System Improvement Plan
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INTRODUCTION

The California-Children and Family Services Review (C-CFSR) is an outcomes-based review mandated by the Child Welfare System Improvement and Accountability Act (Assembly Bill [AB] 636). AB 636 was passed by the state legislature in 2001. It was designed to improve outcomes for children in the child welfare system while holding county and state agencies accountable for the outcomes achieved. This statewide accountability system, which went into effect January 1, 2004, is an enhanced version of the Child and Family Service Review (CFSR), the federal oversight system mandated by Congress and used to monitor states’ performance. The C-CFSR is a cyclical process which begins with the identification and analysis of the current system through the Child Welfare Services (CWS) and Juvenile Probation Division (Probation) County Self-Assessment (CSA). The CSA leads to development and implementation of solutions that are articulated for the agencies and the public in the System Improvement Plan (SIP). CWS and Probation agencies are responsible for ongoing evaluation and revision of those solutions for continuous improvement. To meet the changing needs of the families and children over time, activities are monitored and may be updated through Annual System Improvement Plan Progress Reports (ASIPPR). As the C-CFSR is a continuous quality improvement model, Mariposa County has worked toward continuing development, implementation and evaluation of strategies to improve safety, permanency, and well-being of children.

The C-CFSR strengthens the accountability system used by California to monitor and assess the quality of services provided on behalf of maltreated children. The California Department of Social Services CDSS) All County Information Notice [ACIN]:1-50-06) issued on August 23, 2006 initiated the C-CFSR process. The C-CFSR brings California into alignment with the Federal CFSR and maximizes compliance with the federal regulations for the receipt of Title IV-E and Title IV-B funds. The SIP is essentially an agreement between the County Child Welfare and CDSS to implement a set of strategies designed to improve the County’s performance on the Quality Outcome Indicators, federal and state research-based measures. Reports on the County’s performance on federal and state required measures are provided quarterly by the California Department of Social Services.
The outcomes are important, it is also important to note that Mariposa has a small population in both CWS and Probation, resulting in small denominators in the calculation of performance. With these small denominators, a minor change in the numerator, possibly as small as one case, can make an exaggerated impact on the performance. For that reason, careful attention is given to details and trends in the data.

Mariposa County is a small, rural and mountainous region located in the foothills of the Sierra Nevada Mountains and extending into the peaks of Yosemite National Park. Elevation ranges from 300 to 12,966 feet above sea level. Nearly half of the 1,449 square miles of the County is owned by the federal government in the form of Yosemite National Park, Sierra National Forest, Stanislaus National Forest and the U. S. Department of Land Management. Much of the County is mountainous with winding, narrow roads. The County has great scenic beauty with open rangeland giving way to forested areas and mountain peaks. Because of the unique topography, the County is vulnerable to rock slides, forest fires, and road closures due to weather conditions.

Mariposa has a small population relative to the geographical size, resulting in a low population of 12.6 people per square mile. Of the total population of 17,645, the largest concentration is in the town of Mariposa (Census Designated Place) with 2,173 residents. Services are primarily available in the town of Mariposa, although a few agencies offer services in remote areas. The regional transportation in the County is the Yosemite Area Regional Transit System (YARTS), which is primarily designed to service tourists coming to Yosemite from neighboring counties. While some Mariposa County residents use YARTS to commute to work, the schedule and routes are not conducive to easily moving around the County. Mariposa County Transit (MCT) provides Mari-Go, a public dial-a-ride with curb-to-curb service. MCT also provides Medi-Trans, a medical transportation service for seniors (60+). Medi-Trans provides transportation to local clinics and medical appointments in neighboring counties.

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Mariposa County has three weekly newspapers: The Mariposa Gazette, Foothill Express and Yosemite Highway Herald. The community radio station, KRYZ, is publicly supported. Cell phone service is spotty and only two carriers serve the County. In most of the County, there is one or no internet service providers.

Mariposa County differs from California in ethnic diversity. The County is 80.6% white, 11.0% Hispanic or Latino, and 3.9% two or more races. American Indian, Alaska native, Native Hawaiian or Pacific Islander and Asian make up the remainder.

Mariposa County has an older than average population, few job opportunities and high rates of poverty. The median age is 50.6 years, compared to California, which is 35.2. County residents 65 or older make up 24.9 percent of the population. The population per square mile is 12.6, compared to California’s 239.1. The population is scattered within the County with concentrations in the Mariposa, Bootjack and Midpines area and a smaller concentration in the area locally identified as North County, which is centered around the Coulterville and Greely Hill area. This population distribution is a factor in the County’s ability to provide services equally to all residents. The graphic below illustrates the distribution of residents in the County. The challenge of reaching the scattered population figured prominently in the County Self-Assessment and was cited in the Peer Review and focus groups as a barrier to reunification.

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Note: The United States Census Bureau conducts a census (count) every 10 years. The census is the only report that provides information at the level of detail required for a population density map. The Census Bureau reports that the 2017 population was 17,645 (estimate) and the 2010 population was 18,251 (count). That change represents a loss of 606 people. 606 people equate to 121 dots or fewer than 1% of the dots. The map can be updated when the 2020 Census is released.

CWS and Probation began the C-CFSR work by convening a team to plan the CSA process in October 2017. The Planning Team consisted of representatives from CWS, Probation, the CDSS Outcomes and Accountability Section (OAS) and the CDSS Office of Child Abuse Prevention (OCAP) and various community stakeholders. A list of team members and their affiliations is provided in Section 3 A: SIP Narrative, C-CSFR Team and Core Representatives. The team met weekly by teleconference and determined that the focus area of the Peer Review would be CFSR3 Measure 3P-1: Permanency in 12 Months for Children Entering Foster Care for both CWS and Probation. Over the five years since the 2013-2018 SIP was written, CWS has shown improvement in all state and federal measures except for measure 3 – P1. Probation has not had any youth in out-of-home placement since 2016.
Approaching the 2018 SIP Mariposa County CWS had improvement efforts already underway. The County experienced success in reaching the goals of the 2013 SIP. The first target measure was 3-S2, Recurrence of Maltreatment. The national goal is 9.1% or below. Desired direction is down. At the time of the 2013 CSA, County performance was 24.8%. As of the last Annual SIP Progress Report, performance was at 6.5%, well below the goal. This improved performance was due to collaboration with mental health partners, implementation of Continuum of Care Reform and rigorous assessments and support services.

The second target measure was 3-P4, Re-entry to Foster Care within 12 months of exit. The national goal is 8.3% or lower. The desired direction is down. The performance at the time of the 2013 CSA was 11.1%. As of the last Annual SIP Progress report, performance was zero and had been zero for the last year. The progress was due to the use of Structured Decision Making (SDM) tools, and Case Conferencing Groups (CCG) which include staff from Behavioral Health and CASA. This success encourages the CWS and Probation staff to feel positive about addressing the 2018 issue, 3-P1.

In preparation for the CSA, the Planning Team planned and executed three methods of obtaining stakeholder feedback:

- Community Informational Meeting in October 2017
- Peer Review December 4, 5 and 6, 2017
- Nine focus groups

Consistent themes ran through the nine focus groups and the Peer Review. Parent/child visits were mentioned 37 times. Almost every group saw visits as key to reunification. Resource Families want to be more involved in planning visits and youth want more frequent and longer visits. Communication was mentioned 24 times. There is unanimous agreement that communication among and between the social workers, Resource Families, children and families is necessary to reunification. Time was mentioned 19 times, frequently in the context of social workers needing more time to spend with children. Housing was mentioned 16 times as a barrier to reunification. Transportation, with 11 mentions, was cited as a barrier to receiving services and visiting with family.

Challenges included parental substance abuse, resistance from biological parents to engage in services and lack of stability in placement. The Peer Reviewers generated a bountiful
list of promising practice recommendations. Highlights include on-site social workers in schools in remote areas, designation of tasks that can be completed by clerical staff or aides and RFA orientation to discuss permanency.

Feedback from the Peer Review and the focus groups was summarized and published in the CSA. The CSA also included information about the County’s performance on the Quality Outcome Indicators and the available array of services and agency infrastructure.

To continue the community involvement in the C-CFSR process, a workshop was held on May 25, 2018 during the monthly meeting of Mariposa Abuse Prevention Collaborative (MAPC). The members of this group are executive directors (or their representatives) of not-for-profit service providers, directors and deputy directors of public agencies and representatives of law enforcement. These are the partners who will be directly or indirectly involved in the implementation of the SIP. The purpose of the workshop was to provide the group with findings of the CSA in the areas of data, stakeholder input and the identification of strengths and areas for improvement. The Deputy Director for Social Services started the workshop with a presentation of the Peer Review findings, overall strengths, overall challenges and major themes from focus groups. Information about the County’s performance on the Quality Outcome measure was also shared. The Deputy Director gave an overview of the entire C-CSFR cycle and emphasized that the next step is formulating the SIP Strategies and Action Steps. The group then brainstormed ideas for removing the identified barriers, building on the strengths, facilitating permanency for children in foster care and ultimately improving Mariposa County’s score on the target measure. With the list developed the group then came up with the ideas and recommendations. After review and rephrasing by CWS and Probation staff, these became the Strategies and Action Steps in the SIP Chart. CWS and Members of this community group and the organizations they represent play an important role in the success of the SIP Strategies and Action Plans.

The Mariposa County Health and Human Service Agency (HHSA) Child Welfare Services (CWS) receives funding from the federal Community Based Child Abuse Prevention (CBCAP), state Child Abuse Prevention, Intervention and Treatment (CAPIT) and Promoting Safe and Stable Families (PSSF) funds. These funds are combined with Children’s Trust Fund (CTF) monies to
create a network of community prevention and intervention services to help attain favorable outcomes for families. These funds are collectively referred to as “OCAP” funds because they are managed by the Office of Child Abuse Prevention at the California Department of Social Services. Mariposa HHSA is the Board of Supervisors (BOS) designated agency to administer and monitor the use of CBCAP, CAPIT and PSSF funds by subcontractors and to monitor data collection, program outcome evaluations and program fiscal compliance. HHSA is also responsible for completing and submitting annual reports for all programs funded by CBCAP, CAPIT and PSSF.

CWS is responsible for development of the CAPIT/CBCAP/PSSF service provision plan. Final decisions regarding the allocation and use of these funds is determined by the Mariposa HHSA Executive Team in consultation with the County’s OCAP liaison. Feedback from stakeholders during the CSA and SIP development process was considered as well as the evaluation of the outcomes for existing programs. For example, the Nourish Program, a peer support group for care providers, is managed by Mariposa Court Appointed Special Advocates (CASA). The program has demonstrated active participation and received enthusiastic praise from the care provider (Resource Families) focus group. PSSF funds will be used to continue the Nourish program. Feedback from MAPC and CWS and Probation staff is also considered.

After examining the data and considering the input of stakeholders, CWS and Probation leadership concluded that the focus on reducing the time to permanency, as measured by the CSFR Quality Indication 3-P1, exit to permanency in twelve months or fewer from the date of entry, would be the best choice for children, families and the community. While 3-P1 is the target measure, the County recognizes that all children and youth involved with the CWS or Probation system will benefit from the proposed changes.

The first systemic factor identified is foster and adoptive parent licensing, recruitment and retention. Increasing the number of foster and adoptive families in the County will support the goal of reducing the time in foster care by encouraging adoption and legal guardianship, address part of the issue of lack of services in remote parts of the County and increase the options for children with special needs. The strategies and action steps described in the next section address the interwoven goals of earlier exits from foster care and enlarging the County’s foster home resource.
Section 3A C-CFSR Team and Core Representatives

In September 2017, Mariposa Child Welfare Services CWS and Probation began the California Child and Family Review (C-CFSR) process by convening a Planning team to manage logistics of all phases of the C-CFSR process. The members of the Planning Team were:

California Department of Social Services (DSS), Children and Family Services Division, Outcomes and Accountability Section (OAS) and Office of Child Abuse Prevention (OCAP) Representatives:

- Stevie Rodgers, OAS Consultant
- Hillary Konrad, OCAP Consultant
- Shahla Craggs, OAS Section Chief

Health and Human Services Agency (HHSA) Representatives:

- Chevon Kothari, Director
- Baljit Hundal, Deputy Director of Social Services
- Susan Arlington, Social Services Analyst
- Kati Baker, Social Worker Supervisor II
- Sarah Higgs, Office Assistant II
- Misty Freeman, Senior Administrative Analyst
- Jillian Rodriquez, CWS Support Unit Supervisor II

Probation Department Representatives:

- Pete Judy, Chief Probation Officer
- Connie Pearce, Deputy Probation Officer III

Consultants to Health and Human Services Agency

- Patricia Poulsen (Peer Review and focus group facilitation)
- Jane Norwood (Research and writing)
Staff from HHSA and the Probation Department and the two consultants handled the logistical details with support from the OAS and OCAP Consultants. The expanded C-CFSR Team provided advice and consultation on issues of service provision, community strengths and needs and participated in identifying strategies and action steps. The C-CFSR Team consisted of the members of the Planning Team plus the following Core Representatives:

Native American Tribes
- Oriana Walker, Indian Child Welfare Act (ICWA) Representative, Chukchansi Tribe

Service Recipients
- Cheryl and Alan Wright, Foster Parents

County Agency Partners
- Margarita King, Health Department, Public Health Nurse
- Christine Doss, Behavioral Health and Recovery, Deputy Director
- Mariah Lord, Mariposa Safe Families, Program Director
- Caroline Fruth, Court Appointed Special Advocates, Executive Director

Process by which the C-CSFR Team engaged stakeholders in the SIP Process:
Because the SIP is heavily influenced by the findings of the CSA, the engagement of stakeholders began with the Peer Review, community meeting and nine focus groups that were conducted in the process of developing the CSA. Engagement of the stakeholders in the development of the SIP began on May 25, 2018, when the Deputy Director for Social Services attended the monthly meeting of Mariposa Abuse Prevention Collaborative (MAPC). This venue was chosen because the membership includes the executive directors (or their representatives) of not-for-profit service providers, directors and deputy directors of public agencies and representatives of law enforcement, all of whom are important participants in executing the Strategies and Action Steps. The Deputy Director for Social Services started the meeting with a presentation of the Peer Review findings, overall strengths, overall challenges and major themes
from focus groups. Information about the County’s performance on the Quality Outcome measure was also shared. The Deputy Director gave an overview of the entire C-CSFR cycle and emphasized that the next step is developing the Strategies and Action Steps to achieve the goal. The group then brainstormed ideas for removing the identified barriers, building on the strengths and facilitating permanency for children in foster care. With the list developed the group then prioritized the ideas and recommendations. This information was reviewed by staff and the leadership of CWS and Probation and organized as the first draft of the Strategies and Action Steps in the SIP Chart. The members who participated were:

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<td>Judy Hankinson</td>
<td>Mountain Crisis Services</td>
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<td>Jessica Mimnaugh</td>
<td>District Attorney/Victim Witness Services</td>
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<td>Andrea Rogerson</td>
<td>Contract Human Services</td>
</tr>
<tr>
<td>Caroline Fruth</td>
<td>Court Appointed Special Advocates</td>
</tr>
<tr>
<td>Jeremy Briese</td>
<td>Sheriff’s Office</td>
</tr>
<tr>
<td>Christie Doss</td>
<td>Behavioral Health and Recovery Services</td>
</tr>
<tr>
<td>Chevon Kothari</td>
<td>Health and Human Services Agency</td>
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</table>
In the June 22, 2018 meeting of MAPC the Deputy Director for CWS presented the first draft of the SIP Strategies and Action Steps and asked for feedback. In attendance were:

