

California - Child and Family Services Review

Ventura County System Improvement Plan

[November 30, 2022- November 30, 2027]



Table of Contents

Introduction.....	PAGE 1
SIP Narrative.....	PAGE 4
Child Welfare /Probation Placement Initiatives	PAGE 37
C-CFSR Planning Team and Core Representatives	ATTACHMENT 1
Ventura County Self-Assessment: 2022 Key Findings	ATTACHMENT 2
Five-Year SIP Chart	ATTACHMENT 3
CAPIT/CBCAP/PSSF Expenditure Workbook.....	ATTACHMENT 4
CAPIT/CBCAP/PSSF Program and Evaluation Description.....	ATTACHMENT 5
Notice of Intent.....	ATTACHMENT 6

Introduction

The Ventura County System Improvement Plan (SIP) outlines Ventura County Human Services Agency (HSA), Children and Family Services (CFS) Department and Probation Agency strategies aimed at improving outcomes for children and families that will be implemented over five years (2022-2027)¹. The SIP is part of an evaluation and planning process mandated by AB 636, the Child Welfare System Improvement and Accountability Act of 2001. The statewide accountability system, California- Child and Family Services Review (C-CFSR), is an enhanced version of the 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, implementation of solutions, which are tested, and an ongoing evaluation and revision of those solutions for continuous improvement. This active process is repeated on a continuous basis to meet the changing needs of the system over time.

The SIP is the operational agreement between the California Department of Social Services (CDSS), CFS, and Probation and provides an outline for how Ventura County will improve its system of care for children and families. CFS and Probation assessed their performance on critical child welfare outcomes and developed a cross-systems plan to leverage systemic and community strengths and identify opportunities for improving the joint response to children and families at critical intervention points across the child welfare trajectory. The SIP incorporates planning for expenditures and strategies related to the Office of Child Abuse Prevention (OCAP) programs: Child Abuse Prevention, Intervention and Treatment (CAPIT), Community-Based Prevention (CBCAP), and Promoting Safe and Stable Families (PSSF) programs. Accordingly, this document reflects a broad continuum of strategies to improve outcomes ranging from early intervention and prevention through permanency supports.

The SIP incorporates the findings from the 2022 County Self-Assessment (CSA), a comprehensive evaluation of CFS and Probation, as well as their partnerships with one another, and the community at large. Both qualitative and quantitative data sources were utilized in the analysis undertaken to develop the CSA. Outcome data were primarily drawn from the California Child Welfare Indicators Project (CCWIP). In partnership with Probation, CFS used a combination of focus groups, stakeholder meetings and a Peer Review to gather both internal and external stakeholder feedback for the assessment. Staff at all levels across both agencies provided program updates and feedback about contributing factors to outcomes performance to further inform the assessment.

CFS and Probation conducted two parent focus groups, one in English and the other facilitated in Spanish, and one caregiver focus group, with Spanish translation, so those with lived experience could express their feedback in their preferred language. In addition, there was a focus group for youth, and a focus group

¹ Due to the impacts of COVID-19, the Children's Services System Improvement Section extended the due date of the System Improvement Plan for Ventura County from November 2022 to November 2023. To assist Ventura County in returning to the 5-year CFSR schedule, the Year 1 and 2 Progress report will be submitted in November 2024.

for CFS and Probation staff. Furthermore, CFS and Probation held a stakeholder meeting in September 2022 to elicit feedback on current performance, and how CFS and Probation can improve collaboration with community partners. A four-day Virtual Peer Review was held in October 2022, involving interview teams comprised of Child Welfare Social Workers (CWSWs) and Probation Officers (POs) from Butte, Kern, Merced, Orange, Riverside, San Benito, San Luis Obispo, San Mateo, Santa Cruz and Sutter counties. The area of focus for improvement for both CFS and Probation was Permanency in 12 months for children and youth entering out of home (foster) care (Measure 3-P1). Permanency is defined in this measure as reunification, legal guardianship, or adoption. Of note, at the time of the Peer Review, Round 3 of the CFSR Measures were in use by the state and county. After the completion of the CSA and prior to the initiation of the SIP, Round 4 of the CFSR measures were released.

Following the Peer Review, a final stakeholder meeting was held in November 2022 to share common themes and findings from the focus groups, stakeholder meeting, and Peer Review. The purpose of the second stakeholder meeting was to inform partner agencies and community partners of the feedback received, so all agencies can collaborate more effectively and share responsibility in meeting the needs of our community. The CSA team compiled the top themes and suggestions from the focus groups, stakeholder meeting, and Peer Review (please see Attachment 2- CSA Key Findings) and presented this information at the second stakeholder meeting. The overall findings were broken down into three categories: Lived Experience, Engagement, and Resources and Services.

Lived Experience:

- Maintaining parent and sibling connections is important, regardless of case status
- Meet the individual needs of the family
- Focus on child-centered placement options (not one size fits all)
- Increase father engagement

Engagement:

- Minimize social worker transitions
- Expand use of Peer Partners for parents, youth, and caregivers
- Continue to engage the family's natural supports throughout the entire case
- Staffing shortages and burnout impact families
- Assess the individual needs of the family and tailor goals and services appropriately

Resources and Services:

- More preventive and proactive interventions are needed
- Communication and collaboration with partnering agencies is critical
- Need for more resources and supports to address the basic needs of families
- Expand accessibility to mental health and substance abuse services
- Early and direct linkage to services and supports

Although the primary focus for the CSA was permanency, CFS and Probation were also interested in how prevention efforts could be expanded. In addition, CFS was interested in understanding more about a particular geographic area in the county following a finding from the last CSA in 2016 that at least half of the entries into care originate from the Oxnard/Port Hueneme area. Since the 2017 CSA, CFS has made collaborative, targeted interventions in the 93030, 93033, and 93036 zip codes in Oxnard to address the disproportionality of Latino children and youth in the child welfare system. Although CFS has seen improved outcomes as a result of targeted interventions like the implementation of Neighbors Together (NT), CFS understands more needs to be done to address the disproportionality in their system.

The findings obtained from the CSA allowed both CFS and Probation to identify system strengths and needs. This process ensured that the programs identified to utilize OCAP funds over the next 5 years are programs that address key findings and suggestions from the CSA, including better accessibility to mental health services, and early and direct linkage to services and supports. The programs identified are also able to meet the linguistic needs of the families served by CFS. The feedback obtained helped CFS and Probation identify overarching goals, and strategies to achieve these goals, to best support families.

Ventura County's 2022-2027 SIP focuses on three overarching goals for outcome improvement:

1. Decrease the occurrence of family separations and youth removal.
2. Safely reunite families when possible.
3. Ensure children and youth who cannot return home establish a forever family and preserve lifelong connections.

CFS and Probation recognize a need for system improvement, *and* there is a need to enhance other systems and supports serving families in Ventura County. The SIP directly aligns with Ventura County's mission to build a Child, Youth, and Family Wellness System. The vision of Ventura County's Wellness System is for all Ventura County children, youth, and their families, to be safe, healthy, educated and well with a sense of belonging, purpose and opportunity to achieve their aspirations. Ventura County is doing everything possible to move beyond prevention, to enhance access to community resources and supports, which in turn will improve conditions for children and their families. In order to achieve these goals, the county recognizes the need to include the parent and youth's voice in the transformation of the system.

SIP Narrative

C-CFSR TEAM AND CORE REPRESENTATIVES

The California Child and Family Services Review (C-CFSR) planning team and core representatives who participated in the evaluation process are listed in Attachment 1. The C-CFSR planning team consisted of staff from CFS, Probation, and the Human Services Agency (HSA) Office of Strategy Management, as well as consultants from CDSS' Children's Services Quality Management Branch as well as the Office of Child Abuse Prevention, and San Diego State University, Social Policy Institute (SDSU SPI). The planning team was led by Administrative Specialists with CFS, who regularly obtained information and feedback from CFS staff, and were in direct communication with the CFS executive team to ensure the SIP goals and strategies aligned with the department's three priorities: preventing family separations, safely reuniting families as fast as possible, and ensuring children and youth who cannot safely return home have lifelong and unconditional family connections. The Division Manager and Supervising Deputy Probation Officer assigned to the Placement Unit collaborated with the CFS Administrative Specialists, regularly communicated with staff regarding their goals and strategies, in addition to the Probation executive team. The HSA Office of Strategy Management took the lead in compiling and analyzing quantitative data in an integrated manner that provides context for understanding data trends. Consultants from the SDSU SPI provided guidance during the CSA process and helped the county ensure the goals identified aligned with the building of the county's Child, Youth and Family Wellness System and the development of the Comprehensive Prevention Plan (CPP). They also facilitated the focus groups and stakeholder meetings so that participants could share their feedback with a neutral party.

During the SIP development, the C-CFSR planning team collaborated with the CPP project leads. The CPP consists of primary, secondary and tertiary prevention strategies, which will support families without the need for direct child welfare involvement. Both project teams recognized the need to share information and collaborate on strategies since both the SIP and the CPP are helping to build a Wellness System for children, youth and families in Ventura County. Some of the SIP prevention strategies came from the CPP, in which the CPP team obtained input from both stakeholders and parents with lived experience. In addition, the C-CFSR planning team obtained information and feedback on action steps for strategies from CFS Implementation Teams, as well as Deputy Probation Officers assigned to the Placement Unit.

In August 2023, a focus group consisting of CFS and Probation staff was held to obtain their input on the strategies identified and potential action steps. The feedback from this focus group was incorporated into the SIP. Upon final approval of the SIP, CFS and Probation plan to present the goals, strategies, and action steps to stakeholders, since we have a shared responsibility to meet the needs of our community. In addition, the SIP will be presented to all CFS and Probation staff, with a plan to continue to update staff on progress and outcomes at future all staff meetings.

PRIORITIZATION OF OUTCOME DATA MEASURES/SYSTEMIC FACTORS AND STRATEGY RATIONALE

CFS and Probation have prioritized the following outcome measures and systemic factor for the 2022-2027 SIP period:

1. CFS/Probation: **Systemic Factor- Agency Collaboration**

- Target Improvement Goal: Enhance collaboration with existing community partners, to include involving community partners in decision-making and planning efforts and aligning resources and supports, to provide comprehensive services to families. Develop new relationships with organizations that meet the cultural needs of families in Ventura County. Collaborate with The Partnership for Safe Families & Communities, and other contracted partners, to develop youth and parent leaders so they can provide insight to inform county agencies and systems in decisions about policies, services, and their community's health and well-being. CFS and Probation will increase the utilization of parents and youth with lived experience in stakeholder and implementation team meetings regularly.

2. CFS: **Measure 4-P1 Permanency in 12 months for children and youth entering out of home care.**

- National Performance: 35.2
- CSA Baseline Performance: 29.9
- **Focus Population:** Family Reunification
- **Focus Population** Baseline Performance: 22.6
- California **Focus Population** Baseline Performance: 29.8
- Target Improvement Goal for **Focus Population**: 30.0

3. CFS: **Measure 4-P2 Permanency within 12 months for children in out of home care for 12-23 months.**

- National Performance: 43.8
- CSA Baseline Performance: 59.9
- **Focus Population:** Legal Guardianship and Adoption for youth ages 11- 17
- **Focus Population** Baseline Performance: 13.9
- California **Focus Population** Baseline Performance: 15.9
- Target Improvement Goal for **Focus Population**: 20.0

4. Probation: **Measure 4-P2 Permanency within 12 months for children in out of home care for 12-23 months.**

- National Performance: 43.8
- CSA Baseline Performance: 25.0
- **Focus Population:** Family Reunification
- **Focus Population** Baseline Performance: 25.0
- California **Focus Population** Baseline Performance: 19.4
- Target Improvement Goal for **Focus Population**: 43.8

5. Probation: **Measure 4-P3 Permanency within 12 months for children in out of home care for 24 months or more.**

- National Performance: 37.3
- CSA Baseline Performance: 0.0

- **Focus Population:** Family Reunification
- **Focus Population** Baseline Performance: 0.0
- California **Focus Population** Baseline Performance: 10.5
- Target Improvement Goal for **Focus Population:** 37.3

Service Array Gaps and Needs

The organizations that CFS and Probation contract and collaborate with have varying degrees of general service capacity to support children, youth, and families. Due to the COVID-19 pandemic, most agencies offer virtual services, which has helped many families that have transportation barriers access services. Despite improved collaboration and accessibility to services once enrolled, the CSA has shed light on opportunities for improvement regarding the following systemic factors: service array and agency collaboration.

Despite seeing improved outcomes from the Neighbors Together (NT) program, Latino children from the 93030, 93033, and 93036 zip codes are still disproportionately represented in the child welfare system. Although CFS and Probation aim to provide services to families in their preferred language, partner agencies have had difficulties in retaining bilingual clinicians. Translation of all Court and child welfare documents in the parent's preferred language has been challenging due to a lack of state allocated funds. As a starting point, CFS has invested county funds for case plan translation. There has been a significant gap in equities experienced by the Mixtec community, so CFS' new pilot with the Mixteco Indigena Community Organizing Project (MICOP) aims to provide supportive services to CFS involved families to help them navigate the complex child welfare system. Since 2006, CFS has had a Memorandum of Understanding (MOU) with the Mexican Consulate; however, there was no streamlined process in place, resulting in missed connections. The MOU was re-established in November of 2022 in order to create a seamless process for social workers to connect their families to Mexican consulate services, such as help coordinating family time visits at the border, and services through el *Desarrollo Integral de Familia* (DIF) for parents residing in Mexico.

CFS is working on building more collaborative relationships with community-based organizations, as well as expanding partnerships with the Community Services Division within Ventura County Human Services Agency (HSA), to expedite access to supports for basic needs. CFS and AFS partnered to pilot a co-located Resource Navigator position within both CFS and the CalWORKs program. The Resource Navigator acts as a liaison identifying both CalWORKs and other critical resources for NT families receiving Family Maintenance (FM) services in order to assist families in accessing these services timely. Ventura County is looking to expand this concept agency wide through HSA's new Community Access and Engagement department.

There were several service array gaps and needs identified by the focus groups, stakeholders, and Peer Review participants. Father engagement continues to be an area for improvement in the child welfare and probation systems. CFS has worked to address this gap, by expanding program eligibility for the Family Treatment Court (FTC) program to fathers in 2019 and providing fatherhood engagement training to social workers. Despite these improvements, feedback obtained from stakeholders indicated that there is still a gap in the service quality provided to fathers.

Social worker transitions were mentioned as both a strength and an area for improvement during the focus groups and stakeholder meetings. Jurisdiction and Disposition (J&D) teaming began in 2020, with the goal of improving frequency and timeliness of reunification for families by establishing the Ongoing social worker and family relationship immediately following the removal, and to reduce the amount of social worker transitions. J&Ds are now assigned in a variety of ways, with the first priority being teaming between the Emergency Response (ER) and Ongoing social workers. There have been some challenges with this initiative, including staff shortages, staff balancing the J&D assignment with their other workload, and learning curves since many staff had not written a J&D report before. Despite best intentions, from November 2020 to January 2023, no more than 22% of J&D assignments per month were assigned as true teaming between an ER and Ongoing social worker. However, a higher percentage of assignments per month were teaming between the Court and Ongoing social worker. CFS is now in the process of evaluating the relative benefit of these two teaming approaches in order to determine a path forward.

CFS has also focused on only moving social workers to different programs when necessary, but despite these efforts, continued work is needed. Increasing the use of peer partners for parents, youth, and caregivers was a common theme presented from multiple groups. This suggestion was incorporated into the SIP and CFS has increased the use of peer partners in their contracts. Despite the recent increase in preventative services, there is a need for even more preventative services and proactive interventions for families before they reach a point of crisis. A primary focus of the Comprehensive Prevention Plan (CPP) is helping families in need before they come to the attention of the child welfare or Probation systems.

Additional suggestions obtained through the CSA process include continuing to enhance collaboration and communication among partner agencies, streamline services, make services more accessible, and expedite service delivery. Historically, there have been limited opportunities for parents to help develop and shape service delivery. CFS and Probation are working to change this, by including parents in collaborative meetings, including the new Community Pathway meetings.

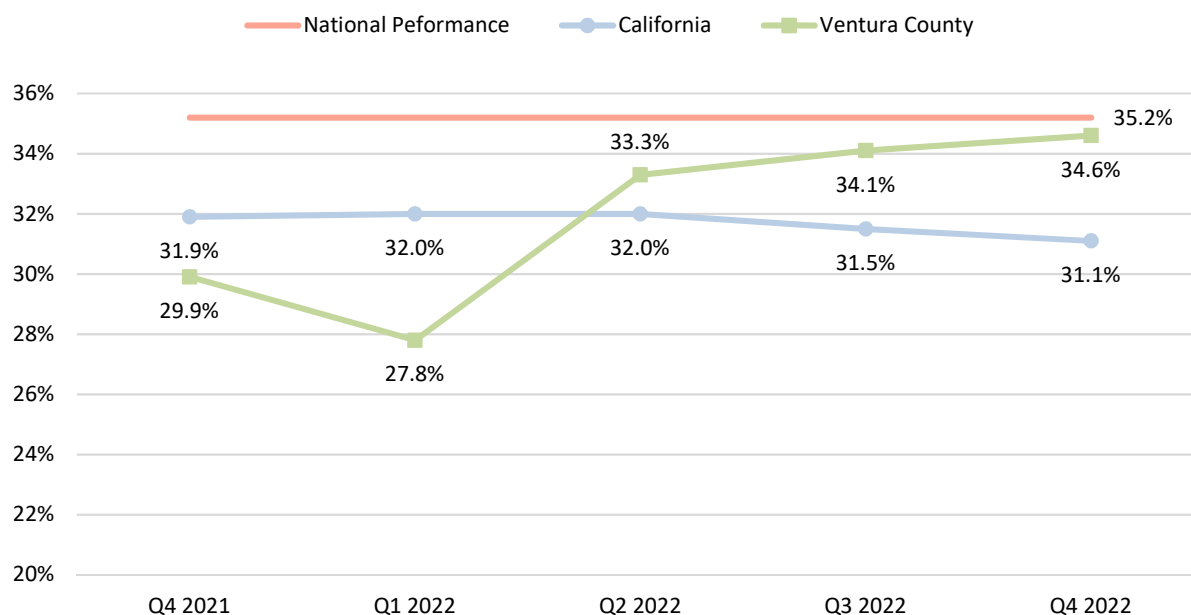
In order to enhance agency collaboration and communication in development of a Child, Youth and Family Wellness System, it is important for all agencies to share values and standards of leadership and practice for staff who directly serve youth and families, as well as those in leadership roles. Ventura County began training public agency leadership on the Integrated Core Practice Model in June 2022, and is working towards training all staff, contracted service providers, and community partners. The opportunities for system improvement identified during the CSA process will help improve performance measures for children, youth, and families in the child welfare and Probation systems, as well as help CFS, Probation, and partner agencies enhance the wellbeing of all families in the community.

CFS Outcome Data Measures and Current Performance

Measure 4-P1: Permanency in 12 Months for children entering out of home care

Ventura County's 12-month permanency rate of 29.9% in Q4 2021 sat below both California's rate (31.9%) and the National Performance (35.2%). The County's rate declined to a low of 27.8% in Q1 2022, but by Q2 2022, the rate increased to 33.3% and it has continued to be on an upward trend. For the past three quarters, Ventura County has exceeded the state's performance for this measure. Currently, Ventura County sits just below the National Performance at 34.6% for Quarter 4 2022. This is 3.5 percentage points higher than the State's rate of 31.1% for Quarter 4 2022.

