

Napa County Self Assessment



2012-2017



A Tradition of Stewardship
A Commitment to Service

Board of Supervisors

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**CERTIFIED EXCERPTS FROM THE DRAFT SUMMARY OF PROCEEDINGS OF THE
NAPA COUNTY - BOARD OF SUPERVISORS REGULAR MEETING
COUNTY OF NAPA
January 29, 2013**

Excerpt #1

1. CALL TO ORDER; ROLL CALL

The Board of Supervisors of the County of Napa met in regular session on Tuesday, January 29, 2013 at 9:00 a.m. with the following members present: Chairman Brad Wagenknecht, Supervisors Diane Dillon, Mark Luce, Bill Dodd, and Keith Caldwell. Chairman Brad Wagenknecht called the meeting to order.

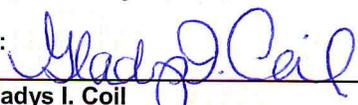
Excerpt #2

- 7B. Director of Health and Human Services and Chief Probation Officer request approval of and authorization for the Chairman to sign the County Self-Assessment Report for the period of June 4, 2010 through January 4, 2013 for submission to the California Department of Social Services.

Motion moved by Bill Dodd, seconded by Keith Caldwell, to approve consent items. Motion passed 5 - 0, with Keith Caldwell, Diane Dillon, Bill Dodd, Brad Wagenknecht, and Mark Luce voting yes.

The foregoing excerpts are true and correct copies of the original items on file in the draft summary of proceedings in this office.

Date: January 29, 2013

By: 
Gladys I. Coil
Clerk of the Board

BRAD WAGENKNECHT
DISTRICT 1

MARK LUCE
DISTRICT 2

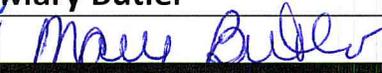
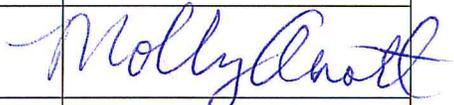
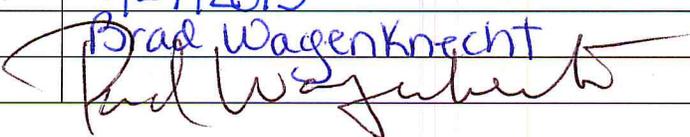
DIANE DILLON
DISTRICT 3

BILL DODD
DISTRICT 4

KEITH CALDWELL
DISTRICT 5

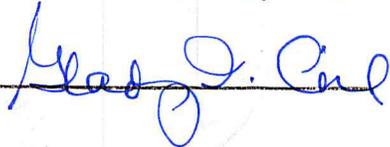
A. Napa CSA Cover Sheet

California's Child and Family Services Review	
Napa County Self-Assessment Cover Sheet	
County:	Napa County
Responsible County Child Welfare Agency:	Napa County Health and Human Services Agency
Period of Assessment:	6/4/10 through 1/4/13
Period of Outcome Data:	Data Extract: April 2012 Quarterly Report
Date Submitted:	
COUNTY CONTACT PERSON FOR COUNTY SELF-ASSESSMENT	
Name & title:	Linda Canan, Child Welfare Services Director
Address:	2261 Elm Street, Napa, CA 94559
Phone:	(707) 299-2115 FAX (707) 259-8310
E-mail:	Linda.canan@countyofnapa.org
CAPIT Liaison	
Name & title:	Doug Calkin
Address:	2261 Elm Street, Napa, CA 94559
Phone:	(707) 259-8168 FAX (707) 259-8310
E-mail:	Doug.calkin@countyofnapa.org
CBCAP Liaison	
Name & title:	Doug Calkin
Address:	2261 Elm Street, Napa, CA 94559
Phone:	(707) 259-8168 FAX (707) 259-8310
E-mail:	Doug.calkin@countyofnapa.org
County PSSF Liaison	
Name & title:	Doug Calkin
Address:	2261 Elm Street, Napa, CA 94559
Phone:	(707) 259-8168 FAX (707) 259-8310
E-mail:	Doug.calkin@countyofnapa.org

Submitted by each agency for the children under its care		
Submitted by:	County Child Welfare Agency Director (Lead Agency)	
Name:	Linda Canan	
Signature:		
Submitted by:	County Chief Probation Officer	
Name:	Mary Butler	
Signature:		
In Collaboration with:		
County & Community Partners	Name(s)	Signature
Board of Supervisors Designated Public Agency to Administer CAPIT/CBCAP/PSSF Funds	Randolph F. Snowden, Napa County Health & Human Services Agency Director	
County Child Abuse Prevention Council	Molly Arnott, CAPC Director	
Parent Representative	Marlena Garcia – Director, Parents CAN	
As Applicable ¹	Name(s)	
Youth Representatives	Matt Moon Bailey	
County Adoption Agency (or CDSS Adoptions District Office)	Marjorie Lewis, Napa County Adoption Program Manager	
Local Tribes	N/A	
Local Education Agency	Jeannie Puhger	
Board of Supervisors (BOS) Approval		
BOS Approval Date:	1/29/2013	
Name:	Brad Wagenknecht	
Signature:		

Name and affiliation of additional participants are on a separate page with an indication as to which participants are representing the required core representatives. (See section A)

ATTEST:
Clerk of the Board of Supervisors

By: 

APPROVED 1-29-2013
BOARD OF SUPERVISORS
COUNTY OF NAPA
GLADYS I. COIL
CLERK OF THE BOARD
BY  Deputy

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B. Executive Summary

Every county child welfare services program in California is required to engage in a rigorous strategic planning process that culminates in the creation of a System Improvement Plan (SIP). To inform the creation of a SIP, each county includes key stakeholders and constituents to join them to review the full scope of Child Welfare and Juvenile Probation services within the county. The process is the County Self Assessment. It includes the examination of performance outcome measures and demographic data as well as actively seeking ideas and input from the community both on how we are doing and where we can improve. Finally, it includes a peer review process where subject matter experts from outside the county, county staff and, in the case of Napa County, former or current foster youth, conduct in depth examination of case specific services.

In Napa County, CSA activities were conducted primarily in the months of August and September 2012. A variety of focus groups were conducted including juvenile bench officers, Probation and Child Welfare connected youth, parents and caregivers. A large stakeholder meeting was also held with 67 participants representing service providers from across the county and representing a wide range of disciplines. Finally, as mentioned above, we engaged in a peer review process.

Among the conclusions that we reached as a result of the CSA process are the following:

- Napa County, as a community, has a rich array of public and private services available for families across the county. There are strong public-public, public-private and private-private agency partnerships among many service providers.
- The shifting demographics of the county include continuing population growth in American Canyon and an increasing percentage of children under 18 who are identified as Latino/Hispanic. These factors will need to be considered in the development of our System Improvement Plan.
- Napa County was able to accomplish the majority of goals set forth in our 2009 System Improvement Plan which focused on improving performance on child safety, timely reunification of children and parents, and timely permanency for children.
- With respect to child safety, Napa County currently exceeds federal and state performance standards in the areas of No Maltreatment in Foster Care, Timely Investigations of Child Abuse and Timely Social Worker/Probation Officer Visits with Children. We are slightly below the federal standard in the area of No Recurrence of Maltreatment.
- While Timely Reunification has improved since the last CSA, we are still below the federal standard and strategies to continue addressing this outcome and the companion outcome of Re-entry into Foster Care after Reunification will be addressed in the SIP.

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- With the recent implementation of a county administered adoption program, we will want to set goals and monitor performance of this new program as part of the SIP.
- Focus continues to be needed on expansion of placement resources and placement stability.

Our experience in conducting the CSA confirmed our belief that Napa County as a community is concerned and engaged in ensuring the best possible services for our families, youth and children. The wealth of knowledge and expertise that was brought to the table during this process provided us with rich information and ideas for the System Improvement Plan. County Child Welfare and Probation staff sincerely thanks all those who participated in any aspect of the CSA/Peer Review.

- **Napa County Child and Family Services Introduction & Background**

Child and Family Services Review (CFSR)

In 1994 Amendments to the Social Security Act (SSA) authorized the U.S. Department of Health and Human Services (HHS) to review State child and family service programs to ensure conformity with the requirements in Titles IV-B and IV-E of the SSA. In response, the Federal Children's Bureau initiated the Child and Family Services Reviews (CFSR) nationwide in 2000, marking the first time the federal government evaluated state child welfare service programs using performance-based outcome measures in contrast to solely assessing indicators of processes associated with the provision of child welfare services. California began its first round of the CFSRs in 2002. Ultimately, the goal of these reviews is to help States achieve consistent improvement in child welfare service delivery and outcomes essential to the safety, permanency, and well-being of children and their families.

California Child and Family Services Review (C-CFSR)

The California Child and Family Services Review (C-CFSR), an outcomes-based review mandated by the Child Welfare System Improvement and Accountability Act (Assembly Bill 636), was passed by the State legislature in 2001. The intention of the C-CFSR was initially to establish and subsequently strengthen a system of accountability for child and family outcomes resulting from the array of services offered by California's Child Welfare Services (CWS). A State-County partnership, this statewide accountability system is an enhanced version of the federal oversight system mandated by Congress to monitor states' performance, and is comprised of the following elements:

Quarterly Outcome and Accountability Data Reports

CDSS issues quarterly data reports which include key safety, permanency and well-being outcomes for each county. These quarterly reports provide summary level federal and state program measures that serve as the basis for the C-CFSR and are used to track state and county performance over time. Data is used to inform and guide both the assessment and planning processes, and is used to analyze policies and procedures. This level of evaluation allows for a systematic assessment of program strengths and limitations in order to improve service delivery. Linking program processes or performance with federal and state outcomes helps staff to evaluate their progress and modify the program or practice as appropriate. Information obtained can be used by program managers to make decisions about future program goals, strategies, and options. In addition, this reporting cycle is consistent with the perspective that data analysis of this type is best viewed as a continuous process as opposed to a one-time activity for the purpose of quality improvement.

County Self-Assessment (CSA) and Peer Review (PR)

The CSA is a comprehensive review of each County's Child Welfare Services (including Juvenile Probation) program. Embedded within the CSA is a peer review component. By design, Napa County Child Welfare Services retains overall accountability for conducting

the county self assessment. However, the process incorporates input from a wide range of child welfare and community stakeholders. The full scope of child welfare and probation services provided within the county are discussed.

The PR component is intended to provide counties with issue- specific, qualitative information gathered by outside peer experts. Information garnered through intensive case worker and focus group interviews helps to identify areas of program strength as well as those in which improvement is needed. In September of 2012, Napa County completed its third Peer Review. The results of that process inform the overall CSA.

The CSA is developed every five years by the lead agencies with, as mentioned above, significant input from community providers and prevention partners. Largely, information gathered from both the CSA and the PR serves as the foundation for the County System Improvement Plan. The CSA is a multidisciplinary needs assessment and requires approval by the County Board of Supervisors.

System Improvement Plan (SIP)

The System Improvement Plan (SIP) is the final element of the C-CSFR. It is the operational agreement between the County and State which outlines each county's strategies to improve services that impact the lives of children and their families. The SIP takes into consideration all the CSA input provided by community providers and prevention partners, the information gleaned through the PR and the analysis of data and performance outcomes. Like the CSA, the SIP document is developed every five years and includes specific action steps, timeframes, and improvement targets. It must be approved by the BOS and CDSS. The plan is a commitment to specific measurable improvements in performance outcomes that the county will achieve within a defined timeframe including prevention strategies. Counties, in partnership with the state, utilize quarterly data reports to track progress. The process is a continuous cycle and the county systematically attempts to improve outcomes. The SIP is updated yearly and thus, becomes one mechanism through which counties report on progress toward meeting agreed upon improvement goals.

Guiding Principles

The guiding principles below are intended to ground the CSA in common language and values. They can be used to orient staff and stakeholders and are referred to throughout the CSA process. They are also intended to assist in the integration of the Child Abuse Prevention, Intervention and Treatment (CAPIT), Community-Based Child Abuse Prevention (CBCAP), and Promoting Safe and Stable Families (PSSF) needs assessment with the CSA process. This integration allows for the use of CAPIT/CBCAP/PSSF funds to address the unmet needs identified in the CSA and have direct impact in improving outcomes.

- The goal of the child welfare system is to improve outcomes for children and families in the areas of safety, permanency, and well-being.
- The entire community is responsible for child, youth, and family welfare, not just the child welfare and probation agencies. The child welfare agency has the primary responsibility to intervene when a child's safety is endangered.

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- To be effective, the child welfare system must embrace the entire continuum of child welfare services, from prevention through after care services.
- Engagement with consumers and the community is vital to promoting safety, permanency and well-being.
- Fiscal strategies must be considered that meet the needs identified in the CSA.
- Transforming the child welfare system is a process that involves removing traditional barriers within programs, within the child welfare system, and within other systems.

III. County Self-Assessment Team Composition

Napa County has a long history of agency and community collaboration. It was with this in mind that the process to conduct the 2012 County Self Assessment (CSA) was developed. It was decided that the best way to gather the information was to conduct a large community stakeholder meeting as well as focus groups targeted to specific consumers/stakeholders. The large meeting was held on August 24, 2012. Attendance and participation was excellent, with over 67 participants.

The Judicial Officers were unable to attend the large meetings due to court calendar constraints. However, because we felt strongly that their perspective was important to inform the assessment process, a focus group was conducted with bench officers on August 27, 2012. Additional focus groups were conducted with CWS and Probation youth, Probation youth in Juvenile Hall and biological parents, relatives and foster parents of children and youth in out of home care. Required core representatives and others participated in stakeholder meetings and focus groups.

In keeping with Napa County practice, special attention was paid to bringing youth, parent and caregiver representatives “to the table” to give their perspective. We had excellent youth involvement in the Peer Review process. We also strategically targeted service provider representatives from “Up Valley” and American Canyon to get a broader geographic perspective.

Prior to the first meeting, staff from the California Department of Social Services (CDSS) Office of Outcomes and Accountability and the Office of Child Abuse Prevention met with the Chief Probation Officer, Director of Child Welfare and various staff to review the process and make a plan for the completion of the CSA within the required timeframes. Ongoing communication between CDSS and Napa County occurred during the CSA, and CDSS participated in all the focus groups, Peer Review and the large stakeholder meeting. Additionally representatives from the Bay Area Regional Training Academy participated and provided staff support to the process.

1. Required Participants:

Name	Affiliation
Molly Arnott	Director, Child Abuse Prevention Council
Pat Wells	Board Member, Juvenile Justice Coordinating Committee (Children’s Trust Fund Commission)
Linda Canan	Director, Child Welfare Services, Napa County Health and Human Services (Designated agency to administer CAPIT/CBCAP/PSSF)
Rebecca Feiner	Assistant Director, Child Welfare Services, Napa County Health and Human Services

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Marjorie Lewis	Assistant Director, Child Welfare Services, Napa County Health and Human Services
Laura Keller	Manager, Napa County Public Health Department
Barbara Reynolds	Supervisor, Napa County Mental Health Department
Rocio Canchola	Staff Services Analyst, Napa County Mental Health Department
Laura Van Waardenburg	Mental Health Counselor, Napa County Mental Health Department
Chelsea Stoner	SW Supervisor, Napa County Child Welfare Services
Lauren Harris	SW Supervisor, Napa County Child Welfare Services
Denise Seely	SW Supervisor, Napa County Child Welfare Services
Debbie White	SW Supervisor, Napa County Child Welfare Services
Grace Lee	SW, Napa County Child Welfare Services
Kellen McGee	SW, Napa County Child Welfare Services
Kimberly Smith	SW, Napa County Child Welfare Services
Alberto Palomo	Systems SSA, Napa County Child Welfare Services
Doug Calkin	SSA, Napa County Child Welfare Services, CAPIT/CBCAP/PSSF Liaison
Ben Guerrieri	SSA, Napa County Child Welfare Services
Bill Carter	Deputy Director, Quality Management, Napa Health & Human Services
Mark Woo	Manager, Quality Management, HHSA
Marlena Garcia	Executive Director, Parents CAN Family Resource (Parents/consumers)
Lisa Gomez	Parents CAN (Parents/consumers)
Mary Butler	Chief Probation Officer, Napa County Probation Department
Julie Baptista	Supervisor, Napa County Probation Department
Darlene Catania	Probation Officer, Napa County Probation Department
Christy Mantz	Probation Officer, Napa County Probation Department

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Joelle Gallagher	Executive Director, Cope Family Center (PSSF Collaborative)
Michelle Grupe	Assistant Director, Cope Family Center (PSSF Collaborative)
Julie Murphy	Supervisor, Cope Family Center (PSSF Collaborative)
Melinda Dougherty	Supervisor, Cope Family Center (PSSF Collaborative)
Michelle Laymon	Supervisor, Cope Family Center (PSSF Collaborative)
Carol Hamilton	Foster Parent
FOCUS GROUPS	
CWS ILP/EYS Youth Group	Youth Participants
Probation Youth Group	Youth Participants
CWS Caretaker, Relatives and Parents Group	Resource Families and Other Caregivers/Parents/Consumers
Probation Parents Group	Parents/Consumers
Bench Focus Group	Juvenile Court Bench Officer

1. Stakeholders

Name	Affiliation
Jennifer Yasumoto	Deputy County Counsel, Napa County Counsel's Office
Colleen Clark	Attorney, Juvenile Dependency
Traci Belmore	Attorney, Napa County District Attorney's Office
Norma Ferriz	Program Director, St. Helena Family Resource Center
Sherry Tennyson	Director, American Canyon Family Resource Center
Laura Courtland	Regional Manager, Lilliput Children's Services (Kinship Support/Adoption)
Connie Moreno-Peraza	Director, Napa County Alcohol and Drug Programs
Carlos De La Cerda	Supervisor, Napa County Alcohol and Drug Programs

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Julie Diverde	Director, Napa CASA Program
Shea Hunter	Napa Emergency Women's Services (Domestic Violence Prevention)
Jamie Johnson	Victim Services, Napa County District Attorney's Office
Diana Short	Director, Community Resources for Children (ECE/childcare)
Jeanne Puhger	Foster Care Educational Liaison, Napa County Office of Education
Brian Marchus	Napa Valley Unified School District
Helen Bass	Calistoga Unified School District
Laura Silva	Calistoga Unified School District
Debbie Baur	St. Helena Unified School District
Debbie Peecook	Lieutenant, Napa Police Department
Julie Rulies	St. Helena Police Department
Douglas Pike	Lieutenant, Napa Sheriff's Department
Michael Diehl	Family Service of Napa Valley
Judith Lefler	Assistant Director, Bay Area Regional Training Academy
Catalina Chavez-Tapia	Catholic Charities
Cassie Grimaldo	Catholic Charities
Eric Daniel	Hillside Christian Church
Matthew Manning	Hillside Christian Church
Matt Moon Bailey	Manager, VOICES (ILP/EYS service provider)
Laurie Grisham	Progress Foundation, THP Plus provider
Tess Salvatore	Progress Foundation, THP Plus provider
Robin Rafael	Child Start (early Head Start and Head Start programs)
Drene Johnson	Community Action Napa Valley
Tom Nixon	North Bay Regional Center

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Courtney Singleton	North Bay Regional Center
Connie Evans	Social Worker, Queen of the Valley Hospital
Barbara Lilly	Social Worker, Queen of the Valley Hospital
Leslie Stribling	CDSS
Julie Cockerton	CDSS
Ashley Franklin	CDSS
Sarah Davis	CDSS

IV. Demographic Profile and Outcomes Data (Foster Care and General Population)

B.1. Demographics of the General Population

Table 1. General Population of Napa County (Source: State of California, Department of Finance, E-4 Population Estimates for Cities, Counties and the State, 2001-2010, with 2000 & 2010 Census Counts. Sacramento, California, August 2011, Revised September 2011; For rates per 1000 pulled data using Business Objects from CWS/CMS)

	2000	Rate of Entries per 1000 Residents 2000	2010	Percent Change in Population	Rate of Entries per 1000 Residents 2010
Calistoga/St. Helena	11,140	N/A	10,969	-1.5%	1.2
American Canyon	9,774	N/A	19,454	99%	1.5
Napa	72,585	N/A	76,915	6%	2.1
County Total	124,279	1.1	136,484	9.8%	0.7
California Total	33,873,086	1.0	37,253,956	10%	0.8

This is comparison data showing the major cities within Napa County. Napa has chosen to highlight these comparisons from 2000 to 2010 in order to describe where our client growth is centered. This will help us to better understand our service delivery models for the future.

Table 2. Race Totals in Napa County (Source: U.S. Census Bureau, 2010 Census Demographic Profile Summary File. Table prepared by Demographic Research Unit, California Department of Finance & State of California, Department of Finance, *Race/Ethnic Population Estimates: Components of Change for California Counties, April 1990 to April 2000*. Sacramento, California, August 2005)

Race	2000	2010	% Change	% Total
White	86466	97525	12.79%	71.5%
*Hispanic	30190	44010	45.78%	32.2%
Asian	3751	9223	145.88%	6.8%
Pacific Islanders	256	372	45.31%	0.3%
African American	1544	2668	72.80%	2.0%
American Indian	657	1058	61.04%	0.8%
Multi-race	2096	5580	166.22%	4.1%

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Other		20058		14.7%
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* In 2010 the Federal Government redefined Hispanic as an ethnicity rather than a race. This would account for the large increase in the racial categories of other and white. However, because such a large portion of Napa County’s population designates themselves as Hispanic, and to make a direct comparison to the population by race totals in 2000, we’ve added Hispanic into our racial demographics. Note that the population totals and the denominator for the percentage calculations are made excluding Hispanic. The percent change feature is a comparison from 2000 to 2010. The % Total feature is explaining the breakdown of our current population by ethnicity.

Table 3. Napa County Child Population by Race/Ethnicity 2009 (Source: Kidsdata.org)

Napa County	Number	Percent
African American/Black	309	0.9%
Asian/Pacific Islander	1,461	4.1%
Caucasian/White	13,706	38.9%
Hispanic/Latino	18,815	53.3%
Native American/Alaska Native	102	0.3%
Multiracial	884	2.5%

Definition: Percentage of the population under age 18, by race/ethnicity. Inclusion of this table is to help us better understand the specifics of our population. There is a significant difference between the adult composition and the composition of the youth of Napa County, e.g., the percentage of the population under 18 that is identified as Hispanic/Latino is much higher than the percentage of the adult population.

Data Source: State of California, Department of Finance, Race/Ethnic Population with Age and Sex Detail, 2000-2050. Accessed online at <http://www.dof.ca.gov> (June 2009).

Footnote: The benchmark (or starting point) for these estimates is the Census Bureau's Modified Race file from Census 2000. The vital statistics are provided by the California Department of Public Health. Note that race/ethnicity is generally self determined, and some individuals might change their race/ethnic self identification over time.

Table 4. Napa County Case Totals by Primary Ethnicity and Age point in time.

(Source: Needell, B., Webster, D., Armijo, M., Lee, S., Dawson, W., Magruder, J., Exel, M., Glasser, T., Williams, D., Zimmerman, K., Simon, V., Putnam-Hornstein, E., Frerer, K., Cuccaro-Alamin, S., Winn, A., Lou, C., & Peng, C. (2009). *Child Welfare Services Reports for California*. Retrieved [month, day, year August 15th, 2012], from University of California at Berkeley Center for Social Services Research website. URL: http://cssr.berkeley.edu/ucb_childwelfare)

Children in Foster Care April 1, 2012 -- Napa

Ethnic Group	Age Group								Total
	Under 1	1-2	3-5	6-10	11-15	16-17	18-20	Missing	
	n	n	n	n	n	n	n	n	
Black	2	1	.	2	1	2	.	.	8
White	3	4	7	9	12	6	4	.	45
Hispanic	2	6	10	9	18	7	2	.	54
Asian/P.I.	.	.	.	.	.	.	.	.	.
Nat Amer	.	.	.	.	.	.	.	.	.
Missing	.	.	.	.	.	.	.	.	.
Total	7	11	17	20	31	15	6	.	107

This table is a breakdown of all youth with an open placement episode in CWS/CMS in Napa County at a point in time on April 1, 2012. We've compared their age with their ethnicity to help show a complete makeup of our cases.

Table 5. Single-Parent Households (Source: <http://napa.networkofcare.org/ph/index.aspx>) based upon American Community Survey: <http://WWW.census.gov/acs/www/> and <http://factfinder2.census.gov/>

Value:	23.9 %
Measurement Period:	2006-2010
Location:	County: Napa
Comparison:	U.S. Counties

This indicator shows the percentage of children living in single parent family households (with a male or female householder and no spouse present) out of all children living in family households. Technical Note: The distribution is based upon data from 3,142 US counties and county equivalents.

Analysis of General Population Demographics:

There has been a 9.8% increase of population in Napa County from 2000 to 2010, keeping pace with California which increased by 10%. However, the growth in American Canyon in that same time period is 99%.

There are 23.9% single-headed families in Napa County from the period of 2006-2010. According to the analysis conducted by NapaHealthMatters.org, adults and children in single-parent households are at a higher risk for adverse health effects, such as emotional and behavioral problems, compared to their peers. Children in such households are more likely to develop depression, smoke, and abuse alcohol and other substances. Consequently, these children experience increased risk of morbidity and mortality of all causes. Similarly, single parents suffer from lower perceived health and higher risk of mortality (NapaHealthMatters.org)

Asians and Multi-race residents of Napa have increased the most in population percentages from 2000 to 2010, 145.88% and 166.22% respectively. White adults make up 71.5% of the population with Hispanics being the next largest group at 32.2%. White children make up only 38.9% while Hispanic children a much larger percentage of the population at 53.3%.

The impact of growth in American Canyon and the growth of the Hispanic/Latino child population is significant in terms of the provision of child welfare services. In terms of program development, we will need to ensure that we support services targeted both geographically and culturally. The need for bilingual and bicultural service providers to work with our Hispanic/Latino families is growing and will need to be addressed in terms of both prevention and intervention/treatment services..

B.2. Education

Table 6. Napa County Education Levels, person 25 years and older. (Source: U.S. Census Bureau, 2010 American Community Survey)

EDUCATIONAL ATTAINMENT		
	Estimate	% Total Population
Less than 9th grade	9,538	10.30%
9th to 12th grade, no diploma	6,297	6.80%
High school graduate (includes GED)	18,612	20.10%
Some college, no degree	23,520	25.40%
Associate's degree	8,797	9.50%
Bachelor's degree	17,316	18.70%
Graduate or professional degree	8,519	9.20%
Total	92,599	100%

Table 7. Napa County Educational Enrollment Totals (Source: California Department of Education Demographics Department for '09/'10 and '10/'11 School Years <http://dq.cde.ca.gov/dataquest/> Rate Per 1000 for enrollment in K-12 and special education based on total population of children under age of 18)

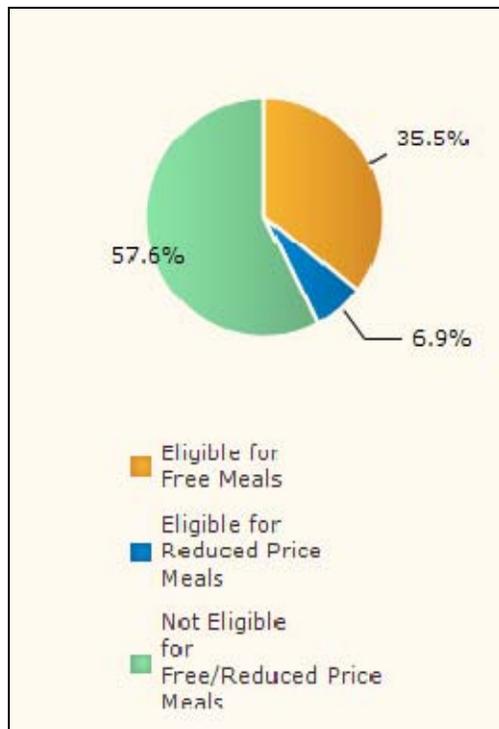
	'09-'10	*Rate Per 1000	'10-'11	*Rate Per 1000	% Change
# of Children Enrolled in K-12	20,515	651	20,573	653	0.3%
# of Children Leaving School Prior to Graduation	347	11	273	9	-21.3%
# of Children Participating in Subsidized School Lunch Programs	8,137	258	8,040	255	-1.2%
# of Children Enrolled in Special Education	2,568	82	2,512	80	-2.2%

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*Estimate based on total population of children age 19 and under in Calendar Year 2010 and Calendar Year 2011.

Table 8. Student Eligibility to Receive Free or Reduced Price School Meals, by Eligibility Status: 2011 (Source: www.kidsdata.org - Data Source: California Department of Education, Free/Reduced Price Meals Program & CalWORKS Data Files, <http://www.cde.ca.gov/ds/sh/cw/filesafdc.asp> (Feb. 2012); U.S. Department of Education, NCES Common Core of Data, <http://nces.ed.gov/ccd/bat/index.asp> (Feb. 2012)



Definition: Percent of public school students eligible to receive free or reduced price meals, by eligibility status. A child's family income must fall below 130% of the federal poverty guidelines (\$29,055 for a family of four in 2011) to qualify for free meals, or below 185% of the federal poverty guidelines (\$41,348 for a family of four in 2011) to qualify for reduced-cost meals.

Footnote: Years presented are the final year of a school year (e.g., 2010-2011 is shown as 2011). LNE (Low Number Event) refers to data that have been suppressed because total public school enrollment was less than 60. N/A means that data are not available.

