partnerships with local Tribal courts and service agencies, and develop sustainable funding sources.

Countywide prevention activities and strategies include working with the Family Resource Centers (FRC) to promote prevention and early intervention (including the expansion of Differential Response), developing the Department of Health and Human Services office of Client and Cultural Diversity, leading the Children's Health Initiative to assure that all children in the county have access to health insurance, and providing services targeted to families with key risk factors for child maltreatment.

Quality Assurance (QA) activities include data collection, analysis, monitoring, and communication. These are essential to improving the quality of service delivery. CWS utilizes weekly Safemeasures and Business Objects, as well as Quarterly County Data Reports, to track agency, unit, and worker performance over time, trend data, and identify out-of-compliance cases. Supervising Probation Officers prepare monthly audits on all out-of-home placements. These audits go to the Division Director and are reviewed at the FIT/ Placement Committee meetings to coordinate services for youth transitioning out of placement.

Humboldt County will complete an internal PQCR annually in addition to the PQCR due to the State every three years. The PQCR focus topic for spring 2007 is "reducing the recurrence of maltreatment." Humboldt County has yet to meet or exceed the Federal Standard for AB 636 outcome measure. Through an in-depth analysis of Social Worker and Probation Officer work practices and organization support and structures, strengths and challenges will be identified and can be addressed.

In order to improve service delivery, CWS and Probation continue to measure and assess performance, determine whether performance conforms to standards, and implement solutions to improve processes and performance. Through the California Child and Family Services Review, Humboldt County children and families have and will continue to benefit from improved outcomes.

# County Self-Assessment

## DEMOGRAPHIC PROFILE & OUTCOMES DATA

California Child Welfare Services- Outcome & Accountability County Data Report  
(Child Welfare Supervised Caseload) Humboldt, January 2006

Quarterly Outcome and Accountability County Data Reports published by the California Department of Social Services (CDSS) provide summary level Federal and State program measures that will serve as the basis for the county self-assessment reviews and be used to track State and county performance over time. It is important that counties not draw comparisons to performance in other counties or even the State as a whole due to the differences in demographics, resources, and practice. The intent of the new system is for each county, through their self-assessment review based on their data, to determine the reasons for their current level of performance and to develop a plan for measurable improvement.

Assembly Bill (AB) 636 requires a series of measures that provide indicators of key program outcomes, processes, and receipt of critical services. The outcome measures are also, at a minimum, consistent with those outcomes of the federal Child and Family Services Review in that the federal indicators are a subset of the State's indicators under this new system. Under the new Outcomes and Accountability System it is expected that the state will not only improve its performance on the federal indicators but on an even broader set of state enhanced indicators. The data in this report focuses on critical safety, stability, family, and well-being measures that are currently available, and that are provided to counties for on-going assessment of their programs' performance. **New data are added and some old data have been updated in this report. The data in this report reflect the Original outcomes for data available through July 1, 2005. We have also included Updated (refreshed) data for some time periods, run on data from more recent extracts than those that were originally posted. Differences between the Original and Updated values for these measures are probably due to data cleanup efforts in some counties. Uniform Resource Locators (URLs) included in this document direct the viewer to summary data across counties and breakouts by age, race, gender, and over time, including refreshed data for time periods earlier than those included in this report for all UCB developed measures.** This Outcome and Accountability County Data Report will provide the state with a county-by-county detailed description of each element that comprises the service delivery system.

The data source for these reports is the Child Welfare Services/Case Management System (CWS/CMS), which became fully operational in all 58 counties on December 31, 1997. Counties are responsible for inputting data on CWS/CMS as part of their process to manage their caseloads of children and families who receive child welfare services. The accuracy of the information derived from CWS/CMS is continuously improving. As with any large automation system it provides a broad range of challenges and benefits as it continues to undergo improvements to keep abreast of the changing child welfare system.

Comparison of data across counties should be done with caution. First, counties may have different data management practices. Though data are recorded on one statewide database system (CWS/CMS), differences in data entry and update may influence outcome measures reported here. Second, the social and economic contexts within which child welfare services are provided vary widely among the 58 counties of California.

In this report data measures have been grouped into the four general categories of information: Child Welfare Services Participation Rates; Safety Outcomes; Permanency Outcomes; and Child and Family Well-Being Outcomes. The data for these categories are presented as follows:

## CHILD WELFARE SERVICES PARTICIPATION RATES

This section provides data on the number, and number per 1,000 children in the county/state, for key child welfare indicators. It is intended as background information to assist your county in analyzing your county's performance by the outcome indicators. The University of California, Berkeley (UCB), developed this section.

### Number of children < 18 in population

Population projections from California Department of Finance (based on the 2000 U.S. Census).

URL: <http://cssr.berkeley.edu/CWSCMSreports/Referrals/rates.asp#countyrate>

Number of children < 18 in population	28,604
---------------------------------------	--------

### Number and rate of children with referrals

Unduplicated count of child clients < age 18 in referrals during the indicated year, per 1,000 children < age 18 in population.

URL: <http://cssr.berkeley.edu/CWSCMSreports/Referrals/rates.asp#countyrate>

Number and rate of children with referrals	2,526	88.3 per 1,000
--	-------	----------------

### Number and rate of children with substantiated referrals

Unduplicated count of child clients < age 18 in referrals during the indicated year that had substantiated allegations, per 1,000 children < age 18 in population.

URL: <http://cssr.berkeley.edu/CWSCMSreports/Referrals/rates.asp#countyrate>

Number and rate of children with substantiated referrals	343	12.0 per 1,000
--	-----	----------------

### Number and rate of first entries

Unduplicated count of children < age 18 entering a child welfare supervised placement episode of at least five days duration for the first time during the indicated year, per 1,000 children < age 18 in population.

URL: <http://cssr.berkeley.edu/CWSCMSreports/Cohorts/firstentries/Rates.asp>

Number and rate of first entries	71	2.5 per 1,000
----------------------------------	----	---------------

### Number and rate of children in care

Number of children < age 19 in child welfare supervised foster care on the indicated date, per 1,000 children < age 19 in population.

URL: <http://cssr.berkeley.edu/CWSCMSreports/Pointintime/fostercare/childwel/prevalence.asp>

Number and rate of children in care	239	7.8 per 1,000
-------------------------------------	-----	---------------

## SAFETY OUTCOMES

These measures are designed to reflect the effectiveness of efforts to protect children from abuse/neglect by reporting instances of abuse and neglect at various stages of child welfare services and process measures which reflect the frequency of social worker contact with children and the speed of face-to-face investigation of abuse/neglect allegations.

### Recurrence of Maltreatment (1A and 1B)

This measure reflects the percent of children who were victims of child abuse/neglect with a subsequent substantiated report of abuse/neglect within specific time periods. It is both a state and federal outcome measure. This measure was developed by UCB.

Federal: Of all children with a substantiated allegation within the first six months of the 12-month study period, what percent had another substantiated allegation within six months? (limited to dispositions within the study year, according to federal guidelines).

URL: [http://cssr.berkeley.edu/CWSCMSreports/cfsrdata/standards/cfsr\\_recurrence.asp](http://cssr.berkeley.edu/CWSCMSreports/cfsrdata/standards/cfsr_recurrence.asp)

1A. Recurrence of Maltreatment	07/01/04-06/30/05 8.9%
--------------------------------	------------------------

State: Of all children with a substantiated referral during the 12-month study period, what percent had a subsequent substantiated referral within 12 months?

URL: <http://cssr.berkeley.edu/CWSCMSreports/Referrals/recurrence.asp>

1B. Percent recurrence of maltreatment within 12 months	07/01/03-06/30/04 16.3%
---	-------------------------

State: Of all children with a *first* substantiated referral during the 12-month study period, what percent had a subsequent substantiated referral within 12 months?

URL: <http://cssr.berkeley.edu/CWSCMSreports/Referrals/recurrence.asp>

1B. Percent recurrence of maltreatment within 12 months after first substantiated allegation	07/01/03-06/30/04 13.3%
--	-------------------------

**Rate of Child Abuse and/or Neglect in Foster Care (1C)**

This measure reflects the percent of children in foster care who are abused or neglected while in foster care placement (currently limited due to data constraints to children in foster or FFA homes). This data was developed by UCB. It is a federal outcome measure. In July 2006, the County Data Report will employ a new method for this measure. It will include all children served.

For all children in county supervised or Foster Family Agency child welfare supervised foster care during the nine-month review period (timeframe established according to federal guidelines), what percent had a substantiated allegation by a foster parent during that time?

URL: [http://cssr.berkeley.edu/CWSCMSreports/cfsrdata/standards/cfsr\\_abuse.asp](http://cssr.berkeley.edu/CWSCMSreports/cfsrdata/standards/cfsr_abuse.asp)

1C. Percent Rate of Child Abuse and/or Neglect in Foster Care (Fed)	0.00%
---	-------

**Rate of Recurrence of Abuse and/or Neglect in Homes Where Children Were Not Removed (2A)**

This measure reflects the occurrence of abuse and/or neglect of children who remain in their own homes. This data was developed by CDSS. It is a state outcome measure.

Of all the children with allegation (inconclusive or substantiated) during the 12-month study period who were not removed, what percent had a subsequent substantiated allegation within 12 months?

URL: <http://cssr.berkeley.edu/CWSCMSreports/Ccfsr.asp#2A>

2A. Rate of Recurrence of Abuse and/or Neglect in Homes Where Children Were Not Removed	11.1%
---	-------

**Child Abuse/Neglect Referrals with a Timely Response (2B)**

This is a process measure designed to determine the percent of cases in which face-to face contact with a child occurs, or is attempted, within the regulatory time frames in those situations in which a determination is made that the abuse or neglect allegations indicate significant danger to the child. This data was developed by CDSS. It is a state process measure.

Percent of investigated child abuse and neglect referrals in the study quarter that have resulted in an in-person investigation stratified by immediate response and ten-day referrals, for both planned and actual visits.

URL: <http://cssr.berkeley.edu/CWSCMSreports/Ccfsr.asp#2B>

2B. Percent of child abuse/neglect referrals with a timely response	Immediate Response Compliance 95.2%	10-Day Response Compliance 92.3%
---	-------------------------------------	----------------------------------

**Timely Social Worker Visits With Child (2C)**

This is a process measure designed to determine if social workers are seeing the children on a monthly basis when that is required. Children for whom a determination is made that monthly visits are not necessary (e.g. valid visit exception) are not included in this measure. This data was developed by CDSS.

It is a state process measure. This report is based on CWS/CMS only. (Other data analysis measurements such as the SafeMeasures application may provide different results.)

Of all children who required a monthly social worker visit, how many received a monthly visit?

URL: <http://cssr.berkeley.edu/CWSCMSreports/Ccfsr.asp#2C>

2C. Percent of timely social worker visits with child	April 2005 85.7%	May 2005 84.3%	June 2005 84.1%
---	------------------	----------------	-----------------

## PERMANENCY OUTCOMES

These measures are designed to reflect the number of foster care placements for each child, the length of time a child is in foster care, and the rate that children re-enter foster care after they have returned home or other permanent care arrangements have been made.

### Length of Time to Exit Foster Care to Reunification (3E and 3A)

This is an outcome measure reflecting the percent of children reunified within 12 months of removal of a child from the home. The data was developed by UCB. It is a federal and state outcome measure.

Federal: Of all children who were reunified from child welfare supervised foster care during the 12-month study period, what percent had been in care for less than 12 months?

URL: [http://cssr.berkeley.edu/CWSCMSreports/cfsrdata/standards/cfsr\\_standardsForm.asp](http://cssr.berkeley.edu/CWSCMSreports/cfsrdata/standards/cfsr_standardsForm.asp)

3E. Percent reunified within 12 months (Fed)	76.7%
--	-------

State: For all children who entered foster care for the first time (and stayed at least five days) during the 12-month study period, what percent were reunified within 12 months?

URL: <http://cssr.berkeley.edu/CWSCMSreports/Cohorts/exits/>

3A. Percent reunified within 12 months (entry cohort)	46.6%
---	-------

### Length of Time to Exit Foster Care to Adoption (3D and 3A)

This is an outcome measure reflecting the percent of children adopted within 24 months of removal of a child from the home. The data was developed by UCB. It is a federal and state outcome measure.

Federal: Of all children who were adopted from child welfare supervised foster care during the 12-month study period, what percent had been in care for less than 24 months?

URL: [http://cssr.berkeley.edu/CWSCMSreports/cfsrdata/standards/cfsr\\_standardsForm.asp](http://cssr.berkeley.edu/CWSCMSreports/cfsrdata/standards/cfsr_standardsForm.asp)

3D. Percent adopted within 24 months (Fed)	36.4%
--	-------

State: For all children who entered child welfare supervised foster care for the first time (and stayed at least five days) during the 12-month study period, what percent were adopted within 24 months?

URL: <http://cssr.berkeley.edu/CWSCMSreports/Cohorts/exits/>

3A. Percent adopted within 24 months (entry cohort)	2.6%
---	------

### Multiple Foster Care Placements (3B and 3C)

These measures reflect the number of children with multiple placements within 12 months of placement. This data was developed by UCB. It is a federal and state outcome measure.

Federal: For all children in child welfare supervised foster care for less than 12 months during the 12-month study period, what percent had no more than two placements?

URL: [http://cssr.berkeley.edu/CWSCMSreports/cfsrdata/standards/cfsr\\_standardsForm.asp](http://cssr.berkeley.edu/CWSCMSreports/cfsrdata/standards/cfsr_standardsForm.asp)

3B. Percent with 1-2 placements within 12 months (Fed)	93.3%
--	-------

State: For all children who entered child welfare supervised foster care for the first time (and stayed at least five days) during the 12-month study period, and were in care for 12 months, what percent had no more than two placements?

URL: <http://cssr.berkeley.edu/CWSCMSreports/cohorts/stability/>

3C. Percent with 1-2 placements – if still in care at 12 months (entry cohort)	82.1%
--	-------

**Rate of Foster Care Re-Entry (3F and 3G)**

This measure reflects the number of children who re-enter foster care subsequent to reunification or guardianship. The data was developed by UCB. It is a federal and state outcome measure.

Federal: For all children who entered child welfare supervised foster care during the 12- month study period, what percent were subsequent entries within 12 months of a prior exit?

URL: [http://cssr.berkeley.edu/CWSCMSreports/cfsrdata/standards/cfsr\\_standardsForm.asp](http://cssr.berkeley.edu/CWSCMSreports/cfsrdata/standards/cfsr_standardsForm.asp)

3F. Percent of admissions who are re-entries (Fed)	12.0%
--	-------

State: For all children who entered child welfare supervised foster care for the first time (and stayed at least five days) during the 12-month study period and were reunified within 12 months of entry, what percent re-entered foster care within 12 months of reunification?

URL: <http://cssr.berkeley.edu/CWSCMSreports/Cohorts/reentries/>

3G. Percent who re-entered within 12 months of reunification (entry cohort reunified within 12 months)	18.8%
--	-------

**CHILD & FAMILY WELL-BEING OUTCOMES**

These measures are designed to reflect the degree to which children in foster care retain relationships with the family and extended communities with whom they are associated at the time of their removal from their parents.

**Siblings Placed Together in Foster Care (4A)**

These measures reflect the number of children placed with all or some of their siblings in foster care. The data was developed by UCB. It is a state outcome measure.

For all children in child welfare supervised foster care on the point-in-time, of those with siblings in care, what percent were placed with some and/or all of their siblings?

URL: <http://cssr.berkeley.edu/CWSCMSreports/pointintime/fostercare/childwel/siblings.asp>

4A. Percent of children in foster care that are placed with ALL siblings	58.5%
4A. Percent of children in foster care that are placed with SOME or ALL siblings	71.9%

**Foster Care Placement in Least Restrictive Settings (4B)**

This measure reflects the percent of children placed in each type of foster care setting. The data was developed by UCB. It is a state outcome measure.

For all children who entered child welfare supervised foster care for the first time (and stayed at least five days) during the 12-month study period, what percent were in kin, foster, FFA, group, and other placements (first placement type, predominant placement type, or at the specified point in time)?

URL: (entry cohort) <http://cssr.berkeley.edu/CWSCMSreports/cohort/firsentries/>

URL: (point in time) <http://cssr.berkeley.edu/CWSCMSreports/pointintime/fostercare/childwel/ageandethnic.asp>

	Initial Placement	Primary Placement	Point in Time (PIT) Placement
4B. Relative	22.1%	39.4%	29.7%
4B. Foster Home	26.9%	21.2%	22.2%
4B. FFA	9.6%	7.7%	9.6%
4B. Group/Shelter	24.0%	12.5%	7.5%
4B. Other	17.3%	19.2%	31.0%

**\*\*Rate of ICWA Placement Preferences (4E)**

**4E (1)** This measure reflects the percent of Indian Child Welfare Act eligible children placed in foster care settings as identified with ICWA eligibility ("y"). This data was developed by CDSS. It is a state outcome measure.

URL: <http://cssr.berkeley.edu/CWSCMSreports/Ccfsr.asp#4E>

4E. Relative Home	16.3%
4E. Non-Relative Indian Family	23.3%
4E. Non-Relative Non-Indian Family	46.5%

**4E (2)** This measure reflects the percent of Indian Child Welfare Act eligible children as identified w/primary or mixed (multi) ethnicity of American Indian placed in foster care settings. This data was developed by CDSS. It is a state outcome measure.

URL: <http://cssr.berkeley.edu/CWSCMSreports/Ccfsr.asp#4E>

4E. Relative Home	14.3%
4E. Non-Relative Indian Family	14.3%
4E. Non-Relative Non-Indian Family	55.2%

\*\*Measure 4E (2) was recently developed to reflect percent of ICWA eligible placement types. For county information only. CDSS does not update these measures due to recent methodology changes, which render comparisons between current and previous data meaningless.

**Children Transitioning to Self-Sufficient Adulthood (8A)**

These measures are designed to reflect the degree to which children growing up in Child Welfare Services are receiving the training, support, and services necessary to provide for their care and developmental needs, as they transition into adulthood.

This measure reflects the number of foster children eligible for Independent Living Services who receive appropriate educational and training, and/or achieve employment or economic self-sufficiency. The data was collected by CDSS. This measure includes data regarding youths, ages 16 through 20, who receive services from the Independent Living Foster Care Program. It identifies the number of youths receiving Independent Living Program services, the program outcomes for those youths, and certain client characteristics. This report is limited to a subset population obtained from State of California form 405A. It is a state outcome measure.

This data is based on hard copy reports submitted by counties to the CDSS for the time period covered by the report. These numbers are updated once per year.

URL: [http://www.dss.cahwnet.gov/research/SOC405A-In\\_415.htm](http://www.dss.cahwnet.gov/research/SOC405A-In_415.htm)

**Number of Children Transitioning to Self-Sufficient Adulthood with:**

8A. High School Diploma	38
8A. Enrolled in College/Higher Education	33
8A. Received ILP Services	158
8A. Completed Vocational Training	10
8A. Employed or other means of support	30

## California Child Welfare Services

Outcome & Accountability County Data Report (Child Welfare Supervised Caseload)  
Humboldt April 2006

*After the data from the Quarter 3, 2005 extract from CWS/CMS was used to update the April 2006 report, an error in one of the key source tables was identified. The Permanency Outcomes and several of the Child and Family Well-Being Outcomes were affected. Data has been edited to only show the April 2006 data. N.A. is displayed in the affected measures.*

Quarterly Outcome and Accountability County Data Reports published by the California Department of Social Services (CDSS) provide summary level Federal and State program measures that will serve as the basis for the county self-assessment reviews and be used to track State and county performance over time. It is important that counties not draw comparisons to performance in other counties or even the State as a whole due to the differences in demographics, resources, and practice. The intent of the new system is for each county, through their self-assessment review based on their data, to determine the reasons for their current level of performance and to develop a plan for measurable improvement.

Assembly Bill (AB) 636 requires a series of measures that provide indicators of key program outcomes, processes, and receipt of critical services. The outcome measures are also, at a minimum, consistent with those outcomes of the federal Child and Family Services Review in that the federal indicators are a subset of the State's indicators under this new system. Under the new Outcomes and Accountability System it is expected that the state will not only improve its performance on the federal indicators but on an even broader set of state enhanced indicators. The data in this report focuses on critical safety, stability, family, and well-being measures that are currently available, and that are provided to counties for on-going assessment of their programs' performance. **New data are added and some old data have been updated in this report. The data in this report reflect the Original outcomes for data available through October 1, 2005. We have also included Updated (refreshed) data for many time periods, run on data from more recent extracts than those that were originally posted. Differences between the Original and Updated values for these measures are probably due to improved data entry and cleanup efforts in some counties and Q3 05 modifications in CWS/CMS to the placement counter variable.**

**NOTE: The data extract received by UCB contained incorrect values for the new County of Removal attribute. New and updated values for affected measures are not available at the county level in these April 2006 reports. Affected values are indicated as "N.A." For details, please see: <http://cssr.berkeley.edu/cwscmsreports/errorAlert.html>**

**We hope the July 2006 reports will contain correct updated values for all reports.**

**Uniform Resource Locators (URLs) included in this document direct the viewer to summary data across counties and breakouts by age, race, gender, and over time, including refreshed data for time periods earlier than those included in this report for all UCB developed measures.** This Outcome and Accountability County Data Report will provide the state with a county-by-county detailed description of each element that comprises the service delivery system.

The data source for these reports is the Child Welfare Services/Case Management System (CWS/CMS), which became fully operational in all 58 counties on December 31, 1997. Counties are responsible for inputting data on CWS/CMS as part of their process to manage their caseloads of children and families who receive child welfare services. The accuracy of the information derived from CWS/CMS is

continuously improving. As with any large automation system, it provides a broad range of challenges and benefits as it continues to undergo improvements to keep abreast of the changing child welfare system.

Comparison of data across counties should be done with caution. First, counties may have different data management practices. Though data are recorded on one statewide database system (CWS/CMS), differences in data entry and update may influence outcome measures reported here. Second, the social and economic contexts within which child welfare services are provided vary widely among the 58 counties of California.

In this report, data measures have been grouped into the four general categories of information: Child Welfare Services Participation Rates; Safety Outcomes; Permanency Outcomes; and Child and Family Well-Being Outcomes. The data for these categories are presented as follows:

### **CHILD WELFARE SERVICES PARTICIPATION RATES**

This section provides data on the number, and number per 1,000 children in the county/state, for key child welfare indicators. It is intended as background information to assist your county in analyzing your county's performance by the outcome indicators. The University of California, Berkeley (UCB), developed this section.

#### **Number of children < 18 in population**

Population projections from California Department of Finance (based on the 2000 U.S. Census).

URL: <http://cssr.berkeley.edu/CWSCMSreports/Referrals/rates.asp#countyrates>

Number of children < 18 in population	28,604
---------------------------------------	--------

#### **Number and rate of children with referrals**

Unduplicated count of child clients < age 18 in referrals during the indicated year, per 1,000 children < age 18 in population.

URL: <http://cssr.berkeley.edu/CWSCMSreports/Referrals/rates.asp#countyrates>

Number and rate of children with referrals	2,526	88.3 per 1,000
--	-------	----------------

#### **Number and rate of children with substantiated referrals**

Unduplicated count of child clients < age 18 in referrals during the indicated year that had substantiated allegations, per 1,000 children < age 18 in population.

URL: <http://cssr.berkeley.edu/CWSCMSreports/Referrals/rates.asp#countyrates>

Number and rate of children with substantiated referrals	343	12.0 per 1,000
--	-----	----------------

#### **Number and rate of first entries**

Unduplicated count of children < age 18 entering a child welfare supervised placement episode of at least five days duration for the first time during the indicated year, per 1,000 children < age 18 in population.

URL: <http://cssr.berkeley.edu/CWSCMSreports/Cohorts/firstentries/Rates.asp>

Number and rate of first entries	N.A.	N.A.
----------------------------------	------	------

#### **Number and rate of children in care**

Number of children < age 19 in child welfare supervised foster care on the indicated date, per 1,000 children < age 19 in population.

URL: <http://cssr.berkeley.edu/CWSCMSreports/Pointintime/fostercare/childwel/prevalence.asp>

Number and rate of children in care	232	7.6 per 1,000
-------------------------------------	-----	---------------

## SAFETY OUTCOMES

These measures are designed to reflect the effectiveness of efforts to protect children from abuse/neglect by reporting instances of abuse and neglect at various stages of child welfare services and process measures, which reflect the frequency of social worker contact with children and the speed of face-to-face investigation of abuse/neglect allegations.

