



**Humboldt County
Child and Family Services Review Part I:
County Self-Assessment**

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:	2000 - 2003
Period of Outcomes Data:	January 2004
Date Submitted:	June 23, 2004

County Contact Person for County Self-Assessment

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Submitted by each agency for the children under its care

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Signature:	<i>William A. Burke</i>

In Collaboration with:

County & Community Partners	Name(s)	Signature
County Health Department	Jeff Arnold	<i>Jeff Arnold</i>
County Mental Health Department	Lance G. Morton	<i>Lance G. Morton</i>
Parent Representative	Peggy Lindgren	<i>Peggy Lindgren</i>
Local Education Agency	Margaret Allen	<i>Margaret Allen</i>
As Applicable:		
California Youth Connection	Shannon Elliott	<i>Shannon Elliott</i>
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Please provide name and affiliation of other participants on separate page

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Summary Assessment

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. So far no states have passed this audit. As a result the federal government required states to develop and implement a Program Improvement Plan (PIP). In 2001, 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; County System Improvement Plan (SIP); and Targeted Peer Quality Review (TPQR).

The County Self-Assessment is the first part of the C-CFSR to be completed. This self-assessment is the county's opportunity to explore how local program operations and systemic factors affect measured outcomes. The SIP will focus on those areas identified in the Self-Assessment as needing improvement and will have plans for improvements in specific outcomes within defined timelines. The TPQR uses peers from other counties to analyze specific practice areas and to identify key patterns of agency strengths and concerns.

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. Humboldt County's C-CFSR Self-Assessment was completed with input from representatives from the following areas:

- Adoptions (CDSS)
- American Federation of State, County and Municipal Employees
- California Youth Connection
- Community Partners
- Court Appointed Special Advocates
- CWS Staff
- Foster Parents
- Juvenile Court
- Law Enforcement
- Local Education
- Mental Health Branch
- Parents
- Probation Department
- Public Health Branch
- Regional Training Academy
- Two Feathers Native American Family Services

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This report is composed of four key areas:

- 1) Demographic Profile and Outcomes Data. This section includes the County Data Report 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 in this part. 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, number and composition of employees, and current system reform efforts.
- 3) Systemic Factors. Federally identified systems involved in delivering child welfare services is discussed in this section. It 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.

There is no “pass” or “fail” associated with the Self-Assessment as there is no objective standard by which the county must assess its performance. Areas of strength and those areas that need improvement are identified. As mentioned earlier, areas that need improvement will be addressed in the county’s SIP.

In Humboldt County, CWS is part of the Social Services Branch of the Department of Health and Human Services (DHHS). DHHS has two other branches, Mental Health and Public Health.

Humboldt County is in the first group of counties to implement CWS Redesign. CWS Redesign’s outcomes and goals are in accord with the outcomes of C-CFSR. These are:

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

By being a member of the first Cohort, Humboldt will be able to not only move toward these goals but also employ new practices, activities and programs that will improve in the outcome areas of the C-CFSR.

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An identified area of strength for Humboldt County through the Self-Assessment is the outcome that “Children are first and foremost, protected from abuse and neglect.” The data used to measure this outcome shows the rate of substantiated referrals has been decreasing since 1999, and the rate of abuse or neglect in foster homes is reported to be below the federal standard. Another safety measurable outcome that is identified as strength is the timeliness of response on referrals of abuse or neglect.

There is strength in the area of permanency shown by the measure of the length of time to exit foster care to reunification or adoption. In both of these areas Humboldt has shown an increase since 1999. The number of children reunified within twelve months exceeds the federal standard.

There were strengths identified in the Systemic Factors that impact outcomes for children and families. The numerous collaborations with agencies and community partners impact all services and aspects of keeping children safe and protected. The collaborations allow for a wide array of services as well as set the foundation to increase and expand services. In areas that improvement could be made in the systems, collaborations are in place, or in development, that will assist CWS and Probation to improve service delivery and the outcomes for children.

Some of the system service areas identified as needing improvement are: more Alcohol and Other Drug (AOD) detoxification treatment for parents and for youth; placement options for critical high-end children; and integration of treatment services with visitation schedules that require increasing numbers of visits. CWS works closely with the Mental and Public Health branches to continue prevention efforts, and in addition to Mental and Public Health branches, community partners will be involved in developing creative approaches to deliver services as well as increase services.

Another systemic area that was identified as needing improvement is the turnover of social workers in CWS. During the time frame of data collection for this report the turnover rate for social workers was 25%. Turnover of staff can negatively impact all areas of service delivery as well as the relationships with children and families.

There are some measurable areas identified that Humboldt County can improve upon. Two areas in the category of safety were identified. Permanency had only one area showing a need for improvement. In the category of Family Relationships and Connections, several areas indicated a need for improvement. These were mainly focused on improving the placement of children with relatives and in the case of Native American children, placement with relatives and/or Native American families needs to improve.

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Through the Self-Assessment process, it was discovered that a contributing factor in measurable area outcomes is the need to improve the way data was entered. In some situations data was not entered correctly and in others the work had been completed but not entered into the electronic case management system Child Welfare Services/Case Management System (CWS/CMS). CWS/CMS is the source of data used for measuring outcomes. This is especially true in the case of timely monthly social worker visits. As mentioned earlier, during the time frame the visits were measured, the turnover of social workers was at 25% and so data entry of visits that were made was not always recorded timely, and fourteen percent of the visits had visitation waivers that were not recorded correctly in CWS/CMS. CWS/CMS itself, contributes to incorrect recording of information. Many times this data system is slow to update data collection fields to match changes in regulations and state mandates. This results in confusion by staff on entering the information correctly.

Many action steps have already begun to improve outcomes. Data “clean-up”, reviewing the way data has been entered, and then correcting data entered in error, are some of the steps being taken to improve data entry. Areas in which staff need additional training are being identified, and training is being given. Quality assurance processes are also being updated.

A major action step is the implementation of six evidence-based practices. DHHS is committed to using evidence-based practices in all prevention, early intervention and treatment strategies. This long-term strategic decision will permeate all aspects of County agency activity, and extend to community partners in the future. It is a foundation for successful community and family interventions. The evidence-based practices that will be implemented in Humboldt County are: Aggression Replacement Training, Family to Family, Functional Family Therapy, Incredible Years, Multi-dimensional Treatment Foster Care, and Parent Child Interaction Therapy. DHHS will also participate in CalMAP (California Medical Algorithm Project.) CalMAP is the use of evidence-based medical practice. These practices have specific strategies that will improve outcomes. One example of this is how Family to Family will assist CWS and Probation in recruiting foster families in the communities in which children are removed. This will allow less disruption to children removed from their homes. Team decision making, another element of Family to Family, will contribute to fewer placements and moves which also contribute to less disruption for children.

Humboldt County is one of only three California counties that have an AB1259 waiver that allowed the Departments of Social Services, Mental Health and Public Health to combine in to one department. DHHS is a proponent of integrated funding, interagency and intra-agency funding, and community collaborations. DHHS aggressively seeks out and secures appropriate funding

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from numerous foundations and grant providers to off-set start-up costs for new programs and changes in existing services. The integrated funding allows CWS to implement new programs, participate in CWS Redesign and continue to improve services to families and children even in strained budgetary times.

Humboldt County has strong prevention strategies in place. There are several opportunities for mental health treatment available throughout the county to families at risk. Schools in Humboldt County offer a range of prevention activities. These include but are not limited to: free breakfast and lunch programs, counseling on site, mentoring, student study teams, gang risk intervention, tobacco use prevention, and suppression of drug abuse. Big Brothers Big Sisters is very active in Humboldt County and is accessed by many youth. The Native American tribes offer prevention services to members. Their services range from preventing domestic violence, alcohol and substance abuse to healthy nutritional choices.

Prevention and family support can be found throughout the county at numerous Family Resource Centers (FRC) and Healthy Start sites. The FRCs offer a variety of prevention services, some of these include: parenting workshops, health fairs, family literacy, babysitting and CPR classes. The FRCs may be an integral member in the development and implementation of CWS Redesign's Differential Response (the process of referring some calls to CWS to community services without direct CWS involvement.)

Humboldt County will be looking to explore several areas through the Peer Quality Case Review. One of these areas includes the relationships peer counties have with Native American tribes located in their counties, especially in counties that have multiple tribes. The practices utilized to place children in relative homes and efforts taken to place all siblings together are other areas to be explored. Input and feedback on Humboldt County's implementation of Family to Family from peer counties that already have Family to Family in place will also be sought through the PQCR.