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Table 9. Napa County High School Dropouts vs. California, by Race/Ethnicity: 2009 (Data

Source: California Department of Education, CBEDS, <http://www.cde.ca.gov/ds/sd/sd/> (Mar. 2011).

California	Percent
African American/Black	36.8%
Asian American	9.6%
Caucasian/White	14.1%
Filipino	10.7%
Hispanic/Latino	26.7%
Native American/Alaska Native	30/0%
Pacific Islander	25.4%
Two or More Races	5.3%

Napa County	Percent
African American/Black	LNE
Asian American	LNE
Caucasian/White	16.3%
Filipina	LNE
Hispanic/Latino	26.3%
Native American/Alaska Native	LNE
Pacific Islander	LNE
Two or More Races	LNE

Definition: Estimated percentage of public high school students who drop out of high school, based on the adjusted four-year derived dropout rate, by race/ethnicity. This adjusted dropout rate estimates the percentage of high school students who would drop out in a four-year period based on data collected for a single year (e.g., in 2009, 14.1% of Caucasian/White students in grades 9-12 in California were expected to drop out of high school).

Footnote: A new student data tracking system was implemented in 2007 and therefore caution should be exercised in comparing rates before and after that year. Years presented are the final year of a school year (e.g., 2008-2009 is shown as 2009). The "Two or More Races" category is not available for 2008 and earlier years because it previously included those for whom race/ethnicity was not reported. Estimated dropout rates for schools with a large number of short-term students may be overstated because official enrollment figures may be too low. Data are not shown for schools operated by County Offices of Education because of the challenges in interpreting dropout projections for high-mobility schools. LNE (Low Number Events) refers to data that have been suppressed because there are fewer than 20 projected high school dropouts in a given racial/ethnic group. N/A means that a school district or county has an unusually estimated high dropout rate (75% or higher) or data are not available.

Analysis for Education:

High school drop outs are more likely than people who finish high school to lack the basic skills required to function in an increasingly complicated job market and society. Adults with limited education levels are more likely to be unemployed, on government assistance, or involved in crime (Napahealthmatters.org). According to NapaHealthMatters.org, in 2009-10, 82.3% of Napa students graduate high school. The Healthy People 2020 national health target is to increase the proportion of students who graduate high school within four years of their first enrollment in 9th grade to 82.4%. Napa is nearly at this mark.

In 2009, according to NapaHealthMatters.org, 31.9% children were eligible free lunches. This is an increase from 2006 which the percentage was 30.2%. According to Table 7, this number has

increased to 35.5% in 2011, most likely as a result of the continuing economic recession. The National School Lunch Program (NSLP) is a federally assisted meal program operating in public and nonprofit private schools and residential child care institutions. The Free Lunch Program (FLP) under the NSLP has been providing nutritionally balanced lunches to children at no cost since 1946. Families who meet the income eligibility requirements or who receive Supplemental Nutritional Assistance Program (SNAP) benefits can apply through their children's school to receive free meals. The FLP ensures that students who may otherwise not have access to a nutritious meal are fed during the school day. This helps students remain focused and productive in school. Moreover, the lunches help students meet their basic nutritional requirements when their families may not be able to consistently provide a balanced and varied diet.

B.3. Poverty and Employment

Table 10. Napa County Population in Poverty Information (Source: U.S. Census Bureau, 2010 American Community Survey)

Employment, Income and Poverty	Napa County	Statewide
Per capita family income (dollar amount)	\$34,310	\$29,188
Children living in poverty	12.8%	20.3%
Households receiving food stamps	3.46%	6.24%

These are specific measures to help give a clearer picture of what the economic status of the average family is in Napa County. The definition of poverty is defined by the federal government as a family of two adults and two children whose annual income is below \$21,756.

Table 11. Children in Poverty (Regions of 20,000 Residents or More): 2007-2009 (Source: www.kidsdata.org - Data Source: U.S. Census Bureau, American Community survey, <http://factfinder.census.gov/home/saff/main.html?lang=en> (Apr. 2011).

Region	Percent
California	18.6%
Region	Percent
Napa County	12.0%

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Definition: Estimated percentage of children ages 0-17 living in families with incomes below the federal poverty level. In 2009, a family of two adults and two children was considered in poverty if their annual income fell below \$21,756.

Footnote: Three-year estimates from ACS are only available for geographic areas with at least 20,000 people. These estimates are based on a survey of the population and are subject to both sampling and non sampling error.

Table 12. Napa County Cal WORKS Case Totals (Source: Napa County Health and Human Services, Department of Social Services)

# of Cal WORKS cases			
2009	2010	2011	% change
636	806	831	30.7%

Definition: Total number of CalWORKS cases reported by Napa County HHSA Eligibility for the given calendar years. This number may contain duplicate families.

Table 13. Napa County Licensed Child Care Waitlist (Source: California Department of Education Centralized Eligibility List.)

# of Children on Wait List for Child Care		
2009	2010	2011
1000	1109	951

Definition: This shows the number of children who were placed on a wait list for licensed child care facilities during the given calendar years.

Table 14. Napa County Civilian Labor Force (Source: Employment Development Department, July 2012, <http://www.calmis.ca.gov/htmlfile/county/napa.htm>)

Napa County Civilian Labor Force				
2012	Labor Force	Employment	Unemployment	Unemp. Rate
January	75,100	68,200	6,900	9.2%
February	75,700	69,000	6,700	8.9%
March	76,000	69,100	6,900	9.0%
April	74,900	68,700	6,200	8.3%
May	77,500	71,700	5,800	7.5%
June	77,700	71,700	6,100	7.8%

Notes: 1) Data may not add up due to rounding. The unemployment rate is calculated using unrounded data. 2) Labor force data for all geographic areas for 1990 to 2011 reflect the March 2011 annual revision (or benchmark) and Census 2000 population controls at the state level.

Analysis of Poverty and Employment:

The tables included in this report regarding poverty (Table 10 and Table 11), are based on the Federal Poverty Level. This is an exceedingly low threshold of reporting of those who are struggling to make ends meet. According to America’s official poverty measure, the Federal Poverty Level (FPL) (defined as \$17,170 for two adults and one infant in 2007), only one in ten households is officially considered poor or in need. Those in distress are routinely under-reported. In a report developed by the United Way “Overlooked and Undercounted 2009: Struggling to Make Ends Meet in California”, there are hidden poor who find they earn too much income to qualify for most supports, yet still struggle to meet their most basic needs, especially as the costs of housing, health care, and other necessities continue to rise faster than wages. Further, the Self-Sufficiency Standard (Standard) was developed to provide a more accurate, nuanced, and up-to-date measure of income that is adequate to meet basic needs. This standard (2007) is defined as \$51,946 for a household with two adults and one infant. In Napa, 24.2% (2007) resided below the Self Sufficiency Standard. While designed to address the major shortcomings of the FPL, the Standard also reflects the realities faced by today’s working parents, such as child care and taxes. There are a number of groups that are impacted more than others.

- Racial/Ethnic Groups – In Napa, 52.1% of Latino households have inadequate income levels as compared to 14.2% of Caucasian households

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- Foreign Born - While native householders have an income inadequacy rate of 23%, the likelihood of having inadequate income is significantly higher if the householder is foreign-born (46%), and even higher if the householder is not a citizen (59%).
- Households with children – In Napa, 38.8% of households have inadequate income as compared to 15.7% of households without children
- Single Female Headed Households – In Napa, 42% of single female households survive without adequate incomes.

References:

<http://www.insightcced.org/uploads/cfes/Napa%20County%20Above%20and%20Below.pdf>

http://www.unitedwaywinecountry.org/files/Self-Sufficiency_Full_Report_2009.pdf

According to the Employment Development Department (EDD) in July 2012, the unemployment rate in the County of Napa was 7.8 percent in June 2012, up from a revised 7.5 percent in May 2012, and below the year-ago estimate of 8.9 percent. This compares with an unadjusted unemployment rate of 10.7 percent for California and 8.4 percent for the nation during the same period.

Napa is part of one of the state's busiest urban areas—the San Francisco Bay Area. There are nine counties which significantly contribute to the economy of the Bay Area as an urban center: Napa, Alameda, Contra Costa, Marin, Santa Clara, San Francisco, Sonoma, Solano, and San Mateo. The majority of Napa County remains primarily agricultural due to the highly productive and successful wine-growing industry. Since much of Napa's land is cultivated for grapes, this limits the supply of land for residential development and drives up the cost of housing. Most of the newer residential and commercial development is concentrated in the existing cities, primarily in the southern part of the county.

As the economy has been challenged, the number of CalWORKs applicants has steadily increased by 30% since 2009. As families lose employment, they turn to the County for public assistance. This may conversely have had an impact on the child care waiting list. It has decreased over the last 3 years. As less families are working, there is less demand for child care. As the economy improves, we would expect to see the demand for child care rise again..

B.4. Health

Table 15. Napa County Age-Appropriate Immunization Coverage (Source: State of California Department of Public Health, Center for Infectious Disease Division, Department of Communicable Diseases, Immunization Division, Childhood Immunization Coverage 2006-2008 Report & 2011-2012 Kindergarten and Child Care summary report.)

Vaccination Coverage in Napa County	Children 2-4 years old with vaccinations*	%Of Total Enrollment	Children 4-6 years old with vaccinations*	%Of Total Enrollment
2007-2008 School Year	1,793	97.0%	1,630	95.8%
2011-2012 School Year	1,769	91.0%	1,677	93.4%

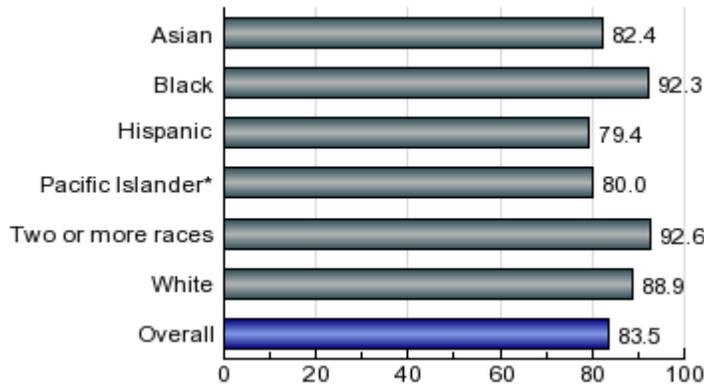
*Definition: Estimated vaccination coverage with all required immunizations among children ages 2-4 over 11 months in county licensed child care and children ages 4-6 in kindergarten.

Table 16. Napa County Prenatal Care Statistics (Source: California Department of Public Health, <http://www.cdph.ca.gov/> Table Source: 2010 NapaHealthMatters.org, <http://napa.networkofcare.org> Maintained by Healthy Communities Institute)

Prenatal and Newborn Health Status by Race/Ethnicity	African American	Asian	Pacific Islander	Latino	White	Two or More Races
Mothers receiving early prenatal care	92.3%	82.4%	80.0%	79.4%	88.9%	92.6%

Definition: This indicator shows the percentage of births to mothers who began prenatal care in the first trimester of their pregnancy. Babies born to mothers who do not receive prenatal care are three times more likely to have a low birth weight and five times more likely to die than those born to mothers who do get care. Early prenatal care (i.e. care in the first trimester of a pregnancy) allows women and their health care providers to identify and, when possible, treat or correct health problems and health-compromising behaviors that can be particularly damaging during the initial stages of fetal development.

Table 17. Mothers who Received Early Prenatal Care by Race/Ethnicity (Source: California Department of Public Health, <http://www.cdph.ca.gov/> Table Source: 2010 NapaHealthMatters.org, <http://napa.networkofcare.org> Maintained by Healthy Communities Institute)



This graph shows the percentage of births to mothers who began prenatal care in the first trimester of their pregnancy.

Table 18. Napa County Health Insurance Coverage Information (Source: U.S. Census Bureau, 2008-2010 American Community Survey)

Health Insurance Coverage	Napa County	Statewide
Insured	86.2%	82.1%
Not insured	13.8%	17.9%

Health Insurance Coverage by Race/Ethnicity	African American	Asian	Hispanic/Latino of any race	Native Hawaiian or other Pac. Islander	White	Two or More
Insured	90.1%	93.1%	73.1%	63.5%	86.0%	91.2%
Not insured	9.9%	6.9%	26.9%	36.5%	14.0	8.8%

Definition: The previous two tables shows the comparison of health insurance coverage for Napa County compared to the State of California average as well as the breakdown of Napa’s coverage for particular race/ethnicities. The percentages for race/ethnicities are explaining how covered each group of people is as a whole.

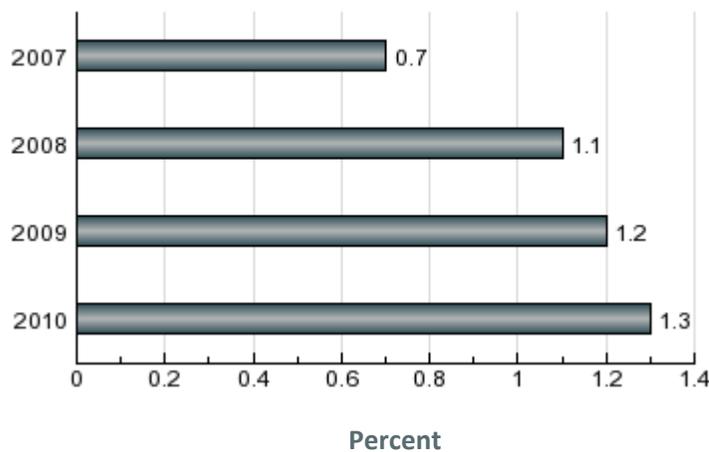
Table 19. Napa County Low Birth Weight and Teen Pregnancy Statistics (Source: California Department of Public Health: <http://www.applications.dhs.ca.gov/vsq/default.asp>)

Measure	Time Period	Napa County	California
Births per 1,000 Females Age 15 to 19	2007-2009	24.8	34.7
Low Birth Weight Live Births (%)	2007-2009	6.1%	6.8%
Very Low Birth Weight Live Births (%)	2007-2009	1.0%	*

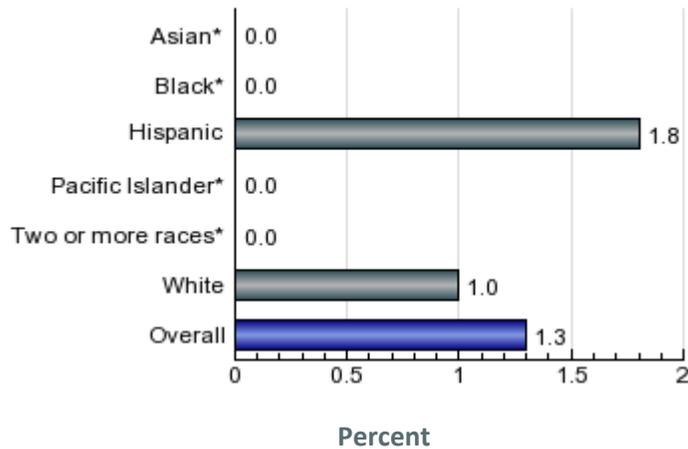
Definition: Teen birth is of concern for the health outcomes of both the mother and the child. Pregnancy and delivery can be harmful to teenagers' health, as well as their social and educational development. Babies born to teen mothers are more likely to be born preterm and/or low birth weight. For Low Birth Weight, This indicator shows the percentage of births in which the newborn weighed less than 2,500 grams (5 pounds, 8 ounces). For Very Low Birth Weight, This indicator shows the percentage of births in which the newborn weighed less than 1,500 grams (3 pounds, 5 ounces). The raw numbers for this outcome are unavailable.

Table 20: Babies with Very Low Birth Weight (Source: California Department of Public Health, <http://www.cdph.ca.gov/> Graph Source: 2010 NapaHealthMatters.org, <http://napa.networkofcare.org> Maintained by Healthy Communities Institute)

Very Low Birth Weight Babies Time Series Data



Babies with Very Low Birth Weight by Maternal Race/Ethnicity

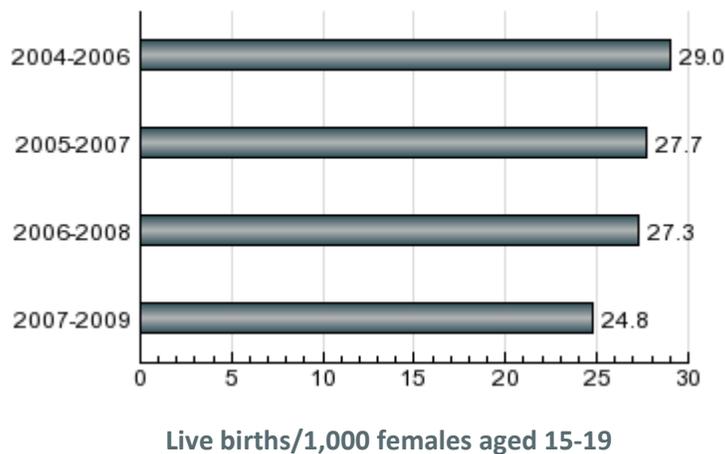


*Value may be statistically unstable & should be interpreted with caution.

The Healthy People 2010 national health target is to reduce the proportion of infants born with very low birth weight to 1.4%. This is measured by taking the numerator of total babies born with very low birth weight and dividing by the denominator of total babies born in the given year. This goal has been reached in Napa County, but will continue to be monitored and improved upon.

Table 21. Teen Birth Rate – Napa County (Source: California Department of Public Health, <http://www.cdph.ca.gov/> Table Source: 2010 NapaHealthMatters.org, <http://napa.networkofcare.org> Maintained by Healthy Communities Institute)

Time Series Data



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Table 22. Percentage of Youth reporting Depression Symptoms by Race/Ethnicity (Source: 2010

Napa County Community Health Needs Assessment

<http://www.countyofnapa.org/publichealth/communityhealthneeds2010/>)

Race/Ethnicity	California	Napa County	Difference
African American/Black	31.9%	30.4%	-1.5%
Asian	29.6%	33.0%	3.4%
Caucasian/White	29.1%	27.9%	-1.2%
Hispanic/Latino	33.3%	33.8%	0.5%
Native American	36.1%	36.6%	0.5%
Pacific Islander	36.8%	40.6%	3.8%
Multiethnic	34.9%	38.6%	3.7%
Other	33.9%	33.3%	-0.6%

Table 23. Use of Treatment Resources, California and Napa County Residents (Source: 2010 Napa

County Community Health Needs Assessment

<http://www.countyofnapa.org/publichealth/communityhealthneeds2010/>)

Treatment Resource	California			Napa County		
	Male	Female	Total	Male	Female	Total
Saw health professional for emotional/mental problems	7%	10%	8%	4%	15%	9%
Has taken prescription medicine for emotional/mental health issue in past year	7%	13%	10%	8%	13%	11%

Table 24. Community-Level Alcohol and Drug-Related Indicators, Adults (Source: 2010 Napa County

Community Health Needs Assessment <http://www.countyofnapa.org/publichealth/communityhealthneeds2010/>)

Indicator (rates per 100,000)	Report Period (3-yr avg. unless single year specified)	Napa	CA
Rate of arrests for drug-related offenses, ages 10-69	2002-2004	728.5	983.4
Rate of alcohol-involved motor vehicle accident fatalities	2001-2003	5.9	3.9
Rate of alcohol and drug use hospitalizations	2002-2004	173.1	214.8
Rate (per 1,000) of admissions to alcohol and other drug treatment, ages 10-69	2002-2004	586.4	856.8
Rate of deaths due to alcohol and drug use	2001-2003	21.4	20.1

Analysis for Health:

According to the 2010 Napa County Community Health Needs Assessment (<http://www.countyofnapa.org/publichealth/communityhealthneeds2010/>):

- Overall, 90% of Napa County residents have some type of health insurance. The Children’s Health Initiative has helped to bridge the gap for uninsured children. Having coverage, however, does not guarantee *access* to care.
- About 60% of low-income adults report being “food scarce.” Having limited resources for purchasing food has a direct impact on health.

The highest-ranked unmet health needs identified by stakeholders were:

- Lack of insurance providers that will accept Medi-Cal/Medicare and other access issues.
- There is a lack of community-based, affordable mental health for “life stress,” including anxiety and depression.
- There is a lack of affordable dental care, especially for adults and seniors.
- There are concerns for preventive health in the community, especially in the areas of nutrition (better diets, access to food) and exercise. Drug and alcohol related problems.
- Supportive services for seniors that help seniors remain independent and socially/mentally engaged.
- Basic needs including jobs, housing, and transportation issues.

The Collaborative that produced the Napa County Community Health Needs Assessment agreed that important opportunity existed in Napa County for all health partners to focus on four key areas in the coming years:

- *The growing epidemic of obesity* with strategies for better nutrition and more exercise, for long-term impact on health improvement.
- *Senior support services* that also address transportation issues.
- *Substance use and abuse* particularly for youth, to decrease the negative impacts on individuals, families, schools, businesses, and the safety of the community.
- *Community-based mental health services*, to understand and address its relationship to overall health.

There are 24.8 live births per 1000 births by teen parents in Napa County, down from 29.0 in 2004/2006 period. Responsible sexual behavior is one of the ten leading health indicators of Healthy People 2020. Responsible sexual behavior reduces unintended pregnancies, and thus reduces the number of births to adolescent females.

In 2010, 83.5% of women received early prenatal care (Source: California Department of Public Health). Babies born to mothers who do not receive prenatal care are three times more likely to have a low birth weight and five times more likely to die than those born to mothers who do get care. Early prenatal care (i.e. care in the first trimester of a pregnancy) allows women and their health care providers to identify and, when possible, treat or correct health problems and health-compromising behaviors that can be particularly damaging during the initial stages of fetal development. Increasing the number of women who receive prenatal care, and who do so early in their pregnancies, can improve birth outcomes and lower health care costs by reducing the likelihood of complications during pregnancy and childbirth. The Healthy People 2020 national health target is to increase the proportion of pregnant women who receive prenatal care in the first trimester to 77.9%; Napa County is above this national goal.

In 2010, 1.3% of babies were born with very low birth weight (defined as a newborn who weighed less than 1,500 grams (3 pounds, 5 ounces). There has been an increase of 0.6% of babies born with very low birth weight since 2007 with the greatest number of low birth babies being seen in the Hispanic population at 1.8%. Babies born with a very low birth weight are more likely than babies of normal weight to require specialized medical care and often must stay in intensive care nurseries. Low birth weight is often associated with premature birth. Babies born at very low birth weight are at the highest risk of dying in their first year. While there have been many medical advances enabling very low birth weight and premature infants to survive, there is still risk of infant death or long-term disability. To prevent prematurity and low birth weight, expectant mothers should take prenatal vitamins, stop smoking, stop drinking alcohol and using drugs, and most importantly, get prenatal care. The Healthy People 2020 national health target is to reduce the proportion of infants born with very low birth weight to 1.4%. Napa County is slightly below this national goal.

CSA Stakeholders were asked "Why does Napa County have lower teen birth rates than the rest of the state?" They shared that this may be due to schools giving out condoms, sexual education that starts in grade school, and Planned Parenthood being active in the community. Additionally, they commented that in the Latina population, there may be a stigma to being a pregnant teen and that is why they are less likely to receive prenatal care.

According to the 2010 Napa County Community Health Needs Assessment, Methamphetamine is the leading illegal drug of abuse in Napa County, accounting for 40 to 50% of drug treatment admissions from 2000 to 2004. While the county's overall rate of treatment admissions is substantially lower than the state average, the rate for youth under age 18 is more than double the state average and comprises 29% of all Napa County admissions, compared to only 9% statewide. The majority of youth receive treatment for marijuana use, accounting for two-thirds of all admissions in 2004. While Napa County has fewer arrests for drug-related offenses than the State of California, approximately 85% - 90% of Napa County Child Welfare Cases at any given point in time are drug or alcohol related. In addition, the parents of children entering foster care may have co-occurring issues related both to mental health and substance abuse issues. Working collaboratively with our partner HHS divisions of Mental Health and Alcohol & Other Drugs was a priority during the time of our last SIP and will remain an important area of focus as we move forward with the development of our next 5-year SIP.

B.5. Child Welfare Service Participation Rates

Number of Children less than 18 years of age. Source: Population projections from California Department of Finance.							
	2002	2008		2012			
California	9,485,676	10,003,896		9,299,595			
Napa	30,877	34,073		31,639			
Participation Rates: Referral Rates (Incidence per 1,000) Referral Rates for a given year are computed by dividing the unduplicated count of children with a child abuse/neglect referral allegation by the child population and then multiplying by 1,000.							
	Jan – Dec 02	Jan – Dec 09	Jan – Dec 10	Jan – Dec 11	National Standard/ Goal	Direction	%Change '09 – '11
California	57.4 N=544,739	47.2 N=471,818	51.6 N=479,672	51.2 N=475,930	NA	Increase	8.5%
Napa	50.4 N=1555	33.3 N=1174	38.0 N=1197	40.00 N=1264	NA	Increase	20.1%
Participation Rates: Substantiation Rates (Incidence per 1,000) Substantiation Rates for a given year are computed by dividing the unduplicated count of children with a substantiated allegation by the child population and then multiplying by 1,000.							
	Jan – Dec 02	Jan – Dec 09	Jan – Dec 10	Jan – Dec 11	National Standard/ Goal	Direction	%Change '09 – '11
California	12.2 N=115,600	9.3 N=92,640	9.6 N=88,858	9.4 N=87,263	NA	Increase	1.1%
Napa	6.3 N=195	4.8 N=168	6.8 N=214	4.3 N=136	NA	Decrease	-10.4%

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Participation Rates: Entry Rates (Incidence per 1,000) Entry Rates for a given year are computed by dividing the unduplicated count of children entering foster care by the state/county child population and then multiplying by 1,000.							
	Jan – Dec 02	Jan – Dec 09	Jan – Dec 10	Jan – Dec 11	National Standard/ Goal	Direction	%Change '09 – '11
California	2.9 N=27,779	3.2 N=31,643	3.3 N=30,750	3.2 N=29,999	NA	No Change	0%
Napa	1.7 N=53	2.5 N=89	2.9 N=92	2.3 N=73	NA	Decrease	-8.0%
Participation Rates: In Care Rates (Incidence per 1,000) In Care Rates for a given year are computed by dividing the Point In Time count of children in child welfare supervised foster care by the state/county child population and then multiplying by 1,000.							
	Jan – Dec 02	Jul 1, 2008	Jul 1, 2009	Jul 1, 2010	Jul 1, 2011	Direction	%Change '08 – '11
California	8.9 N=89,309	6.5 N=65,406	6.0 N=59,509	5.5 N=55,036	5.8 N=53,550	Decrease	-10.8%
Napa	4.4 N=141	2.5 N=86	3.1 N=108	3.3 N=120	3.8 N=121	Increase	52.0%

Definition: For all Rates information for both California and Napa, the numerator is denoted by the N.

B.6. Referrals Types by Calendar Year (For referral counts by allegation and percentage calculation, data pulled using Business Objects from CWS/CMS on 12/26/12)

Allegation Types	% of Total Referrals Received			
	2008	2009	2010	2011
At Risk Sibling Abused	9.5%	8.8%	9.9%	7.3%
Caretaker Absence/Incapacity	3.8%	3.9%	1.6%	0.3%
Emotional Abuse	4.9%	5.7%	3.5%	2.9%
Exploitation	0.2%	0.0%	0.0%	0.1%
General Neglect	44.4%	50.0%	52.6%	59.2%
Physical Abuse	23.4%	20.8%	22.0%	20.5%
Severe Neglect	0.8%	0.5%	0.3%	0.1%
Sexual Abuse	12.9%	10.1%	10.1%	9.6%
Substantial Risk	0.2%	0.1%	0.0%	0.0%

Analysis: Participation Rates for Child Welfare

There has been an increase of 20.1 % (incidence per 1,000) in the number of referrals received by Child Welfare. When the CSA Stakeholders were asked why this phenomenon has occurred they considered whether an increase of training to the community about mandated reporter duties might have contributed to the increase. Since the last CSA, Napa County has significantly increased the number of mandated reporter trainings being given as CAPC has taken on more of the coordination and delivery of training. Our experience has been that calls often increase following community training. In addition, CWS has consistently given the message to potential reporting parties “When in doubt, report.” Stakeholders also noted that since the last CSA, CWS has contracted with CAPC to provide the Child Assault Prevention Program curriculum in the schools. Stakeholders felt that children may be self-reporting in schools due to this increased education about child abuse. It was additionally noted that there has been an increase in positive responses felt by community service providers when reporting to the hotline.

In reviewing the trends in types of referrals, we note that there has been a steady increase in referrals related to general neglect while those related to physical abuse and sexual abuse have trended slightly downward. In our experience, general neglect is often associated with substance abuse, with parents under the influence failing to adequately supervise their children, get them to school consistently or provide adequately for food, clothing and a safe place to live. General neglect is often the allegation used when there is domestic violence in the family but the children were not immediately present during the incident. Stakeholders postulated that the increase in general neglect may be correlated with the downtrend in the economy, the associated rise in unemployment, foreclosures and other external pressures on families.

Interestingly in some communities, service providers believe referrals have decreased. This perception is based on the belief that there is a “threshold” of abuse required before CWS will respond. This is particularly true up valley with community members feeling that abuse or neglect has to be very serious before CWS will respond. This perception has not changed significantly in the last three years. We began to address this during the period of the last SIP by out-stationing an ER worker for a few hours each week. However, staffing pressures as CWS caseloads increased and staff changes among providers affected our ability to be consistent in this effort. We believe we need to continue to make efforts to strengthen our relationships with up valley providers.