<table>
<thead>
<tr>
<th>Name</th>
<th>Agency/Unit</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jeremy Briese*</td>
<td>Sheriff’s Office</td>
</tr>
<tr>
<td>Kristen Feister*</td>
<td>MCS</td>
</tr>
<tr>
<td>Baljit Hundal*</td>
<td>HHSA/CWS</td>
</tr>
<tr>
<td>Pete Judy</td>
<td>Probation</td>
</tr>
<tr>
<td>Athena Land</td>
<td>Probation</td>
</tr>
<tr>
<td>Ginnie Day</td>
<td>Health Department</td>
</tr>
<tr>
<td>Ryan Oliphant</td>
<td>Probation</td>
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<tr>
<td>Connie Pearce*</td>
<td>Probation</td>
</tr>
<tr>
<td>Chris Ramirez</td>
<td>Sheriff’s Office</td>
</tr>
<tr>
<td>Monique Beaudoin</td>
<td>Probation</td>
</tr>
<tr>
<td>Monica Ramirez</td>
<td>HHSA/Social Services</td>
</tr>
<tr>
<td>Shannon Bridges</td>
<td>(did not indicate on sign-in sheet)</td>
</tr>
<tr>
<td>Ted Geiger</td>
<td>(did not indicate on sign-in sheet)</td>
</tr>
</tbody>
</table>

*Attended both meetings

The input of other important constituencies was obtained during the gathering of information for the County Self-Assessment. The Peer Review yielded important concerns that are addressed in the SIP Strategies. For example, Peer Reviewers cited biological parents’, especially fathers’, resistance to engage in services as a barrier to reunification. Strategy 3, Action Step B is *Identify and implement a father engagement model*. In another example, the foster parent support group expressed an opinion that more clarity about who is responsible for family finding would help children achieve permanency. Strategy 1, Action Step B is *Dedicate a social worker to provide more extensive family finding beyond the 30-day notification*. These are two examples of how the experience and practical knowledge of the stakeholders in the CSA information gathering process were embraced by the C-CFSR team and incorporated into the SIP strategies.
OUTCOME DATA MEASURES

Mariposa’s performance on the Outcome Data measures was erratic for the first two years of the most recent cycle, but outcomes have improved and have been stable for the last two years. The County’s performance on federal and state required measures is provided quarterly by the California Child Welfare Indicators Project (CCWIP) located at the University of California, Berkeley. While the outcomes are important, it is also important to note that Mariposa has a small population in both CWS and Probation, resulting in small denominators in the calculation of performance. With these small denominators, a minor change in the numerator, possibly as small as one case, can make an exaggerated impact on the performance. For that reason, the C-CFSR team gave careful attention to details and trends in the data and aberrations in the individual measures, when they exist, are noted in the commentary for that measure.

The CSA displayed the County’s outcomes for the five-year period between the 2013 CSA and June 30, 2017. Since that time, two more quarters have been released and outcomes for all of Calendar 2017. The graphs below cover the period from July 1, 2011 to March 31, 2018.

Measure 3-P1 Permanency in 12 Months (Entering Foster Care) was selected as the target measure for the Peer Review because, at that time, it was the only measure performing below the national standard. Since the Peer Review and the data analysis for the CSA (Q2-17) three additional quarterly reports have been released. The outcomes for these three quarters demonstrate improvement and one quarter, Q3-17 exceeds the standard (40.3) with a score of 42.3. The two subsequent quarters are below, but close to, the standard at 38.1 and 34.8. The chart below illustrates the County’s and California’s performance on 3-P1 beginning with the base line of the 2013 SIP and ending with the most recent quarter, Q1-18, April 31, 2016 through March 31, 2017. California has not met the federal measure consistently over the time examined in the decision-making process, therefore giving 3-P1 a high priority.
To achieve the goals for years three, four and five, Mariposa will need to improve performance compared to the last five. The chart below shows the number of children exiting to permanency (reunification, adoption or legal guardianship) for the last five years and the annual benchmarks for years three, four and five. Because of the ramp-up time for new initiatives and the lag time on the measures, the County does not anticipate seeing any change in the outcome measures until the third year.
The feedback from focus groups reinforced the importance of using 3-P1 as the target outcome for the SIP. The staff focus group, consisting of social workers and probation officers, want to start talking with youth about permanency at the onset of the case. They saw a need for housing and employment services to facilitate permanency and want more local placements to facilitate visits with family. This group would like to see more involvement of biological parents in medical and dental appointments. They requested training on how to work with difficult parents and better knowledge of sexual abuse and domestic violence.

The Independent Living Plan/Youth Group (16 and 17-year-olds) succinctly stated that their desire was for the County to “clear the home quicker.” They want the social worker to spend more time with them and to keep them better informed about progress toward reunification or another form of permanency. They advocated for more frequent and longer visits. Increased involvement and input into decisions that affect them were cited as important. The young people in this group were not Mariposa County dependents. They were all placed in Mariposa County by other counties.

The Foster Parent focus group wanted to see more families eligible for adoption, matching of children to culturally similar families and consideration of the biological family’s commitment to change before returning children. They advised that how the reunification transpires is important to permanency. They cautioned against rushing to reunification and failing to pay attention to parenting skills. Foster parents suggested that they would be open to mentoring birth parents. They requested training on how to handle a children’s sadness when they return from visits and realize that they are not going to stay at home with their biological parents.

The Service Provider focus group pointed out that 12 months is a short time to achieve reunification, especially when drugs or alcohol are involved, the parents do not want to cooperate and/or resources are difficult to access.

The North County focus group advocated for more general community knowledge about available services, housing options, job opportunities and support for single parents. Lack of social services was a major issue for this group.

The CASA focus group expressed a concern that the Advocates’ support ends with reunification and believe that the biological family could use continuing support after
reunification. They would like to see a dedicated position for family finding and more counseling for both parents and children. They pointed out the lack of enough foster families in the County, echoing what the staff focus group said about the need for more local placement option. CASA would like to have more training on family law and Post Traumatic Stress Disorder.

Considering the County’s and state’s performance and the rich source of ideas and suggestions from the focus groups and the Peer Review, measure 3-P1 was an obvious choice for the C-CFSR committee. While there will always be some children for whom reunification is not possible, other options such as adoption and legal guardianship are available paths to permanency.

**Review of Outcomes for Other Measures**

Three Quarterly Reports of County performance have been released since the County Self-Assessment was written. The charts below show that outcomes have not changed dramatically.

![S1 Maltreatment in Foster Care](image)

The federal standard for this measure is 8.5. The outcome is the ratio of the instances of substantiated maltreatment to total days of foster care. The lower the score, the better the performance. The County has had no incident of maltreatment in foster care since Q1-14.
During that year, two incidents were validated out of 8,556 days of foster care.

The County now has one year with no recurrence of maltreatment. This measure is the ratio of the number of children who have a substantiated allegation to those who had another substantiated allegation within one year of the first. The federal standard is 9.1. The desired direction is down. The County has been below the national standard for seven consecutive quarters. In Q2_16 (07/01/14 – 6/30/16) there were two incidents. In the 13 quarters since the baseline, the County has been out of compliance for 10 quarters and in compliance for 14 quarters.

This measure, while still above the federal standard has fallen in the two most recent quarters. The strategies and action steps will apply to performance in this measure as well as the
target measure, 3-P2. This measure is the ratio of the children in foster care for 12 to 24 months who exited to permanency in 12 months to those who did not. The federal standard is 43.6 and Mariposa County’s most recent result was 50.0. In this measure, as in 3-P1 and 3-P3, the desired direction is up. Since the baseline, the County met or exceeded the federal standard 10 times and has been out of compliance 14 times. Six children were in care from 12 to 23 months between April 1, 2017 and March 31, 2018 (Q1_18). Of those, three exited to permanency within twelve months or fewer, two reunified, and one was adopted. All three were white. Six remained in foster care, four white and two Latino. Because the County is predominately white, Latinos are overrepresented in the group remaining in foster care.

The Permanency in Twelve Months – 24 Months or in Care measure has been compliant with the federal standard, 30.3, for two years. It is the ratio of the number of children who have been in care 24 months or more and exited to permanency within 12 months to those who did not. The federal standard is 30.3. Two children were in care for 24 months or more between April 1, 2017 and March 31, 2018 (Q1-18). Of those, one exited to permanency (adoption) within twelve months or fewer, and one remained in foster care. Both were white and the one remaining in foster care was in the 16 – 17-year old age group.
Re-entry to foster care within 12 months of exit is an important measure and acts as a control on the three measures of speed to exit. It is calculated as the ratio of the number of children who exited foster care but returned in 12 months or fewer to those who exited and did not return. Mariposa’s most recent outcome of 80 means that four out of five children who exited returned within 12 months. Of those who returned, two were white and two were Latino. The one who did not return was Native American.

Placement stability measures the number of moves in relation to the total days in foster care. The federal standard is 4.12 and Mariposa’s most recent score is 7.11. Since the desired direction is down, the County is out of compliance on this measure. As the County begins to
increase the number of Resource Families, it is possible that the number of moves could continue to rise as homes open that are better suited for the child’s needs than the current placement.

The next two measures look at the compliance with time deadlines.

The standard for this measure is 90. This measure is the ratio of immediate response calls that were contacted within the required time limit to those who were not. Mariposa has complied since the baseline in 2012.

The next measure is Timely Response 10 day. The standard for this measure is also 90. This measure is the ratio of 10-day response calls that were contacted within the required time
limit to those who were not. Mariposa has been out of compliance three out of 24 quarters since the baseline in 2012.

This measure represents the ratio of required monthly visits to the number of visits required by policy. The standard is 95 and the current outcome is 88.3. Because this measure has trended downward for the last three quarters, it will be monitored by management to determine what is impacting monthly visits.

This measure answers the question, “of all the visits completed during the quarter, what proportion were held in the child’s current residence?” The standard is 50, the desired direction is up and Mariposa consistently exceeds the standard.
**SYSTEMIC FACTORS**

The first systemic factor to be addressed is **Foster and Adoptive Parent Licensing, Recruitment and Retention.** The need for additional foster families was identified by staff, current foster families and CASA. Implementation of Resource Family Approval (RFA) is addressed in *Strategy 1: Resource Family Approval.* RFA is a family-friendly and child centered caregiver approval process that combines elements of foster parent licensing, relative approval and approvals for adoption and legal guardianship processes. Replacing three different processes with one is more efficient, but more importantly, it prepares families to better meet the needs of vulnerable children in the foster care system. RFA allows seamless transition to permanency.\(^8\)

For example, in the current system a family who decides to adopt a foster child undergoes a new assessment for adoption. In the RFA system the family is already approved. RFA is more than just a change of rules, it is a change in culture. It requires that silos be abolished and all the parties participate in collaborative work.\(^9\)

RFA was selected as a strategy because it meets a need identified in stakeholder feedback, it is mandated by the state, it continues the Quality Parent Initiative already begun by the county and, most importantly, it prepares families to better meet the needs of vulnerable children in the foster care system.\(^10\)

This strategy addresses a condition in the community identified in the demographic information in the CSA. Mariposa County is disproportionality white compared to California and the median age is older than the rest of the state. The table below shows the small change in ethnic groups from the time of the previous CSA (2013) to the release of the American Community Survey (2016).

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<table>
<thead>
<tr>
<th>Category</th>
<th>ACS\textsuperscript{11}</th>
<th>2013 CSA\textsuperscript{12}</th>
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<tbody>
<tr>
<td>White Alone</td>
<td>89.8%</td>
<td>90.7%</td>
</tr>
<tr>
<td>African American Alone</td>
<td>1.0%</td>
<td>0.9%</td>
</tr>
<tr>
<td>American Indian and Alaska Native Alone</td>
<td>3.4%</td>
<td>3.2%</td>
</tr>
<tr>
<td>Asian Alone</td>
<td>1.6%</td>
<td>1.3%</td>
</tr>
<tr>
<td>Native Hawaiian or Other Pacific Islander Alone</td>
<td>0.2%</td>
<td>Not reported</td>
</tr>
<tr>
<td>Two or More Races</td>
<td>3.9%</td>
<td>3.6%</td>
</tr>
<tr>
<td>Hispanic or Latino</td>
<td>11.0%</td>
<td>9.9%</td>
</tr>
<tr>
<td>White Alone, not Hispanic or Latino</td>
<td>80.6%</td>
<td>Not reported</td>
</tr>
</tbody>
</table>

Although the changes are small, the categories of African American, American Indian, Alaska Native, Asian and Two or More Races are increasing, and the White Alone category is decreasing. The most obvious contrasts with California are in the categories of White Alone, 61.3%, Black or African American, 5.9% and Hispanic or Latino, 38.6%. Mariposa County is less diverse than the whole of California, but it is slowly trending in the direction of diversity. Culturally appropriate RFA homes will be needed as the ethnicity of the County changes over time.

The second systemic factor to be addressed is **Service Array and Resource Development**. It is addressed in *Strategy 3: Services to Biological Parents/Legal Guardians*. Lack of appropriate and accessible services was identified by the Peer Reviewers and in focus groups. Case management cannot overcome the lack of resources. The Peer Reviewers saw the service array as sufficient overall but lacking in equal distribution throughout the County. The North County focus group was very clear about the need for accessible services and more public information about the services that are available. The tribal representative expressed the same concern. The CSA documented high levels of poverty, food insecurity and unemployment in North County, reinforcing the need for additional resource development in that geographical area.

\textsuperscript{11} American Factfinder. https://factfinder.census.gov/faces/tablesservices/jsf/pages/productview.xhtml?src=CF. Retrieved 2.5.2018
The County’s experience with the previous CSA influenced the decision to focus on external factors in the environment rather than exclusively on internal CWS or Probation policy and procedure. The previous CSA Strategies and Action Steps were weighted heavily toward staff training. While the training was effective and performance on the Quality Indicators generally improved, turnover among social workers meant that the skills gained in training were no longer in use. In the words of the Deputy Director for CWS, “The staff will receive training in the knowledge, skills and abilities they need to perform their jobs at a high level of effectiveness. Training does not need to be documented in the SIP. It is part of responsible practice. Working with the community to develop a more adequate service system will have more impact in the long run.”

Internal systemic factors were identified in the CSA. Probation Officers cited the CWS/CMS system as difficult to use, especially considering that they use it so rarely. CWS social workers offered to help any probation officer who needs assistance. Probation has not had a youth in care in the last three years. It is understandable that probation officers are not proficient in CWS/CMS. This problem is easily solved with the help of social work counterparts. No major internal systems problems were identified in the CSA.

**Rationale for County’s Selection of Strategies**

Mariposa County has been engaged in implementing the Resource Family Approval model. Although not all the County’s foster homes have become Resource Families, for the purposes of the System Improvement Plan, this document uses the term “Resource Family” in lieu of the term “foster parent(s)” from this point forward.

The SIP Team researched models and best practices related to the goal. The program descriptions and research reports described in this section are not necessarily the model that will be implemented. The decision about which, if any, specific model will be used is the purview of the person or persons responsible for the Action Step.