Humboldt County has much strength in protecting children and keeping them safe as well as delivering services to children and families that need them. As mentioned earlier, there are areas indicated by the measured outcomes that need improvement. Improvement approaches in these areas have already begun. Quality assurance methods are being reviewed to ensure that areas that are doing well, continue to do so and those areas needing improvement, start to improve. Humboldt County has many exciting changes beginning or on the horizon with CWS Redesign, the creation of a consolidated children and families division that will deliver services across disciplines, as well as increasing and expanding collaborations and the implementation of evidence based practices. Improvement in all outcomes is anticipated as Humboldt moves forward to improve the lives of children and families in the community.

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Demographic Profile and Outcomes Data

This section of the report is the County Data Report compiled and provided by the CDSS and is required to be placed in the Self-Assessment report.

California Child Welfare Services Outcome & Accountability County Data Report (Welfare Supervised Caseload) Humboldt County January 2004

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. The initial January 2004 report will serve as the baseline level of performance for each county and represents the starting point that each county will use to measure improvement. 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 identified below are focused on critical safety, stability, family and child well-being measures that are currently available, and that are provided to counties for initial assessment of their programs' performance. The data in this report reflects the outcomes for data available through June 30, 2003. 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. This Outcome 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

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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 fifty-eight counties of California.

In this report data measures have been grouped into the five general categories of outcome measures: Child Welfare Services Participation Rates; Safety Outcomes; Permanency & Stability Outcomes; Family Relationships and Community Connection 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 and was developed by the University of California, Berkeley (UCB).

Number of children < 18 in population

Population projections for 2002, from Claritas, Inc. (Projections from California Dept. of Finance will be used as soon as they are available based on 2000 Census)

Number of children < 18 in population	30,032
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Number and rate of children with referrals

Unduplicated count of child clients < age 18 in referrals in 2002, 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	2,825	94.1 per 1,000
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Number and rate of children with substantiated referrals

Unduplicated count of child clients < age 18 in referrals in 2002 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	360	12.0 per 1,000
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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 in 2002, per 1,000 children < age 18 in population

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

Number and rate of first entries	92	3.1 per 1,000
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Number and rate of children in care

Number of children < age 19 in child welfare supervised foster care on July 1, 2003, 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	260	8.5 per 1,000
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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 (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 study year (7/1/02-12/31/02), 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

1A. Recurrence of maltreatment (Fed)	7.3%
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State: Of all children with a substantiated referral during the 12 month study period (7/1/01-6/30/02), what percent had a subsequent referral within 12 months?

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

1B. Recurrence of maltreatment within 12 months	12.9%
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State: Of all children with a **first** substantiated referral during the 12 month study period (7/1/01-6/30/02), what percent had a subsequent referral within 12 months?

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

1B. Recurrence of maltreatment within 12 months after first substantiated allegation	13.1%
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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.

For all children in county supervised or Foster Family Agency child welfare supervised foster care during the most recent nine month review period (10/1/02-6/30/03) (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

1C. Rate of child abuse and/or neglect in foster care (Fed)	No data available
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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 receiving child welfare services. This data was developed by CDSS. It is a state outcome measure.

Of all the children with allegation (inconclusive or substantiated) who were not removed and who had a subsequent substantiated allegation within 12 months?

URL: <http://www.dss.cahwnet.gov/research/>

2A. Rate of recurrence of abuse/neglect in homes where children were not removed	10.6%
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Percent of 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 child abuse and neglect referrals that have resulted in an in-person investigation stratified by immediate response and ten-day referrals, for both planned and actual visits.

URL: <http://www.dss.cahwnet.gov/research/>

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2B. Percent of child abuse/ neglect referrals with a timely response	Immediate Response Compliance 92.2%	10 Day Response Compliance 94.3%
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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 Safe Measures application may provide different results.)

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

URL: <http://www.dss.cahwnet.gov/research/>

2C. Timely social worker visits with child	April 2003 58.0%	May 2003 59.8%	June 2003 65.1%
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PERMANENCY AND STABILITY 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 most recent 12 month study period (7/1/02-6/30/03), what percent had been in care for less than 12 months?

URL: http://cssr.berkeley.edu/CWSCMSreports/cfsrdata/standards/cfsr_standardsForm.asp

3E. % reunified within 12 months (Fed)	84.1%
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State: For all children who entered foster care for the first time (and stayed at least five days) during the most recent 12 month study period (7/1/01-6/30/02), what percent were reunified within 12 months?

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

3A. % reunified within 12 months (entry cohort)	59.3%
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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 most recent 12 month study period (7/1/02-6/30/03), what percent had been in care for less than 24 months?

URL: http://cssr.berkeley.edu/CWSCMSreports/cfsrdata/standards/cfsr_standardsForm.asp

3D. % adopted within 24 months (Fed)	30.3%
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State: For all children who entered child welfare supervised foster care for the first time (and stayed at least five days) during the most recent 12 month study period (7/1/00-6/30/01), what percent were adopted within 24 months?

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

3A. % adopted within 24 months (entry cohort)	8.0%
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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 most recent 12 month study period (07/1/02-06/30/03), what percent had no more than two placements?

URL: http://cssr.berkeley.edu/CWSCMSreports/cfsrdata/standards/cfsr_standardsForm.asp

3B. % with 1-2 placements within 12 months (Fed)	83.4%
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State: For all children who entered child welfare supervised foster care for the first time (and stayed at least five days) during the most recent 12 month study period (7/1/01-6/30/02), and were in care for 12 months, what percent had no more than two placements?

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

3C. % with 1-2 placements –if still in care at 12 months (entry cohort)	71.0%
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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 most recent 12 month study period (07/1/02-06/30/03), what percent were subsequent entries within 12 months of a prior exit?

URL: http://cssr.berkeley.edu/CWSCMSreports/cfsrdata/standards/cfsr_standardsForm.asp

3F. % of admissions who are re-entries (Fed)	14.7%
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State: For all children who entered child welfare supervised foster care for the first time (and stayed at least five days) during the most recent 12 month study period (7/1/00-6/30/01) 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. % who re-entered within 12 months of reunification (entry cohort reunified within 12 months)	6.1%
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FAMILY RELATIONSHIPS AND COMMUNITY CONNECTIONS

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 most recent point-in-time (July 1, 2003), 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	52.3%
4A. Percent of children in foster care that are placed with SOME siblings	76.5%

Foster Care Placement in Least Restrictive Settings (4B)

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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 most recent 12 month study period (7/1/02-6/30/03), what percent were in kin, foster, FFA, group, and other placements (first placement type, predominant placement type); What percent of children in child welfare supervised foster care were in kin, foster, FFA, group, and other placements in the most recent point in time (July 1, 2003)?

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

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

	Initial Placement	Primary Placement	Point in Time Placement
4B. Relative	11.5%	22.1%	23.5%
4B. Foster Home	51.6%	40.2%	32.7%
4B. FFA	7.4%	7.4%	5.8%
4B. Group/Shelter	23.0%	8.2%	10.4%
4B. Other	6.6%	22.1%	27.7%

Rate of ICWA Placement Preferences (4E)

This measure reflects the percent of Indian Child Welfare Act eligible children placed in foster care settings defined by the ICWA. This data was developed by CDSS. It is a state outcome measure.

Of those children identified as American Indian, what percent were placed with relatives, non-relative Indian and non-relative non-Indian families?

URL: <http://www.dss.cahwnet.gov/research/>

4E. Relative Home	14.0%
4E. Non-Relative Indian Family	10.5%
4E. Non- Relative Non-Indian Family	29.8%

WELL-BEING OUTCOMES

These measures are designed to reflect the degree to which children and families receiving child welfare services are receiving the services necessary to provide for their care and developmental needs.

Children Transitioning to Self-Sufficient Adulthood (8A)

This measure reflects the percent of foster children eligible for Independent Living Services who receive appropriate educational and training, and/or achieve

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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.