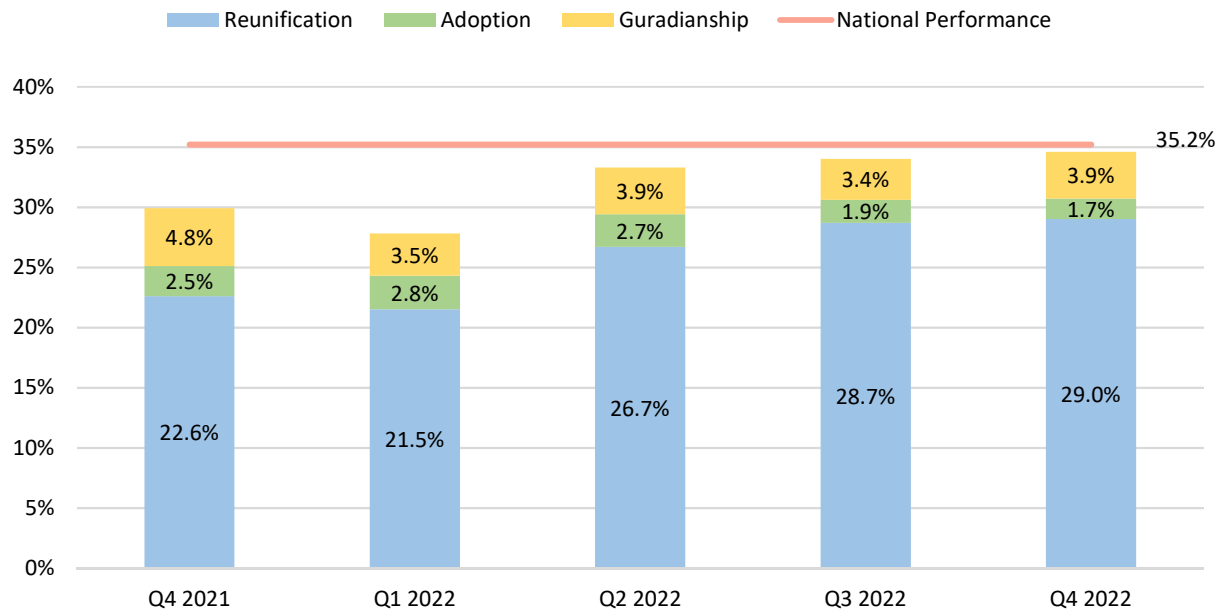
Figure 1. Measure 4-P1, Permanency in 12 months for children entering foster care



Source: CCWIP Quarter 4 2022 extract, AB 636 report

Ventura County continues to enhance efforts, like the Neighbors Together (NT) program, to increase timely reunification. In Q4 2021, Ventura County's 12 month reunification rate, a sub-set of 4-P1, was 22.6%. This rate fell to a low of 21.5% in Q1 2022, before rising in Q2 2022. Over the past three quarters, Ventura County has seen an upward trend in reunification performance. The most current reported quarter (Q4 2022) sees Ventura County achieving 29% reunification for measure 4-P1 (see figure below).

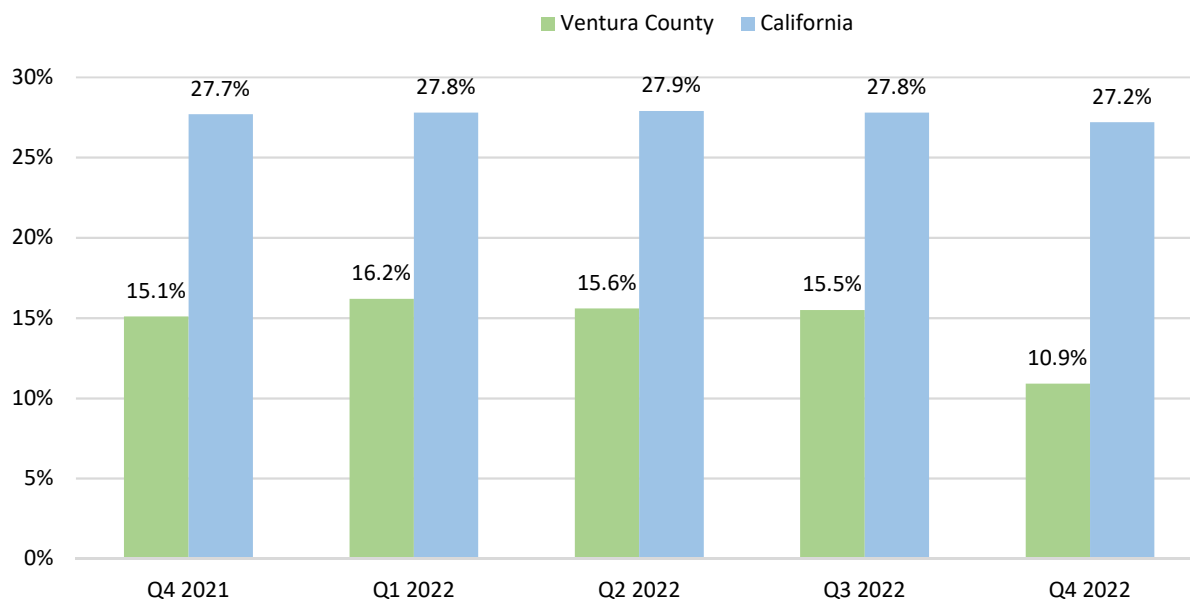
Figure 2. Measure 4-P1, Permanency in 12 months for children entering foster care



Source: CCWIP Quarter 4 2022 extract, AB 636 report

Ventura County remains committed to increasing performance around timely reunification. Historically, Ventura County children 11-17 years of age have had worse permanency outcomes when compared to children in other age groups. In Q4 2021, 15.1% of Ventura County children 11-17 years of age achieved reunification within 12 months, compared to the state average of 27.7%. While Ventura County's performance remained relatively consistent through Q3 2022, the County saw a steep decline in performance in Q4 2022. The most current reported quarter (Q4 2022) reveals that only 10.9% of children ages 11-17 years of age achieved reunification within 12 months of entering foster care compared to the statewide average of 27.2%

Figure 3. Reunification in 12 months for children entering foster care (11-17 years old)

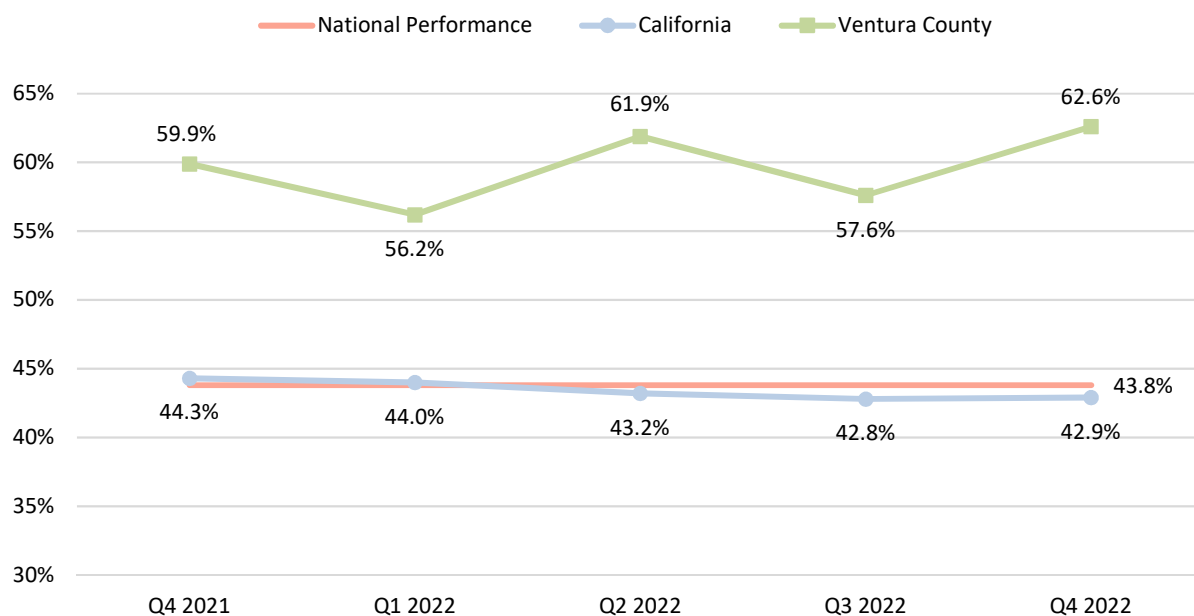


Source: CCWIP Quarter 4 2022 extract, AB 636 report

Measure 4-P2: Permanency in 12 Months for Children in Out of Home Care for 12-23 Months

Ventura County's 12-month permanency rate of 59.9% in Q4 2021 outperformed both California's rate (44.3%) and the National Performance (43.8%). While the County's rate has fluctuated in the quarters that followed, performance has remained well above both the state and the national performance. The County's rate declined to a low of 56.2% in Q1 2022, but by Q2 2022, the rate increased to 61.9%. The County's rate fell back down to 57.6% in Q3 2022 before rising once more to 62.6% in the most current quarter (Q4 2022). Ventura County's most current performance stands nearly 20 percentage points above both the state and the National Performance.

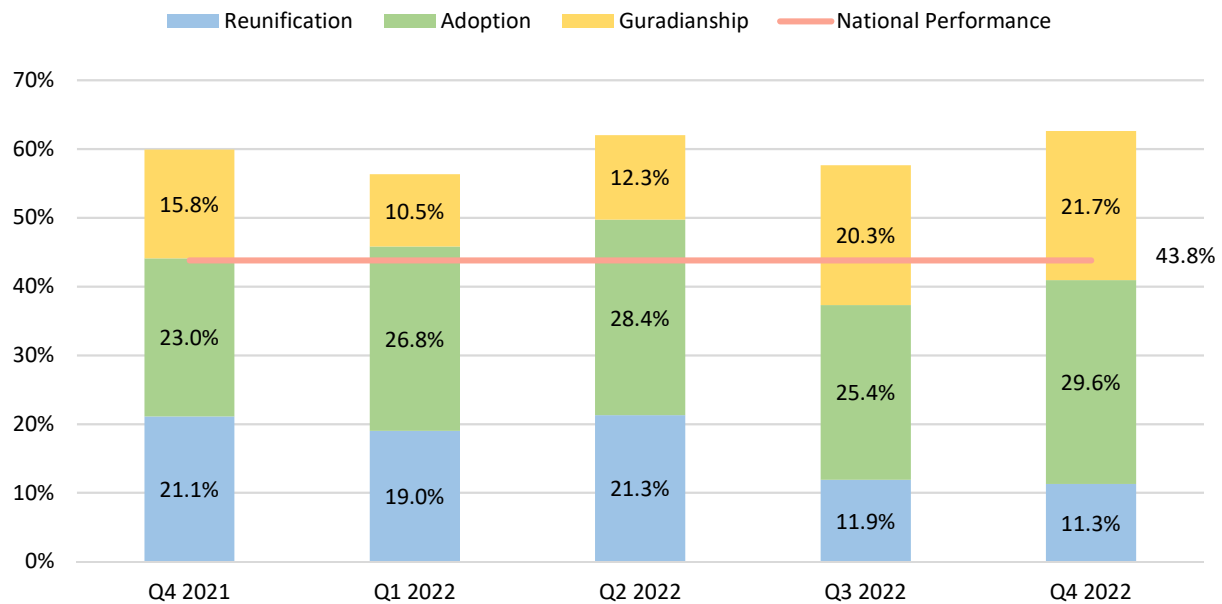
Figure 4. Measure 4-P2, Permanency in 12 months for children in care 12-23 months



Source: CCWIP Quarter 4 2022 extract, AB 636 report

As Ventura County has continued to excel in Measure 4-P2, the County remains committed to achieving high levels of permanency when reunification may not be possible. As shown in the figure below, Ventura County has seen successful adoptions and guardianships be the primary drivers of permanency for children in Measure 4-P2. In Q4 2021, 38.8% of children who had been in care 12-23 months achieved permanency in 12 months through adoption or guardianship. In the most recent quarter (Q4 2022), over 50% of children who had been in care 12-23 months achieved permanency in 12 months through adoption or guardianship.

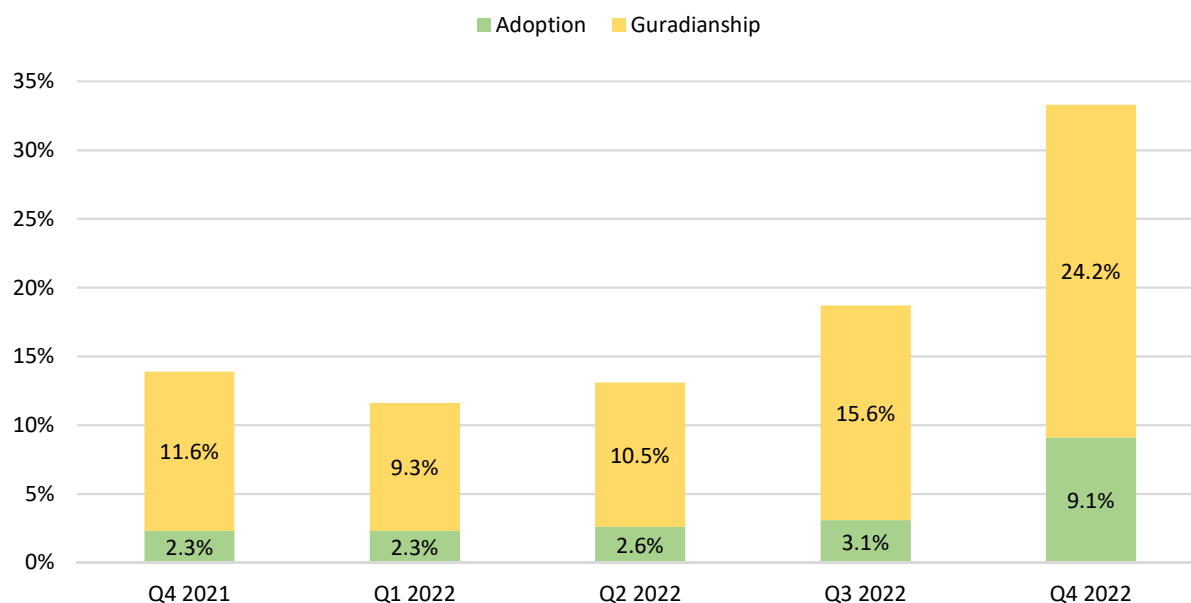
Figure 5. Measure 4-P2, Permanency in 12 months for children in care 12-23 months



Source: CCWIP Quarter 4 2022 extract, AB 636 report

While adoption and guardianship performance has been a strength for Measure 4-P2, Ventura County has struggled to achieve consistent results across all age groups. Children 11-17 years old typically have lower rates of guardianship and much lower rates of adoption for Measure 4-P2. In Q4 2021, 13.9% of children who had been in care 12-23 months achieved permanency in 12 months through adoption or guardianship with the vast majority of that percentage (11.6%) achieving guardianship. In the most recent quarter (Q4 2022), while the percentage rose to 33.3% of children who had been in care 12-23 months achieving permanency in 12 months through adoption or guardianship, this performance remains well below the over 50% performance for other age groups.

Figure 6. Adoption or Guardianship in 12 months for children in care 12-23 months (11-17 years old)

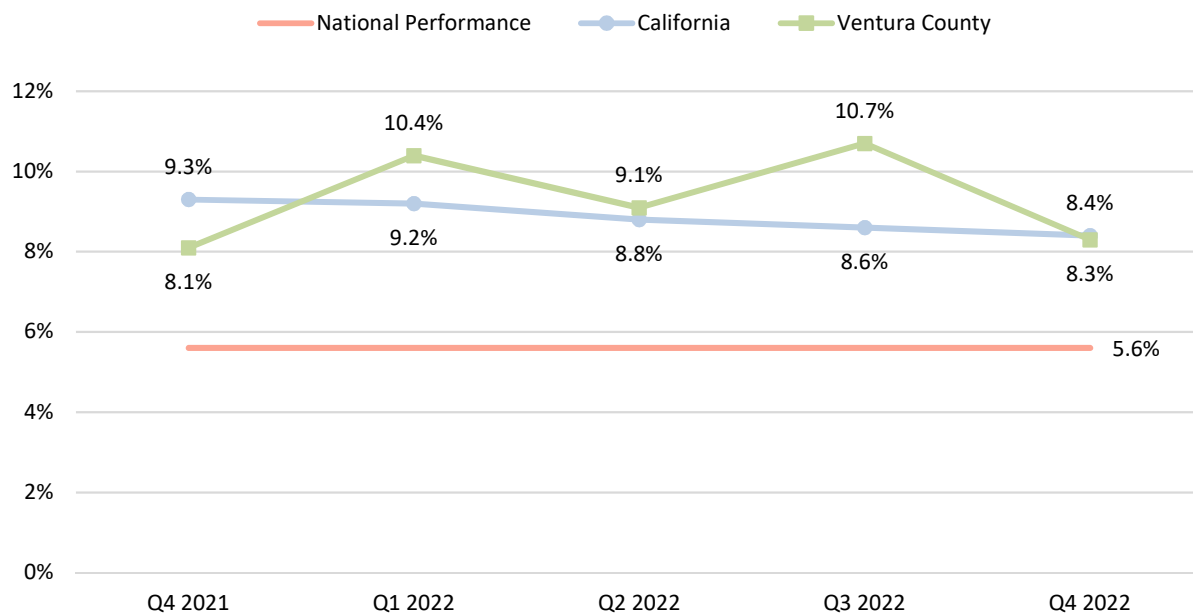


Source: CCWIP Quarter 4 2022 extract, AB 636 report

Outcome Measures Not Meeting State/National Standards

Ventura County's baseline performance for Measure P4, Re-Entry to Foster Care in 12 months, was 8.1% in Q4 2021, which outperformed the state average of 9.3%. However, the County's re-entry rate jumped to 10.4% in Q1 2022 and underperformed when compared to the state's average for the following four consecutive quarters. Despite a drop in re-entry to 8.4% in Q4 2022, Ventura County continues to slightly underperform when compared to the state average (8.3%) and the National Performance of 5.6%.