**Strategy 1: Improve services to Resource Families**

When children are placed in out-of-home care, child welfare agencies must find safe, permanent homes for them as quickly as possible. In most circumstances, children can be
reunited with their families, but in some cases, children find homes with relatives or adoptive families. When helping children and families achieve permanency, child welfare professionals must balance an array of issues, including needs of the child and the family, as well as legal requirements. For instance, families may be experiencing issues such as substance abuse, mental illness or domestic violence, which may increase the risk of child maltreatment. They may also be involved in multiple systems.¹³

Resource Families are critical partners for child welfare professionals because they provide care for children who cannot live with their parents and they can play a supportive role in reunification. A broad range of Resource Families are needed to support the many needs of children and youth involved in out-of-home care.¹⁴

This strategy is linked to Outcome Measure 3-P1 because of the critical role Resource Families play in achieving permanency. Increasingly, Resource Families are key players in the team working to achieve permanency for children in foster care. Resource Families can work with birth parents and support reunification efforts. The Foster Parent focus group expressed an interest in mentoring biological parents. Resource Families may consider adopting the children in their care if the children cannot return home. As the children’s primary caretakers, Resource Families can have significant roles in carrying out the tasks in the permanency plan. Best practice for involving Resource Families includes:

- As early as possible after placement, Resource Families are provided all the necessary information related to the child in their care, including any information that can impact their home or family life.
- Resource Families are provided services, including respite care and training, to support them in providing care to the child.
- Resource Families are included in the development of the child’s treatment plan and receive a copy of the plan.

• Resource Families are included in the identification of therapeutic and medical services for the child and their feedback is elicited regarding medication decisions.

• Resource Families understand their role in supporting the educational progress of the child, including maintaining a stable educational placement for the child.

• Resource Families receive notice of court proceedings for the child in their care and have a right to be heard in these hearings. They are informed of the option to submit a written statement to the court.

• Resource Families are encouraged to work as partners with the child’s family to facilitate their reunification. Resource Families should be encouraged to serve as mentors or as visit coaches.

• Resource Families participate in the development of the youth’s Independent Living Plan.  

Continuing to improve the RFA program will support the County in applying these best practice guidelines. An additional reason for continuing to improve RFA is the leadership and resources provided by the California Department of Social Services (DSS). RFA is a mature program with an abundance of instructions, on-line training, technical assistance conference calls and tool kits.

The CSA concluded that the children most likely to be victims of abuse and/or neglect in Mariposa County are white children of either gender under five. The communities at greatest risk are Mariposa (town)/Bootjack/Cathey’s Valley area and the Coulterville area. The type of abuse and neglect is likely to be general neglect. The data report from CCWIP shows that 23 children entered foster care between April 1, 2016 to March 31, 2017. Of those 23, 14 are still in care. Of the nine children who exited to permanency within 12 months of entry, eight were reunited with their family and one exited to the permanency category “other.”

Of the 14 who are still in care, five are in a relative placement, four are in a County Resource Family home, four are in an FFA Resource Family and one is in a group home. Of the 14

still in care, one child is in the one to eleven months old group, three are in the one to two year age group, three are in the 3 to 5 year age group, four are in the six to ten year age group and three are in the sixteen to seventeen age group. Ten are in the white ethnic group, three in the Latino group, and one is in the Native American group. The ethnicity of the children still in foster care for twelve months or less reflects the demographic of the County. These children and any children who enter in the future are the identified population targeted by *Strategy 1: Resource Family Approval*. The linkage between the target goal, Permanency in 12 Months and Strategy 1 is the enhanced ability to place children close to home, preferably with relatives and to maintain the family connections. If reunification is not possible and adoption is the concurrent plan, time to adoption will decrease due to elimination of the duplication of effort in the current process.

**Action Step A: Evaluate effectiveness of QPI implementation and adjust program if indicated by evaluation outcomes. Implementation Date: October 2018 – October 2022 and on-going.**

The California Quality Parenting Initiative (QPI) website has an excellent description of the program. Developed by the Youth Law Center, QPI is an approach to strengthening foster care, refocusing on excellent parenting for all children in the child welfare system. It was launched in 2008 in Florida and, as of 2018, over 75 jurisdictions in 10 states (California, Florida, Illinois, Louisiana, Minnesota, Nevada, Ohio, Pennsylvania, Texas and Wisconsin) have adopted the QPI approach. QPI is based on five core principles:

- Excellent parenting is the most important service we can provide to children and youth in care. Children need families, not beds;
- Child development and trauma research indicates that children need constant, consistent, effective parenting to grow and reach their full potential;
- Each community must define excellent parenting for itself;
- Policy and practice must be changed to align with that definition; and
- Participants in the system are in the best position to recommend and implement that change.
QPI is an approach, a philosophy and a network of sites that share information and ideas about how to improve parenting as well as recruit and retain excellent families. It is an effort to rebrand foster care, not simply by changing a logo or an advertisement, but by changing the expectations of and support for caregivers. Mariposa County commits to fully supporting excellent parenting by putting the needs of the child first. The key elements of the approach are:

- Defining the expectations of caregivers,
- Clearly communicating expectations (the Brand Statement) to staff, caregivers and other stakeholders and
- Aligning system policy and practice with those expectations.

When QPI is successful, caregivers have a voice. They work as a team with agency staff to support children and youth. Caregivers receive the support and training they need to work with children and families, understand what is expected of them and know what to expect from the system. Systems are then able to select and retain enough excellent caregivers to meet the needs of each child for a home and family. When these changes are accomplished, outcomes for children, youth and families will improve.¹⁶

Mariposa County Resource Families’ focus group indicated interest and enthusiasm about increasing participation in planning for permanency for the children in their care, additional training and improving their parenting skills and techniques.

QPI is not limited to Resource Families and family/NREFM caregivers. The best way to achieve the goal of ensuring that children have effective, loving parenting is to enable the child’s own parents to care for him or her. The County will work to enhance and solidify relationships with biological parents. The table below displays the exits from out-of-home care (i.e., placement episodes that were terminated) for a specified year.¹⁷


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<tbody>
<tr>
<td>Reunified</td>
<td>10</td>
<td>19</td>
<td>3</td>
<td>2</td>
<td>11</td>
<td>45</td>
</tr>
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<td>.</td>
<td>.</td>
<td>7</td>
<td>8</td>
</tr>
<tr>
<td>Kin Gap</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>Other Guardianship</td>
<td>1</td>
<td>1</td>
<td>.</td>
<td>5</td>
<td>1</td>
<td>8</td>
</tr>
<tr>
<td>Aged Out/Emancipated</td>
<td>1</td>
<td>.</td>
<td>.</td>
<td>4</td>
<td>2</td>
<td>7</td>
</tr>
<tr>
<td>Other</td>
<td>.</td>
<td>.</td>
<td>.</td>
<td>1</td>
<td>.</td>
<td>1</td>
</tr>
<tr>
<td>Total</td>
<td>12</td>
<td>21</td>
<td>3</td>
<td>12</td>
<td>23</td>
<td>71</td>
</tr>
</tbody>
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Reunification far exceeds the any other exit type with 63% of the total. This ability to reunify families is a strength that the County brings to implementation if the QPI goal of improving the parenting skills of biological families. In contrast, no biological parents of children currently in foster care chose to attend the focus group during the CSA process, indicating a disconnect that the County will need to consider as work on the QPI initiative progresses.

Although QPI does not appear on the California Evidence-Based Clearinghouse for Child Welfare (CEBC),\(^\text{18}\) it has produced results including major successes in systems change and improved relationships. Sites have also reported measurable improvement in outcomes such as

- Reduced unplanned placement changes;
- Reduced use of congregate care;
- Reduced numbers of sibling separation; and
- More successful improvements in reunification.

Additionally, the Quality Parenting Initiative is currently being implemented in 23 counties in California, throughout Nevada and Florida and in jurisdictions in Louisiana, Ohio, Pennsylvania, Texas and Wisconsin. QPI is supported by the Annie E. Casey Foundation, the David B. Gold Foundation, Eckerd Family Foundation, the May and Stanley Smith Charitable Trust, the Stuart Foundation, the Walter S. Johnson Foundation, the CDSS and numerous other state and local agencies throughout the country.\(^{19}\)

Strategy 1 assumes that the Action Steps proposed will take time to implement and additional time to affect outcomes. For that reason, the County does not anticipate any significant change in outcome data until year three of the cycle. The committee responsible for implementation will monitor the application of QPI practices. CWS and Probation management will monitor the quarterly data reports and the County will work closely with the Resource Family Liaison to ensure that the County’s decisions and actions are true to the principles of QPI. In addition to the County’s moral and ethical obligation to provide the best possible conditions for the children in its care, the QPI supports the target goal in a subtle way. While reaching permanency quickly is an appropriate goal, it does not stand alone. Maintaining permanency is equally important. If children are returned to their families stressed and acting out due to their experience in foster care, the parents, perhaps uncertain or doubtful about their parenting skills, may abandon the effort.

**Action Step B: Dedicate a Social Worker to provide more extensive family finding beyond the 30-day notification. October 2019 – October 2022 and on-going.**

The importance of maintaining ties for foster children to their family of origin was highlighted in the *Final Report of the California Blue Ribbon Commission on Children in Foster Care: Ensuring Every Child a Safe, Secure and Permanent Home* (May 2008). The first recommendation of the Commission was:

> “Child welfare agencies engage family members as early as possible in each case and that the Judicial Council work with state and federal leaders to develop

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greater flexibility in approving placements with relatives when removal from the home is necessary.”

Action Steps (for the Blue-Ribbon Commission):

Key stakeholders, including the Judicial Council, are working to support appropriate legislation to opt into new federal benefits to support kinship placements available in the 2008 federal Fostering Connections for Success and Increasing Adoptions Act (Public Law 110-351).

- Local and statewide child welfare agencies will develop and improve internal protocols for finding, engaging and supporting family relationships.
- Local foster care commissions will support the expansion of family finding in their counties by developing information-sharing protocols among public and private agencies.  

In the same year Federal Law P.L. 110-351: Fostering Connections to Success and Increasing Adoptions Act of 2008 (FCA) was signed into law. FCA amended parts B and E of title IV of the Social Security Act to connect and support relative caregivers, improve outcomes for children in foster care, provide for Tribal foster care and adoption access, improve incentives for adoption and for other purposes.  

National Court Appointed Special Advocates (National CASA) advocated for the passage of the law and define the goals and major provisions of the law as:

- Promote Permanent Placement with Relatives. Grandparents and other relatives who are willing to become legal guardians for their relative children may be eligible to receive federal assistance, at a rate like that provided for Resource Families. This will result in more permanent, loving homes for children whose care on a permanent basis would otherwise have been a financial hardship for their family members.
- Maintain Connections with Siblings and Family. If it is in the child’s best interest, states must make reasonable efforts to keep sibling groups together in foster, family or adoptive placements. A new Family Connection grants program is established, providing funding

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for programs that provide information and resources to kinship families, intensive family-finding efforts, family group decision-making and family substance abuse services.

- Increase the Number of Adoptions for Waiting Children. An estimated 127,000 children are waiting for adoptive families. The legislation provides incentive payments to states for every child that is adopted above the baseline of 2007 adoption numbers.

- Improve Outcomes and Transition for Older Youth. Research demonstrates that outcomes for youth who remain in care to age 21 are significantly improved over youth who leave the system at age 18. Beginning October 1, 2010, federal funding becomes available to reimburse states that choose to support foster youth beyond the age of 18, provided that the youth is involved in school, vocational training or employed at least 80 hours per month.\(^{22}\)

- Improve Outcomes for American Indian/Alaska Native Children. Federal foster care assistance has not been available to support foster care services for children on tribal lands, unless the tribe had a special agreement with the state. Now federally recognized tribes can directly access federal funding to support children in care on tribal lands, as well as a proportionate amount of Chafee Foster Care Independence Program funds.

- Improve Competencies of Individuals Working with Children Involved in the Child Welfare System. Federal funding will be extended to states to support training of court personnel, attorneys, guardians’ ad litem and CASA.

- Improve Education Stability and Coordination of Medical Needs. The child welfare agencies should ensure that a child remains in the same school at the time of his/her placement in foster care, if it is in the child’s best interest. States must also develop a plan for ongoing oversight and coordination of health care services for every child in foster care, in collaboration with pediatricians and other experts.

The CEBC describes the *Family Finding* program developed by the Seneca Center. In the Permanency Enhancement Interventions area, it was rated NR (Not Able to Rate) in the Scientific

\[^{22}\text{Court Appointed Special Advocates for Children.}\
\text{http://www.casaforchildren.org/site/c.mtUSJ7MPisE/b.5553303/k.5EAD/Fostering_Connections_to_Success_Act.htm}\
\text{Retrieved July 12, 2018.}\]
Rating Category and High in child welfare relevance. An NR rating means that the program lacks published, peer-reviewed research that meets the CEBC criteria for scientific rating. It does not address the efficacy of the program.

The essential elements of the *Family Finding (FF)* model include:

- **Urgency:** *FF* views meaningful, supportive, permanent relationships with loving adults to be an essential need that is closely tied to youth safety. *FF* asks practitioners to urgently pursue these relationships for lonely youth by assertively engaging family and strongly challenging the structural barriers to developing or strengthening these relationships.
- **Expanded definition of permanency:** Although physical legal permanence is an explicit outcome for most cases *FF* defines permanency as a state of permanent belonging, which includes knowledge of personal history and identity, as well as a range of involved and supportive adults rather than just one legal resource.
- **Effective relative search:** *FF* employs a variety of effective and immediate techniques to identify no fewer than 40 relatives or other meaningful connections for each youth.
- **Family-driven processes:** *FF* recognizes that families are disempowered by the placement of relative children outside of the family system and it seeks to remediate that harm through identifying the strengths and assets of each family member and facilitating processes through which families can effectively support their relative children.
- **Development of multiple plans:** The *FF* process will result in not just one plan for legal permanency, but multiple plans that are each able to meet the needs of disconnected youth. No fewer than three plans, per identified need, are developed and evaluated by family members to ensure that they are realistic, sustainable and safe.
- **Well-defined and tactical procedures:** *FF* is organized into a preliminary process and six well-defined steps, each with a variety of tasks and activities that flow into one another.

While it is a strongly values-based model, it also has clear and definable goals and activities that are easily tracked with a fidelity tool. The six steps include:

- Discovery
- Engagement
• Planning
• Decision Making
• Evaluation
• Follow-up on Supports

While family finding may not have been tested in scientific research, it has a history of promising outcomes in the field. The family finding method began out of a program established in Washington state in 2000. As news of the program’s success spread, so did the number of states starting to implement their own family finding programs.

The California Permanency Youth Project (CPYP) worked with 750 youth over seven years and found permanent connections for over 70 percent of the youth in the project. 18 percent achieved legal permanence (legal guardianship, adoption, or reunification) and 16 percent were pursuing legal permanence at project’s end. In San Bernardino County, 75 percent of the CPYP youth had an established permanent connection by the end of the pilot, compared to only four percent of the non-CPYP youth. CPYP attributes this to the training the CPYP group received in both family finding and engagement and grief and loss training. Of the youth served by the Orange County CASA Family Finding project, 99 percent of youth learned more about their family and heritage, 97 percent increased family contact and 89 percent have life-long connections. Approximately 10 percent of the youth served achieve legal status (adoption or legal guardianship) with their permanent connections.