URL: <http://www.dss.cahwnet.gov/research/>

Number of Children Transitioning to Self-Sufficient Adulthood with:

8A. High School Diploma	15
8A. Enrolled in College/Higher Education	17
8A. Received ILP Services	154
8A. Completed Vocational Training	2
8A. Employed or other means of support	63

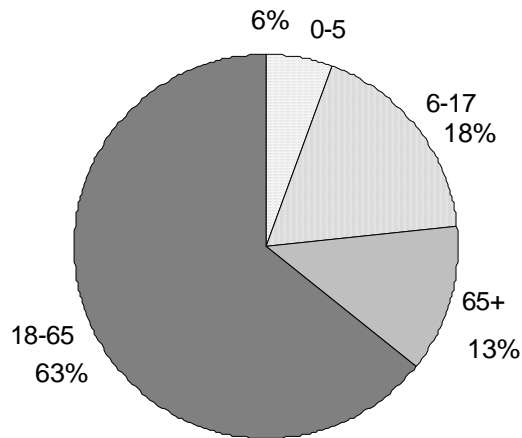
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Demographics of General Population

Humboldt County, located in Northwest California, is 225 miles north of San Francisco, the closest major metropolitan city. The County encompasses 2.3 million acres, 80 percent of which is forestlands, protected redwoods and recreation areas.

Together, the coastal cities of Eureka and Arcata contain about 35 percent of the county's population. Thirteen percent of the population is scattered among five other incorporated cities (Blue Lake, Ferndale, Fortuna, Rio Dell, and Trinidad.) The remaining 52 percent of the county residents reside in unincorporated communities. These unincorporated communities reach the outskirts of the county, and provide challenges for residents to access services.

According to the 2000 census, the population of Humboldt County is 126,518.



Humboldt County Population by Age

	% of population
African Am.	1.4
Asian	2.3
Latino	3.1
Native American	8.3
Other	0.2
White	84.7

Roughly eight percent 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, Karuk of California, Table Bluff Reservation-Wiyot, Trinidad Rancheria and Yurok. The indigenous Native American population in Humboldt County consists of the Hoopa, Karuk, Wiyot and Yurok.

In Humboldt County, 85% of the population over the age of twenty-five has a high school diploma. In this same age group, 23% has a college degree.

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There are 51,238 households¹ in Humboldt County. Of these households, 30,645 or 60%, are family households.² The median household income in Humboldt County in 1999 was \$31,226. The per capita income is \$17,203. The percent of individuals in Humboldt County that fall below the poverty level is 19.5%. Approximately 20.8% (3,311) of families with children under the age of 18 fall below the poverty level. Over 1800 families received Transitional Aid for Needy Families (TANF) in Humboldt County in 2003. Eleven percent of Humboldt County children lack health insurance.

There are 55,912 housing units in Humboldt County. Eighteen percent of the units are in multi-unit structures. The home-ownership rate is 57.6%. The median price for a single family home in April 2004 was \$240,200.

Humboldt County is in the long-term process of moving from an economy based principally on natural resource extraction to a more diverse economy that heavily relies on service and retail trade. These industries are known for low wages and work schedules outside of traditional workday hours. Individuals employed in these fields require economic supports to assist in sustaining their families. Some of these supports include assistance with transportation and child care. The unemployment rate in Humboldt County for February 2004 was 7%. Over the last ten years the unemployment rate ranged from a high of 9.3% to a low of 4.9%.

Education System Profile

Humboldt County has 32 school districts with 82 school sites serving 20,678 students kindergarten through 12th grade. The largest school district is Eureka Unified School district and the smallest is Green Point district. For children with special needs, the Humboldt County Office of Education provides regional services.

California Standardized Testing and Reporting (STAR) tests for Humboldt County show that 22% more of the economically disadvantaged students scored below the fiftieth percentile than those that were not indicated as economically disadvantaged.

CWS Outcomes and C-CFSR 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

¹ Household – includes all the people who occupy a housing unit as their usual place of residence.

² Family Household – a group of two or more people who reside together and who are related by birth, marriage, or adoption.

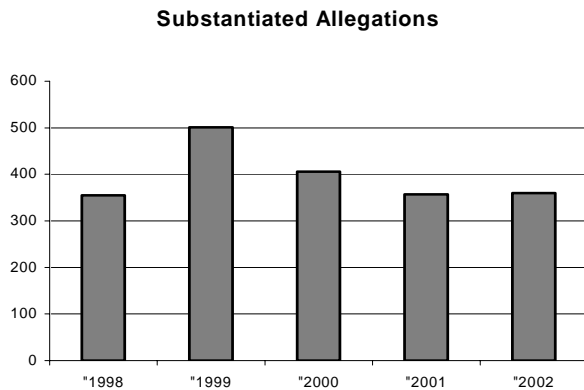
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Rate of Referrals

The rate of children with referrals to Child Welfare Services in 2002 was 94.1 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 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. This may result in multiple reports made to CWS on the family. A variety of trainings are available, and well attended, on child abuse and how to report suspected instances of abuse in Humboldt County. These factors may contribute to the rate of reporting.

Substantiated Referrals

The number of children with substantiated referrals in 2002 was 360. This is not an increase and actually is consistent with a decrease since 1999 as shown below.



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.

The recurrence of maltreatment

Of all children with a substantiated report between July 1, 2002 and December 31, 2002, the recurrence of maltreatment within 6 months was 7.3%. This is slightly above the federal standard of 6.1%. There is no state standard for this measure. The rate of 7.3% represents 14 of 192 children.

The 7.3% rate of recurrence of maltreatment represents 14 children in this time period. Six of these children were in one family. The absence of this one family would have dropped the rate to 4.7% which is below the federal standard. The

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second report of maltreatment (neglect or neglect/absence) was the same as the first report for 14 of the children.

Of all children with a substantiated report between July 1, 2001 and June 30, 2002, 12.9% had a subsequent substantiated referral within 12 months. This represents 40 of 309 children. There are no federal or state standards for this measure.

Of all children with a **first** substantiated report between July 1, 2001 and June 30, 2002, 13.1% had a subsequent substantiated referral within 12 months. This represents 31 of 237 children. There are no federal or state standards for this measure.

In 1998 Humboldt County CWS implemented Structured Decision Making (SDM.) These assessment tools are used throughout CWS case management in determining safety, risk, family strengths and needs and ongoing risk and reunification for children. It also assists in assessing underlying risk for children who: were not removed from the home; permanency planning; concurrent planning; foster care placements; ICWA and sibling placement. Following the decision process in SDM guides the social worker in developing the appropriate case plan for each family. The use of this assessment tool has contributed to the decrease in recurrence of maltreatment.

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 chosen to implement Redesign policies, procedures and activities, Humboldt will be implementing new strategies to improve the well-being of children. One of these strategies is Differential Response. Differential Response will allow CWS to refer many of the families previously evaluated out from a CWS in person response to community partners. These community partners will be able to provide services to families that may prevent them from entering into a crisis situation that will require CWS involvement.

A service already available to families that do not meet the criteria for an in-person response by CWS is the Alternative Response Team (ART). This is a voluntary in-home program that provides case management for up to six months. A team of Public Health Nurses and Community Health Outreach Workers address the needs of families with children ages 0 – 8. To qualify, families must have at least one child under the age of 8.

Incidence of Child Abuse and/or Neglect in Foster Care

The percent of children in foster care who are abused or neglected while in foster care placement for the time period 10/1/02 to 6/30/03 was 0.00%. The federal standard for this measure is 0.57%. There is no state standard for this measure.

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Services and resources available to foster families to prevent abuse and/or neglect include:

- Foster parent training
- College of the Redwoods training and support
- Mental Health Counseling services
- Transportation Assistance
- Child Care Assistance
- Humboldt County Foster Parent Association
- New Directions of Humboldt County Foster Parent Association
- Foster Care Community Partner Focus Group
- Social Worker visits

Two other programs, Family Intervention Team (FIT) 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. 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.

As indicated by the data for substantiated referrals, rate of referrals and rate of child abuse and/or neglect in foster care, protecting children in Humboldt County from abuse and neglect is an outcome that is currently addressed well in Humboldt County. The recurrence of maltreatment is one area that CWS will look to improve upon. Continuing current practice in those areas that are doing well and following through with future plans for the 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

The rate of recurrence of abuse/neglect in homes where children were not removed while receiving child welfare services for the time period July 1, 2001 through June 30, 2002 is 10.6%. This represents 58 children from a total of 548

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families. There are no federal or state measures for this measure. Approximately 6% of the children had a different allegation from their initial referral.