Figure 7. Measure 4-P4, Re-Entry to Foster Care in 12 months

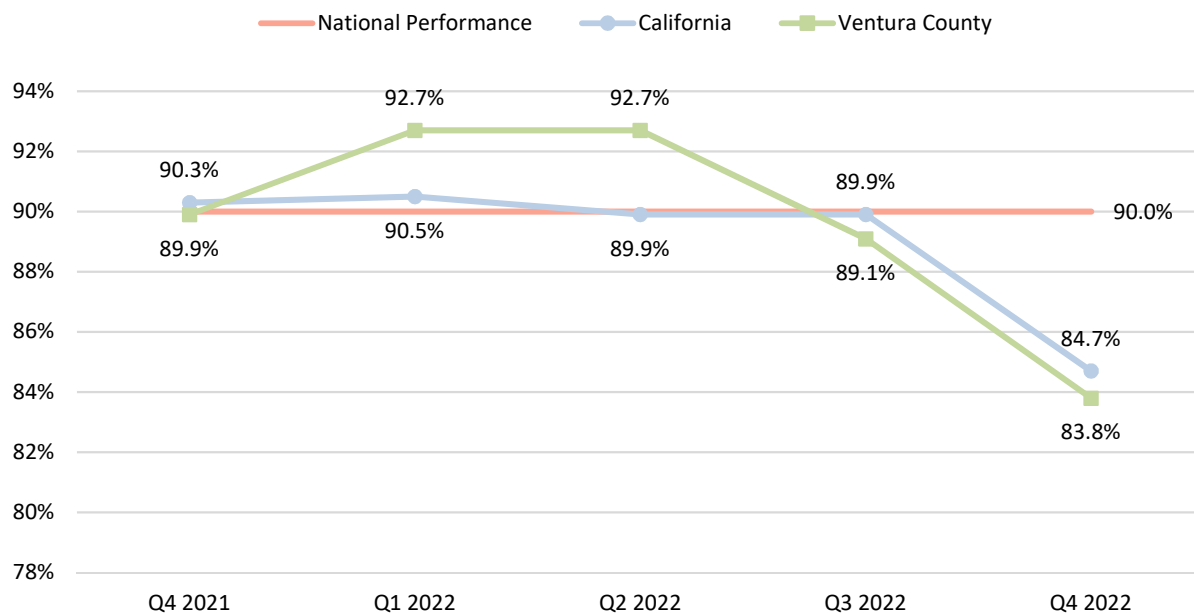


Source: CCWIP Quarter 4 2022 extract, AB 636 report

While this data shows that Ventura County has a history of not achieving the National Performance, it is important to note that CFSR Round 4 had a significant impact on the methodology for the re-entry measure. The change in methodology eliminated the entry cohort requirement and therefore a large number of children (many of whom have longer lengths of time in out of home placement) who had not been historically included in the denominator are now included. While this does provide an explanation, Ventura County continues to work hard to combat any form of re-entry and will be closely monitoring performance in this area moving forward.

Additionally, as of Q4 2022, Ventura County is currently performing below the National Performance on Measure 2B, Timely Response for 10-Day referrals. Ventura County's baseline performance for this measure was 89.9% in Q4 2021, which sat below the National Performance (90%) and the state average (90.3%). In Q1 2022, the County's performance jumped to 92.7% and remained there for two consecutive quarters. Despite the brief success, Ventura County's performance fell to 89.1% in Q3 2022. In the most recent quarter (Q4 2022), Ventura County's performance sits at 83.8%, which is just below the state average of 84.7% and well below the National Performance of 90%.

Figure 8. Measure 2B, Timely Response for 10-Day referrals

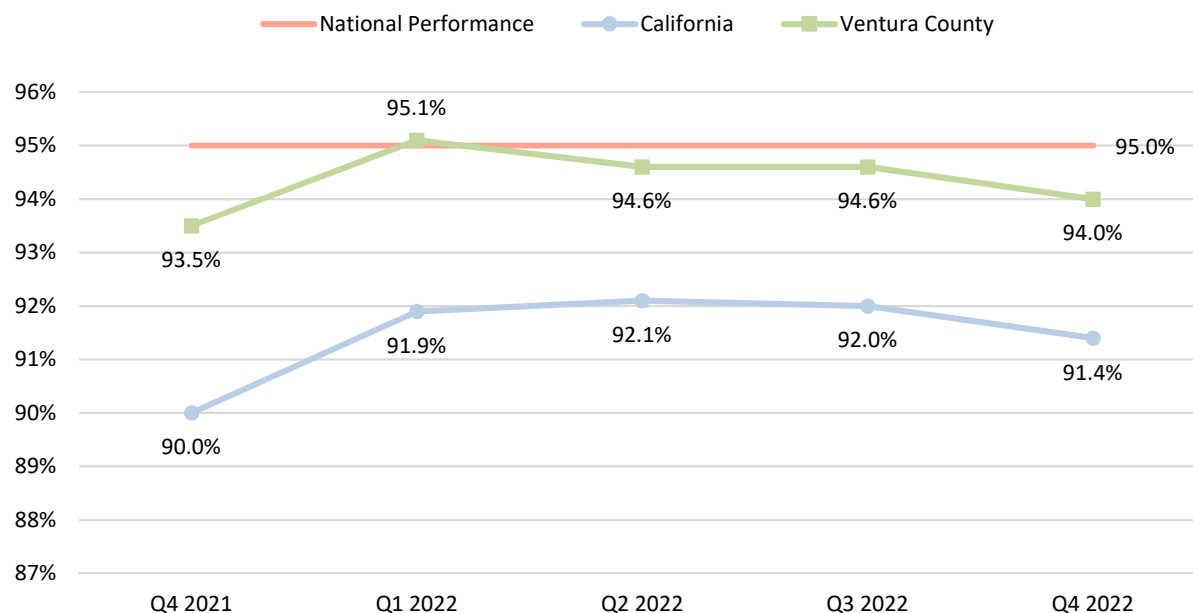


Source: CCWIP Quarter 4 2022 extract, AB 636 report

The County continues to make this measure a point of emphasis in order to raise performance. In coordination with the analyst team, managers have been creating and receiving numerous data reports to aid in supervision. These reports analyze staff performance as well as information related to each referral. Furthermore, it appears that the primary reason for low rates of performance relate to delayed data entry. Ventura County continues to pay close attention to this measure, and address issues through consistent supervision.

Finally, as of Q4 2022, Ventura County is currently performing below the National Performance on Measure 2F, Monthly Visits (Out of Home). Ventura County's baseline performance for this measure was 93.5% in Q4 2021, which sat below the National Performance (95%) and above the state average (90%). In Q1 2022, the County's performance jumped to 95.1% before falling below the National Performance again in Q2 2022. In the most recent quarter (Q4 2022), Ventura County's performance sits at 94%, which is just below the National Performance of 95% and above the state average of 91.4%.

Figure 9. Measure 2F, Monthly Visits (Out of Home)



Source: CCWIP Quarter 4 2022 extract, AB 636 report

Rationale for CFS Systemic Factor and Outcome Measures

1. Decrease the occurrence of family separations and youth removal.
 - Systemic Factor: Agency Collaboration
2. Safely reunite families when possible.
 - Performance Measure: 4-P1
 - Focus Population: Family Reunification
3. Ensure children and youth who cannot return home establish a forever family and preserve lifelong connections.
 - Performance Measure: 4-P2
 - Focus Population: Legal Guardianship and Adoption for youth ages 11-17

CFS decided to focus on the above three goals for system improvement based on feedback obtained from the CSA process, as well as an analysis of county performance on outcome measures. During the CSA, CFS and Probation utilized two existing parent support groups and one caregiver support group to conduct virtual focus groups. One parent focus group was facilitated in English and the other in Spanish so parents

could express their feedback in their preferred language. CFS and Probation collaborated with agency staff to arrange a virtual youth focus group and in-person staff focus group. Furthermore, CFS and Probation held a stakeholder meeting in September 2022 to elicit feedback on current performance and how CFS and Probation can better collaborate with community partners. A four-day Virtual Peer Review was held October 3rd -6th 2022, involving interview teams comprised of Child Welfare Social Workers (CWSWs) and Probation Officers (POs) from Butte, Kern, Merced, Orange, Riverside, San Benito, San Luis Obispo, San Mateo, Santa Cruz and Sutter counties. At the Peer Review, county participants shared their insight on Ventura County's strengths, areas for improvement, as well as promising practices in their county.

Regarding decreasing the occurrence of family separations and youth removal, CFS and Probation chose the systemic factor, Agency Collaboration, for system improvement. During the CSA process, both CFS and Probation received feedback from stakeholders on the need for more communication and collaboration among partnering agencies. Many of the agencies in Ventura County work with the same families; however, current practice limits the ability to best serve families, since open communication is minimal and agencies tend to work in silos. If agencies communicate and collaborate with each other, families will be provided with the expedited services and supports that they need, which in turn will reduce the number of families entering the child welfare and Probation systems.

During the CSA, CFS and Probation received input regarding the need for more prevention and proactive interventions. This shed light on the need to include prevention efforts in the SIP, including Comprehensive Prevention Plan strategies that are in development. During the CSA process, it was also recommended that both agencies work on enhancing the service array in the county, which is another systemic factor; however, both agencies feel that in order to improve the service array, agencies first need to work on their communication and collaboration with other public and community partners.

To achieve the goal of safely reuniting families when possible, CFS decided to focus on Measure 4-P1, with a specific focus on increasing rates of reunification for children and youth within 12 months of entry into care. As stated previously in the Outcome Data Measures and Current Performance section, CFS has performed below the National Performance of 35.2%. CFS decided to focus on Family Reunification, because, as can be seen in Figure 2, reunification is the primary form of permanency within the first 12 months. One strategy that will help improve rates of reunification is increasing culturally relevant services. A disproportionate number of entries into care come from the South Oxnard area. Despite the Neighbors Together (NT) zip codes (93030, 93033, 93036) constituting just 29% of the overall Ventura County child population, from 2017 - 2021, these zip codes represented 38% of new child welfare cases. Many of the families that live in the South Oxnard area are monolingual Spanish-speaking. CFS recognizes that there has been an issue of equity in the quality of services provided to non-English speaking families; therefore, a targeted strategy is needed to address this inequity. Action steps to address this inequity include developing a Child Welfare Navigator position to help Latino/a indigenous families navigate the child welfare system, and increasing collaboration and streamline practices with community based organizations that provide services and supports to South Oxnard families in their preferred language.

Data obtained through Case Reviews indicated a need to enhance engagement efforts with parents to improve reunification outcomes. Case review data is reported using an online-based monitoring system (Onsite Review Instrument or OSRI). The OSRI utilizes an 18-item rating schema with several contingency-based questions. On the instrument, the ratings for each item are determined to be a Strength, an Area Needing Improvement, or Not Applicable. Ventura County CFS uses reports generated from OSRI data to speak to issues of interest, and one case review item that stood out as needing improvement is 12B, Needs Assessment and Services to Parents. In addition to low ratings on 12B, feedback obtained from the CSA indicated a need to assess the individual needs of the family and tailor goals and services appropriately. CFS believes that by enhancing assessments of parents, and connecting them to the appropriate services and supports, CFS will be able to help families promptly and safely reunify.

The below figures include data on Case Review Item 12B from 2018 to 2022. 12B1 and 12B2 ask the question: “did the agency conduct a formal or informal initial and/or ongoing comprehensive assessment that accurately assessed the mother’s/ father’s needs?” As can be seen in Figures 10 and 11, the ratings for assessment of mother’s needs were much higher with an average of 87.9% over the past five years, compared to the average for father’s needs at 44.5%.

Figure 10. 12B1 Mother Needs Assessment Ratings

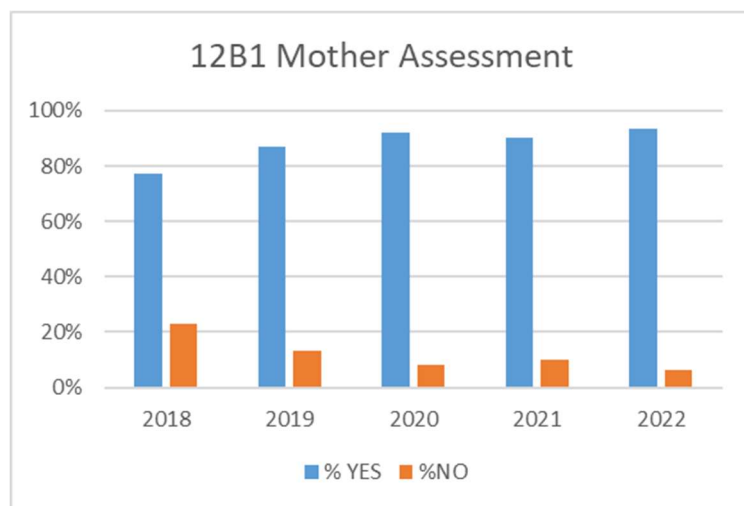
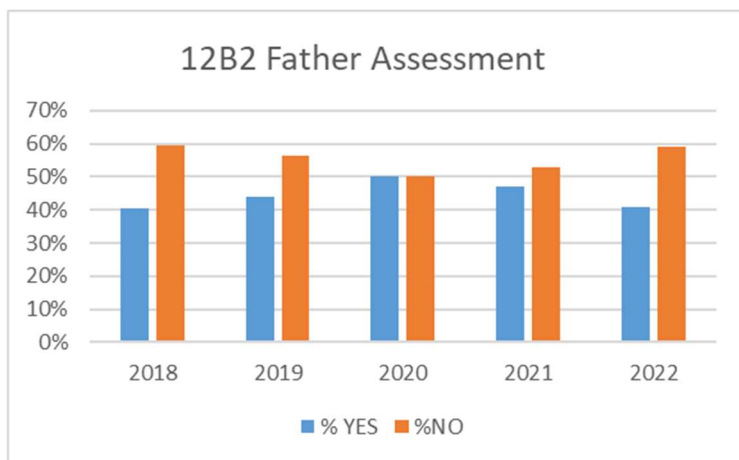


Figure 11. 12B2 Father Needs Assessment Ratings



Figures 12 and 13 include responses to questions 12B3 and 12B4, “did the agency provide appropriate services to the mother/ father to meet identified needs?” The ratings for services to mothers were higher with an average of 44.9% over the past five years, while fathers rated at an average of 35.3%.

Figure 12. 12B3 Mother Services Ratings

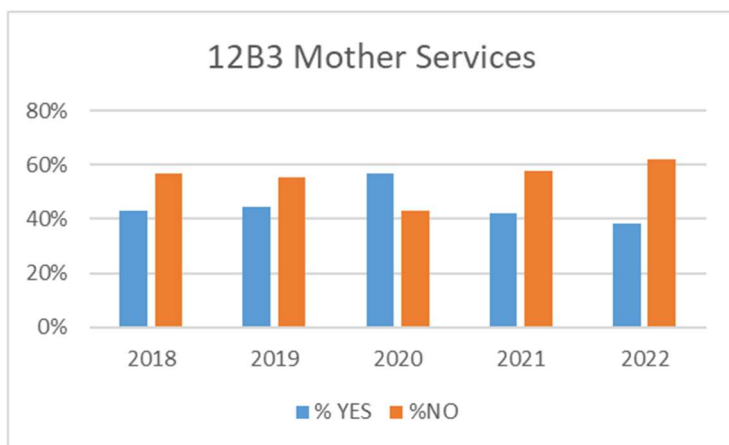
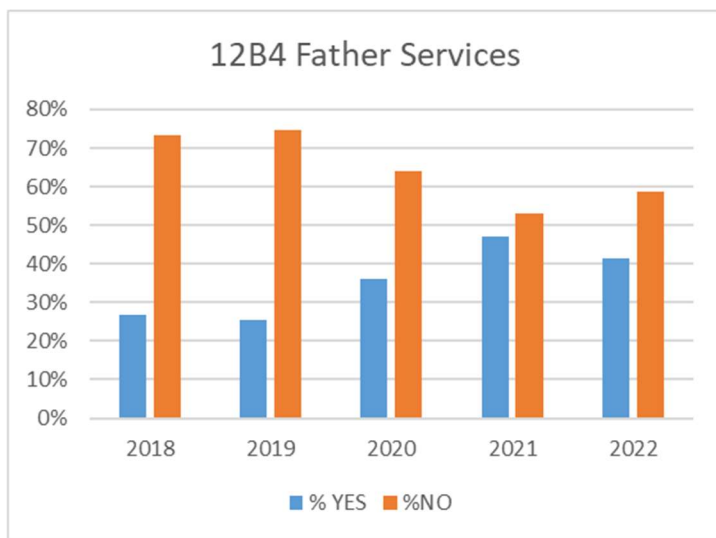


Figure 13. 12B4 Father Services Ratings



It is clear based on the above data that CFS needs to improve both the assessment of fathers' needs and the services provided to fathers. Although CFS tends to do well with their assessment of mothers' needs, there is a need to provide better services tailored to meet the needs of mothers in the system. In addition to this data, CFS received feedback during the CSA process regarding the need to improve father engagement. For all of these reasons, CFS decided to develop a strategy for targeted engagement efforts to improve reunification outcomes. An action step for this strategy includes using the Child and Adolescent Needs and Strengths (CANS) tool to develop case plans. By using tools, like the CANS, to assess for the needs and strengths of both mothers and fathers, staff will be able to connect parents to the appropriate services to address their needs, which will help them resolve the safety concerns that brought their family to CFS' attention and help them reunify with their children.

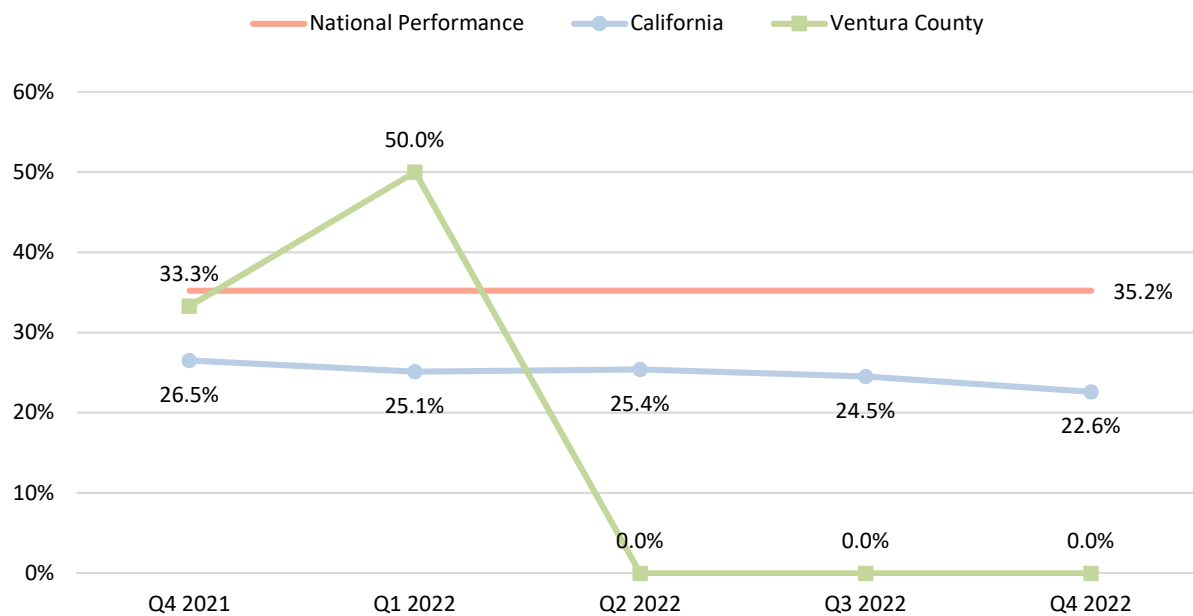
Finally, in order to meet the goal of ensuring children and youth who cannot return home establish a forever family and preserve lifelong connections, CFS chose Measure 4-P2, with a specific focus on increasing rates of legal guardianship and adoption within 12 months for youth ages 11 to 17 in out of home care for 12-23 months. Although CFS performs above the national performance level on P2, youth ages 11 to 17 have lower rates of legal guardianship and adoption than other age groups. Since family reunification is usually the primary focus within 12 months of entry, CFS decided to focus on increasing rates of legal guardianship and adoption for older youth who have been in care for 12-23 months. CFS' strategy involves a targeted, tailored approach for this age group, including forums where a social worker discusses permanency options for a youth on their caseload with a team. Additionally, CFS will enhance the Family Search and Engagement (FSE) program that works to locate and connect older youth who do not have an identified permanent plan, with family or other permanent connections.