Florida’s Kids Central served 164 children. Thirty-four percent developed enduring connections and 23 percent achieved permanency because of family finding, for a total of 57 percent of their children had permanent connections. The Children’s Home Society of North Carolina was only able to find an average of nine family members known for each child. After implementing family findings staff were able to find an average of 53 family members for each child. At the end of family finding services, each child typically had eight family members committed to maintaining ongoing relationships and two family members stated a desire to be considered a permanency resource. Four Oaks Family and Children’s Services of Iowa did a family

findings pilot study to find new or expanded connections for 31 children in foster care. At the end of the study, 29 of those children had a new connection, a 97% success rate. In 2009 the Foster and Adoptive Care Coalition of Missouri had 56 cases. Ninety percent connected with a relative and 70 percent were matched with adoptive parents. Most, but not all, of the adoptive parents were relatives.²⁴

As with Action Step A, Strategy 1 assumes that Action Step B will take time to implement and additional time to affect outcomes. For that reason, the County does not anticipate any significant change in outcome data until year three of the cycle. The committee responsible for implementation will develop a work plan to implement the steps. The committee will monitor the implementation of family finding. The committee has many important considerations including whether to dedicate a full-time employee to family finding or contract for services, what model to use and what is reasonable to expect in terms of finding connections and the number of connections that become permanent. Multiple resources are available for consultation and support including Seneca Center,²⁵ Center for Social Work Education, University of California Berkeley and CDSS, Continuing Education Services. The committee, consisting of the Deputy Director of Social Services, the CWS Supervisor, the RFA Supervisor and the Supervising Deputy Probation will monitor and evaluate the implementation of Action Step B and will set goals and benchmarks to evaluate the success. Action Step B is fundamental to success in improving performance on the target measure. The most likely candidates for becoming RFAs are concerned and caring relatives and NREFMs. It is the County’s responsibility to locate them and offer them the opportunity to participate in achieving permanency for their family member.


Every child that comes to the attention of Probation or CWS is different and unique. The one characteristic that they all share is experiencing trauma. Something happened in each child’s life that caused that child to be removed from his or her home. For some children, the act of being removed itself is traumatic. The National Child Traumatic Stress Network (NCTSN) defines a

traumatic event as one that is a frightening, dangerous, or violent event that poses a threat to a child’s life or bodily integrity. Witnessing a traumatic event that threatens life or physical security of a loved one can also be traumatic. This is particularly important for young children as their sense of safety depends on the perceived safety of their attachment figures. Experiences that might be traumatic include:

- Physical, sexual, or psychological abuse and neglect (including trafficking)
- Natural and technological disasters or terrorism
- Family or community violence
- Sudden or violent loss of a loved one
- Substance use disorder (personal or familial)
- Refugee and war experiences (including torture)
- Serious accidents or life-threatening illness
- Military family-related stressors (e.g., deployment, parental loss or injury)

Trauma can be a result of actions that did not directly impact the child. Being a witness to trauma can have the same impact as experiencing it directly. This phenomenon can affect professional staff and caregivers. Historical trauma is another form that has special interest in the County. Historical trauma comes about when a group of people have experienced discrimination, exploitation, forced loss of culture and homelands. Trauma is highly prevalent in the American Indian community. It is associated with PTSD, affective/anxiety disorders and substance dependence. Additionally, trauma, PTSD and substance dependence appear to all co-emerge in early adulthood in this high-risk population. Mariposa County does not have a federally recognized tribe, but many Native American families live in the County.

The Administration for Children and Families, says this about the long-term effects of trauma on children:

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“The experience of trauma, especially when it is prolonged, can disrupt executive functioning skills. Children who have experienced prolonged or pronounced stress and adversity, including poverty and trauma experiences, may struggle more than other children do to regulate their thoughts, feelings and behaviors. Severe childhood stress appears to have lasting effects, with executive function or self-regulation related difficulties seen into adulthood. In addition, adolescents who report having experienced trauma, such as maltreatment or exposure to a parent’s intimate partner violence, have been found to be less effective than their peers at controlling their attention, regulating their emotions and planning. Adults whose overall functioning has been compromised by adversity and continued stress are less likely to engage in intentional self-regulation and have difficulty with problem solving and impulse control.”

The NCTSN defines a trauma informed service system as one in which all parties involved recognize and respond to the impact of traumatic stress on those who have contact with the system including children, caregivers and service providers. Programs and agencies within such a system infuse and sustain trauma awareness, knowledge and skills into their organizational cultures, practices and policies. They act in collaboration with all those who are involved with the child, using the best available science, to maximize physical and psychological safety, facilitate the recovery of the child and family and support their ability to thrive.

A service system with a trauma-informed perspective is one in which agencies, programs and service providers:

- Routinely screen for trauma exposure and related symptoms.
- Use evidence-based, culturally responsive assessment and treatment for traumatic stress and associated mental health symptoms.
- Make resources available to children, families and providers on trauma exposure, its impact and treatment.

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• Engage in efforts to strengthen the resilience and protective factors of children and families impacted by and vulnerable to trauma.
• Address parent and caregiver trauma and its impact on the family system.
• Emphasize continuity of care and collaboration across child-service systems.
• Maintain an environment of care for staff that addresses, minimizes and treats secondary traumatic stress and that increases staff wellness.

These activities are rooted in an understanding that trauma-informed agencies, programs and service providers:
• Build meaningful partnerships that create mutuality among children, families, caregivers and professionals at an individual and organizational level.
• Address the intersections of trauma with culture, history, race, gender, location and language, acknowledge the compounding impact of structural inequity and are responsive to the unique needs of diverse communities.29

To provide trauma-informed care to children, youth and families involved with child welfare, professionals must understand the impact of trauma on child development and learn how to effectively minimize its effects without causing additional trauma. To be effective, trauma informed practice must be system wide.30 For that reason, Mariposa County chose to include training for resource families, biological parents, legal guardians and staff.

Trauma informed care is not intended to be a fast process, but it supports the target measure by elevating the quality of interaction between RFA families, their foster children, the birth family and the social worker and other people involved in the child’s life. Resource Families expressed a desire to have training in trauma informed practice. The Service Provider focus group believed that addressing trauma that the child has experienced would help the child achieve permanency. The CASA group asked for training on Post-Traumatic Stress Disorder specifically.

Implementing Action Step C will require close coordination with community partners including CASA, Mariposa Safe Families, Mountain Crisis Center and the public entities such as the Sheriff’s office and Behavioral Health and Recovery Services. Fortunately, relationships with these entities and others are already in place and representatives of these partners participated in development of the Action Steps. The committee responsible for the implementation of Action Step C consists of representatives of CASA, Columbia College, the RFA Team and the QPI Team. The first order of business will be to make a recommendation on whether to devote a full-time employee to training or contract for training. The final decision will be made by the Deputy Director and the Director of HHSA. The next step will be to find a training program that reflects the cultural values of the community. The National Center for Trauma Informed Care (NCTIC) offers on-line training, as do many states and nonprofit agencies. The committee will also be responsible for monitoring and evaluating the implementation, starting with determining the criteria by which they will evaluate success. The Social Services Deputy Director and the Analyst will monitor the Quarterly Data Reports for changes in the outcomes.

**Action Step D: Establish and contract for a Foster Youth Partner Position to be part of RFA Team and be a foster youth representative on other CWS initiatives. January 2019 – October 2019 and on-going.**

The importance of consumer feedback has become universal in business. Social service agencies have been slower than the commercial world to actively seek and respond to the opinions and ideas of the recipients of their service. The Child Welfare Information Gateway says this about listening to the voices of youth: “In order to understand how youth in foster care think and perceive their surroundings, it is necessary for professionals to listen to input and recommendations from current and former youth in foster care. Youth offer a unique, inimitable first-hand perspective on all facets of foster care.”

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Numerous examples exist of Youth Advisory Boards (YABs) in California and across the country. Santa Clara County has a YAB that consists of both former and current Santa Clara County foster and probation youth up to 25 years of age. DFCS staff and/or community members serve as adult supporters. The mission statement is “The members of the Santa Clara County Department of Family and Children’s Services Youth Advisory Board are committed to minimizing the struggle endured by current and former foster and probation youth. “Our goal is to provide an equal opportunity for growth, success and achievement for current and former dependent youth which will better equip them to age into their future” 32

City of Pacifica Parks, Beaches, and Recreation Department has a YAB made up of volunteer high school students. The mission statement is: “To act as a liaison to the Parks, Beaches and Recreation Commission within the youth and teen population especially related to incorporated programs and duties of the city. Serves as a tool to familiarize youth with the city government, assists in minimizing or resolving community problems relating to youth, gives advice and assistance on matters concerning the needs of youth, and serves as the formal voice of the youth.” 33

The City of Covina has a Youth Accountability Board that consists of six members who must be dedicated to enriching the community through intervention into the behavior and activities of first-time juvenile offenders who have committed a minor offense.34

The California Evidence Based Clearing House has no programs that address having a youth in an advisory role. However, the prevalence of YABs in many and varied settings is a commentary on their effectiveness and utility. In the Independent Living Program (ILP) focus group the youth talked about being heard and having a voice. In the context of the focus group, the references were personal. Comments like “my social worker doesn’t return my calls” or “hire more staff so they have more time to spend with us” are expressing a desire to be heard. Having a voice in decisions involving their own future (micro level) is extremely important, being part of a decision-making team (macro level) is entirely different. Representing one’s peers is an honor.

and an opportunity to develop new skills. The youth who participates as a Foster Youth Representative on the RFA will be in position to provide value to CWS and Probation and personally benefit from the experience.

Action Step D is assigned to the Deputy Director of Social Services, the Supervising Deputy Probation Officer and CASA. They are charged with developing the criteria for selection of one or more youth and providing training and mentorship so that the youth has a positive experience and the opportunity to contribute. That same group are responsible for evaluation of effectiveness for both the agencies and the youth. As of April 1, 2018, Mariposa County has four youth in the 16-17 age group and four in the 18 – 21 age group. Probation has none.

Action Step D is directly linked to Strategy 1. By providing the youth’s perspective to decision makers, the probability of better practice and more effective programming increases, ultimately leading to an earlier exit to permanency. CWS and Probation anticipate that a foster youth partner can support the RFA Team by sharing his or her experience in foster care with staff, volunteers and Resource Families, meeting with potential Resource families to discuss both the challenges and rewards, and interacting with other foster youth, especially those who are newly entered.

**Action Step E: Provide supportive services such as transportation, respite care and support groups to Resource Families. October 2018 – September 2023 and on-going.**

In the Care Providers focus group the question was asked, “What training or support would assist you?” The responses were:

- Help with issues related to when children return from visits
- Care providers (especially new ones) need to know what to expect
- More trauma training
- More support groups
- Discipline
- How to create a tranquil environment and understand family dynamics

When asked, “What is it like in Mariposa County? What is different than other counties you work with?” The responses were:
● This is the best County to work with as both the agency and community supports are in place to help
● Mariposa County will even help with children placed in our homes who are from other counties
● Outreach occurs here
● Out of county children are included in local ILP classes
● keeps in contact Social worker here
● Mariposa and Madera Counties were both very helpful
● Community partners, CASA keep abreast of new ideas and initiatives
● Social Workers have smaller caseloads and can pay attention to every case
● (Sierra) Quest helps a lot and is responsive
● These Nourish meetings!!! It is very nice that it includes food and child care

Earlier feedback on the Nourish meetings had similar responses. The care providers spoke to the value of support groups and a chance to be together with peers. Nourish is provided by CASA and funded with PSSF money. Although the Caregivers group did not mention transportation, it is a county-wide problem. As with any family, the transportation issue becomes more challenging when children reach the tween and teen years and are involved in multiple activities but are not old enough to drive.

Respite care can be especially important for a caregiver whose child has a long-term illness or disability. It is generally used for care givers of elderly people. Resource Families face some of the same issues as those who care for the elderly. Respite is a service that provides a temporary break between the caregiver(s) and dependents. Respite care is most effective when it occurs before the caregiver(s) become exhausted, isolated or over whelmed. In a national study of nearly 900 caregivers for the elderly, having respite time was their most desired and needed service.35

Decades of research and evaluation of programs funded and administered by the Children’s Bureau, U.S. Department of Health and Human Services (HHS), found that respite care

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helps foster, adoptive and kinship families safely care for children with special needs. A controlled, longitudinal study of children with emotional behavioral disorder (EBD) demonstrated significant benefits from respite care. The families caring for a child with EBD who received respite had better outcomes than comparison families, including fewer out-of-home placements and reductions in caregiving stress.36

The CSA documented an estimated 186 families living in the County with grandparents caring for children. As CWS implements family finding and increases the number of relative caregivers, the number of grandparents taking care of grandchildren may increase. If that occurs, grandparent caregivers may be most in need of respite care.

Providing supports to Resource Families has the potential to increase the total number in the County. Action Step E supports Strategy 1 by reducing the personal burden of Resource Families and enlarging the pool of Potential Resource Families. The RFA Team, CASA (Nourish Program) and QPI Team are responsible for the implementation and evaluation of this Action Step.

**Action Step F. Identify specialized Resource Families for the following needs: teens, North County, kinship homes and all children in care with mental health or behavioral problems due to childhood trauma. March 2019 – September 2023.**

When people consider becoming Resource Families, many think first of babies or toddlers or perhaps preschoolers. The thought of fostering a teenager may be daunting. Fostering teens may have some logistical advantages for families. Teens are in school for much of the day which makes it possible for working adults. Older people interested in fostering or adopting may be interested in an older youth. For the right foster parent(s), a teen might be a good, if overlooked, choice. “Peebles,” a survivor of long-term abuse and a former foster child, offers ten reasons to foster a teen from the perspective of her experience. Her reasons speak to the real, not just the pragmatic reasons for fostering a teen. The potential foster parent may:

- Be the only family they have

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• Make being in foster care easier
• Show them what a real home is like
• Teach them how not to run when they get scared
• Show them what is important in life
• Be the only person they will ever be able to trust
• Be able to talk them into listening to the counselor
• Make sure she doesn’t walk down the aisle alone
• Be their last stop in foster care
• Show them that they are loved

Mariposa CWS had the following numbers of teens in care over the last five years:

<table>
<thead>
<tr>
<th></th>
<th>July 1, 2013</th>
<th>July 1, 2014</th>
<th>July 1, 2015</th>
<th>July 1, 2016</th>
<th>July 1, 2017</th>
</tr>
</thead>
<tbody>
<tr>
<td>11 - 17</td>
<td>14</td>
<td>10</td>
<td>7</td>
<td>9</td>
<td>6</td>
</tr>
<tr>
<td>18 – 21</td>
<td>4</td>
<td>6</td>
<td>6</td>
<td>5</td>
<td>3</td>
</tr>
<tr>
<td>Total</td>
<td>18</td>
<td>16</td>
<td>13</td>
<td>14</td>
<td>9</td>
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Although the number of teens is not large, the number of homes needed for teens is large in relation to the number of potential Resource Families. CASA and the youth representative may be helpful in recruiting Resource Families for teens.

The need for more Resource Families in North County is part of the larger issue of the general lack of service access in that area. The CSA documented that North County produces a disproportionate share of allegations. To keep children close to home, facilitate family visits and avoid changing school, North County needs more Resource Families.

The numbers of children who are on psychotropic or antipsychotic medications could provide an indication of the children who have mental health or behavioral problems. The

37 We Have Kids. [https://wehavekids.com/adoption-fostering/Life-as-a-Teen-Foster-Child](https://wehavekids.com/adoption-fostering/Life-as-a-Teen-Foster-Child). Retrieved July 25, 2018

number with an Individual Education Plan is also an indicator. CCWIP reports 5A (1&2), 5C, 5D, 5F and 5H that provide the number of children in care who are on psychotropic or antipsychotic medications. These reports do not provide numbers for Mariposa County. Values of 10 or fewer and calculations based on values of 10 or fewer are masked).

Percentages are provided by regions. The most recent data report is Q4_17, January 1, 2017 to December 31, 2017.