On the other hand, some service providers, like domestic violence providers, encourage establishing a “paper trail” regarding their clients by reporting referrals to the hotline. These varying perceptions demonstrate the challenge of providing accurate education to the community.

There has been a decrease in the number of first entry rates by -8.0% (incidence/ 1,000) of children entering the Child Welfare system, yet an increase of 52.0% (incidence/ 1,000) of children in the Child Welfare system. CSA Stakeholders discussed this and believe that families entering the Child Welfare system today face significantly more challenging and complex issues. The stakeholders suspected that 90% of families are affected by substance abuse issues, especially methamphetamine abuse and alcohol abuse. CWS anecdotally noticed an increase of

domestic violence connected to referrals. Because of this phenomenon, last year we developed a special project code to begin tracking these referrals. Since the start of our tracking, our highest quarter was April through June of 2012 with 39 referrals with DV indicated. These families are then additionally challenged by mental health conditions and recurring relapse. The co-occurrence of substance abuse, mental health issues and DV combine to affect the level of complexity in the families served.

B.7. Juvenile Probation Participation Rates

Number of children age 0-18 in population (2012)	31,639	Youth in Placement
Gender	Male= 271 Female =62	20 2
Total Youth on Probation	333	
Age	11-15 = 63 16-17 = 144 18 = 74 19 and over = 52	3 19 0
Ethnicity	Black = 13 White= 102 Hispanic= 203 Other Asian=2 Native American = 1 Vietnamese = 2 Pacific Islander = 1 Pilipino = 2 Samoan = 1	2 13 7 0 0 0 0 0 0

Analysis for Probation participation rates:

There has been a decrease in the number of youth on Juvenile Probation over the last two years. The decrease is seen as a result of the Department's use of evidence based practices. Youth in the probation system are offered more programs to help change their behavior and get them out of the criminal justice system. Over the last two years, the number of youth has dropped by almost 45%. Youth attend cognitive behavioral groups addressing issues such as life skills, criminal thinking, anger management and substance abuse.

The Department also runs an Evening Reporting Center that allows youth to gain program hours during the hours they are most at risk to get into trouble. This program runs from 3pm - 7pm. Studies on juvenile crime show that these are the hours where most crime occurs. Giving the youth structure during these hours has made a significant difference to youth.

Additionally, parents are also given services such as The Parent Project, a ten week evidence based curriculum to assist them in regaining their parental authority. This program has shown excellent results across the country.

Eighty one percent of the youth on probation are males. This number has not changed very much over the years. The percent of girls on probation has varied between ten and twenty percent over the last ten years. There has been a slight increase in the number of younger children on probation. There were 63 youth on probation that ranged in age from eleven to fifteen. Historically, this has been a little smaller but not significantly so.

Napa County does hold youth on probation past age 18. The number of youth over age 19 is fifty two and this accounts primarily for gang and sex offenders. It is often necessary to continue supervision of these ex-minors to assure community safety.

Sixty percent of youth on probation are Hispanic. In Napa County, the youth Hispanic population is about 51% so the rate of youth on probation is slightly higher than the general youth Hispanic population. This is a slight increase from last year.

The age, gender, and ethnicity of youth in placement has remained consistent over the past three years, with the majority of our placement youth being white males between the ages of 16 and 17 years. We exhaust all appropriate supervision and treatment options at the community level prior to considering out of home care and placement is only recommended when the youth's treatment needs or criminal behavior has escalated to a level that threatens the youth's or community safety.

V. Public Agency Characteristics

Napa County has a comprehensive infrastructure for providing child welfare services. The Board of Supervisors has long supported the provision of necessary services to the children, youth and families of the community.

The County Health and Human Services Agency (HHS) offices are housed on a campus with easy physical access to the majority of the agency's services. Under the umbrella of the agency are divisions providing Child Welfare Services, Alcohol and Drug Services, Mental Health Services for Adults and Children, Public Health, Comprehensive Services for Older Adults and Self-Sufficiency Services. In addition, Napa County is committed to continuous improvement of all of our services. Our Quality Management Division provides the program division's support for identifying evidence based or research supported programs as well as monitoring many outcomes. The Juvenile Division of the Probation Department, including Juvenile Hall and Juvenile Court is housed next door.

The Health and Human Services Agency Senior Management Team is comprised of the Directors of all of the program and administrative divisions. Among the charges of that group is to look at opportunities for program partnerships and to ensure that the entire continuum of care is addressed when looking at the needs of the children, youth and families in Napa County. A strong emphasis is placed on strategic planning, service integration, collaborative management, diversity and continuous quality improvement.

Cope Family Center (a family resource center) is the sole contract agency providing services under the CAPIT, CBCAP and PSSF funding streams. The Child Abuse Prevention Council (funded through the County Children's Trust Fund) is under Cope's umbrella agency and is co-located in the city of Napa. Cope is one of five very active family resource centers in our county. While Cope serves families in the city of Napa, the specific services they provide through the OCAP administered funds are delivered to families across the entire valley. The Cope Family Center supports primary and secondary prevention, intervention and treatment services to families to improve positive outcomes for children, youth and families.

The cities of American Canyon, Calistoga and St. Helena also have Family Resource Centers. In addition, Parents CAN serves families county-wide who have children with special developmental or mental health needs. These programs are not supported with CAPIT/CBCAP and PSSF funding or the County Children's Trust Fund. However, county contracts support the Family Resource Centers to provide services such as the Kinship Support Services Program and Parent Partner services. This can be seen further in the "Section E. Outcomes" analysis of this report

1. Size and Structure of Agencies

a. County operated shelters

Napa County child welfare does not operate a children's shelter. Specific foster parents are identified as willing to accept placements on an emergency 24-hour basis. These emergency placements may be converted to long term/"regular" placements after 30 days if the children are not released to parents and no suitable relatives have been located.

In the past, children awaited placement in our main child welfare office which is not particularly child friendly. In 2008, community volunteers remodeled an off campus office located in a house in the community from which we operate our wrap around services program. The house was redecorated to address the needs of children awaiting placement. This office mainly serves the same function as a receiving center (23-hour facility) does in other counties. However, the difference is that stays are very brief and children are under the care of our staff or licensed foster parents while in the office.

Napa County contracts with Community Action of Napa County (CANV) for a year round homeless shelter (South Napa Shelter) for adults. Emergency housing for individuals eighteen years and older is provided. This program can be utilized for emergency shelter for Non Minor Dependents.

The County also contracts with CANV for Samaritan House which is used for family emergency housing services. Napa Emergency Women's Shelter provides emergency housing and short-term services which includes supports for mothers and their children who are victims of domestic violence.

b. County licensing

Napa County has a Memorandum of Understanding (MOU) with CDSS Community Care Licensing (CCL) which gives authority to the County to license foster families. Recruitment and retention of foster families continues to be challenged by decreasing state funding, family economics, lack of subsidized child care for foster children as well as children who present with significant behavioral, developmental or medical challenges. In spite of this, we have managed to recruit new families in sufficient numbers to maintain a relatively stable number of foster families in the past three years, replacing those who retire, leave the area or who are otherwise no longer available. In addition, having assumed the responsibility for the adoption program (as stated below), we have been able to more easily identify potential concurrent planning families as they come into the "licensing door" and quickly refer them for adoptive home studies.

c. County adoptions

Until July 1, 2012, Napa County was reliant on the CDSS, Adoption Services, Rohnert Park District Office, to provide all aspects of adoption services for the county. This configuration of services required staff from both agencies to work collaboratively in order to facilitate timely adoptions. Dependent children were referred for adoption assessments through regular joint meetings. Families interested in adoption were referred to the Rohnert Park District Office of CDSS.

After the last CSA cycle, where the data regarding timely adoptions was of concern, Napa County began exploring options that would allow adoption services to be provided locally. While in the process of exploration, program realignment occurred giving the responsibility for adoptions to the counties effective July 1, 2011. In subsequent months, while CDSS Adoption Services continued to provide services to Napa County children and families, an intensive planning process was launched. Transition meetings were held with CDSS

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Adoption Services both in terms of general program planning and case specific situations. Support, training and consultation were provided by the Bay Area Regional Training Academy.

The efforts outlined above culminated in Napa County assuming full responsibility for the adoption program effective July 1, 2012. Program staffing consists of two full time MSW adoption workers, a full time MSW supervisor and a clerical support person. The entire staff has received training in performing SAFE home studies, AAP negotiations and benefits, adoption assessments, concurrent planning, and other relevant topics to perform their new assignments. All ongoing cases have been transferred to the county from CDSS Adoption Services as well as all the ongoing AAP cases. In the first quarter of operation, we have noted a steady increase in the adoption caseload and anticipate that additional staffing will need to be dedicated to the program.

2. County Government Structure

Please see attachments F-H, for the Napa County Health and Human Services Organizational Chart, Child Welfare Services Organizational Chart and Napa County Probation Department Organizational Chart.

Child Welfare Services is a division within Napa County Health and Human Services Agency (HHSA). Napa County Probation is a separate organization within county government. Children's Services, Children's Behavioral Health (Mental Health Division) and Probation use interagency meetings and joint training activities to facilitate a complementary approach to child welfare issues.

a. Staffing characteristics issues

i. Turnover

For purposes of this self-assessment, turnover rate is defined as the number of workers who left the agency by resigning or who were terminated during the last fiscal year (July 1, 2010 – June 30, 2012) divided by the total number of positions for each staff category. Those workers who moved within the division from one child welfare services assignment to another were not included in determining the rate. Although we recognized that internal assignment changes have implications for orientation and training, we did not measure turnover within child welfare services. However, workers who have moved to other divisions within the overarching agency, for example, adult services or mental health and who are no longer providing child welfare services were included here. For FY 2011/2012, the turnover rates by classification are displayed in the following chart.

Turnover Rate by Classification for FY 2011-2012

Classification	Percent
Administrative Support	0%
Social Work Aides	0%
CWS Social Workers	13.6%
Staff Analysts	0%
Social Work Supervisors	20%

We have experienced a significant decrease in our staff turnover rate since our last CSA in 2009. Comparing these numbers to the ones submitted for the prior CSA shows the turnover in line social workers has decreased from 29% to 13.6% or 15.4%. While the turnover rate has decreased, we have experienced several internal lateral transfers and promotions that have impacted consistency of service delivery for our clients. The turnover rate for supervisors has decreased by 20% (from 40% in 2009). It is important to note that in our small county, this 20% decrease represents only one position.

Nonetheless, the effects of turnover on child welfare services are predictable and include: loss of relationships among social workers, children and families; loss of consistency in planning and follow-up; increased costs in time and resources for recruitment; and, loss in ‘productivity’ during training and orientation.

ii. Private Contractors

In Napa County, we continue to rely upon service providers in our community to provide the broadest array of services for our children and families that funding levels will support. Of particular note is our contract with Cope Family Center as our sole contractor providing services under the Office of Child Abuse Prevention administered CBCAP/CAPIT/PSSF funding. Cope uses these funds to leverage private and grant funds to expand their services, particularly home visitation to families at risk of abuse. Frequently families exiting the child welfare system are linked to Cope for follow-up support. We believe this directly correlates to our low rate of re-entry (or recidivism).

Parent education and support groups are also provided to at risk families and adoptive families post finalization. Adoptive families can receive information and referral as well as specialized parent training. The numbers of adoptive families in the community seeking support at any given time is low so generally these families are “mainstreamed” into existing support groups if that is an identified need.

One successful strategy Cope has used in all their service delivery systems is family meetings. This has been particularly useful in preserving families and preventing abuse. Through the family group meetings, parents are engaged in identifying their strengths, challenges, service needs and the desired outcomes. The early intervention, parent education and support services provided by Cope are critical in our service array.

Cope also serves as the umbrella agency for the Child Abuse Prevention Council (CAPC) which is funded with County Children's Trust Fund (CCTF). The array of services provided by CAPC includes delivery of the Child Assault Prevention (CAP) curriculum in the schools and mandated reporter training. Because school personnel compose the largest group of mandated reporters in our county, these two programs seemed to be a good fit. CAP is evidence based, has been independently evaluated in nationally published studies and is recognized as one of the most effective, school-based child abuse prevention programs in the country. In fiscal year 2011-2012, this program presented 67 CAP workshops to 1599 children and their teachers in 8 different schools, averaged 6 volunteers and organized and facilitated parent workshops and consults for approximately 200 parents. In addition, CAPC delivered 21 Mandated Reporter trainings to 325 professionals,

The link between Cope as the CBCAP/CAPIT/PSSF funded contract agency and CAPC as the CCTF funded agency creates the opportunities to coordinate prevention and early intervention services. Monthly CAPC meetings assist us in collaborating with an array of county services providers, e.g., the schools, Probation Department, District Attorney and Juvenile Court. Also non-profit service providers such as Napa Emergency Women's Services, who deal with families experiencing domestic violence, Parents CAN (a specialized Family Resource Center serving families with children who have disabilities) and Sexual Assault Victim Services(SAVS)).

In addition, we have contracts to provide designated Independent Living Skills services with the program VOICES; to provide parent partner/parent advocacy services with Parents CAN; to provide therapeutic services with Aldea Children and Family Services; to provide Transitional Housing Program Plus services to emancipated youth through Progress Foundation, and to oversee the Kinship Support Services Program through Lilliput.

It is Napa County policy to require contracts for all professional services that may be needed. Thus, we also have an array of small contracts with individual providers of services such as therapy, tutoring, driver's education, etc.

iii. Worker caseload size by service program

- **Child Welfare**

Social workers in our county who provide "core" child welfare services are assigned to one of three primary functions: Emergency Response (ER), Dependency Investigations (DI) and Continuing Services (CS). DI staff carries both Family Reunification (FR) and Family Maintenance (FM) cases from the time it is determined that court dependency is needed through disposition. They are expected to meet all the program requirements of both of these programs. CS workers carry FM, FR and Permanent Placement (PP) cases, meeting all regulator requirements for each of these three programs. Most of these cases involve court and dependency. There are also occasional voluntary FM and FR cases.

Our adoption unit currently consists of two line workers. Adoption social workers carry cases both as primary assignments and secondary assignments. Their primary cases are those in which parental rights have been terminated while the secondary assignments generally begin early on in the case to facilitate concurrent planning.

Family Preservation services are also offered “in-house,” funded by our state family preservation allocation and some additional funding from our Self-Sufficiency division. In addition, other services provided by division staff include foster home licensing (as noted above), guardianship investigations, family visitation, coordination of the ILSP program and wraparound services under SB 163 funding. For purpose of the CSA, we will focus only on caseload size of the core child welfare programs over FY 10/11.

In terms of trends since the last CSA, the total caseload for child welfare staff began a steady increase in December 2008 as the economic pressures on families due to the recession began to be felt. By the beginning of FY 10/11, we had gone from a total ongoing services caseload (FM, FR and PP cases) of 115 in Napa County to 171 in July 2010. That increase peaked in December 2010 and has steadily decreased since then, down to approximately 140 at the end of calendar year 2011 and further down to approximately 130 in June 2012. The following are the averages for FY 2011/2012.

- ER – Averaged 6 new investigations/month
- DI & CS – Averaged 15 cases/month/worker

During the time we were struggling to meet the needs of this spurt of significant caseload growth, the County Executive Office authorized an expansion in our use of Extra Help. We were able to hire the full time equivalent of 2 additional positions to support the permanent staff. As the caseload stabilized again, we have reduced our use of extra help as well.

- **Probation**

The Napa County Probation Department Juvenile Division includes three supervisors, five senior probation officers, sixteen probation officers and seven legal clerks. One supervisor, two probation officers and one legal clerk are assigned to supervise youth placed in foster care and residential treatment. The supervisor of this unit supervises five additional officers in other assignments.

The two placement officers are assigned cases based on geographic location to manage travel time for monthly visits. Each officer averages between ten to twelve youth on their case load. The addition of a legal clerk to support the officers has had a tremendous positive impact on the officer’s ability to devote more time to case management activities instead of office work. The department recognizes the importance of having experienced officers in the placement positions and officers are not reassigned from these positions unless they request it. Thus, the officers in these assignments are experienced in all aspects of foster care including the importance of permanency and placement stability.

b. Bargaining unit issues

Our employees are represented by SEIU Local 614. At this time, there are no outstanding bargaining issues related to Probation or Child Welfare.

c. Financial/material resources

An important factor in the improvements described throughout the County Self Assessment is the support of Napa County Child Welfare Services by the Napa County Board of Supervisors. The Board has continued to provide county general fund money above the required county match to augment (or overmatch) State funds for the agency. In fact, as neighboring counties have seen a decrease in overmatch resulting in layoffs and program redesign, throughout the last four years, the Board has continued to support programs in the Napa County Health and Human Services Agency with the same level of funding. This has been extremely helpful as we have been able to continue program development and evaluation at the same level from year to year.

CAPIT/CBCAP/PSSF funding has supported community based services for families in Napa County. We collaborate closely with all the Family Resource Centers across our county and coordinate program planning efforts with them whenever feasible. OCAP funding (CAPIT/CBCAP/PSSF) assists our in county in providing prevention and supportive services to families at risk of abuse or neglect as well as some who are involved in the child welfare system. For example, when we are in the process of vacating dependency and closing our public child welfare services, families are routinely referred to Cope for ongoing support through parenting groups or home visitors.

d. Political jurisdictions

i. Tribes

There are no federally registered tribes operating within our county. Less than 1% of our community identifies as Native American. There has only been one child's case that required the application of ICWA since the last CSA was completed in 2009.

ii. School districts/Local education agencies

Napa County has five school districts, plus a county office of education:

- Calistoga Joint Unified School District
- Howell Mountain School District
- Napa Valley Unified School District
- Pope Valley School District
- St. Helena School District
- Napa County Office of Education

Local districts (primarily Napa Valley Unified School District and the Napa County Office of Education) have a close collaborative relationship with Child Welfare, Probation and Mental Health as well as community based organizations. The County Office of Education also houses our Foster Care Education Liaison who oversees the provision of

needed educational services for every foster child in the county. As a result of feedback from our last CSA that more collaboration and communication was needed between the schools and child serving agencies, the Opening Doors Collaborative was formed, which includes membership from child welfare, mental health, probation, education, CASA and our ILP contractor. The collaborative hosts quarterly in- service cross training for staff of the participating agencies.

iii. Law enforcement

Napa County has four police departments and a County Sheriff's Office:

- Calistoga Police Department
- St. Helena Police Department
- American Canyon Police Department
- Napa Police Department
- Napa County Sheriff's Office

Representatives from law enforcement actively participated in the CSA process. The various police agencies work closely with CWS ER staff on mutual investigations. Likewise, they work closely with Juvenile Probation regarding delinquent youth.

Child Welfare has a formalized protocol with law enforcement and the District Attorney's Office outlining our responsibilities with respect to Drug Endangered Children (DEC). In addition, we partnered with the same agencies in the operation of the Courage Center which is a multi-disciplinary interview center for victims of sexual abuse.

Law enforcement representatives from the Sheriff's Office, the Police Departments and District Attorney's Office serve on the Child Abuse Prevention Council board, Domestic Violence Task Force, and the Juvenile Justice Coordinating Committee.

iv. Cities

Cities within the county include American Canyon, Napa, St. Helena, Calistoga and the town of Yountville. There are also smaller communities within our geographic boundaries. While we collaborate with the Family Resource Centers located in the cities of American Canyon, Napa, St. Helena and Calistoga, we are interested in strengthening our partnerships with each of the Family Resource Centers over the next five year SIP period.

v.

VI. Peer Review Summary

In an effort to ensure continuous quality improvement for children, youth and families in the child welfare and probation systems, we conducted our Peer Review (PR) on September 11 and 12, 2012. Throughout the planning and the PR event itself, we were committed to the principle that the PR is an informative process that assists in examining more deeply the practice areas which address the needs of the children, youth and **families they serve**. The PR is a process that surfaces a large quantity of information. We have attempted to synthesize and organize in this summary. This summary concisely explains the trends found throughout the interviews and process debriefings.

Both Child Welfare and Probation analyzed the area of Placement Stability. The federal standard defines that children are stable in placement if they have two or less placements during their time in out-of-home placement. Both Child Welfare and Probation have challenges in this area based on the analysis of CFSR outcomes. Child Welfare's current rate for C4.1 (Placement Stability: 8 days to 12 months in care) is 81.1% and the federal standard is 86%. Probation's rate for C4.2 (Placement Stability least 12 months but less than 24 months) is 50.2% and the federal standard is 65%.

In an effort to glean as much information as possible from peer counties, Napa Probation invited the counties of Solano, Monterey and Sonoma. Child Welfare invited Santa Clara, Santa Cruz and Solano to participate on the interview teams and provide peer county insights and recommendations. These counties were selected due to their excellent outcomes in these areas or because of promising practices. The interview teams were comprised of one Child Welfare worker, one Probation worker and one Napa County youth. Four youth participated. Of those, three were former foster youth and one was currently receiving services through child welfare and/or probation. Child welfare and probation staff was interviewed regarding the selected cases.

Background and Methodology

Child Welfare had 109 children in placement on April 1, 2012. Juvenile Probation had 21 youth in placement.

Child Welfare and Probation selected its cases using the following methodology:

All three placement stability measures were selected and the full scope of placement lengths was examined. Twelve cases, plus three back up cases, were selected. Ten of the cases were child welfare and two were probation. Both "successful" and "unsuccessful" cases were included in the review. Cases were considered successful if they had two or fewer placements during their most recent placement episode and cases were deemed unsuccessful if they had three or more placements during their most recent placement episode. Once cases were put into these categories, the internal CSA Committee looked at individual caseloads to ensure an even spread among workers. Other factors that were considered included: Length of Time in Placement, Fatherhood Initiative, Age, Ethnicity, and Placement Type.

SUMMARY OF PRACTICE

CHILD WELFARE SERVICES

The material gleaned from the intensive case and system review process have been organized into broad categories and grouped by topic. We further grouped the information by those areas where we do well and those where we may need to focus further attention.

Case Management and Concurrent Planning

- *Strengths*
 - CWS has developed infrastructure and tools to ensure that relatives are identified and evaluated starting upon removal of the child. When a relative is not immediately available, because we are a small county, staff generally know the county foster parents and their specific skills which allows for matching children to the best available home.
 - Concurrent planning is supported by attempting to make the best permanency match at the time of the first placement, either with relatives or foster parents who may be able to make a permanent commitment if reunification fails.
- *Challenges*
 - Concurrent planning is inconsistent; attention to more fully outlining roles and responsibilities of staff, training of foster/adoptive parents and applying concurrent planning to all cases, including difficult to match children and group home youth is needed.
 - Placement with relatives is complicated by the lengthy approval process, any reluctance by parents to identify relatives, family dynamics which may influence reunification and the level of financial support available if a child is not federally eligible to foster care payment.
 - More placement resources are needed to support good matching. Of particular note is the lack of foster families who understand adolescent behavior and accept the challenges adolescents present. This is particularly true for adolescent girls.

Engagement

- *Strengths*
 - Napa County has focused on engagement strategies, providing training (e.g., Bruce Perry) and expanding the use of family group meetings.
 - Social workers and Probation Officers see their children/youth at least monthly and cultivate relationships with their youth. Cases are not transferred from one social worker to another as the case moves from FR to FM or PP.
 - Social workers have good availability for families; they return phone calls, even after hours when necessary.
- *Challenges*
 - Parental incarceration inhibits the ability to positively engage a parent and provide individually tailored services. This also impacts the frequency of face to face visits with their children.

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- Sometimes youth have strong feelings about not visiting their biological parents and/or have different goals than the social worker/probation officer feel is appropriate. Conversations and engaging the youth can be difficult when this occurs.
- When there is not a smooth transition between social workers, family engagement can be compromised.

Assessments and Services

- *Strengths*
 - Social workers knowledgeable about child development issues and community services for special needs, e.g. speech impairments, medically fragile infant.
 - There are strong collaborations with Mental Health and Alcohol and Drug Services within HHS that assure appropriate assessments of parents as well as mental health screening of foster children.
 - Many care providers in the county are experienced and knowledgeable about community resources.
- *Challenges*
 - For children with the need for specialized services, there can be delays identifying or matching the child with a provider, e.g., when the child has been a perpetrator of sexual abuse, the child needs culturally sensitive services in a particular language (ASL for example) or a complex fabric of services is needed to the family .
 - Arranging services for children placed out of county is particularly challenging under managed care. Group homes and out of county relatives sometimes have to come to Napa to obtain services including mental health, dental, etc.
 - There are populations of children/youth that social workers find more difficult to provide with services, for example those who are resistant to therapy/medication and/or who have had multiple placements and challenging behaviors.
 - Difference of opinions with relatives around case plan and their role in coordinating services created a challenge. For example around visitation, therapy and the ultimate goal of the case plan.
 - It is difficult to find affordable housing in the county and it is even harder when the parents have a criminal history
 - When there are difficulties with communication with caregivers, e.g., group home staff not returning calls promptly, services can be negatively impacted.

Caretaker Support and Services

- *Strengths*
 - Social workers were noted to have frequent contacts with the foster parents and having done a good job in matching youth and caregivers.
 - FFAs and group homes provide services, such as mental health, transportation, ILP, education and psychological evaluations.

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- CASA is a helpful service for care providers especially around educational services.
- *Challenges*
 - Coordinating services for potential adoptive caregivers was complicated when two agencies (county and state) were involved.
 - When the assigned social worker is unavailable, placement disruptions can occur and might be handled by a social worker unfamiliar with the family.

Placement Changes

- *Strengths*
 - When a disruption is anticipated efforts are made to identify former placements or others familiar to the child/youth as placement resources. Consideration of least restrictive placement and placement with siblings seems consistent.
 - In one case, the foster parent facilitated the permanent placement with the child and formed a relationship with the adoptive home.
 - Pre-placement by workers for both probation and Child welfare helps make sure the placement is appropriate.
- *Challenges*
 - There are not enough placements in Napa that match the specific needs of a particular child including no designated facility to house youth, few Spanish speaking foster homes and a lack of foster homes with specialized training.
 - Due to Napa being a small community the foster parent may have unexpected contact with members of the child's biological family around town which can potentially affect placement stability.

Training

- *Strengths*
 - Foster Parents must meet their state training requirements. There is excellent training through Napa Valley College including on grief and loss and fragile infant training.
 - The Department consistently meets federal/state mandates for social worker and supervisor training and supports staff in attending advanced training.
- *Needs*
 - Training specific to caring for teens with challenging behaviors and engaging with teens that have experienced trauma would be helpful to minimize placement disruptions.
 - Additional training to support the practice of concurrent planning, drilling down to real case application in addition to the theory/philosophy, is needed.
 - A more formalized way to train relatives and NREFM to understand the child welfare and court systems could support placement stability.
 - Continuing diversity training and cultural sensitivity for social workers/probation officers should be supported.

Other Ideas/Recommendations

- Develop a liaison between placing staff and staff approving/licensing homes, updating homes and what they can provide
- Like to have case aides
- Additional written policy and procedures
- Additional local group home beds for female teens
- More coordination between probation and child welfare on placement when both agencies are familiar with a youth.
- IT issue – more technology i.e. tablets would make job easier
- Broader array of community bi-lingual services

PROBATION

Relative Assessment

- *Strengths*
 - Collection of important family information began at intake through basic interviews and through filling out a form.
 - From the beginning, parents are engaged with visits with their youth and visiting of group homes and placements.
- *Challenges*
 - Once a removal occurs, more emphasis could be made on relative placement as opposed to quickly moving to group home placement.
 - Relative placements can be difficult for probation youth as relatives are hesitant to deal with the behaviors related to the delinquency or are concerned for the safety of those in their home.

Engagement

- *Strengths*
 - Probation Officers engage youth by being open and honest with youth about consequences of their behaviors. They hold youth accountable. They work together and introduce youth to new staff before transferring the case.
 - Youth are involved in the selection of group home placements.
- *Challenges*
 - There are inadequate placement resources within the county for probation youth so placement is often in an unfamiliar community.

Assessments and Services

- *Strengths*
 - Probation Officers in the placement unit are knowledgeable about the service providers/placement resources they use. They appropriately assess the needs of the youth and services needed in order to make a good match.
 - Probation Officers focus on least restrictive placements and make use of services which may support the youth in his/her own home (wrap around and treatment services).
- *Challenges*
 - Mental health or other issues that directly affect the parent's ability to support the youth present barriers to reunification. Unlike CWS, probation has no mechanism to ensure that parents address their own issues so the youth is adequately supported at home.

Caretaker Support and Services

- *Strengths*
 - Group home placement was appropriate for youth.
- *Challenges*
 - None noted.

Placement Changes

- *Strengths*
 - As noted above, youth was engaged in decision about specific group home placements.
 - Some placement changes are beneficial for youth, such as when moving to a less restrictive environment, e.g., from an RCL 14 facility to a level 10.
- *Challenges*
 - When the family is unstable or the parent has significant issues of his/her own, this impacts reunification. For probation, services to the parents/support for the family begin once the youth comes home and the family may not be in a position to meet the youth's needs.
 - Parents can be fearful of their youth's aggressive behavior.

Training

- *Strengths*
 - Probation officers meet their regulatory training requirements and feel they received specialized training when they asked or needed it.

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- *Challenges*
 - *None noted.*

Other/Recommendations

- Need after care service for youth when they come home.

Peer County suggestions for possible implementation in Napa County based on their county practices that have assisted with placement stability:

- more work on relative engagement
- intensified family finding including web based tools
- expanding wrap around services
- increased/targeted use of family group meetings
- better placement matching
- increased caregiver training, particularly around challenging behaviors

VI. CWS Outcomes and C-CSFR Indicators

Readers should be aware that the total number of children in Napa County’s Child Welfare System is relatively small. Therefore, few occurrences in a given indicator can affect what appears to be a significant change in the percentage.