Probation Outcome Data Measures and Current Performance

Figure 14 presents the rates of permanency within 12 months of youth entering foster care. Ventura County Probation Agency exceeded the California Performance in 2 of 5 quarters (i.e., 33.3% in Q4 2021 and

50.0% in Q1 2022) and the National Performance in 1 of 5 quarters (i.e., 50.0% in Q1 2022). However, these rates have been 0.0% over the last three quarters. Rates vary widely by quarter because the number of youths in care is typically very low (e.g., only 9 youth in care are included in the Q4 2022 group). Further, because the same youth in care are included in the calculation of rates for more than one quarter, low rates can persist across an extended period. This is particularly true when youth in care present with a challenging combination of needs and legal requirements. Nonetheless, permanency for youth in care remains the foremost goal of Ventura County Probation Agency.

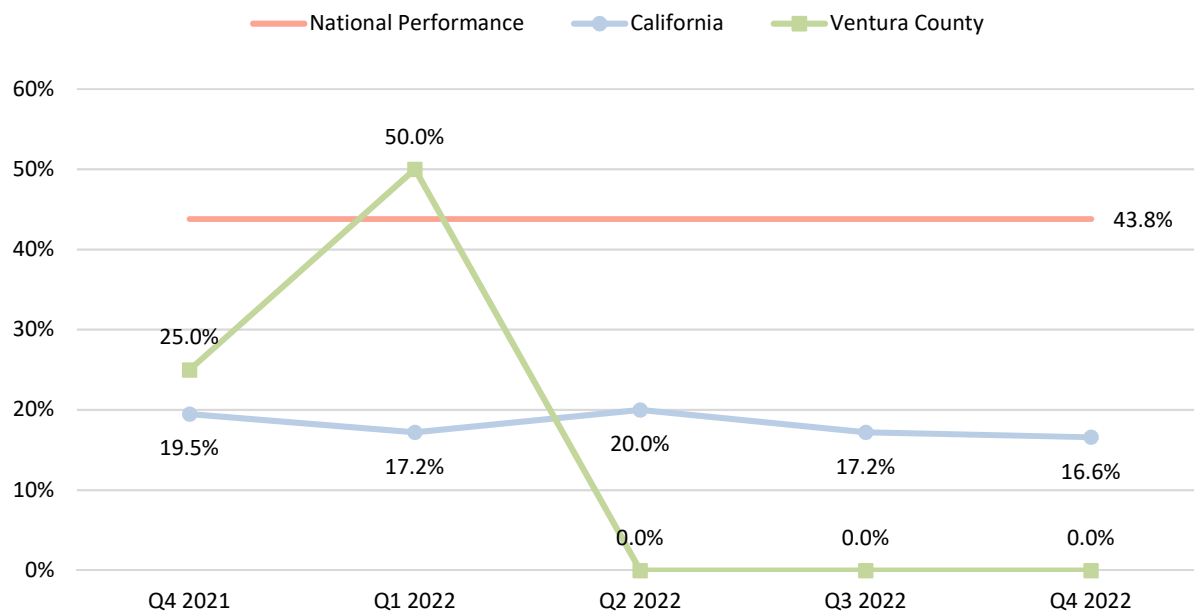
Figure 14. Measure 4-P1, Permanency in 12 months for children entering foster care



Source: CCWIP Quarter 4 2022 extract, AB 636 report

Figure 15 presents the rates of permanency in 12 months for children in care between 12 and 23 months. Ventura County Probation Agency exceeded the California Performance in 2 of 5 quarters (i.e., 25.0% in Q4 2021 and 50.0% in Q1 2022) and National Performance in 1 of 5 quarters (i.e., 50.0% in Q1 2022). Again, these rates have been 0.0% over the last three quarters due to the youth in care being prior WIC 300 dependents who transitioned to delinquency wardship. As described above, these rates can vary widely because of the generally low number of youth in care per quarter. Ventura County Probation Agency will increase the layers of support for parents by providing probation orientations and peer partner support. We believe that by providing parents with additional layers of support, we will increase rates of reunification. Probation orientations will enhance communication and build a network of support for parents. Peer delivered support from someone with lived experience can offer emotional, informational and advocacy while cultivating connection and guidance. Implementing these action steps will improve permanency.

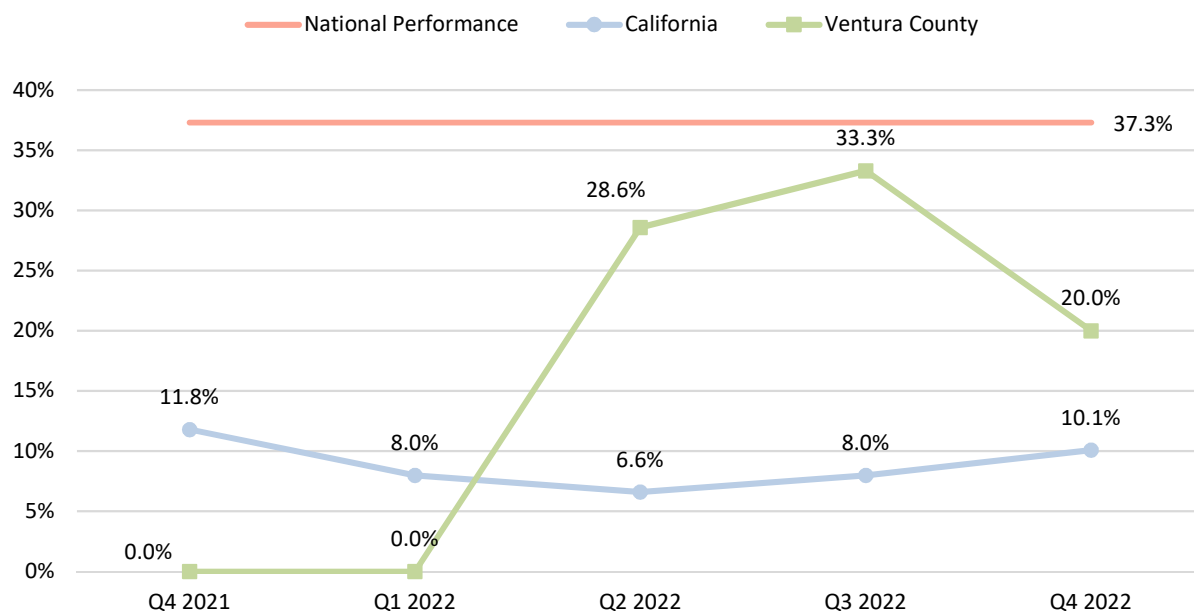
Figure 15. Measure 4-P2, Permanency in 12 months for children in care 12-23 months



Source: CCWIP Quarter 4 2022 extract, AB 636 report

Figure 16 presents the rates of permanency within 12 months of children in care for 24 months or longer. Ventura County Probation Agency did not meet National Performance in any of the 5 quarters. However, Ventura County Probation Agency strongly surpassed the California Performance in 3 of 5 quarters (i.e., 28.6% in Q2 2022, 33.3% in Q3 2022, and 20.0% in Q4 2022). To build on these successes in recent quarters, Probation will provide increased family time while youth are removed from their families to help maximize permanency for youth in care. Increased family time will allow for meaningful relationship building to create lasting family connections. Strengthening meaningful connections with caring adults will help improve youth permanency.

Figure 16. Measure 4-P3, Permanency in 12 months for children in care 24 months or more



Source: CCWIP Quarter 4 2022 extract, AB 636 report

Rationale for Probation Systemic Factor and Outcome Measures

1. Decrease the occurrence of family separations and youth removal.
 - Systemic Factor: Agency Collaboration
2. Safely reunite families when possible.
 - Performance Measures: 4-P2 and 4-P3
 - Focus Population: Family Reunification

Probation decided to focus on the goals of decreasing the occurrence of family separation and youth removal, and safely reuniting families when possible for system improvement. Regarding decreasing the occurrence of family separation and youth removal, as stated in the *Rationale for CFS Systemic Factor Outcome Measures* section, feedback obtained during the CSA process clearly indicated a need for enhanced communication and collaboration between partner agencies in Ventura County, which is why the systemic factor, Agency Collaboration, was chosen. As previously stated, with enhanced communication and

collaboration, child welfare and Probation can provide families with expedited services and supports, which in turn will reduce the number of families entering the child welfare and Probation systems.

To achieve the goal of safely reuniting families when possible, in addition to Agency Collaboration, Probation chose to focus on permanency efforts for youth in suitable placement, with attention given to those in care between 12 and 23 months, and those in care 24 months or more. The data reflected in the Permanency measures 4-P2 and 4-P3, present significant fluctuations in the rates at which Probation youth in care reunified with family. Many of the youth in care were former 300 WIC dependents, who transitioned to delinquency wardship after they have been in care for 12 months, which is why 4-P1 was not selected for the SIP. A significant amount of youth in care have a history of traumatic experiences and mental health challenges, which makes it more challenging to achieve permanency.

As recognized by the Peer Reviewers in October 2022 and various County Stakeholders, the information gathered provided insight from multiple perspectives to create equity for children and families, identify and affirm best practices, and learn areas for improvement, necessary to create a wellness system to strengthen families. A need for more resources and supports to address the needs of the family and the expansion of peer partners for parents, youth and caregivers was a recommended area to improve upon.

Given this information, Probation chose to focus on a SIP strategy specifically focused on efforts to engage and support families. In doing so, Probation will focus more on providing services such as parent partners, those with lived experience, and youth mentors, as it is an area that could improve performance measures pertaining to reunification. Further, meaningful family time with youth in care has several positive outcomes, including strengthening the relationship which leads to a greater likelihood of reunification and expedited permanency. As part of the agreement, the family will be encouraged to visit with youth for a minimum of one hour to increase quality family time.

Another area identified during the Peer Review was additional family finding training options for staff to increase options for permanency. The increased use of genogram family finding techniques is known to increase support for the family and youth in care. Probation will track all the action steps in monthly stats, surveys or in the agency database to ensure the action steps are being implemented.

SIP Strategies

Strategy 1: Increase engagement and input from youth and families on how the county and community partners can better collaborate to provide enhanced services and supports.

Applicable Systemic Factor: Agency Collaboration

Historically there have been limited opportunities for youth and parents with lived expertise in the child welfare and probation systems to provide input on the services provided by CFS and Probation. Ventura County recognizes that parents are experts on service array gaps, how to best navigate systems and services, and what services and supports will most help families be successful. Youth and parents need to be at the table to provide insight on policy and practice changes. Parents and youth are experts on their own individual needs, and how to address them, so having their voice at stakeholder meetings and implementation teams

will help the agencies provide enhanced and targeted efforts to collaborate with community partners to best meet the specialized needs of CFS and Probation families, which in turn will reduce the rate of entry into, as well as ensure more successful outcomes for those who enter the child welfare and Probation systems. Obtaining input through the CSA process is not sufficient to address the needs and strengths of families in our system; therefore, the county determined that a targeted strategy was needed for youth and parent engagement.

Ventura County contracts with The Partnership for Safe Families & Communities and other contracted partners to develop youth and parent leaders so they can provide insight to inform county agencies and systems in decisions about policies, services, and their community's health and well-being. Parent Leaders through Kids and Families Together (KFT) attend some stakeholder and implementation team meetings; however, there is a need to have parent representation at more meetings and to fairly compensate parents for their time. Currently, there is minimal youth participation in stakeholder and implementation meetings and processes, which is why CFS and Probation intend to increase the utilization of parents and youth with lived experience in stakeholder and implementation team meetings regularly.

Action steps for this strategy include:

A. Include parent voice in the development of the Ventura County Community Pathway.

- Conduct parent led focus groups, including parent mentors.
- Continue to elicit parent feedback as needed.

The Community Pathway is part of the Comprehensive Prevention Plan. Ventura County is committed to creating and implementing a “no wrong door” approach for the VC Community Pathway. It is called an “every right door” approach because the goal of the community pathway is for families to have multiple entry points to find the help they need when they need it. The county will be holding parent led focus groups to obtain their input, such as array of needs or services and how information is shared, to help develop the Community Pathway and will continue to reach out to parent mentors as needed. The Wellness System Collaborative, which consists of leaders from the Human Services Agency, Ventura County Office of Education, Probation, Ventura County Behavioral Health, Tri-Counties Regional Center, and Ventura County Public Health, will be responsible for completion of this action step.

B. Conduct assessment of stakeholder meetings and implementation teams to determine which groups need a parent and youth voice.

- Send invitations to parents and youth for groups that need a parent and/or youth voice.
- Team with The Partnership for Safe Families & Communities in developing training and professional growth opportunities for parents and youth with lived experience to be able to appropriately and confidently use their voice in meetings.
- Develop parent and youth leaders to increase their engagement and collaboration in stakeholder meetings and implementation teams, and assess for opportunities for shared leadership.

C. Probation: Provide youth mentors to assist youth in completing their case plan goals.

- Increase referrals to Big Brothers Big Sisters of Ventura County Evening Reporting Centers and Mentoring Programs for youth ages 12.5 to 18 years.
- Establish a contract with Interface to provide mentors to youth to deter them from the criminal justice system.
- Establish a contract with United Parents for educational advocacy for youth.
- Refer parents of youth to parenting classes offered by Public Health to improve school attendance.

D. Monitor, evaluate, and modify activities:

- Establish a standardized assessment tool(s) for parents, youth, staff, tribal and community partners and stakeholders to give feedback relating to agency collaboration.
- Create a balanced scorecard to quantify increase in levels of collaboration.

CFS and Probation will review existing assessment tools for agency collaboration to determine the best method of measurement. They will utilize the assessment tool with parents, youth, staff, tribal and community partners, and stakeholders to evaluate whether there have been enhancements in agency collaboration. They also intend to quantify enhancements in collaboration, such as tracking new partners, as well as attendance of community partners and stakeholders at meetings.

Strategy 2: Increase engagement and input from stakeholders, tribal and community partners on how to best collaborate to provide enhanced services and supports.

Applicable Systemic Factor: Agency Collaboration

During the CSA, Ventura County received feedback regarding the need to enhance collaboration and communication among partner agencies and community organizations and to streamline services. Strong communication and collaboration lead to aligning resources and supports, which in turn helps families easily access services. This is aligned with the tenets of the county's cross system, Child, Youth and Family Wellness goals. There is a need to not only enhance collaboration with existing partners, but to also build new relationships with community partners, especially those in the South Oxnard area and those who work with families of different cultural backgrounds. Action steps for this strategy include CPP strategies that are in development.

Action steps for this strategy include:

- A. Include input from stakeholders, tribal and community partners in the development, implementation and oversight of the Ventura County Community Pathway, as part of the local Family First Prevention Services rollout.
- B. Train stakeholders, tribal, and community partners on the Integrated Core Practice Model (ICPM).

County-wide implementation of the California Integrated Core Practice Model (ICPM) is a priority in Ventura County. ICPM provides the shared values, core components, and standards of practice that are expected from leadership and those who serve children, youth, and families directly. ICPM training for leadership began in

June of 2022. In 2023, cohorts of frontline staff and their supervisors began receiving ICPM training. The ICPM training rollout for 2024 to 2027 includes a plan to train up to 3,000 frontline staff, their supervisors, and community partners.

C. Probation: Increase participation of interagency mappings for complex cases to solicit input from stakeholders when needed. [Component of the Integrated Core Practice Model (ICPM)].

D. Probation: Establish and utilize a written protocol with District Attorney and Public Defender's office regarding: early referral to prevent filings and complex case handling upon filing.

E. Monitor, evaluate, and modify activities:

- Establish a standardized assessment tool(s) for parents, youth, staff, tribal partners and stakeholders to give feedback relating to agency collaboration.
- Create a balanced scorecard to quantify increase in levels of collaboration.
- Evaluate the existing method of collecting data related to ICPM.

Strategy 3: Increase culturally relevant services.

Applicable Outcome Measures:

CFS: 4-P1- Permanency in 12 months for children entering out of home care

Probation: 4-P2- Permanency within 12 months for children in out of home care for 12-23 months and 4-P3- Permanency within 12 months for children in out of home care for 24 months or more

Focus Population for Outcome Measures: Family Reunification

Despite targeted interventions in the previous SIP, Latino children from the 93030, 93033, and 93036 zip codes are still disproportionately represented in the child welfare system countywide. Although CFS and Probation aim to provide services to families in their preferred language, contracted providers often struggle with hiring and retaining bilingual clinicians. Even if services are provided to families in their preferred language, not all services are culturally responsive. CFS and Probation recognize that there has been an issue of equity in the quality of services provided to non-English speaking families; a targeted strategy is needed to address this inequity.

This strategy includes both enhancing existing relationships and expanding relationships with community partners who provide services to Latino/a Indigenous families, as well as building new relationships with organizations that provide services to foreign-born and/or immigrant families. In addition, establishing new partnerships with organizations that provide services in the South Oxnard area, where many of our families live, will improve outcomes. Once partnerships and practices are enhanced in the South Oxnard area, innovations will be adapted to other parts of the county. Providing services and supports to families in their preferred language, as well as providing culturally responsive services, will help more families successfully reunify.

This strategy also includes building a relationship with the tribal organization, Owens Valley Career Development Center (OVCDC). Ventura County recently established contact with this organization, and is

working with OVCD to provide education on their services to staff and resource parents. This new partnership will help provide an additional layer of support to tribal families.

Action steps for this strategy include:

A. CFS: Enhance relationship with Mixteco Indigena Community Organizing Project (MICOP).

- Develop a Child Welfare Navigator position to help Latino/a indigenous families navigate the child welfare system.

According to a 2010 study commissioned by the Community Commission for Ventura County, the Mixtec's are "among the most economically disadvantaged and underserved communities living in Ventura County" due to language barriers and unique cultural practices and beliefs that often isolate them from other Latino and immigrant populations. Additionally, Mixtec's face substantial obstacles in accessing community services and supports, which is further exacerbated by service providers who have limited to no understanding of their cultural practices and beliefs. To bridge the gap in inequalities experienced by the Mixtec community, CFS is continuing to build a relationship with MICOP. Since 2001, MICOP a local non-profit organization, has been "supporting, organizing and empowering the indigenous migrant community in California's central coast with the intent of achieving just working and living conditions, equality and full human rights in the broader community." Through this partnership, MICOP will provide supportive services to CFS-involved families to help them understand and navigate the complex child welfare system. Additionally, cultural broker services will be provided to the CFS Social Worker to help them better understand and embrace the indigenous perspective.

B. Increase collaboration and streamline practices with community based organizations that provide services and support to South Oxnard families.

- Conduct outreach in the South Oxnard area to increase collaboration with community based organizations that can meet the linguistic and cultural needs of families.
- Use learnings from outreach in South Oxnard to develop strategies to enhance relationships with other communities.

C. Build relationship with tribal organization, Owens Valley Career Development Center (OVCD).

- Provide training on services provided by OVCD to all Probation, CFS staff, and Resource Parents.
- Invite OVCD to stakeholder meetings.

During the CPP development, CFS and Probation established contact with OVCD. Previously there was not a relationship with any tribal organization in the county; building the relationship with OVCD and educating staff on their services is a priority. The OVCD is a dedicated American Indian organization operating under a consortium of Sovereign Nations. It is structured to provide the opportunity for improvement in the quality of life by focusing on education and self-sufficiency while protecting, preserving, and promoting their distinct culture in the spirit of positive nation building for Native people of today and generations of tomorrow.

D. Monitor, evaluate, and modify activities:

- Design a process for tracking outcomes for families receiving MICOP Child Welfare Navigator services.