<table>
<thead>
<tr>
<th>Region</th>
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<tbody>
<tr>
<td>Central</td>
</tr>
<tr>
<td></td>
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<tr>
<td>Alameda, Alpine, Contra Costa, Fresno, Inyo, Kings, Madera, Marin, Mariposa, Mendocino, Merced, Mono, Monterey, Napa, San Benito, San Francisco, San Mateo, Santa Clara, Santa Cruz, Sonoma, Stanislaus, Tulare</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>5A.1 Psychotropic Medications</th>
<th>12.8%</th>
</tr>
</thead>
<tbody>
<tr>
<td>5A.2 Antipsychotic Medications</td>
<td>3.7%</td>
</tr>
<tr>
<td>5C Multiple Concurrent Psychotropic Medications</td>
<td>51.6% (of those on at least 1)</td>
</tr>
<tr>
<td>5D Ongoing Metabolic Monitoring</td>
<td>57.7% (of those on at least 2 anti-psychotics)</td>
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</table>

The report on the number of children with an Individual Education Plan (IED) is available for the County.

<table>
<thead>
<tr>
<th>Interval: January to March</th>
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<tbody>
<tr>
<td>2014</td>
</tr>
<tr>
<td>------</td>
</tr>
<tr>
<td>Ever had IEP</td>
</tr>
</tbody>
</table>

There is a need in the county for specialized Resource Families to meet the specific needs of children. With the implementation of Continuum of Care Reform (CCR), foster care in the County will need to be modified to meet new standards and regulations. The County needs Intensive Services Foster Care as an alternative to congregate care placements. An additional change brought about by CCR is a new service called Therapeutic Family Care. In the Peer Review one of the issues that was identified as a barrier to permanency was out-of-county placements. Mariposa County needs a full array of services to keep children in their local communities.

CWS and Probation anticipate that multiple outreach efforts will be required to develop a sufficient number of specialized Resource Families. Outreach to existing Resource Families to identify those who are interested in specialization will be the first step. Other measures can
include networking with other organizations in the Mariposa Abuse Prevention Coalition and using public and social media to communicate the need.

The Deputy Director of Social Services, Sierra Quest FFA, the Deputy Director of BHRS and CASA are responsible for implementation of this action step and the evaluation of its impact.

**Strategy 2: Improve Presence in north side of County**

The need for additional services and supports in the northern part of the County is well known to CWS and Probation. When asked the question “How can Mariposa County Health and Human Services Agency better support this process (achieving permanency)?” the responses from the North County focus group were:

- More publicity about the whereabouts of the North County
- More availability of the social workers
- Community knowledge of services available
- More interagency collaboration/knowledge of each other’s programs. Perhaps have staff training across disciplines
- Housing
- Services/counseling for child when reunification does not work

Other comments included:

- Lack of local services due to the size, structure of the county.
- Communication is lacking and the community in general does not understand why or why not the county is responding/taking action

The comments from the focus group indicate that North County is underserved. The focus group acknowledged that the topography of the county is a factor. Traveling within the County can be unpredictable. Roads can close due to snow, floods, fire and rockslides. For example, the direct road between Coulterville and Mariposa was closed in the summer of 2018. An alternate route was opened, but the driving time is one hour and eleven minutes. Considering the comments of the focus group and acknowledging that lack of services in North County is a long-term issue, Strategy 2 was developed.
Action Step A: Explore options to increase office space so a Social Worker, Therapist and Probation Officer can plan to provide services on a regular schedule to north county community. January 2019 – ongoing.

To be effective a CWS Social Worker, therapist or Probation Officer needs to understand the community and be accessible. Even if it is not feasible or cost effective to have a full-time employee in North County, a regular schedule and an office location will raise the profile of the agency and give residents access. A suggestion that came from the Peer Review was to consider putting a social worker in a school. This step supports achievement of the 3-P1 goal by reaching out to County residents who might not be aware of the services and opportunities that are available. This action also speaks to the comment from the focus group about better coordination among agencies.

The Deputy Director of Social Services, Supervising Deputy Probation Officer and Deputy Director of BHRS are responsible for implementation of this Action Step.

Action Step B: Continue to improve collaboration with North County connections, including exploring best media options available. January 2019 – January 2020 and ongoing.

Use of media is commonplace and has been embraced by the provider community, service recipients and practitioners. Medicare will pay for telemedicine, a general term that encompasses any medical activity involving an element of distance, according to the U.S. National Library of Medicine. Telemedicine includes “virtual” doctor-patient visits and physician consultations with other specialist physicians to assist in diagnosis and treatment. Telemedicine (also referred to as “e-health,” “online health,” or “telehealth”) allows health care professionals to evaluate, diagnose and treat patients in remote locations using telecommunications technology. The American Psychological Association (APA) posted an article in 2002 with the headline “Study shows telephone counseling can be effective.”


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Practice of Telepsychology.\textsuperscript{40} National Association of Social Workers (NASW) published a list of technology regulations related to social work practice by jurisdiction.\textsuperscript{41} California was a leader in adopting telemedicine in 1996 when the Telemedicine Development Act was passed.\textsuperscript{42} With the endorsement of NASW, APA and the State of California, CWS and Probation staff have many options for communication with families and children. As in the face-to-face setting, the practitioner must be appropriately trained and qualified.

Outreach to the North County community leadership, partners and Resource Families can be done with any of a variety of business platforms. The Deputy Director of Social Services, the Supervising Deputy Probation Officer and CAPC/FRC are responsible for the implementation and evaluation of Action Step B.

Transportation was mentioned 11 times in the focus groups as a barrier to permanency and is a barrier for residents of the north side of the County. The Peer Review also saw the lack of transportation as creating a burden for families, both Resource Families and biological families. Lack of transportation inhibits job search, creates difficulty keeping appointments for children and adults and can influence where a family can live. Lack of transportation can lengthen the time a child stays in care if parents are unable to keep counseling appointments, attend parenting classes or participate in a visit. Placing and office in the north side of the county can solve some of the transportation issues for families.

Deputy Director of Social Services, Supervising Deputy Probation Officer and Deputy Director of BHRS are responsible for implementation and evaluation of this Action Step.

\textit{Strategy 3: Services to Biological Parents/Legal Guardians.}

Strategy 3 addresses both the target measure and an identified systemic factor, Service Array and Resource Development. In both the focus groups and the peer review there was remarkably little conversation about internal systemic factors such as staffing or technology, or

\textsuperscript{40} American Psychological Association. \url{http://www.apa.org/monitor/apr02/studyshows.aspx} Retrieved July 26, 2018
\textsuperscript{41} National Association of Social Workers. \url{https://www.socialworkers.org/LinkClick.aspx?fileticket=dTgDrvgXOic%3d&portalid=0} Retrieved July 26, 2018.
\textsuperscript{42} Center for Connected Health Policy. \url{http://www.cchpca.org/california-telehealth-policy} Retrieved July 26, 2018
caseload size. In fact, there were comments around small caseloads as a positive. The Independent Living Program (ILP) focus group said they would like to see their social worker more often than they currently do and the North County group said that the staff need to be cross trained on one another’s service. Other than those comments, the comments about the internal systemic factors of both agencies were positive.

The Caregiver focus group had praise for the social workers and those who foster for other counties expressed their feeling that Mariposa is the “best.” The feedback received in the focus groups, Peer Review and SIP meetings indicated that the systemic need for services for parents and other caregivers. In response the Planning Team decided to focus on Service Array and Resource Development.

The lack of attendance at the (biological) Parents focus group and the frequent comments in the feedback regarding lack of father participation pointed to the need for programming addressed to biological fathers and mothers. The most common substantiation type is neglect. Over the last five years it has never been below 50% of the total and has been as high as 86%, suggesting a lack of good parenting skills. Supporting biological mothers and fathers goes straight to the goal of shortening the time in care.

As noted in CSA, Mariposa county has a housing shortage, high unemployment ratee, inadequate transportation within the County. CWS and Probation cannot address these problems directly, but it may be possible to ameliorate the impacts on children with the work planned for this strategy.

**Action Step A: Explore and establish a support group for biological parents. September 2019 - 2020 and ongoing.**

Support groups have become common in contemporary life. They bring together people who are going through or have gone through similar experiences. For example, the common ground might be cancer, chronic medical conditions, addiction, bereavement or caregiving. A support group provides an opportunity for people to share personal experiences and feelings, coping strategies, or firsthand information. Formats of support groups vary, including face-to-face meetings, teleconferences or online communities. A lay person — someone who shares or has shared the group's common experience — often leads a support group, but a group also may
be led by a professional facilitator, such as a nurse, social worker or psychologist. Some support groups may offer educational opportunities, such as a guest doctor, psychologist, nurse or social worker to talk about a topic related to the group's needs. Support groups should not be confused with group therapy sessions. Group therapy is a specific type of mental health treatment under the guidance of a licensed mental health care provider.  

Alcoholics Anonymous and its spin-offs, Al-Anon, Narcotics Anonymous and others are participant led. Thousands of people who attend would seem to validate the efficacy, but the question of self-selection bias (those who attend recover at a higher rate than those who do not because they are motivated to attend, not because of a treatment effect of the program itself). Three researchers at the Veteran’s Administration (VA) Palo Alto Health Care System conducted a meta-analysis of five data sets from National Institutes of Health funded randomized studies. The conclusion was that increasing AA attendance leads to short- and long-term decreases in alcohol consumption that cannot be attributed to self-selection. Although this study's conclusion is not generalizable, it contributes to the confidence people have in the value of support groups as agents of individual change.

Parents Anonymous conducted a study based on interviews of new participants in Parents Anonymous after one, three and six months of attendance. Parents who attended group continuously for the six months showed statistically significant improvement on 7 of 16 measures: (1) parenting distress, (2) parenting rigidity, (3) psychological aggression toward children, (4) life stress, (5) intimate partner violence, (6) alcohol use and (7) drug use. In contrast, those who stopped attending meetings after the first interview indicated significant change on just one measure, decreased life stress.

The California Evidence Based Clearing House rates Parents Anonymous as three in scientific rating (promising research evidence) and a child welfare relevance one 1 (high). Parents

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Anonymous provides the following description of the program. *Parents Anonymous*® is designed to be both a prevention and treatment program that strengthens families at risk of becoming (or already are) involved in the child welfare system, have behavioral health challenges, or face other family problems. Services offered include weekly support groups, in-home parent training, helpline services and other supportive ongoing functions. The *Parents Anonymous*® program aims to mitigate the impact of (and prevent) Adverse Childhood Experiences (ACEs) for parents/caregivers and their children and youth. *Parents Anonymous*® groups for parents/caregivers are facilitated by a trained Group Facilitator and a Parent Group Leader.

This program is designed to be culturally responsive and empowering. It is open to any parent or caregiver in a parenting role seeking support and positive parenting strategies regardless of the age or special challenges of their children or youth including severe emotional concerns. While parents/caregivers are meeting, their infants, children and older youth participate in *Parents Anonymous*® Children and Youth Programs. These programs are designed to build self-esteem, improve health and emotional well-being, change behavior, achieve permanency and strengthen family and peer relationships based on the child’s/youth’s developmental stage. *Parents Anonymous*® staff and parent leaders (with lived experiences) provide Parent Partner Services such as advocacy; In-Home Parenting; Supportive Services such as linkages to community resources; and the National Parent Helpline® for emotional support. Through meaningful Shared Leadership®, parent leaders strive to realize better outcomes for families and communities by creating or introducing policy reform, systems change and the expansion of evidence-based programs.  

The support group for caregivers was given high marks in the focus group, which is another motivation to extend the practice to parents and guardians.

Support groups have benefits and possible risks. Potential benefits may include:

- Feeling less lonely, isolated or judged
- Reducing distress, depression, anxiety or fatigue
- Talking openly and honestly about your feelings
- Improving skills to cope with challenge

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• Staying motivated to stick plans
• Gaining a sense of empowerment, control or hope
• Improving understanding one’s own experience
• Getting practical feedback about treatment options
• Learning about health, economic or social resources

Possible risks may include:
• Disruptive group members
• Conversation dominated by complaining
• Lack of confidentiality
• Emotional entanglement, group tension or interpersonal conflicts
• Inappropriate or unsound advice
• Competitive comparisons of whose condition or experience is worse

The potential risks suggest that a trained facilitator model may be better than a member-led group.

The Deputy Director of Social Services, the Supervising Deputy Probation Officer and a local non-profit agency are responsible for the planning, implementation and evaluation of the support group. They will select a model and a leader, determine who will maintain the administrative records and who will design the evaluation. The focus group model lends itself to process measures (how many groups, how many people), participant feedback (satisfaction surveys) and to outcome measures (how many participants are repeat offenders, and how many have a life change (better job, return to school, find an appropriate and supporting partner).

This Action Step is closely linked to the target measure. If the family improves parenting and relational skills to a level that will allow the child(ren) to return to a safe and nurturing home, the goal of permanency will be reached. Action Step A also addresses the systemic factor of Service Array and Resource Development.


The Peer Review identified lack of communication with the biological father and difficulty engaging fathers as challenges. The CSA demographic section showed that between the 2010 Census and the 2016 American Community Survey the number of single men with children increased from 155 to 233 and the number of single women with children decreased from 295 to 261. While there is no indication that single men with children are likely to abuse, these is potential for their participation in a fatherhood program and connecting with other single fathers with children.

The CEBC lists the following three programs for fathers with either a high or medium child welfare relevance.

Caring Dads: Helping Fathers Value Their Children

The target populations for this program are fathers (including biological, step and common-law) who have physically abused, emotionally abused, or neglected their children; exposed their children to domestic violence; or who are deemed to be at high-risk for these behaviors.

The Caring Dads program combines elements of parenting, fathering and child protection practice to address the needs of maltreating fathers. Program principles emphasize the need to do the following:

- Enhance men’s motivation
- Promote child-centered fathering
- Address men’s ability to engage in respectful, non-abusive co-parenting with children’s mothers
- Recognize that children’s experience of trauma will impact the rate of possible change
- Work collaboratively with other service providers to ensure that children benefit (and are not unintentionally harmed) because of father’s participation in intervention.

Scientific Rating NR, Child Welfare Relevance High

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48 United States Census. [https://factfinder.census.gov](https://factfinder.census.gov) Retrieved February 12, 2018
The FATHER (Fostering Actions to Help Earnings and Responsibility) Project aims to empower fathers to overcome the barriers that prevent them from supporting their children economically and emotionally. It is designed to be a “one-stop shop,” connecting low-income fathers with all the services they need in one location. The FATHER Project has developed a model for bringing together parenting education, child support, GED education, employment services, legal services and early childhood education under one roof. In addition to fathers, mothers and children also actively participate in FATHER Project services. The model has been used with diverse populations, leveraging the expertise of culturally specific organizations in implementing the holistic approach. The ultimate long-term impact of the program involves service recipients progressing to become community leaders through intensive engagement in one of three “Leadership Track” options after key program goals have been accomplished.

Program Goals:

- **Short-Term Outcomes:**
  - Improve parenting attitudes and knowledge
  - Improve parenting skills
  - Increase commitment to fatherhood
  - Increase contact with children
  - Improve job search skills
  - Increase earnings
  - Job placement, retention and advancement

- **Outcomes Intermediate:**
  - Increase time spent with children
  - Increase quality of parenting involvement with children
  - Increase earnings and career advancement
  - Increase length of job retention
  - Increase in paternity establishments and child support payments

- **Long-Term Outcomes:**
  - Improve well-being of children and families
- Produce strong, stable and healthy men, who support their families and strengthen their communities for the long term
- Increase community involvement, leadership and volunteerism

Scientific Rating: NR, Child Welfare Relevance: Medium

**Supporting Father Involvement (SFI)**

*SFI* is a preventive intervention designed to enhance fathers’ positive involvement with their children. The curriculum is based on an empirically validated family risk model. This model predicts that risks and buffers in five interconnected domains predict children’s development. Family members’ characteristics:

- 3-generational expectations and relationship patterns
- Quality of parent-child relationship
- Quality of parents’ relationship
- Balance of stressors versus social support for the family.