All of the data was extracted using static CDSS quarterly reports from <http://www.childsworld.ca.gov/res/CtyReport/July12/jul12napa.pdf>. Direction and Percent Change are indicators from the static data table designed to show a snapshot compared to the previous data pull (e.g. for the data below, the previous data pull would be Data Extract: Quarter 4 2011).

With the exception of measure 5A of the well-being measures, this data has been pulled using Children’s Research Center SafeMeasures® Data. *Napa County*, AB 636 Measure 5A: Health and Education Passport, *Quarter 1*. Retrieved August, 15, 2012 from Children’s Research Center website. URL: <https://www.safemeasures.org/ca/safemeasures.aspx>

All outcomes (except 5A in well being outcomes) will be compared to baseline data from Napa County’s previous County Self Assessment. The comparison data, from quarter 4 of 2008, is from this static CDSS quarterly report. URL: <http://www.childsworld.ca.gov/res/CtyReport/July09/jul09napa.pdf>

1. Safety Outcomes

S 1.1: Safety Outcome Measure - No Recurrence of Maltreatment

This measure answers the question: Of all children who were victims of a substantiated maltreatment allegation during the 6-month period, what percent were not victims of another substantiated maltreatment allegation within the next 6 months?

⇒ **County’s Current Performance:**

From April 1, 2011 to September 30, 2011, 93.2% of children with substantiated maltreatment within the 6-month period did not have another substantiated maltreatment allegation within the next 6 months.

Most recent start date	Most recent end date	Most recent numerator	Most recent denominator	Most recent performance	Direction?	Percent change
4/1/11	9/30/11	68	73	93.2%	No	-1.4%

From our last SIP, the percentage has decreased from 96.7% from 1/1/08 through 6/30/08 to 93.2% currently. Current performance is also below the Federal Standard (94.6%).

S 2.1: Safety Outcome Measure - No Maltreatment in Foster Care

This measure answers the question: Of all children served in out-of-home care during the year, what percent were not victims of a substantiated maltreatment report by a foster parent or facility staff while in out-of-home care. The denominator is the total number of children served in foster care during the specified year; the numerator is the count of these children in care who were not victims of a substantiated maltreatment report by a foster parent or facility staff.

⇒ **County's Current Performance: CWS**

From April 1, 2011 to March 31, 2012, 100% of children who were in out-of-home care were not victims of a substantiated maltreatment report by a foster parent or facility staff.

Most recent start date	Most recent end date	Most recent numerator	Most recent denominator	Most recent performance	Direction?	Percent change
4/1/11	3/31/12	187	187	100.0%	Yes	0.00%

From our last SIP, the percentage of children with no maltreatment while in foster care has remained a constant at 100.0%. Current performance is above the Federal Standard (99.68%).

⇒ **County's Current Performance: Juvenile Probation**

Most recent start date	Most recent end date	Most recent numerator	Most recent denominator	Most recent performance	Direction?	Percent change
4/1/11	3/31/12	38	38	100%	Yes	00.0%

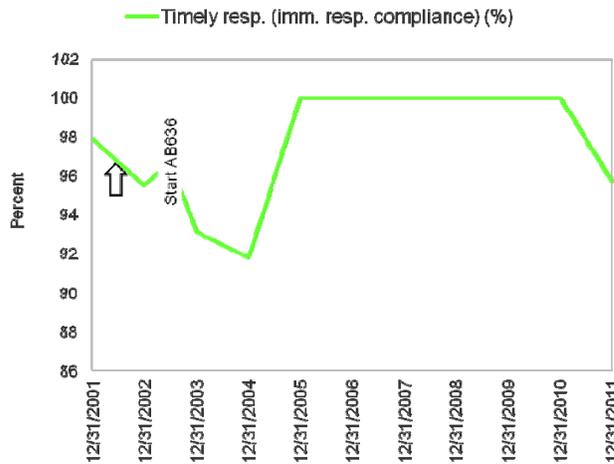
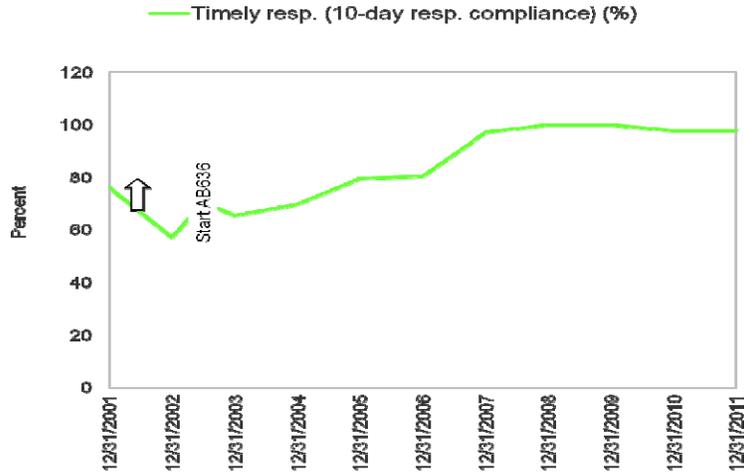
From the baseline of April 1, 2008 to March 31, 2009, the percentage of children who were in -out-of home care that were not victims of substantiated maltreatment remained steady at 100%. Current performance is above the federal goal of 99.68%.

S 2B: Safety Outcome Measure -Timeliness of Investigations for 10-day and Immediate Referrals

This measure looks at the percent of investigated child abuse/neglect referrals in the study period that have resulted in an in-person response (either immediate or within 10 days depending upon the assessment of the situation) for both planned and actual visits.

⇒ **County's Current Performance:**

Napa County almost consistently maintains 100% compliance on timeliness of immediate investigations. We have also made steady progress in the area of 10 day investigations. From the time of our last SIP we have remained constant at 100% for immediate and for 10 day.



This measure shows the percent compliance of all referral investigations by classification of immediate, or within 24 hours, and 10-day. For both the denominator is the total number of referrals in each classification and the numerator is the total number of referrals investigated and documented properly within the time allotted by the classification. This measure has been a focus for Napa County for over 4 years now. We are averaging well above the standard and we continue to monitor this measure monthly.

S 2C: Safety Outcome Measure: Timely Social Worker Visits with Child

This measure examines: "Of all children who required a monthly social worker visit, how many received a face to face visit?"

⇒ **County's Current Performance:**

Month 1, 2, and 3 correspond to the first, second and third month of the quarter reported in the Berkeley Outcomes Data sheet. In this case, Month 1 would be January of 2012, Month 2 would be February 2012 and Month 3 is March 2012. For month 1 we have increased slightly from October 2008 from 98.1% to 99.3%. For month 2 we have decreased slightly from 100.0% down to 97.8%. For month 3 we have remained constant at 100.0%. This measure has been a focus for Napa County for over 4 years now. We are averaging well above the standard and we continue to monitor this measure monthly.

Analysis: Safety Outcomes

Napa County focused on S1.1 (Recurrence of Maltreatment) extensively as part of the last SIP. Historically Napa has done fairly well with this measure, hovering just around the national standard. There are a lot of contributors, however, to our performance. The most significant is that the periods when we perform below the national standard correlate directly to a recurrence with large sibling groups.

CSA Stakeholders also shared that there are a number of resources that are currently available to help meet the need associated with recurrence of maltreatment. The following resources are available for families who are at risk of recurrence of maltreatment.

- Child Abuse Prevention Council (CAPC) (child-parent education classes, free, county-wide)
- Cope Family Center (parent education and home visiting)
- Public Health (availability recently reduced to high-risk families)
- Welcome Every Baby (only low income)
- Alternatives for Better Living (parent education and anger management)
- Napa Infant Program (NIP) (0-3 assessment/education)

- Therapeutic Child Care Center (TCCC)
- Increase in newer fathers' group (through Cope Family Center)
- Transition age youth (TAY) (support for those with mental health needs)
- Napa County of Education (resource book)

They are also note that these are the top needs for those at risk for maltreatment.

Needs:

- Emergency respite care and crisis nursery
- Early primary prevention and identification of risk of child abuse and neglect
- Increasing capacity for home visiting
- Increased Wrap Program/Services (current regulations limit type of families served)
- Extended Aftercare services for families. Some families need years (3 – 5) of case management support. They need more opportunity to practice and apply skills for long term behavior changes.

Some of the barriers they noted to accessing services:

- People don't know about the available services (even county staff)
- Lack of sufficient parent education available to "Up Valley"
- There is a gap in services in the northern county areas as well as lack of transportation to get from northern county to Napa for services

We place a high priority on face to face contacts and the immediacy of our investigations. The sooner we can investigate, the sooner we can protect children from potentially dangerous situations. The good results are related to the size of our county, the collaboration of our staff members and the high priority that we place on timeliness. These measures are reviewed monthly by our leadership team as well as on the supervisor to social worker level.

Despite an increase in referrals and children in care, social workers have increased their response time to referrals (Immediate response and 10 day response) and maintained timely social worker visits in open cases. CSA Stakeholders discussed a number of factors that have positively influenced these trends. Staffing and budget allocations have held steady as, the Board of Supervisors and Health and Human Services Agency administration have consistently supported Child Welfare. On the other hand, Child Welfare has been proactive in focusing on what it can do to improve its compliance. First, it has focused on training to address any identified barriers impacting compliance. Second, it has put in place an accountability process and supportive structure for staff. Third, staff on every level helps each other out when things get challenging.

2. Permanency: Reunification Outcomes

C1.1 Permanency Measure: Reunification within 12 months (Exit Cohort)

This measure answers the question: Of all children discharged from foster care to reunification during the year that had been in foster care for 8 days or longer, what percent were reunified in less than 12 months from the date of the latest removal?

⇒ **County’s Current Performance: CWS**

From April 1, 2011 to March 31, 2012, 54.2% of children discharged from foster care to reunification during the year were discharged within 12 months from the date of the latest removal from home.

Most recent start date	Most recent end date	Most recent numerator	Most recent denominator	Most recent performance	Direction?	Percent change
4/1/11	3/31/12	32	59	54.2%	Yes	31.1%

From our last SIP, the percentage of children who exited to reunification within 12 months has increased from 38.5% during 1/1/08 through 12/31/08, to 54.2% currently. Performance showed much improvement in 2009 and 2010 with a slight dip in 2011 and 2012. Current performance is below the Federal Standard (75.2%).

⇒ **County’s Current Performance: Juvenile Probation**

From April 1, 2011 to March 31, 2012, 33.3% of probation children discharged from foster care to reunification during the year were discharged within 12 months from the date of the latest removal from home.

Most recent start date	Most recent end date	Most recent numerator	Most recent denominator	Most recent performance	Direction?	Percent change
4/1/11	3/31/12	3	9	33.3%	no	-28.4%

There was a decrease in this outcome from the baseline of April 1, 2008 to March 31, 2009 of 42.9% to 33.3%. Current performance is below the federal measure of 75.2%.

C1.2 Permanency Measure: Median Time to Reunification (Exit Cohort)

This measure answers the question: Of all children discharged from foster care to reunification during the year who had been in foster care for 8 days or longer, what was the median length of stay (in months) from the date of latest removal from home until the date of discharge to reunification?

⇒ **County's Current Performance: CWS**

From April 1, 2011 to March 31, 2012, 11.5 months was the median length of stay of children discharged from foster care to reunification during the year.

Most recent start date	Most recent end date	Most recent numerator	Most recent denominator	Most recent performance	Direction?	Percent change
4/1/11	3/31/12	N/A	59	11.5 months	Yes	-8.0%

From the time of our last SIP, the median time to reunification of children who discharged from foster care to reunification has decreased slightly from 13.6 months during 1/1/08 through 12/31/08 to 11.5 months currently. Since 2009, the county's performance is showing a positive trend with its slight decrease in median time. Current performance is above the Federal Standard (5.4 months).

⇒ **County's Current Performance: Juvenile Probation**

From April 1, 2011 to March 31, 2012, 14.9 months was the median length of stay of children discharged from foster care to reunification during the year.

Most recent start date	Most recent end date	Most recent numerator	Most recent denominator	Most recent performance	Direction?	Amount change
4/1/11	3/31/12	N/A	9	14.9 months	No	2.7 months

From the baseline of April 1, 2008 to March 31, 2009, the median time to reunification of children who discharged from foster care to reunification has increased from 12.2 months to 14.9 months. Current performance does not meet the federal goal of 5.4 months.

C1.3 Permanency Measure: Reunification within 12 Months (Entry Cohort)

This measure answers the question: Of all children entering foster care for the first time in the 6-month period who remained in foster care for 8 days or longer, what percent were discharged from foster care to reunification in less than 12 months from the date of latest removal from home?

⇒ **County's Current Performance: CWS**

From October 1, 2010 to March 31, 2011, of all children who entered foster care for the first time in the 6-month period who remained for 8 days or longer, 58.8% exited to reunification within 12 months from the first date of removal.

Most recent start date	Most recent end date	Most recent numerator	Most recent denominator	Most recent performance	Direction?	Percent change
10/1/10	3/31/11	20	34	58.8%	Yes	59.7%

From the time of our last SIP, the percentage of children who exited to reunification within 12 months of entering foster care has increased dramatically from 9.1% during 7/1/07 through 12/31/07 to 58.8% currently. The county's performance has made tremendous strides since 2008 showing a dramatic increase that started in 2004. Current performance is above the Federal Standard (48.4%) as well as the statewide performance (45.2%).

C1.3 Permanency Measure: County's Current Performance: Juvenile Probation

From October 1, 2010 to March 31, 2011, of all children who entered foster care for the first time in the 6-month period who remained for 8 days or longer, 41.7% exited to reunification within 12 months from the first date of removal.

Most recent start date	Most recent end date	Most recent numerator	Most recent denominator	Most recent performance	Direction?	Percent change
10/1/10	3/31/11	5	12	41.7%	Yes	N/A

From the baseline of October 1, 2007 to March 31, 2008, there was an increase of reunification of 41.7% as there were no reunifications in the baseline period. Current performance is below the federal standard of 48.4%.

C1.4 Permanency Measure: Re-Entry Following Reunification (Exit Cohort)

This measure answers the question: Of all children discharged from foster care to reunification during the year, what percent reentered foster care in less than 12 months from the date of the earliest discharge to reunification during the year?

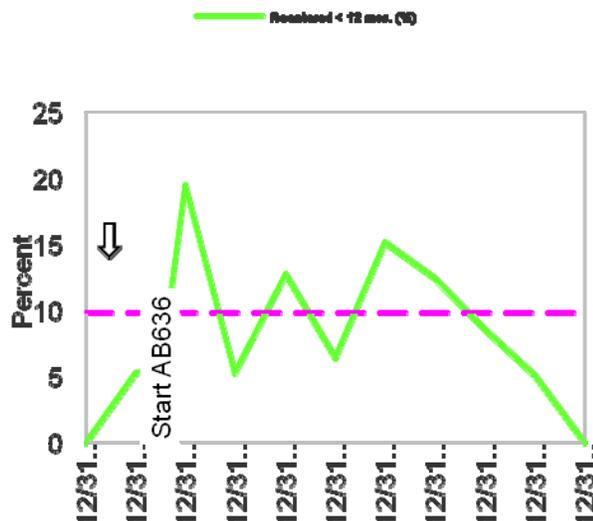
⇒ **County's Current Performance: CWS**

From April 1, 2010 to March 31, 2011, 0.0% of all children who exited to reunification within the year re-entered foster care within the following 12 month period.

Most recent start date	Most recent end date	Most recent numerator	Most recent denominator	Most recent performance	Direction?	Percent change
4/1/10	3/31/11	0	42	0.0%	Yes	-100%

From the time of our last SIP, the percentage of children who were discharged within the year that re-entered foster care within the following 12 month period this measure has decreased from 12.5% during 1/1/07 through 12/31/07 to 0.0% currently. After a sharp increase in the number of children re-entering in 2006, the county’s performance has trended downward towards the national standard. This may have a correlation with longer duration of open cases which result in a longer median time to reunification. Current performance is below the Federal Standard (9.9%).

C1.4 Permanency Measure Graph (Source: Needell, B., Webster, D., Armijo, M., Lee, S., Dawson, W., Magruder, J., Exel, M., Glasser, T., Williams, D., Zimmerman, K., Simon, V., Putnam-Hornstein, E., Frerer, K., Cuccaro-Alamin, S., Winn, A., Lou, C., & Peng, C. (2009). *Child Welfare Services Reports for California*. Retrieved [month, day, year August 15th, 2012], from University of California at Berkeley Center for Social Services Research website. URL: http://cssr.berkeley.edu/ucb_childwelfare)



⇒ **County’s Current Performance: Juvenile Probation**

From April 1, 2010 to March 31, 2011, 0.0% of all children who exited to reunification within the year re-entered foster care within the following 12 month period.

Most recent start date	Most recent end date	Most recent numerator	Most recent denominator	Most recent performance	Direction?	Percent change
4/1/10	3/31/11	0	14	0%	No change	N/A

There were no children who exited to reunification within the year that re-entered foster care within the following 12 month period. This performance exceeds the minimum federal goal of 9.9%.

Analysis: Reunification Outcomes

The most permanent and beneficial outcome for any child placed out of his/her home is to be successfully reunited with his/her parents. However, recognizing that this is not always possible and developing alternative permanent plans early in the “life” of a case is critical to good outcomes for children. Those alternatives are considered in the following order: adoption, guardianship or successful emancipation with permanent lifelong connections. This section of the report discusses our performance on providing permanency for children/youth in the child welfare and juvenile probation systems.

The reunification measures make the most sense when they are looked at together. Napa is performing slightly below the national standard in C1.1 and C1.2 and is performing better than the standard in C1.3 and C1.4. While C1.1 through C1.3 is very important to monitor and review, C1.4 is what Napa County uses as its primary effectiveness measure. For every case there are decisions made concerning case outcomes and reunification. Sometimes it is very appropriate for a case to be continued for longer than 12 months in order to keep the children from re-entering the foster care system later. C1.1 is an indication of the level of complexity of our caseload during the pull period. C1.4 is an indication of how effective our services have been. If you look at the graphs of C1.4 you will see that viewing it in that framework gives a clear picture of the philosophy of Napa County. Starting in 2006 we have had a very distinct trend downward from around 15% to its current state at 0%. And looking at C1.1 you can clearly see that it varies much as the severity of cases on those caseloads varied.

Providing supports and services to families after reunification are the keys to preventing re-entry. Napa is a collaborative community that recognizes its diverse population and its varied needs. Social workers are also committed to coordinating with services providers and investing in partnerships to support families. Cope Family Resource Center utilizes CAPIT and PSSF funding to support families during and after reunification through their home visitation program, parenting education classes, and other supports available through the center. Services are available in both English and Spanish. Being an integrated campus, Health and Human Service Agency also provides a one-stop location for families and some of the needs that they may have. In a discussion about what has helped families not re-enter foster care after reunification, CSA Stakeholders noted the following supports are helpful:

- Parenting classes (parenting skills, home visitation, substance abuse)
- Dual Diagnosis programs (outpatient and residential)
- CASA (support for children and youth)
- North Bay Regional Center (developmental disabilities)
- Parents CAN (special needs and juvenile dependency)

- McCallister (residential substance abuse treatment)
- Religious community or faith based group to help change negative patterns
- Boys & Girls Club
- Therapeutic Child Care Center
- Family Resource Centers programs and funding, crisis drop-in, and emergency aid
- Catholic Charities Rainbow House (shelter housing)

Despite success in the re-entry outcome area, there continue to be some challenges. There are limited community bilingual services (for Hispanic and Asian populations), limited transportation (lack of access to personal vehicle and mass transit), lack of affordable housing, limited child care and respite services for families, limited public health nurses and lack of funding for services. For some with criminal backgrounds, there are limited employment options. Additionally, some of the services for families are challenging for parents who have educational deficits or developmental challenges.

For probation families, there are additional challenges. Because the youth's issues are the focus, services for parents while the youth is in placement are limited. And when the youths return home, after care lacks substance abuse, stabilization support, and employment options due to the youth's criminal background.

F.3. Permanency: Adoption Outcomes

C 2.1 Permanency Measure: Adoption Within 24 months (Exit Cohort)

This measure answers the question: 'Of all children discharged from foster care to a finalized adoption during the year, what percent were discharged in less than 24 months from the date of the latest removal from home?'

⇒ **County's Current Performance:**

From April 1, 2011 to March 31, 2012, 41.7% of children discharged from foster care to a finalized adoption during the year were discharged in less than 24 months from the date of the latest removal from home.

Most recent start date	Most recent end date	Most recent numerator	Most recent denominator	Most recent performance	Direction?	Percent change
4/1/11	3/31/12	5	12	41.7%	Yes	66.7%

From the time of our last SIP, the percentage of children who exited to a permanent adoption within 24 months has decreased from 50.0% during 1/1/08 through 12/31/08 to 41.7% currently (It should be noted that these numbers are very small, 2 of 4 to 5 of 12 respectively). Performance has been sporadic but the trend is a flat line just above the Federal Standard. Current performance is above the Federal Standard (36.6%).

C2. 2 Permanency Measure: Median Time to Adoption (Exit Cohort)

This measure answers the question: Of all children discharged from foster care to a finalized adoption during the year, what was the median length of stay (in months) from the date of latest removal from home until the date of discharge to adoption?

⇒ **County’s Current Performance:**

From April 1, 2011 to March 31, 2012, 27.7 months was the median length of an open case of those children discharged from foster care to a finalized adoption during the year.

Most recent start date	Most recent end date	Most recent numerator	Most recent denominator	Most recent performance	Direction?	Percent change
4/1/11	3/31/12	N/A	12	27.7 months	Yes	-29.9%

From the time of our last SIP April 2009, the median time to adoption of children who discharged from foster care to a finalized adoption Napa’s performance has slightly increased from 24.8 months during 1/1/08 through 12/31/08 to 27.78 months currently. Current performance is above the Federal Standard (27.3 months).

C2.3 Permanency Measure: Adoption within 12 Months (17 Months in Care)

This measure answers the question: Of all children in foster care for 17 continuous months or longer on the first day of the year, what percent were discharged to a finalized adoption by the last day of the year?

⇒ **County’s Current Performance:**

From April 1, 2011 to March 31, 2012, 24.2% of all children in foster care for 17 continuous months or longer on the first day of the year in question were discharged to a finalized adoption by the last day of the year in question.

Most recent start date	Most recent end date	Most recent numerator	Most recent denominator	Most recent performance	Direction?	Percent change
4/1/11	3/31/12	8	33	24.2%	Yes	32.2%

From the time of our last SIP, the percentage of children in foster care for at least 17 continuous months on the first of the year that exited to a finalized adoption within that year increased from 9.7% during 1/1/08 through 12/31/08 to 24.2% currently. The county's performance has been irregular but has an overall increasing trend line since 2005. Current performance is above the Federal Standard (22.7%).

C2.4 Permanency Measure: Legally Free Within 6 Months (17 Months in Care)

This measure answers the question: Of all children in foster care for 17 continuous months or longer and not legally free for adoption on the first day of the year, what percent became legally free within the next 6 months?

⇒ **County's Current Performance:**

From April 1, 2011 to September 30, 2011, 10.0% of all children in foster care for 17 continuous months or longer and not legally free for adoption on the first day of the year became legally free within the next 6 months.

Most recent start date	Most recent end date	Most recent numerator	Most recent denominator	Most recent performance	Direction?	Percent change
4/1/11	9/30/11	2	20	10.0%	Yes	70.0%

From the time of our last SIP, the percentage of children in foster care for 17 continuous months or longer and not legally free for adoption that became legally free within the next 6 months has increased from 4.8% during 1/1/08 through 6/30/08 to 10.0% currently. Due to small numbers in Napa County, the County's performance has fluctuated dramatically from quarter to quarter. Current performance is below the Federal Standard (10.9%).

C2.5 Permanency Measure: Adoption within 12 Months (Legally Free)

This measure answers the question: Of all children in foster care who became legally free for adoption during the year, what percent were then discharged to a finalized adoption in less than 12 months?

⇒ **County's Current Performance:**

From April 1, 2010 to March 31, 2011, 66.7% of all children in foster care who became legally free for adoption during the year discharged to a finalized adoption in less than 12 months.

Most recent start date	Most recent end date	Most recent numerator	Most recent denominator	Most recent performance	Direction?	Percent change
4/1/10	3/31/11	10	15	66.7%	Yes	33.3%

From the time of our last SIP, the percentage of children in foster care who became legally free for adoption during the year that discharged to a finalized adoption in less than 12 months has increased from 45.5% during 1/1/07 through 12/31/07 to 66.7% currently. The County's performance, although somewhat erratic again due to small numbers, shows a trend of averaging just around 57%. Current performance is above the Federal Standard (53.7%) as well as the statewide performance (55.1%).

Analysis: Adoption Outcomes

Adoption measures have historically presented unique challenges for Napa County to impact. The numbers are extremely small and are thus dramatically influenced by changes in one or two cases. In addition, we had little ability to make significant program changes in that we did not have authority over the adoption program. However, as we recently assumed administrative responsibility for the program, we will have more flexibility to develop program specific strategies to improve our outcomes in this area.

The above-mentioned concerns were shared by CSA Stakeholders. They were concerned that adoptions take too long. Among the reasons that Napa County chose to take responsibility for the adoption program under realignment related to the concerns about timeliness to adoption/permanency for children in our county. Because the CDSS adoption regional office was located out of county, it was difficult for their staff to be connected to local resources within Napa County. It is hoped that having local responsibility will offer the opportunity to connect with our community to target recruitment for adoptive families. Likewise, we anticipate our strong emphasis on training caregivers to the expectations of concurrent planning will help us develop local placement families with an understanding of the realities of reunification services and alternative permanent plans. We anticipate outlining specific strategies for improvement in this area within our System Improvement Plan.

Currently families have the support of Lilliput Adoption Agency for adoption and post-adoption services. In addition, Cope offers post-adoption support services as well, funded through PSSF. There is also the local foster family association and support group for additional resources. There have been challenges associated with our prior adoption provider being located outside the county. Now that the county CWS is the primary provider of adoption services in our community, we can ensure that during post-adoptive placement supervision and at finalization, families are connected to Cope, Lilliput and other support services in our community. We anticipate the demand for these services to increase as families become more connected to local resources and, hopefully, our adoption rate increases.

CSA Stakeholders thought the following could improve collaboration:

- Create frequent opportunities for encourage proactive collaboration
- Identify key partners and develop a strategy to build relationships
- Create and maintain an interagency contact list

Probation has not yet had the opportunity or need to implement adoption services for any probation youth, however, placement officers include adoption as a permanency

option when working with youth to develop a permanency plan. The vast majority of our youth return to the home of their parent(s) and the few that don't typically maintain contact and relationships with them and are adamant they are not interested in adoption.

F.4. Permanency: Long Term Care

C3.1 Permanency Measure: Long Term Care Outcome: Exits to Permanency (24 Months in Care)

This measure answers the question: Of all children in foster care for 24 months or longer on the first day of the year, what percent were discharged to a permanent home by the end of the year and prior to turning 18?

⇒ **County's Current Performance:**

From April 1, 2011 to March 31, 2012, 22.2% of children in foster care for 24 months or longer on the first day of the year were discharged to a permanent home by the end of the year prior to turning 18.

Most recent start date	Most recent end date	Most recent numerator	Most recent denominator	Most recent performance	Direction?	Percent change
4/1/11	3/31/12	6	27	22.2%	Yes	1.9%

From the time of our last SIP, the percentage of children in foster care for 24 months or longer on the first day of the year that discharged to a permanent home by the end of the year prior to turning 18 has increased from 16.0% during 1/1/08 through 12/31/08 to 22.2% currently. Performance has trended upward slightly over the last 5 years, but current performance remains below the Federal Standard (29.1%).

⇒ **County's Current Performance: Juvenile Probation**

From April 1, 2011 to March 31, 2012, 60% of children in foster care for 24 months or longer on the first day of the year were discharged to a permanent home by the end of the year prior to turning 18.

Most recent start date	Most recent end date	Most recent numerator	Most recent denominator	Most recent performance	Direction?	Percent change
4/1/11	3/31/12	3	5	60%	Yes	10.8%

From 1/1/08 through 12/31/08, no youth discharged to a permanent home. Thus there has been a significant improvement in finding permanency for this cohort.

C3.2 Permanency Measure: Long Term Care Outcome: Exits to Permanency (Legally Free at Exit)

This measure answers the question: Of all children discharged from foster care during the year that were legally free for adoption, what percent were discharged to a permanent home prior to turning 18?

⇒ **County's Current Performance:**

From April 1, 2011 to March 31, 2012, 100.0% of all children discharged from foster care during the year who were legally free for adoption discharged to a permanent home prior to turning 18.

Most recent start date	Most recent end date	Most recent numerator	Most recent denominator	Most recent performance	Direction?	Percent change
4/1/11	3/31/12	12	12	100.0%	Yes	7.7%

From the time of our last SIP, the percentage of all children discharged to a permanent home, prior to turning 18, from foster care during the year were legally free for adoption has remained the same at 100%. Current performance is above the Federal Standard (98%).

⇒ **County's Current Performance: Juvenile Probation**

From April 1, 2011 to March 31, 2012, 27.8% of all children discharged from foster care during the year who were legally free for adoption discharged to a permanent home prior to turning 18.