### Recurrence of Maltreatment (1A and 1B)

This measure reflects the percent of children who were victims of child abuse/neglect with a subsequent substantiated report of abuse/neglect within specific time periods. It is both a state and federal outcome measure. This measure was developed by UCB.

Federal: Of all children with a substantiated allegation within the first six months of the 12-month study period, what percent had another substantiated allegation within six months? (limited to dispositions within the study year, according to federal guidelines).

URL: [http://cssr.berkeley.edu/CWSCMSreports/cfsrdata/standards/cfsr\\_recurrence.asp](http://cssr.berkeley.edu/CWSCMSreports/cfsrdata/standards/cfsr_recurrence.asp)

1A. Recurrence of Maltreatment	10/01/04-09/30/05 8.0%
--------------------------------	------------------------

State: Of all children with a substantiated referral during the 12-month study period, what percent had a subsequent substantiated referral within 12 months?

URL: <http://cssr.berkeley.edu/CWSCMSreports/Referrals/recurrence.asp>

1B. Percent recurrence of maltreatment within 12 months	10/01/03-09/30/04 18.3%
---	-------------------------

State: Of all children with a *first* substantiated referral during the 12-month study period, what percent had a subsequent substantiated referral within 12 months?

URL: <http://cssr.berkeley.edu/CWSCMSreports/Referrals/recurrence.asp>

1B. Percent recurrence of maltreatment within 12 months after first substantiated allegation	07/01/03-06/30/04 19.2%
--	-------------------------

### Rate of Child Abuse and/or Neglect in Foster Care (1C)

This measure reflects the percent of children in foster care who are abused or neglected while in foster care placement (currently limited due to data constraints to children in foster or FFA homes). This data was developed by UCB. It is a federal outcome measure. In July 2006, the County Data Report will employ a new method for this measure. It will include all children served.

For all children in county supervised or Foster Family Agency child welfare supervised foster care during the nine-month review period (timeframe established according to federal guidelines), what percent had a substantiated allegation by a foster parent during that time?

URL: [http://cssr.berkeley.edu/CWSCMSreports/cfsrdata/standards/cfsr\\_abuse.asp](http://cssr.berkeley.edu/CWSCMSreports/cfsrdata/standards/cfsr_abuse.asp)

1C. Percent Rate of Child Abuse and/or Neglect in Foster Care (Fed)	0.00%
---	-------

### Rate of Recurrence of Abuse and/or Neglect in Homes Where Children Were Not Removed (2A)

This measure reflects the occurrence of abuse and/or neglect of children who remain in their own homes. This data was developed by CDSS. It is a state outcome measure.

Of all the children with allegation (inconclusive or substantiated) during the 12-month study period who were not removed, what percent had a subsequent substantiated allegation within 12 months?

URL: <http://cssr.berkeley.edu/CWSCMSreports/Ccfsr.asp#2A>

2A. Rate of Recurrence of Abuse and/or Neglect in Homes Where Children Were Not Removed	10.6%
---	-------

### Child Abuse/Neglect Referrals with a Timely Response (2B)

This is a process measure designed to determine the percent of cases in which face-to face contact with a child occurs, or is attempted, within the regulatory time frames in those situations in which a

determination is made that the abuse or neglect allegations indicate significant danger to the child. This data was developed by CDSS. It is a state process measure.

Percent of investigated child abuse and neglect referrals in the study quarter that have resulted in an in-person investigation stratified by immediate response and ten-day referrals, for both planned and actual visits.

URL: <http://cssr.berkeley.edu/CWSCMSreports/Ccfsr.asp#2B>

2B. Percent of child abuse/neglect referrals with a timely response	Immediate Response Compliance 92.2%	10-Day Response Compliance 97.2%
---	-------------------------------------	----------------------------------

**Timely Social Worker Visits With Child (2C)**

This is a process measure designed to determine if social workers are seeing the children on a monthly basis when that is required. Children for whom a determination is made that monthly visits are not necessary (e.g. valid visit exception) are not included in this measure. This data was developed by CDSS. It is a state process measure. This report is based on CWS/CMS only. (Other data analysis measurements such as the SafeMeasures application may provide different results.)

Of all children who required a monthly social worker visit, how many received a monthly visit?

URL: <http://cssr.berkeley.edu/CWSCMSreports/Ccfsr.asp#2C>

2C. Percent of timely social worker visits with child	July 2005 78.2%	August 2005 79.5%	Sept 2005 78.0%
---	-----------------	-------------------	-----------------

**PERMANENCY OUTCOMES**

These measures are designed to reflect the number of foster care placements for each child, the length of time a child is in foster care, and the rate that children re-enter foster care after they have returned home or other permanent care arrangements have been made.

**Length of Time to Exit Foster Care to Reunification (3E and 3A)**

This is an outcome measure reflecting the percent of children reunified within 12 months of removal of a child from the home. The data was developed by UCB. It is a federal and state outcome measure.

Federal: Of all children who were reunified from child welfare supervised foster care during the 12-month study period, what percent had been in care for less than 12 months?

URL: [http://cssr.berkeley.edu/CWSCMSreports/cfsrdata/standards/cfsr\\_standardsForm.asp](http://cssr.berkeley.edu/CWSCMSreports/cfsrdata/standards/cfsr_standardsForm.asp)

3E. Percent reunified within 12 months (Fed)	N.A.
--	------

State: For all children who entered foster care for the first time (and stayed at least five days) during the 12-month study period, what percent were reunified within 12 months?

URL: <http://cssr.berkeley.edu/CWSCMSreports/Cohorts/exits/>

3A. Percent reunified within 12 months (entry cohort)	N.A.
---	------

**Length of Time to Exit Foster Care to Adoption (3D and 3A)**

This is an outcome measure reflecting the percent of children adopted within 24 months of removal of a child from the home. The data was developed by UCB. It is a federal and state outcome measure.

Federal: Of all children who were adopted from child welfare supervised foster care during the 12-month study period, what percent had been in care for less than 24 months?

URL: [http://cssr.berkeley.edu/CWSCMSreports/cfsrdata/standards/cfsr\\_standardsForm.asp](http://cssr.berkeley.edu/CWSCMSreports/cfsrdata/standards/cfsr_standardsForm.asp)

3D. Percent adopted within 24 months (Fed)	N.A.
--	------

State: For all children who entered child welfare supervised foster care for the first time (and stayed at least five days) during the 12-month study period, what percent were adopted within 24 months?

URL: <http://cssr.berkeley.edu/CWSCMSreports/Cohorts/exits/>

3A. Percent adopted within 24 months (entry cohort)	N.A.
---	------

**Multiple Foster Care Placements (3B and 3C)**

These measures reflect the number of children with multiple placements within 12 months of placement. This data was developed by UCB. It is a federal and state outcome measure.

Federal: For all children in child welfare supervised foster care for less than 12 months during the 12-month study period, what percent had no more than two placements?

URL: [http://cssr.berkeley.edu/CWSCMSreports/cfsrdata/standards/cfsr\\_standardsForm.asp](http://cssr.berkeley.edu/CWSCMSreports/cfsrdata/standards/cfsr_standardsForm.asp)

3B. Percent with 1-2 placements within 12 months (Fed)	N.A.
--	------

State: For all children who entered child welfare supervised foster care for the first time (and stayed at least five days) during the 12-month study period, and were in care for 12 months, what percent had no more than two placements?

URL: <http://cssr.berkeley.edu/CWSCMSreports/cohortstability/>

3C. Percent with 1-2 placements – if still in care at 12 months (entry cohort)	N.A.
--	------

**Rate of Foster Care Re-Entry (3F and 3G)**

This measure reflects the number of children who re-enter foster care subsequent to reunification or guardianship. The data was developed by UCB. It is a federal and state outcome measure.

Federal: For all children who entered child welfare supervised foster care during the 12-month study period, what percent were subsequent entries within 12 months of a prior exit?

URL: [http://cssr.berkeley.edu/CWSCMSreports/cfsrdata/standards/cfsr\\_standardsForm.asp](http://cssr.berkeley.edu/CWSCMSreports/cfsrdata/standards/cfsr_standardsForm.asp)

3F. Percent of admissions who are re-entries (Fed)	N.A.
--	------

State: For all children who entered child welfare supervised foster care for the first time (and stayed at least five days) during the 12-month study period and were reunified within 12 months of entry, what percent re-entered foster care within 12 months of reunification?

URL: <http://cssr.berkeley.edu/CWSCMSreports/Cohorts/reentries/>

3G. Percent who re-entered within 12 months of reunification (entry cohort reunified within 12 months)	N.A.
--	------

**CHILD & FAMILY WELL-BEING OUTCOMES**

These measures are designed to reflect the degree to which children in foster care retain relationships with the family and extended communities with whom they are associated at the time of their removal from their parents.

**Siblings Placed Together in Foster Care (4A)**

These measures reflect the number of children placed with all or some of their siblings in foster care. The data was developed by UCB. It is a state outcome measure.

For all children in child welfare supervised foster care on the point-in-time, of those with siblings in care, what percent were placed with some and/or all of their siblings?

URL: <http://cssr.berkeley.edu/CWSCMSreports/pointintime/fostercare/childwel/siblings.asp>

4A. Percent of children in foster care that are placed with ALL siblings	50.4%
4A. Percent of children in foster care that are placed with SOME or ALL siblings	63.4%

**Foster Care Placement in Least Restrictive Settings (4B)**

This measure reflects the percent of children placed in each type of foster care setting. The data was developed by UCB. It is a state outcome measure.

For all children who entered child welfare supervised foster care for the first time (and stayed at least five days) during the 12-month study period, what percent were in kin, foster, FFA, group, and other placements (first placement type, predominant placement type, or at the specified point in time)?

URL: (entry cohort) <http://cssr.berkeley.edu/CWSCMSreports/cohorts/firstentries/>

URL: (point in time) <http://cssr.berkeley.edu/CWSCMSreports/pointintime/fostercare/childwel/ageandethnic.asp>

	<b>Initial Placement</b>	<b>Primary Placement</b>	<b>Point in Time (PIT) Placement</b>
4B. Relative	N.A.	N.A.	29.4%
4B. Foster Home	N.A.	N.A.	19.8%
4B. FFA	N.A.	N.A.	14.3%
4B. Group/Shelter	N.A.	N.A.	6.7%
4B. Other	N.A.	N.A.	29.8%

**\*\*Rate of ICWA Placement Preferences (4E)**

**4E (1)** This measure reflects the percent of Indian Child Welfare Act eligible children placed in foster care settings as identified with ICWA eligibility ("y"). This data was developed by CDSS. It is a state outcome measure.

URL: <http://cssr.berkeley.edu/CWSCMSreports/Ccfsr.asp#4E>

4E. Relative Home	15.4%
4E. Non-Relative Indian Family	25.6%
4E. Non-Relative Non-Indian Family	43.6%

**4E (2)** This measure reflects the percent of Indian Child Welfare Act eligible children as identified w/primary or mixed (multi) ethnicity of American Indian placed in foster care settings. This data was developed by CDSS. It is a state outcome measure.

URL: <http://cssr.berkeley.edu/CWSCMSreports/Ccfsr.asp#4E>

4E. Relative Home	21.3%
4E. Non-Relative Indian Family	9.6%
4E. Non-Relative Non-Indian Family	51.1%

\*\*Measure 4E (2) was recently developed to reflect percent of ICWA eligible placement types. For county information only. CDSS does not update these measures due to recent methodology changes, which render comparisons between current and previous data meaningless.

**Children Transitioning to Self-Sufficient Adulthood (8A)**

These measures are designed to reflect the degree to which children growing up in Child Welfare Services are receiving the training, support, and services necessary to provide for their care and developmental needs.

This measure reflects the number of foster children eligible for Independent Living Services who receive appropriate educational and training, and/or achieve employment or economic self-sufficiency. The data was collected by CDSS. This measure includes data regarding youths, ages 16 through 20, who receive services from the Independent Living Foster Care Program. It identifies the number of youths receiving Independent Living Program services, the program outcomes for those youths, and certain client characteristics. This report is limited to a subset population obtained from State of California form 405A. It is a state outcome measure.

This data is based on hard copy reports submitted by counties to the CDSS for the time period covered by the report. These numbers are updated once per year.

URL: [http://www.dss.cahwnet.gov/research/SOC405A-In\\_415.htm](http://www.dss.cahwnet.gov/research/SOC405A-In_415.htm)

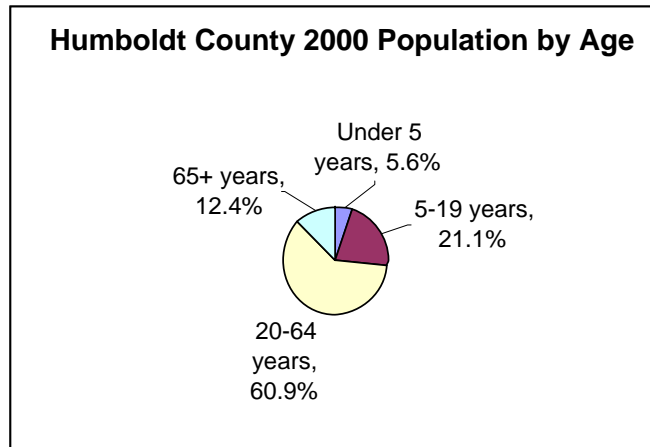
**Number of Children Transitioning to Self-Sufficient Adulthood with:**

8A. High School Diploma	41
8A. Enrolled in College/Higher Education	36
8A. Received ILP Services	167
8A. Completed Vocational Training	19
8A. Employed or other means of support	45

**Demographics of General Population**

Humboldt County is located on the Northwest California coast. The land area is 3,572 square miles, which is 2.29 percent of the state’s area. The two largest cities, Eureka and Arcata, comprise approximately 34.54 percent of the population. Fortuna, Rio Dell, Ferndale, Blue Lake, and Trinidad comprise approximately 11.42 percent of the population with the remainder residing in unincorporated areas.

The U.S. Census Bureau reported Humboldt County’s 2000 population as 126,518.



The U.S. Census Bureau reported Humboldt County’s 2000 population by race as follows.

<b>Humboldt County 2000 Population by Race</b>	126,518 total
American Indian and Alaska Native	5.7%
Asian	1.7%
Black or African American	0.9%
Hispanic or Latino	6.5%
Native Hawaiian and Other Pacific Islander	0.2%
White	84.7%

The demographics for children in the County vary from the overall population and the statistics from 2005 are presented in the table below. This information supports the DHHS focus on the need to improve cultural competence in service delivery.

<b>Demographics Children 0-17 years</b>	<b>2005</b>
Total child population	28,309
African American	1.1%
Asian	1.9%
Latino	13.1%
Multiracial	6.7%
Native American	9.0%
Pacific Islander	0.3%
White	68.0%

Roughly 5.7% of Humboldt County’s population is Native American. Humboldt County is home to eight federally recognized tribes. The eight tribes are Bear River Band of Rohnerville Rancheria, Big Lagoon Rancheria, Blue Lake Rancheria, Hoopa Valley Tribe, Karuk Tribe of California, Table Bluff Reservation, Trinidad Rancheria, and Yurok Tribe. The indigenous Native American population in Humboldt County consists of the Hoopa, Karuk, Wiyot, and Yurok, as well as others.

The 2000 U.S. Census reported that 84.9% of persons 25 years and older were high school graduates. In the same age group, 23.0% of the population has a Bachelor's degree or higher.

In 2000, 96.8% of the population was homed in 51,238 households with approximately 2.39 persons per household. Owner-occupied housing units comprised 57.6% of the occupied housing units and 42.4% were renter-occupied housing units.

In 2000, the percent of families below the poverty level was 12.9%. There were 35.4% of families with a female householder present, no husband present. There were 19.5% of individuals below the poverty level. In 2003, 12.3% of children (0-18 years) lacked health insurance.

The average unemployment rate for the last fifteen years (1991-2005) was 7.62 %. The range was 5.8% to 10.1%. The May 2006, unemployment rate was reported as 4.9%.

### **Education System Profile**

Humboldt County has 32 school districts with 87 school sites. As of October 2005, there were 19,251 Kindergarten through 12<sup>th</sup> grade students. The average class size was 23.8 students, which is lower than the state average of 27.3 students.

The 2004-2005 Humboldt County percentage of students eligible to receive free or reduced price meals was 40.3%, compared with California at 49.7%. Those students in Humboldt County eligible to receive CalWorks was 14.2%, higher than California's rate of 9.3%. The 2004 high school graduation rate was 89.3%, which is higher than California's rate of 85.1%. Humboldt County's dropout rate of 10.2% was lower than the state rate of 13.3%. The combined 2004 Humboldt County 4<sup>th</sup> and 8<sup>th</sup> grade math and reading scores on the California Standardized Testing and Reporting (STAR) tests show that 87% more non-economically disadvantaged students scored at or above the 50<sup>th</sup> National Percentile Ranking than economically disadvantaged students.

### **CWS Outcomes and California-Child and Family Services Review (C-CSFR) Data Indicators**

#### **Outcome: Children are first and foremost, protected from abuse and neglect.**

This outcome is measured by the following data:

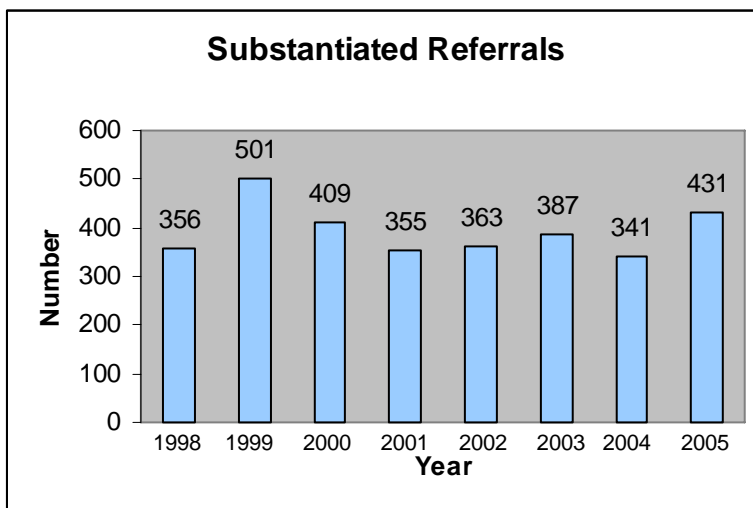
- Rate of Referrals
- Substantiated Referrals
- Recurrence of Maltreatment
- Rate of Child Abuse and/or Neglect in Foster Care

#### Rate of Referrals

The rate of children with referrals to Child Welfare Services in 2004 was 88.3 per 1,000. Humboldt County is composed of small communities. Families with multiple problems are more visible in smaller communities and CWS may receive more than one report on the same incident of suspected abuse or neglect on these families. Humboldt County CWS also has a high number of reports that are determined not to need an in person response. CWS as well as other agencies provide training on child abuse and how to report suspected instances of abuse in Humboldt County. More than 102 hours of Mandated Reporting training for Child and Elder Abuse have been provided to staff and Community Partners (1/05-8/06) including, Social Services Branch, Tribal TANF, student interns, Family Resource Centers, Americorps, Humboldt Child Care Council, Multiple Assistance Center, Probation Department, local schools and hospitals, Eureka Fire Department, and Humboldt State students. These factors may contribute to the rate of reporting.

### Substantiated Referrals

The number of children with substantiated referrals in 2004 was 341. The average for the last eight years is 393. Some contributing factors to the decrease in substantiated allegations are: more comprehensive training on understanding and applying the definition of “substantiated,” “inconclusive” and “unfounded” consistently in investigating reports of abuse or neglect; and consistent monitoring of application of definitions of maltreatment by supervising staff. CWS tends to open more cases on substantiated referrals. If there is only a referral, CWS uses the hotline tool, the Safety Assessment and sometimes the Risk Assessment. If CWS opens a case, the Family Strengths and Needs Reassessment (FSNA) and Risk Reassessment are required. Structured Decision Making isn’t only used to assess initial safety and risk. It is also used with open cases to determine ongoing safety and risk, as well as develop case plans that address highest needs, utilizing family strengths.



### Recurrence of Maltreatment

Of all children with a substantiated report between 10/1/04 and 9/30/05, the recurrence of maltreatment within six months was 8.0%, which is 1.9% above the Federal Standard of less than 6.1%.

Of all children with a substantiated referral during the 12 month study period (10/1/03 – 9/30/04), 18.3% had a subsequent substantiated referral within 12 months. There is no Federal Standard for this measure.

Of all children with a first substantiated report between 10/1/03 and 9/30/04, 19.2% had a subsequent substantiated referral within 12 months. There is no Federal Standard for this measure.

CWS implemented Structured Decision Making (SDM) in 1999. Structured decision-making (SDM) refers to a series of assessment tools designed as a framework to guide consistent decisions across child welfare agencies. Both case management and services are improved through consistent and appropriate decisions. Greater consistency and appropriateness are attained with a structured assessment procedure that guides decision-making by including specific criteria for Social Workers to include in each assessment. These assessment tools are used throughout CWS case management in determining safety, risk, family strengths and needs, and ongoing risk and reunification for children. A structured decision-making model applies the same specific criteria for each case, creating greater consistency across cases. The consistent use of the assessment tools enable differentiated service provision by identifying cases with lesser and greater services needs thus reducing the recurrence of maltreatment.

<b>Key SDM Assessment Tools</b>	
<b>Response prioritization for new referrals</b>	Focuses on factors that determine the urgency of a case
<b>Safety assessment</b>	Concentrates on factors that represent imminent danger to the child
<b>Risk assessment</b>	Incorporates factors that represent the future likelihood of abuse and neglect
<b>Standardized family and child strengths and needs assessment</b>	Highlights critical family issues and resources that can be used to plan service interventions
<b>Periodic reassessment</b>	Identifies changes in risks or service needs based on routine reassessments at established intervals

Humboldt County CWS is one of the eleven counties in Cohort 1 of California’s Child Welfare Services Redesign. As one of the first counties to implement Redesign policies, procedures and activities, Humboldt County implemented new strategies to improve the well-being of children. One of these strategies is Differential Response. Differential Response allows CWS to refer many of the families previously evaluated out, from a CWS in-person response, to Community Partners. These Community Partners are able to provide services to families that may prevent them from entering into a crisis situation that will require CWS involvement. The final phase of the Pilot for this program began in July 2006 with Family Resource Centers in Humboldt County. An underlying assumption of Differential Response is that families with difficulties will want services. CWS needs to continue to explore new ways to engage families and provide stabilizing resources for youth and families within the Continuum of Care.

A service available (since 1996) to families that do not meet the criteria for an in-person response by CWS is the Alternative Response Team (ART) through the Public Health Branch. This innovative, multi-agency program is aimed at those at-risk families that would benefit from early intervention and services, yet whose problems have not yet resulted in Child Welfare Services intervention. Cases referred to CWS that do not meet legal criteria for neglect, where there are children age 8 years or under, may be referred to ART by the Emergency Response Supervisor. A Public Health Nurse and a Community Health Outreach Worker provide primary services, with assistance from CWS, Probation, and Mental Health. The goal of ART is to help families through early intervention before the issues escalate. The period for delivery of these intensive services is six months.

For Fiscal Year 2004/2005, 218 families were offered ART services. ART Graduates completed 72% of their goals. At six months post ART completion, 50% of the families did not receive a re-referral to CWS. During the six to 12 months after completion of ART, 70% of the families did not receive a re-referral to CWS.

Rate of Child Abuse and/or Neglect in Foster Care

During the time period 1/1/05 to 9/30/05, zero percent of children in foster care in Humboldt County were abused or neglected while in foster care placement (currently limited due to data constraints to children in foster or FFA homes). The Federal Standard for this measure is less than 0.57%.