The curriculum highlights the potential contributions fathers make to the family. The program goals are:

- Strengthening fathers’ involvement in the family
- Promoting healthy child development
- Preventing key factors implicated in child abuse

Scientific Rating: 2 – Supported by Research Evidence, Child Welfare Relevance: Medium

This Action Step is managed by Deputy Director of Social Services, Supervising Deputy Probation Officer and local non-profit agencies. They will have the responsibility for selecting a model, implementing and evaluating it. Fatherhood programs have proliferated, and many resources are available. The National Fatherhood Initiative provides assistance and a variety of resources on its website.

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CWS screens all children for mental health needs, including trauma issues, however the parents or Resource Family may not be equipped to care for a child with a history of trauma. The Peer Review identified lack of training in the effects of trauma for Resource Families as a challenge. Resource Families agreed and said in their focus group that they want trauma training. The service providers focus group named addressing trauma as a factor in achieving permanency. As Mariposa moves to fully implement the Core Practice Model, understanding of trauma will need to be system wide.

*The Child Welfare Trauma Training Toolkit (CWTTT)* is targeted at professionals working in the child welfare system. The CWTTT is a training toolkit that is comprised of a Trainer’s guide, a Slidekit (i.e., PowerPoint slides used in the training), a Participant Manual, Supplemental Handouts, Recommended Reading and Resources and a Comprehensive Guide. The CWTTT is designed to teach knowledge, skills and values about working with children in the child welfare system who have experienced trauma. The CWTTT teaches strategies that child welfare professionals can use to effectively address trauma among the families they serve and to enhance child, family and provider resilience. The goals of CWTTT are:

- Educate child welfare professionals about the impact of trauma on the development and behavior of children
- Educate child welfare professionals about when and how to intervene directly in a trauma-sensitive manner and through strategic referrals
- Ensure that children in the child welfare system will have access to timely, quality and effective trauma-focused interventions and a case planning process that supports resilience in long-term healing and recovery
- Support the CFSR goals of safety, permanency and well-being by increasing the knowledge and skills of child welfare workers so that they can effectively serve children and families in the child welfare system who have experienced trauma.

This program provides a thorough introduction to trauma and how trauma can impact children of different ages and cultures. It teaches specific strategies to address the effects of

*Risking Connection*® is a foundational trauma-training program that grew out of a consumer trauma survivor lawsuit. It is based on constructivist self-development theory (CSDT), an integrative theory drawing on attachment theory, relational psychoanalytic theory, developmental psychopathology and theory of cognitive schemas. *Risking Connection* provides a way for organizations and systems to change their culture to one that is trauma-informed and trauma-responsive. It uses a train-the-trainer model of dissemination whereby organizations gain the internal capacity to conduct *Risking Connection* trainings and sustain a trauma-informed culture.

This model emphasizes:

- A framework for understanding common trauma symptoms
- A common inclusive language
- Relationships as the primary agent of change
- Respect and care for the client and the service provider (vicarious traumatization) as critical to healing
- Strategies and tools to support adoption of the model in clinical, social and organizational processes.

This program is not a client-specific intervention, but a whole system approach that targets the entire organization. The focus is to create a trauma-informed and strengths-based environment in which trauma-specific interventions are more effectively implemented. There are specific components delivered to adults, Resource Families and clients that are derived from or related to the intervention. These components work in concert with the full-system efforts. Scientific Rating - NR, Child Welfare Relevance - Medium.

Although not specifically a training program, *Trauma Systems Therapy (TST)* focuses on a trauma system, rather than solely on a child. It is an organizational model as well as a clinical model. *TST* utilizes an organizational planning process to ensure agency goals are outlined prior to implementation and the program is set up to succeed, so as to maximize success and ensure administrative commitment and support. *TST* utilizes a specific assessment and treatment
planning process to assess functioning of both youth behavior and the social environment to measure the interaction between both sides of the trauma system. Specific treatment interventions target each treatment phase. Detailed intervention guides are available and targeted to each of the three phases of treatment. There is an emphasis on involvement of the caregiver as being essential to success.  

Action Step D: Contract for a Parent Partner Position to help parents and legal guardians involved with Child Welfare and/or Probation and to be a representative on other CWS initiatives. March 2022 – March 2023 and ongoing.

The reason(s) no current clients came to the Biological Family focus group is not evident. It could have been just a coincidence. Scheduling conflicts, lack of transportation or illness might have kept people away. Mariposa County decided to build stronger relationships with parents by creating a position of Parent Partner, filled by a former client who has experience with all aspects of the either the CWS system or Probation. The parent partner will serve as a navigator and advocate for others. The CEBC shows one Parent Partner program that is appropriate to meet Mariposa County’s needs.

Iowa Parent Partner Approach (IPPA)

The target population of the Iowa Parent Partner Approach is parents of children ages 0 to 17 who are involved with Child Welfare Services.

IPPA is designed to provide better outcomes around re-abuse and reunification. It celebrates parents who have been in the child welfare system and achieved reunification or resolved issues around termination of parental rights as individuals that have overcome obstacles through change, recovery and accountability. This approach utilizes their skills, once they are trained as Parent Partners, to mentor families whose children are in foster or kinship care as they navigate through the Department of Human Services (DHS) system. Parent Partners, who are

independent contractors of Children & Families of Iowa, receive training on a variety of topics including domestic violence, mandatory reporting, boundaries and safety issues, building a better future, ethics, substance abuse, DHS 101 and mental health overview. Once trained, they provide one-on-one mentoring by offering advice, support and encouragement to families whose children are currently involved with DHS. The purpose is to enhance their capacity to provide for and guide their children’s healthy development. Parent Partners meet with families face-to-face as well as contact by phone. Parent Partners offer to be present as a support person at Family Team Decision Making Meetings, staffings and court appearances. All activities and contacts the Parent Partner has with the family are documented on a monthly activity form.

Parent Partners receive oversight by local Coordinators to discuss ongoing issues and case concerns. Coordinators also offer growth opportunities in professional interaction skills, as this position may be a Parent Partner’s first professional role. Mental health support sessions are provided to Parent Partners by a licensed master’s-level clinician skilled in trauma/attachment and substance abuse. These support sessions are utilized to discuss issues and challenges that result from mentoring parents with similar mental health problems and recovery triggers. Goals of the Iowa Parent Partner Approach are:

- Provide better outcomes around re-abuse
- Provide better outcomes around reunification


The goal of providing better outcomes around reunification supports the target measure, permanency in 12 months for the entry cohort.

Action Step D is managed by the Deputy Director of Social Services and Supervising Deputy Probation Officer. They will have the responsibility for implementation and evaluation, including decisions such as will this position be an employee or a contractor, where in the organization will the Parent Partner be placed and how will the value of the Parent Partner position will be evaluated.
EDUCATION AND TRAINING NEEDS

As the County continues implementation of the Continuum of Care Reform, training will be needed for staff on the Resource Family Approval process and how it impacts placement decisions. Training for staff and Resource Families on Quality Parenting Initiative will be needed. Much background information and explanation are available on the QPI website and the CCR website. Action Step C in Strategy 1 addresses training needs and training delivery options.

ROLES OF OTHER PARTNERS

Organizations in the community took a major role in the development of the SIP. CASA and Mariposa Safe Families have an important role as primary service providers. CASA manages the Nourish Program (support group for caregivers). The Nourish Program supports the SIP goal by providing both stress relief and peer networking for Resource Families who are instrumental in helping a child prepare to return home. MSF provides prevention services and parenting education with the goal of keeping children safe in their homes and out of foster care. Behavioral Health and Recovery is both a source of referrals and the provider of mental health services. The relationship with the Sheriff’s Office is crucial because it has the authority to remove children. The Mariposa Abuse Prevention Coalition brings together all the public and private agencies involved in the prevention and treatment of abuse.

TECHNICAL ASSISTANCE

The County does not anticipate any technical assistance from the National Child Welfare Resource Center (NRC), Western Pacific Implementation Center and Quality Improvement Centers. Neither does the County receive and technical assistance from any NRC.

Section 3C: Prioritization of Direct Service Needs

Programs funded by CAPIT/CBCAP/PSSF are very important to the community. The Child Abuse Prevention Council (CAPC) Board of Directors is the official advisory body for the use of Children’s Trust Fund and some CAPIT and CBCAP funds allocated to Mariposa Safe Families (MSF). The MSF Board meets monthly. In compliance with the Brown Act, the agenda, previous minutes and Profit and Loss statements for the previous month are distributed. The budget is
Mariposa County has historically ensured that a Health and Human Services Agency CWS employee sits on the MSF Board of Directors which includes reviewing profit and loss statements at Board meetings. This protocol means that the CTF, CAPIT and CBCAP fund expenditures are monitored on a regular basis.

HHSA has the final decision-making authority regarding the use of the CAPIT/CBCAP/PSSF funds. The Director and Deputy Director consider the performance of the agencies from previous years, the needs of the community as identified in the CSA and the availability of services from other entities in the County before deciding what programs or services to fund. They also consider whether the proposed program(s) are evidence-based and the capacity of local organizations to manage the programs or services. In a small county like Mariposa the choices are limited to only a few potential providers.

This year’s decision is to continue the programs and services from the previous year. Feedback from users of these services has been positive, no fiscal issues have arisen, and the leadership of the provider agencies participates actively in the community. Considering these factors, these programs have demonstrated their value and the organizations that provide them have demonstrated their ability to manage the programs.

**Family Resource Center** (FRC) is managed by Mariposa Safe Families (MSF), the Mariposa County Child Abuse Prevention Council (CAPC). The mission of the FRC is to create a welcoming place and provide quality services, activities and opportunities that empower, strengthen and preserve families while nurturing and enhancing each child’s well-being and potential. The FRC’s sole funding source is OCAP dollars. The only MSF program that is not funded by OCAP is the Bridges mentoring program, which is funded by a Community Service Block Grant (CSBG).

The FRC targets families with children who are at risk of child abuse and neglect, particularly those with children under the age of 14, by outreaching to them and linking them with essential services and supports. Additionally, the Family Resource Center serves as an information and referral source for at risk families, helping them to navigate their way through services and supports that will encourage their safety and stability. (A complete list of activities is found in Section 6 of this report.)

The Nourish Peer Support Program for Care Providers of Mariposa County is managed by the Alliance for Community Transformations – Court Appointed Special Advocates. The Nourish
program provides services to resource families, which includes relatives, non-relatives, legal guardians and care providers who have adopted a child. These care providers are encouraged to share their experiences in a group format, which is a venue for mutual support. The group meets monthly at the Health and Human Services Agency. Participants are referred via the CWS Resource Family List and other lists available to the Social Services Deputy Director. The strength of the Nourish program is the peer support component. The program provides an atmosphere that fosters open dialogue and problem solving. There is no specific peer support model employed and the program is participant-driven. Additionally, Nourish provides guest speakers on such topics as trauma-informed care of children and youth, understanding and caring for children with reactive attachment disorder, nutrition, grief and loss, autism, CSEC, fire safety, therapy options and preparing youth for transition to independent living. Information about local resources is also offered. Sign in sheets are circulated at each session. There is an evaluation tool administered after each session. This tool is modeled after the Columbia College Foster/Kinship Care Education Program questionnaire. The Nourish program was praised in the Caregiver focus group.
CHILD WELFARE/PROBATION PLACEMENT INITIATIVES

Mariposa County currently implements six federal or state initiatives that are related to the goals of the SIP.

Katie A. / Pathways to Wellness

CWS in Mariposa County currently utilizes the Child and Adolescent Needs and Strengths (CANS) for appropriate age groups to supplement referrals to Behavioral Health’s Children’s Systems of Care (CSOC) and to determine Katie A./Pathways to Wellness eligibility. Once a referral is received by CSOC, an assessment is conducted by a mental health clinician to determine appropriate mental health services, including Katie A./Pathways to Wellness or another mode. Once a clinician is assigned to a case, he or she attempts to contact the family or caregiver within three business days of assignment of the referral and will offer an assessment appointment within 10 business days after contact. Both CWS and CSOC employ an integrated Core Practice Model (CPM) approach when working with children and families/caregivers involved with CWS and CSOC. Strategy 1, Action Step F. is “Identify specialized Resource Families for the following needs: teens, North County, kinship homes and all children in care with mental health or behavioral problems due to childhood trauma.” Identifying specialized families is a part of the larger initiative to provide more options through implementation of Resource Family Approval model.

Fostering Connections to Success

Mariposa County CWS and Probation have implemented California Fostering Connections to Success, which became effective January 1, 2012, for Non-Minor Dependents (NMDs) between the ages of 18 and 21 to receive services to ease the transition to independence. Mariposa County provides Extended Foster Care (EFC) to dependent and delinquent youth who have reached the age of majority (18). When delinquent youth satisfy their probationary requirements, Probation transfers these WIC 600 NMDs to CWS as WIC 300 NMDs. EFC entails an agreement with the youth to become an NMD, requiring the NMD to meet one of five criteria:

- Attendance at a high school or enrollment in a General Education Development (GED) program
• Enrollment part time in a college or trade school
• Working at least 80 hours per month
• Participating in a program to obtain gainful employment
• Having a medical condition that makes it impossible to meet the first four criteria.

EFC enables CWS and Probation to offer additional services and support to young adults, as well as the support of the Juvenile Court. Mariposa County’s small size, the sixth smallest of 58 counties in the state, means that CWS and Probation are able to have close and collaborative relationships that benefit these youth and young adults. Our small numbers mean that there is little impact on contributing to California’s goals for outcomes for children and families, but our experience working on behalf of these individuals does lead to better outcomes for the youth.

**Transitional Housing Plus**

Mariposa County has maintained the Transitional Housing Plus (THP-Plus) program for many years. Mariposa County maintains five slots for young adults ages 18 to 26. This program provides monetary assistance and supportive services. Supportive services include the areas of housing, employment, health care, transportation, education, mental health and job readiness. To continue participation, the youth must be employed or in school and must maintain regular contact with the THP-Plus case manager. Time and age limits in Mariposa County are 36 cumulative months and age 26. It is common for NMDs to enroll in the THP-Plus program after reaching age 21. This relatively seamless transition increases the likelihood that we can successfully launch them into adulthood. Although THP-Plus is not a state or federal outcome measure, it nonetheless means better outcomes for Mariposa County and the state.

**Continuum of Care Reform**

Mariposa County has implemented the Continuum of Care Reform (CCR) initiative. Since January 1, 2017, the County has formed a CWS Support Unit that includes Resource Family Approval (RFA) and Child and Family Teaming (CFT). These components of CCR have become standard practice in Mariposa County, even though challenges and the need for adaptation continue for staff as CCR unfolds. Mariposa County offers other components of CCR, such as the
Quality Parenting Initiative (QPI), which creates new strategies and practices for the recruitment and retention of quality caregivers and supports biological parents with reunification efforts. Evaluate effectiveness of QPI implementation and adjust program if indicated by evaluation outcomes is Strategy 1, Action Step A.

Integral to CCR is Pathways to Wellness, formerly known as Katie A. Pathways to Wellness ensures that Mariposa County children/youth in foster care receive medically necessary mental health services from the Health and Human Services Agency through the Behavioral Health and Recovery Services (BHRS) Division. Collaboration between CWS and CSOC is enhanced because the two divisions are housed in the same building.