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 not a need to remove the child but it is the social worker's judgment that the family would benefit from services, the family is provided voluntary or court ordered Family Maintenance services. The number of families that accept voluntary Family Maintenance is estimated to be about 100 families per year.

Services available to families in Family Maintenance may include:

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

* indicates home-based services

Compliance with Family Maintenance case plans is determined by 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 conferences, reports from Safe Measures (a web based software tool that measures visits and services completed) and Business Objects (software that can create reports from data entered into the CWS main electronic case management system.)

Percent of Child Abuse/Neglect Referrals with a timely response

The percent of child abuse/neglect referral with a timely response for the second quarter (April-June) of 2003 is 92.2% for referrals requiring immediate response and 94.3% for referrals requiring a response within 10 days. This is above the state standard of 90%. There is no federal standard for this measure.

Contributing factors to timely visits on referrals are:

- Training
- Agency expectations
- Safe Measures
- Child Welfare Services/Case Management System
- Supervisor monitoring and direction
- Staffing levels to keep caseloads reasonable.

The timeliness of visits on referrals in Humboldt County is a strength.

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Timely Social Worker Visits With Child

The percent of children who required a monthly social worker visit and received one in the second quarter of 2003:

April	58.0%
May	59.8%
June	65.1%

This is below the state standard of 90%. There is no federal standard for this measure.

For these three months, 599 (cumulative) children required monthly contacts. Many of these visits were made but were improperly recorded in CWS/CMS. Three hundred and fifty children had monthly visitation waivers that were not recorded in CWS/CMS correctly. Some of the children moved without informing CWS and CWS was not able to determine where they were located, so visits could not be made. This is an area that CWS is striving to improve upon. The following action steps are being taken to ensure timely visits with children:

- Review and re-training (where needed) on documentation and data entry
- Direct supervision
- Full utilization of Safe Measures
- Improved data clean-up and tracking
- Monthly reports received mid-month to identify needed visits.

Based on the data that measures children being safely maintained in their homes whenever possible, this is an outcome CWS needs to improve upon. The implementation of CWS Redesign Differential Response should have a positive impact on this outcome. It will increase the number of, and access to, resources and services that will help families remain safely intact. Improving timely visits will also improve this outcome. Improving data entry, stability of the workforce and training will improve the performance in this area.

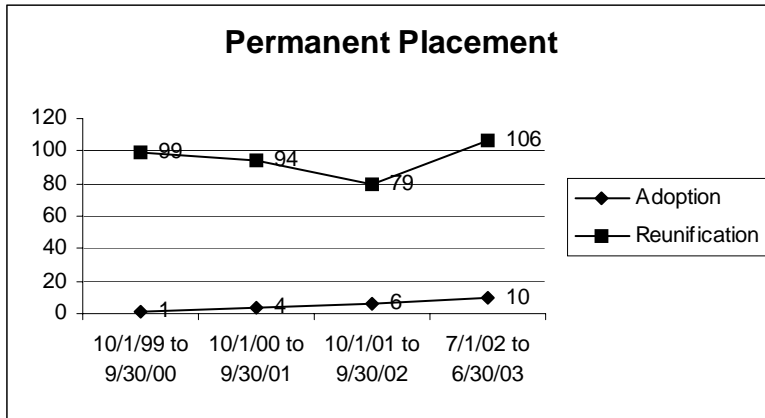
Outcome: Children have permanency and stability in their living situations without increasing reentry to foster care.

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

Some of the provisions of the Adoptions and Safe Families Act expect an increase in the rates of reunification, adoption and guardianship which would result in a decrease in long term foster care placements. In Humboldt County the rate for adoption has steadily increased and the rate of reunification has improved since 1999 as illustrated in below:

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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 in the time period July 1, 2002 to June 30, 2003 was 84.1%. This is above the federal standard of 76.2%. There is no state standard for this measure.

There were 86 children who *entered* foster care for the first time (and stayed at least 5 days) between July 1, 2001 and June 30, 2002. Of these children, 51 (59.3%) were reunified within 12 months.

Some contributing factors to reunification are: case plans are developed in which necessary action steps and services are clearly identified to bring about reunification; case plans that engage the families, draw upon strengths and resources as well as being 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 to the home when all case plan objectives have been completed.

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

Reunifying children with their families is a strength in Humboldt County. Services and programs planned for the future to continue early reunification are Family to Family, Parent Child Interactive Therapy and Incredible Years.

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Length of Time to Exit Foster Care to Adoption

The percent of children adopted in the time period July 1, 2002 to June 30, 2003, that were within 24 months of removal from their home was 30.3%. This is just short of the federal standard of 32%. As mentioned earlier the number of adoptions in Humboldt County has steadily been increasing.

There were 100 children who entered foster care for the *first* time between July 1, 2000 and June 30, 2001. Eight of these children were adopted within 24 months of removal from their home. There is no federal or state 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 and the tribe are the least desired result. Many times relatives of the parents of children who they are caring for do not want, or support, severing the rights of the parent, their relative. In other cases, children reach permanency through guardianship.

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.

The process to terminate parental rights does not begin until an appropriate adoptive home is found. The legal process required for adoption many times slows the process of adoption down.

Stability of Foster Care Placement

For all children in foster care for less than 12 months from July 1, 2002 to June 30, 2003, 83.4% had no more than two placements. For all children who entered foster care for the first time (and stayed at least 5 days) from July 1, 2001 to June 30, 2002 and were in care for 12 months, 71% had no more than two placements. There are no federal or state standards for these two measures.

For Probation youth who were in foster care for less than 12 months from July 1, 2002 to June 30, 2002, 91.3% had no more than two placements.

One of the processes in place to ensure minimal placement moves for children is the home study conducted by the Foster Care Coordinator when a foster home has been licensed. The home study gathers information to ensure the home and child are a good match. The Foster Care Coordinator remains available for questions and support to the foster family. Monthly social worker visits also contribute to

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minimal placements. Foster parents' needs are addressed during these visits as well as in the development of the case plan.

FIT (Family Intervention Team mentioned in the first Outcome) provides needed services for children and foster youth who need the highest levels of care. FIT seeks to place these children in the least restrictive environment.

In the event that permanent or temporary foster families are not available for high-end children, the Mental Health branch operates the Children's Center. At the Center, Mental Health and Social Services staff provide an in-depth mental health assessment.

In addition to the Children's Center and foster homes, the county will begin operation of a Foster Family Agency (FFA.) The evidence-based practice, Multidimensional Treatment Foster Care, will be used as the model for the FFA. The FFA will provide treatment for 6 to 8 months.

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. In 2004, Family to Family will begin to be implemented in Humboldt County. Family to Family will assist 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.

Rate of Foster Care Re-Entry

For children who entered foster care from July 1, 2002 to June 30, 2003, 14.7% had subsequent entries within 12 months of a prior exit. In other words, during this rating period 26 of 177 children re-entered foster care. The federal standard for this measure is 8.6%. Of the 26 children, 74% entered for the same type of allegation, 26% entered for different types of allegations. Of 23 Probation youth who entered foster care, 5 (21.7%) re-entered foster care within 12 months.

For children who entered foster care for the **first** time (and stayed at least 5 days) from July 1, 2000 to June 30, 2001, and were reunified within 12 months, 6.1% had a subsequent entry in to foster care. Three of the 49 children who entered care for the first time re-entered care within 12 months.

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

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can be extended past six months if needed. While receiving Family Maintenance services, families are connected with resources in their community so that they are aware of, and can access, local supports.

Factors that contribute to families re-entering foster care are: lack of affordable housing, lack of affordable substance abuse treatment, domestic violence, child care, substance abuse, chronic issues that seemed to have been addressed resurface, and/or new issues arise.

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 re-entry to foster care is higher than desired, the practices being put in place should decrease this in the future.

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

Siblings Placed Together in Foster Care

For children in foster care on July 1, 2003, 52.3% were placed with *all* of their siblings. Placement with *some* of their siblings for the same date was 76.5%. There are no federal or state standards for these measures.

A major factor that allows children to be placed with siblings is based on relative placement. Siblings are most likely to be placed together if a relative placement can be made. For the same timeframes measured, 23.5% of the children placed, were placed with relatives. In some cases there are relatives willing and able to take in a biologically linked child but not his or her sibling who is not directly linked to the relative. In other cases, there are not enough foster homes that have the capacity to take all siblings of a family.