The services and resources available to foster families and substitute care providers include:

- Foster parent orientation training
- College of the Redwoods foster care training and support
- Mental Health counseling services
- Transportation Assistance for visitation
- On-site childcare for special events/ conferences
- New Directions of Humboldt County Foster Parent Association
- Foster Care Community Partner Focus Group
- Community Partners Meetings

- Social Worker visits
- Foster Parent Mentoring Program
- Youth Mentoring Program
- Transportation stipends for special trainings/ meetings
- Annual Holiday Party for foster youth
- Annual Holiday Gift Project
- Placement Coordinator unit/ team provides individual support
- Team Decision Making Support/ Meetings
- Public Health Branch Foster Care Nurses
- Independent Living Services (ILS) services for youth

Two other programs, Family Intervention Team (FIT)/ Placement Committee (which is a multi-disciplinary team consisting of CWS, Probation, Public Health, and Mental Health) and WRAP, are also available to foster families with qualifying children. FIT provides quality assurance and coordinates needed services for children and foster youth who need the highest levels of care, as well as developing placement options through relative placement/ non-relative extended family member placement or foster care placements. WRAP brings children back to their community, or keeps them in their communities by “wrapping” the family in much needed local services.

Also contributing to the low occurrence of abuse/neglect in foster homes is the role of the Foster Care Coordinator. The coordinator conducts an initial home study once the California Department of Community Licensing has licensed a foster home. In addition, the coordinator has continual contact with all placing foster families and provides individual support. The Relative Care Specialist works continuously to identify relatives and support them in their decision to care for children. TDMs play a part in minimizing abuse and neglect in foster care.

As indicated by the data for substantiated referrals, rate of referrals, and rate of child abuse and/or neglect in foster care, protecting children from abuse and neglect is an outcome that is currently addressed well in Humboldt County. Continuing current practice in those areas that are doing well and following through with implementation of CWS Redesign will improve outcomes in these areas as well as reduce the rate of maltreatment.

**Outcome: Children are safely maintained in their homes whenever possible and appropriate.**

This outcome is measured by the following data:

- Rate of Recurrence of Abuse/Neglect in Homes Where Children Were Not Removed
- Percent of Child Abuse/Neglect Referrals with a Timely Response
- Timely Social Worker Visits With Child

Rate of Recurrence of Abuse/Neglect in Homes Where Children Were Not Removed

The rate of recurrence of abuse/ neglect in homes where children were not removed while receiving child welfare services from 10/1/03 to 9/30/04 was 10.6%. There is no Federal Standard for this measure.

Children are removed from their homes when an investigation of a report of abuse or neglect indicates that the child’s safety is endangered. The Social Worker must have supporting evidence in order to remove the child or children. If there is no need to remove the child and the safety and risk assessment supports that decision but it is believed that the family would benefit from services, the family is provided voluntary Family Maintenance services. From 7/05 to 7/06, Voluntary Family Maintenance served 1445 children.

Services available to families in Family Maintenance may include:

- Parenting Classes\*
- Counseling assistance\*
- Substance abuse treatment
- Public health nursing\*
- Housing\*
- Employment Support

\* indicates they may be home-based services

Progress in the Family Maintenance case plan is demonstrated by the Family Needs and Strengths Assessment, Social Worker visits, observation, client report, client behavior, and consultation with other service providers. Social Worker performance in managing Family Maintenance cases is measured by Supervisor review at weekly supervision meetings, reports from SafeMeasures (a web-based data report system) and Business Objects (software that can create reports from data entered into the CWS/CMS electronic case management system.)

#### Percent of Child Abuse/Neglect Referrals with a Timely Response

The percent of child abuse/ neglect with a timely response for the third quarter of 2005 is 92.2% for referrals requiring immediate response and 97.2% for referrals requiring response within ten days. The Federal Standard is more than 90%. The timeliness of Social Worker (SW) response on referrals in Humboldt County is a strength.

Contributing factors to timely response are:

- Training
- Agency expectations- This was a focus area for the first System Improvement Plan in 2004.
- SafeMeasures
- Child Welfare Services/Case Management System
- Supervisor monitoring and direction
- Maintaining sufficient staffing levels to keep caseloads manageable

#### Timely Social Worker Visits With Child

The percent of children who required a monthly Social Worker visit and received one in the third quarter of 2005:

- July 2005                      78.2%
- August 2005                    79.5%
- September 2005                78.0%

This is below the Federal Standard of more than 90%. Through an analysis of this measure, CWS has been able to identify education needs around data entry into CWS/CMS. All Social Workers have access and have received training in SafeMeasures (a tracking system and quality assurance tool for compliance to AB 636 and Division 31 requirements). They print their reports and consult with management in a weekly supervision meeting that assists with caseload monitoring and management. Clerical staff restructuring has allowed Social Workers to focus on caseload management while clerical provide support functions, such as filing and discovery (which consists of making copies, billing, and re-filing). Quik Pads were purchased to assist Social Workers in getting their contacts entered in a timely manner while engaged in time-consuming activities such as waiting for a court hearing at the courthouse. The better utilization of “down time” allows the Social Worker to devote more time to making their visits in a timely manner. A weekly workgroup was created, which includes Social Workers, Social Worker Supervisors, Program Managers, Deputy Director, and Director, to identify challenges in meeting the measure, as well as solutions.

**Outcome: Children have permanency and stability in their living situations without increasing reentry to foster care.**

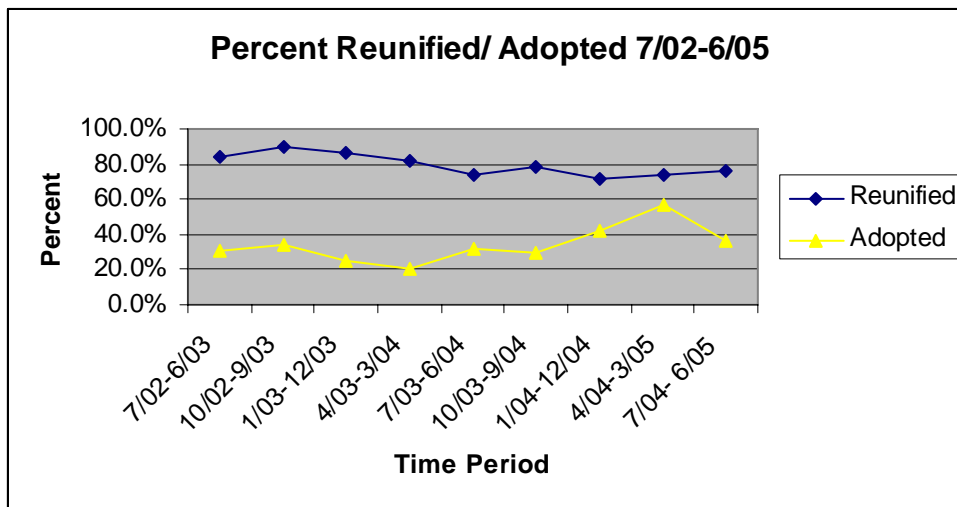
This outcome is measured by the following data:

- Length of Time to Exit Foster Care to Reunification
- Length of Time to Exit Foster Care to Adoption
- Stability of Foster Care Placement
- Rate of Foster Care Re-Entry

Length of Time to Exit Foster Care to Reunification

The percent of children who had been in foster care less than 12 months and were reunified with their families from 7/1/04 to 6/30/05 was 76.7%. The Federal Standard is more than 76.2%.

Of the children who entered foster care for the first time (and stayed at least five days) between 7/1/03 and 6/30/04, 46.6% were reunified within 12 months.



Some contributing factors to increase reunification include: case plans developed where necessary action steps and services are clearly identified to bring about reunification, case plans engage families and draw upon strengths and resources, and case plans are easy to read and understand. A reunification assessment is used in assessing the safety and risk of returning children to their homes. Children are returned home when all case plan objectives have been completed. Utilizing Team Decision Making (TDM) when making placement changes has significantly reduced placement disruptions and contributed to reunification.

Available services that assist with reunification in less than 12 months are:

- Parenting Classes\*
- Anger Management Classes
- Mental Health counseling
- Domestic Violence counseling
- Drug and alcohol treatment
- Income maintenance and restoration
- Employment support
- Team Decision Making
- Public Health Nursing

\* Evidenced Based Practices such as Incredible Years (IY) and Parent, Child Interaction Therapy/Treatment (PCIT)

Reunifying children with their families is a strength in Humboldt County. Services and programs that support early reunification are Family to Family Team Decision Making, Parent Child Interactive Therapy, and Incredible Years. CWS staff provides support for the Humboldt Offers Permanency for Everyone (HOPE) project, which is a special project designed to establish permanency for youth who have been in the foster care program.

#### Length of Time to Exit Foster Care to Adoption

The percent of children who were adopted from child welfare supervised foster care during the time period from 7/1/04 to 6/30/05 (and had been in care less than 24 months) was 36.4%. This exceeds the Federal Standard of more than 32%.

Of all the children who entered child welfare supervised foster care for the first time (and stayed at least five days), 2.6% were adopted within 24 months during the time period of 7/1/02 to 6/30/03. There is no Federal Standard for this measure.

Adoption is not always the best outcome for children placed in foster care. For Native American children, severing ties from family is culturally disrespectful. Many times relatives of the parents of children whom they are caring for do not support severing the rights of the parent, who is their relative. In other cases, children reach permanency through guardianship or Customary Adoptions. Customary Adoptions are an opportunity for a permanent parent-child relationship without terminating parental rights. "A customary adoption is a practice, ceremony, or process conducted in a manner which is long-established, continued, reasonable, and certain; considered by the people of a tribe to be binding or found by the tribal court to be authentic, which gives a child a legally recognized permanent parent-child relationship with a person other than the child's biological parent without termination of parental rights."

With the passage of the Adoption and Safe Families Act (ASFA) of 1997 Congress re-emphasized the need to focus attention on the safety and well being of children who are placed or at-risk of being placed in foster care. In keeping with the Adoption and Safe Families Act, concurrent planning for placement in case plan development is practiced in Humboldt County. When a plan for reunification is created, one for permanency (which may include adoption) is also created. Foster parents are trained in concurrent planning and before accepting a placement, are asked to support both family reunification and permanent placement plans. The progress of the reunification plan determines how quickly the permanent placement plan takes priority in reaching permanency for the child.

If the court determines, based on the assessment provided, that it is likely the child will be adopted, the court terminates parental rights and orders the child placed for adoption. The fact that the child is not yet placed in a pre-adoptive home or with a relative or foster family, who is prepared to adopt the child, shall not constitute a basis for the court to conclude that it is not likely the child will be adopted.

Many times, with children who are highly adoptable, CWS moves forward with the termination while simultaneously identifying the best home for that child. A primary reason behind this is to ensure that children are not languishing in the system. When birth parents are noticed properly with issues like ICWA, prior/current marriages, and paternity are clarified going into the .26 process these cases usually move through in a timely manner. The .26 process is the court proceeding to free a child for adoption or guardianship. Not always, but most often, parental rights are terminated. The only other potential delay would be birth parent appeals. Because these must be completed prior to a finalization, cases can be delayed in these circumstances.

### Stability of Foster Care Placement

For all children in child welfare supervised foster care for less than 12 months from 7/1/04 to 6/30/05, 93.3% had no more than two placements. The Federal Standard for this measure is more than 86.7%.

For children who entered child welfare supervised foster care for the first time (and stayed at least five days), from 7/1/03 to 6/30/04, and were in care 12 months, 82.1% had no more than two placements. There is no Federal Standard for this measure.

For Probation youth in foster care for less than 12 months from 7/1/04 to 6/30/05, 100% had no more than two placements. This is 13.3% above the Federal Standard of 86.7%.

One of the processes in place to ensure minimal placement moves for children is the home study conducted by the Relative Placement Specialists and the Foster Care Coordinator prior to a home being certified or licensed. The Relative/ Non-Relative Extended Family Member (R/NREFM) Assessment process gathers information through a walk-through of a potential home with a Health and Safety Checklist and an interview to ensure the home and child are a good match. Part of the Assessment process is the California Law Enforcement Telecommunications System (CLETS). CLETS is run through the Special Investigation Unit (SIU) and provides a wrap sheet. The Live Scan process includes a California Department of Justice (DOJ) background check, a Federal Bureau of Investigation (FBI) background check, and a California DOJ Child Abuse Central Index (CACI) check. Live Scan also provides subsequent arrest notification. CWS/CMS is also checked for any prior investigations.

The Foster Care Coordinator and Relative Placement Specialists remain available for questions and support to the foster family and R/NREFM. Monthly Social Worker visits also contribute to minimal placement failures and subsequent placement moves. Foster parents' needs are addressed during these visits as well as in the development of the case plan.

In the event that an emergency placement must be made for a child and no relatives are available for children, the Mental Health Branch operates the Children's Center for youth age 6-18 years. The Children's Center provides a 30-day program for those children coming into or already in the CWS System of Care that have ongoing mental health issues. At the Center, Mental Health and Social Services staff provide an in-depth mental health assessment and develop a transition plan for the next placement, whether it is to return the child home, or to place with relatives, foster care, or adoption. In addition to the Children's Center and foster homes, the county began operation as a Foster Family Agency (FFA) in 2005.

In Humboldt County, there is a shortage of foster families for CWS and Probation. The county advertises through all media sources throughout the County. Grassroots recruiting efforts also occur through existing foster parents. Family to Family was implemented by CWS in Humboldt County in 2004 and by the Probation Department in 8/06. Family to Family assists with:

- Developing a network of family foster care that is more neighborhood-based, culturally sensitive and located primarily in the communities in which the children live
- Assuring that scarce family foster home resources are provided to all those children who must be removed from their homes
- Increasing the number and quality of foster families to meet projected needs
- Providing technical assistance in the development and support of resource families

One of the goals of CWS and Probation is to develop foster homes in the communities from which children are removed. This enables children to maintain continuity, stay in the same school and

community, and maintain contact with the same friends so that the removal is not as traumatic as it might be if they have to leave their school, neighborhood, and friends. Assisting Families Change Through Resources (AFCTR) is an Americorps program specifically focused on Differential Response and Foster Care Recruitment. Locally it is administered by the Redwood Community Acton Agency. AFCTR members are assigned to Family Resource Centers and to Child Welfare Services to seek ways to provide resources to families to avoid children being removed or if removed to decrease the disruption to the child's life. AFCTR goes to a wide variety of community events to recruit foster homes. They also support the foster family or R/NREFM, providing them with services in the community in which they live to assist the children they have taken into their home.

#### Rate of Foster Care Re-Entry

For all children who entered child welfare supervised foster care from 7/1/04 to 6/30/05, 12.0% had subsequent entries within 12 months of a prior exit. The Federal Standard for this measure is less than 8.6%.

For children who entered child welfare supervised foster care for the first time (and stayed at least five days) from 7/1/02 to 6/30/03, and were reunified within 12 months of entry, 18.8% re-entered foster care within 12 months of reunification. There is no Federal Standard for this measure.

In order to prevent re-entry into foster care, newly reunified families receive Family Maintenance services for a minimum of six months. Family Maintenance services can be extended past six months if needed. While receiving Family Maintenance services, families are connected with resources in their community to support them in their plan toward leaving the CWS System of Care.

Some factors that contribute to children re-entering foster care are lack of affordable housing, lack of affordable substance abuse treatment, unemployment, mental health issues, and domestic violence.

Humboldt County does well in ensuring children have permanency and stability in their living situations based on the data provided for this outcome. Although the reentry to foster care is higher than desired, the practices being implemented should positively affect this in the future. Since the first Self-Assessment submitted in 2004, subsequent entries within 12 months of a prior exit decreased by 2.7%.

#### **Outcome: The family relationships and connections of children served by CWS will be preserved, as appropriate.**

This outcome is measured by the following data:

- Siblings placed together in Foster Care
- Foster Care Placement in Least Restrictive Settings
- Rate of ICWA Placement Preferences
- Length of Time to Exit Foster Care to Reunification (Please refer to page 28 for data and information.)

#### Siblings Placed Together in Foster Care

For all children in child welfare supervised foster care on the point-in-time, 10/1/05, of those with siblings in care, 50.4% were placed with all of their siblings. Placement on the same date with some or all siblings was 63.4%.

A major factor that allows children to be placed with their siblings is the extent to which relatives are willing to care for sibling groups. For the point in time 10/1/05, 29.4% of the children placed, were placed with relatives. Factors that do not contribute to siblings being placed together include relatives willing to

take in a biologically linked child but not his or her sibling who is not biologically linked to the relative and not enough foster homes that have the capacity to take siblings groups.

Humboldt County would like to improve the rate of siblings being placed together. The expansion of relative placement and implementation of Family to Family will assist in improving this rate. The Relative Placement Social Workers interview parents at the detention hearing about possible relative/non-relative caregivers. The relatives are asked if they are interested (by phone call or letter) in providing care for their relatives. The Relative Placement Specialists request background checks and completes an on sight assessment of the relative's residence, and annual reassessments of the relatives according to state regulations. The Specialists are also available for team consultation with State Adoptions and out of county requests for courtesy assessments. The Specialists attend the weekly placement meeting, provides support to the foster care coordinator, and placement support for the case carrying Social Workers. The Relative Placement Specialists are available for emergency relative placement assessments during times when minors are placed in protective custody. The Specialists enter required information in CWS/CMS, and complete required annual state reports. The Specialists maintain the relative placement files, Live Scan results, and Kinship Emergency Fund.

Foster Care Placement in Least Restrictive Settings

The table below shows for all children who entered child welfare supervised foster care for the first time (and stayed at least five days) from 7/1/04 to 6/30/05, what percent were in kin, foster, FFA, group, and other placements (first placement type/ initial, predominant/ primary, and point in time).

<b>Foster Placement</b>	<b>Initial</b>	<b>Primary</b>	<b>Point in Time 7/1/05</b>
<b>Relative</b>	22.1%	39.4%	30.6%
<b>Foster Home</b>	26.9%	21.2%	22.0%
<b>FFA</b>	9.6%	7.7%	10.3%
<b>Group/ Shelter</b>	24.0%	12.5%	7.3%
<b>Other</b>	17.3%	19.2%	29.7%

Humboldt County’s first priority is to place children with relatives if they meet the federal regulations for placement homes. Foster homes are where most children are initially placed but the highest percentage of Primary and Point-in-Time placements are with relatives. The Group Home/Shelter initial placement reflects children going in and out of temporary placement.

Rate of Indian Child Welfare Act (ICWA) Placement Preferences

When a voluntary or involuntary proceeding is initiated with CWS, families are asked if the children are members of a federally recognized Indian tribe or are eligible for membership in a federally recognized Indian tribe. If so, a notice is sent to the children’s parents, Indian custodian, and the chairperson (or designated agent) of the children’s tribe informing them of the proceeding. If Native American heritage is known, but it is uncertain of tribal connection, a notice is sent to the Secretary of the Interior, Bureau of Indian Affairs asking the tribe to be identified and informed of the child’s involvement with CWS. If more than one tribe is identified, then a notice is sent to all involved tribes noticing them of the proceeding.

Native American Tribes, under ICWA, are provided third party parent status and may intervene in CWS proceedings at any time to insure that ICWA is adhered to. The intent of the ICWA legislation is to insure that sovereign nations (Tribes) maintain relations with their citizens (Native American children who are potentially eligible to become members of the Tribe). As with all children entering foster care, whenever

possible, Native American children are placed with relatives. The next placement preference is with a Native American Family.

<b>Quarter 3, 2005</b>	<b>Percentage</b>
<b>Relative Home</b>	15.4%
<b>Non-Relative Indian Family</b>	25.6%
<b>Non-Relative Non-Indian Family</b>	43.6%

This chart reflects a high number of placements in Non-Relative Non-Indian Family. This is an area in which Humboldt County needs and wants to improve. Efforts are ongoing with local Tribes to work collaboratively to improve placement processes and increase relative and non-relative Indian family placements.

Building partnerships with the Tribes in Humboldt County is a focus area of the 2004 System Improvement Plan (SIP). Work has begun on strengthening relations between the Tribes and CWS.

Recruiting Rural Parents for Indian Children is a collaboration which began in 2004 between the Independent Adoption Center and Teamwork for Children and Oregon Research Institute. The goal is to increase the number of Indian foster families throughout 11 California counties. Humboldt County is one of these counties. The county has a SIP focus area of increasing relative and non-relative Indian placements. Preserving family relationships and connections of children served by CWS is an outcome CWS is working to improve upon.

There is a perception that CWS and Probation do not fully comprehend ICWA. It is more than a noticing requirements. There are the California Rules of the Court, Federal ICWA legislation, foster care funding, and Social Security regulations that apply to ICWA. Humboldt needs educated, specialized staff. The Redding Rancheria offers training about court-related ICWA issues. Two Feathers Native American Family Services provides ICWA training also. CWS will soon have an ICWA unit and the Casey Foundation may provide technical assistance in the development of that unit. CWS has sent staff to ICWA trainings at the Redding Rancheria and Two Feathers Native American Family Services. Probation participates in ICWA training and complies with ICWA requirements. Ongoing Probation training will be offered to clarify and reinforce the relevance and philosophical importance of ICWA legislation.

**Outcome: Children receive services adequate to their physical, emotional, and mental health needs.**

This outcome is measured by the following data:

- Division 31 Health and Education Documentation (HEP)
- Division 31 Physical Examinations (Med-1)
- Division 31 Dental Examinations (Med-2)

Division 31 Health and Education Documentation -Was there documentation indicating that the out-of-home care provider was given the child's Health and Education Passport (HEP)? The Health and Education Passport is an interagency, interdisciplinary, collaborative effort between the Public Health Branch and CWS to maintain and distribute summaries of health and education records for all children in out of home care. The foster care nurses coordinate support from clerical staff, review, summarize, and enter into the computer database each child's medical, psychological, and dental information. Social Workers are responsible for the HEP completion and input education information.

SafeMeasures reports indicate that for the first quarter of 2005, 19.6% of HEP were overdue. The percentages of HEP that were overdue steadily decreased from the first quarter of 2005 to the second

quarter of 2006 (the period of data currently available on SafeMeasures). In the second quarter of 2006, **all** children in out of home care had their HEP.

Division 31 Physical Examinations - Did the child receive their most current preventive physical health examination in accordance with the CHDP periodicity schedule? (Med-1)

SafeMeasures reports indicate that from 7/05 to 7/06 (the period of data currently available on SafeMeasures), Med-1 has fluctuated from 3.7% to 11.2% not in compliance. The most recent data analysis 9/9/06 shows 93.0 % in compliance. The State Standard is 90.0%.

Public Health Branch Nurses (PHN) provide direct in-home services. They meet the family in their environment and are able to observe behaviors and provide support over a six-month period. This is an essential but expensive and labor-intensive service. The SW/PHN collaboration is extremely beneficial, promotes understanding, and increases access to services. This is a strength for our small county.

PHNs are a strong resource and they provide tools to help families. Continued support is needed for SW/PHN to collaborate. As CWS and the PHN continue to develop their collaborative efforts, clear direction and job descriptions are essential and will continue to be refined. When a child first enters foster care, there are concerns around gaps in medical care, immunizations, and medical history. A national immunization registry would be beneficial.

Division 31 Dental Examinations - Did the child receive their most current annual dental examination? (Med-2)

SafeMeasures reports indicate that from 7/05 to 7/06 (the period of data currently available on SafeMeasures), Med-2 has fluctuated from 12.9% to 44.4% not in compliance. The most recent data analysis 9/9/06 shows 88.9 % in compliance. The State Standard is 90.0%.

Significant progress has been made toward compliance with dental requirements. Division 31 SafeMeasures reports reflect collaborative efforts between the Social Services Branch and Public Health Branch to ensure children receive required services. Dental clinics were set up on Saturdays for children in the foster care system. With the start of this school year, the clinics dental van will also be providing additional dental services to children in the foster care system. However, Foster Parents, Relatives, and Non-Relative Extended Family Members need improved access to dental services. Emergency dental appointments can be difficult to schedule.

Some of the barriers to accessing dental services in Humboldt County include:

- few clinics in relation to number of DentiCal beneficiaries
- reimbursements based on number of appointments not procedures, reimbursement rate low and pre-authorization required for procedures
- challenging to schedule multiple appointments for patient and there is a high no-show rate for DentiCal beneficiaries
- increased oral health awareness and improved economy have resulted in increased number of routine services requested
- DentiCal has a complicated computerized billing process

The Well Child Dental Visit (WCDV) is the term for a series of protocols developed by the First Smiles Initiative, which is a collaboration of the California Dental Association and The Dental Health Foundation. These protocols are for medical and dental providers who see young children in attempt to establish a dental home, increase preventive education and treatments, and reduce dental disease in high-

risk children (especially children 0-5 years old on MediCal). The WCDV includes six steps; 1) anticipatory guidance, 2) knee-to-knee exam, 3) toothbrush prophylaxis, 4) oral health assessment, 5) fluoride varnish, and 6) counseling. The WCDV is covered by MediCal.