Mariposa County has two group homes, a six-bed male facility and a six-bed female home. Most of the youth in the boys’ facility are placed by Probation Departments from other counties. The girls’ home receives placements from other County CWS Departments. Occasionally, Mariposa County CWS places there. Fortunately, Mariposa County CWS has very few group home placements. Both group homes in the County have undergone review of their operational plans to convert to Short Term Residential Therapeutic Programs (STRTPs) and have submitted their packets to Community Care Licensing (CCL) with support letters from the County.

Overarching CCR is California’s integrated Core Practice Model (CPM), which is strength-based, needs driven, family focused and individualized. Services are culturally relevant, trauma informed and entail collaboration across systems. There is an agreement between CWS and CSOC to integrate the CPM into both areas under the guidance of the Social Services Deputy Director over the next year.

Continuous Quality Improvement (CQI)/Quality Assurance (QA)

CQI/QA seeks to strengthen CWS staff skills in decision making to improve outcomes. QA for the federal case review mandate is currently on hold. Initially, it was the domain of the Social Services Deputy Director with the case reviews being conducted by a supervisor in the Program Integrity Unit to ensure objectivity in qualitative data collection. Mariposa County is currently asking the state to take back the case review/QA process.

CQI training has been an important activity for the Social Services Division Analyst. Providing for data analysis and striving for quality assurance points to current CWS themes and
statistical research and exemplifies the efforts that Mariposa County makes toward California’s improved outcome goals for all children, youth and families.

**Commercially Sexually Exploited Children (CSEC)**

Mariposa County participates in the federally mandated CSEC initiative. CWS, Probation and community partners have participated in CSEC training and CWS social workers have an awareness of the fields in CWS/CMS that pertain to data entry for CSEC issues. There is an active CSEC Protocol and a CSEC Committee made up of CWS, Probation and community partners that meets regularly to provide education and prevention awareness to professionals and residents in the community. Mariposa County is fortunate that human trafficking does not take place to the extent that it does in the Central Valley. However, it is plausible that victims could escape to Mariposa County, in which case extreme sensitivity and delicate case management would occur. The exposure to CSEC issues and valuable training that social workers and probation officers have undergone means that outcomes for these children and youth are likely to be better. Being the 6th smallest county in the state and small in CWS and Probation caseloads, Mariposa County is poised to meet the needs of CSEC.
<table>
<thead>
<tr>
<th>Priority Outcome Measure:</th>
<th>3-P1 Permanency in 12 Months (entering foster care)</th>
</tr>
</thead>
<tbody>
<tr>
<td>National Standard:</td>
<td>&gt;40.5%</td>
</tr>
<tr>
<td>CSA Baseline Performance:</td>
<td>19.2% (Q2_17)</td>
</tr>
<tr>
<td>Probation Baseline Performance:</td>
<td>No youth in care</td>
</tr>
<tr>
<td>CWS Current Performance:</td>
<td>34.8% (Q1_18)</td>
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<tr>
<td>Probation Current Performance:</td>
<td>No Youth in care</td>
</tr>
<tr>
<td>CWS and Probation Target Improvement Goal for Measure 3-P1:</td>
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</tr>
<tr>
<td>• Year 3 (October 1, 2012 – September 30, 2021): &gt;25%</td>
<td></td>
</tr>
<tr>
<td>• Year 4 (October 1, 2021 – September 30, 2022): &gt;30%</td>
<td></td>
</tr>
<tr>
<td>• Year 5 (October 1, 2022 – September 30, 2023): &gt;40.5%</td>
<td></td>
</tr>
</tbody>
</table>

*(Due to the time it will take to implement the strategies and the methodology for 3-P1, the county does not anticipate any significant data changes until Year 3).*

If the permanency 6-month entry population remains static at 25 children for the next 5 years, Mariposa County will have to roughly establish permanency for **7** children within 12 months to meet Year 3 Benchmark Goal of >25%.

  - By Year 4, Mariposa County will have to establish permanency for **8** children to reach Year 4 Benchmark Goal of >30%.
  - By Year 5, Mariposa County will have to establish permanency for **11** children to reach Year 5 Benchmark Goal of >40.5%.

**Systemic Factor:** Foster and Adoptive Parent Licensing, Recruitment, and Retention

**CWS and Probation Baseline Performance**

- 14 County Foster homes (2 in North County), 8 potential adoptive families (3 in North County), 1 FFA home (0 in North County)
### CWS and Probation Current Performance

14 County Foster homes (2 in North County), 8 potential adoptive families (3 in North County), 1 FFA home (0 in north County)

### CWS and Probation Target Improvement Goal for Systemic Factor

- Year 3: Increase RFA homes to 10 with an increase of 3 in North County
- Year 4: Increase RFA homes to 20 with an increase of 6 in North County
- Year 5: Increase RFA homes to 30 with an increase of 9 in North County

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**FIVE YEAR SIP CHART**

**STRATEGY 1**

<table>
<thead>
<tr>
<th>Strategy 1: Improve services to Resource Families</th>
<th>CAPIT</th>
<th>CBCAP</th>
<th>PSSF</th>
<th>Applicable Outcome Measure(s) and/or Systemic Factor(s): 3-P1 Permanency in 12 Months (entering foster care) Systemic Factor: Foster and Adoptive Parent Licensing, Recruitment, and Retention</th>
<th>N/A</th>
<th>Title IV-E Child Welfare Waiver Demonstration Capped Allocation Project</th>
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**Action Steps:**

<table>
<thead>
<tr>
<th>Action Steps</th>
<th>Implementation Date</th>
<th>Completion Date</th>
<th>Person Responsible</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Action Step A:</strong> Evaluate effectiveness of QPI implementation and adjust program if indicated by evaluation outcomes</td>
<td>October 2018</td>
<td>October 2022 and ongoing</td>
<td>Committee that includes foster youth, resource families, resource parent liaison, and QPI consultant.</td>
</tr>
<tr>
<td><strong>Action Step B:</strong> Dedicate a Social Worker to provide more extensive family finding beyond the 30-day notification.</td>
<td>2019</td>
<td>October 2022 and ongoing</td>
<td>Deputy Director of Social Services RFA Supervisor Supervising Deputy Probation Officer, Juvenile Division</td>
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<tr>
<td>Action Step</td>
<td>Description</td>
<td>Start Date</td>
<td>End Date</td>
</tr>
<tr>
<td>------------</td>
<td>------------------------------------------------------------------------------</td>
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</tr>
<tr>
<td><strong>C.</strong></td>
<td>Provide trauma-informed and culturally reflective training for Resource Families, biological and adoptive parents, and legal guardians.</td>
<td>October 2018</td>
<td>September 2022 and Ongoing</td>
</tr>
<tr>
<td><strong>D.</strong></td>
<td>Establish and contract for a Foster Youth Partner Position to be part of RFA Team and be a foster youth representative on other CWS initiatives.</td>
<td>January 2019</td>
<td>October 2019 and on-going</td>
</tr>
<tr>
<td><strong>E.</strong></td>
<td>Provide supportive services such as transportation, respite care, and support groups to Resource Families.</td>
<td>October 2018</td>
<td>September 2023 and Ongoing</td>
</tr>
<tr>
<td><strong>F.</strong></td>
<td>Identify specialized Resource Families for the following needs: teens, North County, kinship homes, and all children in care with mental health or behavioral problems due to childhood trauma.</td>
<td>October 2018</td>
<td>September 2023 and ongoing</td>
</tr>
</tbody>
</table>
FIVE YEAR SIP CHART

STRATEGY 2

Priority Outcome Measure: 3-P1 Permanency in 12 Months (entering foster care)

National Standard: >40.5%

CSA Baseline Performance: 19.2% (Q2_17)

Probation Baseline: No youth in care

CWS Current Performance: 34.8% (Q1_18)

Probation Current Performance: No youth in care

Target Improvement Goal for 3-P1:
- Year 3 (October 1, 2020 – September 30, 2021): >25%
- Year 4 (October 1, 2021 – September 30, 2022): >30%
- Year 5 (October 1, 2022 – September 30, 2023): >40.5%

(Due to the time it will take to implement the strategies and the methodology for 3-P1, the county does not anticipate any significant data changes until Year 3).

If the permanency 6-month entry population remains static at 25 children for the next 5 years, Mariposa County will have to roughly establish permanency for 7 children within 12 months to meet Year 3 Benchmark Goal of .25%.
By Year 4, Mariposa County will have to establish permanency for 8 children to reach Year 4 Benchmark Goal of >30%.
By Year 5, Mariposa County will have to establish permanency for 11 children to reach Year 5 Benchmark Goal of >40.5%.

Systemic Factor: Service Array and Resource Development

CWS and Probation Baseline
- Lack of equal access to services in the northern part of the County
CWS and Probation Current Performance:
- Lack of equal access to services in the northern part of the County

CWS and Probation Target Improvement Goal for Systemic Factor
- Open an office for Social Worker, Probation Officer, and Therapist and provide services by January 2020
- Identify North County representatives and engage in collaboration by January 2020
- Identify media options for communication with residents of North County by January 2020

<table>
<thead>
<tr>
<th>Strategy 2: Improve presence in north side of County</th>
<th>CAPIT</th>
<th>CBCAP</th>
<th>PSSF</th>
<th>N/A</th>
<th>Title IV-E Child Welfare Waiver Demonstration Capped Allocation Project</th>
</tr>
</thead>
<tbody>
<tr>
<td>Action Steps:</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>A. Explore options to increase office space on north side of County so a social worker, therapist and probation officer can provide services on a regular schedule to north county community.</td>
<td>January 2019</td>
<td>January 2020 and Ongoing</td>
<td>Deputy Director of Social Services&lt;br&gt;Supervising Deputy Probation Officer, Juvenile Division&lt;br&gt;Deputy Director of BHRS</td>
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</tr>
<tr>
<td>B. Continue to Improve collaboration with North County connections, including exploring best media options available.</td>
<td>January 2019</td>
<td>January 2020 and Ongoing</td>
<td>Deputy Director of Social Services&lt;br&gt;Supervising Deputy Probation Officer, Juvenile Division&lt;br&gt;Child Abuse Prevention Council/Family Resource Center</td>
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<td></td>
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<tr>
<td>Priority Outcome Measure:</td>
<td>3-P1 Permanency in 12 Months (entering foster care)</td>
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<tr>
<td>National Standard:</td>
<td>&gt;40.5%</td>
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<tr>
<td>CSA Baseline Performance:</td>
<td>19.2% (Q2_17)</td>
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<td></td>
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<tr>
<td>Probation Baseline Performance:</td>
<td>No youth in care</td>
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</tr>
<tr>
<td>CWS Current Performance:</td>
<td>34.8% (Q1_18)</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Probation Current Performance:</td>
<td>No youth in care</td>
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</tbody>
</table>

**Target Improvement Goal:**
- Year 3 (October 1, 2020 – September 30, 2021): >25%
- Year 4 (October 1, 2021 – September 30, 2022): >30%
- Year 5 (October 1, 2022 – September 30, 2023): >40.5%

*(Due to the time it will take to implement the strategies and the methodology for 3-P1, the county does not anticipate any significant data changes until Year 3).*

If the permanency 6-month entry population remains static at 25 children for the next 5 years, Mariposa County will have to roughly establish permanency for 7 children within 12 months to meet Year 3 Benchmark Goal of .25%.

By Year 4, Mariposa County will have to establish permanency for 8 children to reach Year 4 Benchmark Goal of >30%.

By Year 5, Mariposa County will have to establish permanency for 11 children to reach Year 5 Benchmark Goal of >40.5%.

**Systemic Factor: Service Array and Resource Development**

Baseline CSA and Probation
- Number of participants in biological parent/guardian support group: 0
- Number of participants in father engagement program: 0
- Number of participants in Parenting Classes with emphasis on parenting children and teens with traumatic histories: 60
Current Performance CSA and Probation

- Number of participants in biological parent/guardian support group: 0
- Number of participants in father engagement program: 0
- Number of participants in Parenting Classes with emphasis on parenting children and teens with traumatic histories: 60

Target Improvement Goal

Year 3 (October 1, 2020 – September 30, 2021):

- Number of participants in biological parent/guardian support group: 30
- Number of participants in father engagement program: 20
- Number of participants in Parenting Classes with emphasis on parenting children and teens with traumatic histories: 66

Year 4 (October 1, 2021 – September 30, 2022):

- Number of participants in biological parent/guardian support group: 33
- Number of participants in father engagement program: 22
- Number of participants in Parenting Classes with emphasis on parenting children and teens with traumatic histories: 73
- Parent Partner position established and filled.

Year 5 (October 1, 2022 – September 30, 2023):

- Number of participants in biological parent/guardian support group: 37
- Number of participants in father engagement program: 24
- Number of participants in Parenting Classes with emphasis on parenting children and teens with traumatic histories: 94
- Parent Partner reaches 25 families.
<table>
<thead>
<tr>
<th>Strategy 3: Services to Biological Parents/Legal Guardians</th>
<th></th>
<th>Applicable Outcome Measure(s) and/or Systemic Factor(s):</th>
</tr>
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<tbody>
<tr>
<td></td>
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<td>3-P1 Permanency in 12 Months (entering foster care)</td>
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</table>

<table>
<thead>
<tr>
<th>Service Array and Resource Development</th>
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<table>
<thead>
<tr>
<th>Action Steps:</th>
<th>Implementation Date:</th>
<th>Completion Date:</th>
<th>Person Responsible:</th>
</tr>
</thead>
</table>
| A. Explore and establish a support group for biological parents | September 2019 | September 2020 and Ongoing | Deputy Director of Social Services  
Supervising Deputy Probation Officer, Juvenile Division  
Local Non-Profit |
| B. Identify and implement a Father Engagement Model | January 2021 | January 2022 and ongoing | Deputy Director of Social Services  
Supervising Deputy Probation Officer, Juvenile Division  
Local Non-Profit |
| C. Expand Parenting Classes with emphasis on parenting children and teens with traumatic histories | January 2022 | January 2023 and Ongoing | Deputy Director of Social Services  
Supervising Deputy Probation Officer, Juvenile Division |
| D. Contract for a Parent Partner Position to help parents and legal guardians involved with Child Welfare and/or Probation and to be a representative on other CWS initiatives | March 2022 | March 2023 and ongoing | Deputy Director of Social Services  
Supervising Deputy Probation Officer, Juvenile Division |
SERVICE PROVISION FOR CAPIT/OCAP/PSSF PROGRAMS

CAPIT/CBCAP/PSSF
PROGRAM AND EVALUATION DESCRIPTION

PROGRAM DESCRIPTION

<table>
<thead>
<tr>
<th>PROGRAM NAME</th>
<th>Family Resource Center (FRC)</th>
</tr>
</thead>
<tbody>
<tr>
<td>SERVICE PROVIDER</td>
<td>Mariposa Safe Families (MSF)</td>
</tr>
</tbody>
</table>

The mission of the FRC is to create a welcoming place and provide quality services, activities and opportunities that empower, strengthen and preserve families while nurturing and enhancing each child’s well-being and potential. The FRC’s sole funding source is OCAP dollars. The only MSF program that is not funded by OCAP is the Bridges mentoring program, which is funded by a Community Service Block Grant (CSBG).

The FRC targets families with children who are at risk of child abuse and neglect, particularly those with children under the age of 14, by outreaching to them and linking them with essential services and supports. Additionally, the Family Resource Center serves as an information and referral source for at risk families, helping them to navigate their way through services and supports that will encourage their safety and stability.