Most recent start date	Most recent end date	Most recent numerator	Most recent denominator	Most recent performance	Direction?	Percent change
4/1/11	3/31/12	0	0	0.0%	NA	NA

From our last SIP, 37% of youth exited to permanency who were legally free. There has been a relatively small change as the denominator of children is very small. This continues to be well below the federal standard of 98%.

C3.3 Permanency Measure: Long Term Care Outcome: In Care 3 Years or Longer (Emancipated/Age 18)

This measure answers the question: Of all children in foster care during the year who were either discharged to emancipation or turned 18 while still in care, what percent had been in foster care for 3 years or longer?

⇒ **County's Current Performance:**

From April 1, 2011 to March 31, 2012, 33.3% of all children in foster care during the year who were either discharged to emancipation or turned 18 while still in care had been in foster care for 3 years or longer.

Most recent start date	Most recent end date	Most recent numerator	Most recent denominator	Most recent performance	Direction?	Percent change
4/1/11	3/31/12	2	6	33.3%	Yes	-61.1%

From the time of our last SIP (1/1/08 through 12/31/08), the percentage of all children in foster care during the year who were either discharged to emancipation or turned 18 while still in care and had been in foster care for 3 years or longer has remained the same at 33.3%. Current performance is below the Federal Standard (35.7%).

⇒ **County's Current Performance: Juvenile Probation**

From April 1, 2011 to March 31, 2012, 11.1% of all children in foster care during the year who were either discharged to emancipation or turned 18 while still in care had been in foster care for 3 years or longer.

Most recent start date	Most recent end date	Most recent numerator	Most recent denominator	Most recent performance	Direction?	Percent change
4/1/11	3/31/12	1	9	11.1%	No	-8.9%

During the last SIP, 20% of youth in care for 3 years or longer were either discharged to emancipation or turned 18 while in care. There has been a 8.9% decrease in this measure and does not meet the federal measure of 35.7%.

Analysis: Long Term Care Outcomes

When looking at C3.1 you can see by our data that we have always underperformed in this measure. When we look at the cases that generally populate this measure we notice that they are all very different but they have commonalities as well. A significant number of these children have multiple identified needs. They are generally placed in high level group homes with mental health needs as well. Once these children are in the cohort and remain in placement, they remain in the data pool. An administrative review team has been formed to routinely review cases where children/youth have been in placement over 24 months and focus on achieving permanency for each child/youth. During the case review process, we have found the pool also includes cases that are actually successful in terms of permanency. For example, one sibling set of three teen girls in guardianship was reopened as the family and girls expressed the desire to make a more legally permanency relationship through adoption. Although ultimately adopted, their total time in placement put them into this cohort.

Again, as outlined in the analysis of adoption outcomes, it is expected that bringing the adoption program in-house will afford us the opportunity to increase permanency for youth in care beyond 24 months. Under the guidance of Kevin Campbell who provided in-house training and consultation, we were able to achieve permanency for an older group home child. This success has helped us change our culture to focus on permanency for all aged children, including those traditionally thought to be difficult or impossible to place in adoptive homes. We anticipate identifying strategies for permanency for these youth in our SIP.

The majority of probation youth who remain in care for more than 24 months are youth who have committed a sexual offense against a child and have been ordered to residential treatment programs for sexual offenders. These treatment programs take a minimum of 18 months to complete and sometimes as long as 36 months, depending on the youth’s ability and willingness to participate in treatment curriculum. Probation works diligently with the youth, the program, and the Court, to monitor each youth program and facilitate a return to the community when the youth is determined to be at a low risk to reoffend. Upon completion of treatment, most youthful sexual offenders cannot be returned to their parent’s home as they may have victimized their siblings. During this review period Napa County Probation has had as many as seven sexual offenders in long term treatment programs.

Several of our youth in long term placement have significant mental health issues and histories of assaultive behavior. These youth are in high level treatment facilities and participate in extensive therapy before they can be reunified with their families. Whenever possible, we use our wrap services to transition these youth directly home instead of a “step down” program.

F.5. Permanency: Placement Stability

C4. Permanency Measure 1: Placement Stability Outcome: Placement Stability (8 Days to 12 Months In Care)

This measure answers the question: Of all children served in foster care during a year that were in foster care for at least 8 days but less than 12 months, what percent had two or fewer placement settings?

⇒ **County’s Current Performance:**

From April 1, 2011 to March 31, 2012, 81.8% of children in foster care during the year that had been in care for at least 8 days but less than 12 months had two or fewer placement settings.

Most recent start date	Most recent end date	Most recent numerator	Most recent denominator	Most recent performance	Direction?	Percent change
4/1/11	3/31/12	63	77	81.8%	No	-8.7%

From the time of our last SIP, the percentage of children in foster care during the year that had been in care for at least 8 days but less than 12 months that had two or fewer placement

settings has decreased from 87.5% during 1/1/08 through 12/31/08 to 81.8% currently. Performance has been steady around the national standard but shows a very slight downward trend. Current performance is below the Federal Standard (86.0%).

C4.1 Current County Performance: Probation

From April 1, 2011 to March 31, 2012, 94.1% of children in foster care during the year that had been in care for at least 8 days but less than 12 months had two or fewer placement settings.

Most recent start date	Most recent end date	Most recent numerator	Most recent denominator	Most recent performance	Direction?	Percent change
4/1/11	3/31/12	16	17	94.1%	No	-6%

From the baseline of April 1, 2008 to March 31, 2009, the number of children who had two or fewer placement settings decreased from 100% to 94.1%. This measure continues to exceed the federal standard of 89.0%.

C4.2 Permanency Measure: Placement Stability Outcome: Placement Stability (12 to 24 Months In Care)

This measure answers the question: Of all children served in foster care during a year that were in foster care for at least 12 months but less than 24 months, what percent had two or fewer placement settings?

⇒ **County's Current Performance:**

From April 1, 2011 to March 31, 2012, 63.2% of children in foster care during the year that had been in care for at least 12 months but less than 24 months had two or fewer placement settings.

Most recent start date	Most recent end date	Most recent numerator	Most recent denominator	Most recent performance	Direction?	Percent change
4/1/11	3/31/12	36	57	63.2%	Yes	13.0%

From the time of our last SIP, the percentage of children in foster care during the year that had been in care for at least 12 months but less than 24 months that had two or fewer placement settings has decreased from 67.6% during 1/1/08 through 12/31/08 to 63.2% currently. The County's performance seems to be on a downward trend for the last 3 years. Current performance is below the Federal Standard (65.0%).

C4.2 Current County Performance: Probation

From April 1, 2011 to March 31, 2012, 50% of children in foster care during the year that had been in care for at least 12 months but less than 24 months had two or fewer placement settings.

Most recent start date	Most recent end date	Most recent numerator	Most recent denominator	Most recent performance	Direction?	Percent change
4/1/11	3/31/12	5	10	50%	yes	0.3%

From the baseline of April 1, 2008 to March 31, 2009, the number of children who had two or fewer placement settings decreased from 72.2% to 50%. This outcome falls below the federal measure of 65.4%.

C4.3 Permanency Measure: Placement Stability Outcome: Placement Stability (At Least 24 Months In Care)

This measure answers the question: Of all children served in foster care during a year that were in foster care for at least 24 months, what percent had two or fewer placement settings?

⇒ **County’s Current Performance:**

From April 1, 2011 to March 31, 2012, 35.1% of children in foster care during the year that had been in care for at least 24 months had two or fewer placement settings.

Most recent start date	Most recent end date	Most recent numerator	Most recent denominator	Most recent performance	Direction?	Percent change
4/1/11	3/31/12	13	37	35.1%	Yes	8.8%

From our last SIP, the percentage of children in foster care during the year that had been in care for at least 24 months had two or fewer placement settings increased from 21.9% during 1/1/08 through 12/31/08 to 35.1% currently. The county’s performance shows dramatic improvement since 2010. Current performance is below the Federal Standard (41.8%) but is above the statewide performance (33.4%).

C4.3 Current County Performance: Probation

From April 1, 2011 to March 31, 2012, 60% of children in foster care during the year that had been in care for at least 24 months had two or fewer placement settings.

Most recent start date	Most recent end date	Most recent numerator	Most recent denominator	Most recent performance	Direction?	Percent change
4/1/11	3/31/12	6	10	60%	No	-6.7%

From the baseline of April 1, 2011 to March 31, 2012, the number of children in foster care during the year that had been in care for at least 24 months and had two or fewer placement settings decreased from 66.7% to 60%. This does meet the federal standard of 41.8%.

Siblings Outcome: Siblings Placed Together (All) - Measure 4A

This measure answers the question: Of all siblings placed in out-of-home care, what percentage of them is placed together?

⇒ **County's Current Performance:**

On April 1, 2012, 73.3% of siblings placed in out-of-home care were placed together.

Most recent start date	Most recent end date	Most recent numerator	Most recent denominator	Most recent performance	Direction?	Percent change
4/1/12	4/1/12	44	60	73.3%	Yes	50.9%

From the time of our last SIP April 2009, the percentage of siblings in out-of-home care that are placed together has increased from 58.8% on 1/1/09 to 73.3% currently. Performance has had a distinct upward trend over the last 6 years.

There are no Federal Standards for this outcome at this time. The state performance is 51.6%; Napa County is performing above the statewide level.

Siblings Outcome: Siblings Placed Together (Some or All)-Measure 4A

This measure answers the question: Of all siblings placed in out-of-home care, what percentage of them is placed together with some or all of their siblings?

⇒ **County's Current Performance:**

From April 1, 2012, 86.7% of all siblings placed in out-of-home care were placed together with some or all of their siblings.

Most recent start date	Most recent end date	Most recent numerator	Most recent denominator	Most recent performance	Direction?	Percent change
4/1/12	4/1/12	52	60	86.7%	Yes	24.8%

From the time of our last SIP, the percentage of all siblings placed in out-of-home care that are placed together with some or all of their siblings has increased from 73.5% on 1/1/09 to 86.7% currently.

There are no Federal Standards for this outcome at this time. The state performance is 71.6%; Napa County is performing above the statewide level.

Analysis: Placement Stability Outcomes

Placement stability and siblings placed together outcomes are focused upon in our current SIP. We strive to make placements more stable. Our first goal and strategy was to shift our culture to prioritize Relative/NREFM homes as a first placement. Placing siblings together is also incredibly important for stability. When we look at the specific cases that are in the 24 months or longer measure we note that the children in this group have multiple needs and have often been in care much longer than 24 months. In addition, there seem to be a disproportionate number of sibling sets. Napa has a very high number of large sibling sets that even reach as high as 5 children. If you look at the trends in both placement stability and sibling placement, we have improved dramatically over the past two years. We've implemented a review team to look at the cases of every child who has been in care for 24 months or more in order to brainstorm new ways to improve stability and achieve permanency for these children. This team includes the Child Welfare Director, the two CWS Assistant Directors as well as a supervisor and a worker.

When you look at our cases that have been open for longer than 24 months, on the surface it can look like we have a bigger problem with older children staying in placement. In fact if you look at the total duration of their placement episode next to the total number of placements, there is a direct correlation, regardless of age at placement and current age. The fact is that regardless of age at placement, the longer a child remains in foster care placement the more placements that child is likely to have. This is regardless of ethnicity. We also have children/youth that were placed as a teen for the first time and they have multiple placements over a short amount of time. The majority of these cases have a primary ethnicity of white. Thus, the children/youth that have the most placements tend to either be those who entered the foster care system many years ago or those whose first entry was during adolescence. CSA Stakeholders identified that children move frequently due to being "kicked out" as a result of behavioral challenges, moves to a higher level of care due to mental health issues, or the foster parent is not equipped to manage this child. In order to support these children, consistent visits with parents, improved transportation to and from placement to the home, and respite for foster parents can help improve placement stability.

In a discussion about what Napa families need when a child is removed from their home, CSA Stakeholders noted the following would be helpful:

- Immediate and intensive support for foster parents by social workers
- Maximum parental visitation from the onset of the case including the ability to supervise and/or monitor visits
- Transitional support by parents when placements change
- Continued and increased focus on identifying the maximum number of relative resources
- Multi-disciplinary team meetings
- Mental health and substance abuse screening for parents (if possible, within 10 days)

- Mental health assessment/screening for children within 18 days if possible
- Increased Public Health Nurse (PHN) capacity
- Parent engagement (treatment and resource support)
- Family Resource Center (FRC) kinship services (Challenge – not enough providers)
- More and quicker CASA involvement
- Educational advocacy

Youth Stakeholders shared the following would help youth from moving so much:

- Need better foster parents Improve recruitment of more qualified families
- Social workers should make unannounced home visits to foster homes

F.6. Well Being Outcomes

The well being outcomes measure how well the child welfare and probation system are caring for the children and youth that are in the system. At this time these measures do not have Federal standards and data collection on some measures has been problematic.

Measure 5A: Health and Education Passport 1/1/12 – 3/31/12

Percent of children entering foster care have an initiated health passport (health record).

Cohort: Includes county welfare department supervised children entering foster care during the quarter with an initial open placement for at least 30 days

Data: 10/10 (100%)

Measure 5B: Timely Dental Exams and Medical Exams 1/1/12 – 3/31/12

Percent of children who meet the periodicity schedule for medical and dental assessments. This is measuring, of all the children who were due a health exam and dental exam in the given period, how many received them.

Data: 5B (1) Health Exams – 85/89 (95.5%)

5B (2) Dental Exams – 71/73 (97.3%)

From our last SIP, we have decreased slightly from 100.0% during 10/1/08 through 12/31/08 to 95.5% currently for health exams, and have increased slightly from 90.7% during 10/1/08

through 12/31/08 to 97.3% currently. Both of these measures have excellent trends.

Measure 5F: Psychotropic Authorization 1/1/12 – 3/31/12

This report provides the percent of children in foster care with a court order or parental consent that authorizes the child to receive psychotropic medication.

Data: 21/119 (17.6%)

For the time of our last SIP, this number has decreased slightly from 23.5% during 10/1/08 through 12/31/08 to 17.6% currently. There is no federal standard for this measure. The county's performance has had a very slight downward trend starting at our peak performance in 2007.

Measure 8A - County Welfare Supervised Youths

Exit Outcomes for Youth Aging Out of Foster Care 2011 through March 2012 (This table accurately reflects the exit outcomes for youth aging out of foster care. Napa County has incredibly small numbers which sometimes makes data presented in percentages slightly misleading. We've included the number as well as the percentage to give a clearer idea of outcome performance.)

	DENOMINATOR Where about Known during Quarter	Completed High School or Equivalency	Percentage who Completed High School or Equivalency	Obtained Employment	% who Obtained Employment	Youth w/Housing Arrangements	% of Youth w/Housing Arrangements	Youth Received ILP Services	% of Youth Received ILP Services	Youth with Permanency Connection	% of Youth with Perm. Conne- ction
Q1 2012	1	0	0.0	0	0.0	0	0.0	1	100.0	1	100.0
Q4 2011	1	1	100.0	1	100.0	1	100.0	1	100.0	1	100.0
Q3 2011	1	1	100.0	0	0.0	1	100.0	1	100.0	1	100.0
Q2 2011	0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Q1 2011	2	1	50.0	2	100.0	2	100.0	2	100.0	2	100.0

Measure 8A - Probation Supervised Youths

Exit Outcomes for Youth Aging Out of Foster Care 2011 through March 2012 (This table accurately reflects the exit outcomes for youth aging out of foster care. Napa County has incredibly small numbers which sometimes makes data presented in percentages slightly misleading. We've included the number as well as the percentage to give a clearer idea of outcome performance.)

Q1 2012	2	0	0.0	1	50.0	2	100.0	2	100.0	2	100.0
Q4 2011	2	1	50.0	0	0.0	2	100.0	2	100.0	2	100.0
Q3 2011	2	2	100.0	2	100.0	2	100.0	2	100.0	2	100.0
Q2 2011	0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Q1 2011	4	1	25.0	1	25.0	4	100.0	4	100.0	4	100.0

Analysis: Well Being

Napa County has a collaborative system in place to ensure we meet the health and education needs of children and youth in the foster care system. There are several MOU's in place including one between Public Health, Child Welfare and Probation to ensure the timely and on-

going medical and dental needs of all foster care youth are met. There is an embedded Public Health Nurse who tracks all child welfare and probation youth for their medical and dental needs. The nurse has direct access to the CWS/CMS computer system and inputs information directly into the system. She works closely with the social worker, probation officer and foster child's caregiver, to ensure the child's medical and dental needs are met. The nurse often sets up appointments or helps the case manager navigate complex medical systems to arrange medical care of a child. Private pediatricians, Clinic Ole and Sister Ann's Dental Clinic are the primary resources for medical and dental care of foster children and provide excellent services. Napa County has several outstanding hospitals which include Queen of the Valley Hospital and St. Helena Hospital, plus Kaiser Hospital Vallejo. Napa County has contracts with UCSF Medical Center and University of the Pacific Dental Center to provide specialized dental and orthodontic services, though the process for authorization is seen as difficult. Foster children with specialized medical needs have access to California Children's Services, UCSF Medical Center, UC Davis Medical Center, Children's Hospital Oakland and Lucile Packard Children's Hospital at Stanford. Foster children with developmental delays have access to services through the Napa Infant Program and North Bay Regional Center.

To ensure the mental health needs of foster children and youth are met, Napa county has an embedded mental health worker who provides mental health assessments for all children entering the foster care system, and provides referrals and follow up for children. Napa county has a Trauma Focused Cognitive Behavioral Therapy program in place for foster children and youth, with a county mental health therapist trained, plus a therapist trained and available at Aldea Children and Family Services. Psychiatric Services are available through the county children's psychiatrist. While all foster children are eligible for medi-cal mental health services, there are times where specialized services or out of county services are needed and medi-cal cannot be accessed. Napa County has contracts in place with therapists, psychologists and other mental health providers to meet this need.

Child Welfare, Probation and the Napa County Office of Education (NCOE) have an MOU in place to ensure the educational needs of foster children and youth are met. NCOE offers many services to help meet the intent of AB490, ensuring that children and youth's educational needs are met from initial entry into the child welfare system. Educational records are quickly accessed, children and youth are immediately enrolled and begin attending school, progress is monitored and support provided. Tutoring services are available through NCOE. An education collaborative meeting takes place between NCOE, child welfare and probation on a monthly basis, where social workers and probation officers hold educational case conferences regarding children and youth. Also in place is an inter-agency training collaborative named "Opening Doors" designed to strengthen relationships and share knowledge between child welfare, probation, mental health, education, CASA, and VOICES (our ILP provider). The trainings take place once per quarter, and the lead for the training rotates between agencies. This process has allowed staff to gain an understanding of the roles, responsibilities and services available to their clients, plus has built relationships between providers.

Our County has devoted many resources to establishing services to meet the medical, dental, mental health and educational needs of children and youth in the foster care system. However, the Stakeholder meeting and the Peer Review identified several areas that need further attention:

- For children with the need for specialized services, there can be delays identifying or matching the child with a provider, e.g., when the child has been a perpetrator of sexual abuse, the child needs culturally sensitive services in a particular language (ASL for example) or a complex fabric of services is needed to the family .
- Arranging services for children placed out of county is particularly challenging under managed care. Group homes and out of county relatives sometimes have to come to Napa to obtain services including mental health, dental, etc.
- There are populations of children and youth that social workers find more difficult to provide with services. For example, those who are resistant to therapy and medication and/or who have had multiple placements and challenging behaviors.
- Youth mentioned that therapy was not a helpful resource, when they experienced therapy being used negatively. The negative example cited was being told changes in their (the youth's) behavior needed to happen, or they would be required to attend therapy.

VIII. Systemic Factors

1. Relevant Management Information Systems

Napa County fully utilizes the statewide Child Welfare Services/ Case Management System (CWS/CMS) as a primary system for tracking referrals, cases, placements, court activity and clients. Social workers use desk top computers to access CWS/CMS. There is also the capacity for after-hours staff to use laptops to access CWS/CMS by virtual private network (VPN).

To help support all agency staff in monitoring the use of CWS/CMS and subsequent outcomes for children, youth and families, we contract with the National Council on Crime and Delinquency for *Safe Measures*. This application is used by all social workers, supervisors and managers to track the status of our outcome measures as well as for caseload planning. For example, a worker can easily see what face to face visits are outstanding in a given month.

To ensure that we are making informed decisions considering risk, safety and protective capacity, we use the Comprehensive Assessment Tool (CAT) which has its own data collection and analysis component. This is housed both in a Word document in CWS/CMS and is uploaded for analysis to the Social Policy and Health Economics Research and Evaluation, (SPHERE) Institute, affiliated with Stanford University.

All social workers and staff receive training in all computer systems by an “embedded” Systems Support Analyst dedicated to support of the CWS division. He can provide immediate technical assistance/training on any data entry challenges. Individual CWS/CMS training is provided by this analyst. Staff attends CWS/CMS new user training provided by the Bay Area Academy.

Our county uses *Business Objects* for ad hoc reporting from CWS/CMS. We have three licenses for using *Business Objects* to generate reports. We have found this application very helpful in analyzing trends as well as in responding to community requests for information. In the Child Welfare Division, *Business Objects* reports are prepared by a Staff Services Analyst in the CWS division who presents information to the Children’s Leadership Team, Senior Management Team and Quality Management Committee.

As mentioned previously, in Napa County, a Public Health Nurse is assigned full time to the Child Welfare Division. She has access to CWS/CMS to enter health information directly into CWS/CMS. This has greatly assisted us in improving our documentation on the Health and Education passports.

The family visitation coordinator has developed an Outlook calendar to coordinate visitation to streamline the process and maximize the use of resources.

Probation:

In October of 2010, the Juvenile Probation Department began using CWS/CMS to input placement information on probation youth ordered to out of home care. The system is used by a limited number of probation officers, clerical staff, and an analyst primarily to provide data for state and federal oversight and not as a case management system. Probation has a separate system that must

be used for all probation youth, thus, some duplication of data entry occurs.

Probation does not have access to *Safe Measures* but recently began the contracting process to be able to utilize this resource. Probation acquired access and training on *Business Objects*. As our probation analyst becomes more proficient at creating reports through this application we will be able to use CWS/CMS for some case management activities.

Our subcontractor for CAPIT/CBCAP/PSSF services utilizes a Filemaker platform the data is kept in a customized database called Resource Ace. The information is disseminated to our CAPIT/CBCAP/PSSF county liaison upon request and final data from the subcontractor is issued to the county annually for reporting purposes.

2. Case Review System

In Napa County, a Superior Court judge serves as the Presiding Judge of the Juvenile Court with a commissioner who hears most of the dependency matters. Delinquency matters are also heard by the judge and commissioner. There is a notable positive working relationship between the courts, Probation and Child Welfare in our county. Social workers and probation officers are treated respectfully and their expertise is appreciated.

Judges in Napa County often provide leadership in efforts to improve the “system” for dependent and delinquent children. For example, one of our judges recently convened a multi-disciplinary workgroup to address the needs of children exposed to violence. Another example is that a judge brought together a group of child welfare staff, probation staff, VOICES and the local community college to develop an annual event to focus specifically on higher education opportunities for emancipating youth.

Judges frequently mention the needs of foster children and youth in speaking engagements, assisting in recruiting foster parents, CASA volunteers or mentors for youth. Mediation in dependency cases was implemented many years ago and continues routinely to attempt to settle case issues in the least adversarial manner.

The bench officers in Napa County are diligent in adhering to the requirements set forth in the Welfare and Institutions Code. Reviews and permanency hearings are scheduled to meet prescribed time frames. Notices are sent within the legal guidelines. Orders carefully include language required to meet Title IV-E mandates. An analyst reviews every foster care case on a continuous basis to ensure that all Title IV-E findings were made at each court hearing. Our Quality Management Division also assists us with monitoring the timeliness of hearings and the content of court orders. Twice yearly an audit of cases is conducted to assure that we remain in compliance with IV-E regulations.

In addition to the regular dependency hearings, on a monthly basis, the court conducts SARMS (Substance Abuse Recovery Management System) hearings. At these hearings, the Commissioner takes an active role in encouraging success of parents who are in drug/alcohol treatment programs. Social work staff and drug treatment counselors join with the court to support recovery, hopefully to impact timely reunification.

The principle of parent-child-youth involvement in case planning is an area where we have focused much effort. Napa County has a full time social worker assigned to facilitate LIFE conferences and family conferences/meetings. We have formally structured LIFE conferences for emancipating foster youth in both the delinquency and dependency systems. LIFE conferences can begin as early as 14 but are mandated by policy to occur when a youth turns 15 ½. At least every 6 months thereafter, a LIFE conference is scheduled. Outreach and pre-work is done to ensure the youth understands the purpose of the LIFE conference has the opportunity to help develop the focus of the meeting and identifies whom s/he would like to attend. We work closely with our Independent Living Program contractor, VOICES, on the LIFE conference process. VOICES has a dedicated staff person who assists the youth with LIFE conference preparation and readiness. During the initial LIFE conference, the first Transitional Independent Living Plan (TILP) is developed.

Family meetings are scheduled at the request of the assigned social worker, supervisor or suggested during case consultation. Generally, they are used by staff early in a case to assist in identifying potential relative or non-related extended family member placements. They have also been routinely used to engage a parent in case planning around targeted issues. A supervisor researched different models of family meetings utilized in other counties and states, and while we do have the goal of more formally structuring family meetings at key decision points in a case, we have determined that we want to continue to have flexibility in the family meeting models to meet the particular needs of the family. We are currently completing 12 month training and coaching plan on Safety Organized Practice, which has included modules on family engagement and facilitation of family meetings. We have also worked with the Bay Area Regional Training Academy to provide training specifically around family meeting facilitation skills building to our county.

Parents are involved in case planning on a one-to-one basis at this time in our county. Prior to the initial Dispositional Hearing, a “disposition interview” is scheduled. The assigned social worker engages the parents in a conversation about their life histories and clarifies the reasons the family requires court involvement. Family and individual strengths are identified. Together the parents and social worker discuss possible services that would address their unique issues. It is during this process that rights and responsibilities are discussed.

Once the initial case plan is created and the case is transferred to an ongoing social worker, progress is discussed on a monthly basis during regular contacts with the parent. This ensures that the parents or guardians know their responsibilities regarding the case plan and are given appropriate referrals along the way. Plans are modified as needed. A primary area for consideration is to ensure that the child is placed in the least restrictive, most family-like setting appropriate to his or her needs and in proximity to their parent’s home. On an ongoing basis, the social worker assesses the child or youth’s placement needs and the availability of appropriate relatives or non-related extended family members.

Among the Safe Measures reports that are reviewed each month by our Children’s Leadership Team is parent signature on the case plan. Supervisors must present the progress their unit has made in ensuring all parents are involved to the maximum level possible or, if a parent is unavailable (long term incarceration, for example) that they have received a copy, have signed it and know how to contact the social worker.

Since the last System Improvement Plan (SIP), Napa County participated in the CalSWEC Fatherhood Initiative effort. We trained all staff, including clerical and other support staff, on the importance of engaging and including fathers in the lives of their children. When a father might not be available as a custodial parent, we implemented efforts to help “normalize” his relationships with the mother or other caregiver so he could still provide emotional and other support for his children. We strengthened efforts to identify paternal relatives and include them in case planning. We created an orientation binder specific to fathers as well as multiple other strategies to make our practice more father friendly.

Our social workers and probation officers visit every dependent child, in person at least once a month with no exceptions, even if the child is out of county. Visits are also conducted in person at least once a month with the care provider and parents. Caregivers are always included in case planning meetings for children/youth in permanent placement status and in all LIFE conferences. Caregiver support is an important consideration. Wrap around services, Therapeutic Behavioral Services, respite or specialized training are resources that are available if needed and a caregiver is interested. Caregivers receive notice of hearings, receive the JV290 Caregiver Information Form and have the opportunity to give input to the court, within legal guidelines. Kin caregivers have access to services through the Kinship Support Services Program in all geographic areas of the county.

In terms of internal case review of child welfare matters, the primary oversight falls to the unit supervisor. Weekly or bi-weekly (for more senior staff) one-on-one supervisor-worker conferences are required. Supervisors are expected to maintain current knowledge of the all the cases in their unit. This primarily happens during these conferences. Supervisors also must review case plans, court documents, etc, before approving them. Supervisors review and discuss risk, safety and protective factors with staff at key decision points as well.

Because of our small size, the Child Welfare Services Director and Assistant Director often also take a direct role in case conferencing and providing guidance and suggestions to line staff. There is a monthly meeting to review any referral or case where there has been a recurrence of maltreatment so that any training or systemic issues may be identified and addressed.

In cases where the child is unable to be reunified with their parents, a permanency staffing, including our adoption staff, is completed and documented in the case file. In addition, for the past 18 months, we have formalized permanency case reviews for all children in care 24 months or longer. These children are reviewed every 6 months by the social worker, supervisor and the review committee to ensure efforts are moving forward to achieve permanency for the child. All efforts for finding a permanent home through adoption or legal guardianship if appropriate are documented in the case file. This information is presented to the court at the case review hearings.

3. Foster Parent Licensing, Recruitment and Retention

Our County has a small licensing unit of a supervisor and two workers, who in addition to other responsibilities are responsible for recruitment, licensing and retention of foster homes as well as the assessment/approval of relatives and non-related extended family members. When children are removed from their home, the emergency response social worker and the licensing worker collaborate to identify the most appropriate placement resource. If a relative is identified as a possible placement, an emergency relative

placement assessment is conducted and emergency approval can occur in as little as three hours, depending on clearances.