- Establish a standardized assessment tool for parents and youth to give feedback relating to culturally appropriate services.
- Monitor performance in Case Review Item 12b- Assessments and Services to Parents.

Strategy 4: Targeted engagement efforts to improve reunification outcomes (CFS).

Applicable Outcome Measures: 4-P1- Permanency in 12 months for children entering out of home care.

Focus Population for Outcome Measures: Family Reunification

Feedback obtained from the CSA included a need to assess the individual needs of the family and tailor goals and services appropriately. In order to best connect families to the services and supports they need, CFS needs to ensure they are conducting thorough assessments and utilizing the CANS tool to create a case plan that specifically addresses the family's needs. This in turn, will lead to higher rates of reunification.

Another area for improvement identified during the CSA was father engagement. Although CFS has been aware of this issue and tried to address it through father engagement training for CFS staff, the issue continues, which is why there is a specific action step regarding engagement and assessment of fathers.

Finally, CFS is developing a Family Maintenance (FM) "Intensive In-Home Support Program" to provide more intensive support to court involved families to either keep families together, or help them reunify quickly. This program will utilize promising practices learned from other programs that provide intensive support, such as Family Preservation and Family Treatment Court. This program's emphasis is on increasing engagement with parents, including fathers, to keep children and youth safely at home.

Action steps for this strategy include:

A. Develop and implement a Family Maintenance (FM) "Intensive In-Home Support Program" to create a new path for families to stay together in lieu of Family Reunification (FR) and to create a timely path to move families from an FR to FM status.

- Include Court Partner in the Implementation team and educate Court Partners about the Intensive In-Home Support Program.

Staff feedback obtained through the focus group shed light on the need to educate Court partners on shifts in practices in order to help families achieve successful outcomes. Staff have reported challenges in closing cases and liberalizing visits due to Court partners being unaware of the shifts and enhancements to practice.

B. Utilize the CANS tool to develop case plan goals at the Case Planning CFTM.

The Child and Adolescent Needs and Strengths (CANS) is a comprehensive tool, required by the state, to guide care-planning and to track strengths and needs over time.

C. Increase assessment and engagement of fathers.

- Increase efforts to include fathers as active participants in Case Planning CFTMs.

- Increase efforts to engage paternal relatives as part of the child and family team and include them as active participants in the Case Planning CFTM.

Case Planning CFTMs occur within 30 days of the opening of a child dependency case. The focus of Case Planning CFTMs is to help solidify a plan for family time (visitation), help the parents build their support network, and to obtain the family's input on their strengths and needs by reviewing the CANS tool to help develop the case plan. CFS knows it is critical for fathers to be engaged at this point in the process, to ensure their voice is heard.

D. Monitor, evaluate, and modify activities:

- Monitor performance in Case Review Item 12b- Assessments and Services to Parents.
- Develop a process to identify families receiving Intensive In-Home Support Program services in CWS/CMS.
- Develop tracking system for father and paternal relative involvement in CFTMs.
- Measure the utilization of the CANS tool.

Strategy 5: Increase layers of support for parents (Probation).

Applicable Outcome Measures: 4-P2 Permanency within 12 months for children in out of home care for 12-23 months and 4-P3 Permanency within 12 months for children in out of home care for 24 months or more.

Focus Population for Outcome Measures: Family Reunification

Probation chose to focus on increasing layers of support for parents of youth in care to improve lifelong connections. Probation implemented new practices to expand the supports for parents and youth in care. The goal is to provide parent support in the event the youth in care are reunified or to maintain lifelong connections.

Action steps for this strategy include:

A. Establish and update safety/respice plan regularly before extended family time.

- Create an agency template/guide utilizing ACL 17-107 to assist in identifying initial steps with safety/respice plan.
- Update safety/respice plan every six months during CFTM.
- Update the unit stats form to capture the 6-month review of the safety/respice plan.

B. Increase quality family time while youth are separated from family.

- Create an agreement with parents/caregivers for number and types of family visits.
- Include the agreement discussion in the youth's ongoing CFTMs.
- To increase the number of visits, Probation to explore transportation options for the family.
- Update the agency unit stats form to track the number of family visits during separation.

C. Provide parents of youth in care with peer support.

- Establish a contract with United Parents to provide peer partners with lived experience who can provide support.

- Assign parents a parent partner to assist with support of services.
- Update the agency unit stats form to include the number of referrals made to United Parents and if the parents are receiving services.
- Create a survey for those parents receiving services to examine the effectiveness of the resource.

D. Schedule parent orientations for youth in care and include the assigned parent partners (for the duration of the youth's time in placement) to support, explain and discuss probation obligations.

- Develop a guide to describe the topics of discussion during the parent orientations to ensure consistency.
- Ensure orientation is completed in the parent's primary language to meet the linguistic needs.
- Track orientations in the agency database.

E. Provide genogram training to all placement unit staff to increase the level of support provided to the family and youth in care.

- Schedule genogram training with Connect Our Kids for Placement unit staff.
- Research other supports such as eco-mapping or eco-grams to identify non-biological supports.

Strategy 6: Provide targeted permanency efforts for older youth (CFS).

Applicable Outcome Measures: 4-P2 Permanency within 12 months for children in out of home care for 12-23 months.

Focus Population for Outcome Measure: Legal Guardianship and Adoption for youth ages 11- 17

Data for Measure 4-P2 for CFS indicates that youth between the ages of 11 to 17 have lower rates of permanency through guardianship and adoption. CFS believes that providing tailored, targeted interventions for this age group will result in higher rates of permanency. Furthermore, research indicates that staff need better training and understanding of concurrent planning in order to expedite permanency planning (Martin et al., 2002)². That is why one of the action steps includes providing more education to front end staff, so they can clearly communicate about concurrent planning with families from the beginning.

Action steps for this strategy include:

- A. Continue to develop Forever Connections Forums for youth who do not have a permanent plan.
- Expand participants, which includes but is not limited to Public Health Nurses, Court Appointed Special Advocates, and community partners.
 - Develop practice guides and work aids.
 - Provide training to staff and community partners on the Forever Connections Forums.
 - Expand the Forever Connection Forums under each program.

² Reference: Martin, M.H., Barbee, A.P., Antle, B.F. & Sar, B. (2002) *Expedited permanency planning: evaluation of the Kentucky Adoptions Opportunities Project*. *Child Welfare*, 81, 203–224.

Forever Connections Forums consist of staff from several programs including the Permanency Unit, Wendy's Wonderful Kids (WWK), Youth Services Division (YSD), and Field Based Case Aides. The primary social worker attends the forum and presents a youth on their caseload that does not have a permanent plan. The focus of this forum is to not only identify permanency options for older youth in the system, but also to help them build connections and enhance their well-being. Forever Connections Forums occur every month, with a 90 day follow up meeting for each youth. The participant list has expanded to include Public Health Nurses and Court Appointed Special Advocates, and they are looking to include additional community partners as this project expands.

B. Enhance Back-up Planning/Concurrent Planning in case carrying programs.

- Create guides and train all programs on how to have concurrent planning discussions.
- Assign a permanency social worker as secondary to each case-carrying unit.

Permanency workers will be assigned as secondary to each case-carrying unit to help answer questions for staff, as well as be able to attend home visits with the assigned social worker to help educate caregivers about their permanency options.

C. Continue to enhance the Family Search and Engagement (FSE) program.

- Assign FSE social workers after Jurisdiction and Disposition (J&D) hearings when no family or kin are known to the agency.
- Scan and upload all hard file documents into Traverse in order to help staff search and identify family or friends who have had a connection to the youth.

Traverse is a content and data collection platform that is designed to help staff collect, view, search, and analyze hard file content for CFS cases. CFS is using Traverse as a virtual hard file that staff can access through their Desk PC, iPads or Laptops. It allows staff to easily view case file documents in the field, and search for family connections.

D. Monitor, evaluate, and modify activities:

- Develop a Forever Connections tracker to obtain information on outcomes.
- Monitor performance in Case Review Item 5- Establish appropriate concurrent/ permanency goals in a timely manner.
- Develop a system for separating outcomes for FSE families.

Identified Needs to Support Improvement Goals

The main systemic change that is required in order to support the identified improvement goals is for CFS, Probation, and community partners to move from working in silos to working in collaboration. Over the years, Ventura County has been moving in this direction, but the information obtained during the CSA, including information obtained during the Comprehensive Prevention Plan (CPP) development, shed light on the fact that they can do better. That is why Ventura County is working on building a Child, Youth and Family Wellness System to strengthen all families in our community. Continued communication and collaboration, along with resource alignment, is critical in order to meet the identified goals. In addition to the feedback obtained from stakeholders and community partners during the CSA, community partners play a large role in the execution of the strategies and action steps. Ventura County plans to share the

approved SIP with stakeholders to foster a shared responsibility to improve outcomes for families in our community. The county will work closely with community partners on certain prevention and early intervention strategies and action steps, like the development of the Community Pathway and Community Supporting, as well as education of stakeholders on internal practice changes that CFS and Probation are making to better serve families.

There are no identified educational or training needs that the county needs assistance with at this time. Ventura County has begun training community partners on the Integrated Core Practice Model (ICPM) and is addressing next steps through the ICPM Implementation Team. CFS and Probation will continue to communicate practice changes identified in the action steps to staff and provide training when needed. CFS has a designated Staff Development program that assesses for educational and training needs on a regular basis. If any needs arise, this department will seek the recommended training and education as needed. The county is not currently receiving nor does it anticipate needing technical assistance from the NRC or Western Pacific Implementation Center but is receiving technical assistance related to child welfare staff recruitment from the Quality Improvement Center-Workforce Development.

PRIORITIZATION OF DIRECT SERVICE NEEDS

In order to determine the prioritization of direct service needs funded through federal grants administered by the California Department of Social Services, Office of Child Abuse Prevention (OCAP), Ventura County conducted a comprehensive evaluation. This evaluation consisted of reviewing the county's needs and incorporating feedback received from the community and public agency partners, parents, youth, caregivers and staff during the development of the 2022 County Self-Assessment (CSA).

Based on that feedback and a study of the demographic and cultural needs in the community, Ventura attempted to meet as many identified needs as possible. Through a review of available data from the CWS/CMS 2021 Quarter 4 extract, infants under the age of one, children in the city of Oxnard and African American children were at greatest risk of maltreatment. Additionally, general neglect was identified as the most frequent allegation type for Ventura, making up approximately 42.5% of all allegations received in 2021. Information regarding the type of neglect subcategory, which consists of parental substance abuse, domestic violence and mental health, is not currently tracked by CWS/CMS however, Ventura remains committed to expanding services and supports in these areas in order to reduce maltreatment.


Although the focus for the 2022 CSA was permanency, the county was also interested in communities that are disproportionately represented in the child welfare and probation systems and how prevention efforts could be expanded. During the 2017 CSA, CFS identified that over half of the children/youth coming into care originated from specific zip codes (93030, 93033, 93036) in the city of Oxnard. These geographical locations continue to be an area of focus as families experience a higher rate of poverty, homelessness, unemployment and an overall increased population of children. As a result, targeted efforts were implemented in 2017 to improve outcomes in those areas through the implementation of the Neighbors Together program, which continues to this day. Additionally, both CFS and Probation are invested in preventative services that could help children and youth safely remain with their families and have engaged in building a Wellness System that entails working collaboratively with stakeholders to design and implement a Comprehensive Prevention Plan (CPP).

Ventura County has also incorporated the feedback obtained from community and public agency partners, parents, youth, caregivers and staff which includes increased father engagement, minimize case worker transitions, increase accessibility to services and supports, expedite service delivery and enhance collaboration and communication with partnering and community-based organizations.

The direct services that were selected are aligned with Ventura County's system improvement goals, which include 1) Decrease the occurrence of family separations and youth removal, 2) Safely reunite families when possible, and 3) Ensure children and youth who cannot return home establish a forever family and preserve lifelong connections. All services listed below are provided in English or Spanish, with the exception of Cornerstone Counseling; however, the county has another contractor that is able to provide domestic violence services in Spanish. All services have the ability to coordinate interpretation services for other languages.


OCAP Funded Programs

- *Community Based Child Abuse Prevention (CBCAP)*

 The Child Abuse Prevention Council (CAPC) in Ventura County is spearheaded by The Partnership for Safe Families and Communities. CAPC is a community council whose primary purpose is to coordinate the community efforts to prevent child abuse and neglect and support the coordination of resources and activities to strengthen and support families. The Partnership serves as an advisory council to the Ventura County Board of Supervisors on local, state, and federal child abuse prevention allocations. The Partnership hosts the Strengthening Families Collaborative, which convenes diverse cross-section professionals working with children and families in Ventura County. The collaborative provides direct connection between professional organizations and families, educational and service-specific resources, and training sessions based on community interest regarding prevention topics. The Partnership has cultivated the development of a group of "Parent and Youth Leaders" – parents and youth with lived expertise in a variety of systems serving children and families in the county. This group is leading the development of an infrastructure to engage communities and those with lived experience more broadly to inform and guide the county in development of the Wellness System. Currently, the CAPC has not implemented evidenced based or evidenced informed practices, but they are considering this as their programs evolve.

Prevention: Primary, Community At Large; Category: Public Education

- *Child Abuse Prevention, Intervention and Treatment Program (CAPIT)*

 Child Abuse Prevention Program (CAPP) offered through Ventura County Public Health aims to maintain at-risk families outside the child welfare system and ensure the overall health and well-being of the family unit. This is achieved by offering a Public Health Nurse (PHN) to provide early intervention home visitation services to children ages 0-18 and families who are at risk for abuse and neglect. The interventions include comprehensive bio-psycho-social and parent-child interaction assessments. PHNs screen individuals for developmental delays, depression, substance use, and domestic violence. PHNs use evidence-based health, wellness, and parenting

education, linkage to community resources, and services while providing family support. The tools and curricula utilized by CAPP PHNs include, but are not limited to, NCAST (Nursing-Child Assessment Satellite Training) Parent-Child Interaction assessments and all related tools, Ages and Stages Questionnaires, Edinburgh Postnatal Depression Scale, Promoting Maternal Mental Health During Pregnancy, Touchpoints, and the Newborn Behavior Observation (NBO).

Prevention Level: Primary- Families at Risk; Category: Case Management

- ✚ Nurse Family Partnership Program (NFPP) offered through Ventura County Public Health is an evidence-based nurse home visiting program in which PHNs regularly visit first-time mothers, starting early in pregnancy and continuing until the child's second birthday. The goals of the NFPP are to 1) improve pregnancy outcomes by partnering with moms to engage in good preventative health practices, including thorough prenatal care from their healthcare providers, improving their diets and reducing any use of habit-forming substances 2) improve child health and development by assisting families to provide responsible and competent care and 3) improve the economic self-sufficiency of the family by supporting the parent to develop a vision for their own future, plan additional pregnancies, continue their education and find work. The NFPP has been independently reviewed and evaluated and is ranked as the Gold Standard of home visiting programs. This program will be expanded as a key practice in the county's comprehensive prevention plan.

Prevention Level: Primary/Secondary -Families at Risk; Category: Case Management

- *Promoting Safe and Stable Families (PSSF)*

- ✚ In-Home Treatment Program (IHTP), currently through Aspiranet, is designed to support and provide in-home, short-term, individual, couple and family therapy to parents and provide intensive services, including advocacy, for children or families involved in child-welfare, as well as those who have become dependents of the Ventura County Juvenile Court. Therapists meet with each client for direct and indirect case management activities for each family. Direct contact includes assessment, treatment planning, counseling, and skill building. Indirect case management activities include case consultation, advocacy, supervision, treatment planning, progress reporting, outcomes management, case documentation, and referral to community resources. Therapists provide counseling to parents who have children primarily in out-of-home placement to support timely and safe reunification with their child. Services may continue after a child has been returned home in order to support reunification stability. In addition, a pilot for those in voluntary Family Preservation will involve a therapist working in tandem with a Peer Partner to address underlying issues that reinforce a substance use disorder. Peer Partners could help parents reflect and communicate their point of view to the therapist. This service model aims to offer parents a supportive and positive experience with a therapist and a Peer Partner to destigmatize mental health services and help parents practice pro-social behaviors that lead to family stability and decreased involvement with agency supports. Both the in-home counseling and peer partner services are evidenced based /informed services.

Prevention Level: Secondary -At Risk; Tertiary -CWS Involved Families; Category: Behavioral/Mental Health Services; Peer Support

- ✚ Parent Education and Support (PES), through Kids and Families Together, provides short-term in-home support to child welfare-involved parents. Individualized sessions are held weekly for a maximum of twelve (12) sessions, in which the Parent Educators help parents develop key life and parenting skills so that they can provide a safe, nurturing environment for their children. Parent Educators also collaborate with the assigned social worker in assessing and coordinating services for the family. Additionally, the Parent Educators can make referrals to other community services and resources as necessary. Through the PES program, the Parent Educators will provide education, support and assistance while improving family self-sufficiency through the provision of information on childcare, budgeting, nutrition, life skills, etc. Services will focus on the remediation of harmful family conditions and the prevention of abuse or neglect. The program utilizes evidenced based practices.

Prevention Level: Tertiary -CWS Involved Families; Category: Parent Education

- ✚ Healthy Start (PES), through Children and Family Services, is a partnership with the Oxnard / Hueneme Elementary School Districts that provides collaborative support for children and their families residing in targeted areas in the cities of Oxnard and Port Hueneme. Through the program, child welfare social workers are placed in specific school sites and support positive educational, familial and physical health outcomes through collaborative partnerships and engagement. The service delivery model emphasizes prevention and early intervention services to maximize the healthy development of children, increase parental school involvement, improve school attendance and academic achievement. Additionally, the program aims to engage families by strengthening their protective factors, healing them from trauma, helping build a network of safety and offering support to meet their needs when they encounter challenges. Ultimately, the program strives to prevent child welfare involvement and produce better outcomes for at-risk families in the community. Preventative interventions include case management services, assessment, parenting education, educational advocacy and linkages to community resources.

Prevention Level: Primary & Secondary – At Risk; Tertiary -CWS Involved Families; Category: Case Management

- ✚ Violence Prevention Services through Cornerstone Counseling provide an array of court approved classes and counseling services that primarily focus on ending domestic violence while prioritizing victim safety and batterer accountability. The contractor ensures that individuals and families referred receive the appropriate interventions that are compassionate, humane, consistent and based on their individual needs. Additionally, they work collaboratively with many other agencies to establish a foundation of violence prevention, family services and mental health treatment that work to eliminate all forms of domestic violence. Services include: anger management classes, domestic violence / batterers treatment, parenting classes, and individual counseling and are evidenced based /informed.

Prevention Level: Secondary -At Risk; Tertiary -CWS Involved Families; Category: Behavioral/Mental Health; Parenting Education, Domestic Violence

✚ Strengthening Adoptive Families through Education (SAFE) program, through Kids and Families Together, offers in-home/in-office/telehealth support services for pre and post adoptive families. The 15 weekly therapy sessions focus on the impact of early trauma and negative beliefs associated with attachment-related trauma and loss. The caregivers of children affected by early trauma and attachment disruptions may be frustrated, overwhelmed, or hurt by the challenging behaviors often exhibited by these children. The SAFE program provides psychoeducation and therapeutic support for the caregiver to develop an understanding that the behaviors are rooted in past traumatic experiences and attachment disruptions. SAFE assists the caregivers in learning and implementing therapeutic parenting strategies to strengthen attachment, gaining insight into and empathy for the child's behaviors and emotions, and thereby promoting permanency. Caregivers learn about common adoption challenges so they can successfully assist their child navigate the adoption journey and overcome challenges if/when they arise. The program utilizes evidenced based practices.