Research shows bacteria cause cavities and parents/ caregivers need to be educated and treatment needs to be available. There needs to be a focus on children 0-3 years old. To be in compliance with CHDP requirements, a child must be seen once a year starting at age three. A suggestion from one workgroup is that the State needs to adjust CHDP dental requirements to take advantage of current research and provide funding to serve infants ages 0-3 years.

The Well Baby Dental Clinic is a private/ public partnership and is expected to be grant funded. The Well Baby training will begin in November 2006. System logistics are an issue to consider prior to the implementation of a Well Baby Dental Clinic. The name was changed from Well Baby to Well Child since it is for children age 0-5 years. The trainings will be conducted by the Public Health Branch Oral Health Coordinator for the Community Partners that will be implementing the program.

Humboldt County has established a new program named CalKids. CalKids will provide preventative health insurance to children age 2-19 whose parents' incomes are up to 300% of poverty. One particular benefit is that undocumented non-citizens are potentially eligible for CalKids. The Children's Health Initiative (CHI) will assist in addressing the needs of the uninsured children in the county. The CHI has begun enrolling an estimated 4,500 Humboldt County children who are eligible for, but have yet to be enrolled in, no-cost or low-cost health insurance programs. About 1,500 of the county's 4,500 uninsured children are expected to be eligible for CalKids. CalKids will hit the gap for families of four making more than \$50,000, but less than \$60,000 a year.

Only the clinics are currently set up to accept CalKids. No private practice dentists have agreed to become providers for CalKids. With the clinics being the only ones accepting this insurance program, all the same scheduling issues exist, too many patients and too few providers. Patients with CalKids may experience difficulty accessing regular appointments for dental treatment. The clinics may have even longer waiting lists for treatment and increased difficulty providing emergency services. The participants in CalKids may become frustrated since they are paying a monthly premium, but may experience challenges receiving adequate dental care.

In November 2004, to address the physical and mental health needs for youth with Probation, Humboldt County's Probation Department was selected as one of five sites statewide to participate in The California Endowment's Healthy Returns Initiative (HRI). The Healthy Returns Initiative strengthens the capacity of the Probation Department to support system reforms that increase access to mental health and allied health care services for youth and families involved in the juvenile justice system.

The Humboldt County HRI is guided by several overarching principles:

- Services are tailored to match the multicultural and multilingual diversity of our community.
- Youth are provided strength-based, family centered services within their community whenever possible.
- Partnerships between County agencies and community based organizations, including but not limited to, public and non-profit health care, social service, and education providers is essential in effectively serving this high-risk population.
- The implementation of evidence-based practices are emphasized throughout the juvenile justice health care system incorporating outcome evaluation to ensure accountability of fiscal and resource management.

The development of public policy designed to remove barriers to access and delivery of health care services for delinquent youth is essential for youth and family rehabilitation.

Access to same-day assessment for children and families' health needs, both medical and behavioral, is an area that continues to need improvement. More work is required to address the unmet mental health needs of children and families. The California Infant, Preschool, and Family Mental Health Initiative (IPFMH) Project is a collaborative effort involving eight county departments of mental health (including Humboldt) and their interagency community partners in the development of early mental health services and relationship-based early intervention for children from birth to five and their families. The project:

- piloted approaches for delivering integrated early mental health services in child care and education settings through positive relationships between service providers and families in order to support the parent-child relationship;
- identified effective methods, measures, and resources for screening, assessment, service coordination, service delivery, and funding;
- expanded community education, training opportunities, and support for non-mental health professionals concerning early parent-child relationships and early emotional-social development;
- expanded education, training opportunities, support, and supervision for mental health professionals;
- promoted ongoing interagency and interdisciplinary collaboration; and
- evaluated outcomes and changes for children and families, service providers, service systems, and communities.

The project includes lots of training and the use of clinical supervision with outside experts in a group setting. The focus of the clinical supervision is troubleshooting and learning from each other. A depressed parent has decreased capacity to relate to their child, which may result in the child having developmental delays. Utilizing "dyadic therapy," parent/ child relationships are greatly improved.

The lessons learned through participating in the Infant, Preschool, and Family Mental Health Initiative Project have been incorporated into the Evidence Based Practices (EBP) Parent Child Interaction Therapy and Alternative Response Team. The concepts learned from IPFMH were also woven into the Mental Health Services Act proposal to fund specialized clinicians to work with families of children through the Differential Response process.

**Outcome: Children receive services appropriate to their educational needs.**

This outcome is measured by the following data:

- Division 31 Health and Education Documentation

Division 31 Health and Education Documentation

Was there documentation indicating that the out-of-home care provider was given the child's Health and Education Passport (HEP)?

SafeMeasures reports indicate that for the first quarter of 2005, 19.6% of HEP were overdue. The percentages of HEP that were overdue steadily decreased from the first quarter of 2005 to the second quarter of 2006 (the period of data currently available on SafeMeasures). In the second quarter of 2006, zero percent of HEP were overdue.

In meeting the educational needs of youth, public education is mandated and provided for K-12<sup>th</sup> grade in a variety of ways in Humboldt County: alternative high school, continuation high school, special education (speech and hearing), special day class (non-severe and severe), special education, Gifted and Talented Education (GATE), student study teams (staff, parent, student), English as a Second Language

(ESL), home and hospital school (ill or Administrative placement), K-12 public schools, independent study.

Other school options include: private/ charter schools (Faith-based, language, Native American, and others), home school, community school, court school, homeless youth school, Regional Facility classes, and partial day classes.

Last year 874 students in Humboldt County were enrolled in private schools. Research indicates youth have fewer negative outcomes if they remain in their school, neighborhood, and community. Foster families may have difficulty transporting children to the prior school. Students who are deemed homeless or have moved into a foster home outside of their current school district can continue to attend school in their previous district. Transportation for homeless/foster youth is coordinated by the homeless/ foster youth liaison.

Effective January 1, 2004, Assembly Bill 490 imposed new duties and rights related to the education of dependents and wards in foster care similar to homeless children's rights. In all instances, educational and placement decisions are based on the best interests of the child. Educators, county placing agencies, care providers, advocates, and the juvenile court are expected to work together to maintain stable school placements, ensure that each pupil is placed in the least restrictive educational placement, and has access to the academic resources, services, and extra curricular and enrichment activities that are available to all pupils. The overarching goal of AB 490 is to improve academic attainment for foster children by promoting school stability and in the least restrictive environment. A guide was developed collaboratively between CWS and the Humboldt County Office of Education. School liaisons have been identified and trained in their responsibilities regarding AB 490. A list of the liaisons and their contact information has been distributed to CWS and the local foster care agencies and support groups, such as Community Partners.

**Outcome: Families have enhanced capacity to provide for their children's needs.**

This outcome has no data measurement. All of the other measurable outcomes reflect the enhanced capacity families have to provide for their children's needs.

**Outcome: Youth emancipating from foster care are prepared to transition to adulthood.**

This outcome is measured by the following data:

- Children transitioning to Self-Sufficient Adulthood

**Children transitioning to Self-Sufficient Adulthood**

This measure reflects the number of foster children eligible for Independent Living Services (ILS) who receive appropriate educational and training, and/or achieve employment or economic self-sufficiency.

Child Welfare Services Independent Living Skills (ILS) program serves CWS and Probation youth ages 16 -21. The ILS program has two coordinators that provide outreach and assistance to help youth achieve independence. ILS services include:

- Acquiring housing
- Workshops on College entrance
- Vocational training
- Employment Search & Preparation
- Transportation assistance
- Counseling
- Mentoring
- Budgeting money

- Drivers training and drivers education
- Assistance with health, mental health, alcohol and other drug issues
- Developing permanent connections
- Appropriate educational services

Each youth in ILS must have an Independent Living Skills Plan, which maps out how s/he will achieve housing, employment, schooling, and necessary life skills.

Some of these counts may be duplicative (i.e., a youth may have been working and enrolled in college.) Efforts to increase ILS participation are currently under way. Through CWS Redesign Humboldt County is working closely with the community to provide a support system for these youth so that as they reach adulthood, they have mentors, support, and permanency to help them reach success.

Of the 167 CWS and Probation foster youth participating in ILS from 10/1/04-9/30/05, the number of children transitioning to Self-Sufficient Adulthood with the following was reported:

High School Diploma	41
Enrolled in College/ Higher Education	36
Received ILP Services	167
Completed Vocational Training	19
Employed or other means of support	45

In December 2005, CWS and the California Permanency for Youth Project (CPYP) held a kick-off session with consultant Kevin Campbell, nationally recognized expert on the importance of family connections and permanency. Participants included Administrators and staff from the DHHS Mental Health, Public Health, and Social Services Branches, Probation Department, State Adoptions, foster family agencies, a local group home, the local community college, CASA, and members of California Youth Connection. The HOPE project utilizes engagement strategies and the use of computer-based search engines to develop permanent relations. For more information on the HOPE Project, please refer to pages 29 and 60).

In February 2006, Mr. Campbell presented a second kick-off session, this time for Juvenile Court Judges and their staff, public defenders, county counsel deputies, and private defense attorneys.

Since January 2006, the CPYP has provided monthly, on-site technical assistance (TA) for the HOPE team members. After several sessions, Juvenile Probation and State Adoptions staff members joined the TA sessions. The HOPE team learned how to successfully search for permanent connections for the first group of 13 youths that staff had identified as the most in need of life-long connections. For most of the youth, staff quickly moved from the discovery phase through the engagement, planning, and decision-making phases. The team found it easy it to find family members and other connections for these youths, who seemed to have no one permanently involved in their lives. Family Finding has been integrated into TDM meetings.

CWS staff attended trainings provided by the Bay Area Academy Youth Offering Unique Tangible Help (YOUTH) Training Project. During these sessions, YOUTH promoted beneficial skills and values for staff working with foster youth. In May 2006, the Humboldt County HOPE project was honored for its efforts at the *Day at the Capitol* in Sacramento, sponsored by the California Youth Connection. In September 2006, Humboldt staff spoke at the National Conference on Permanency for youth in Washington, D.C.

The next step is to identify another set of youth who are close to emancipating and in need of permanent connections. The success at finding family and non-related family members in a short time period has facilitated the integration of searching, developing, and supporting permanent connections into daily CWS casework.

Humboldt is one of 12 counties participating on the Youth Transition Action Team (YTAT) initiative. The initiative began working directly with local communities in February 2005. The participating counties are focused on aligning systems to work across agencies and institutions, conducting assessments of current programs and services, identifying gaps and planning to address them in the current delivery system. Targeted efforts have been launched to provide needed services to current and former foster youth, and building community awareness of the issues facing youth touched by the child welfare system.

The impact of the YTAT initiative is measured by its success in improving outcomes for youth exiting the foster care system in the following areas:

- **Educational achievement and aspiration**, including the successful completion of high school, grades and credits earned, course of study meeting the standards for CSU admission, enrollment or plans for enrollment in post-secondary education, and scholarships earned.
- **Workforce readiness**, including the creation of a career development portfolio, earning of a work readiness certificate, completion of career development/professional/technical coursework and related activities, and participation in a range of work-based learning activities.
- **Employment** at a level sufficient to provide the resources for independent living.
- **Support Networks**, including formal and informal positive relationships with peers, adults, and institutions.

The Social Services Branch Director and the Humboldt County Employment and Training Operations Manager are co-leaders of the Humboldt County YTAT initiative and the Probation Department participates on the team. The team has identified the following action item for the coming year:

- A primary focus on providing housing, education, employment, legal support, and permanent adult connections.

The YTAT initiative directly addresses the ability of counties to achieve the expected outcomes of California's Child Welfare Redesign efforts and is in the process of developing a set of measures to gauge the impacts on local youth-serving systems. Systems outcomes will include measures of efficiency in cross-program collaboration, resource leveraging, evidence of effective partnering, the creation of common evaluation frameworks and tools, and supporting policy development and implementation at the county and state levels.

## **Public Agency Characteristics**

### **Size and Structure of Agencies**

#### **Child Welfare Services**

Humboldt County began Phase I of the Department of Health and Human Services Integrated Services Initiative in February 1999 through legislation (Assembly Bill 1259). The purpose of AB 1259 was to allow Humboldt County, with the assistance and participation of the appropriate State departments, to implement an integrated and comprehensive County health and human services system.

AB 1881 (2004), authorized continuation of Humboldt County's transformational work. Humboldt County integrated several Departments (Social Services [which includes Child Welfare services], Mental Health, Public Health, Employment Training, Veterans Services, and Public Guardian) to form the Department of Health and Human Services. Humboldt County Department of Health and Human Services has demonstrated that through its integrated Health and Human Services delivery structures and processes

significantly higher quality, more efficient, effective, holistic, and outcome-based practices can be planned, funded, and implemented. The Mental Health Branch and community mental health advocates' adopted the Recovery, Wellness, and Discovery Model. In a Continuum of Care that embraces recovery, clients have access to employment services, housing, education, self-help/ peer support, and other programs that provide opportunities for independence and integration into the community.

The Phase II (2005-2009) organizational efforts "build" on Phase I organizational restructuring efforts towards increasing the Department's infrastructure needed for the development of centralized program support structures and processes that are required to support the systemic transformations toward integrated service delivery across the Department's three primary Branches (Mental Health, Social Services, Public Health) and its Community Stakeholders. These program support structures consist of integrated:

- Quality Assurance and Quality Improvement Support
- Training Support
- Resource Development Support
- Research & Evaluation Support
- Client and Cultural Diversity
- Public Education and Outreach

Humboldt County Health and Human Services is committed to using evidence based practices in all prevention, early intervention, and treatment strategies. This long-term strategic decision permeates all aspects of County agency activity, and will continue to extend to community partners and the local Tribes. Evidence-based practices are viewed as a foundation for successful community and family interventions. The Evidence Based Practices currently implemented as part of the Phase II (2005) efforts to develop cross-departmental services are listed below:

**1. Incredible Years (IY)** 12 week parenting treatment and prevention program for parents and care providers with children ages 3-8 who exhibit conduct or behavior problems. The program has demonstrated increased parenting effectiveness and a reduction in negative behaviors. In an effort to reach more families, CWS will be contracting with the Family Resource Centers (FRC) in the new fiscal year to provide program materials and IY Facilitator training so that FRCs can present IY in the communities they serve.

**2. Functional Family Therapy (FFT)** family treatment for youth ages 11-18 who are at risk and/or presenting with delinquency violence, substance abuse, conduct behavior problems and family conflict;

**3. Aggression Replacement Training (ART)** is a multi-systemic skills building training and addresses cognitive behavioral treatment, conflict resolution, and substance abuse issues for adolescent youth who show or are at risk of aggressive behavior. (It is currently locally used only in the NCRF);

**4. Parent Child Interaction Therapy (PCIT)** intensive treatment designed to work with parents and children together and teach parents and care providers skills necessary to manage their children's behavioral problems ages 2-7. Humboldt County may consider contracting PCIT with Native American and Hispanic Community Partners.

**5. Multidimensional Treatment Foster Care (MTFC)** provides intensive and comprehensive individualized treatment, support and supervision in a family setting for children ages 13 – 18. MTFC is slated to reopen in 2007.

These practices have specific strategies that will improve outcomes. One example of this is how Family to Family will assist Child Welfare Services and Probation in recruiting foster families in the communities in which children are removed. This will allow less disruption and trauma to children removed from their homes. Team Decision Making, another element of Family to Family, will contribute to fewer placements and moves, which create fewer interruptions for children as they progress towards permanency, and provide better health outcomes.

### **Family Intervention Team (FIT)/ Placement Committee**

The Family Intervention Team (FIT)/ Placement Committee is a multi-disciplinary team comprised of a representative of the Mental Health Branch, the Probation Department, Public Health Branch, DHHS Integrated Services, and CWS. The mission of FIT/ Placement Committee is to provide a comprehensive interagency Continuum of Care for at-risk children/youth utilizing the resources of the family and extended family providing quality assurance and coordinated services. The FIT/ Placement Committee assists in developing and coordinating service plans for children and foster youth in out-of-home care. The FIT/ Placement Committee serves to coordinate needed services for youth to successfully transition back to the home of a parent or relative or to a lower level of care. The FIT/ Placement Committee makes recommendations to and on behalf of their agency regarding out-of-home placements for at-risk children/youth. The FIT/ Placement Committee coordinates and provides Mental Health Case Management Services, such as Therapeutic Behavior services (TBS) and WRAP. The FIT/ Placement Committee works with other agencies to obtain services needed if a child requires out-of-home or out-of-County placement. The team also helps coordinate services for children returning to the community for the purpose of treatment and educational planning, as well as the Transitional Housing Placement Program (THPP).

The FIT/ Placement Committee is undergoing a metamorphosis in their processes. The consolidation of FIT and the placement meetings of both CWS and Probation was implemented in August 2006. The changes are being made to be more inclusive and collaborative with Community Partners and families as well as using EBPs and Family to Family strategies to keep youth at home.

### Probation Department

Probation, as officers of the court, links many diverse stakeholders, including law enforcement, the courts, prosecutors, defense counsel, community-based organizations, mental health, drug and alcohol, other service providers, the community, the victim, the child, and family. As mandated through numerous code sections in the Civil, Government, Penal, and Welfare and Institutions Code, the fundamental purpose of juvenile probation services is to assist in the investigation and processing of juvenile offenders and to prevent, respond to, and lessen the impact of crime in the community. This is accomplished by providing direct services to the courts, law enforcement, victims of crime as well as providing programs, community supervision, and case management activities for offenders and their families which are designed to promote constructive change and growth. In addition, the Probation Department operates the juvenile hall for the provision of secure detention for juvenile offenders deemed a risk to public safety or to the safety of themselves. During periods of confinement, a wide spectrum of program and services are available for the detained children and their families.

The department has committed to the emphasis on evidence-based practices in the development of its service delivery models. Probation has been sorely under-funded for many years and program expansions in recent years have been largely supported by one-time grants which target high-risk populations. Because of unstable funding, probation recruitment and hiring has slowed significantly and there is a broad experience gap across juvenile probation because of the lack of journey and mid-level employees. There is a clear need to move away from a patchwork-funding model and toward the establishment of an adequate and stable funding base for Probation in Humboldt County. Despite these funding and operational challenges facing Probation, many exemplary collaborative programs are at work in Humboldt County as evidenced by the FIT/ Placement Committee, Probation System of Care (P-SOC), and New Horizons programs that utilize the integration of blended and flexible funding and staffing from Probation and DHHS.

The New Horizons program at the 18 bed NCRF brings together the Probation Department, Mental Health Branch, and the Humboldt Office of Education to address the thinking and behavioral problems of adolescent wards with serious emotional problems, as well as their families. New Horizons, an intensive in-custody mental health treatment program, is offered within the secure environment of the Northern California Regional Facility. Treatment services include a combination of medication support, individual, group and family counseling, alcohol /drug assessment and counseling, skill development training (ART) focused on anger management, moral judgment, the correction of thinking errors, social skills, and victim awareness.

The transition to aftercare phase of the program, offered to both participants and their families, includes linkage to the Mental Health System of Care Services, outpatient counseling and/or medication support, and case management services. New Horizons aftercare services are coordinated through the Family Intervention Team multi-agency process. Individualized strength-based child and family case plans are developed using the Family Unity process followed by the integration of wraparound services to support the minor and his/her family throughout community care programming.

The principal agencies and their commitment to the New Horizons program are as follows:

1. The Probation Department administers the program and its funding. Probation is responsible for the correctional/custodial care, court reporting, and community aftercare supervision.
2. The Humboldt County Mental Health Branch provides intensive day treatment services five days per week, utilizing the evidence-based practice Aggression Replacement Training (ART). Day treatment staff provides mental health assessment, rehabilitation activities, alcohol and other drug counseling, individual, group and family therapy, and medication support services.
3. The Humboldt County Office of Education provides the New Horizons educational program. The services consist of a 246 day, year round school with instruction from a full-time certified teacher and instructional aide.
4. The Social Services Branch participates and has assisted in the development of the New Horizons independent living skills program, the recruitment and retention of foster and therapeutic foster care families, and in assisting with casework activities that promote wraparound services to these high-risk children and families.

The intense Regional Facility [New Horizons] interdisciplinary treatment program, especially the aspect that focuses on work with residents' families in family therapy, pays off when the youth leaves the Regional Facility. The lowered average level of out-of-home placement may reflect a more stabilized relationship between the youth and his or her family because of the Regional Facility treatment program. In addition to reducing the burden on Humboldt County in terms of out-of-home placement costs, increased family stability may help further reduce further involvement with the criminal justice system in conjunction with other reduced risk factors.

### **County-operated shelters**

#### **Child Welfare Services**

The DHHS operates a Children's Center, which is a collaborative effort between the Social Services and the Mental Health Branches. The Children's Center provides assessments and therapeutic Mental Health services to at-risk youth. The information (services provided, etc.) is shared with CWS in order to make better-informed placement decisions for the youth. It is a licensed six-bed facility staffed by Mental Health and Social Services Staff for a child requiring emergency/ temporary shelter care, up to 30 days.

#### **Probation Department**

The Probation Department operates a twenty-six bed juvenile hall for the provision of secure detention of juvenile offenders for the protection of public safety and the safety of the child. At-risk youth remain in temporary custody following a court finding that continuance in the home is contrary to the child's best

interest. During periods of confinement a wide spectrum of program and services are provided for detained children and their families. Probation also has eighteen (18) beds at the Northern California Regional Facility New Horizons Program, which offers multi-disciplinary intensive mental health and alcohol and other drug treatment services to delinquent youth with serious emotional problems.

Despite significant efforts to manage the daily population at juvenile hall, including the use of an objective detention assessment screening form as well as the use of detention alternatives, when appropriate, overcrowding continues to be an intermittent problem within Juvenile Hall. The JAWS program provides an alternative to incarceration for juvenile offenders, and gives them the opportunity to learn more about forest resource management while contributing meaningful work to the community as a form of retribution and restitution. The prevalent problem of juvenile drug use and a recent increase in violent crimes contribute to longer periods spent in juvenile detention as these cases move more slowly through the court system. Disproportionate minority confinement continues to exist as Native American youth make up approximately 25% of those housed in Juvenile Hall and the Northern California Regional Facility. This is approximately 2-3 times the percentage of Native American population in the local community. The Probation Department is continuing to evaluate this problem and is working to develop strategies to address the disproportionate confinement issue.

### **County Licensing**

The California Department of Community Care Licensing (CCL) in Humboldt County conducts the licensing of foster homes. CWS and Probation both have good, cooperative working relationships with CCL. DHHS has made a commitment to provide expanded foster care resources and is currently a licensed Foster Family Agency (FFA).

### **Foster Care Licensing**

In Humboldt County, SSB/CWS and the Probation Department actively recruit foster homes and provide information to prospective Foster Parents. The agency funds television ads, newspaper articles and advertisements, community out-reach efforts, and efforts in conjunction with the local Foster Parent Association to recognize and encourage adults willing to care for foster children. CWS, in conjunction with College of the Redwoods Community College, provides training for foster care providers. In addition, CWS contracts with AFCTR Americorps to provide recruitment of resource families.

Community Care Licensing (CCL) does not provide a service exclusively for Humboldt, so no contractual agreement is indicated. There is no proprietary control over CCL.

Relative/NREFM homes are a type of out-of-home care. Relative homes are approved and re-evaluated annually by the CWS relative placement specialist and a Probation Department placement officer. Relatives are recruited by the child's Social Worker / Probation Officer and the Relative Placement Specialist. Humboldt County is working toward increasing the rate of children placed with relatives and non-related extended family members.

### **County Adoptions**

California Department of Social Services Adoptions division has an arrangement with the County to provide adoption services in Humboldt County. An effective working relationship continues on behalf of the children in the adoption track. Whenever possible and as appropriate, placements are made with local families.

### **County governance structure**

The CWS Division is responsible for complying with legal mandates regarding the neglect/abuse of children in Humboldt County. CWS works collaboratively with other agencies that provide services to

consumers who are mandated to comply with a Service Plan. The governance structure of Probation in California is unique in that it is the only state to follow a model, which utilizes a combination of local judicial and executive governance. Through its compliance with the mandates of the Welfare and Institutions Code, the Probation Department works to keep communities safe and youth directed toward a productive future. Examples of both intra-agency and community agencies have been cited throughout this document. Some are contract providers for services to children and families in the CWS System of Care. Some examples include FIT/ Placement Committee, Humboldt Child Care Council, State Adoptions, CCL, FFAs, Transitional Housing Program, Probation Department, the Mental Health, and Public Health Branches.