Humboldt County would like to improve the rate of siblings being placed together. Expansion of relative placement and implementation of Family to Family are being planned to assist in improving this rate.

Foster Care Placement in Least Restrictive Settings

Listed below are percentages of where children entering foster care between July 1, 2002 and June 30, 2003, were placed when they first entered foster care (initial),

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the children's main (primary) placement and where they were placed on July 1, 2003 (point in time.)

Foster Placement	Initial	Primary	Point in Time
Relative	11.5%	22.1%	23.5%
Foster Home	51.6%	40.2%	32.7%
Foster Family Agency	7.4%	7.4%	5.8%
Group Home/Shelter	23.0%	8.2%	10.4%
Other	6.6%	22.1%	27.7%

Humboldt County's first priority is to place children with relatives. Many times relatives do not meet the federal regulations for homes where the children being removed may be placed. Foster homes are where most children are placed. The Group Home/Shelter initial placement reflects children going in and out of temporary placement.

Rate of 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 and are the biological children of a member of a federally recognized tribe. If so, a notice is sent via registered mail with return receipt requested to the children's parents, Indian custodian, and the chairman (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 for 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. 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.

In the second quarter (April – June) of 2003, Native American children had the following placements:

Foster Placement	% placed
Relative Home	14.0
Non-Relative Indian Family	10.5
Non-Relative, Non-Indian Family	29.8
Other (includes FFA, Group Home/Shelter)	45.7

This chart reflects a high number of placements in Group Homes and Shelters. This number reflects children entering and exiting temporary placements. This is an area in which Humboldt County needs and wants to improve. Efforts are being

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made to contact the local tribes and work collaboratively to improve placement processes and increase relative and non-relative Indian placement.

Recruiting Rural Parents for Indian Children, a new five-year demonstration program by a collaboration between the Independent Adoption Center, Teamwork for Children and Oregon Research Institute, is beginning in 2004. The goal is to increase the number of Indian foster families throughout 11 California counties. Humboldt County is one of these counties. CWS and Probation have begun working with this program to meet the goals of the program as well as the county's goals 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. As mentioned, new efforts and practices are, or will be implemented this year to improve the capacity to place all siblings together, increase relative placements and increase the number of Native American children placed in Native American homes.

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

Child Welfare Services Independent Living Skills (ILS) program serves CWS and Probation youth ages 16 -20. 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

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. Currently, 47 clients over the age of 18 receive ILS services.

Of the 154 CWS and Probation foster youth participating in ILS from October 1, 2001 to September 30, 2002 the following results were reported:

High School Diploma/GED completion	15
Complete Vocational Training	2
Enrolled in College/Higher Education	17
Employed or Other Means of Support	63

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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. CWS Redesign will also have Humboldt County working closely with the community to provide a support system for these youth so that as they reach adulthood, they have a mentor to help them reach success. This is an outcome that Humboldt County will have as a strength.

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Public Agency Characteristics

Size and Structure of Agencies

Child Welfare Services

Over the past four years, the Humboldt County Department of Health & Human Services (DHHS) has implemented significant organizational and program restructuring towards enhancing the delivery of services to our residents. Humboldt County developed the Department of Health and Human Services through an Integrated Services Pilot in February 1999 with legislation (Assembly Bill 1259) introduced by Assemblywoman Virginia Strom-Martin. As a result of AB 1259, the County Departments of Social Services, Public Health, and Mental Health were able to consolidate, allowing a more integrated service system. The Employment Training Department joined the Social Services Branch in 2003. Since then, there have been significant improvements in programs and services that would not have been possible without AB 1259's regulatory waiver authority. Humboldt County is one of only three California Counties with this regulatory waiver authority.

In addition, the Department of Health and Human Services has made a commitment to the promotion of evidence-based practices. DHHS has been conducting evidence-based practice trainings on a continual basis since January 2004. DHHS is converting to a system which increases success by developing programs with replicable outcomes using evidence-based practices. A commitment has been made to promote services using Multidimensional Treatment Foster Care (MTFC), Parent-Child Interaction Therapy (PCIT), Incredible Years, Functional Family Therapy, Aggression Replacement Training, and Family to Family program models to help incorporate the best practice available into DHHS service system.

Other collaborations include the Family Intervention Team (FIT) mentioned earlier, which is an interagency team comprised of the Humboldt County Department of Health and Human Services, the Humboldt County Probation Department, the Humboldt County Office of Education, Eureka City Schools, Local Tribes and the Redwood Coast Regional Center. The mission of FIT is to provide a comprehensive interagency system of care for at risk children/youth utilizing the resources of the family and extended family in managing clinical and fiscal risk. The FIT Team provides necessary input on out-of-home placements. The team monitors the child's/youth's placement in care to ensure that the child/youth is receiving appropriate services. The team also helps coordinate services for children returning to the community for the purpose of treatment and educational planning.

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Probation Department

The Probation Department has a unique position in the lives of children in the community. 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. Probation links the many diverse stakeholders, including law enforcement; the courts; prosecutors; defense counsel; community-based organizations; mental health, drug and alcohol, and other service providers; the community; and the child and family by providing services such as programs, supervision and case management activities designed to promote constructive change and growth. 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 targeting high-risk populations. As a result 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 Probation Alternative in a Community Environment (PACE), Family Intervention Team (FIT), Probation System of Care (P-SOC), and New Horizons programs which utilize the integration of blended and flexible funding and staffing from Probation and the DHHS.

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 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.

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

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which offers multi-disciplinary intensive mental health and alcohol and other drug treatment services to delinquent youth with serious emotional problems.

County Licensing

The licensing of foster homes is conducted by the California Department of Community Care Licensing (CCL) in Humboldt County. CWS and Probation both have good, cooperative working relationships with CCL. DHHS has made a commitment to provide for expanded foster care resources and an application is underway to become a licensed Foster Family Agency (FFA). The FFA focus of treatment will be based on the Multi-Dimensional Treatment Foster Care (MTFC) model which is an evidence-based practice.

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, 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.

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 homes are a type of out-of-home care. Relative homes are approved and re-evaluated annually by the CWS relative placement specialist and Probation Department placement officer, respectively. Relatives are recruited by the child's social worker / probation officer and the relative placement specialist. Humboldt County wishes to increase 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 the mandates of the law regarding the neglect/abuse of children in Humboldt County. CWS maintains effective working relationships with other agencies who work in conjunction with

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providing 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 previously been cited and some are contract providers for services to CWS consumers. Some examples include the FIT Team, Humboldt Child Care Council, State Adoptions, CCL, Probation Department, the Mental Health and Public Health Branches.

Staffing characteristics/issues

Child Welfare Services has 94 positions comprised of 57 social workers, 12 social worker supervisors, 10 clerical support workers, 3 administrative analysts, 12 vocational assistants and 3 program managers. These positions are rarely completely filled. The turnover rate for social workers from July 1 2002 to June 30, 2003 was 25%. The average caseload size for social workers is:

Program	Cases
Emergency Response	10*
Family Maintenance/Family Preservation	24.8
Family Reunification	10.9
Permanent Placement (*families)	23.0

The Probation Department has 28 staff comprised of 24 probation officers and 4 supervisors assigned to its juvenile division. The turnover rate for probation officers assigned to the juvenile division last year was 17%. The average caseload size for juvenile court investigations officer is approximately 40-45 cases, while the average caseload size for a field supervision officer is approximately 40-45 cases. Specialty service caseloads average 15-20 children and families.

The employees of the DHHS and the Probation Department are provided the resources of a collective bargaining unions. This unit provides for safe and protective issues surrounding wages, working conditions and various benefits. The union negotiates and ensures workers do not work in a position out of class, change a classification without conference, as well as the outsourcing of work currently being done by staff.

Hiring staff in the Social Services Branch is done under an agreement with Cooperative Personnel Services' Merit System. Merit System assists in maintaining professional standards, and assists in recruiting (advertises, interviews, evaluates and ranks) prospective employees for the Social Services

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Branch. Merit System also maintains professional standards by setting requirements for positions, identifies positions by function and requires specific education and training for each function.

There are no barriers beyond the legal guidelines that impact services. The nature of human services is not limited to the typical 8 hour day which impacts service delivery in a general sense.