Napa County conducts annual reviews of its foster homes, exceeding the once every five year reviews mandated by CDSS. At this review, licensing standards are assessed, the home is re-inspected and yearly training requirements are monitored. Social workers are also required to have monthly in person contacts with care providers, which has resulted in relationships being formed and problem solving occurring on an ongoing basis. Napa Valley College provides ongoing educational experiences for out of home care providers and Lilliput and the Family Resource Centers provide kinship services for relatives. This support includes training, field trips and individualized in-home assistance. Napa County recently began facilitating a support group for licensed foster families.

Prior to placement, each prospective foster parent completes a Livescan criminal background check (usually at the Sheriff's Department), PRIDE (Parent Resource for Information, Development, and Education) training and a home study. PRIDE trainings are held quarterly and home studies are conducted on an ongoing basis. For Emergency Placements for relatives, each care provider has a California Law Enforcement Telecommunications System background check and then a Livescan. This policy and practice is strictly adhered to.

Napa County has very few Indian children (one in the last three years) who need tribally approved homes. When we do, we collaborate with the tribe and/or identified Indian resource agency to place the child appropriately.

Clearly, recruitment of foster homes occurs best through individual relationships and referrals. We have several foster parents who see themselves as "ambassadors" for recruiting friends and church members to become foster parents. The fact that we have been able to hold our numbers of foster families steady is a testament to the efforts of these foster parents. Licensed foster parents also assist at our orientations for prospective foster parents and serve as co-trainers of the PRIDE curriculum.

Our county has identified the need to recruit more bilingual, bicultural foster homes in various geographical locations across the county. We currently have a bilingual and bicultural licensing worker who provides one on one support and technical assistance to monolingual foster parents. We are considering starting a support group in Spanish for foster families and we have offered PRIDE training in Spanish.

As of July 1, 2012 Napa County assumed full responsibility for providing adoption services. Napa County is in partnership with Lilliput Children's Services and Aldea Children and Family Services to complete adoptive home study assessments. Additionally, Napa County Adoptions Staff have been trained in the SAFE Home Study model and are now able to complete adoptive home study assessments. The first updated adoption home study was completed by Napa County adoption staff in October 2012.

Out of home care providers are provided services to aid in retaining them. We have a regular newsletter which publishes helpful articles, training opportunities and resource

information. We honor foster parents with an annual dinner. In addition, our licensing staff attends the monthly breakfast meeting of the Napa County Foster Parent Association.

We believe that the most important retention strategy is to treat caregivers as respected team members. We strive to be accessible and supportive on a day-to-day basis. As mentioned elsewhere in this report, there are no exceptions to the monthly face-to-face contact requirement. We also have expectations that phone messages will be returned to caregivers no later than the following business day. Thus, we expect our social workers to form strong working relationships with care providers. When a caregiver needs support because of a child's behavioral issues, we may use Therapeutic Behavioral Services or Wrap Around services. Also, support services are available through the Family Resource Centers funded through CAPIT/CBCAP/PSSF. We also value peer support and can involve our Foster Parent Association in helping to identify experienced foster parents to support their newer colleagues.

4. Quality Assurance System

Child Welfare:

Quality assurance regarding child welfare services is conducted both within the division and externally through the Quality Management Division of Health and Human Services. Within the division, the Children's Leadership Team (all the managers, supervisors and analysts) reviews identified performance indicators on a monthly basis. Safe Measures reports are monitored in key areas: Timely Investigations, Monthly Face-to-Face Contacts, Relative Approvals, current Health and Education Information., Transitional Independent Living Plans, and ILP Delivered Services. On a quarterly basis, the month following the receipt of the Quarterly Data Report, the assigned analyst presents the data and trends, identifying any areas of concern. Action plans are developed as needed.

Having the assistance of our Quality Management Division has been valuable in overall monitoring of our services. In addition to those performance indicators of interest to CDSS, we have targeted other areas we wish to monitor and improve. Our Quality Management Division has developed a Share Point site which can be accessed by any agency employee. Program monitoring is transparent. Data collected through the QM plan is shared with the Senior Management Team of the larger agency and key outcomes (such as timely investigations) are regularly reported to the County Executive Officer and to the Board of Supervisors. We have areas for which we receive regular reports with sub-reports. For example, in Emergency Response we monitor and publish time to investigation both for immediate referrals as well as those with a 10 day timeline. Below is the list of areas on our QM Plan:

1. Continuing Services:
 - a. Monthly Face to Face Contacts
 - b. Percent of children reunified with their parents within 12 months of entry into foster care
2. Court Reports
 - a. Timely Jurisdictional and Dispositional Reports

- b. Timely 366.26 Reports
 - c. Timely Review Reports.
-
- 3. Division Communication
 - a. % of Staff responding positively to the agency staff survey saying "I believe there is good communication in my division."
 - 4. Policies and Procedures
 - a. At least 5 new or reviewed/revised policies and procedures each quarter
 - 5. Educational Information
 - a. Percent of school age children that have current school and grade status in CWS/CMS
 - 6. Emergency Response
 - a. Referrals are assigned to staff in a timely manner.
 - b. All in person investigations are made within required time frames
 - c. ER Hotline is accessible and responsive to Mandated Reporters
 - d. No recurrence of maltreatment within 6 months of a subsequent substantiated allegation.
 - 7. Family Meetings
 - a. Family meetings are used as an engagement strategy
 - 8. Family Preservation
 - a. % Subsequent Referrals in cases originally generated through CWS
 - 9. IV-E Compliance
 - a. Percent of Title IV-E Court Findings/disallowances that are Correct
 - b. Relative/NREFM Home Approval Assessments are Compliant (Initial and Re-assessments)
 - 10. Recruitment of Foster Homes
 - a. New Applications Received
 - b. Increase in homes for Spanish Speaking children
 - c. An increase in bed capacity
 - 11. Safety & Risk Assessments
 - a. Penetration Rates of ER CAT Tools
 - b. Penetration Rates of Continuing Services CAT Tools
 - c. Penetration Rates of Case Closure CAT Tools
 - 12. Independent Living Program
 - a. Percent of eligible youth with at least one ILP delivered service per month.
 - 13. LIFE Conferencing

- a. Every youth over 15 ½ has a LIFE conference at least every 6 months

14. SB 163 Wraparound Program

- a. Children who exit the program do not go to a higher level of care

15. Spanish Speaking Needs

- a. Annual Survey to ensure clients receive services in language of preference and materials are understandable

16. Staff Training

- a. Staff are completing all regulatory requirements for training

Probation:

Probation does monthly QA of all placement cases. This looks at meeting all IV-E requirements, probation officer contacts with youth and parents as well as case plan and review schedules. We are looking to implement reviews of non-placement cases to assure proper assessments, appropriate field notes and weeks of appropriate referrals.

CAPIT/CBCAP/PSSF:

We have a single contract agency funded by OCAP administered funding that provides prevention and early intervention services. This agency is Cope Family Services. Please refer to attachment I for a comprehensive explanation of the services that Cope Family Services provides to the community. Other prevention services exist in the community but are funded privately. Our contract is for services to fill the services gaps or enhance critical services to the target populations we have identified. We have worked with the contractor to ensure service delivery is done using evidence based models where possible. These are encouraged because evidence based models are inherently inclusive of quality assurance measures and ensure that effectiveness is measured.

To ensure program and fiscal integrity, we work closely with Cope at the beginning of each fiscal year to develop a budget and claiming system to correctly allocate services to the specific funding stream. Claims are submitted monthly and are reviewed by the county liaison (Staff Services Analyst), the CWS Director and two levels of fiscal staff. Because we are a small county, the CWS Director and Cope Family Services Executive Director sit on a number of regular committees that meet monthly including the Child Welfare Advisory Panel and the Child Abuse Council Steering Committee. If there are issues or questions regarding services or claiming, these can usually be resolved with a conversation before or after another meeting.

The contractor submits client specific information upon request which can be tracked on CWS/CMS to measure outcomes. For example we look to see if families at risk of abuse or neglect who received home visitation services, were subsequently referred to child welfare. Or if home visitation did, in fact, successfully divert these families from needing that higher level of intervention.

Families who are served in the prevention/early intervention funded programs may be referred in a variety of ways. Some are self-referred and some are referred by other agencies, schools or churches. Others are identified as being at risk of abuse or neglect by child welfare staff, usually in the Emergency Response unit. These families do not yet require child welfare response but clearly need support, education and resources.

On a case level, Cope holds a weekly multi-disciplinary meeting to discuss families receiving prevention/early intervention services to ensure coordination across service providers. Child welfare staff from the Emergency Response and Family Preservation units of child welfare attends as do staff from CalWORKS and Napa Emergency Women's Services. Other agencies are invited to attend when they are or could be involved with the family.

The contractor has always provided statistics or reports upon request. If, for example, foundation or private funding applications require information about the prevention and early intervention programs in the county, Cope has always promptly responded. To date, there has not been a need for a process to address non-compliance as our relationship is a collaboration that focuses on the best interest of the community we serve. Cope has consistently provided the data required to complete our reporting requirements to OCAP. They also perform client satisfaction surveys on an annual basis and share the results with the liaison in the child welfare division. Please see attachment J for an example of a client satisfaction survey that they administer.

5. Service Array

Families in our community have a range of services available to them. Agencies serving our community work hard to provide culturally competent services that meet the needs of non-native English speakers and members of specific ethnic or cultural groups. These services combine to provide a continuum of family-centered, holistic care. Below is a brief description and analysis of services offered.

Napa County Health and Human Services:

Napa County HHSA is an integrated agency with a wide array of service programs delivered to the community. Continuous inter-disciplinary collaboration is a benefit of this design. In addition to Child Welfare Services, other divisions include Mental Health Services, Alcohol and Drug Services, Comprehensive Services for Older Adults, Self Sufficiency Services and Public Health. Weekly meetings of the agency director and senior leaders serve to coordinate planning and ensure effective collaboration among the various divisions.

Within the Child Welfare Services Division, a Staff Services Analyst (SSA) has been assigned the responsibility of serving as the CAPIT, CBCAP and PSSF liaison. He has responsibility for developing any needed Requests for Proposals, processing contracts under CAPIT/CBCAP/PSSF as well as the County Children's Trust Fund, reviewing billing, monitoring contracts and state reporting. The SSA provides technical assistance and support to our contractors, seeking guidance from our OCAP state partners as needed. CAPC arranges local training in child abuse issues and the SSA participates and assists in coordinating such training. In relation to other assignments he has, the SSA has attended statewide meetings and convening's and would be approved to attend any OCAP statewide trainings that are required.

In terms of training opportunities for vendor/contractors and parent liaisons/consumers, our general practice is to invite our community partners to join staff in relevant local training opportunities.

Napa County CWS has a number of formal MOU's and Protocols with other agencies which include the following:

Court Appointed Special Advocates (CASA):

CWS and CASA work jointly to further the mutual goals of providing services to children who have been abused or neglected and to protect children at risk of harm. CASA partners with CWS to ensure families are provided a full array of services to preserve the family as a unit when required by law and/or in the best interests of the child and to assist the family with reunification and the prevention of further abuse of children.

Napa County Multi-Disciplinary Child Sexual Assault Response Team:

CWS collaborates and works jointly with the Napa, St. Helena and Calistoga Police Departments, Napa County Sheriff's Department, Napa County District Attorney's Office, Napa/Solano SANE/SART, and Sexual Assault Victims Services (SAVS). The formal protocol outlines the process for investigating, within a multidisciplinary framework, possible child sexual abuse cases that occur within Napa County. The joint protocol establishes guidelines that ensure a cooperative and coordinated effort between the agencies.

Drug Endangered Children Program:

CWS works collaboratively with the Napa Special Investigations Bureau (NSIB) and the Napa County District Attorney's office to facilitate a coordinated response to families involved in dangerous drug environments when children are expected to be present in the home and/or have been exposed to toxic drug related substances. A formal written protocol is in place outlining roles and responsibilities.

Parents CAN (Parent-Child Advocacy Network):

CWS works collaboratively with Parents CAN Resource Center in several venues. As a Family Resource Center, Parents CAN provides families with special needs children an array of services, which are all available in either English or Spanish, with half of their staff bilingual and bicultural. They are a KSSP provider as well for kin caregivers with special needs children. Services include serving as Family Advocates, Mental Health Family Partners, Early Start Community Liaisons, and conducting support groups for parents.

More formally, we contract with Parents CAN in our Parent Partner Program. Parents whose children have been removed from their care are paired with a parent partner (hired, trained and supervised by Parents CAN) who has successfully reunified with their children. The parent partner provides mentoring and support to parents as the family works toward the goal of reunification. A bilingual/bicultural parent advocate is assigned to the Parent Partner Program. A written Memorandum of Understanding outlines procedures for referral, roles and responsibilities.

Napa County Juvenile Probation:

There is a current comprehensive MOU between CWS and Probation that outlines the process of interagency collaboration with respect to Welfare and Institutions Code 241.1 joint assessments and case planning for minor children involved in both the probation and child welfare systems. This MOU further delineates responsibilities regarding IV-E foster care payments. In addition, it outlines a protocol for responding to child abuse response in out of home care facilities.

Juvenile Justice Coordinating Council:

Established as a formal advisory board by the Board of Supervisors, this council membership includes the chief probation officer, a representative from the district attorney's office, the public defender's office, the sheriff's department, the board of supervisors, the department of social services, the department of mental health, a community based drug and alcohol program, a city police department, the county office of education, and an at large community representative. The JJCC serves as the Children's Trust Fund Commission in Napa County.

Napa County Office of Education:

A Letter of Agreement defines collaboration between the Napa County Office of Education, Napa County Child Welfare Services, Napa County Mental Health Services, and Napa County Probation to ensure educational needs are met for children and youth in foster care.

Napa County Alcohol and Drug Program:

An MOU is in place guiding our collaboration on mutual clients, issues related to confidentiality and roles and responsibilities with respect to SARMS (the equivalent of dependency drug court).

Napa Emergency Women's Services (NEWS):

An MOU outlines our collaboration with NEWS in responding and collaborating when children are involved in families where domestic violence has occurred.

Queen of the Valley Medical Center:

As our largest in-county medical facility, we regularly confer with staff at QVMC and regularly receive referrals involving suspected child abuse from their staff. This MOU is an operational protocol for how we interact on cases of suspected child abuse.

Wraparound/SB163:

Services are provided via an interagency collaborative of child welfare, probation, mental health and Parents CAN. The program is designed to keep children at risk of group home care in our community or to facilitate reintegration into the home community as soon as possible after placement.

Napa County Child Welfare has a number of contracted partnerships including:

Child Abuse Prevention Council Steering Committee (CAPC)

Representatives from child welfare services, family resource centers, education, probation, battered women's services, the schools, the district attorney's office, law enforcement, and other community based organizations serve on the Steering Committee of CAPC. Child Welfare Services partners with CAPC on mandated reporter training for the community. CAPC is supported through the County Children's Trust Fund (CCTF).

Among the important missions of CAPC is raising community awareness about issues related to child abuse and child abuse prevention. CAPC sponsors quarterly trainings on topics identified by the Steering Committee as relevant. In addition, in April (National Child Abuse Awareness Month), CAPC undertakes a focused media campaign including billboards and posters and month long activities that climax with a large luncheon honoring community members who have actively worked on child abuse and prevention over the course of the year. Recent annual focus topics include the Fatherhood Initiative and Sexual Abuse prevention.

Child Assault Prevention Program (CAPP):

The CAPP program provides an evidenced-based prevention curriculum to children, parents and teachers in Napa County. This program is funded through the County Children's Trust Fund. CAPC is our current service provider, selected through a competitive bid process.

The goal of the Child Assault Prevention Project (CAPP) program is to assure that children are safe from abuse and assault, through in-school programming that offers education and support. CAPP is a curriculum provided to elementary school children, parents, and teachers/communities throughout Napa County. The CAPP curriculum is a personal safety curriculum based on the belief that all children have the right to be "Safe, Strong, and Free." Children participate in role-plays and discussions that empower them to recognize abuse or dangerous situations, resist abuse and tell a trusted adult if they have been abused. Parents who have an interest in volunteering are selected and trained as CAPP presenters.

CAPP benefits not only children, but the entire community in the following ways:

- As a prevention program, CAPP raises the awareness level of the community about child abuse. This increases reporting and focuses on finding community solutions.
- It is more cost effective to teach children, parents and teachers the skills to prevent abuse than it is to pay for law enforcement, prosecution and therapy that result from abuse.
- Studies have shown that most rapists and child abusers were themselves victims of abuse. By reducing the number of children who are abused, we reduce the number of potential offenders.

CAPP is evidenced based, has been independently evaluated in nationally published studies and is recognized as one of the most effective, school-based child abuse prevention programs in the country.

Cope Family Center:

Cope is contracted to provide primary and secondary prevention services funded through the allocation of PSSF/CBCAP/CAPIT. Cope is our sole contractor providing services through this funding. Cope provides Family Resource Center (FRC) Services including Home Visitation, Parenting Classes, Family Preservation Services, Time-Limited Family Reunification Services, Family Support Services, and Adoption Promotion and Support Services, information and referrals. CWS frequently refers families to Cope when the needs of the family do not require intervention by CWS, but can be addressed through the services of a home visitor or parent education, as well as families with open child welfare cases who can benefit from the array of services and supports available through Cope that support parental reunification. Cope provides services and supports KinCare families, many whom are caring for children involved in the child welfare system, and Adoptive families in our community in need of FRC supports. Child welfare staff attends the weekly multi-disciplinary team meetings held at Cope to discuss families and share information.

Lilliput Children's Services:

Lilliput is contracted to provide support services to kin caregivers to the community, subcontracting with the five geographically located Family Resource Centers in Napa County. This program provides services to support relative and caregivers, both of dependent and nondependent children. The program is funded through state funding for Kinship Support Services Program (KSSP).

Lilliput has also been a strong partner and has provided technical assistance as we have moved into providing adoption services in Napa County. This work has been outside the scope of work for which we contract but we would like to acknowledge this assistance.

Progress Foundation:

Napa County contracts with Progress Foundation to operate our Transitional Housing Program Plus (THP+) program. Housing and case management services for emancipated foster youth in Napa County are provided with a focus on supporting self-sufficiency, education and employment. This is funded through the state's THP+ allocation. In addition, Progress Foundation operates community based alternative mental health and co-occurring treatment programs and housing for adults, families and youth.

VOICES (Voicing Our Independent Choices for Emancipation Support):

VOICES is contracted through the CWS ILP allocation to provide the Independent Living Skills Program for eligible youth in Napa County. As mentioned elsewhere in this report, VOICES operates under a strong youth leadership model.

Aldea Children and Family Services:

Aldea provides therapy through Medi-CAL funding and through the CWS allocation of Supportive and Therapeutic Options Program (STOP), funding for prevention and aftercare services to assist children and youth to remain in their home or to return home. In addition to our contracted

services, Aldea offers a multi-service program in Spanish for Latino children, adolescents, adults and families. The program provides Individual and Family Therapy, Anger Management Groups, a Gang Violence Suppression Program; and CLARO/CLARA mentoring for Latino youth. In addition Aldea offers day treatment, foster care and adoption programs. Services are available in both English and Spanish.

Community Resources:

Napa County Network of Family Resource Centers:

All the Family Resource Centers in the network do continuous outreach to families in their geographic areas or, in the case of Parents CAN, with their targeted population of families with children with disabilities. In addition to distributing pamphlets and flyers in their areas, they each maintain very close connections with the schools and law enforcement in their communities who join them in identifying families in the community to target for outreach. Each FRC also uses fundraising events to increase general community awareness of their services and the needs of families across the county for these kinds of services and interventions.

- **Cope Family Center** is the founding agency of the Network and works with local and regional agencies to develop effective partnerships to ensure families have access to the resources and services they need. The collaborative programs are designed to better serve the families throughout the entire valley by sharing best practices and resources through the co-location and the provision of comparable services, as opposed to duplication of services. Cope Family Center provides all services in both English and Spanish. Services include Home Visitation, Parent Education, Family Economic Success, Supervised Visitation, Child Assault Prevention Education, Emergency Aid and Kinship Support. Cope is contracted for the provision of these services through the use of the PSSF/CBCAP/CAPIT and Children's trust Fund money.
- **American Canyon Family Resource Center** offers services in the southern region of Napa County both English and Spanish, including Information and Referral Services, Parent Education, Care Provider Workshops, Support Groups, Community Events and Resource Fairs, Access to Health and Social Services Programs, One on One Support, Family Literacy Classes and Kinship Support.
- **St. Helena Family Resource Center** offers services in the northern region of Napa County. Currently all their staff are bilingual, bicultural so services are provided in both English and Spanish, with many co-located collaborative programs. Programs include Parenting classes, Kinship Support, Counseling, Challenging Latinos to Acquire Resources and Supports (CLARO), Family Economic Success, Nutrition Support, Housing Information, Legal Advice, Raising a Reader and Active Minds for preschool and school age children.
- **Calistoga Family Resource Center** offers services in the northern region of Napa County both English and Spanish, with many co-located, collaborative programs. Programs include Family Education, Plaza Comuntaria (for adult learners to complete their education through the high school level) Home Visitation, Economic Success, English Language classes, Student Assistance program, Housing services, legal services, the Strong Families program, Family Counseling, Family Violence Prevention, and Kinship Support.

- **Parent-Child Advocacy Network (Parents CAN)** is also a part of this network and as a Family Resource Center, Parents CAN provides families with children who have special developmental or mental health needs an array of services, which are all available in either English or Spanish, with half of their staff bilingual and bicultural. They are a KSSP provider as well for kin caregivers with special needs children. Services include serving as Family Advocates, Mental Health Family Partners, Early Start Community Liaisons, and conducting support groups for parents.
- **Puertas Abiertas Community Resource Center:** Puertas Abiertas offers services to the Latino community to help them achieve healthy living, self-sufficiency and opportunities for leadership and community engagement. Services include referrals to health care and social service providers, life skills classes, education classes, English language classes, self-sufficiency and community leadership. This program collaborates with St. John's Catholic Church in Napa.

Child Start Incorporated:

Child Start oversees the Head Start program in Napa County which focuses on early learning initiatives for young children and their families. Services include the Head Start preschool programs and the Early Head Start program for pregnant women, infants, and toddler age zero-three. Head Start serves families through a variety of partnerships with agencies serving similar populations, such as the Therapeutic Child Care Center and Healthy Moms and Babies. The Becoming a Reader program partners with area preschools, early childhood home visitors, and community family centers. The Fatherhood Program supports fatherhood through Male Involvement Workshops and Support groups, Father/Child Activities and Trainings. Trainings include engaging parents, goal setting and conflict resolution. Services are available in English and Spanish.

First 5 Napa County:

The mission of the First 5 Napa County Children and Families Commission is to improve the ability of local service providers to help children get a strong, healthy start in life, with emphasis on Early Childhood Learning and Education, Early Childhood Health, and Parent and Community Education. First 5 Napa County serves as a strategic funding partner with local non-profit organizations and government agencies.

Napa County Office of Education (NCOE) Early Childhood Services:

- **The Napa Infant/Preschool Program (NIP)** provides a variety of free educational services to children age birth through five years, with suspected developmental delays and conditions which challenge their ability to learn. Services include developmental assessments, individual speech and language services, home visits, consultation with preschool providers, family involvement activities, family education classes, coordination of services with other agencies, and transition to school age programs. Staff includes special education teachers, speech therapists, physical therapist, occupational therapist, psychologist, school nurse, family counselor, vision specialist, hearing specialist, bilingual support staff.
- **Child Development Programs** serve the children of parents who are working, looking for work or who are in training. The programs provide subsidized child care for eligible families. Program goals are established to provide developmentally appropriate experiences for

children in the areas of physical development, cognitive development, social- emotional development, language and literacy development, and parent, school, community involvement. Preschool program sites are in Napa, St. Helena, and Yountville. School Age sites are in Napa and Yountville. There is a State preschool site in Calistoga.

- **Napa County Child Care Planning Council** works towards meeting the child care and developmental needs of children and families through education, coordinated planning and advocacy efforts. The primary purpose of the Council is to assess Napa County child care needs and to address those needs. The membership consists of 20% child care consumers, 20% child care providers, 20% community representatives, 20% public agency representatives, and 20% at large members. The Board of Supervisors and the Superintendent of Schools appoint members to the Council, establish the terms of appointments, and review and approve needs assessments and local funding priorities.

Napa County Office of Education (NCOE);

In addition to the early childhood services listed above, NCOE offers a wide variety of services to assist children, youth and families. These programs include ROP career training classes in all high schools, and court and community school programs for children incarcerated, on probation, or expelled from district schools. The NCOE obtains grants for county wide services, such as Project PREPARED, Project CATALYST, Safe Schools/Healthy Students, and Foster and Homeless Youth Services. The NCOE coordinates a variety of community leadership efforts including staff support for the Napa Commission on Children, Youth and Families, and the Napa Child Care Council.

North Bay Regional Services:

The North Bay Regional Center provides assessment and diagnosis of eligibility and helps plan, access, coordinate and monitor the services and supports that are needed because of a developmental disability. Services offered include assessment and diagnosis, counseling, case management, advocacy, family support, genetic counseling, training and education for individuals and families, in addition to a wide variety of programs in supported employment and supported living. Young children age zero to 36 months receive services through the Early Start Program mentioned above.

Los Niño's Child Development and Family Program:

This is a program of Community Action of Napa Valley which provides a community service to both the employer and the families by enabling low-income working families to remain employed. Services offered include affordable, high quality childcare for children ages birth to six years, multicultural curriculum, parent support and involvement, nutritious family meals, community involvement, developmental, hearing, vision and dental screenings.

Napa County Hispanic Network:

The Napa County Hispanic Network is involved in collaborating with public and private agencies on critical issues affecting the Latino community such as promoting leadership and educational opportunities for Latinos; developing and implementing strategies for responding to the needs of Latinos in the community; establishing community partnerships and promoting events to help break

down language/cultural barriers in the community. The Napa County Hispanic Network offers scholarships for advanced education to local Latinos.

Community Resources for Children (CRC):

CRC provides resources for the early care and education of children in Napa County. Services include maintaining the Napa County Centralized Eligibility list for childcare assistance for children age zero to 12, and for children age 13 with certain documented special needs such as physical or behavioral disability. CRC provides information about subsidized child care programs in Napa, American Canyon, Yountville, St. Helena, Calistoga, and other outlying areas of the county. Additional programs include the Toy Library and Early Learning Center, Parent/Provider Trainings, Conflict Resolution, Story Telling, and the Children Weight Coalition. Services are available in English, Spanish and Tagalog.

Community Health Clinic Ole and Sister Ann Community Dental Clinic:

Clinic Ole is a Federally Qualified Health Care Center providing medical care to nearly 15,000 patients and dental care to 10,000 patients annually. 45% of the patients are farm workers and their family members. 70% of the patients are Latino, with 55% preferring to speak Spanish. Services are charged on a sliding fee scale, based on poverty guidelines. In addition to the main facility in Napa, there are four satellite clinics: St. Helena, Calistoga, a homeless clinic in downtown Napa, and a student clinic at Napa Valley College.

Health screenings and education are provided at migrant farm worker housing camps and vineyards throughout Napa County. Clinic Ole collaborates with other health and human services agencies to bring a variety of services and information to farm workers where they live and work. Clinic Ole provides Adult and Pediatric Medicine, including primary and preventative health care and health education. Clinic Ole participates in the Reach Out and Read program which encourages early literacy by giving new books to children when they come in for well child exams. Sister Ann Community Dental Clinic provides preventative and restorative dental care and education. Services are available in Spanish and English.

Last year, Clinic Ole, through a partnership with county alcohol and drug services and mental health services, opened a satellite clinic on the campus of health and human services. This clinic has recently expanded the eligibility criteria to serve any HHSA service recipient, age 13 and older, regardless of insurance coverage or income.

Migrant Education Program:

This is a federally funded program that provides supplementary educational and support services to children and youth of migrant families, ages 3 to 21 years of age. Services offered include educational, job training resources, assessment of needs, academic and vocational counseling, early intervention, payment for urgent dental, medical and vision services, translation and transportation, emergency clothing and food, preschool programs. Services offered in Spanish and English.

Community Action of the Napa Valley:

This agency administers a wide variety of Health and Human service programs to benefit low-income people. The goal has been to increase the self-determination and self-sufficiency of

individuals and families who are economically disadvantaged or are senior citizens. Programs include Napa Valley Shelter Project, Napa Valley Food Bank, Napa County Tobacco Education & Quit Smoking Program, Napa Senior Nutrition Program, Los Niño's Child Development & Family Program (mentioned above) and Volunteer Center of Napa Valley.

Boys and Girls Clubs of Napa Valley:

The Boys and Girls Clubs of Napa Valley provides dedicated facilities that are open daily after school to serve the needs of children in the community ages 6- 18. Clubhouses are located in Napa and American Canyon, with an additional 8 school sites, including more remote areas of the county. Services offered include programs that address youth issues including Character and Leadership, Education and Career, Health and Life Skills, The Arts, and Sports, Fitness and Recreation.

Angwin Teen Center:

The Angwin Teen Center provides a safe, accepting and stimulating environment for teens in grades 5-12 in the Howell Mountain, St. Helena, Deer Park and Pope Valley areas of Napa County. The center offers a place for youth to receive mentoring, homework help, to socialize and participate in activities, with the goal of reducing high risk behaviors. The Angwin Teen Center collaborates with local schools, families, and community members and presents Communities Building Youth Seminars in Angwin and St. Helena which focus on multiple areas involving the entire community in youth development.