Prevention Level: Secondary -At Risk; Tertiary -CWS Involved Families; Category: Behavioral/Mental Health Services; Peer Support

Child Welfare/Probation Placement Initiatives

The following are current initiatives, reported on in the CSA, in which CFS and Probation are currently engaged.

Wellness System

Along with all California counties in response to Assembly Bill 2083, Ventura County developed and implemented a Memorandum of Understanding (MOU) outlining the roles and responsibilities of the various local entities that serve children and youth in foster care who have experienced severe trauma. The development of the MOU included Children and Family Services (Child Welfare), Regional Centers, the County Office of Education, Probation, and Behavioral Health.

These partners determined that Ventura County will leverage 2083 MOU activities to help build the larger Wellness System. This means instead of just focusing on partnering with other agencies to better support children and youth in foster care, Ventura County is determined to build a wellness system focused on improving outcomes for *all* children and youth in the county.

In March 2021, Ventura County public system partners completed and fully executed the AB 2083 Memorandum of Understanding and formed the Ventura County Interagency Leadership Team (ILT). The purpose of the ILT is to align and integrate public systems and community providers for a Child, Youth, and Family Wellness System that is informed by parent/resident voice and reflected in a comprehensive continuum of prevention. Under the leadership of the ILT, it was agreed that each entity would seek to partner with other members to maximize alignment and opportunities to leverage existing efforts. This

commitment was extended to the Comprehensive Prevention Plan (CPP), as well as the System Improvement Plan (SIP).

Early in SIP planning for Ventura County, interdependencies between and among AB 2083 tenets, Family First Prevention Services (FFPS)/CPP, and the SIP were mapped out to provide intentional guidance for alignment. For example, workforce training in the Integrated Core Practice Model (ICPM) was prioritized because it functionally serves all of these initiatives by aligning uniform practice. Members of the three primary Wellness System Governance structures participated in SIP focus groups and planning, and/or were fully briefed and provided an opportunity to offer input.

The vision of Ventura County's Wellness System is for all Ventura County children, youth, and their families, to be safe, healthy, educated and well with a sense of belonging, purpose and opportunity to achieve their aspirations. Ventura County is focusing on being intentional and doing everything possible to move beyond simply preventing "bad things" from happening, to maximizing conditions and opportunities for children and their families. To achieve a Wellness System, Ventura County is focusing on increasing access to services and supports through a Community Pathway as part of its development of a Comprehensive Prevention Plan, increasing alignment of public systems and the community, and strengthening social determinants of health and protective factors in families, which will lead to a decrease in formal system involvement.

In order to achieve these goals, the county recognizes the need to include the parent and youth's voice in the transformation of the system. The county realizes it is crucial for parents and community members to take a lead role in the development of a Community Pathway for services. The philosophy of the Community Pathway is that there is no wrong door, and anywhere a family goes for help, they will get support.

Additional Prevention Efforts

Prior to FFPSA Part I, and since the last CSA, Ventura County has heavily focused on increasing prevention services and building community partnerships. Ventura County has greatly expanded non-Court Family Preservation, as an alternative to entry into out of home care. The Family Preservation (FP) program began in 2015, with Emergency Response (ER) social workers carrying FP cases, in addition to their investigations. In 2016, Family Preservation had one social worker, and by 2022, the program expanded to 13 social workers. Data from 2020 shows that of 119 children served, 81% of children were able to successfully remain at home with their case closed. In 2021, a total of 189 were served, and so far of the cases closed, 92% were able to successfully remain at home. Prior to the implementation of FP, these children would have had an open dependency case, but through FP, Ventura County was able to greatly reduce the number of children with court involvement. As a result, 2022 was the first year in which the majority of children (59%) with newly opened cases had a first service component of Family Maintenance (FM), which indicates in-home (primarily FP) cases.

Another example of successful prevention services is the Healthy Start program expansion. During the 2022-23 school year, the Healthy Start program expanded from two schools to six schools in the south

Oxnard community, as well as provided support to three additional school sites. CFS and the school districts worked collaboratively to identify schools in areas that are disproportionately represented in the child welfare system, and that the districts identified as needing the most support. These prevention efforts have contributed to a decrease in the number of children coming into the child welfare system.

Continuum of Care Reform (CCR) and FFPSA Part IV

Since the last CSA, CFS, Probation, and Ventura County Behavioral Health (VCBH) have continued to lead a multi-agency partnership in order to implement systems changes under CCR, as well as to address resultant challenges in addressing the clinical and placement needs of children and youth with the most complex needs in the county. The partnership's focus is to ensure that (a) the treatment needs of children are met while in placement, (b) an increased number of children are placed in home-based care, and (c) that group homes successfully make the transition to becoming Short Term Residential Therapeutic Programs (STRTPs).

In recognition of the trauma experienced by children affected by abuse and neglect, and the trauma of system involvement, VCBH agreed to expedite access and provide at minimum short term mental health services to all children under CFS jurisdiction. This was implemented in 2018 with a project called Children's Accelerated Access to Treatment Services (CAATS). This model follows a 5-5-5 model for intervention: all children, regardless of age, entering Juvenile Dependency and Family Preservation will receive a mental health referral, completed by the primary social worker, within 5 business days of the Detention Hearing, or in the case of Family Preservation, within 5 days of opening a child case; the child will receive a mental health assessment by VCBH within the next 5 days; and within the next 5 days will begin short term therapy intervention. The pilot became an integrated part of practice, and eventually was mirrored by changes in state law, which provide presumptive access to mental health services for children in the child welfare system. CFS and VCBH to closely collaborate and communicate with each other in regards to the mental health needs of children and youth in the child welfare system. By promptly addressing the mental health needs of children and youth, CFS aims to improve their well-being, stabilize placements, and decrease the need for higher levels of care.

Ventura County has been commended by the state for its leadership in developing a "kin focused culture." There are many contributing factors to this success, including the adoption of Safety Organized Practice and its emphasis on "no network, no plan," implementation of the Resource Family Approval program, increased family engagement through the use of Child and Family Team Meetings, intentional engagement of kin to support family time, family finding efforts, including the use of Family Finding-Live (FE-Live) and Family Engagement Specialists, and targeted program interventions, including the Family Search and Engagement (FSE) and Wendy's Wonderful Kids (WWK) social workers. Engagement in kin to support families to ensure child safety has been critical to our success in preventing family separation. And, when separation is required, since 2018, Ventura County has been outperforming the state in predominate Relative/Non-Related Extended Family Member (NREFM) placements. In Quarter 4 of 2021, Ventura County was 16.8 percentage points above the state at 65.1%.

Since 2017, CFS and Probation have seen a significant decrease in STRTP placements. In addition to

the methods used to increase placements with relatives and non-related extended family members, CFS, Probation, and other agencies have taken a collaborative approach to reduce the use of STRTP placements. The Interagency Placement Committee (IPC) consists of representatives from Probation, VCBH, and CFS, to approve and review STRTP placements, time in care and step-down planning and progress. In addition, there is a monthly Intensive Services Foster Care (ISFC) meeting with representatives from CFS, VCBH and the designated Foster Family Agency (FFA) for the purpose of approving or reviewing ISFC placements as well as step down planning. The main collaborative championing CCR reform was the CCR committee, which is now called Strategies. This team consists of management representatives from agencies such as CFS, Probation, VCBH, Ventura County Public Health (VCPH), Tri-Counties Regional Center and Ventura County Office of Education (VCOE). The initial focus was on the reduction in placement in congregate care and conversion of group homes to STRTPs. Over time, especially with the establishment of the Interagency Leadership Team (ILT), the committee evolved into “Strategies” to focus on additional aspects of the placement continuum from an interagency perspective, with a specific focus on services and supports for families of youth with complex needs. The increased collaboration among agencies since 2017 has allowed the county to work through system barriers.

By the time Ventura County began implementing FFPSA Part IV in 2021, STRTP placement rates had greatly decreased, which aided in implementation. FFPSA Part IV required STRTPs to use a trauma-informed treatment model and employ registered or licensed nursing staff and other licensed clinical staff. It also required children/youth to be formally assessed within 30 days of placement to determine if their needs can be met in a lower level of care. CFS and Probation partner with VCBH to complete these assessments. In addition to this partnership, intensive services have helped the county successfully reduce the number of children in STRTP placements. For example, contracts such as Wraparound and the Family Urgent Response System (FURS), a 24-hour mobile crisis team, have helped stabilize children/youth that otherwise would have likely ended up in a higher level of care.

However, despite these successes in supporting youth with the most complex needs, Ventura County has faced challenges similar to other counties due to the lack of out-of-home treatment options for these youth. We are working closely with public and private system partners to develop innovative solutions, starting with preventing family separation in the first place. We also are engaged in state level cross system efforts to address this significant challenge.

Core Practice Model

CFS has continued to implement the Core Practice Model (CPM) into its practices, decision-making and service delivery. The CPM is a statewide effort to implement a framework to support practice and help child welfare professionals be more effective in supporting families. Ventura County integrates the CPM Practice Behaviors of engagement, assessment, teaming, service planning and delivery, and transition in its practice initiatives.

The Ventura County Practice Council (VCPC) is a team of CFS senior managers, managers, administrative specialists, supervisors, social workers, and field-based case aides who meet monthly to support implementation teams and ensure they are working towards the agency’s goals and practice

initiatives. The mission of this larger team is to support implementation teams to advance family centered, trauma informed practice through Core Practice Model (CPM) implementation to address diversity, equity, and inclusion issues while serving and empowering family healing. Representatives from the following implementation teams attend VCPC: Child and Adolescent Needs and Strengths/Child and Family Team Meeting (CANS/CFTM), Diversity, Equity, and Inclusion (DEI), Family Engagement Advocates, Family Time (Visitation), and Safety Organized Practice/Structured Decision Making (SOP/SDM). These Implementation Teams consist of staff at all levels, and often include community and public partners, as well as individuals with lived experience.

CFS was utilizing the Team Decision Making (TDM) model, sponsored by the Casey Foundation, which used a format to assist the family and their identified “team” to identify strengths, and concerns and develop action plans, throughout the life of a case, for which each team member played a part. The model’s motto, “Nothing about me without me” stressed the importance of including youth as well as identified team members in ensuring that safety needs were met, and the family was supported throughout a dependency. With the implementation of Pathways to Well Being (Katie A) and later the passage of Continuum of Care Reform (CCR), the agency adopted the current teaming approach in 2017, the Child and Family Team (CFT) model, to further support families and build lasting support teams. CFS is currently in full implementation of the utilization of CFT meetings. However, there have been three factors that have necessitated the need for the re-convening of the Child and Family Team Implementation Team (CFT IT):

- 1) In 2018, the state developed and mandated the use of the Child Adolescent Needs and Strengths Assessment Tool (CANS) during the CFT meeting,
- 2) To upgrade and enhance current practice to reflect provisions of the California Core Practice Model (CPM) and to ensure the development of the safety network through the child and family team, recognizing this is central to healing, planning and sustained support for families, and
- 3) Develop practice protocols to implement directives of ACL 19-26 in which the CFT provides consultation prior to any placement changes. The purpose of the CFT Team is to ensure above all else that the CFT process and meetings are family centered and strengths based.

The DEI Committee at CFS, in alignment with HSA’s DEI efforts, was created so that every person’s unique cultural background is honored and respected. The DEI committee commits to prioritize strategies that will reduce and/or eliminate disproportionality and disparity within the child welfare system, and create a workplace that values inclusivity, humility, and inquiry by identifying the strengths, barriers, and needs of Diversity, Equity & Inclusion (DEI) at every level of CFS. The DEI-IT came together in 2021 through the commitment of a few DEI Champions within CFS that recognized the value and opportunity in formalizing DEI work throughout the agency.

Another committee that supports the vision of DEI is the Yo Hablo Spanglish (YHS) Social Worker forum. This workgroup was developed to support the bi-lingual social workers in their daily practice and to strengthen family engagement skills with Spanish speaking families across all programs. The YHS forum provides an opportunity for social workers to come together and talk about the work they are doing in their respective programs. YHS helps social workers feel empowered while promoting sharing of their knowledge and increasing their bilingual/bicultural experience. All participants are invited to share their successes and

encouraged to share lessons learned in a fun and psychologically safe environment led by social workers.

In January 2018, CFS hosted a Family Finding and Engagement (FFE) Boot Camp facilitated by Kevin Campbell to increase both child welfare and probation staff's skills, knowledge, and abilities to engage families and foster healing relationships. The Family Finding and Engagement workgroup was formed to ensure that the knowledge and skills learned in the FFE Boot Camp would lead to the desired changes to help move practice forward rather than returning to "casework as usual." Ventura County shifted practice from a primary focus on child safety and permanency to an expanded mission that includes promoting family well-being and healing. CFS formed the Family Engagement Advocates Implementation Team (FEA-IT), along with Probation, to continue efforts to promote the safety and healing of families, children and youth, by practicing family finding, engagement and teaming throughout our work with families. The county continues to work with Mr. Campbell and his team to evolve practice to further empower and support healing for families and communities.

The purpose of the Family Time Implementation Team is to serve as a focused structure created to address the CFS Family Time program needs, design, policies, and practices to better align the programs current operations with Safety Organized Practice (SOP) values and concepts to ultimately increase the likelihood of swift and successful reunification of children with their families of origin. Family Time Implementation Team works to model SOP and to memorialize the CFS vision to "Protect Children by Strengthening Families". All roles are committed to modeling the CPM Leadership Behaviors. Project timelines, work plans, and team infrastructure are regularly reviewed, and adjustments and improvements are made, as needed.

CFS has implemented engagement strategies of Safety Organized Practice (SOP) and Structured Decision Making (SDM) independent of one another as a part of regular practice. SOP and SDM provide tools for engaging and assessing families to ensure that child welfare practice is in alignment with the California Integrated Core Practice Model (ICPM). SDM is an evidence-based framework that combines research and best practice to promote validity, consistency and unbiased decisions during key decision points throughout family-agency collaboration. SOP and SDM provide tools for trauma informed assessment and information gathering to create safety and mitigate risk. The purpose of the SOP/SDM Implementation Team is to ensure the SDM tools and strategies are fully integrated into practice with fidelity, that they are utilized in conjunction with other SOP tools and strategies, and that practice is sustainable.

Ventura County is always evaluating its performance based on data trends, as well as trends and themes obtained from current child welfare research. The county consistently reviews information obtained in All County Letters, to ensure its practice aligns with the direction from the state. CFS and Probation staff are required to participate in training every year, to ensure staff are utilizing best practice methods with their families. Representatives from CFS and Probation attend conferences held by entities such as the County Welfare Directors Association (CWDA) to learn about current research trends. Ensuring alignment with current best practice is a high priority for the county.

Attachment 1

Table 1-1 presents the names and affiliations of the planning committee for Ventura County's self-assessment.

Table 1-1. C-CFSR Planning Team

Children & Family Services	
	David Swanson Hollinger, Deputy Director
	Carmen Franco, Program Manager
	Lisa Connolly, Senior Administrative Specialist
	Stephanie Moses, Administrative Specialist
	Ivon Sanchez, Administrative Specialist
Office of Strategy Management	
	Leticia Lachberg, Strategy and Evaluation Manager
	Martin Cobos, Policy Analyst
Probation Agency	
	Sandra Carrillo, Division Manager
	Naydeen Fish, Supervising Deputy Probation Officer
Social Policy Institute	
	Lori Clarke, Director
CDSS	
	Henry Franklin, Social Services Consultant
Office of Child Abuse Prevention	
	Elizabeth Johnson, County Consultant

Table 1-2 presents the names of the organizations that constitute the core representatives during the self-assessment process.

Table 1-2. Core representatives that participated in Ventura County's self-assessment

Children and Family Services: Administrators, Supervisors, and Social Workers
Probation Agency: Chief Probation Officer, Placement Supervisor, Placement Officer
Service Recipients: Parents, Youth, and Resource Family Caregivers
County Agency Partners:
Ventura County Public Health
Ventura County Health Care Agency
Ventura County Office of Education
Ventura County Behavioral Health
The Partnership for Safe Families & Communities, Ventura County's Designated Child Abuse Council
Oxnard School District Healthy Start
Special Education Local Plan Area SELPA
Juvenile Court Representative- Dependent Child Advocate
CASA of Ventura County
Child Development Resources
Family Justice Center
Aspiranet
First 5 Ventura County
Beacon Health Services
Mexican Consulate
Casa Pacifica
Interface Children and Family Services
Kids & Families Together
Peer Review Counties:
Child Welfare: Butte, Kern, Orange, Riverside, San Luis Obispo, San Mateo, and Sutter
Probation: Merced, Santa Cruz, San Luis Obispo, San Mateo, San Benito

Ventura County Self-Assessment: 2022 Key Findings

Process

Through various focus groups, stakeholder meetings, and a peer review, Children and Family Services and Probation received input regarding our current services. The feedback and information gathered provided insight from multiple perspectives in order to create equity for children and families, identify or affirm best practices, and learn areas for improvement, in order to create a wellness system to strengthen families.

Area of Focus

Permanency in 12 months for children and youth entering out of home (foster) care.

Permanency includes reunification with parents, adoption, or legal guardianship.

Children and Family Services

40.5%	31.6%	29.5%
National Standard	California	Ventura

Permanency in 12 months fell below the national standard; however, other permanency measures (12-23 months and 24 months plus) exceeded the national standard.

Probation

40.5%	26.2%	50 %
National Standard	California	Ventura

Permanency in 12 months exceeded the national standard; however, performance in other permanency measures fell below the national standard.

Key Findings

Lived Experience:

- Maintaining parent **and** sibling connections is important, regardless of case status
- Ensure interpretation and translation of written documents in the family's preferred language
- Focus on child-centered placement options (not one size fits all)
- Increase father engagement

"Because I am a dad, I did not get the same services."

Engagement:

- Minimize social worker transitions
- Expand use of Peer Partners for parents, youth, and caregivers
- Continue to engage the family's natural supports throughout the entire case
- Staffing shortages and burnout impacts families
- Assess the particular needs of the family and tailor goals and services appropriately

"Make sure there is a realistic schedule for what the parents need to do and enough support...for them to do it while also creating a new, healthy environment and relationship."

Resources and Services:

- More preventive and proactive interventions are needed
- Communication and collaboration with partnering agencies is critical
- Need for more resources and supports to address the basic needs of families
- Better accessibility to mental health and substance abuse services
- Early and direct linkage to services and supports

"Begin process with mental health screening/evaluation and begin therapy services from the start- CFS can create its own trauma in the process of trying to help."



5 – YEAR SIP CHART

Priority Outcome Measure or Systemic Factor: Agency Collaboration

Target Improvement Goal: Enhance collaboration with existing community partners, to include involving community partners in decision-making and planning efforts and aligning resources and supports, to provide comprehensive services to families. Develop new relationships with organizations that meet the cultural needs of families in Ventura County. Collaborate with The Partnership for Safe Families & Communities, and other contracted partners, to develop youth and parent leaders so they can provide insight to inform county agencies and systems in decisions about policies, services, and their community's health and well-being. CFS and Probation will increase the utilization of parents and youth with lived experience in stakeholder and implementation team meetings regularly.