**Staffing characteristics/issues**

Child Welfare Services has 106 positions composed of 66 Social Workers, 11 Social Worker Supervisors, 11 clerical support workers, 4 Administrative Analysts, 11 vocational assistants, and 3 Program Managers. Currently there are several unfilled positions: one clerical, three Social Workers, and one Program Manager. The turnover rate for Social Workers from June 1, 2005 to July 30, 2006 was 22%. The average caseload size for social workers is:

<b>Program</b>	
Family Maintenance/ Family Reunification	17 cases
Permanency Planning	25 cases
Emergency Response	24 referrals

CWS has consistent turnover of staff. The Agency is large and employees leave for better paying jobs, increased independence in employment, and other factors. One factor contributing to turnover is the 2.7% retirement benefit that became available July 2006. Fourteen new Master of Social Work (MSW) Social Worker IVs started at CWS July 2006, making the majority of CWS staff MSWs, many of whom are also ASWs. There is a feeling that CWS can now operate from an asset-based position. New energy has been infused into CWS along with a hope that caseload size will become more manageable for all SWs.

The Social Services Branch Administration is currently conducting a review and analysis of all CWS Analysts’ assignments as well as those of the Clerical staff in order to assess their most efficient and appropriate use. DHHS has secured supervision for Associate Social Workers, those MSW level SWs working to become Licensed Clinical Social Workers (LCSW). The supervision began 4/06 and will be documented and tracked. DHHS is in the process of developing a Training, Supervision, and Education Unit that will assume the responsibility of supervision and monitoring.

Humboldt State University, in partnership with DHHS and the Children and Families Commission, launched a Masters in Social Work program that has helped address the shortage of trained social work staff to work with families at risk of child maltreatment. This program began accepting its first cohort of students August 2004.

The Probation Department, Juvenile Division, has 29 staff comprised of 1 Division Director, 25 Deputy Probation Officers, 3 Supervising Probation Officers, 1 Legal Offices Service Manager, and 4 Legal Office Assistants assigned to its juvenile division. Three Deputy Probation Officer positions and two Legal Office Assistant positions are currently unfilled. The turnover ratio for Probation Officers assigned to the juvenile division is approximately 20%. The turnover ratio for support staff is approximately 10%. A new Administrative Analyst position was requested as a supplemental budget request to provide technical administrative assistance for department-wide program development, implementation, and evaluation.

The average caseload size for juvenile court investigations officer is 40 cases. The average caseload size for a field supervision officer is 40 cases. Specialty service caseloads (which include Probation Systems of Care and Placement) average 15 children and families. Probation Officers are required to comply with all provisions of Title IV-E and Division 31. Managing a caseload of this size places an extreme burden to meet compliance standards even for the most experienced Probation Officer. Legislation to provide funding and capping of Juvenile caseloads would greatly assist in this area.

**Bargaining unit issues**

The American Federation of State, County, and Municipal Employees (AFSCME), a collective bargaining union, represent employees with DHHS, the non-sworn Probation Department employees, and Correction Counselors. AFSCME negotiates contracts, wage increases, protects jobs, settles grievances, stops privatization, and ensures benefits for public service employees. The Humboldt Deputy Sheriff’s Organization, a collective bargaining unit, represents sworn Probation Officers.

Social Services Branch hiring, through Department of Health and Human Services, Employee Services, operates under an agreement with Cooperative Personnel Services’ (CPS) Merit System. Merit System Services (administered by CPS Human Resource Services for the California State Personnel Board) connects people with positions, helps with transfers and reinstatements, and assists with other human resource needs for 30 California counties’ departments. Merit System Services assist in maintaining professional standards and assist in recruiting (advertising, interviewing, evaluating, and ranking) prospective employees for the Social Services Branch.

**Private contractors and Operating Agreements with Internal Partners**

The Department of Health and Human Services Social Services Branch contracts with the following agencies to perform specific services related to child welfare:

<b>CWS Contractor</b>	<b>Purpose</b>
Humboldt Child Care Council	Provision of Family Preservation Services (case management, brokerage, plan development, non-medical services), Family Specialist services for wrap program
Northcoast Children’s Services	Administration of Child Abuse Prevention, Intervention, and Treatment Program.
New Directions of Humboldt Foster Family Association	Work with association to develop specialized recruitment projects, and ensure the participation of foster parents in training and community events
National Council on Crime and Delinquency	Web based reports (Internet access to SafeMeasures for CWS)
Remi Vista	Transitional Housing Placement Program
<b>Operating Agreements</b>	<b>Purpose</b>
Humboldt County Public Health Branch	Health Care Program for Children in Foster Care. SSB to assist in paying costs of PHN for this program. ART is a voluntary in-home program that provides case management services.
Humboldt County Mental Health Branch	Intensive Treatment Foster Care, counseling services, and WRAP which provides intensive services to high-risk children

The Probation Department contracts and/or has memoranda of understanding with the following agencies to perform specific services related to juvenile welfare:

<b>Probation Department Memoranda of Understanding</b>	<b>Purpose</b>
Humboldt County Boys and Girls Club- Teen Court	court which allows juvenile offenders to be judged by their peers, focus is on accountability not innocence or guilt
Humboldt County Office of Education- Community Schools and Healthy Start	A Deputy Probation Officer is assigned to work closely with school staff regarding behavioral and educational issues to develop case plans as well as all other conditions ordered by the court.
Department of Health and Human Services (DHHS)	FIT/ Placement Committee, Title IV-E, negotiated contract- SB 163, Probation System of Care, Juvenile Regional Treatment Facility, Mental Health care for youth in Juvenile Hall, Public Health Branch-Targeted Case Management, CHDP nurse
U.S. Forest Service- Probation Environmental Preservation Project (PEPP)	Community Schools-based program where students are involved in forest related curriculum combined with traditional academics.
Redwood Community Action Agency Northcoast Mentor Programs	partners with the Northern California Regional Facility New Horizons Program for periodic mentoring needs of residents transitioning out of the in-custody portion of the program
Yurok Tribe	works with Native American youth in Juvenile Hall and the Regional Facility and provides outpatient services to youth and families in the community
Center for Applied Social Analysis and Education (CASAE)	Provides data research on outcomes and special projects
Bear River Band of the Rohnerville Rancheria	prevention, early intervention and assistance w/ tribal placements
U.S. Forest Service - Juvenile Assigned Work Service (JAWS)	alternative to detention in Juvenile Hall. Youth perform work such as weed abatement, brush clearing, trail building, fire ring installation,

<b>Probation Contractor</b>	<b>Purpose</b>
California Forensics Medical Group	medical assessments and treatment for in-custody youth
California Endowment- Healthy Returns Initiative Program	grant program designed to address system changes to improve access to physical and mental health services
United Indian Health Services	provide mental health services to in-custody youth as well as working with out-of-custody Native American youth

Juvenile Accountability Block Grant	one time federal funds to allow Probation to provide enhanced services to youth and training to Probation Officers
Two Feathers Native American Family Services	cultural activities and counseling for Native American youth in custody as well as providing treatment to families and youth in the community
Corrections Standards Authority	oversee juvenile institutions to assure compliance with Title 15 and 24
Juvenile Drug Court	out-of-custody intensive treatment program for juvenile wards with substance abuse issues
Juvenile Justice Delinquency Prevention Title II Challenge Grant Program	diversion services for low level offenders
Crystal Creek Boy's Camp	residential facility that provides treatment with an emphasis on physical activities (connected to Shasta County Probation Department)

The Probation Department has been a Mental Health Organizational Provider of Specialty Mental Health services for several years. Juvenile Probation Officers have been trained to provide mental health case management, plan development, and rehabilitation activity services which has created both an improved consumer service and fiscal recoupment base.

**Financial/material resources**

**Child Welfare Services**

Following the integration of the Social Services, Mental Health, and Public Health Branches into the Department of Health and Human Services, efforts continue toward increased access to funding for Title XIX and Title IV-E eligible services provided by Mental Health professionals, Probation Officers, Social Workers, and Public Health Staff. DHHS continues to increase linkages and explore enhanced funding strategies and services for children and families within our Continuum of Care, through EPSDT, SPMP, and TCM, as a few examples.

The Social Services Branch receives the following allocations with funding being a combination of Federal, State, and County shares designed to improve the lives of families and children:

- AB 2129 Foster Parent Training and Recruitment Funding
- Child Abuse Prevention, Intervention and Treatment Funding
- Community-Based Family Resource and Support Funding
- County Counsel Adoption Funding
- Child Welfare Services Augmentation
- Emergency Assistance-Foster Care Funding
- Emancipated Youth Stipends
- Foster Care Administration Funding
- Family Preservation Program
- Group Home Monthly Visits Funding
- Independent Living Skills, State and Federal
- Kin GAP Administration Funding
- Kinship & Foster Care Emergency Funding
- Promoting Safe & Stable Families Funding
- STOP Funding
- Child Welfare Services Outcome Improvement Project Funding

- AFDC Foster Care Assistance
- Aid to Adoption Assistance

To further promote the vision that Humboldt County is a nurturing, supportive, healthy environment for its children, families, adults and communities, DHHS utilizes integrated funding including interagency and intra-agency funding, and community collaborations. Some of the interagency collaborations are FIT/ Placement Committee, Community Partners, Evidence Based Practices, Differential Response, and collaborative agreements for prevention of child abuse and neglect as well as treatment services for children and their families.

### Probation Department

Probation receives primary annual funding from local county government. While limited-term state annual funding allocations and Federal reimbursement for eligible Title IV-E and Title XIX services are available, the State does not provide a stable or continuous revenue stream in support of local probation services. Probation is administered and funded locally as a public/ county agency, while concurrently, Probation Officers are appointed by and serve as officers of the State Superior Court.

Few to none of the workload or cost drivers in the probation system, which include legislative mandates, court orders, state budget decisions, and administrative directives, are within the control of the county. However, the county has budgetary responsibility over the Probation Department. A statewide approach to probation that conforms to the following principles may offer the most promising model for the future of juvenile probation:

- Authority over and responsibility for the conduct, support, funding, oversight and administration of probation services must be connected.
- The court and county have developed and implemented partnerships to administer probation services and work collaboratively to ensure appropriate funding levels to support offender rehabilitation, welfare, and safety.
- Standards with measurable outcomes have been adopted
- Probation technology resources are being reconfigured and augmented to enhance statewide communication/ case management systems to allow for improved operational systems, resource allocation, and capacity for program evaluation.
- Probation is developing evidence-based assessment and classification systems and tools as part of an effective case management strategy.
- Probation continually develops and implements partnerships and works collaboratively to ensure appropriate levels of services for children and families.

### Political jurisdictions

The County of Humboldt is a general law County. The Board of Supervisors serves as the legislative and executive body of County government and many special districts. The County has seven incorporated cities ranging in size from approximately 400 to 35,000 persons. Approximately half of the County's residents live in incorporated communities, while 59 percent of the County lives in the area surrounding Humboldt Bay. This area includes the cities of Arcata, Ferndale, Fortuna, Eureka, and the unincorporated community of McKinleyville.

Humboldt County is home to eight federally recognized tribes. The eight tribes are Bear River Band of Rohnerville Rancheria, Big Lagoon Rancheria, Blue Lake Rancheria, Hoopa Valley Tribe, Karuk Tribe of California, Table Bluff Reservation, Trinidad Rancheria, and Yurok Tribe. The Tribes maintain Sovereign Nation status.

Child Welfare Services and Juvenile Probation maintain working relationship with the schools, Courts, Tribes and Tribal agencies, Law Enforcement agencies, Family Resource Centers, and other community groups. CWS and Probation participate in numerous community groups devoted to improving the lives of children and families in Humboldt County. Some of these are Multi-tribal Roundtable, Juvenile Justice and Delinquency Prevention Commissions, Whole Child Interagency Council, Child Abuse Prevention Coordinating Council, Court Improvement, Service Review Team, Community Partners, Healthy Start and Family Resource Centers, Multi-Agency Juvenile Justice Coordinating Counsel, Child Abuse Services Team, Independent Living Skills Program (College of the Redwoods) as well as current CWS Redesign work groups.

### **Technology level**

#### **Child Welfare Services**

Child Welfare Services staff utilizes personal computers at their desks and laptop computers are available to take in to the field. Three new laptops were recently purchased. Case information and data is entered into the Child Welfare Services/Case Management System (CWS/CMS) statewide system. Sixty Personal Data Assistants (PDA) are maintained for those who want to use them and they are hot-synched to the CWS/CMS computer. This allows social workers a digital platform for maintaining schedules and contacts, which is a benefit to service delivery. Some cell phones are permanently assigned to Social Workers and a supply is available for sign out to increase Social Worker efficiency and safety. Two Satellite phones are available for staff in remote areas where regular cell phone eservice is lacking or non-existent. Quick Pads (48) are available. They are electronic word processors with full sized keyboards and an LED that allows the user to see what they are typing. When the user comes in from the field (typically the courts), the keyboard has an infrared device that enables transfer of the stored document to an MS Word document in their assigned personal computer or a screen on CWS/CMS.

SafeMeasures, a web-based data report system, allows Social Workers, Social Worker Supervisors, and CWS Administration to monitor numerous aspects of a case. SafeMeasures is a Quality Improvement tool. SafeMeasures presents the information needed to assess whether Federal, state and local requirements are being met, track agency, unit, and worker performance over time, monitor workload, and identify out-of-compliance cases. The information is extrapolated from CWS/CMS and is refreshed twice weekly. Social Workers received training, print their SafeMeasures reports, and bring them to their weekly supervision meetings. CWS Administration monitors the SafeMeasures Usage report weekly along with data on all AB 636 and Division 31 measures.

Timely court reports contribute to foster care permanency and stability. Social Workers track court dates in the Outlook Court Calendar. The court calendar is a shared system so that Supervisors and Program Managers are able to monitor the court dates. A case inventory was developed that includes, among other case specific data, case number, client name, court date, date court report completed, client contact date, and if not completed, date the Supervisor was notified, and whether the Supervisor was present in court. It is the responsibility of the case-carrying Social Worker to update and revise the inventory and to bring to supervision at least weekly.

Business Objects is the latest reporting tool for County Access to Data (CAD) in use by the CWS/CMS project. It combines Structured Query Language (SQL) report-writer with formatting and publishing features like Excel, Word, and PowerPoint. A particular strength of Business Objects is that it simplifies complex data language found in the CWS/CMS database, allowing the user to work with objects that are in business terms, so they are more familiar and more closely resemble language in the CWS/CMS application. CWS Analysts utilize Business Objects to create reports for Administration, SW Supervisors, and Social Workers to monitor compliance and assure quality in service delivery.

### Probation Department

As a component of Probation's strategic planning goal toward building organizational capacity the Department, with technical assistance provided through The California Endowment, completed (6/05) a comprehensive information technology (IT) needs assessment of current data and case management systems. As an outcome of this information "mapping" and IT infrastructure analysis, the Probation Department has developed an Information Technology (IT) Program Plan. This plan involves the implementation of new hardware and software technologies, upgrades in IT infrastructure, utilization of document-imaging software, upcoming upgrade of departmental case management systems, and a resource plan for the addition of a full-time departmental IT "System Administrator" with the technical expertise and training to oversee the departmental information technology program. Phased implementation of the IT plan as outlined below will allow for the development of consolidated departmental databases and computerized sharing of information for client and program decision-making and monitoring of individualized program outcomes/effectiveness.

The final deployment of hardware/ software upgrade and consolidation of existing databases are due by November 30, 2006. The purchase and installation of the new Case Management Systems integrated system are all that is lacking. Staff training in the usage of the software upgrade is currently underway. Probation has been working with Information Systems (IS) and has prepared a Request for Proposal (RFP) for a fully integrated juvenile Case Management System, which should go in 10/06. IS is supportive of the need and anticipates that it will be incorporated into county planning for IT infrastructure upgrade involving county public safety agencies.

The State is currently looking at how to best integrate Probation access into the CWS/CMS system in order to capture data and monitor outcomes. This is a complicated process and a consolidated state level workgroup is reviewing the process. The workgroup will make recommendations regarding next steps. Currently Probation tracks data/outcomes through the FIT database and an internal database (ACCESS) in conjunction with monthly case file reviews and audits.

### Current Systemic Reform Efforts

Humboldt County is one of the Cohort 1 counties for CWS Redesign. As one of the first counties to develop and implement Redesign strategies at the local level, Humboldt County has been engaged in a process to strengthen and improve services for children and families. CWS Redesign represents a comprehensive shift in how child welfare services are administered in California. Changes include an increased focus on prevention and strengthening families, a new intake process (with customized services), engaging extended families as partners, creating permanent connections, and supported transitions to adulthood.

To that end, CWS staff, including Social Workers, Social Workers Supervisors, Program Managers, Analysts, Deputy Director and Director, meet weekly to assess progress in meeting and exceeding state levels outlined in DIV 31 and AB 636. A tool to improve communication, in the implementation of changes outlined in the System Improvement Plan, Child Welfare Improvement Activities and our AB 1881 Strategic Plan, is the CWS Support Team meetings. The meetings are attended by Social Workers, Social Worker Supervisors, Program Managers, Deputy Director, and Director, as well administration from Public Health Branch, Mental Health Branch, Probation, and DHHS.

Changes also include an increased focus on outcomes (utilizing data), excellence in the workforce (through training and support), efforts to maximize funding resources and cross-train Social Workers and Probation Officers in order to bill for Mental Health services, and fairness and equity (to reduce the

disproportionate representation of African American and Native American children in the system). The table below shows the Humboldt County percentages for children in out-of-home care 2-4/06.

<b>Ethnicity</b>	<b>Percentage of children in out-of-home care 2/06</b>	<b>Percentage of children in out-of-home care 3/06</b>	<b>Percentage of children in out-of-home care 4/06</b>	<b>2000 census Humboldt County by percentage</b>
Black	3.1%	3.1%	3.0%	0.9%
Hispanic	5.6%	5.2%	5.1%	6.5%
White	62.3%	64.9%	65.4%	84.7%
American Indian/ Alaskan Native	23.6%	21.4%	21.4%	5.7%
Asian or Pacific Islander	5.2%	5.2%	4.8%	1.9%

Humboldt County DHHS utilizes evidence-based practices whenever possible in prevention, early intervention, and treatment strategies. This long-term strategic decision permeates all aspects of DHHS activity, and extends to community partners and the local Tribes. It is a foundation for successful community and family interventions. The evidence-based practices implemented in Humboldt County are:

- Incredible Years
- Functional Family Therapy
- Aggression Replacement Training
- Parent Child Interaction Therapy
- Multidimensional Treatment Foster Care

DHHS is also participating in CalMAP (California Medical Algorithm Project). CalMAP is an evidence-based medical practice. It provides standardized prescribing of medications to patients in all settings. The use of CalMAP provides a uniform, consistent approach to medical treatment with better outcomes.

## **SYSTEMIC FACTORS**

### **Relevant Management Information Systems**

In 1989, Senate Bill 370 (Chapter 1294, Statutes of 1989) authorized the development and implementation of a statewide computer system to automate the case management, services planning, and information gathering functions of child welfare services. Child Welfare Services/Case Management System (CWS/CMS) is California's version of the federal Statewide Automated Child Welfare Information System (SACWIS). When SB 370 was enacted, there was no centralized statewide system that allowed State or county child welfare workers to share information. Each county had its own locally designed method of managing cases, which ranged from manual, paper-file systems to computer-based systems. The different systems made information sharing inefficient and time-consuming. The CWS/CMS is an automated, online client management database that tracks each case from initial contact through termination of services.

CWS/CMS became fully operational in all 58 counties on December 31, 1997. Counties are responsible for inputting data on CWS/CMS as part of their process to manage their caseloads of children and families who receive child welfare services. The accuracy of the information derived from CWS/CMS is continuously improving. As with any large automated system, it provides a broad range of challenges and benefits as it continues to undergo improvements to keep abreast of the changing child welfare system.

Quantitative data (County Data Report, provided at the beginning of the Self-Assessment document) is reviewed through quarterly reports provided by the Center for Social Research at the University of California at Berkeley. There is a significant lag between the actual timeframe of the data and the date of

the report. The County Data Report is as uniform, current, accurate, and reliable as the data input into CWS/CMS. There are ongoing data entry issues and training is designed to address challenges when they are identified. Information about SafeMeasures and Business Objects utilization is included in the Technology level section and not repeated here.

### **Case Review System**

#### **Court structure/relationship**

The Humboldt County Juvenile Court Bench consists of the presiding Superior Court Judge, who serves for a two-year period, and the appointed Juvenile Court Commissioner. Attorneys are appointed for all parties entitled by law from publicly funded resources. These resources include the Public Defenders Office, Conflict Counsel Office and the Alternate Conflict Counsel's Office. In addition, attorneys from the local Bar panel provide legal services as needed to families that request legal representation and cannot afford to hire their own attorney. For those families that can afford to hire an attorney, there are numerous local attorneys.

Monday through Thursday, court hearings are scheduled on a regular morning calendar. Contested hearings are scheduled in the afternoons. Humboldt County has a Court Appointed Special Advocate (CASA) program with appointed advocates for children and youth involved in the Juvenile Court system. Social Services Child Welfare Services and Probation Juvenile Division collaborate with the Truancy Court to assist in meeting their goals of keeping children in school and returning truant children to school.

Juvenile court officers are involved in planning with community agencies in a proactive team. The judicial officers convene a Court Improvement Meeting once a month for issues around cases that are filed under the section 300 and section 600 of the Welfare and Institutions Code. Staff from multiple agencies attend these meetings and discuss issues that affect the overall process and procedures of these cases. No specific cases are discussed. This meeting also functions as training and an informing tool. It allows CWS personnel an informal forum to address the Court about concerns and to problem-solve.

Some of the issues discussed with the Court include:

- Reducing barriers to service
- Increasing the knowledge base for attorneys on available services and service requirements.
- Improving communication strategies on evaluations for the Court
- Reducing the adversarial nature of interactions
- Improving the frequency of rapid resolution
- Minimizing the need for continuances

The Court has established local rules of Court. Attorneys are appointed as required. CASA is involved in the Court process. The Structured Decision Making (SDM) tool (an assessment tool that focuses on a family's strengths and needs when determining case plan needs and resources) has been shared with the Court and serves as a base to articulate issues. The Court addresses safety at detention and all other decision-making points. The Court is very responsive to meeting with Social Services and Probation Administrators to promote efficient and effective juvenile Court procedures.

Court mediation, family group conferencing and post-permanency mediation are all utilized. Mediation is used as a form of alternative dispute resolution. It is effective most of the time, and allows discussion of the issues and clears up any confusion.

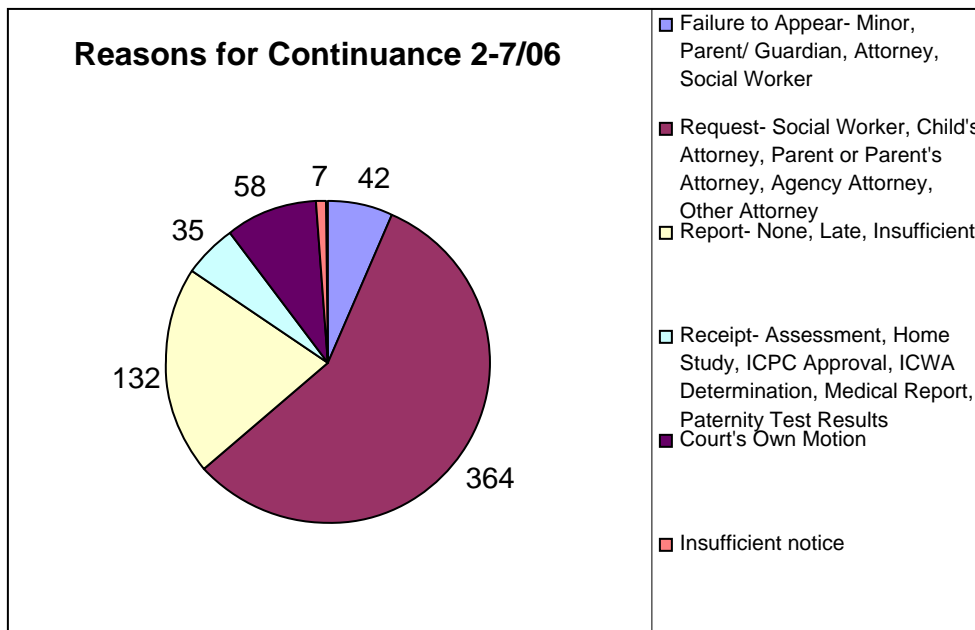
Humboldt is home to many Native American Tribes. Several of the Tribes have courts. The Karuk Tribe of California is a federally recognized Tribe, a sovereign government, a nation. Self-governance fosters the shaping of a new partnership between the Karuk people and the United States in its government to government relationship. This opportunity of self-governance provides the opportunity administratively

for the Tribe to exercise its sovereignty with minimal federal intrusion and involvement. The Karuk Tribal Court allows exercise of the Tribes' sovereignty by providing for resolution of conflicts within the Tribal forum.