MHSA Full Service Partnership for Children:

Funded by the Mental Health Services Act and provided by collaborative service agreements between Napa County Health and Human Services and community agencies. Primarily aimed at mono-lingual Spanish speaking families, the program provides wraparound services for families such as respite, support at school, and parenting education. The goal of the program is to prevent removal of children from the home. Services target underserved Latino children and their families.

Wolfe Center:

The mission of the Wolfe Center Program is to provide prevention, treatment, learning support, and youth development services that reduce the impact of alcohol and other drug abuse on our youth, families, schools and communities. The Wolfe Center is an intensive evidence-based outpatient treatment program for teenagers who are using alcohol and other drugs and those experiencing co-occurring mental health disorders as well.

Family Services of Napa Valley:

Family Services provides affordable psychotherapy for all ages, as well as families, couples, and seniors. Services are available in English and Spanish.

Napa Emergency Women's Services (NEWS):

NEWS offers battered women's services including a 24 hour crisis hotline, a Safe house and counseling. The Children's Club program is specifically designed for children exposed to domestic violence, to help with trauma, anger and self-esteem issues. Safe Solutions provides one on one case management. Other programs include Court Advocacy Program, and the Domestic Violence

Response Team Program, which collaborates with law enforcement. Services are offered in both English and Spanish.

Sexual Assault/Victim Services (SAVS):

SAVS is a program of the Volunteer Center of Napa Valley. Services offered include a 24 hour hotline for victims or significant others affected by sexual abuse, referrals, victims compensation, emergency funds and support groups. The program serves children and adults. Services are provided in English and Spanish.

Legal Aid of Napa Valley:

Legal Aid of Napa Valley provides free bilingual legal assistance to seniors, immigrants, and low-income residents of Napa County. They represent their clients before courts and agencies, help them obtain benefits, and protect their rights through advocacy, consultation, education and referrals. They help people solve critical problems affecting their most basic needs, thereby enabling them to lead healthier, safer and more productive lives. Legal Aid offers services to seniors and low income people including homeless and victims of domestic violence. They offer immigrant legal services. Legal aid holds free clinics throughout the county, including a bi-monthly clinic on the campus of HHS.

Planned Parenthood:

Planned Parenthood provides high-quality, affordable health care for women, men, and teens. They provide a range of reproductive and general health services including birth control, prenatal care, pregnancy testing, STD screening and treatment, sterilization and counseling, and other services. Planned Parenthood provides Community Services and Education Program in the country which is comprehensive, responsible, age appropriate sexuality education and case management services for youth, teens, parents and adults. Services are available in English and Spanish.

Catholic Charities:

Catholic Charities operates two supported housing program in Napa. Hale Nalu provides housing for adults with special needs. They operate an 8-unit residential complex (subsidized) for people with chronic disabilities, working in collaboration with Family Service of Napa Valley in providing counseling and life skills services. Rainbow House is a transitional, supportive housing for young women (age 18-24), pregnant or with children under age 5. Services include counseling, case management, parenting and employment services and referrals to many other supportive programs in the Napa community.

Services to Native American Children:

Napa County only occasionally has a case with a Native American Child. In the rare circumstances that this occurs, we work with the following agencies to assure appropriate services for the child and family:

- California Tribal TANF Partnership, Napa / Solano County Office, Fairfield
- Ya-Ka-Ama Indian Education and Development Center, Forestville
- Friendship House, Association of American Indians, Inc. of San Francisco

- Lodge Program, Oakland
- Sacramento Native American Health Center: This agency can offer medical and dental care, marriage, family, and individual therapy, alcohol abuse counseling, and substance abuse counseling.
- Indigenous Nation Child & Family Agency, Bay Area American Indian Counsel, Foster Child Administration, Sacramento
- California Indian Legal Services(CILS)-Sacramento
- Inter-Tribal Council of California, Inc., Mendocino
- Disability Rights of California-Native American Affairs, Sacramento
- Centers for Medicare & Medicaid Services-American Indian Page, San Francisco
- Access to American Indian Recovery, Sacramento

We have contracts with two ICWA Experts, who conduct independent evaluations of our ICWA cases, and give recommendations to the court. We have staff trained in ICWA procedures and Tribal Customary Adoption. Additionally, all services that are available to any family involved with child welfare are available to Native American children and families.

6. Staff/Provider Training

Napa County utilizes the Bay Area Academy Regional Training Academy to provide the Common Core training mandated within the first two years of employment for child welfare social workers as well as the Foundations of Supervision Core training mandated within the first year of assignment for social worker supervisors. The Bay Area Regional Training Academy provides advanced and regional trainings to support the mandated continuing education of 40 hours every two years and staff development needs of all child welfare staff providing family preservation and support services, child protective services, foster care services, adoption services, and independent living services.

The Bay Area Academy develops training specifically for the needs of Napa County, and through collaboration and planning, several training initiatives were developed and delivered for Napa County in the last 2 years, including the Fatherhood Initiative training series, and the Safety Organized Practice training series. The Bay Area Regional Training Academy provides CWS/CMS New User training and Business Objects training. We provide ongoing in-service training which includes training on child welfare legal mandates and processes, permanency issues, and evidence based practices and CWS/CMS training. We have an on-site CWS/CMS Systems Support Analyst, who provides in depth CWS/CMS training, develops business practices and insures full utilization of the system. Staff have opportunities to attend training offered by the Child Abuse Training and Technical Assistance Center (CATT) and the Drug Endangered Children Training and Advocacy Center (DEC) which provides critical forensic interviewing training and drug endangered children response and protocol training. Our Public Health Department sponsors the Touch Point child development series training, which many of our social workers have attended.

Our Juvenile Probation department has trained all placement staff by having them attend placement core training when they are assigned to a placement caseload. All probation staff is required to receive forty hours of certified training annually. We assure that training needs match caseload assignments. When probation officers are hired they are required to attend a five week core training within the first year of employment.

We have a contract with UC Davis which provides advanced social worker and supervisor training and have brought advanced trainings to our county including Working with Families as a Translator, Pharmacology, and the Multicultural Aspects of Substance Abuse. In addition to county specific training, UC Davis provides training opportunities through the Inter-County Training Consortium (ITFC.)

Napa regularly invites and has excellent participation of staff from mental health, drug and alcohol services, public health, foster parents and consumers in trainings and events. Community partners such as Cope, Lilliput, Aldea, and CASA are also invited to in-service and other advanced or regional training opportunities. This provides a rich learning environment and benefits multiple service providers and programs.

Napa County participated in the ILP Breakthrough Series. From this experience, a grassroots committee of dedicated social workers began the ROOTS committee, focusing on permanency practices for our county. ROOTS developed practices and in-service training on topics such as family finding, parent orientation binders, permanency talking points, AB12 and father involvement.

Through realignment, we shifted the adoptions program from the state to the county level. Staff has received adoption and home study trainings through the Bay Area Regional Training Academy, Consortium for Children and Lilliput Children's Services. We anticipate continued support from the Bay Area Academy for our adoptions trainings needs.

A new multiagency training collaborative, Opening Doors, was established, with participation from child welfare, probation, education, CASA, ILP, and mental health. On a quarterly basis, one agency takes the lead and presents a training topic to staff from all participating agencies. The goal of this collaboration is to increase communication, awareness and collaboration between agencies serving youth in out of home care.

We utilize our internal SharePoint site which serves as a "one stop" resource guide for child welfare staff. A section was created specifically for training where all available trainings, from any source, are posted on a centralized calendar. All trainings posted contain web links to the training flyer and other important information. Staff can find the training information quickly and easily, allowing for improved awareness, communication and attendance. A Child Welfare Services training coordinator develops, coordinates and tracks training, with particular emphasis on Core and continuing education mandates. Meeting the training mandates is a measure on our Quality Management Plan, which emphasizes the commitment we have to meeting training mandates for our staff and assures regular analysis and attention is given to the status of our training program. All training is tracked electronically in the PeopleSoft Enterprise Learning System, and reported annually to CDSS.

We are fortunate to have a small fund created through an endowment (Dahl Trust) that we use to pay stipends to consumer participants (youth, birth parents and caregivers) who attend required meetings and/or training events.

Our contractor for PSSF/CBCAP/CAPIT funds, Cope Family Center, provides opportunities for their staff to attend trainings and conferences. Training over the past year has included the following:

- Fatherhood Initiative training and conference
- Motivational Interviewing
- Ages and Stages

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- Healthy Families America Core, assessment /module trainings, e.g., keeping babies safe, fostering child development, recognizing substance abuse, preparing mothers for birth
- Neuro-relational Framework with Children age 0-5
- LGBTQ training
- Kids and Domestic Violence
- Charlie Applestein Strength Based Parenting trainings
- Lactation Support training
- Mental Health training

These trainings better enable Cope's staff to educate parents and caregivers about child development and effective parenting. This builds a parent's ability to address issues early in the development of a problem in order to prevent maladaptive behaviors (in both parents and children) and improve overall outcomes for children.

Cope Family Center receives one-on-one technical assistance from the designated CAPIT/CBCAP/PSSF county liaison, who is a Napa County Child Welfare Staff Services Analyst. The county liaison contacts the State OCAP office for specific questions or directions and relays this information.

Discussion:

Napa County affords staff a wide variety of training opportunities. Much of advanced training has focused on family engagement, such as the Fatherhood Initiative. This training series helped staff understand the importance of fathers in the lives of their children, and prompted many practice changes that could increase father inclusion in engagement, case planning, visitation and reunification. Recently we have completed a yearlong Safety Organized Practice training, with monthly training modules and monthly group consultation. The objective is to bring new tools to the social workers to increase family engagement, identification of the true safety issues for a family, and planning to mitigate the concerns. Because we are committed to the tenants of Safety Organized Practice, this training opportunity will continue for at least 6 months.

Staff continues to mention the Bay Area Academy and UC Davis trainings as a source of current and useful training. Staff report that the in-service component of our training program is very important, offering opportunities from County Counsel, our CWS/CMS Analyst, community partners and other HHSA Divisions such as mental health and alcohol and drug services.

Our PSSF/CBCAP/CAPIT contractor, Cope Family provides their staff with many training opportunities that are highlighted above, insuring expertise with prevention and early intervention and treatment services that benefit the families and children in our community.

Several training needs were noted by the self assessment team:

- Training for social workers on concurrent planning
- Training for relative/NREFM caretakers on the multiple systems of child welfare and probation
- Training for social workers on accessing bi-lingual community services
- Specialized training for foster parents on adolescent development and behavior

7. Agency Collaborations

A number of collaborations that relate to direct services or are formalized through MOUs or contracts are discussed above under the Service Array section of this report, including Drug Endangered Children, Multi-disciplinary Team Child Sexual Assault Response Protocol, CASA, CWS/Juvenile Probation, SB163 Wrap Around Program, Child Abuse Prevention Council, Consortium for Children, Napa Emergency Womens' Services, and Napa County Office of Education. Other collaborations include:

Emancipated Foster Youth Steering Committee:

This committee was originally formed to support the development of any and all resources that might be needed to support foster youth who are emancipating from foster care in our county. This group was involved in the development of the VOICES program and has subsequently worked on housing, employment and education issues for these youth. This committee is comprised the Chief Probation Officer, the Child Welfare Services Director, the Executive Director of On-The-Move (the umbrella organization for VOICES), the Executive Director of Progress Foundation, the manager of Workforce Investment and the Director of the Napa County Office of Education School & Community Partnership Projects. At the present time, this group meets only on an *ad hoc* basis as issues arise.

School/ Law Enforcement Meeting:

This monthly meeting includes representatives from schools and local law enforcement agencies. Situations creating risk or concern on school campuses are addressed. When families at risk of abuse or neglect are identified and plans for prevention or early intervention are needed, CWS participates.

Bench and Bar Committee:

Judges, attorneys, CASA representatives, and CWS social workers meet at regular intervals to discuss court-related issues, program changes, and challenges related to Juvenile Court.

Domestic Violence Task Force:

Representatives from local battered women's services, CAPC, CWS, the courts, district attorney's office, and law enforcement meet to ensure coordination of services to victims of domestic violence.

Family Unification Program (FUP) Committee:

Representatives from the local housing authority, child welfare services, and homeless services meet to review and approve/deny requests for housing vouchers available through the FUP.

As can be seen by review of the Service Array section and the above list of collaborations, Napa County Child Welfare Services maintains strong relationships with a myriad of public and private agencies including Mental Health, Alcohol and Drug Services, Self Sufficiency, Law Enforcement, Education and local non-profit service providers. Active policy committees are in place to help guide service delivery in areas such as wraparound services, domestic violence services, and services for

emancipating youth. In addition, many contracted services are in place through local community based organizations which assist prevention and reunification efforts for children in our community.

Napa County Child Welfare Services consults and coordinates with other child serving agencies in planning efforts around shared expectations, responsibilities, the exchange of information, aligning of activities, resources and enhancing the community capacity to keep children safe. Child Welfare has a number of formal and informal partnerships that support collaborative prevention and intervention service delivery in Napa County. We pay attention to blending multiple funding streams to meet the needs of our community. One of the benefits of having a small community is the relationships that are formed, which allows us to identify and respond to our community's needs quickly and efficiently. All stakeholders take shared responsibility to develop resources and supports that assist our families.

H. Summary Assessment

1. Discussion of System Strengths and Areas Needing Improvement

Because Napa County Child Welfare has a system in place to review all the federal outcomes quarterly and has identified specific outcomes to review monthly, the CSA process yielded no surprises in terms of where we are performing on the outcomes. However, with the assistance of our stakeholders, we were able to identify certain themes and trends.

Themes & Trends:

- Napa County child welfare and probation staff have a high level of contact with the children, youth and families they serve and offer many resources and supportive services.
- The community of Napa County values providing services to community members and further values collaboration as a means to achieve quality services.
- The county demographics are shifting, both in terms of a higher rate of population growth in the southern part of the county (American Canyon) and in terms of an increasing proportion of Latino children in the general population.
- The impact of domestic violence and families with multiple presenting issues affects our ability to meet performance outcomes.
- There is a need to expand placement resources within the county for children needing out of home care. This would include intensifying efforts to make relative placements, targeting recruitment and training to expand resources for teens and siblings.

Summary of Performance on C-CSFR Outcomes:

Regarding the Safety Outcomes, we know we consistently perform above the federal measure on S2.1 Maltreatment in Foster Care and on S2.B, Timeliness to Investigations (both 10 day and immediate). We are concerned that S1.1 Recurrence of Maltreatment does not meet the federal standard. Even though the numbers are very small, any recurrence of maltreatment is unacceptable to our county.

The Permanency Outcomes where we have traditionally struggled relates to the measures having to do with Reunification within 12 Months (C1.1). We are considering including this measure in our System Improvement Plan, though we would want to also pay close attention to the impact of faster reunification on C1.4, Re-entry Following Reunification. With the recent transfer of the adoption program from the state to the county, we will want to address strategies to ensure a high performing adoption program in our SIP. Again, the numbers are very small and, thus, volatile. However, it is clear to us and confirmed by input given by stakeholders, that we have a lot of work to do around implementing true concurrent planning, recruitment of quality adoptive parents and training.

Like many counties in California, placement stability has also been a major concern. We consistently exceed state's measures in terms of siblings placed together, which is a positive influence on placement stability. Also, we have moved aggressively toward relative placements.

However, we still have a core group of young people who need for us to focus on new strategies and efforts to assist them to achieve both permanency and placement stability.

With respect to the Well Being Outcomes, these measures do not have Federal standards at this time. However, it is worthwhile to note that 100% of children entering foster care had an initial health passport within the required time frames; that the percentages of children with required health and dental exams is very high and that the percentage of children receiving psychotropic medications is trending downward.

In terms of prevention efforts, the CSA confirmed the ongoing need for a strong home visitation program and parenting supports through groups, classes and individual case management. In addition, stakeholders recommended an increased focus on domestic violence, building our county partnerships to respond to situations of family violence.

2. Strategies for the Future

Through intensive discussions via focus groups and stakeholder meetings during the CSA and Peer Review, Napa County has been able to target its outcomes that may be addressed in the upcoming System Improvement Plan. In going forward, it is recognized that it is unlikely that a significant amount of additional funding will occur. With that in mind the following areas have been identified to be explored for inclusion in the SIP. Based on the CSA analysis of Outcomes, the following safety, permanency and well being outcomes will be selected for the upcoming System Improvement Plan:

Child Welfare:

- C1.1 Reunification Within 12 Months (Exit cohort)
- C1.4 Re-Entry Following Reunification
- C2.3 Adoption within 12 months (17 months in care)
- C4.1 Placement Stability

Napa County Child Welfare understands the importance of timely reunification and will plan to develop specific strategies to address this in our SIP. Under consideration would be efforts to continue to work on implementing programs such as “icebreakers” and developing more concrete infrastructure around family conferences. At this time, we have already begun to shift our practice to focus to a more Safety Organized Practice model (formerly Signs of Safety).

Of concern, however, is the possibility that our Re-Entry rates may increase if we move too quickly to reunification. Possible strategies regarding re-entry will likely involve implementing case reviews each time a re-entry occurs to determine any themes or gaps in service delivery. We may also consider the possibility of implementing more evidence based parenting programs.

With respect to the adoption related performance measure, as noted in the body of this document, Napa County Child Welfare has recently assumed responsibility for the provision of adoption services in our community. We are in the process of putting infrastructure in place to support a strong concurrent planning model and will outline specific strategies as we develop

our SIP. We also need to consider the types of post-adoptive services that we want to strengthen using our OCAP funding.

Finally, strategies to support placement stability will be outlined in our SIP. We already have a strong emphasis on keeping children in their community of origin. Under consideration as strategies for improving in this area are: developing a formal family finding program; developing more infrastructure around family meetings/family group conferencing; increased use of Wraparound services and improved recruitment, training and support of families who can take “hard to place” youth. Also to be considered would be providing placement stabilization services in partnership with the mental health clinician who is embedded within our child welfare division.

Probation:

- C1.1 – Reunification within 12 months (Exit cohort)
- C1.2 – Median time to Reunification (Exit cohort)
- C1.3 – Reunification within 12 months (Entry cohort)
- C4.2 – Placement Stability (12-24 months in care)

Reunification Outcomes: C.1.1, C.1.2, C.1.3- While Napa County Probation recognizes the importance of timely reunification for youth in out of home care, choosing strategies to improve outcomes in this area must be done cautiously so that rehabilitation is not compromised. Probation youth removed from the home are typically in treatment programs due to criminal behavior due to substance abuse, sexual offenses, mental health issues or gang activity. Thus, based on court orders, reunification is contingent on their successful completion of the program. Prior to removal from home, probation exhausts all treatment possibilities at the community level, so youth ordered to placement likely have multiple criminal offenses and have participated in numerous outpatient counseling or behavioral programs, including custody time. Additionally, programming and support will have been ordered or offered to the parents and guardians who may or may not have been receptive.

Strategy 1-Add an additional component to the screening process that requires more extensive relative assessments and engagement earlier in the wardship process. Current practice is to begin the relative search once removal from the home is inevitable. Beginning this process earlier to engage the support of extended family in community treatment and supervision may prevent the need for removal or limit the time in care.

Strategy 2-Create more opportunities to meet with youth and families together while in placement. As most of our treatment programs are out of county, it is difficult to coordinate team meetings with youth and parents/guardians together. Establishing expectations early on and making families a regular part of placement visits may increase their understanding and support of the youth’s strengths and needs.

Strategy 3-Work with programs and treatment centers to create flexibility in programming so youth may reunify sooner by transitioning to community treatment without compromising the safety of the youth or the community.

Placement Stability Outcomes: C.4.2- There are multiple factors that result in the need to change a youth's placement. Our peer review process identified several areas that we felt play a role. The majority of wards in out of home care are placed in Residential Treatment Programs in other counties around the state. This is due to the limited types of quality treatment programs within Napa County and in neighboring counties. While we understand the need to keep youth close to their families and community support systems, we must also consider the youth's specific treatment needs and criminal offense, (i.e., sexual offender, substance abuse, gang affiliation), community safety and the quality of the program. When youth are not able to be placed locally, their contact with their natural support system is limited, thus increasing the youth's anxiety and isolation. Additionally, youth felt they were not as included in decision making throughout the placement process which made them resistant to their placement.

Strategy 1- Consider placement options in Napa County or in neighboring counties and develop a plan to work with these programs on meeting our department's needs and expectations. Placing youth far from their families increases their anxiety and limits their parents and guardians ability to participate fully in their son or daughter's treatment.

Strategy 2-Increase parent/guardian and family contact and engagement while youth are in out of home care and develop methods to incorporate other natural supports from the youth's community such as former teachers and positive peers. Maintaining connections in the community while youth are in out of home care will reduce their sense of isolation and anxiety and allow them to access familiar resources during situations of stress or conflict.

Strategy 3-Develop timely and more detailed concurrent plans for youth and increase level of the youth's involvement in the process. When Napa County wards are placed in foster homes, they are able to have more involvement and voice in the process than youth who are ordered to treatment facilities. Creating concurrent plans sooner and allowing the youth to be more involved in the process will support youth's investment in the plan and increase their stability in placement.

3. Conclusion

As has been our experience in the past, we have been gratified to find the high level of interest that the community of Napa County has in issues relating to children and the well being of families in our community. The turnout for the stakeholder meeting and the focus groups as well as the level of engagement and thought put into the discussions is notable. There was a wealth of information generated from this process which will continue to inform us and guide our discussions as we move into the process of developing the formal System Improvement Plan to improve how we deliver services to the children, youth and families who are involved with the Child Welfare and Juvenile Probation systems in Napa County.

CASE SUMMARY TOOL		
County:		<input type="checkbox"/> <i>Child Welfare</i> <input type="checkbox"/> <i>Probation</i>
Date and Time of Interview:		Review Team:
Child/Youth's First Name and Last Initial:	Child/Youth's Age:	Child/Youth's Ethnicity:
Type of Case: <input type="checkbox"/> <i>ER</i> <input type="checkbox"/> <i>FM</i> <input type="checkbox"/> <i>FR</i> <input type="checkbox"/> <i>PP</i>		
Background		
Date of Initial Detention:		Date of Re-entry (If Applicable):
Reason For Removal (abuse or Crime Type):		Is The Case Closed: <input type="checkbox"/> <i>Yes</i> <input type="checkbox"/> <i>No</i> <i>If "Yes", Include Closure Date and Reason for Closure (Emancipated, Reunified, etc.):</i>
Number of Placements Child/Youth Has Had Since Placed in Foster Care:		Number of Social Workers/Probation Officers Child Has Had Since Placed in Foster Care:
Current Placement Type: <input type="checkbox"/> <i>County Licensed Foster Home</i> <input type="checkbox"/> <i>FFA</i> <input type="checkbox"/> <i>Relative Home</i> <input type="checkbox"/> <i>NREFM Home</i> <input type="checkbox"/> <i>Group Home</i>		
Is Child/Youth Currently Placed in the County: <input type="checkbox"/> <i>Yes</i> <input type="checkbox"/> <i>No</i>		
Ethnicity of Caregivers:		Primary Language of Caregivers:
Is the Child/Youth Placed with Sibling(s):		

<input type="checkbox"/> No <input type="checkbox"/> Some Siblings <input type="checkbox"/> All Siblings <input type="checkbox"/> NA (No Siblings in Foster Care)	
Ethnicity of Mother:	Primary Language of Mother:
Ethnicity of Father:	Primary Language of Father:
Have Parental Rights Been Terminated:	Date of 366.26 Hearing:
Mother <input type="checkbox"/> Yes <input type="checkbox"/> No	
Father <input type="checkbox"/> Yes <input type="checkbox"/> No	

Napa County
OUTCOMES & ACCOUNTABILITY SYSTEM
PEER QUALITY CASE REVIEW
CHILD WELFARE SERVICES



SOCIAL WORKER INTERVIEW DEBRIEF TOOL

For each area of the debrief tool please list the Strengths and Challenges/Barriers.

Case Management and Concurrent Planning
<ul style="list-style-type: none">• Strengths• Challenges
Engagement
<ul style="list-style-type: none">• Strengths• Challenges
Assessments and Services

- Strengths

- Challenges

Caretaker Support and Services

- Strengths

- Challenges

Placement Changes

- Strengths

- Challenges

Training

- Strengths

- Needs

<i>Placement Stability</i>		
<i>Social Worker Interview Tool</i>		
COUNTY: []	REVIEW TEAM: []	DATE AND TIME OF INTERVIEW: []
INTRODUCTION		
<ul style="list-style-type: none"> ❖ Interviewer Team: Briefly identify interviewers. Explain each interviewer’s role (time keeper, recorder, and lead interviewer). ❖ Briefly explain purpose of the interview. <ul style="list-style-type: none"> ✓ Anonymity ✓ No right or wrong responses ✓ Qualitative information about practice ❖ Explain that the focus is on Placement Stability. 		
BACKGROUND		
<p>1. Please give me a summary of your experience, length of time with the county, and length of time in your current program: []</p> <p>a. In the last three years, what trainings have you received that helped you to stabilize this child in his/her placement(s)?</p> <p>b. How many cases are you currently the primary social worker for?</p>		

c. How long have you been assigned to this case?

2. Briefly describe the placement history of the case:

a. How many placements has this child had?

b. How many of these placements were out of county?

c. If this child is part of a sibling group, are the siblings placed together?

3. How many social workers has this child had since they were placed into foster care?

4. How did you transition into becoming this child's case worker (how and when was the case assigned to you)?

a. How did you meet the child; was there an introduction?

b. How have you formed a relationship with the child?

c. How often do/or did you see the child?

5. Please describe some of the strengths and challenges of this child.

a. Strengths (Examples: athletic, gets along well with peers, funny, etc.):

b. Challenges (Examples: behind in school credits, aggressive, sexual acting out, etc.)

c. How have these strengths & challenges impacted the child's placement stability?

6. Please describe some of the strengths of the biological family that impacted placement and permanency:

7. Please describe some of the challenges of the biological family that impacted placement and permanency:

8. Please describe some of the strengths of the caregivers that impacted placement and permanency:

9. Please describe some of the challenges of the caregivers that impacted placement and permanency:

10. Please describe how community and agency partners (CASA, Wraparound, Children's Mental Health, schools) impacted the child's placement stability:

11. What is this child's concurrent plan and how was it put into operation? Discuss at what point in the case this occurred: [REDACTED]

a. What (if any) were the challenges or barriers to putting the concurrent plan into operation?

[REDACTED]

b. How did this child's concurrent plan affect their placement stability?

[REDACTED]

12. At what points in the case did the agency begin to locate Relatives/NREFM's of the child? [REDACTED]

a. If no search was initiated, please describe why? What were some of the complicating factors that prevented this search?

[REDACTED]

b. What were the ongoing efforts to locate relatives throughout the life of the case?

[REDACTED]

c. Were relatives assessed as potential for placement or contact?

[REDACTED]

d. If relatives were denied placement, please describe some of the reasons for denial:

[REDACTED]

13. Describe how placement issues, concerns, and matching efforts were documented in CWS/CMS and/or the hard case file: [REDACTED]

a. If documented efforts were not found, what were some of the barriers in documentation?

[REDACTED]

ENGAGEMENT

14. Where have most of your in-person visits with the child taken place (their home, school, etc.)?

a. What are some of the topics you talk about with the child (Example: grief and loss, child activities, child rights, school, hobbies, etc)?

15. Please describe the visitation pattern (frequency, location, etc.) between the child and the following:

a. Birth Parents:

b. Siblings:

c. Extended Family/NREFM or other important connections:

16. What were the barriers in maintaining the child's connections?

a. How have these barriers been addressed?

ASSESSMENTS AND SERVICES

17. Please explain when, by whom and what, Mental Health Assessments were completed on this child?

a. What mental health services were provided to the child?

█

b. What impact did the services have, if any, on the child's placement stability?

█

c. What, if any, were the gaps in services?

█

d. Please describe any barriers in accessing needed services for this child? (i.e., location, language, transportation, child's participation, cultural issues, etc.)

█

e. How did you maintain contact with the service providers and assess the quality of the services provided (i.e. monitoring services to ensure the services continue to meet the youth's needs)?

18. Please explain when, by whom, and what Educational/Developmental assessments were completed on this child? (IEP, Regional Center, Speech/Language, etc.) █

a. How have you had to advocate for this child's educational needs?

█

b. Who has assisted with the advocacy of this child's educational needs? (i.e. Foster care liaison, Birth parents, placement providers, CASA, etc.)

█

c. Does the child have an IEP? If yes, please talk about the delivery of appropriate services.

█

d. Please describe the child's strengths and challenges, related to their education, while in placement. (i.e., attendance, grades, etc.)

█

i. How did these strengths and challenges affect the child's placement stability?

█

19. Please explain when, by whom and what, Medical and Dental assessments were completed on this child?

█

a. What services were provided?

█

b. What impact did the services have, if any, on the child's placement stability?

█

c. Please discuss any barriers in accessing services for this child? (i.e., location, language, transportation, child's participation, cultural issues, gaps in services, etc.)

█

20. Was the youth referred to Independent Living Skills services?

█

a. What Services were provided?

█

b. What impact did the services have, if any, on the child's placement stability?

█

c. Please describe any barriers in accessing services for this child? (i.e., location, language, transportation, child's participation, cultural issues, gaps in services, etc.)

21. What were some of the child's interests? [REDACTED]

a. Was the child able to participate in enrichment activities (i.e. recreation, sports, afterschool programs, mentoring, etc.)? YES NO

If yes, Please specify.

[REDACTED]

b. If not, what were the barriers to participation?