CFS Priority Outcome Measure or Systemic Factor: 4-P1 (Permanency in 12 months for children and youth entering out of home care)

National Performance: 35.2

CSA Baseline Performance: 29.9

Focus Population: Family Reunification

Focus Population Baseline Performance: 22.6

California Focus Population Baseline Performance: 29.8

Target Improvement Goal for Focus Population: 30.0

CFS Priority Outcome Measure or Systemic Factor: 4-P2 (Permanency within 12 months for children in out of home care for 12-23 months)

National Performance: 43.8

CSA Baseline Performance: 59.9

Focus Population: Legal Guardianship and Adoption for 11- 17 year olds

Focus Population Baseline Performance: 13.9

California Focus Population Baseline Performance: 15.9

Target Improvement Goal for Focus Population: 20.0

Probation Priority Outcome Measure or Systemic Factor: 4-P2 (Permanency within 12 months for children in out of home care for 12-23 months)

National Performance: 43.8

CSA Baseline Performance: 25.0

Focus Population: Family Reunification

Focus Population Baseline Performance: 25.0

California Focus Population Baseline Performance: 19.4

Target Improvement Goal for Focus Population: 43.8

Probation Priority Outcome Measure or Systemic Factor: 4-P3 (Permanency within 12 months for children in out of home care for 24 months or more)

National Performance: 37.3

CSA Baseline Performance: 0.0

Focus Population: Family Reunification

Focus Population Baseline Performance: 0.0

California Focus Population Baseline Performance: 10.5

Target Improvement Goal for Focus Population: 37.3

County of Ventura
2022-2027 System Improvement Plan

Strategy 1: Increase engagement and input from youth and families on how the county and community partners can better collaborate to provide enhanced services and supports.	<input type="checkbox"/> CAPIT <input checked="" type="checkbox"/> CBCAP (ARPA-CBCAP) <input type="checkbox"/> PSSF <input type="checkbox"/> N/A	Applicable Outcome Measure(s) and/or Systemic Factor(s): Agency Collaboration <input type="checkbox"/> Title IV-E Child Welfare Waiver Demonstration Capped Allocation Project		
Action Steps:	Implementation Date	Completion Date	Person Responsible:	
A. Include parent voice in the development of the Ventura County Community Pathway. <ul style="list-style-type: none"> Conduct parent led focus groups, including parent mentors. Continue to elicit parent feedback as needed. 	01/2023	11/2027	Wellness System Collaborative and The Partnership for Safe Families.	
B. Conduct assessment of stakeholder meetings and implementation teams to determine which groups need a parent and youth voice. <ul style="list-style-type: none"> Send invitations to parents and youth for groups that need a parent and/or youth voice. Team with The Partnership for Safe Families & Communities in developing training and professional growth opportunities for parents and youth with lived experience to be able to appropriately and confidently use their voice in meetings. Develop parent and youth leaders to increase their engagement and collaboration in stakeholder meetings and implementation teams, and assess for opportunities for shared leadership. 	01/2022	11/2025	CFS Administration and The Partnership for Safe Families	

County of Ventura
2022-2027 System Improvement Plan

<p>C. Probation: Provide youth mentors to assist youth in completing their case plan goals.</p> <ul style="list-style-type: none"> • Increase referrals to Big Brothers Big Sisters of Ventura County Evening Reporting Centers and Mentoring Programs for youth ages 12.5 to 18 years. • Establish a contract with Interface to provide mentors to youth to deter them from the criminal justice system. • Establish a contract with United Parents for educational advocacy for youth. • Refer parents of youth to parenting classes offered by Public Health to improve school attendance. 	07/2023	11/2027	Field Supervising Deputy Probation Officer (SDPO) and Field Senior Deputy Probation Officer (SrDPO)
<p>D. Monitor, evaluate, and modify activities:</p> <ul style="list-style-type: none"> • Establish a standardized assessment tool(s) for parents, youth, staff, tribal and community partners and stakeholders to give feedback relating to agency collaboration. • Create a balanced scorecard to quantify increase in levels of collaboration. 	09/2024	09/2027	CFS Administration

County of Ventura
2022-2027 System Improvement Plan

Strategy 2: Increase engagement and input from stakeholders, tribal and community partners on how to best collaborate to provide enhanced services and supports.	<input type="checkbox"/> CAPIT <input checked="" type="checkbox"/> CBCAP (ARPA-CBCAP) <input type="checkbox"/> PSSF <input type="checkbox"/> N/A	Applicable Outcome Measure(s) and/or Systemic Factor(s): Agency Collaboration <input type="checkbox"/> Title IV-E Child Welfare Waiver Demonstration Capped Allocation Project	
Action Steps:	Implementation Date	Completion Date	Person Responsible:
A. Include input from stakeholders, tribal and community partners in the development, implementation and oversight of the Ventura County Community Pathway, as part of the local Family First Prevention Services rollout.	01/2024	11/2027	Wellness System Collaborative and The Partnership for Safe Families
B. Train stakeholders, tribal, and community partners on the Integrated Core Practice Model (ICPM).	06/2022	06/2027	ICPM Training Implementation Team
C. Probation: Increase participation of interagency mappings for complex cases to solicit input from stakeholders when needed. [Component of the Integrated Core Practice Model (ICPM)].	08/2023	06/2027	Placement Deputy Probation Officer (DPO) and SrDPO
D. Probation: Establish and utilize a written protocol with District Attorney and Public Defender's office regarding: early referral to prevent filings and complex case handling upon filing.	08/2024	08/2025	Placement SDPO and DM
E. Monitor, evaluate, and modify activities: <ul style="list-style-type: none"> Establish a standardized assessment tool(s) for parents, youth, staff, tribal partners and stakeholders to give feedback relating to agency collaboration. Create a balanced scorecard to quantify increase in levels of collaboration. Evaluate the existing method of collecting data related to ICPM. 	09/2024	09/2027	CFS Administration

County of Ventura
2022-2027 System Improvement Plan

Strategy 3: Increase culturally relevant services.	<input type="checkbox"/> CAPIT <input type="checkbox"/> CBCAP <input type="checkbox"/> PSSF <input checked="" type="checkbox"/> N/A	Applicable Outcome Measure(s) and/or Systemic Factor(s): CFS: 4-P1- Permanency in 12 months, Focus Family Reunification. Probation: 4-P2- Permanency within 12 months for children in out of home care for 12-23 months, and 4-P3- Permanency within 12 months for children in out of home care for 24 months or more. <input type="checkbox"/> Title IV-E Child Welfare Waiver Demonstration Capped Allocation Project	
Action Steps:	Implementation Date	Completion Date	Person Responsible:
A. CFS: Enhance relationship with Mixteco Indigena Community Organizing Project (MICOP). <ul style="list-style-type: none"> Develop a Child Welfare Navigator position to help Latino/a indigenous families navigate the child welfare system. 	04/2023	08/2025	CFS Administration
B. Increase collaboration and streamline practices with community based organizations that provide services and support to South Oxnard families. <ul style="list-style-type: none"> Conduct outreach in the South Oxnard area to increase collaboration with community based organizations that can meet the linguistic and cultural needs of families. Use learnings from outreach in South Oxnard to develop strategies to enhance relationships with other communities. 	11/2024	11/2026	CFS Administration/ Placement SDPO and DM
C. Build relationship with tribal organization, Owens Valley Career Development Center (OVCDC). <ul style="list-style-type: none"> Provide training on services provided by OVCDC to all Probation, CFS staff, and Resource Parents. Invite OVCDC to stakeholder meetings. 	02/2023	11/2024	CFS Administration and Probation Placement Division Manager (DM)

County of Ventura
2022-2027 System Improvement Plan

<p>D. Monitor, evaluate, and modify activities:</p> <ul style="list-style-type: none"> • Design a process for tracking outcomes for families receiving MICOP Child Welfare Navigator services. • Establish a standardized assessment tool for parents and youth to give feedback relating to culturally appropriate services. • Monitor performance in Case Review Item 12b- Assessments and Services to Parents. 	09/2024	09/2027	CFS Administration
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<p>Strategy 4: CFS: Targeted engagement efforts to improve reunification outcomes.</p>	<input type="checkbox"/> CAPIT <input type="checkbox"/> CBCAP <input type="checkbox"/> PSSF <input checked="" type="checkbox"/> N/A	<p>Applicable Outcome Measure(s) and/or Systemic Factor(s): 4-P1- Permanency in 12 months, Focus Family Reunification.</p> <p><input type="checkbox"/> Title IV-E Child Welfare Waiver Demonstration Capped Allocation Project</p>	
Action Steps:	Implementation Date	Completion Date	Person Responsible:
<p>A. Develop and implement a Family Maintenance (FM) “Intensive In-Home Support Program” to create a new path for families to stay together in lieu of Family Reunification (FR) and to create a timely path to move families from an FR to FM status.</p> <ul style="list-style-type: none"> • Include Court Partner in the Implementation team and educate Court Partners about the Intensive In-Home Support Program. 	10/2024	10/2027	FM/FR Pilot Implementation Team
<p>B. Utilize the CANS tool to develop case plan goals at the Case Planning CFTM.</p>	07/2023	01/2025	CANS Implementation Team

County of Ventura
2022-2027 System Improvement Plan

<p>C. Increase assessment and engagement of fathers.</p> <ul style="list-style-type: none"> • Increase efforts to include fathers as active participants in Case Planning CFTMs. • Increase efforts to engage paternal relatives as part of the child and family team and include them as active participants in the Case Planning CFTM. 	01/2024	11/2027	CFS Administration and case carrying CWSWs
<p>D. Monitor, evaluate, and modify activities:</p> <ul style="list-style-type: none"> • Monitor performance in Case Review Item 12b- Assessments and Services to Parents. • Develop a process to identify families receiving Intensive In-Home Support Program services in CWS/CMS. • Develop tracking system for father and paternal relative involvement in CFTMs. • Measure the utilization of the CANS tool. 	09/2024	09/2027	CFS Administration

<p>Strategy 5: Probation: Increase layers of support for parents.</p>	<p> <input type="checkbox"/> CAPIT <input type="checkbox"/> CBCAP <input type="checkbox"/> PSSF <input checked="" type="checkbox"/> N/A </p>	<p>Applicable Outcome Measure(s) and/or Systemic Factor(s): 4-P2- Permanency within 12 months for children in out of home care for 12-23 months, and 4-P3- Permanency within 12 months for children in out of home care for 24 months or more.</p> <p><input type="checkbox"/> Title IV-E Child Welfare Waiver Demonstration Capped Allocation Project</p>	
Action Steps:	Implementation Date	Completion Date	Person Responsible:
<p>A. Establish and update safety/respite plan regularly before extended family time.</p> <ul style="list-style-type: none"> • Create an agency template/guide utilizing ACL 17-107 to assist in 	11/2024	11/2026	Placement SDPO, SrDPO and DPO

County of Ventura
2022-2027 System Improvement Plan

<p>identifying initial steps with safety/respite plan.</p> <ul style="list-style-type: none"> • Update safety/respite plan every six months during CFTM. • Update the unit stats form to capture the 6-month review of the safety/respite plan. 			
<p>B. Increase quality family time while youth are separated from family.</p> <ul style="list-style-type: none"> • Create an agreement with parents/caregivers for number and types of family visits. • Include the agreement discussion in the youth's ongoing CFTMs. • To increase the number of visits, Probation to explore transportation options for the family. • Update the agency unit stats form to track the number of family visits during separation. 	03/2024	03/2025	Placement SDPO, SrDPO and DPO
<p>C. Provide parents of youth in care with peer support.</p> <ul style="list-style-type: none"> • Establish a contract with United Parents to provide peer partners with lived experience who can provide support. • Assign parents a parent partner to assist with support of services. • Update the agency unit stats form to include the number of referrals made to United Parents and if the parents are receiving services. • Create a survey for those parents receiving services to examine the effectiveness of the resource. 	07/2024	07/2027	Placement SDPO, SrDPO and DPO

County of Ventura
2022-2027 System Improvement Plan

<p>D. Schedule parent orientations for youth in care and include the assigned parent partners (for the duration of the youth's time in placement) to support, explain and discuss probation obligations.</p> <ul style="list-style-type: none"> • Develop a guide to describe the topics of discussion during the parent orientations to ensure consistency. • Ensure orientation is completed in the parent's primary language to meet the linguistic needs. • Track orientations in the agency database. 	11/2024	11/2027	Placement SDPO, SrDPO and DPO
<p>E. Provide genogram training to all placement unit staff to increase the level of support provided to the family and youth in care.</p> <ul style="list-style-type: none"> • Schedule genogram training with Connect Our Kids for Placement unit staff. • Research other supports such as eco-mapping or eco-grams to identify non-biological supports. 	06/2024	06/2025	Placement DM, SDPO, SrDPO, DPO and Public Health Nurse

<p>Strategy 6: CFS: Provide targeted permanency efforts for older youth.</p>	<input type="checkbox"/> CAPIT <input type="checkbox"/> CBCAP <input type="checkbox"/> PSSF <input checked="" type="checkbox"/> N/A	<p>Applicable Outcome Measure(s) and/or Systemic Factor(s): 4-P2-Permanency within 12 months for children in out of home care for 12-23 months, Focus: Legal Guardianship and Adoption for 11-17 year olds.</p> <p><input type="checkbox"/> Title IV-E Child Welfare Waiver Demonstration Capped Allocation Project</p>	
Action Steps:	Implementation Date	Completion Date	Person Responsible:
A. Continue to develop Forever Connections Forums for youth who do not have a permanent plan.	11/2022	11/2027	Forever Connections IT

County of Ventura
2022-2027 System Improvement Plan

<ul style="list-style-type: none"> Expand participants, which includes but is not limited to Public Health Nurses, Court Appointed Special Advocates, and community partners. Develop practice guides and work aids. Provide training to staff and community partners on the Forever Connections Forums. Expand the Forever Connection Forums under each program. 			
<p>B. Enhance Back-up Planning/Concurrent Planning in case carrying programs.</p> <ul style="list-style-type: none"> Create guides and train all programs on how to have concurrent planning discussions. Assign a permanency social worker as secondary to each case-carrying unit. 	01/2023	01/2025	Forever Connections/ Concurrent Planning subcommittee
<p>C. Continue to enhance the Family Search and Engagement (FSE) program.</p> <ul style="list-style-type: none"> Assign FSE social workers after Jurisdiction and Disposition (J&D) hearings when no family or kin are known to the agency. Scan and upload all hard file documents into Traverse in order to help staff search and identify family or friends who have had a connection to the youth. 	11/2022	08/2024	Family Search and Engagement (FSE) Supervisor
<p>D. Monitor, evaluate, and modify activities:</p> <ul style="list-style-type: none"> Develop a Forever Connections tracker to obtain information on outcomes. Monitor performance in Case Review Item 5- Establish appropriate concurrent/ permanency goals in a timely manner. Develop a system for separating outcomes for FSE families. 	09/2024	09/2027	CFS Administration

(1) DATE SUBMITTED:9/25/23

(2) DATES FOR THIS WORKBOOK7/1/22thru6/30/27

(3) DATE APPROVED BY OCAP 01/23/2024

Internal Use Only

(4) COUNTY:Ventura

(5) PERIOD OF SIP:11/30/22thru11/30/27

(6) YEARS:2022-2027

(7) <u>ALLOCATION</u> (Use the latest Fiscal or All County Information Notice for Allocation):	CAPIT: \$269,253	CBCAP: \$59,099	PSSF: \$535,267
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No.	Program Name	Applies to CBCAP Programs Only	Name of Service Provider	Service Provider is Unknown, Date Revised Workbook to be Submitted to OCAP	<u>CAPIT</u>		<u>CBCAP</u>		<u>PSSF</u>						<u>OTHER SOURCES</u>	<u>NAME OF OTHER</u>	<u>TOTAL</u>
					Dollar amount to be spent on CAPIT Programs	CAPIT is used for Administration	Dollar amount to be spent on CBCAP Programs	CBCAP is used for Administration	Dollar amount to be spent on Family Preservation	Dollar amount to be spent on Family Support	Dollar amount to be spent on Family Reunification	Dollar amount to be spent on Adoption Promotion & Support	Dollar amount of PSSF allocation to be spent on PSSF activities (Sum of columns G1-G4)	PSSF is used for Administration	Dollar amount from other sources	List the name(s) of the other funding source(s)	Total dollar amount to be spent on this Program (Sum of Columns E, F, G5)
A	B	C	D1	D2	E1	E2	F1	F2	G1	G2	G3	G4	G5	G6	H1	H2	I
1	Child Abuse Prevention Council (CAPC)		The Partnership for Safe Families		\$0		\$59,099		\$0	\$0	\$0	\$0	\$0		\$27,001	Birth Certificate Fees, Kids Plates, County Funds	\$86,100
2	Child Abuse Prevention Program (CAPP)		Ventura County Public Health Department		\$269,253		\$0		\$0	\$0	\$0	\$0	\$0		\$0		\$269,253
3	Parent Education & Support (PES)		Kids & Families Together		\$0		\$0		\$122,579	\$79,553	\$0	\$0	\$202,132		\$48,030	State Funds	\$250,162
4	Domestic Violence Services (Effective FY 2023-2024)		Cornerstone Counseling		\$0		\$0		\$0	\$43,000	\$0	\$0	\$43,000				\$43,000
5	Peer Partner Education, Training, and Coaching Program (PPETC) for Informal Caregivers		Kids & Families Together		\$0		\$0		\$0	\$33,135	\$0	\$0	\$33,135		\$104,865	State Funds	\$138,000
6	Strengthening Adoptive Families through Education (SAFE)		Kids & Families Together		\$0		\$0		\$0	\$0	\$0	\$107,000	\$107,000		\$29,897	County Funds	\$136,897
7	Moving Forward (formerly known as In-Home Treatment Program)		Casa Pacifica (previous provider Aspiranet)		\$0		\$0		\$0	\$0	\$150,000	\$0	\$150,000		\$180,000	State Funds	\$330,000 (contract amount increased 2024)
8	Healthy Start *** (Utilized for FY 2022-2023 only)		Children and Family Services		\$0		\$0		\$0	Refer to notes section below	\$0	\$0	Refer to notes section below		Refer to notes section below	Refer to notes section below	Refer to notes section below

No.	Program Name	Applies to CBCAP Programs Only	Name of Service Provider	Service Provider is Unknown, Date Revised Workbook to be Submitted to OCAP	<u>CAPIT</u>		<u>CBCAP</u>		<u>PSSF</u>						<u>OTHER SOURCES</u>	<u>NAME OF OTHER</u>	<u>TOTAL</u>
					Dollar amount to be spent on CAPIT Programs	CAPIT is used for Administration	Dollar amount to be spent on CBCAP Programs	CBCAP is used for Administration	Dollar amount to be spent on Family Preservation	Dollar amount to be spent on Family Support	Dollar amount to be spent on Family Reunification	Dollar amount to be spent on Adoption Promotion & Support	Dollar amount of PSSF allocation to be spent on PSSF activities (Sum of columns G1-G4)	PSSF is used for Administration	Dollar amount from other sources	List the name(s) of the other funding source(s)	Total dollar amount to be spent on this Program (Sum of Columns E, F, G5)
A	B	C	D1	D2	E1	E2	F1	F2	G1	G2	G3	G4	G5	G6	H1	H2	I
	Totals				\$269,253		\$59,099		\$122,579	\$155,688	\$150,000	\$107,000	535,267		\$389,793		\$1,253,412
									23%	29%	28%	20%	100%				

*****Note:** CFS utilized \$71,109 of *PSSF-Family Support* funds for fiscal year 2022-2023 towards the Healthy Start program of which the total yearly cost is \$622,386. In addition to PSSF, school district, county and realignment funds were used to subsize the program. The expenditure information for Healthy Start was not included in line item 8 as the County will not be utilizing OCAP funds for this program effective fiscal year 2023-2024. Furthermore, including the information would have disrupted the formula embedded within the expenditure worksheet. The County will continue with the Healthy Starts program which will be funded through other non-OCAP sources.