The Karuk Tribal Court acknowledges the need to make prompt jurisdictional determinations in each child welfare case and the value of culturally appropriate, non-adversarial mediation/peacemaker programs in resolving disputes involving Indian families. The Tribal Court also acknowledges the value of culturally appropriate advocacy programs in addressing childrens' best interests preserving and restoring tribal traditions and the common bonds of the Native community. The Tribal Court is a mobile court and the staff consists of a Tribal Court Administrator/Mediator, Contracting Chief Judge, and Associate Judge. On a monthly basis, court hearings are scheduled in each area of the Karuk Tribe's ancestral territory: Yreka, Happy Camp (Siskiyou County), and Orleans (Humboldt County). The Tribal CASA Program provides Court Appointed Special Advocates for all children in the Children's Division and provides an educational advocate to assist in meeting their educational goals. The Hoopa Valley Tribe and the Yurok Tribe also have Tribal Court systems.

In an ongoing effort to strengthen services to families involved with CWS, improved communication and training are needed to assist youth in the court processes. Language on court documents needs to be understandable. Court hearings are currently set during school hours and youth involved with the CWS/ Probation system may have missed school, may be behind in their schoolwork, and often cannot afford to miss more school. Hearing could be set during non-school hours or late in the afternoon to minimize time away from school.

Continuances of legal proceedings continue to be a problem with regards to cases progressing through the Court process. For February through July 2006, there were 638 continuances. The monthly average was 106. The reasons for the continuances are displayed below.



CWS acknowledges the need to file timely and complete reports on the part of CWS as well as ensuring notices are issued correctly. The majority of continuances are at the request of the Social Worker or an attorney for one of the parties.

In the case of hearings, the Court makes every effort to facilitate a timely hearing. The Court sets a hearing date and two pre-trial dates. One of the pre-trial dates is to confirm that everyone has received the report and the other pre-trial date is to allow all Attorneys to state their issues prior to the actual hearing date.

Some of the barriers to permanency include Reunification services that go beyond a reasonable time period, the Interstate Compact on the Placement of Children (ICPC) process, challenges when working with other jurisdictions for out-of-county placements, identification of relatives and paternity, and the appeal process.

Juvenile hearings are currently held in the County's courthouse. A recommendation is to provide a separate waiting room and suitable activities for children waiting to be called.

#### Timely Notification of Hearing

For the in-custody Detention Hearing, notice to parents/guardians and children 10 and older is given as required in the Welfare and Institutions Code section 307.4 and followed with a JV 510 filed with the Court. For out-of-custody hearings, the Court Clerk sends out Detention Hearings notice. For Jurisdiction and subsequent hearings, if the parent/guardian was in Court when the date was set, that is considered sufficient legal notice. CWS follows up verbally or in writing, but are not required to file anything. According to the Humboldt County Trial Court Rules Juvenile Court [Rule 8.4(d)], the "caregivers" are entitled to notice about upcoming hearings. According to Division 31 regulations, CWS is required to have contact with the caregivers at least once a month and solicit information about the children placed with them. Their input is documented as a contact in CWS/CMS and later entered into the court report.

#### Parent-child-youth participation in case planning

Humboldt County attempts to have the family members participate in the case planning as much as possible. One primary tool is Team Decision Making (TDM). TDM is a promising practice and is part of Family to Family (F2F). A key factor of TDM is the goal that all parties arrive at consensus on the safety plan for placement. In May 2005, Child Welfare Services implemented TDM. TDM is different from previous practice in that it also involves birth parents, extended family members, other support people identified by the family, community members, and service providers in the development of a plan. What drives TDM is the belief that a group is often more effective in making good plans than an individual, that families are the experts on themselves, and that community members are natural allies to the family and experts on community resources.

TDM meetings are facilitated by trained staff and are held for all decisions about a child's placement, whether it is an initial removal, a change of placement, or reunification with parents. The TDM meeting should be held before the child's move occurs, or in cases of imminent risk, by the next working day. Together, group members discuss concerns and strengths about the child's safety, brainstorm ideas to address the identified safety issues, and decide on a plan. Participants focus on what brought the family into CWS. Consensus is the desired goal, but in the case that not all participants can agree, the agency must make the final decision.

TDM results in fewer contested hearings at Jurisdiction. Parents understand and agree with the plan. Youth ten years and older direct who participates in the meeting regarding the case plan and barriers/challenges to carrying out the plan. (The legal age for participation is twelve years but this county has adopted a more flexible policy.) TDM builds consensus about what needs to happen, how to work toward the future (whether reunification or building relationships with the birth family, if reunification isn't appropriate).

From July 1, 2005, through July 1, 2006, Humboldt County CWS held 105 meetings for 131 children. Of these, 22 were held for initial removal, 73 for a placement change, and 12 to plan for reunification. Of the 22 meetings held for initial removal, 68% of the meetings resulted in the team creating a safety plan, which allowed the children to remain or return to the care of their parents. Of the 73 meetings held for placement change, 34% resulted in maintaining the child's current placement, 26% in a move to a less restrictive placement (from a foster home to a relative's home, for example), 34% in a placement change to the same level placement, and 6% in a move to a higher level of care.

Having birth families, caregivers and community members involved in the decision-making process means more information and more ideas, which ultimately improves the quality of placement decisions. It also increases consistency and accountability when placement is being considered, helping to assure that only children who must be placed in foster care are placed and that reasonable efforts to prevent placement are made in every case. Another very important benefit of TDM is that it gives a voice to families, caregivers, service providers, and the community, which helps to develop understanding, improve engagement, build relationships, and provide opportunities for empowerment.

Another tool used to do this is Structured Decision Making (SDM.) This assessment tool focuses on a family's strengths and needs when determining case plan needs and resources. This tool is completed with information provided by the family members. Their self-identified strengths and needs are considered when making decisions on developing or changing case plans.

CWS and Probation inform parents or guardians of their rights and responsibilities by providing them a brochure at the initial home visit. A copy of caregivers' rights and responsibilities is also included in the court petition. In court, the judge orally advises them of their rights.

Pursuant to Assembly Bills 575 and 1696, the same judicial oversight and legal requirements is required for children adjudicated "delinquent" and in out-of-home care under the supervision of the Probation Department as is currently required for abused and neglected children under the supervision of the county Child Welfare Services.

Children in the probation system are placed in relative homes, foster homes, foster family agencies, and group homes, with priority placement in the least restrictive environment that will meet the needs of the child. Additional considerations are community safety and the needs of the victim. Essential service requirements for foster care children served by Probation include but are not limited to:

- Reasonable efforts made to prevent removal of the child from his/her home when it is safe to do so, along with efforts to unify children with families.
- A written assessment and service case plan within 60 days of removal from the home with updates every six months.
- The provision of family reunification or permanent placement services.
- If family reunification is the goal, an alternate or concurrent permanent plan must also be developed should the child not return home.
- A monthly visit by the placing officer if placed in a group home.
- Periodic reviews no less frequently than every six months.
- A permanency hearing within 12 months of the date of placement out of the home.

#### General Case Planning and Review

Humboldt County is able to meet the goal that every child in foster care has a written case plan with all required elements and the requirement that the case plan be reviewed every six months is met by oversight by the court, supervisor tracking, reports from the legal office assistants, and by reports

generated from CWS/CMS and SafeMeasures. CWS meets the timeframes required for Permanency Hearings by following these same processes.

For Probation cases, the parent, youth, Probation Officer (PO), and Supervising PO are all required to sign the case plan. For CWS cases, the SW develops the case plan with the family and the SW Supervisor approves the plan.

The case plan document is not “user-friendly.” It can be challenging to create in CWS/CMS. Another complication is that the language is difficult for youth to understand. The document is created utilizing drop-down boxes with standardized wording/ phrases with limited opportunities for custom language. Division 31 requirements may dictate the Case Plan document language but difficulties exist with the current document creation and language for both the SW and youth. The child (over ten years old), parent, the Social Worker (SW), and the SW Supervisor sign CWS case plans for Family Maintenance and Family Preservation. Permanency Planning case plans are signed by the child (over ten years old), the care provider, the SW, and the SW Supervisor.

Probation case plan updates are due at six and twelve months. Six month case plan reviews are required for CWS. A component of routine monthly PO visits is a case plan review. A checklist could be developed for monthly visits to address issues including: a check on progress made toward case plan goals, changes needed to current plan, updates required based on circumstance changes. CWS utilizes a checklist for what needs to be covered for monthly visits and the checklist includes case plan progress.

Concurrent Planning (planning for reunification and for permanency) is practiced in Humboldt County. The Social Worker will make a referral to the local office of CDSS Adoptions. These cases will then have a plan developed for reunification and permanency.

### **Foster / Adoptive Parent Licensing, Recruitment and Retention**

#### **General licensing, recruitment and retention**

The licensing of foster homes is conducted by the California Department of Community Care Licensing. CWS and the Probation Department actively recruit foster homes and provide information to prospective foster parents. Before a child is placed in a newly licensed foster home, the Foster Care Coordinator conducts a Home Study. The Home Study evaluates the family’s strengths and placement preferences. When a child is being removed from the home, relatives are identified for potential relative placement. CWS has Relative Placement Specialists who assist relatives in the relative approval application process and is available to the family for assistance.

Care providers attend training provided by CWS in conjunction with the College of the Redwoods Community College. The Foster Parent Association in Humboldt County serves as a resource to Foster Parents for support and education. In 2004, College of the Redwoods and DHHS began hosting the annual Foster Parent Conference that provides information, training, and support to local care providers. The theme the first year was Building a Team. The theme for 2005 was Mental Health and Beyond. A theme for the fall 2006 conference has not yet been determined. Participants come from several counties and are given an opportunity to network and interact. Each year at least 13 conference workshops are offered and along with providing information, training, and support, they showcase local workshop facilitators.

In 2003, AB 408 enacted provisions of the W&I C Section 362.05, which provides that every child adjudged a dependent of the juvenile court, shall be entitled to participate in age-appropriate extracurricular, enrichment, and social activities. Caregivers must use the reasonable and prudent parent standard in determining whether to give permission for a child to participate in an activity. Regulations had previously been interpreted to prohibit foster youth from participating in extracurricular activities. In

enacting this law, the Legislature recognized the importance of making every effort to normalize the lives of foster children. Participation in extracurricular activities is important to the child's well-being, not only emotionally, but in developing valuable life-coping skills. Through interaction with foster parents, it seems there still may not be a general understanding of AB 408. Foster parents may need training to understand they are empowered to approve or disapprove participation in activities based on their own assessment, using a reasonable and prudent parent standard, without prior approval of the Social Worker, licensing or approval agency, or the Juvenile court.

A review of placement resources including recruitment of Native American foster parents highlights fiscal needs, especially Title IV-E funds. These issues are being considered at the State level. The National Indian Child Welfare Association (NICWA), and the Karuk Tribe of California are working with the State to develop mechanisms to access Title IV-E funds. NICWA and the Karuk Tribe of California are working with County Counsel, and Social Services from Humboldt and Siskiyou to develop the mechanics to transfer cases to the Tribal court. There is also a Statewide Indian Child Welfare Act (ICWA) work group discussing these issues.

Care providers desire recognition and appreciation for their efforts. Opportunities include the annual holiday dinner, the annual luncheon during Foster Parent Recognition month, and picnics sponsored by the local Foster Parent Association. The DHHS Public Education and Outreach Officer could be utilized more fully to promote awareness of the need for care providers and recognition of the outstanding work of the existing care providers. This will be accomplished by CWS being more inclusive of the outreach officer in CWS programming and events.

#### Placement resources

There are some youth for whom placement resources are scarce, including older youth and special needs youth. Youth with developmental delays, physical or learning disabilities, and youth who have experienced trauma severe enough to display behavior issues may have fewer placement options.

Searching for relative care options early in the placement process is a priority in Humboldt County. Every effort is made to find relatives that meet the requirements for placement. The Relative Placement Specialist and Foster Care Coordinator work collaboratively to place children with relatives. The search tools used by the CWS Placement Specialists include Merlindata, US Search, Zabasearch.com, Private eye.com, and Google search engine. Probation also searches for relatives whenever a child needs to be placed out of home.

#### Quality Assurance System

CWS hired a Quality Assurance (QA) Administrative Analyst March 2006 who provides specific reports (monthly, quarterly), database review for compliance to Federal Standards, program support, and case review. CWS Administration, Supervisors, and Analysts meet weekly to review CWS compliance to Federal, State, and local requirements. DHHS Compliance and Quality Assurance participate in this meeting also.

Social Services Branch Administration Analysts independently monitor data and provide reports as requested by the Director and Deputy Director. A quarterly report for AB 636 measures and a monthly Division 31 and ICWA compliance report are provided to CWS Program Managers, DHHS Administration, and to DHHS Compliance and Quality Assurance by the Deputy Director along with comments for measures below the Federal or State Standard. DHHS Compliance and Quality Assurance assist CWS Administration and the CWS Quality Assurance Analyst with ongoing monitoring and evaluation of compliance progress.

Each month the CWS QA Analyst provides a Business Objects report for all ICWA eligible/ potentially eligible children who are involuntarily detained. The report is utilized to complete a 100% audit using CWS/CMS to report compliance with the notice requirements. This report is submitted monthly to the Program Managers, SSB Deputy Director, and DHHS Administration and Compliance and Quality Assurance. The CWS Quality Assurance Analyst provides monthly reports to CWS Administration and DHHS Administration and Compliance and Quality Assurance for progress toward meeting compliance with all ICWA Federal requirements.

QA is used extensively at CWS. The prior DHHS Compliance and Quality Assurance Administrator and current Analyst reviewed the Emergency Response and Ongoing units at CWS and provided findings regarding the use of staff, flow of information, and use of technology, among other things. Recommendations were provided utilizing the work flow analysis and change has been implemented and is ongoing.

The Research and Evaluation Unit of the Department of Health and Human Services has provided reports to CWS on the Incredible Years (IY) program, an Evidenced-Based Practice that has been offered since 2004. The data reports, which are just being released, allow CWS to determine if IY is meeting the needs of the children and families we serve in CWS.

SafeMeasures (SM) is a compliance tool and tracking system that extracts information out of the CWS/CMS database. SM extrapolates data from the CWS/CMS system to assess whether Federal, State, and local requirements are being met for Safety, Well-Being, and Permanency measures. It tracks agency, unit, and worker performance over time, trends data, and identifies cases that are out of compliance. All SW have access to SM, have received training, and are required to print their reports and take to their weekly supervision meetings. This allows SW the ability to monitor their caseload and identify cases needing attention. The goal is to have Social Workers become more proactive rather than reactive regarding those issues that indicate children are safe, are developing well-being, and permanence.

The Services Review Team (SRT) is a quality assurance process used by CWS. This team of CWS, Mental Health, Public Health, and community representatives is a case review and decision-making team that reviews cases at important stages. The perspective provided by the team allows CWS to have community input, broaden the decision making process, consider other approaches to serve families and children and benefit from knowledge outside traditional service delivery. As the process exists currently, it is "hit and miss" in terms of a good case plan. Only the Social Worker's assessment is available. The SRT meets when there are changes in the plan, when the case moves from one program to another (Family Maintenance to Permanency Planning, for example), or at Disposition. The SRT process may be changing to incorporate TDM.

Those agencies that contract with DHHS to provide services to children and families have ongoing communication with the assigned Social Worker. Progress and concerns are shared as needed. Contracted agencies also submit regular reports that indicate the number of children and/or families served and contract specific indicators on the levels of service provided. This is expanding to include the use of Evidence Based Practices, such as Incredible Years, in their contracts.

Juvenile Supervising Probation Officers prepare monthly audits on all out-of-home placements. These audits go to the Division Director and are reviewed at FIT/ Placement Committee to coordinate services for youth transitioning back to their family. Juvenile Supervising Probation Officers randomly select cases from staff to review for case plan, contacts, and collaboration with the family.

## **Service Array**

### Availability of services

As mentioned earlier CWS utilizes the SDM Family Strengths and Needs Assessment (FSNA) tool when determining case plan needs and resources to determine service needs. Assessments are made when creating or amending a case plan or considering a program change for the family. Some assessment services are listed below.

- Alternative Response Team (ART)- a voluntary in-home program that provides case management for up to six months by a team of Public Health Nurses and Community Health Outreach Workers who work to address the needs of families with children ages 0 – 8. To qualify families must have at least one child under the age of 8.
- Public Health Nursing
- Differential Response (DR) is a new Emergency Response method of responding to reports made to county child abuse Hotlines. It is a safety, fact-finding and family assessment approach that seeks to engage families in a less adversarial process, eliminating current practice that requires a substantiation of an allegation in order to qualify for services that could help to stabilize the family and promote safety, permanence, and well-being for children. As the name implies, there can be a range of options available based on a family's unique situation, ranging from referrals to community services to voluntary Family Maintenance to court-ordered services in Humboldt County.
- Child Abuse Services Team (CAST) - a team comprised of Social Services, Mental Health, District Attorney, and Law Enforcement staff that provides a recorded forensic interview with children who are victims of abuse to the courts. This team approach allows the child to be interviewed once about their victimization, as opposed to individual interview with each of the members of CAST. This single interview minimizes the trauma to the victim, while providing the District Attorney sufficient information to legally proceed, if appropriate.
- Mental health, therapeutic and case management services through Mental Health Branch – Children, Youth and Family Services division, Two Feathers Native American Family Services or United Indian Health Services and Probation System of Care Program.
- The Mental Health Branch has expanded the Provider Network (HCCC/ Family Empowerment, Remi Vista, Humboldt Family Service Center, Catholic Charities) which allows access to children's mental health services through community providers. This allows parents and caregivers to access services directly.
- Family Intervention Team/ Placement Committee- staff from Social Services, Probation, Mental Health, Public Health, and additional community providers when appropriate, make up this team that coordinates services for children and foster youth who need the highest levels of care
- Wrap services (WRAP) - provides intensive services to high-risk children in order to maintain them in the least restrictive environment, and works on bringing children who are placed out-of-county back to their communities.
- Evidence Based Practices- all are listed and described beginning on page 40
- Visitation Center- provides support to families in a comfortable environment while providing supervised visitation
- The College of the Redwoods Foster Care/ Kinship Education Program and ILS
- Humboldt Child Care Council (HCCC)- Therapeutic Behavioral Aids, counseling, respite, childcare, parenting classes including Incredible Years
- Northcoast Children's Services- Head Start/ Early Head Start, CAPIT
- North Coast Rape Crisis Team
- Children, Youth, and Family Services (CYFS)
- Parenting Exchange Club
- Humboldt Community Switchboard is a resource for local services/ information

- HOPE Project- a project geared toward youth exiting foster care developing permanent relationships with a caring adult and connecting or reconnecting with family members
- There is an infant/ preschool program through the county for children up to five years of age with special needs. They must have developmental delays identified by a doctor, California Children's Services (CCS), or the Regional Center.
- Healthy Start makes referrals to the Humboldt County Office of Education (HCOE). Head Start and Early Head Start serve approximately 85% of children 0-5 years with an Individualized Education Plan (IEP).
- The Autistic Program is housed at South Bay School. There are other services that HCOE offers for autistic youth, through Glen Paul or through the Regional Center.
- Workforce Investment Act (WIA) provides employment services for youth.
- Mental Health Branch Dual Recovery Programs provides comprehensive community based treatment for substance abuse and addiction for adolescents, families, individuals and court ordered clients.
- Family Resource Centers (FRC) - There are over 20 Family Resource Centers (FRC) in Humboldt County.

Community Family Resource Centers have the advantage of being based in diverse and isolated parts of the county and serve a wide variety of community members. The centers offer a variety of prevention-based programs and activities. Below is a sampling of services they provide:

- Children and parent playgroups
- Community dinners with a focus on health and nutrition
- Dental screening and pediatrician check-ups
- Parenting workshops
- Fatherhood program
- Family literacy activities
- Health Fairs and resource fairs
- Babysitting and CPR classes
- Food banks and clothing closets
- Some have washers and dryers for those that have no other way to clean their clothing
- Some provide shower facilities for those that have no other means to bathe
- Head lice clinics
- Tutoring for school-age children
- Professional and para-professional mental health counseling for children and families
- Youth mentorship

Service capacity issues need to be addressed, especially access to services in areas outside the Eureka area. Humboldt County has a large land area and a small population base. Assisting Families Change through Resources (AFCTR) Americorps works with CWS and the Family Resource Centers (FRC) on a three-year contractual basis. We are in year two of the contract to utilize Americorps workers in the expansion of Differential Response (DR) to the FRC. We may be able to increase the number of Americorps workers when negotiating the next contract. The Redway Family Resource Center is the Differential Response pilot project, which started July 2006. In September 2006, the pilot project was expanded to include Blue Lake, Orick, Willow Creek, and McKinleyville.

#### Services and Programs for Probation Youth in the Community

- A Mental Health Branch clinician provides individual, group, and family treatment to juveniles involved in the system.

- A Mental Health Branch WRAP team clinician provides individual, family treatment, and family team facilitation to youth and families identified as SB163 or Title IV-E Waiver. A Case Manager provides linkage and brokerage to the same client group.
- Mental Health Clinicians provide crisis assessment and stabilization, coordination, and linkage to the crisis unit and to hospitalization for children and youth. Services are provided on-site at Juvenile Hall and Northern California Regional Facility (NCRF) and for other probation-involved youth as needed. Services are provided Monday through Sunday, 8:00 a.m. to 7:00 p.m. (On call workers available 7:00 p.m. to 11:00 p.m.).
- CYFS Outpatient Clinic serves many probation-involved clients (individual, group, and family treatment).
- Until 7/06, United Indian Health Services (UIHS) offered System of Care, a wraparound program that provides a family support manager to identify appropriate wraparound services and a clinician who continues to provide counseling and services to children and families. This is a very intensive prevention program that provides culturally relevant activities that address inter-generational trauma specific to the Indian population. Inter-generational trauma refers to the removal of Indian juveniles who displayed delinquent behavior and are removed from their homes, placed in institutions, and warehoused instead of being provided with proper care and rehabilitative services. UIHS's program examines the mistrust of governmental agencies that must be recognized and addressed within these families. American Indian youth released from New Horizons may participate in this program. Unfortunately, due to funding restrictions, this program no longer exists.
- A Family Support Worker takes an active role in case management as youth transition out of the NCRF. Release from NCRF and reintegration into the community entails community supervision and support including ongoing child and family counseling onsite at UIHS. As long as children and families wish to receive these services, they will continue. The services are not mandated.
- Humboldt County's Superior Court operates a Juvenile Drug Court on a bi-weekly basis. An alternative to incarceration, if the youth violates the regulations of participating in the Juvenile Drug Court, he or she can go back to the regular juvenile court with the original charges intact. Humboldt County's Juvenile Drug Court allows youth to be treated in the community through the Court's collaboration with community based organizations. The youth is subject to weekly drug testing by the probation officer and receives a coordinated delivery of services that address problems that may contribute to a juvenile's involvement in delinquency. Some of these services include mental health counseling, substance abuse treatment, primary care, family, and education services. A Juvenile Drug Court Clinician provides individual and family treatment, assessments, and case coordination for court referred clients. The Senior Substance Abuse Counselor provides assessments, individual, and group treatment for dual-diagnosed clients.
- The Humboldt County Probation Department is the first Probation Department in the nation to implement the Evidence Based Practice, Family to Family. It is a pilot project and the Social Services Branch Deputy Director is leading the collaborative effort. Training and orientation is currently taking place with Probation, Community Partners, other agencies, the courts, and attorneys. Team Decision Making (TDM) will begin at the end of 9/06. It will be phased in one stage at a time. The first stage focuses on TDM to save current placements. The next phase will be TDM focusing on returning youth home, to Relative/ Non-Relative Extended Family Member placement, or to permanent care. The final phase will focus TDM on keeping youth in their home, when appropriate.