[REDACTED]

PLACEMENT MATCHING

22. Please describe how placement decisions were made and who had input into the placement decisions (example: Family Meetings, Life Conferences, case reviews, during supervision, court-ordered, AWOL/self-placed):

a. How was the child's family included in making placement decisions?

[REDACTED]

i. How often and at what points in the life of the case?

[REDACTED]

b. How was the child included in making placement decisions?

[REDACTED]

i. How often and at what points in the life of the case?

[REDACTED]

c. Were any of the placement changes a result of moving the child into a lower level of care placement

or back into their community? YES NO

If yes, please describe: [REDACTED]

23. How did you, or the agency, match this child with their caregivers? [REDACTED]

a. When matching a child with caregivers, what efforts were made to ensure that this child maintained the following connections:

Stayed in his/her neighborhood?

[REDACTED]

Remained with his/her siblings?

[REDACTED]

Remained in his/her school of origin?

[REDACTED]

CARETAKER SUPPORT AND SERVICES

24. When and how were caregivers informed about the child's needs? What information were they given?

[REDACTED]

a. Medical:

[REDACTED]

b. Mental health/behavioral issues and/or needs:

[REDACTED]

c. Child's strengths, likes, & dislikes:

d. Typical routines:

[REDACTED]

25. What kind of supports did the child's caregivers already have in place? [REDACTED]

a. What support did you or the county provide to the caregivers? (i.e., training, transportation, respite care, counseling etc).

[REDACTED]

b. How did the supports (or lack of support) impact the stability of the placement?

[REDACTED]

c. What were the barriers to providing these supports?

[REDACTED]

26. If the child was placed with a Foster Family Agency (FFA) or group home, how did the FFA or Group Home agency support the placement(s)? [REDACTED]

27. Please describe the frequency and nature of your contacts with the caregiver(s) who had placement of this child. [REDACTED]

a. What kinds of things did you talk about during these contacts with the caregiver(s)?

[REDACTED]

28. How was the child prepared for each new placement?

a. When and how was the child informed of their new placement?

b. Did the child have contact with the new caregivers prior to their new placement?

29. Please describe the caregivers' perceptions of why the placement(s) failed.

30. As a result of being in foster care, did this child suffer any of the following disruptions and how did it impact the child's placement stability?

a. Change in neighborhood:

b. Separation from siblings:

c. Change in schools:

d. Continuity of services:

CLOSING

31. Do you have any recommendations for improving placement stability for your county?

a. Training:

b. Resources:

c. Policies and Procedures:

d. Other:

Napa County

OUTCOMES & ACCOUNTABILITY SYSTEM

PEER QUALITY CASE REVIEW



PROBATION OFFICER INTERVIEW DEBRIEF TOOL

For each area of the debrief tool please list the Strengths and Challenges/Barriers.

Relative Assessment
<ul style="list-style-type: none">• Strengths• Challenges
Engagement
<ul style="list-style-type: none">• Strengths• Challenges
Assessments and Services

<ul style="list-style-type: none">• Strengths• Challenges
<p>Caretaker Support and Services</p> <ul style="list-style-type: none">• Strengths• Challenges
<p>Placement Changes</p> <ul style="list-style-type: none">• Strengths• Challenges
<p>Training</p> <ul style="list-style-type: none">• Strengths• Needs

Attachment E

Placement Stability
Probation Officer Interview Tool

COUNTY: <input style="width: 90%;" type="text"/>	REVIEW TEAM: <input style="width: 90%;" type="text"/>	DATE AND TIME OF INTERVIEW: <input style="width: 90%;" type="text"/>
--	---	--

INTRODUCTION

- ❖ **Interviewer Team:** Briefly identify interviewers. Explain each interviewer’s role (time keeper, recorder, and lead interviewer).

- ❖ **Briefly explain purpose of the interview.**
 - ✓ Anonymity
 - ✓ No right or wrong responses
 - ✓ Qualitative information about practice

- ❖ **Explain that the focus is on Placement Stability.**

BACKGROUND

1. Please give me a summary of your experience, length of time with the county, and length of time in your current program:

a. In the last three years, what trainings have you received that helped you to stabilize this youth in his/her placement(s)?

b. How many cases are you currently assigned?


c. How long have you been assigned to this case?



2. Briefly describe why this youth was ordered into placement: 

a. How long has this youth been in placement?



3. Briefly describe the placement history of the case: 

d. How many placements has this youth had?



e. How many of these placements were out of county?



4. How many probation officers has this youth had since they were placed? 

5. How did you transition into becoming this youth's probation officer (how and when was the case assigned to you)? 

d. How did you meet the youth; was there an introduction?



e. How have you formed a relationship with the youth?



f. How often do/or did you see the youth?

█

6. Please describe some of the strengths and challenges of this youth.

a. Strengths (Examples: athletic, gets along well with peers, funny, etc.):

█

b. Challenges (Examples: runaway, self-harm, behind in school credits, aggressive, sexual acting out, etc.)

█

f. How have these strengths & challenges impacted the youth's placement options and/or stability?

█

7. Please describe some of the strengths of the biological family that impacted placement and permanency:

█

8. Please describe some of the challenges of the biological family that impacted placement and permanency:

█

9. Please describe some of the strengths of the caregivers that impacted placement and permanency:

█

10. Please describe some of the challenges of the caregivers that impacted placement and permanency:

█

11. Please describe how community and agency partners (CASA, Wraparound, YMCA, Behavioral Health, schools) impacted the youth's placement stability:

█

CASE MANAGEMENT AND CONCURRENT PLANNING

12. What is this youth's concurrent plan and how was it put into operation? Discuss at what point in the case this occurred: [REDACTED]

a. What (if any) were the challenges or barriers to putting the concurrent plan into operation?

[REDACTED]

b. How did this youth's concurrent plan affect their placement stability?

[REDACTED]

13. At what points in the case did the agency begin to locate Relatives/NREFM's of the youth? [REDACTED]

e. If no search was initiated, please describe why? What were some of the complicating factors that prevented this search?

[REDACTED]

f. What were the ongoing efforts to locate relatives throughout the life of the case?

[REDACTED]

g. Were relatives assessed as potential for placement or contact?

[REDACTED]

h. If relatives were denied placement, please describe some of the reasons for denial:

[REDACTED]

14. Describe how placement issues, concerns, and matching efforts were documented for this case (CWS/CMS, hard case file, other databases): [REDACTED]

b. If documented efforts were not found, what were some of the barriers in documentation?



ENGAGEMENT

15. Where have most of your in-person visits with the youth taken place (their home, school, etc.)?



a. What are some of the topics you talk about with the youth (Example: case planning, youth activities, youth's rights, school, hobbies, etc.)?



16. Please describe the visitation pattern (frequency, location, etc.) between the youth and the following:

a. Birth Parents:

b. Siblings:

c. Extended Family/NREFM or other important connections:

17. What were the barriers in maintaining the youth's connections?

a. How have these barriers been addressed?

18. What kind of positive connections with other adults were you able to help the youth create and/or maintain?

a. Did these connections support the youth's placement stability?

b. If the youth did not create or maintain positive connections, what were the barriers?

ASSESSMENTS AND SERVICES

19. Please explain when, by whom and what, Mental Health Assessments were completed on this youth?

f. What mental health services were provided to the youth?

█

g. What impact did the services have, if any, on the youth's placement stability?

█

h. What, if any, were the gaps in services?

█

i. Please describe any barriers in accessing needed services for this youth? (i.e., location, language, transportation, youth's participation, cultural issues, gaps in services, etc.)

█

j. How did you maintain contact with the service providers and assess the quality of the services provided (i.e. monitoring services to ensure the services continue to meet the youth's needs)?

20. Please explain when, by whom, and what Educational/Developmental assessments were completed on this youth? (IEP, Regional Center, Speech/Language, etc.) █

e. How have you had to advocate for this youth's educational needs?

█

f. Who has assisted with the advocacy of this child's educational needs? (i.e. foster care liaison, birth parents, placement providers, CASA, etc.)

█

g. Does the child have an IEP? If yes, please talk about the delivery of appropriate services.

█

h. Please describe the youth's strengths and challenges, related to their education, while in placement. (i.e., attendance, grades, etc.)

█

ii. How did these strengths and challenges affect the youth's placement stability?

█

21. Please explain when, by whom and what, Medical and Dental assessments were completed on this youth?

█

d. What services were provided?

█

e. What impact did the services have, if any, on the youth's placement stability?

█

f. Please discuss any barriers in accessing services for this youth? (i.e., location, language, transportation, child's participation, cultural issues, gaps in services, etc.)

█

22. Was the youth referred to Independent Living Skills services? █

d. What services were provided?

█

e. What impact did the services have, if any, on the youth's placement stability?

█

f. Please describe any barriers in accessing services for this youth? (i.e., location, language, transportation, child's participation, cultural issues, gaps in services, etc.)

█

23. What were some of the youth's interests? █

a. Was the youth able to participate in enrichment activities (i.e. recreation, sports, afterschool programs, mentoring, etc.)? YES NO

If yes, Please specify.

█

b. If not, what were the barriers to participation?

█

PLACEMENT MATCHING

24. Please describe how placement decisions were made and who had input into the placement decisions (example: TDM, Family 2 Family, during supervision, court-ordered, AWOL/self-placed). █

a. How was the youth's family included in making placement decisions?

█

i. How often and at what points in the life of the case?

█

b. How was the youth included in making placement decisions?

█

i. How often and at what points in the life of the case?

█

c. Were any of the placement changes a result of moving the youth into a lower level of care placement or back into their community? YES NO

If yes, Please describe.

25. How did you, or the agency, match this youth with their placement(s)?

b. When matching a youth with caregivers, what efforts were made to ensure that this youth maintained the following connections:

Stayed in his/her neighborhood?

Remained in his/her school of origin?

CARETAKER SUPPORT AND SERVICES

26. When and how were caregivers informed about the youth's needs? What information were they given?

a. Medical:

b. Mental/behavioral issues and/or needs:

c. Youth's strengths, likes, & dislikes:

d. Typical routines:

27. Please describe how the placement(s) supported the family's involvement in the youth's case plan:

28. If the child was placed with a Foster Family Agency (FFA) or group home, how did the FFA or Group Home agency support the placement(s)?

29. Please describe the frequency and nature of your contacts with the caregiver(s) who had placement of this child.

a. What kinds of things did you talk about during these contacts with the caregiver(s)?

PLACEMENT CHANGES

30. How was the youth prepared for each new placement?

a. When and how was the youth informed of their new placement?

b. Did the youth have contact with the new caregivers prior to their new placement?

31. Please describe the caregivers' perceptions of why the placement(s) failed.

32. As a result of being in foster care, did this youth suffer any of the following disruptions and how did it impact the youth's placement stability?

a. Change in neighborhood:

b. Separation from siblings:

c. Change in schools:

d. Continuity of services:

CLOSING

33. Do you have any recommendations for improving placement stability for your county?

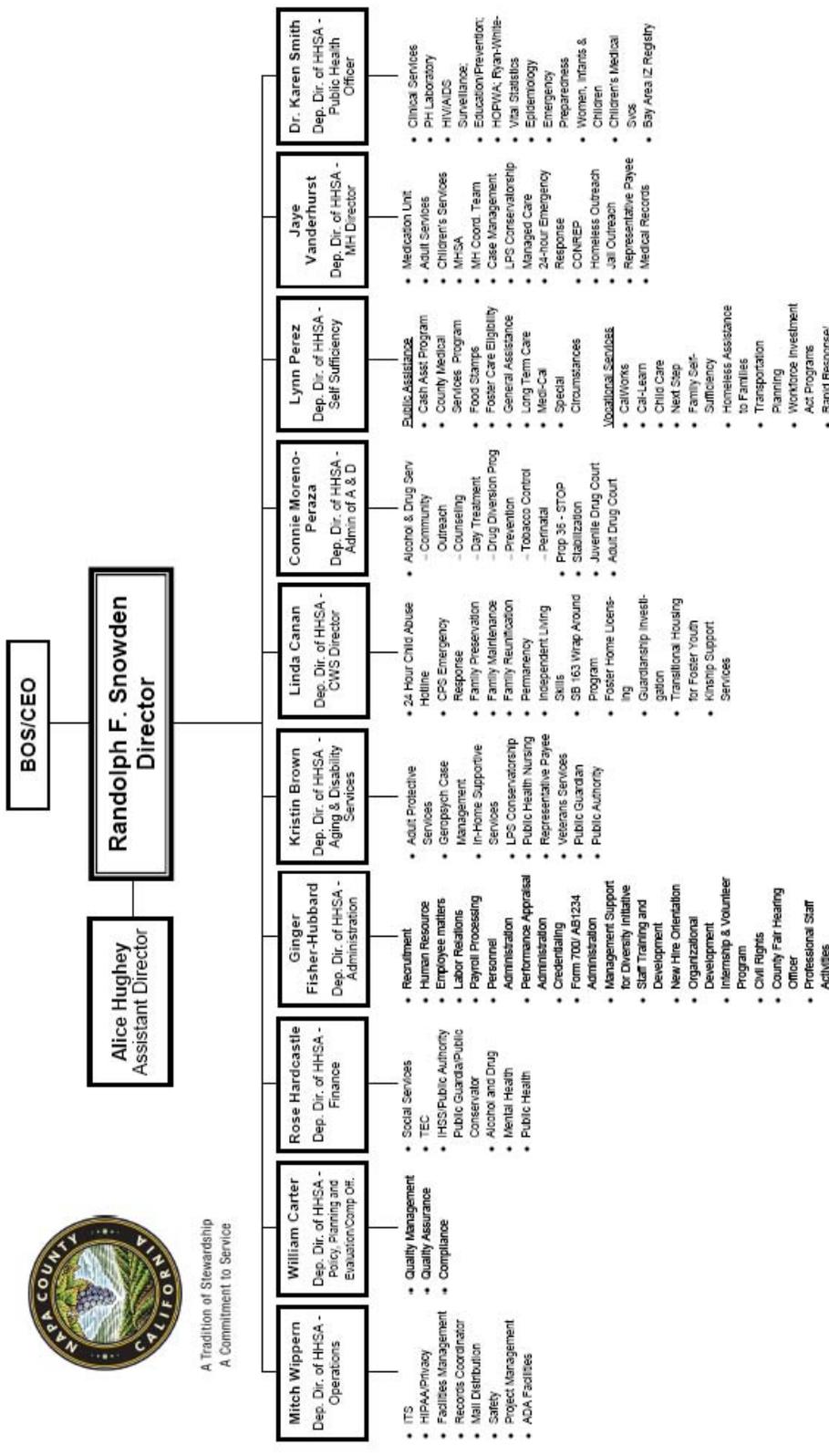
e. Training:

f. Resources:

g. Policies and Procedures:

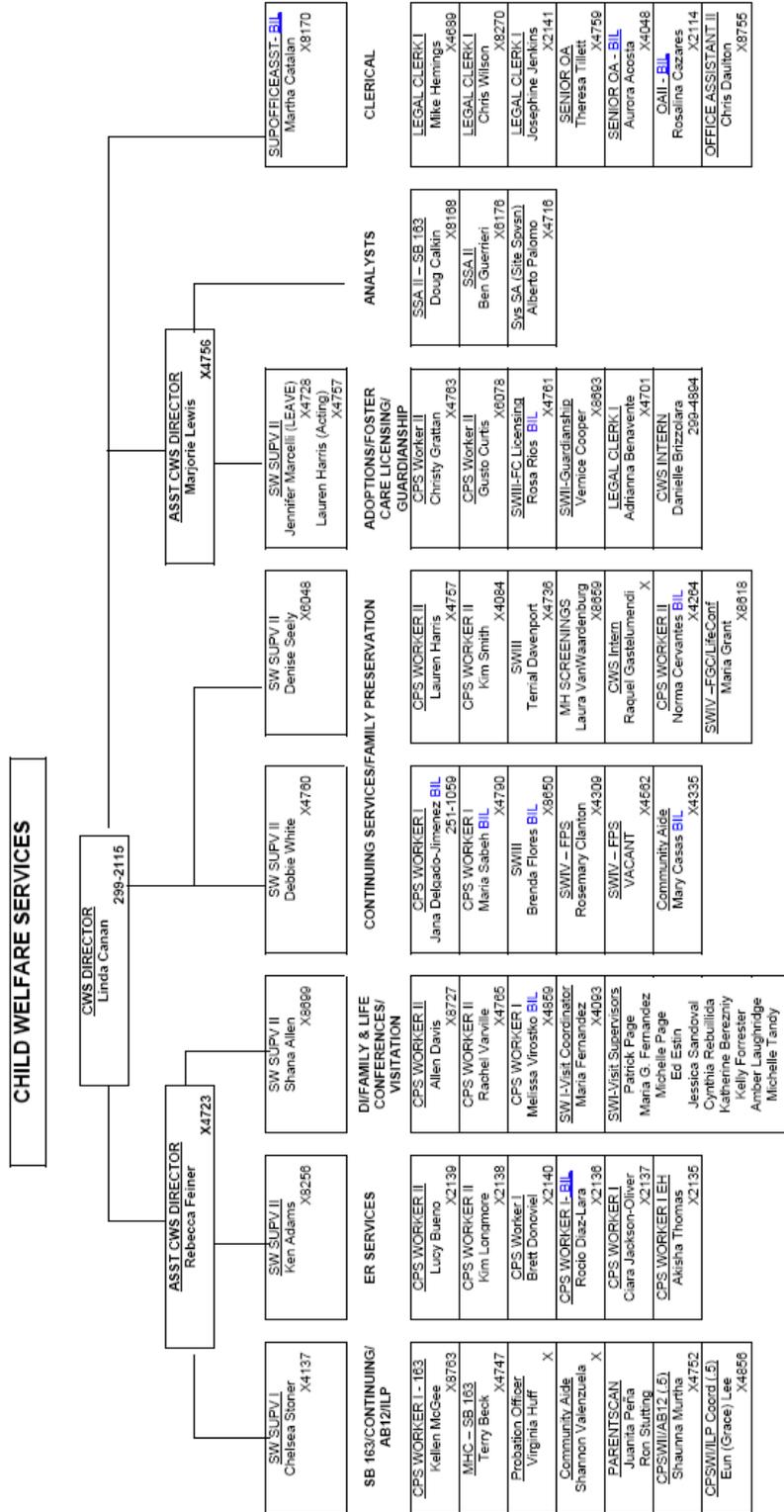
h. Other:

Attachment F



Napa County
Health & Human Services Agency

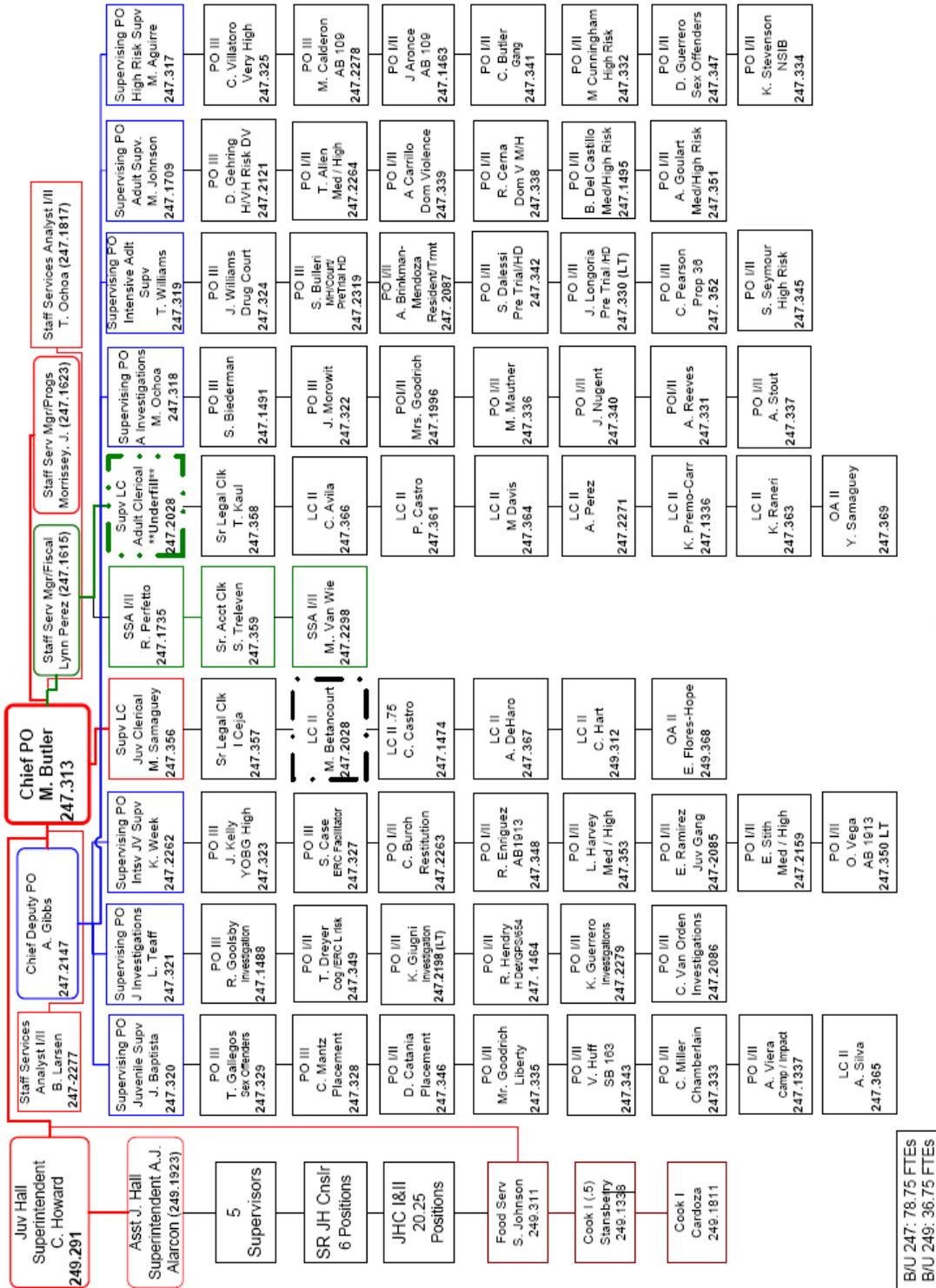
** Under Review for Edits*
Functional Organization Chart - 1/1/2013



All prefixes are 253 unless last sequence starts with 8, then prefix is 259. Prefix for ext beginning with 2 is 299.

Updated: 1/8/2013

Attachment H



Prevention and Intervention Services through Cope Family Center

Federal and State Funding

Home Visitation and Family Group Conferencing:

This intensive program serves families with multiple needs (substance abuse, domestic violence and mental health). The focus is to provide a combination of basic and supportive services to improve children's health, promote positive parenting, improve family connectedness, and reduce dependence on public assistance. When referrals are received for the Home Visitation Program, Cope's Registered Nurse meets with the family in their home and completes a comprehensive health and wellness assessment during the initial visit. While there, she assesses the health of each family member and the family in general. The nurse also determines the basic strengths and needs of the family.

Each family is assigned a home visitor, who then collaborates with the family to create an "Individualized Family Service Plan (IFSP)." This plan enables a family to take an active role in setting goals and identifying objectives and activities. The IFSP is utilized by the home visitor, the family and the multi-disciplinary team (MDT) throughout the course of home visitation services. The Multi-disciplinary Team is comprised of staff from Cope Family Center and collaborating agencies such as NEWS, Aldea, Health & Human Services, Child Welfare Services – Family Preservation and/or Emergency Response, Youth Diversion and Adult Recovery. At weekly MDT meetings, the group does case review and resource referral.

Families facing a myriad of challenges have improved success with one-on-one services provided by home visitation. Early investments in home visitation programs have been shown to reduce future costs due to foster care placements, hospitalizations and emergency room visits, unintended pregnancies and other more costly interventions. Families enter the program through self-referral, outside agency and county referral.

The Cal-SAHF and Touch Points strength-based models provide the framework for the home visitation program. Even the most challenged families have experienced growth and possess wisdom, which becomes the foundation for future success. Support activities for home visitation clients include: 1) Abuse prevention and therapy; 2) Nutritional education and menu planning; 3) Tobacco Cessation; 4) Recovery Program support; 5) Development of community resources and social support network, 6), Housing search assistance; 7) Development of budget management skills, 8) Self-sufficiency planning; 9) Development of household management skills and 10) Enhancement of parenting skills and facilitation of early learning.

In addition, Cope is a key participant in the Universal Home Visitation Program - an extensive community collaborative (of which Kaiser Permanente is a member) led by Queen of the Valley Hospital and the Napa County Public Health Department. Through this program, parents receive education and referrals through ten home visits by a Registered Nurse. If a family requires additional support after their visits, they are mainstreamed into Cope's home visitation program.

Through the home visitors' comprehensive knowledge of local resources and strong collaborative relationships with staff at local community based organizations, existing resources are utilized, thereby

avoiding duplication of services. Clients also benefit as a result of better coordinated case management among programs.

Parent Education and Support:

Parent Education and support is offered to birth parents, adoptive parents, foster parents, kinship providers and caregivers. Services include classes, workshops and consults on topics including: child development, positive discipline, substance abuse prevention, financial education, co-parenting (for divorced or separated parents). Peer support is offered in groups for single parents and kinship families. Private child development consultations are offered based upon individual family needs. Cope also provides Ages and Stages developmental assessments. Courses are offered at the Family Resource Center and partner sites.

Resource/Referral and Crisis Intervention:

Through our safety net services, families are able to access a multitude of community resources and education about the range of income supports and public benefits to which they are entitled in one location. An essential component of our safety net services is the crisis intervention counseling that our staff provides at a family's first visit or call to our center. Families are often overwhelmed by the diversity of challenges they face. Our staff assesses each family's needs and strengths, assuring them that we will help them through the crisis. The family completes an initial visit assessment form which identifies their assets and provides our staff with key information (number of children, employment, income level, housing, insurance, etc.).

Depending on the circumstances and need, the family may meet with our staff one to three times more, or receive more intensive case management. Case-managed families work with staff to create a plan to address long term challenges, including but not limited to mental health, substance abuse, housing, and employment. Regardless of the length of time a family utilizes our safety net services, the primary goal is to help the family through crisis, gain access to essential supports, empower them to advocate for themselves and move toward self-sufficiency.

With a family's needs identified, our staff assesses the family's eligibility for supports including health insurance, childcare subsidies, WIC, food stamps, CalWorks, school food programs, child support and affordable housing, then teaches the family how to access these supports. Families in need of immediate emergency aid for housing, food, transportation, utilities or medical needs complete an application and provide necessary documentation of income and need. Policies for distribution of emergency aid are well established and meticulously followed to ensure the fund is not abused. Once our staff has exhausted all other resources, an approval for emergency aid will be granted once a year per family. Checks are written directly to the vendor (landlord, utility company) or a voucher for service is provided to the family. Eligible families are referred to our annual VITA (Volunteer Income Tax Assistance) Clinic to have their tax returns prepared for free. Since research shows that a lack of social connections and low levels of contact with others are risk factors for child maltreatment, additional benefits of the program include utilization of the computer, phone and lending library in our community room and development of a peer support network that helps families build resiliency skills to assist them through challenging times.

CAPC Community Education and Awareness:

The Child Abuse Prevention Council of Napa County (CAPC) has served Napa County for over 30 years since the State of California mandated every county to create such a council. The council has a Steering Committee that includes 12 governing members and a General Council that includes 30 child welfare-serving agencies and community members. Each year, CAPC acts upon the current needs and trends called for by Napa County and the California State Office of Child Abuse Prevention.

The primary goal of CAPC is to inform and engage professionals and community members on child abuse prevention issues and services. The goals are achieved through the following activities:

- CAPC Steering Committee: provides oversight to direction to all CAPC efforts in the community
- Mandated Reporter Training Speakers Bureau
- Lecture Series for Community on related Child Abuse issues
- CAPC General Council Trainings
 - Outreach and training to professional/community groups on related child abuse prevention topics. i.e. the effects of violence on children's brain development
- Representative on the Greater Bay Area CAPC Coalition
 - Attend monthly meeting with area CAPC Directors, Co host Trainings, Contribute to shared projects, Blue Ribbon Campaign materials and special events
- Representative on several committees/board/commissions: Child Death Review Team, Safe Kids
- Provide support to the Child Advocacy Center

CAPC Child Assault Prevention Program

The Child Assault Prevention Project program (CAPP) is a personal safety curriculum based on the belief that all children have the right to be "Safe, Strong and Free." Children participate in role plays and discussions that empower them to recognize abuse or dangerous situations, resist abuse and tell a trusted adult if they have been abused.

CAPP is evidence-based, has been independently evaluated in nationally published studies and is recognized as one of the most effective, school-based child abuse prevention programs in the country. Although a child abuse prevention and empowerment program has been offered in Napa County for several years, the CAPP program has not been taught in Napa schools since 2005.

CAPP is presented through elementary school workshops and facilitated by trained staff and volunteers, to first, third and fifth graders. Workshops are conducted in a 3-segment format totaling 60 minutes. Children are taught that they have basic rights to be "safe, strong, and free." Specifically, the workshop segments focus on bullying, interactions with strangers and interactions with people who are known to children (additional information regarding internet safety is discussed with fifth graders). "Safe" and "unsafe" touching is also explored. The workshops use both role-play and interactive discussion methods of instruction. Parents are notified that the CAPP program will be offered to their children, and must sign a permission slip indicating their child has their permission to participate.

NOTES regarding funding: Children's Trust Fund Dollars are directed by legislation to support the work of Child Abuse Prevention Councils throughout the State. The CAPIT, PSSF and CBCAP funding is leveraged to provide comprehensive services to families.