Private contractors

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

Humboldt Child Care Council
North Coast Children's Services
North Coast Clinics Network
National Council on Crime and Delinquency – Safe Measures provider
Humboldt County Probation Department

In addition to these, there are also intra-agency agreements with the Public and Mental Health branches. Several of these contracts will end with fiscal year 2003-04 in order for the services to be provided by DHHS.

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

Department of Health and Human Services
County Office of Education
Fortuna Community Services
Redwood Community Action Agency (RCAA) / Youth Services Bureau
Humboldt County Boys and Girls Club

The Probation Department has been a Mental Health Organizational Provider of Specialty Mental Health services for the last few 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

Since the consolidation of Social Services, Mental Health and Public Health into DHHS took place the department continues to develop strategies for the braiding and integration of funds from the three branches, as well as Community Partners

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and other Public Agencies. Currently the Social Services Branch receives the following allocations with funding being a combination of Federal, State and County shares designed to positively impact the county's at-risk families and children:

- AB2129 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
- KinGAP Administration Funding
- Kinship & Foster Care Emergency Funding
- Promoting Safe & Stable Families Funding
- STOP Funding

DHHS is a proponent of integrated funding including interagency and intra-agency funding, and community collaborations. Some of the Interagency collaborations and resources that positively impact outcomes for children and families are: Family Intervention Team, Community Partners, Evidence-Based Practices, 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 funding from local county government. While limited-term federal and state funding allocations are available, the State does not provide a stable or continuous revenue stream in support of local probation services. Probation as an agency, 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.

Political jurisdictions

Humboldt County is comprised of both city, county and unincorporated areas. Child Welfare Services and Juvenile Probation maintain an effective working relationship with the schools, Courts, Tribal agencies, Law Enforcement agencies 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, Court Improvement, Service Review Team, Community Partners, Healthy Start

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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 staff utilize personal computers at their desks and laptop computers are available to take in to the field. Case information and data is entered into the Child Welfare Services/Case Management System (CWS/CMS) statewide system. Personal Data Assistants are available and 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. Cell phones are available to all social workers and increase social worker efficiency and safety.

Safe Measures, a web-based data report system, which allows supervisors to monitor numerous aspects of a case. This system is utilized by CWS staff. Business Objects, Microsoft software that can create reports based on information entered into CWS/CMS, is used as a quality assurance tool.

The Probation Department is limited with regard to its information technology infrastructure and its capacity to manage and track children receiving services in the juvenile division. Resources for agency technology need to be reconfigured and augmented to enhance the ability for Probation to participate in statewide communication/case management systems and to allow for improved operational capacity and performance outcome evaluation.

Current Systemic Reform Efforts:

As previously mentioned, 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 will be able to strengthen and improve services for children and families.

Humboldt County's DHHS has made a commitment to using evidence-based practices in all prevention, early intervention and treatment strategies. This long-term strategic decision will permeate all aspects of County agency activity, and extend to community partners over the long haul. It is a foundation for successful community and family interventions. The evidence-based practices that will be implemented in Humboldt County are: Aggression Replacement Therapy, Family to Family, Functional Family Therapy, Incredible Years, Multi-dimensional Treatment Foster Care, and Parent Child Interaction Therapy. DHHS is also participating in CalMAP (California Medical Algorithm Project.) CalMAP is the use of evidence-based medical practice. It will provide standardized prescribing of medications to patients in all settings. Successful implementation of CalMAP will provide a more uniform, consistent approach to medical treatment with better

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outcomes. DHHS has embarked on the creation of a fully integrated children and families division that is comprised of Social Services, Mental Health and Public Health branches. There are also efforts to maximize funding resources, and cross-training of Social Workers and Probation Officers in order to bill for Mental Health services is in place.

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Systemic Factors

This section discusses the federally identified systems involved in delivering child welfare services and any additional factors the County chooses to discuss.

Relevant Management Information Systems

Child Welfare Services main source for collecting data on referrals and services is the Child Welfare Services Case Management System (CWS/CMS.) It is a statewide system used by all California counties. Many times this data system is slow to update data collection fields to match changes in regulations and state mandates. This results in Social Workers developing “work-arounds” to enter data a specific way so that information is collected as required. These work-arounds require extra work and at times cause confusion which results in data being entered incorrectly. It is important that data is entered correctly to reflect the work that is being done as well as reflect the outcomes of children and families that receive services from CWS. Humboldt County will continue to work, with the state to identify gaps and develop solutions in CWS/CMS.

In Humboldt County, a new data base, the Family Intervention Team (FIT) database, is in development and should be implemented within the year. It will allow management and those workers assigned to manage FIT cases to identify trends as well as families that need attention. This data base will also assist in compiling data for reporting and grant applications.

Safe Measures is a web-based data system that monitors numerous case requirements a few of which are: timely social worker visits with children and families, regularly scheduled medical and dental appointments for children, number of placement settings, and case closure deadlines. CWS also utilizes Microsoft Business Objects to create reports based on CWS/CMS data entered by staff.

The Probation Department is limited to the use of an internal ACCESS program database to manage and track children receiving services in the juvenile division.

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 Defender’s 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

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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 attorneys available locally.

On a daily basis, 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 partner 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. This is a forum to discuss issues that affect the process and procedures of these cases. 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 has embraced FIT (Family Intervention Team) and family group decision-making and follows these plans when presented. 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.

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Continuances of legal proceedings continue to be a problem with regards to cases progressing through the Court process. For February 2004 there were a total of 145 continuances. Reasons for continuances:

Number	Reason of Continuance
11	Parent's or an attorney's failure to show
14	Court's availability of time to hear the issue
27	CWS issues (late, inadequate or no report; notice issues or social worker request)
93	Request of the parent's or child's counsel

CWS acknowledges the need to file timely and complete reports on the part of CWS as well as ensuring notices are issued correctly. The large number of continuances granted by the Court to parent and/or child attorneys suggests that the attorneys may be using the continuances as a tool to manage the case. Many times the reason a continuance is requested by these attorneys is that they have not met with their client in the case or have not had time to read the report and so are not prepared to go forward.

In the case of hearings for the permanence for the dependents of the County, the Court makes every effort to facilitate a timely hearing. The Court sets a hearing date and also 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. This has been slowed down on occasion, when CWS has failed to provide adequate notice to the parents and/or tribe in ICWA cases.

Juvenile hearings are currently held in the County Veteran's Building and will soon be held in the County's court house. These facilities are not adequate for juvenile hearings. Both of these facilities lack a separate waiting room, and no suitable activities are available for children waiting to be called.

Process for timely notification of hearings

Legal Office Assistants and Social Workers are responsible for notifying all involved parties for hearings. In the case of Native American children, 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 and are the biological children of a member of a federally recognized tribe. If there has been previous CWS involvement, case records are also checked for Indian tribe membership or eligibility for membership. If so, a notice is sent via registered mail with return receipt requested to the children's parents, Indian custodian and the chairman (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

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Affairs asking for 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.

In terms of hearing notifications, CWS has regular, ongoing communication with the caregiver to solicit their input and attempts to incorporate this input into decisions and recommendations for the hearing.

Process for 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 of the tools 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 in writing in 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.

In determining goals, visitation, requesting specific services and evaluating progress, CWS and Probation involve the parents, children and youth by attending meetings with the family and hearing their goals, plans and concerns. CWS also communicates with extended family members, other service providers and/or others with knowledge of the family before assessing safety, risk, protective capacity and level of attachment.

Child Welfare Services case plans are developed around the needs of the child. In determining who the caregiver will be, the child's needs are considered and the caregiver best able to meet these needs is selected. The Probation Juvenile Division takes these factors as well as public safety and victim's rights into consideration. In this way the caregiver's needs are addressed in case plans. A child would not be placed with a caregiver who could not meet his or her needs.

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 which will meet the needs of the child. Essential service

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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 Safe Measures. CWS meets the timeframes required for Permanency Hearings by following these same processes.

Concurrent Planning, planning for reunification and for permanency, is practiced in Humboldt County. Early in an investigation, the emergency response social worker will evaluate the likelihood that a family will be reunified. If there is a high probability that the family will not reunify, the social worker will notify the local office of CDSS Adoptions. These cases will then have a plan for reunification and a plan for permanency developed.

Terminating Parental Rights (TPR) in Humboldt County is approached with extreme prudence. Relatives of parents who are caring for their children do not want the rights of the parents, their relative, severed. Native American tribes feel strongly that parental rights, as well as ties to the tribe, should not be terminated. If adoption is part of the placement plan, placement preferences are first with a member of the child's extended family, then with other members of the child's tribe and then with other Indian families. In situations where the permanent plan is adoption, the process for TPR does not begin in Humboldt County until a suitable adoptive home is located.