#### Assessment of needs and provision of services to children, parents, and foster parents

There are numerous services available to children, parents and care providers in Humboldt County and many new services (please refer to page 59). Service areas that could be improved upon in Humboldt County are:

- Parents needing Alcohol or Other Drug (AOD) detoxification, assessment and treatment continue to experience waiting lists. Often these services are not available when the person is most ready for engaging the service. Waiting for a service cuts into the reunification time period and can lead to a “lack of reasonable efforts” finding that can affect regulatory requirements.
- There is a lack of treatment options for youth needing AOD services. Access is limited in their age range. There is a sporadic range in service delivery and the intensity of service.
- There is a shortage of placement options for children with critical high-end needs. Community Partners have recommended that “crisis placements” be available on-call for children with these needs.
- Increased visitation when children are moving to reunify with their parents, often conflicts with treatment services the children need. The system needs to integrate the parental activities during visits to support treatment services to meet the needs of the child.
- There is a need to examine changes that could be made in existing confidentiality laws that would remove obstacles and promote information sharing among juvenile justice agencies and service providers.
- There continues to be a need to expand and form broad-based partnerships with local Tribal courts and service agencies to improve service availability to high risk youth and provide expanded involvement in out-of-home placement issues
- There may be a possibility of developing a universal assessment tool/ release of information form to share across agencies. These may assist in providing multi-disciplinary treatment services. The goal of DHHS is to provide seamless service delivery, (local and decentralized) to support families and keep them together, when appropriate.

#### Services for Indian children

- American Indian Academy
- California Indian Legal Services
- California Tribal Temporary Assistance for Needy Families (TANF) Partnership
- Hoopa Health/ K’ima:w
- Hoopa Tribal TANF
- Indian Child Welfare Act (ICWA) MSW SW specialist for CWS as well as possibly a Legal Office Assistant for ICWA notices
- Indian Education Programs –Eureka City Schools, Northern Humboldt Unified School District, Hoopa/ Klamath-Trinity Joint Unified School District
- North Coast Indian Development Council
- Tribal Social Services/ Johnson O’Malley programs
- Two Feathers Native American Family Services
- United Indian Health Services (UIHS) with outstations in: Weitchpec, Elk Valley, Smith River, Klamath, and Fortuna
- Karuk - Orleans Clinic
- Yurok Tribal TANF expected to begin in 2007

A Relative Placement Specialist goes to court hearings and completes Indian Ancestry paperwork as well as identifying relatives/ support people in child’s life.

Two Feathers Native American Family Services provides services to Native Americans:

- Social Work Services- case management, court, school, and interagency advocacy, referral service, Victim of Crime compensation assistance
- Counseling- assessment and referrals, teen and adult group counseling
- Therapeutic Culture Groups

- Trainings- History and Hope video presentation, Positive Indian parenting, domestic violence, sexual assault, stalking against Indian women

Hoopa Tribal Social Services provides the following services to tribal members:

- Tribal Court Advocacy- voluntary services
- Substance abuse classes (12 week outpatient)
- Domestic violence counseling/ battery classes
- Indian Child Welfare Act Services

Bear River Band of Rohnerville Rancheria provides the following services for enrolled Tribal members:

- Information and referral
- Collaboration with other agencies for service coordination
- Advocacy/ representation of the Tribe's position regarding youth with dependency cases
- Youth Empowerment Program (YEP) advocacy and educational activities
- Family Matters Tribal victims program
- Alcohol and other drug abuse counseling
- Stop Batterers Intervention Program
- Childcare and higher education assistance program
- Administration on Aging lunch and meals for elders
- Food commodities
- Medication assistance and transportation to medical appointments (limited)

Yurok Tribal Social Services provides these services to tribal members:

- Yurok Indian Housing Authority (YIHA) housing assistance
- Youth cultural services
- Domestic violence services
- Indian Child Welfare Act Services
- Adult/ youth prevention services- Alcohol and other drug prevention services
- Other social services including Temporary Assistance to Needy Families (TANF) starting 1/07

United Indian Health Services provides these services to Native Americans:

- Child and Family Services- individual, family, and group counseling which focuses on the child in a family setting
- Community Health and Wellness- tobacco education, HIV/AIDS education, substance abuse prevention education, perinatal education, community mobilization, and youth peer-to-peer educational programs and activities.
- Nutrition service- nutrition education and counseling programs, WIC
- Medical/ vision/ dental/ pharmacy service

California Indian Legal Services offers legal assistance to Native Americans for issues that affect them regarding their status as Indians in the following areas:

- Discrimination
- Civil rights violations
- Education rights
- Special education rights
- Health care access
- Tax exemptions
- Probate
- Indian Child Welfare Act representation

## **Staff/ Provider Training**

New Social Workers learn together while assigned to a training unit for the first six months before taking on a full caseload. The new employees receive a two-week overview of Child Welfare and go on field trips to Court, Family Connection Center, Independent Living Skills Program, Child Abuse Services Team (CAST), Mental Health's Center, CASA, State Adoptions, and Children Youth and Family Services (CYFS). New employees receive six weeks of training in Emergency Response and six weeks of training in Family Maintenance/ Family Reunification/ Permanency Planning.

After this training, they are assigned an investigation or a caseload for the rest of their introductory/ probationary period. The goal is for them to reach a normal investigative monthly assignment or a normal caseload by the end of the probationary period.

The agency's goal is to have every Social Worker complete the Core program offered by U.C. Davis within the first year of their hire date. Sometimes it is available during their probationary period and sometimes it is not. This Core training is comprised of five modules: Parenting and Human Development, Assessment and Intervention, Legal Mandate, Case Planning and Service Coordination and Interviewing Skills, and Self-Care and Safety. Social Worker Supervisors attend Core training for supervisors. All Social Workers are trained how to use Structured Decision Making as well as CWS/CMS.

All staff receive annual training on Civil Rights and Sexual Harassment, the Multi-Ethnic Placement Act (MEPA), and American with Disabilities Act (ADA). The Health Insurance Portability and Accountability Act (HIPAA) training is currently done only at hire. Every year the training staff conducts a needs assessment of CWS staff. Training is selected based on this assessment and provided by U.C. Davis or U.C. Davis Northern Regional Training Academy. Staff have numerous opportunities throughout the year to attend a variety of trainings that enhance and sharpen their skills. Many of these trainings are also offered to CWS partners that provide services to children and families.

New Probation Officers receive 56 hours of certified 832 Penal Code (Powers of Arrest), Arrest and Search training and are required to complete an additional 200 hours of Core training within the first 12 months of employment. Thereafter, Probation Officers receive a minimum of 40 hours of training annually.

DHHS worked successfully with Humboldt County's First 5 Commission, other community members, and Humboldt State University (HSU) to develop a Masters of Social Work program at Humboldt State University. This program is unique with its emphasis on the rural and Native American communities. DHHS provides field internships and participates in the California Social Work Education Center (CalSWEC.) Probation officers are not eligible for CalSWEC.

Foster Parents receive training from the College of the Redwoods in Humboldt County in conjunction with CWS. The College is available as an ongoing support as is the local foster parent association and the Foster Parent Coordinator at CWS. Ongoing training on specific areas related to foster care and family relationships are available throughout the year. Refer to the list beginning on page 25 for services and resources available to care providers.

Training needs for Community Partners include:

- Collaboration with the hospitals regarding notification to CWS when a high-risk mother delivers a child
- Education about abuse assessments at hospitals
- Differential Response

➤ Mandated reporting

Currently four teams of two SW provide mandated reporting training to the community. Primarily the schools ask for the trainings. Letters go to the school districts every spring to be included in the coming school year training calendar. It may be appropriate to add hospitals to the teams' focus and send letters to them. We need to include the different roles that CWS/ Law Enforcement play in mandated reporting. CWS is interested in an immediate safe placement and law enforcement focuses on the potential criminal issues. Understanding the roles and responsibilities of mandated reporters, as well as CWS and Law Enforcement, in the actual process is of utmost importance.

Community Partners and Tribal staff want to be included in the trainings offered to SW/ PO. The County contracts with U. C. Davis Extension Service, Northern California Regional Training Academy, to provide trainings to CWS/ Probation. Community Partners and Tribes are notified of the trainings and participate on a first come first served basis for the available openings. The goal is to improve communication, build positive, professional relationships to increase understanding, and to develop skills.

CWS needs to share the Structured Decision Making (SDM) tool with Community Partners (such as FRC) and the Tribes and train them to the use of the tool in assessing safety to increase understanding of the CWS decision-making process. The language used in the report/ referral may influence the evaluation of the referral/ report. This may also be an area for training. SDM is an assessment and decision-making tool to assist in making critical decisions about the safety of children. Both case management and services can be improved through consistent and appropriate decisions. Greater consistency and appropriateness can be attained with a structured assessment procedure that guides decision-making over specific criteria for every worker and every case. The Evaluation process for referrals/ reports may be another training topic for unfounded, unsubstantiated, inconclusive referrals, etc.

There are training opportunities that involve the courts and attorneys. CWS Redesign and the implementation of strength-based language in court reports are two topics. Other potential trainings include Family to Family, permanency, and Differential Response. Training opportunities that involve law enforcement include joint response to suspected abuse/ neglect issues and/or behavior problems of the youth in placement. The court's and Judges' understanding of adoption timelines, concurrent planning, limiting the number of placements, early identification of relatives, keeping youth in the county, and earlier confirmation of paternity are areas where additional training might be beneficial. Humboldt County has been involved in the California Permanency for Youth Project locally. Named HOPE (Humboldt Offers Permanency for Everyone), this project has worked hard to supply our youth with permanent, lifelong connections in their community. We would like our court staff to better understand our efforts towards this goal, in addition to the goals and outcome measures of AB 636.

Information regarding the relative placement process, responsibilities, and resources needs to be provided in a more professional and private way. Relative caregiver training needs to be more easily accessible. The trainings needs to be provided in the evenings or on weekends and tailored to the needs of the caregiver. Foster Family Agencies can take training information to the home and can provide customized face-to-face training in a relatively short time period. A training curriculum needs to be developed, along with a pamphlet providing up-to-date, accurate, clear information about available resources, financial reimbursement, and contacts for specific information. Along with a pamphlet, a variety of media could be utilized to let relative caregivers know about available resources such as videos. The College of the Redwoods Foster Care Education Program is an existing training resource that could be used more extensively for Humboldt County Relative Care Providers.

The State needs to streamline the Interstate Compact on the Placement of Children (ICPC) process. This issue is addressed in the new federal compact approved 7/23/06 as Public Law No. 109-239, Safe and Timely Interstate Placement of Foster Children Act of 2006. The anticipated start date in California is January 1, 2008. Annual ICPC training will be provided to Social Workers and Social Worker Supervisors. CWS will work with court staff when implementing the new compact, because new language for findings and orders will be required. The new compact requires completion of the home study and results to the sending state within 60 days. A placement decision is required by the sending state within 14 days of receiving the home study. Incentives for meeting these deadlines will be paid to the states.

## **Agency Collaborations**

### Collaboration with public and private agencies

The Department of Health and Human Services is comprised of the Social Services Branch, Public Health Branch, and Mental Health Branch. The integration has allowed the branches to work closely together in serving the children and families within the DHHS Continuum of Care by delivering services that keep families safe and healthy. The Human Services Cabinet, an assembly of management staff of the three Branches and the Probation Department, meet to improve service coordination and to promote, develop and maintain a system of services that encourage prevention and early intervention activities.

Family Intervention Team (FIT), which includes the CWS Placement Team, is an example of this interagency collaboration. This consolidated and co-located placement authorization team is comprised of staff from the Social Services Branch, Mental Health Branch, Public Health Branch and Probation. City and county schools as well as other community partners participate in FIT when appropriate. Out-of-county placements have been monitored by FIT acting as the gatekeeper. That system has been revamped so that Social Workers (SW) and Probation Officers (PO) have increased responsibility in case planning and management. FIT consists of a consolidated visit team of mental health clinician, POs and SWs. This team assures appropriate services and supports are provided to the children and their care providers. The traveling SW/ PO are still in place and there is increased communication with the case-carrying SW/ PO. Innovative support systems continue to be developed to keep children in Humboldt County.

Parent Child Interaction Therapy (not technically a prevention activity but a therapeutic modality for families at high risk of abuse) is an example of a working partnership that has succeeded in addressing a service gap. Four separate agencies: DHHS, Post Adoption Horizons, Humboldt Child Care Council, and Two Feathers Native American Family Services are sharing training and site resources to provide a minimum of six trained mental health clinicians and three fully equipped sites to provide PCIT.

New Horizons (NH) for 602 Wards with co-occurring disorders is a multi-disciplinary treatment program that operates out of the Northern California Regional Facility. It was designed to fill a gap in Humboldt County's Continuum of Care and to improve capacity to reduce juvenile crime by focusing on juvenile offenders with emotional problems that have negatively affected their families, schools, past placements, and often chronic offending. Treatment services include a combination of medication support, evidenced-based practices such as Aggression Replacement Training (ART) and Functional Family Therapy (FFT), individual, group and family counseling, alcohol/drug assessment and counseling, and skill development training focused on anger management, moral judgment, correction of thinking errors, social skills, and victim awareness. The program involves the Humboldt County Probation Department, DHHS (specifically the Mental health Branch), and Humboldt County Schools. The collaboration utilizes a team approach to provide treatment, supervision, and education to juveniles at risk of being placed out of the county or state. United Indian Health Services (UIHS) plays a role in New Horizons. A clinician from UIHS attends meetings, provides weekly substance abuse counseling, group therapy, and holds a Native American talking circle.

Since July 2002, DHHS has held regular Community Partners meetings as one way to communicate system changes and seek input. Representatives from the following groups and/or agencies attend the meetings: Foster Parents, State Adoptions, Community Care Licensing, CASA, Probation, Remi Vista, local group home, Alcohol Drug Care, local Tribes, Humboldt County Office of Education, Youth Services Bureau, College of the Redwoods, Humboldt County Courts, North Coast Children's Services, Law Enforcement, Humboldt Child Care Council, and Juvenile Justice and Delinquency Prevention Commission and the Grand Jury.

The Child Abuse Services Team (CAST) is another example of an interagency multi-disciplinary team. This is a collaboration of Law Enforcement, the District Attorney's office, CWS, Mental Health Branch - Children, Youth and Family Services division, the Tribes, and victim service providers. The Services Review Team and the Child Death Review Teams are two more examples of agencies working together to improve services provided to children and families.

Child Welfare Services, through Humboldt Community Switchboard Network (an on-line service), connects service providers across the County to each other to facilitate sharing information and resources that increase the health and well-being of children, youth, and families. The Community Switchboard is now accessible on-line.

The CalWorks CWS Partnership "Linkages" is another way that Child Welfare Services works collaboratively with its sister division within the Social Services Branch - CalWORKS division, Mental Health Branch – Behavioral Health and AOD. Relevant information is shared on cases in common so that case plans for families can work more easily toward reunification and self-sufficiency. Under current law, once a child is removed from the home, the remaining CalWORKS adults may receive employment and other services for up to one year to facilitate reunification. Cash aid on behalf of a child ends after 30 days from the time the child is no longer present in the home. Working collaboratively, the Social Worker and the Welfare to Work Employment and Training Worker develop an integrated plan that provides services to assist in the reunification of the family while continuing to move to self-sufficiency.

Best Beginnings for Moms & Babies is a program to improve early identification and referral of women who are using alcohol, tobacco and other drugs in pregnancy. This is a Public Health Branch and Mental Health Branch collaboration. The Infant Risk Summary Assessment is a universal screening of infant and family risk factors that is done by hospital nursing and social work staff. The assessment helps hospital staff know when and how to refer families with newborns for family support services. Public Health staff provide the assessment forms, quality assurance, and data analysis.

The Early Start Team is a multi-agency team that addresses the challenges of coordinating and meeting the needs of special needs children age 0 – 3 years. Children with special needs are at high risk for child abuse and neglect and this team works with families and children early on to assist families with the challenges of raising a special needs child.

The Rape Crisis Team offers the Child Assault Prevention Program (CAPP). This school-based prevention activity offers workshops for children, parents, and teachers that empower children to deal effectively with potentially abusive situations.

First 5 Humboldt funding priorities are Parent & Family Support (PFS), Early Childhood Care and Education (ECCE), Health & Well Being (HWB), and Mini-grants. Desired results for: 1) PFS programs are improved family functioning and increased neighborhood and community connection, 2) ECCE programs is high quality childcare and early education, and 3) HWB programs are healthy, wanted births

and health development on track. Mini-grants support projects developed and carried out by grassroots groups and arise out of First 5 Humboldt's commitment to community building.

Primary PFS activities include funding and technical assistance to Family Resource Centers, Playgroups, School Transition programs, and a partnership with the Humboldt County Library. Primary ECE activities include a major childcare initiative, the Retention Incentive Program-that strives to keep early childhood educators in the field, and the Work-Life Alliance-initiating projects that build relationship between the business community and the childcare community. Primary HWB programs include an oral health prevention program (TOOTH) and a family substance abuse prevention program (Better Together in Eureka). Mini-grant awards are putting activities in place for hard to serve populations such as families living in isolated areas of the county and the Latino population. Development of playgrounds and baby gardens are examples of projects implemented.

The Hoopa School Readiness Initiative (SRI) is a Humboldt First 5 initiative with its focus on the Native American population on the Hoopa Reservation. The Hoopa SRI is engaging families, community members, and educators in the important work of preparing children, birth to age five, for school. The Hoopa SRI Scope of Work assures an improved transition from early care settings to elementary school, increases the school and communities' capacity to promote the success of young children, and improves the quality of early care and intervention programs for Hoopa children.

The reformation of the Speed Prevention and Awareness Network (SPAN) in March 2004 marked Humboldt County's determination to continue addressing the devastation of methamphetamine upon individuals, families, schools, businesses, and the environment. Through increased media communication and organizational awareness there is a greater awareness of this problem in Humboldt County. Numerous newspaper and radio features have highlighted methamphetamine and the work of SPAN. This past year saw the culmination of collaboration between the Department of Health & Human Services, Probation, KEET-TV, Lost Coast Productions (KHUM), and Raven Project Youth Service Bureau in the production of a one-hour documentary on Methamphetamine in Humboldt County through the Sound Partner's Grant of the Robert Wood-Johnson Foundation. This same grant provided for the update and republication of the Methamphetamine Fact Book. SPAN focuses upon innovations in Treatment, Prevention, and Law Enforcement efforts to decrease the severity of methamphetamine manufacture, distribution, and use in Humboldt County.

Court Improvement meetings are an opportunity for court staff, CWS and Probation staff to meet, discuss and resolve issues.

Community Partners meeting was developed in response to care providers wanting increased communication with agency staff. Care providers, community agencies, Mental Health, CWS Public Health, and Probation representatives come together to discuss needs of the children and families in our community.

#### Local Systemic Factors

Local systems in place that provide services or work to improve services to children and families have been described earlier. A list of services and systems that are in Humboldt County and not previously mentioned are , Human Services Cabinet, Probation System of Care, Juvenile Justice Delinquency Prevention Commissions, Multi-Agency Juvenile Justice, and the Child Abuse Prevention Coordinating Counsel.

## **Interaction with local Tribes**

Historically Tribal relationships with public and private agencies have been sporadic. Tribes were invited to meetings and extra steps need to be taken to involve Tribal members.

- Be respectful and sensitive to culture and people. Honor cultural norms and facilitate greater understanding of Tribal culture. Participate in Tribal cultural activities that are open to the public.
- Identify the role of the people/ agencies in a family's life.
- CWS, Probation, the Courts, and Community Partners need to cultivate a commitment at all levels to improve their working relationship with Tribes.
- Improve open and effective cross-cultural communication. Spend time listening as well as talking.
- Promote talking/ dialoging around case/ family structure and active efforts. Active efforts include a complete case plan with an outcome upon which everyone agrees.
- Share information about available resources.
- Efforts need to be made to involve all participants in decision-making.
- Follow-through is part of communication and follow-through needs to be assured.
- Provide opportunities for staff to network/ socialize outside of case management/ crisis situations. This builds trust.
- Meet where members are most comfortable and offer flexible time frames.
- Recognize there is a legal and moral responsibility to treat Tribes as sovereign governments and to recognize them as government-to-government entities.
- Recognize that Tribes have diverse needs/ wants and need to be treated individually.
- Build trust and professionalism as well as a sense of community.
- Build stable and enduring relationships at all levels.
- Be accountable and proactive as a way to build credibility.
- Build ceremony into collaborations.
- Identify training issues (like joint law enforcement response) and provide opportunities to improve skills/ information.
- Incorporate lessons learned through prior collaborations. Organize an exit interview following major project collaboration to examine what worked best and what could be more effective.

When working to build partnerships with Tribes, consideration needs to be given to time requirements for Tribal Council review and approval of any collaborative effort. Often Tribal Councils meet monthly and sufficient time needs to be allowed to schedule a presentation or for Council review of any documents needing approval or signature.

The CWS SWIV ICWA specialist will soon attend the Two Feathers Native American Family Services monthly Multi-Tribal Roundtable meetings. The Tribes and local Courts are currently holding meetings that are case specific. Parallel activities are going on in the county regarding CWS Redesign, Department of Health and Human Services (DHHS), Mental Health Services Act (MHSA), and the new DHHS office of Client and Cultural Diversity on improving relationships with the Tribes. Recently the Statewide ICWA Conference was held in Eureka and was well attended.

Invitations to participate in the 2004-2006 CWS/ Probation Self-Assessment (SA) process were sent to all the Tribes in Humboldt County. Several Tribes and Tribal Agencies actively participated. In addition to the Self-Assessment, information collected in the Peer Quality Case Review (PQCR), conducted in March 2006, will guide creation of the three-year System Improvement Plan (SIP). The Tribes were invited and actively participated in the PQCR. Humboldt County has retained a focus on Building Partnerships with the Tribes. Information gathered from the Tribes through the PQCR and SA processes will assist in defining and outlining goals for the next three years.

## **COUNTYWIDE PREVENTION ACTIVITIES AND STRATEGIES**

### **Countywide Primary Prevention Efforts**

The Public Health Branch (PHB) and the Social Services Branch meet regularly with Family and Community Resource Centers (FRC) to promote prevention and early intervention activities including using FRC as a CWS Path 1 referral for Differential Response and working with the FRC to providing shared training opportunities between the DHHS and the community. This prevention effort is centered around child and family well-being as well as child safety. The DHHS Evidence Based Practice Trainings are open to FRC members. DHHS has assigned staff to work as liaisons with the FRC to enhance communication and relationship building with the community.

Prevention activities also include enhancing a climate of respect by encouraging client/ community assessment and evaluation services, developing the DHHS office of Client and Cultural Diversity, bringing in technical assistance to help with cultural diversity, supporting and encouraging leadership growth of staff by sending staff to leadership training and development, and department leadership training.

The PHB provides alcohol, tobacco, and other drug prevention services to the community through school based programs, works with local school districts to improve the quality of nutrition and physical activity services for children, and is active in family violence prevention activities.

DHHS is also a lead in the Children Health Initiative (CHI) to assure that all children in the County have access to health insurance. The Alternative Response Team (ART) is a joint service of the Public Health and Social Services Branches. A Public Health Nurse/Community Health Outreach Worker team offer intensive voluntary services to the family for six months.

The key is to stabilize the family situation to prevent further referrals to CWS. CWS and the Social Services Branch offer a variety of pre-placement preventive services, such as CWS Emergency Response Services and voluntary Family Maintenance (FM). FM services consist of case management and parent education (through the Family Preservation Program). Social Workers refer families for services such as counseling, emergency shelter care, emergency in-home caretakers, transportation, out-of-home respite care, and public assistance services (Income Maintenance, Medi-Cal, and Food Stamps). Welfare to Work, and its partner program, HumWORKs (for families with alcohol and other drug, mental health, and domestic violence issues) function primarily in a preventive mode for at-risk families.