MSF provides a variety of activities through the Family Resource Center, including, but not limited to:

- Parent/relative caregiver education, via guest speakers and (informal) support groups
- Mentoring program for individuals and families living in poverty to provide skills, support and tools for moving out of poverty
- Linking and advocacy of families to daycare, transportation, mental health services, substance abuse services, domestic violence services and early childhood education and screening
- Information and referral services via the 2-1-1 database
- Support with job searches, Medi-Cal and CalFresh applications, food bank access, Section 8 housing applications and Tribal TANF support
- Support for new parents to link them to essential medical and community services
- Community education regarding abuse and neglect and mandated reporter training
- Monthly community awareness activities, most of which occur at various venues in the community, as follows: water safety at the county park pool, internet safety at the town elementary school, fire safety at the local art park, back to school readiness at the Mariposa Fairgrounds, children with disabilities at a local dance hall, child care seat safety in conjunction with the local CHP office and CPR/first aid at the MSF office.

- School-based, evidence-based educational curriculum for grade TK through grade 3 in the Mariposa County Municipal School District, as well as school personnel and parents, to prevent child abuse and neglect via the Child Protection Unit (CPU), Second Step program. The effort entails a 6-week education program for the students, focused on giving them social and practical skills and tools to identify signs, resist (when able) and seek support regarding abuse and neglect. Additionally, the program helps children to know how and when to disclose abuse and neglect. Parents receive school-based outreach events to educate and engage them regarding abuse and neglect. All teachers and other school personnel attend a 90 minute Second Step training module to learn how to recognize signs of abuse and neglect, respond in a supportive way and report abuse (as mandated reporters). Teachers also learn how to reinforce the CPU curriculum in their classes.

### Funding Sources

<table>
<thead>
<tr>
<th>SOURCE</th>
<th>LIST FUNDED ACTIVITIES</th>
</tr>
</thead>
<tbody>
<tr>
<td>CAPIT</td>
<td>Family Resource Center</td>
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<tr>
<td>CBCAP</td>
<td>Family Resource Center</td>
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<tr>
<td>PSSF Family Preservation</td>
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<td>PSSF Family Support</td>
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<td>PSSF Time-Limited Family Reunification</td>
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<tr>
<td>PSSF Adoption Promotion and Support</td>
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<tr>
<td>OTHER Source(s): AB 2994</td>
<td></td>
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</tbody>
</table>

### Identify Priority Need Outlined in CSA

The CSA focus groups (pages 68-84 of the CSA) identified numerous needs that the FRC already has in place, such as transportation, Section 8 housing assistance, employment assistance and support, support groups for parents and relative caregivers and a mentoring program. All these issues were identified in the CSA. Other needs identified were additional mandated reporter training, more outreach, more support groups and the availability of non-governmental agencies. MSF is the entity that provides mandated reporter training for the community. MSF also uses multiple media to conduct community outreach. Although the FRC offers support groups, there appears to be a need for more of these, including a support group for youth. Ultimately, MSF exists as a non-governmental agency, a need identified in the CSA.
TARGET POPULATION

Children at risk of abuse and/or neglect and their families or caregivers, school personnel, individuals and families who are homeless, jobless and living in poverty and the Mariposa County community, including mandated reporters.

TARGET GEOGRAPHIC AREA

All residents of Mariposa County are eligible to participate. The FRC facility is in the town of Mariposa. Events are intermittently scheduled in other communities in the county, but the majority are in Mariposa. The population of the County is clustered around Mariposa (town).

TIMELINE

OCTOBER 1, 2018 TO SEPTEMBER 30, 2023

EVALUATION

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

<table>
<thead>
<tr>
<th>Desired Outcome</th>
<th>Indicator</th>
<th>Source of Measure</th>
<th>Quality Assurance</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>At risk children and families will be strengthened and provided with resources and supports that lead to family safety and stability and absence of child abuse and/or neglect. The accessing of resources and the absence of abuse/neglect referrals received by CWS is the desired behavior change.</td>
<td>60 families will increase their knowledge of child safety and family unit stability by receiving services from the FRC and provision of referrals to community resources. This strengthens families by increasing stability and gaining access to community resources not previously known to such families.</td>
<td>MSF service log, which collects demographic and service information for each family served. Program surveys will be conducted with parents, asked to list their resources used and contacts made in the community.</td>
<td>MSF will provide HHS with service logs for each event. HHS will review such to determine the extent of participation for each event. HHS will also review aggregate demographics to determine the profiles of participants.</td>
<td>The service log will be completed by a MSF staff person during and/or after each contact with the families served. The service logs will be provided to the Mariposa County Health and Human Services Agency (HHS) monthly. Aggregate data on demographics and services will be submitted to HHS semi-annually.</td>
</tr>
</tbody>
</table>
### Client Satisfaction

<table>
<thead>
<tr>
<th>Method</th>
<th>Frequency</th>
<th>Utilization</th>
<th>Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>Simple post-test satisfaction survey.</td>
<td>Completed by adult participants utilizing FRC services immediately following each event or service.</td>
<td>Satisfaction surveys will be reviewed by MSF staff and submitted in an aggregate report to HHSA. MSF will consider survey results regarding any modifications that need to be made to trainings and/or events.</td>
<td>Problem areas will be addressed by MSF staff to resolve issues and ensure continuous quality improvement.</td>
</tr>
</tbody>
</table>

### Desired Outcome

<table>
<thead>
<tr>
<th>Desired Outcome</th>
<th>Indicator</th>
<th>Source of Measure</th>
<th>Quality Assurance</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Parents will increase their knowledge of child abuse and neglect.</td>
<td>80% of parents will demonstrate increased knowledge of strategies to keep their children safe and an increased understanding of child abuse as a result of the outreach effort.</td>
<td>Brief paper-based post-test questionnaire following the parent education event to determine whether the desired behavioral change occurred. A retest may be indicated at the end to validate the post-test results.</td>
<td>A report of parent participation and a copy of the pre and post-tests questionnaire will be provided to HHSA.</td>
<td>At the close of each CPU curriculum.</td>
</tr>
<tr>
<td>Children will increase their knowledge of child abuse and neglect, and strategies for keeping themselves safe.</td>
<td>Children, within a year, will understand the definition of child abuse and neglect, will identify 3 strategies for keeping themselves safe, and will know how to disclose abuse if it should happen to them.</td>
<td>Age-appropriate, paper-based survey/activity following the CPU curriculum.</td>
<td>A report of child participation and a copy of the survey used will be provided to HHSA.</td>
<td>At the close of each CPU curriculum.</td>
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</tr>
<tr>
<td>School Staff will increase their knowledge about the CPU curriculum regarding child abuse and neglect.</td>
<td>90% of educators will demonstrate an increase in knowledge surrounding child abuse and neglect, an increase in knowledge of responding to children in a supportive way, and an understanding of the school policies surrounding reporting abuse.</td>
<td>Simple post- test questionnaire to measure knowledge acquisition surrounding CPU and identification of support and policy.</td>
<td>A report of educator participation and a copy of the questionnaire used will be provided to HHSA.</td>
<td>At the close of each CPU curriculum.</td>
</tr>
<tr>
<td>Satisfaction Survey</td>
<td>Completed by adult participants at the end of parent events and end of staff training.</td>
<td>Satisfaction surveys will be reviewed at the end of each session by MSF Staff to ensure future trainings are modified for improvement.</td>
<td>Satisfaction surveys will be provided to HHSA monthly.</td>
<td>Problem areas will be addressed by MSF staff to ensure continuous quality improvement.</td>
</tr>
</tbody>
</table>
PROGRAM NAME: Nourish Peer Support Program for Care Providers of Mariposa County

SERVICE PROVIDER: Alliance for Community Transformations-Court Appointed Special Advocates (CASA)

PROGRAM DESCRIPTION: CASA of Mariposa County is a program of the Alliance for Community Transformations, a 501(c)3 nonprofit organization. CASA serves children in the Mariposa County dependency system and, more recently, has expanded to wards in the delinquency system. The Nourish program provides services to resource families, which includes relatives, non-relatives, legal guardians, and care providers who have adopted. These care providers are encouraged to share their experiences in a group format, which is a venue for mutual support. The group meets monthly at the Human Services Department’s Mariposa Conference Room. Participants are referred via the CWS Resource Family List. The strength of the Nourish program is the peer support component. The program provides an atmosphere that fosters open dialogue and problem solving. There is no specific peer support model employed, and the program is participant-driven. Additionally, Nourish provides guest speakers on such topics as trauma informed care of children and youth, understanding and caring for children with reactive attachment disorder, nutrition, grief and loss, autism, CSEC, fire safety, therapy options, and preparing youth for transition to independent living. Information about local resources is also offered. Sign in sheets are circulated at each session. There is an evaluation tool administered after each session. This tool is modeled after the Columbia College Foster/Kinship Care Education Program questionnaire.
FUNDING SOURCES

<table>
<thead>
<tr>
<th>SOURCE</th>
<th>LIST FUNDED ACTIVITIES</th>
</tr>
</thead>
<tbody>
<tr>
<td>CAPIT</td>
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<tr>
<td>CBCAP</td>
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<tr>
<td>PSSF Family Preservation</td>
<td>Peer Support</td>
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<td>PSSF Family Support</td>
<td>Peer Support</td>
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<tr>
<td>PSSF Time-Limited Family Reunification</td>
<td>Peer Support</td>
</tr>
<tr>
<td>PSSF Adoption Promotion and Support</td>
<td>Peer Support</td>
</tr>
<tr>
<td>OTHER Source(s): (Specify)</td>
<td></td>
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</tbody>
</table>

IDENTIFIED PRIORITY NEED OUTLINED IN CSA: One of the most common issues that was voiced in the focus groups for the CSA (pages 182-183) was that of the need for more support groups. The Nourish program provides just that. Another need that was voiced was the desire to have more non-governmental agencies providing services. Again, the Nourish program provides that. Mentoring for parents/care providers was seen as an important element. The peer support modality of the Nourish program enables more experienced care providers to mentor newer resource families. The monthly program takes place at the Health and Human Services Agency’s Mariposa Conference Room.

TARGET POPULATION: All identified foster youth care providers in Mariposa County. This means all resource family homes, which include county licensed foster family homes, foster family agency certified homes, relative and non-relative extended family member (NREFM) homes, legal guardianship homes, and pre-and post-adoptive homes. There is a mixture of CWS and non-CWS families.

TARGET GEOGRAPHIC AREA: All caregivers in Mariposa County can attend. The program takes place at the Health and Human Services Agency’s Mariposa Conference Room. The population of the County is clustered around Mariposa (town).

TIMELINE: October 1, 2018 to September 30, 2023.
## PROGRAM OUTCOME(S) AND MEASUREMENT & QUALITY ASSURANCE (QA) MONITORING

<table>
<thead>
<tr>
<th>Desired Outcome</th>
<th>Indicator</th>
<th>Source of Measure</th>
<th>Quality Assurance</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>To increase the parenting skills of all resource families.</td>
<td>Attendance at peer support sessions that address parent education training.</td>
<td>Sign in sheets for each session, quarterly administration of the Protective Factors survey and feedback on behavioral changes regarding parenting skills.</td>
<td>The Nourish program will provide HHSA with data on attendance, the Protective Factors surveys, and feedback from participants.</td>
<td>Monthly data gathering and quarterly reporting to HHSA</td>
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<tr>
<td>To enhance the resilience of resource families in working with difficult foster youth.</td>
<td>Attendance at peer support sessions that address the personal resilience of resource families.</td>
<td>Sign in sheets for each session and quarterly administration of the Protective Factors survey.</td>
<td>The Nourish program will report to HHSA data on attendance, the Protective Factors survey, and feedback from participants.</td>
<td>Monthly data gathering and quarterly reporting to HHSA</td>
</tr>
</tbody>
</table>
To ensure that resource families deal with traumatized foster youth with sensitivity and empathy.

Attendance at peer support sessions that address trauma informed care of foster youth.

Sign in sheets for each session and quarterly administration of the Protective Factors survey.

The Nourish program will report to HHSA data on attendance, and feedback from participants regarding insight the importance of trauma informed care.

Monthly data gathering and quarterly reporting to HHSA.

### CLIENT SATISFACTION

<table>
<thead>
<tr>
<th>Method or Tool</th>
<th>Frequency</th>
<th>Utilization</th>
<th>Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>Monthly program evaluations.</td>
<td>Participants will complete a program evaluation after each session.</td>
<td>Nourish staff will review program evaluations monthly after each session.</td>
<td>Areas identified by participants as needing improvement will be rectified by Nourish staff and shared with HSD.</td>
</tr>
<tr>
<td>No.</td>
<td>Program Name</td>
<td>Apply to CBCAP Program Only</td>
<td>Name of Service Provider</td>
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</tr>
<tr>
<td>1</td>
<td>Family Resource Center</td>
<td>Mariposa Safe Families</td>
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<tr>
<td>2</td>
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<tr>
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<td>Family Resource Center</td>
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<td>4</td>
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<td>CASA of Mariposa County</td>
<td></td>
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<tr>
<td>6</td>
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<td><strong>Totals</strong></td>
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<td><strong>PSSF</strong></td>
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<tr>
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<tr>
<td>1</td>
<td>MSF Child Protection Unit (CPU) School-Based Curriculum</td>
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<td>2</td>
<td>Nourish Program</td>
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STATE OF CALIFORNIA — HEALTH AND HUMAN SERVICES AGENCY CALIFORNIA DEPARTMENT OF SOCIAL SERVICES

BOS NOTICE OF INTENT

THIS FORM SERVES AS NOTIFICATION OF THE COUNTY'S INTENT TO MEET ASSURANCES FOR THE CAPIT/CBCAP/PSSF PROGRAMS.

CAPIT/CBCAP/PSSF PROGRAM FUNDING ASSURANCES
FOR MARIPOSA COUNTY

PERIOD OF PLAN: 10/01/2018 THROUGH 09/30/2023

DESIGNATION OF ADMINISTRATION OF FUNDS
The County Board of Supervisors designates Mariposa County Health and Human Services Agency as the public agency to administer CAPIT and CBCAP.

W&I Code Section 16602 (b) requires that the local Welfare Department administer the PSSF funds.

The County Board of Supervisors designates Mariposa County Health and Human Services Agency as the local welfare department to administer PSSF.

FUNDING ASSURANCES
The undersigned assures that the Child Abuse Prevention, Intervention and Treatment (CAPIT), Community Based Child Abuse Prevention (CBCAP), and Promoting Safe and Stable Families (PSSF) funds will be used as outlined in state and federal statute:

• Funding will be used to supplement, but not supplant, existing child welfare services;
• Funds will be expended by the county in a manner that will maximize eligibility for federal financial participation;
• The designated public agency to administer the CAPIT/CBCAP/PSSF funds will provide to the OCAP all information necessary to meet federal reporting mandates;
• Approval will be obtained from the California Department of Social Services (CDSS), Office of Child Abuse Prevention (OCAP) prior to modifying the service provision plan for CAPIT, CBCAP and/or PSSF funds to avoid any potential disallowances;
• Compliance with federal requirements to ensure that anyone who has or will be awarded funds has not been excluded from receiving Federal contracts, certain subcontracts, certain Federal financial and nonfinancial assistance or benefits as specified at http://www.epls.gov/.

In order to continue to receive funding, please sign and return the Notice of Intent with the County’s System Improvement Plan to:

California Department of Social Services
Office of Child Abuse Prevention
744 P Street, MS 8-11-82
Sacramento, California 95814

[Signature]
County Board of Supervisors Authorized Signature

[Print Name]

[Date]

Board Chair
Title

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