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Foster/Adoptive Parent Licensing, Recruitment and Retention

General licensing, recruitment and retention

As mentioned earlier, 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 a Relative Specialist who assists relatives in the relative approval application process and is available to the family for assistance.

Foster Parents attend training provided by CWS in conjunction with the College of the Redwoods Community College. There are two Foster Parent Associations in Humboldt County that serve as resources for Foster Parents for support and education. In 2004, College of the Redwoods and DHHS hosted the first annual "Building a Team" Foster Parent Conference that provided information, training, and support to local foster parents.

Placement Resources

There is a significant lack of foster care placement resources within the county that seriously interferes with appropriate matching of children who do not have a relative available for their care. Children in sibling groups continue to be separated due to lack of placement resources. This lack of resources leads to placement instability and ultimately to risks of higher levels of care. In addition, there is only one group home available within the county for children needing a moderate level of group home type placement services. Children suffering with serious emotional difficulties who cannot be maintained in their homes, with relatives, or in suitable foster care within the community must be placed in higher level group homes that are located 4 to 10 hours away from their families and communities. This distance can make it difficult to build appropriate treatment and transition plans for children to return to their families and communities.

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 care specialist and foster care coordinator work collaboratively to place children with relatives. Probation also searches for relatives whenever a child needs to be placed out of home.

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Quality Assurance System

Existing quality assurance system

One quality assurance tool in place is case review. Supervisors review cases when:

- A call is received by a screener and the decision is made to create a referral
- At conclusion of investigation
- When a child is being placed in protective custody
- During ongoing weekly supervision meeting
- Service Review Team staffing for
 - Program change
 - Case closure

As mentioned earlier, Safe Measures and Microsoft Business Objects are utilized to track case management performance as well as identify case management and data entry needs.

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 (in-take, program changes and case closure.) 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.

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.

The Probation Department's quality assurance system is comprised of on-going case supervision meetings in concert with quarterly internal randomly selected case file audits by respective juvenile unit supervisory staff to ensure on-going compliance with State Division 31 requirements regarding children in, or at-risk of entering out-of-home care.

Service Array

Availability of Services

As mentioned earlier CWS utilizes the SDM family strengths and needs assessment 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. Based upon these assessments

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numerous services are available to the children and families. Many of these services have been mentioned earlier and are listed below:

- Alternative Response Team (ART) – a voluntary in-home program that provides case management for up to six months in which a team of Public Health Nurses and Community Health Outreach Workers 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
- Child Abuse Services Team (CAST) – a team comprised of Social Services, Mental Health, District Attorney and Law Enforcement staff that provides to the courts a recorded forensic interview with children who are victims of abuse. This team approach allows the child to be interviewed once as opposed to individual interview with each of the members of CAST. This single interview minimizes the trauma to the victim.
- Parenting Classes through Humboldt Child Care Council
- Mental health, therapeutic and case management services through Mental Health Branch, Two Feathers or United Indian Health Services and Probation System of Care Program.
- Family Intervention Team (FIT) – staff from Social Services, Probation, Mental Health, Public Health and additional community providers when appropriate, make up this team that coordinates needed services for children and foster youth who need the highest levels of care.
- Wrap around 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.

In 2004, DHHS will begin the implementation of evidence-based practices. These practices will be available county-wide and provide more services for families to access in order to improve their relationships and family stability. The availability of these additional programs will allow the appropriate selection based on the unique needs of children and families. The evidence based practices to be implemented are:

- Incredible Years – a parenting program for parents of children ages 2 -12 who exhibit conduct behavior problems.
- Parent Child Interactive Therapy – an intensive treatment program designed to work with parents and children together to improve the quality of their relationship and teach parents skills necessary to manage their child's severe behavior problems.
- Multidimensional Treatment Foster Care – provides intensive and comprehensive individualized treatment, support and supervision in a family setting for children ages 13 – 18.
- Family to Family – program that develops resource families in the communities from which children are removed and utilizes team decision-making and parental involvement in the development of their case plan.

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- Aggression Replacement Training – treatment for adolescents who exhibit aggressive behavior at-risk of aggressive behavior.
- Functional Family Therapy – treatment for youth exhibiting or at-risk of delinquency, conduct disorder, Oppositional Defiant Disorder, or Substance Abuse.

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

As mentioned earlier, there are numerous services available to children, parents and foster parents in Humboldt County and many new services planned for the future. 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. Oftentimes these services are not available when the person is most ready for engaging in 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 are concerns among staff and community partners about the turnover of staff in public agencies.
- There is a need to examine changes which 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.

Services offered to Indian Children

Two Feathers provides services to Native American persons with no tribal membership. These services include therapeutic services, cultural activities and education as well as social worker advocacy in schools and in the Courts.

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

- Alcohol and Other Drug counseling
- Mental Health counseling
- Parenting Education
- Alcohol and other drug prevention education
- Indian Child Welfare Services
- Cultural training

Yurok Tribal Social Services provides these services to tribal members:

- Housing services
- Youth cultural services
- Domestic violence treatment
- Indian Child Welfare Services
- Alcohol and other drug prevention education
- Other social services

United Indian Health Services provides these services to Native Americans:

- Health care
- Dental care
- Mental health counseling
- Alcohol and other drug prevention education
- Parenting classes
- Cultural awareness and training

California Indian Legal Services offers legal assistance to Native Americans in the following areas:

- Discrimination
- Civil rights violations
- Education rights
- Special education rights
- Health care access
- Tax exemptions
- Probate

Staff/Provider Training

New Social Workers attend approximately 8 weeks of training when they first begin their assignment. New Social Workers learn together in a training unit for 3-6 months before taking on full caseload responsibilities. Many Social Workers attend Core training provided by the University of California – Davis. 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, Self-Care and Safety. Social Worker Supervisors also attend Core training for supervisors of CWS staff. As

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mentioned earlier, all social service workers are trained on how to use Structured Decision Making.

All staff receive annual training on Civil Rights and Sexual Harassment as well as Health Insurance Portability and Accountability Act (HIPAA) and American with Disabilities Act (ADA) application. Every year the training staff conducts a needs assessment of CWS staff. Training is selected based on this assessment and provided by UC Davis or UC Davis Northern 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 832PC, Arrest and Search training within the first 90 days of employment 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 HSU. 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.

As mentioned earlier, 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 are two local foster parent associations and the Foster Parent Coordinator in CWS. Ongoing training on specific areas related to foster care and family relationships is available throughout the year to Foster Parents.

Agency Collaborations

Collaboration with Public and Private Agencies

As mentioned in the Public Agency Characteristics, the Department of Health and Human Services is comprised of Social Services, Public Health and Mental Health. The integration has allowed the branches to work closely together in serving the families and community in 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 continuum of services that encourage prevention and early intervention activities.

FIT is an example of this interagency collaboration. A consolidated and collocated placement authorization team comprised of staff from Social Services,

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Mental Health, Probation and Public Health. City and county schools as well as other community partners participate in FIT when appropriate.

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
- CASA
- Local Group Homes
- Humboldt County Office of Education
- College of the Redwoods
- North Coast Children's Services
- Humboldt Child Care Council
- Juvenile Justice and Delinquency Prevention Commissions
- State Adoptions
- Probation
- Alcohol Drug Care
- Community Care Licensing
- Remi Vista Foster Family Agency
- Local Tribes
- Youth Services Bureau
- Humboldt County Courts
- Law Enforcement

The Child Abuse Services Team (CAST) is another example of an interagency multi-disciplinary team. 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 Network (NET), connects service providers across the County to each other to facilitate sharing of information and resources that increase the health and well-being of children, youth and families.

Child Welfare Services works collaboratively with its sister division, CalWORKs, within the Social Services Branch. Relevant information is shared on cases in common so that families can work toward reunification and self-sufficiency. Recently, AB429 was enacted and implemented in Humboldt County. This allows parents who were receiving CalWORKs assistance when their children were removed, to continue to receive assistance through the Welfare to Work (WTW) portion of their CalWORKs case. Working collaboratively the CWS Social Worker and the WTW 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.