Differential Response (DR) Path 1 started July 2006 at the Redway Family Resource Center (FRC) and was rolled out to other FRCs on September 5, 2006. Expansion to the remaining FRCs will occur in June 2007. The FRC will receive staff support and training to handle referrals and assessments with DR. In DR the Path 1 Community Response is chosen when allegations do not meet statutory definitions of abuse or neglect, yet there are indications that a family is experiencing problems that could be addressed by community services. Under California's traditional child welfare system, more than one third of all cases are re-referrals from the previous year, indicating that there are continued challenges facing these families and their children. With DR, these families are linked to services in the community through expanded partnerships with local organizations. Further expansion of DR will be to other community based organizations and the Tribes within the coming two years.

One option for improving partnerships between FRCs and CWS is the stationing of a SW in an FRC one day a week. CWS is looking to improve coordinated service delivery to our families through partnerships with our FRCs. CWS would like to increase presence in the community by having staff possibly stationed part time at various FRCs.

Native American children are over-represented in the Humboldt County CWS system. A complex history of cultural oppression exists for tribes in Northwest California. Culturally sensitive prevention and early intervention services are essential. Two Feathers Native American Family Services provides child and family service programs to Native Americans who reside in Humboldt County. Services include advocacy, counseling, Native American foster home recruitment, therapeutic Culture Groups, Positive Indian Parenting (also offered by UIHS) and Parent Child Interaction Therapy services. Two Feathers Native American Family Services acts as an educational resource to the local community on the Indian Child Welfare Act and cultural competency. United Indian Health Services (UIHS), a tribal health care organization and comprehensive health clinic, offers mental health and substance abuse services to American Indian children and families. A complete list of Services for Indian Children begins on page 62.

Collaboration/ partnerships with Community Partners and the Tribes need expansion. The adaptation/ expansion of the Team Decision Making (TDM) model is a way to bring everyone to the table to assist in a joint effort to support children and families within our Continuum of Care.

Another option to improve collaboration is to provide a liaison/ contact person at CWS similar to what is in place for Tribal TANF. Sometimes Community Partners/ Tribes make referrals/ reports and do not receive the expected follow-up/ response. A contact person might be able to assist the referring agency in understanding where the referral/ report is in the CWS process. This issue is included in the Training section also.

Schools in Humboldt County offer a range of prevention activities for school-age children and youth through both instructional pupil support services and collaborative partnerships. Some schools offer curricula designed to teach the values and behavior of caring, and character development. Work Force Preparation offers certificates of competency. School nurses, counselors, and Healthy Start works in collaboration with families and community. After school programs provide tutoring, mentoring, enrichment, and recreational activities. Family Services Advocates are on selected sites to work directly with students and their families. Mentoring programs pair at-risk youth with caring adults or older students combining mentoring with service learning. School Resource Officers help normalize relationships between law enforcement and youth. Student Study Teams (SSTs) and 504 Plans are utilized in every school. Student Study Teams are strength-based family/ school/ community prevention/ intervention meetings to support school success. The team creates specific strategies and a monitoring plan and follow-up meeting are included in the process. The 504 plans are designed for students who need individual accommodation but don't qualify for special education.

The overall intent of Assembly Bill 490 is that, in all instances, educational and placement decisions are based on the best interest of the child. All pupils in foster care will have a meaningful opportunity to meet the challenging state pupil achievement standards. Stable school placements are maintained in the least restrictive educational programs (with the right to remain in the school of origin at detention or placement) if it is in the child's best interest. Foster youth will have access to the academic resources, services, and extracurricular/ enrichment activities that are available to all pupils. Maintaining educational stability allows youth to stay connected with their community.

Other prevention programs include but are not limited to Infant and Preschool Programs, Teen-Adult Partnership for Enhancing Strategies Toward Responsible Youth (TAPESTRY), the Gang Risk Intervention Program (GRIP), Suppression of Drug Abuse in Schools Program (DSP), Tobacco Use Prevention Education (TUPE), Teen Age Pregnancy and Parenting Network (TAPPN) (a Public Health Branch Nursing program), and Young Men as Fathers. Examples of prevention partnerships include The School Law Enforcement Network, The Foster Youth Forum, and Work Force Investment. Additional

mentoring programs for youth are provided through Big Brothers Big Sisters, a community-based organization.

Humboldt County has worked to strengthen partnerships with local treatment service providers to expand our strategies in working with our most challenging youth and families. Homes of Refuge has 12 beds and serves many Probation youth by providing residential treatment programs and transportation assistance. Remi Vista's Transitional Housing Placement Program (THPP) serves youth transitioning out of the foster care system. Remi Vista provides transitional housing services for youth ages 16-19 currently in foster care placements and preventive mental health therapy and therapeutic behavioral services. They also serve pregnant and parenting teens. The Youth Service Bureau has several programs: Our House- four beds (ages 12-17 homeless, at-risk, respite), Launch Pad- eight beds (transitional housing for ages 16-17 homeless), Raven (street outreach ages 12-21 homeless and drop-in), Odyssey Program Workforce Investment Act (ages 16-21 job/ employment assistance), and a Thrift Store. By maintaining older youth in their communities, close to permanent connections, as they transition to independence, future homelessness is greatly reduced.

### **Services Targeted to Families with Key Risk Factors for Child Maltreatment**

Family violence, alcohol and other drug use and teen parenting are well-known risk factors for child maltreatment. Humboldt County addresses these risk factors through a variety of multi-agency collaborative strategies.

#### Family Violence

The Health Education Division of the Public Health Branch convened a family violence task force that developed strategies promoting prevention including: informing communities about family violence prevention through media and other campaigns, and a focus on the systems that surround family violence screening, assessment, reporting and referring. Over 10 public and private agencies offer services related to the prevention of family violence, including Humboldt Domestic Violence Services, the North Coast Rape Crisis Team, Redwood Community Action Agency, Two Feathers Native American Family Services, and WISH House. Law enforcement, treatment, and service providers and others have formed a strong and active Domestic Violence Coordinating Council (DVCC). The DVCC has multiple active subcommittees. including the Native Concerns Subcommittee which is the Inter Tribal Women's Advocacy Network (ITWAN) supported through Two Feathers Native American Family Services. The Yurok Tribe offers American Indian domestic violence resources, providing prevention and education as well as intervention.

PHB works closely with the First 5 Commission to provide training on "Keeping Children Safe from Abuse and Violence." Currently the Domestic Violence Response Team is in the process of a meeting/training between line staff at Humboldt Domestic Violence Services (HDVS), North Coast Rape Crisis (NCRCT), the Eureka Police Department, and the District Attorney's office. This is a pilot project. The concept is that the police will call HDVS after the scene is safe and the batterer has been arrested. The police will call CWS if any children are in the household. HDVS will call NCRCT if there is any sexual assault involved. They will offer services and support to the victims. Team meetings are held monthly.

In remote Eastern Humboldt County on the Hoopa Reservation, a family violence initiative works to address family violence in the Native community. Entitled "NWHONG XW E:NA:WA" (Hoopa for: Families in a good way) is part of the Stop the Violence Coalition offering Domestic Violence and sexual assault services in the Hoopa Valley area. For qualified individuals, they offer transportation to Humboldt Domestic Violence Services and legal assistance. The Hoopa Tribe offers a 52-week domestic violence services.

### Alcohol and Other Drug Use

Alcohol and other drug use play a significant role in child abuse and neglect and in child welfare services referrals. Alcohol and other drug prevention activities in Humboldt County are numerous. DHHS Mental Health Branch has active Dual Recovery Programs (primary and secondary prevention programs) that work closely with local schools implementing evidence-based curriculum and supporting youth development projects which include the Adolescent Treatment Program. The Safe and Drug Free Schools Initiative is a partnership with Public Health and Eureka City schools that started in 2002. This partnership includes a highly successful parent involvement piece. Counseling is available for high school age youth at risk of alcohol, tobacco, or other drug use. Training is available for parents and school staff on techniques to foster resiliency in high school youth. Youth Services Bureau offers peer prevention education and case management services. The Teen Outreach Project of Six Rivers Planned Parenthood offers peer-based classroom activities with a focus on youth development.

Pregnant and parenting women with children age five and under can access comprehensive AOD treatment services at the Mental Health Branch's Healthy Moms Program. In addition, several clean and sober housing groups offer long and short-term housing to mothers with young children. Redwood Community Action Agency offers transitional housing with case management support for families with young children.

### Teen Parenting

Teens generally are not developmentally ready for the complex tasks of childrearing. Their children are at increased risk for child maltreatment. Teen parents and their young children can receive home-based support services through the Teen Age Pregnant Parenting Network (TAPPN) Program. The Employment Training Division of DHHS provides teen parent support through the Cal Learn Program. Area high schools offer multiple programs to support a healthy pregnancy and school completion for teen moms. Public Health Nursing staff also visit teen parents as a top priority, addressing health and psychosocial needs as well as providing essential anticipatory guidance for teen parents as their babies grow. Remi Vista's Transitional Housing Placement Program serves youth transitioning out of the foster care system as well as pregnant and parenting youth.

Other resources for child abuse prevention education, child and family health and well-being strategies, and family support services include the Exchange Club Parenting Center, the Humboldt Community Switchboard, and the Child Abuse Prevention Coordinating Council (CAPCC).

### Strategies for the Future

Long-range building plans call for a DHHS Children and Families campus where all Social Services, Public Health and Mental Health services for children and families will be co-located.

## **SUMMARY ASSESSMENT**

### Discussion of System Strengths and Areas Needing Improvements

#### Child Welfare Services

We continue to look at how the Public Health nursing role can be expanded in the CWS setting. CWS would like to expand public health nursing services to our children with special health care needs and prevention services to the families we work with. There is a shortage of nutritionists. Parenting classes need to include more on nutrition in addition to discipline issues. Better nutrition for children may lead to better overall health. Parents need education about healthy food choices, nutritious meals, and issues like how to make and follow a grocery list.

A multi-agency on-call crisis team is in development to provide a coordinated response to emergency situations. This team should include representatives of all DHHS Branches (including CWS), Law Enforcement, and local safety agencies.

The need was identified for a local respite option to provide a cooling-off location for foster youth and respite for foster parents and families. Time spent at the respite option could be as little as one day but no longer than 72 hours. It would provide cooling-off time for the youth and substitute caregiver and would provide an alternative to a substitute caregiver giving a seven day notice.

Services are needed for parenting teens such as childcare and respite when school is/ is not in session. The Retired Senior Volunteer Program, sponsored by the Area One Agency on Aging, might be a resource for healthy, active grandparents to provide in-home respite and childcare. Another program mentioned was a mentoring program for pregnant girls, through Big Brothers, Big Sisters.

Resource information needs to be accessible and centrally located. The Humboldt Community Switchboard is the optimal source for local information. Service providers need to be utilizing this valuable resource.

Independent Living Skills Programs need to be available to youth starting at 12 years in order to prepare them with life and social skills for transition to adulthood. The program for youth 12-15 years needs to be separate from the older youth. Other counties provide services to youth ages 14-15 years such as life coaches, life skills workshops, and tutoring through contracts with the local community college foundation.

Adult mental health services need to be more available for the parents of children and youth in the CWS Continuum of Care. If parental mental health issues cannot be addressed with family counseling, and the parent cannot access the services necessary to resolve mental health issues, reunification of families can be delayed.

One CWS strength is the professionalizing of Social Workers (SW) by hiring SW IVs. This will improve field assessments. Another is the creation of an ICWA specialist. Beyond ensuring ICWA compliance, this builds trust with Tribal Social Services.

Team Decision Making maintains relationships and develops plans to support placements. Differential Response will be a key process that keeps youth safe from abuse and/or neglect. In order to assist youth in transitioning to adulthood, foster parents are included in Family to Family training. Substitute caregivers are trained how to parent another's child since there are unique abilities involved.

Utilizing the FFA model, CWS could create and provide enhanced supports for Foster Parents. Weekly support groups could be facilitated by CWS MSW Interns. Trainings could be provided on how to deal with foster youth behavior issues. The Interns could serve as a liaison between Foster Parents and SW. This would free Social Workers' time and it would provide valuable training for the Interns. Currently Foster Parent phone calls may not be returned as promptly as needed due to competing workload requirements. Foster Parents become frustrated and feel their concerns are not being heard. The 7-day notice is often used as a way to get immediate attention and a TDM. One of the reasons that there are a limited number of TDMs is that there is one full time TDM facilitator and one half-time facilitator. The half-time facilitator has other responsibilities and doesn't always get to spend the entire 50% time on TDMs. With the assignment of the new SWIVs to caseloads October 2006, this issue will be mitigated.

Care providers are a resource and need to be viewed as such. A component of fostering that needs to be built into the system is required regular meetings to help develop skills and further collaboration even when there are no immediate issues. Just as a Supervisor holds weekly meetings with staff to share ideas and concerns, Foster Parents need similar support and an opportunity to express their concerns, share information, and build relationships. DHHS and CWS should increase opportunities to communicate appreciation in person at foster parent events. The personal touch cannot be underestimated.

SW attitudes toward Foster Parents may need to be examined/ changed. Relationships need to be strengthened. Quarterly lunch meetings could be offered as a way to network and improve collaboration between SW and Foster Parents. One suggestion was to provide a monthly “Make and Take” craft session for Foster Children while the Foster Parent meeting is taking place.

Currently Social Workers (SW) make all the contacts to coordinate the TDM. It may be a more productive use of SW time to acquire clerical support to fulfill those tasks. Research may be needed to secure a contract with an outside provider for 800# services to allow multiple telephone participants in the TDM meeting. Transportation or other issues may be barriers to participation but providing teleconferencing might increase TDM participation.

A potential support resource for Relative/ Non-Relative Extended Family Member caregivers could be the utilization of experienced foster parents to serve as mentors. The current CWS Foster Parent Coordinator and/or Relative Placement Specialist could facilitate a mentoring program. Kinship care providers only have access to non-needy relative caregiver funding, which is substantially less than the licensed foster care providers’ allotment. There is a need to increase the available financial assistance for relative care providers. Relative caregivers are less likely to request counseling/ therapy for children in their care, for many reasons. Supports for relative caregivers need to be improved and strengthened. Paid foster care providers have little hesitation to access services for children in placement.

Some of the problems of youth transitioning to adulthood have to do with multiple placement changes. If there is placement instability, developing necessary skills for independent living becomes more challenging. In order to prevent numerous placement moves for teens in the foster care system, a two-year commitment by potential foster parents was a workgroup suggestion. This arrangement would work simultaneously with efforts to establish permanency. Training is a key piece for foster parents of older youth. The foster parents may need support to help youth despite the youth’s possible challenging behaviors.

Further research may be needed regarding access to computer software for genograms. A genogram resembles a family tree however; it includes additional relationships among individuals. This would provide an additional tool to identify relatives/ support people in a child’s life to increase the potential pool of substitute caregivers and life long connections to family and support people.

CWS/ Probation are working to strengthen/ maintain family relationships to prevent children going to group homes in and out of county. The SW/ Probation Officer (PO) focus is shifting to an asset/ strength-based mindset. Out of county placement issues include reducing the use of group homes, increasing the service capacity, and better utilization of Community Care Licensing. Group homes tend to operate from a business model whereas small family homes (specially licensed) maintain a family perspective. It may be possible to use Promoting Safe and Stable Family (PSSF) funding as a match for a larger grant that helps to fund resources to develop services so youth can remain in the county.

There appears to be many separate efforts to find resource families in Humboldt County. The Probation Department and CWS work closely together in their recruitment process to meet with potential foster

families and other community members. There is a monthly meeting to discuss recruitment efforts. This meeting is attended by CWS, Probation, the local Foster Family Association and College of the Redwoods. The local Foster Family Agencies make independent efforts to locate potential foster families. The Probation Foster Family Recruiter is currently approaching established community organizations, including faith-based organizations, service clubs, and teacher/ education-based organizations. Foster Family Agencies and former foster youth could be incorporated into outreach/ recruitment activities in order to present a variety of options/ viewpoints regarding providing foster care services. Some potential foster families may not want to go through the State process. Some may not want to provide foster care 24/7 but respite foster care may be a viable option.

Recruitment and ongoing training for resource families (foster care and relative care) is an area that needs additional development to insure that the resource families are equipped to meet the needs of children in the CWS Continuum of Care. We need more foster care/ resource homes that are willing to work with teens. Starting with August 2006 the CWS Placement Unit will provide a monthly report on foster parent recruitment and training of new foster care homes to the CWS Program Manager. The first report is due in September 2006. This will assist with tracking efforts and strategies as well as outcomes. Coordination of various recruitment efforts is recommended.

Respite for foster families comes up any time there is a discussion about foster parent retention. CWS needs to support the community in the development of more supervised after-school activities for foster youth, which necessarily provides respite for the families who care for them. A traveling respite foster parent providing in-home care would be ideal so the youth didn't have to experience even temporary displacement to allow respite for the foster parents. Foster Family Agencies assist in coordinating respite for their foster parents and provide direction about reimbursement rates.

Enactment of SB 358 added Section 362.04 of the Welfare and Institutions Code (W&I C). The statute allows a caregiver to arrange for occasional short-term babysitting of a foster child without requiring the babysitter to undergo a health screening or cardiopulmonary resuscitation certification, or training. SB 358 also exempts a short-term babysitter from undergoing a criminal background check. The intention of this legislation is to allow the foster parent to attend medical appointments, shop, attend training classes, school-related meetings, or an occasional evening out by the foster parent. The previous requirements for temporary caregivers were viewed as barriers to the recruitment and retention of high-quality foster parents.

Foster Family Agencies could be included in regular meetings for shared ongoing cases. With ongoing cases, the need for a full partner review process was identified. A team could be convened every three to six months to routinely review the existing case plan and identify who is doing what. The team could include service providers, care providers, teachers, family, and community members. The goal is to have routine/ regular team meetings on every case for which a SW has responsibility. This would improve communication with service providers and Substitute Care Providers and identify problems early on.

Employment services for youth are available through the Workforce Investment Act (WIA) and other programs. The challenge for youth is that information about these services is not consolidated. The programs are confusing and eligibility requirements vary. A Youth Resource Center would be ideal to provide a one-stop center for information and referrals to local services. A comprehensive directory of local services/ programs with contact information, eligibility, and other information is essential.

Programs of interest for transitional age youth need to be more available. This includes information on college applications, standardized testing, obtaining legal documents, as well as recreational activities. More affordable housing for youth transitioning out of the foster care system (ages 18-24 years) needs to

be available. Humboldt County needs more housing options for this age youth including residential alcohol and other drug treatment programs with strong after-care services as well as a detox facility. Humboldt County needs more Alcoholics Anonymous (AA) and Narcotics Anonymous (NA) programs for youth. Transportation is often a challenge for youth transitioning out of the foster care system. A Dial-a-Ride system for youth would facilitate youth attending office visits, appointments, and employment services.

The Humboldt County Probation Department is the first Probation Department in the nation to implement the Promising Practice, Family to Family. The four core strategies of Family to Family are Recruitment, Development, and Support of Resource Families (RDS), Building Community Partners (BCP), Team Decision Making (TDM), and Self Evaluation (SE). An additional California strategy is California Connected by 25 Initiative (CC25I) which is a Foster Youth Transitions Reform Initiative (currently in five participating counties). The first stage of Probation's implementation focuses on TDM to save current placements. The next phase will be TDM focusing on returning youth home, to Relative/ Non-Relative Extended Family Member placement, or to permanent care. The final phase will focus TDM on keeping youth in their home, when appropriate. This innovation is an example of a system strength.

### Juvenile Justice System Strengths

The major strengths of Humboldt County's juvenile justice system are evident from a standpoint of commitment, collaborative consensus planning, and community participation.

- **Commitment** Humboldt County's juvenile justice system includes a large broad-based coalition of 30 public and private agencies who are committed to working together to support policies and partnership programs that aid the community in its efforts to address juvenile delinquency, child abuse/neglect, substance abuse, and maintaining children in a safe and healthy environment.
- **Collaborative Consensus Planning** Humboldt County has worked to build policy and operational bridges across departments and branches of government. Consequently, the culture and operations of the county juvenile justice system are based on clear goals, intent, and consistent decision processes when responding to youthful offenders and families. Alternative programming includes prevention, early intervention, and a range of options that focus on needs-based services for youth and families.
- **Community Participation** An integral part of the collaborative, multi-agency work that addresses juvenile needs within the county have involved public input. These discussions allow community representatives from throughout the county to assist in identifying needs, concerns, and possible solutions in relation to prevention, intervention, and accountability issues in their communities. Attendees have included representatives for the Board of Supervisors, Probation, parents, foster parents, law enforcement, business leaders, community-based organizations, judges, youth, and adult citizens.

### Juvenile Justice System Weaknesses

- **Management Information Systems** There is a need to develop a comprehensive information management system that will allow the Probation Department to maintain appropriate data for case tracking from intake through disposition, allow for system wide communication, evaluation, and report generation capabilities.
- **Recognizing and Using Demographics** This will enhance Probation's ability to recognize and better understand the significant shift in youth characteristics and cultural demographics of the at-risk and delinquent referral populations.
- **Gender Specific Interventions** The availability of gender specific intervention services that are targeted at female youth offenders needs to be expanded.

- **Tribal Partnerships** There is a continuing need to expand and form broad-based partnerships with local Tribal courts and service agencies to improve service availability to the high-risk youth and provide expanded involvement on juvenile delinquency and out-of-home placement issues.
- **Confidentiality Issues** Changes are needed to the existing confidentiality laws that would remove obstacles and promote information sharing among justice agencies and service providers.
- **Sustainable Funding Sources** Reliable funding sources need to be committed to sustain effective, Evidence Based Practices and services to serve youth and families.

The Humboldt County Probation Department has identified some areas of need and has developed a list of goals toward which they are continuously working.

- The Probation Department would like to more fully integrate early prevention programs and seek resources to assist youth with risk factors. The county would also like to set up a coordinated and integrated Continuum of Care program, provide more enhanced aftercare services, affordable housing for Transitional Age Youth. Another goal is to sustain currently implemented services such as those provided at the NCRF.
- A common goal shared by both Probation and Native American Tribal Services is to keep youth in the home and out of placements like the California Youth Authority (CYA). Indian youth with high-end mental health issues go through NCRF.

#### Areas for further exploration through the Peer Quality Case Review (PQCR)

Pursuant to State Law (Assembly Bill 636, Steinberg, Ch. 678, Statutes of 2001), effective January 2004, a new Child Welfare Services Outcome and Accountability System began operation in California. The new system, referred to as the California-Child and Family Services Review (C-CFSR), was developed in accordance with the provision of WIC §10601.2 and focuses primarily on measuring outcomes in safety, permanence and child and family well-being. The new system replaces the former Child Welfare Services Oversight System which focused exclusively on regulatory compliance and brings California's oversight into alignment with the Federal Child and Family Service Review oversight system of the states.

There are four Components to the Outcomes and Accountability System:

1. Quantitative data is reviewed through Quarterly Reports based on CWS/CMS data.
2. Qualitative data is obtained through the Peer Quality Case Review (PQCR) since CWS/CMS can only measure data and not obtain practice patterns. PQCR is a way to obtain this qualitative information from the Child Social Worker (CSW) and Supervising Child Social Worker (SCSW) perspective in structured interviews. PQCR can help identify inconsistencies between offices and is completed **every three years**.
3. Self-Assessment is completed **every three years**. Each county submits a comprehensive analysis of how they are performing on outcomes using the Quarterly Reports and the PQCR.
4. System Improvement Plan (SIP) report to CDSS detailing how the county intends to improve its performance for areas needing improvement, completed **every three years**.

One purpose of PQCR is to provide an understanding of actual practices in the field, for both social workers and probation. Another is for agencies to better understand and assess their organizational support and structures that affect workers' ability to do their best work with children and families in the areas of Safety, Permanency, and Well-Being.

Humboldt County will complete an internal PQCR annually in addition to the PQCR due to the State every three years. In March 2006, the selected focus topic was Relative/Non-Related Extended Family Member (R/NREFM) placements related to reunification. The three remaining focus topics from the 2004

SIP are 1) Improve timely SW visits/ Referrals with a timely response, 2) Reducing the recurrence of maltreatment, and 3) Building partnerships with the Tribes. The internal PQCR focus topic for spring 2007 is reducing the recurrence of maltreatment.