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 unique to Humboldt County are:

Alternative Response Team
Family Intervention Team
Service Review Team
Human Services Cabinet

Court Improvement Meetings
Community Partners
Foster Parent Focus Team
Probation System of Care

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Northern California Regional Facility PACE Program
Juvenile Justice Delinquency Prevention Commissions
Multi-Agency Juvenile Justice Coordinating Counsel

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Prevention

County-wide Primary Prevention Efforts

The Humboldt County Department of Health and Human Services began honing a department-wide prevention focus in 2000 by establishing the Consolidated Prevention Activities Project (CPAP). CPAP's mission is "to increase the primary and secondary prevention efforts of the Human Services Cabinet programs in order to maximize community and individual health and safety, and minimize costs and needs for complex treatment efforts." CPAP produced a comprehensive analysis including pathways of existing and needed prevention activities in the Department in 2001. The CPAP continues significant coordination and oversight work to seed prevention principles in all aspects of the Department's work.

As mentioned earlier, the Alternative Response Team is a joint service of the Public Health and Social Services Branch. A Public Health Nurse/Community Health Outreach Worker team offer intensive voluntary services to the family for six months. The key here 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, consisting of case management, counseling, parent education, 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 in a primary preventive mode for at-risk families.

Using a strengths-based approach, a local community-based organization, Humboldt Child Care Council, and the Mental Health and Social Services Branches collaborate on the Family Preservation Program. Families who benefit from this program are at high risk for involvement in the foster care system. The Mental Health Branch has a clinician outstationed at a Head Start site offering assessment and treatment services to parents with children under age 5, the Early Years Program. Other mental health programs for families at risk include CHAT, the Child Abuse Treatment Program, which assists children who have experienced sexual, physical, or emotional abuse by providing short term counseling, group and family counseling. A local pediatrician is opening a Medi-Cal Federally Qualified Health Center (FQHC) clinic, Covered Bridge, for mental health services for children and their families. Humboldt Child Care Council has just begun their Family Empowerment Project, offering mental health services for children youth and families, including home and school-based assessment, evaluation and therapy and family support case management services

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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 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 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.

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 Starts work in collaboration with families and community. After school programs provide tutoring, mentoring 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. Specific strategies are created by the team 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.

Other prevention programs for youth 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), 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.

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 tries to address these risk factors through a variety of multi-agency collaborative strategies.

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Family Violence

The Health Education Division of the Public Health Branch convened a family violence task force that will shortly release a Family Violence Strategic Plan. Strategies for prevention include 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 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. The Yurok Tribe offers American Indian specific domestic violence resources through the ME-GE-TOH-KWE Domestic Violence Services, providing prevention and education as well as intervention.

In remote Eastern Humboldt County on the Hoopa Reservation a new 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 DV/SA services in the Hoopa Valley area.

DHHS Public Health has a collaborative Domestic Violence Prevention Project that works closely with several community partners including the Domestic Violence Coordinating Council to promote the reduction in domestic violence throughout the community. Public Health has also worked closely with the First 5 Commission to provide training on "Keeping Children Safe from Abuse and Violence".

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 Public Health has an active AOD primary prevention program that works closely with local schools implementing evidence-based curriculum and supporting youth development projects. The Safe and Drug Free Schools Initiative, a partnership with Public Health and Eureka City schools, started in 2002. This partnership includes a highly successful parent involvement piece. Humboldt County Public Health contracted for a community readiness survey to address alcohol use and abuse in our community – this survey will help guide prevention efforts with a strong understanding of community norms around youth and family alcohol use.

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Humboldt County Alcohol and Other Drug Programs offer teen prevention and early intervention programs. 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 5 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 are not developmentally ready for the complex tasks of childrearing – their children are at increased risk for child maltreatment. The Humboldt Child Care Council provides teen parents and their young children home-based support services through the TeenAge 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.

Availability to the general public of child abuse prevention education, child and family health and well-being strategies and family support services

A key strategy for child abuse prevention and family support in Humboldt are Family Resource Centers. There are over 20 Family Resource Centers (FRCs) in Humboldt County. Six of these FRCs received start up funding from the Children and Families Commission (Prop 10). In addition, 13 school-based Healthy Start sites function like family resource centers.

FRCs 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. Some FRCs focus solely on families with 0-5 children, some have programs for older children and parents of all children as well. Below is a sampling of services provided by the various FRCs:

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1. Children and parent playgroups.
2. "Family Night" dinner for families with a child or children 0-5 years of age.
3. Dental Screening and Pediatrician Check-ups.
4. Parenting workshops.
5. Parent book club for parents offering books on parenting subjects.
6. Fatherhood program.
7. Family literacy activities through KEET's (local PBS station) "Ready to Learn" program.
8. Health Fairs and resource fairs where community members can have contact with area agencies in the process of outreach for these communities.
9. Babysitting and CPR classes.
10. Family club for parents of children 0-5 years with dinner followed by presentations on hygiene, tobacco cessation, school readiness and nutrition.
11. Food banks and clothing closets.
12. Most of the FRCs have washers and dryers for those in the community that have no other way to clean their clothing.
13. Shower facilities are in several of the FRCs for those in the community that have no other means to bathe.
14. Head lice clinics.
15. Tutoring for school-age children.

Humboldt County Department of Health and Human Services has committed staff to act as liaisons for these FRCs to facilitate FRCs' access to information and to facilitate service needs that can be coordinated between the county and the FRCs for the benefit of their community members.

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).

Prevention Partnerships

Partnerships and collaborative activity are embedded in many of the prevention activities already described. Other partnerships include:

- Best Beginnings for Moms & Babies, a March of Dimes and Children and Families Commission funded program to improve early identification and referral of women who are using alcohol, tobacco and other drugs in pregnancy. The agencies involved are the MCAH Division and Mental Health Branch.
- Infant risk summary assessment, 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 who to refer families

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with newborns to for family support services. Public Health staff provide the assessment forms, quality assurance and data analysis help.

- Early Start Team is a multi-agency team that addresses the challenges of coordinating and meeting the needs of special needs children ages 0 – 3. 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.

The Humboldt County Children and Families Commission (CFC) is actively involved in multiple family support initiatives through major grants, mini-grants and special funding. These include:

- Family Substance Abuse Community Response Initiative
- Child abuse prevention resources, including a training manual entitled: *Can I Help? Keeping Children Safe from Abuse and Violence*.
- Caring Parents Support Groups – special projects funding for a local provider of treatment services for parents who self-identify as needing help with parenting.

The Hoopa School Readiness Initiative deserves special mention as a CFC initiative with its focus on the American Indian population on the Hoopa Indian Reservation. The Hoopa SRI is engaging families, community members, and educators in the important work of preparing children, birth to age five, for elementary schools. The Hoopa SRI Scope of Work will assure an improved transition from early care settings to elementary school and increase the school's and communities' capacity to promote the success of young children.

Strategies for the Future

For Humboldt County DHHS, Family Resource Centers represent an exciting opportunity to bring primary prevention and early intervention activities to communities where they live and in ways that work for the community. It is an important partnership opportunity – DHHS is partnering with local communities, local funders and statewide funders to continue the vital developmental work of FRCs. The Children and Families Commission is lending support in the form of essential technical assistance to the FRCs as well as direct funding. FRCs will enable the County to address the service gaps that inevitably occur for families in remote rural areas.

Humboldt County DHHS has made a commitment to using evidence-based practices in all prevention, early intervention and treatment strategies. As mentioned earlier, this long-term strategic decision will permeate all aspects of

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County agency activity, and extend to community partners over the long haul. It is a foundation for successful community and family interventions. Incredible Years, one of the evidence-based practices that provides parenting techniques, is one of the practices that will be available county wide as a prevention and treatment resource for parents.

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

Parent Child Interaction Therapy – not technically a prevention activity but a therapeutic modality for families at high risk of abuse – is, nevertheless, 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 – are sharing training and site resources to provide a minimum of 6 trained mental health clinicians and three fully equipped sites to provide PCIT.

Other strategies for the future that are worth noting include:

- Planning and implementing differential response capabilities at Child Welfare Services
- The Family Violence Prevention Strategic Plan
- Mental Health Branch and community mental health advocates' adoption of the Recovery, Wellness and Discovery Model
- SPAN II – the inauguration in March 2004 of the Speed Prevention & Awareness Network (SPAN) to address, at a community level, the problem of methamphetamine in Humboldt County.