CAPIT/CBCAP/PSSF PROGRAM AND EVALUATION DESCRIPTION

PROGRAM DESCRIPTION

Program Name

Moving Forward Together (under Casa Pacifica), previous known as the In-Home Treatment Program (IHTP) under Aspiranet; (*Item 7 on Expenditure Workbook*)

Service Provider

Aspiranet (from 7/2022 to 12/2023) –transitioned to new provider Casa Pacifica (effective 1/2024)

Program Description

The Moving Forward Together program (formerly known as the In-Home Treatment Program) is designed to support and provide in-home, short-term, individual, couple and family therapy to referred parent(s) and provide intensive services, including advocacy, for children or families involved in child-welfare, as well as those who have become dependents of the Ventura County Juvenile Court System. In-home therapists will meet with each client for an average of 1.5 hours of direct client (in-person) contact each week for a maximum of 26 weeks, in the client's preferred language and spend on average an additional 1.25 hours per week of indirect case management activities for each family. Direct client (in-person) contact includes but is not limited to assessment, treatment planning, counseling, and skill building as well as telephone contact. Indirect case management activities include but are not limited to case consultation, advocacy, supervision, treatment planning, progress reporting, outcomes management, case documentation, and referral to community resources. In-home therapists will provide counseling to parent(s), who have children primarily in out-of-home placement, to support timely and safe reunification with their child. Therapy will be available during the hours that work best for the parent. Services may continue after a child has been returned home in order to support reunification. To encourage family participation and address transportation needs within the county, most services will be conducted in the client's home, or another mutually agreed upon location that the parent and contractor have chosen. Therapists will be available between the hours of 8am and 5pm on weekdays; some weekend activity may be required.

In addition to in-home therapy for those in Family Reunification, CFS is looking to pilot a new version of in-home therapy service for those in Family Preservation that involves a therapist working in tandem with a Peer Partner to address the underlying issues that reinforce a substance or alcohol use disorder. Some attributes of the Peer Partner could include their real-life experience as an ally or as a person in recovery within the recovering community, experience parenting in difficult situations, and/or the ability to influence parent buy-in to therapeutic clinical interventions. Peer Partners could also help parents reflect and communicate their point of view to the therapist. This service model aims to offer parents a supportive and positive experience with a therapist and a Peer Partner to de-stigmatize mental health services and help parent(s) practice pro-social behaviors that lead to family stability and decreased involvement with agency supports.

Funding Sources

SOURCE	LIST FUNDED ACTIVITIES
CAPIT	N/A

CBCAP	N/A
PSSF Family Preservation	N/A
PSSF Family Support	N/A
PSSF Family Reunification	Behavioral/Mental Health Services; Peer Support
PSSF Adoption Promotion and Support	N/A
OTHER Source(s): State Block Grant	Behavioral/Mental Health Services; Peer Support

Identify Priority Need Outlined in CSA

Prompt access to behavioral / mental health services (2022 CSA; page 165, 169).

Target Population

Child welfare involved parents / legal guardians receiving court ordered Family Reunification or voluntary Family Preservation services. **Prevention Level:** Tertiary

Target Geographic Area

Services to be provided county-wide.

Timeline

Aspiranet has been facilitating the IHTP program in Ventura County for several years. However, the County submitted a Request for Proposal in September 2023 with the goal of the selected provider commencing services January 2024. The service was awarded to Casa Pacifica and the transition occurred in January 2024. All efforts have been made to minimize any possible gap / impacts to service delivery if there are delays with the selected provider's ability to start right away.

Evaluation

Program Outcome(s) and Measurement & Quality Assurance (QA) Monitoring

Desired Outcome	Indicator	Source of Measure	Frequency
Increased Parent Resilience	75% of families have met or shown improvement in at least two life domains (social, emotional, health, living skills, etc.) at post service assessment compared to intake assessment.	Clinical Assessment (developed in-house)	Prior to and after program completion
Increased Parent Resilience	At post-service assessment, 75% risk factors identified at intake assessment will have been addressed through therapy or referral to community resources. Some risk factors may be out of scope of the therapist (generational trauma, racism, poverty)	Protective Factors Survey	Prior to and after program completion

Decrease recurrence of maltreatment	75% families completing program will have no recurrence of child maltreatment as evidenced by no substantiated referral within the service period and at 12 months of program completion	Substantiated child abuse or neglect during aforementioned period (obtained from CWS/CMS)	Completed by COUNTY during and at 12 months of program completion
Decrease re-entry rate into foster care within 12 months (P-4)	100% Families completing program will have no entry or re-entry into child welfare system during service period and at 12 months of program completion	New dependency during or 12 months after program completion. Obtained from CWS/CMS	Completed by COUNTY during and at 12 months of program completion

Quality Assurance (QA) Monitoring

Contractor shall submit cumulative performance reports to the COUNTY on a quarterly basis. Reports are due within 15 days after the end of each quarter (October, January, April, July). Reports shall detail performance on outcomes as identified in the **Scope of Work** of the contract agreement. An accompanying narrative outlining reasons for underperformance and plan for improvement should accompany quarterly reports for any measures where the Contractor is not meeting the stated goal.

CLIENT SATISFACTION

Method or Tool	Frequency	Utilization	Action
Satisfaction Survey	Prior to and after program completion	Assess program and clinician effectiveness and overall client experience / level of satisfaction	Contractor shall review survey results on semi-annual basis to assess the quality of services provided and determine program and clinician strengths / areas of improvement and address any concerns (i.e., change in therapist, intervention) Results shall be shared with the COUNTY on a semi-annual basis.

CAPIT/CBCAP/PSSF

PROGRAM AND EVALUATION DESCRIPTION

PROGRAM DESCRIPTION

PROGRAM NAME

Child Abuse Prevention Council (*Item 1 on Expenditure Workbook*)

SERVICE PROVIDER

The Partnership for Safe Families & Communities

PROGRAM DESCRIPTION

The Partnership for Safe Families and Communities (The Partnership) is the designated Child Abuse Prevention Council (CAPC) in Ventura County. CAPC's primary purpose is to coordinate the community efforts to prevent child abuse and neglect and support the coordination of resources and activities to strengthen and support families. The Partnership hosts the Strengthening Families Collaborative, which convenes diverse cross-section professionals working with children and families in Ventura County. The collaborative provides direct connection between professional organizations and families, educational and service-specific resources, and training sessions based on community interest regarding prevention topics. CAPC will provide administrative provisions, staffing, and coordination towards these efforts.

CAPC Requirements

- To provide a forum for interagency cooperation and coordination in prevention, detection, treatment, and legal processing of child abuse cases.
- To promote public awareness of the abuse and neglect of children and the resources available for intervention and treatment.
- To encourage and facilitate training of professionals in the detection, treatment, and prevention of child abuse and neglect.
- To recommend improvements in services for families and victims.
- To encourage and facilitate community support for child abuse and neglect programs.

The Partnership/CAPC shall encourage representation from the following:

- Public child welfare services
- Criminal justice system
- Prevention and treatment service communities
- Community representatives

Ventura County CAPC Expectations

- Conduct activities in coordination with the funder, Ventura County Human Services Agency – Children & Family Services.
- Coordinate and collaborate with existing & potential prevention and promotion efforts or those seeking similar goals and/or conducting similar activities.
- Periodically survey the prevention capacity and needs of Ventura County so that CAPC activities are focused in areas of critical need and/or address gaps.

- Ensure CAPC resources and materials should be accessible to all Ventura County residents in both English and Spanish.
- Support the development of the new approach to mandated reporting training (i.e. mandated supporter training), as requested by the Human Services Agency.
- Participate in supporting and ensuring coordination of other initiatives with county development of the Family First Prevention Services Act Comprehensive Prevention Plan as requested by the Human Services Agency.
- Cultivate staff and program capacity in the areas of diversity, equity and inclusion to address and serve families in the child welfare system in a culturally and linguistically manner and ensure equal access to services and equitable outcomes across the diverse client population.

FUNDING SOURCES

SOURCE	LIST FUNDED ACTIVITIES
CAPIT	N/A
CBCAP	Public Education
PSSF Family Preservation	N/A
PSSF Family Support	N/A
PSSF Family Reunification	N/A
PSSF Adoption Promotion and Support	N/A
OTHER Source(s): ARPA-CBCAP, Kids Plates, Birth Certificate Fees, Grants, Private Donations	Public Education

NOTE: One-time ARPA-CBCAP allocation is being utilized to fund Child Abuse Prevention Council additional activities and will not be available after 2025

IDENTIFY PRIORITY NEED OUTLINED IN CSA

Communication and collaboration with partnering and community-based organizations. (2022 County Self-Assessment; pages 169 and 233).

TARGET POPULATION

Community at large **Prevention Level:** Primary

TARGET GEOGRAPHIC AREA

Services to be provided county-wide.

TIMELINE

The Partnership for Safe Families has been providing oversight of the Child Abuse Prevention Council for several years and will continue for the 2022-2027 SIP cycle.

EVALUATION

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

Desired Outcome	Indicator	Source of Measure	Frequency
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Public Awareness	Plan and coordinate local child abuse prevention activities, including outreach events, community forums, disseminating prevention information (social media, videos, pamphlets, presentations, and Child Abuse Prevention Month activities. Contractor will track number of participants at events, number of print / electronic material developed, and number of individuals reached through print and electronic material / social media.	Internal tracking	Based on community needs
Public Education	Provide mandated supporter training	Internal tracking	Based on community needs
Public Education	Provide ten (10) Strengthening Families Collaborative meetings per year, offering Spanish language interpreting as needed, that focus on prevention topics of interest as requested by the community.	Internal tracking	Minimum of 10 meetings per year

Quality Assurance (QA) Monitoring

Contractor shall submit cumulative performance reports to the COUNTY on a quarterly basis. Reports are due within 15 days after the end of each quarter (October, January, April, July). Reports shall detail performance on outcomes as identified in Scope of Work of the contract agreement. An accompanying narrative outlining reasons for underperformance and plan for improvement should accompany quarterly reports for any measures where the Contractor is not meeting the stated goal.

CLIENT SATISFACTION

Method or Tool	Frequency	Utilization	Action
Survey	All trainings and workshops	<p>Surveys shall be utilized to evaluate the success of trainings/events, identify guest speakers / topics, and develop resources to address identified gaps</p> <p>Contractor shall share results with COUNTY during the quarterly meetings unless an</p>	Contractor will review surveys and utilize information to drive decision-making in training topics covered, outreach methods utilized, where/when trainings are offered, identification of resources needed and how they can be disseminated and to identify the linguistic needs of the community to increase awareness and

		emergent need is identified that requires immediate attention.	outreach efforts.
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CAPIT/CBCAP/PSSF PROGRAM AND EVALUATION DESCRIPTION

Program Description

Program Name

Anger Management / Domestic Violence / Parenting Classes and Counseling Services (*Item 4 on Expenditure Workbook*)

Service Provider

Cornerstone Counseling – Scott Barella

Program Description

Cornerstone Counseling provides an array of court approved classes and counseling services that primarily focus on ending domestic violence while prioritizing victim safety and batterer accountability. The contractor ensures that individuals and families referred receive the appropriate interventions that are compassionate, humane, consistent and based on their individual needs. Additionally, Cornerstone works collaboratively with many other agencies to establish a foundation of violence prevention, family services and mental health treatment that work to eliminate all forms of domestic violence. Services include:

Anger Management Classes: 16 lesson program (8 individual or 16 group sessions) in which participants learn to manage the emotional and physiological arousal that accompanies anger. Through the program participants will learn to recognize their triggers for anger and learn to cope with them more effectively.

Domestic Violence Classes / Batterers Treatment: 52-week program with the long-term purpose of ending violence and tactics of power and control by participants of the program. The philosophy is to change long-held patterns of abusive actions by having participants acknowledge the destructive nature of their behavior and accept responsibility for their actions. This is achieved by addressing each minimization, justification and rationalizing by participants through constructive confrontation and replacing them with CBT, assertiveness, empathy and equity within relationships.

Parenting / Co-Parenting Classes: Parenting: 6-meeting program (12 lessons), which focuses on understanding the stages of a child's development, natural and logical consequences, age-appropriate parenting tools, dealing with special needs children and how to balance and maintain a support system for children. Co-Parenting: 6-meeting individual program (12 lessons), which educates parents in understanding their role as co-parents, learning how to effectively communicate with their ex-partner, and how conflict impacts their children's development. The goal is for both parents to learn how to be child-focused and productive while understanding how unresolved emotions may interfere with proper co-parenting.

Individual / Conjoined Counseling: Individual: Individual weekly sessions to help individuals successfully navigate challenges by providing the tools necessary to avoid triggers, re-direct damaging patterns, and overcome whatever challenges they face. Conjoint: A therapeutic

intervention model with the goal of repairing the parent-child relationship, which has been disrupted due to parental absence, substance abuse issues, jail time, or other family court related matters. The goal is to strengthen and develop a secure attachment bond for the child and parent.

Funding Sources

SOURCE	LIST FUNDED ACTIVITIES
CAPIT	N/A
CBCAP	N/A
PSSF Family Preservation	N/A
PSSF Family Support	Behavioral /Mental Health Services
PSSF Family Reunification	N/A
PSSF Adoption Promotion and Support	N/A
OTHER Source(s):	N/A

Identify Priority Need Outlined in CSA

Prompt access to domestic violence, parenting education and behavioral or mental health services (2022 County Self-Assessment; page 164, 169, 233).

Target Population

Families at risk of child abuse / neglect and child welfare involved parents / legal guardians receiving court ordered family reunification or family maintenance services or those receiving voluntary family preservation services. **Prevention Level:** Secondary, Tertiary

Target Geographic Area

Services to be provided county-wide.

Timeline

Ventura County has entered into a contract with Cornerstone Counseling to be funded by OCAP dollars for the 2022-2027 SIP Cycle.

Evaluation

Program Outcome(s) and measurement & Quality Assurance (QA) Monitoring

Desired Outcome	Indicator	Source of Measure	Frequency
Parent demonstrates an understanding of positive conflict resolution skills, increase knowledge of triggers for anger and learn to cope more effectively	Parent who completes the program will share four examples of conflict resolution skills and self-control techniques	Evaluation Tool (created in- house) to measure attendance, cooperation and participation in the program.	Pre (Initial Intake) and Post Treatment (Exit Exam/ Evaluation)

Increased Parent awareness, accepts responsibility for past neglect and abusive behavior while eliminating all forms of abuse and violence	Parent / Caregiver has completed all courses, passed the exit evaluation and accepts responsibility.	Evaluation Tool (created in-house) to measure attendance, cooperation and participation in the program	Pre (Initial Intake) and Post Treatment (Exit Exam/Evaluation)
Recurrence of Maltreatment	85% of children from families who complete the program will have no child maltreatment referrals during the service period, six- and twelve-months following service completion	Substantiated child abuse or neglect during aforementioned period (obtained from CWS/CMS)	Completed by COUNTY at six- and twelve- months following service completion.
Re-Entry Into Care	85% of children from families who complete the program will have no entry or re-entry into the child welfare system at six- and twelve-months following service completion.	New dependency between 6-12 months after service completion (obtained from CWS/CMS)	Completed by COUNTY at six- and twelve- months following service completion.

Quality Assurance (QA) Monitoring

Contractor shall submit cumulative performance reports to the COUNTY on a quarterly basis. Reports are due within 15 days after the end of each quarter (October, January, April, July). Reports shall detail performance on outcomes as identified in **Scope of Work** of the contract agreement. An accompanying narrative outlining reasons for underperformance and plan for improvement should accompany quarterly reports for any measures where the Contractor is not meeting the stated goal.

Client Satisfaction

Method or Tool	Frequency	Utilization	Action
Initial Intake	Upon entry	To determine the parents' history, and assess appropriateness of the program/course	Determine if appropriate for the program/course
Exit Conference Form	Upon exit	To determine if parent met goals of the program	Report to assigned social worker with progress and completion date

CAPIT/CBCAP/PSSF PROGRAM AND EVALUATION DESCRIPTION

PROGRAM DESCRIPTION

PROGRAM NAME

Peer Partner Education, Training and Coaching Program (PPETC) For Informal Kinship Caregivers (*Item 5 on the Expenditure Workbook*)

SERVICE PROVIDER

Kids and Families Together

PROGRAM DESCRIPTION

Kids and Families Together (KFT) provides education, coaching, and training to informal kinship caregivers who are providing primary care for children and youth at risk of child welfare or probation involvement as well as relative caregivers who have become legal guardians. The goal of the program is to support caregivers through the issuance of a peer partner educators, with lived experience, who will educate, guide and assess the needs of caregivers in order to provide a direct linkage to community-based services to support family stability and enhance the quality of care they provide to the vulnerable children and youth under their care. Through the PPETC program, Kids and Families Together will:

- Support up to approximately two hundred and fifty (250) informal kinship caregivers and relative caregivers who have become legal guardians.
- Match peer partner educators (PPE) with informal kinship caregivers in need of coaching, training, and support. Areas for education and support include training and information on topics related to trauma and quality caregiving, referrals for additional resources, placement stability, increased quality of care, birth family engagement, and co-caregiving.
- Conduct initial and ongoing assessment of the caregivers needs and determine a plan to address the identified needs through education, coaching, training and/or direct referrals to community-based services.
- Collaborate with the caregivers in the identification of their support network through the use of the *Circle of Support* tool
- Provide mentoring, training and guidance for informal caregivers and relative caregivers through different means of communication which include but is not limited to face-to-face contact, email, phone, text, email, video platforms
- Provide services in the primary / preferred language of the caregiver through the use of bilingual staff and/or interpretation service
- Provide an answering service to informal kinship caregivers and/or CFS staff; offer resources and coaching to promote placement stability during evening and weekend hours and return calls no later than the next workday.
- Administer a semi-annual satisfaction survey that addresses program services and delivery to PPETC informal kinship caregiver families served.

Service shall be provided until the child / youth is no longer in the care of the legal guardian or relative (i.e. returned to parent, became a CFS dependent, turned 18)

FUNDING SOURCES

SOURCE	LIST FUNDED ACTIVITIES
CAPIT	N/A
CBCAP	N/A
PSSF Family Preservation	N/A
PSSF Family Support	Parenting Education
PSSF Family Reunification	N/A
PSSF Adoption Promotion and Support	N/A
OTHER Source(s): state block grant	Parenting Education

IDENTIFY PRIORITY NEED OUTLINED IN CSA

Increase level of supportive services and provide a direct link to services/supports. (2022 County Self-Assessment; pages 164 and 169).

TARGET POPULATION

Families at risk of child abuse/neglect. **Prevention Level:** Primary, Secondary

TARGET GEOGRAPHIC AREA

Services to be provided county-wide.

TIMELINE

The *PPETC-Informal* program has been providing services within Ventura County for several years and will continue for the 2022-2027 SIP cycle.

EVALUATION

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

Desired Outcome	Indicator	Source of Measure	Frequency
Increase knowledge of trauma, improve quality of care and overall family stability	75% of caregiver's needs identified in the initial or ongoing Needs Assessment will be met.	Needs Assessment (developed in-house)	Intake and every six months

Quality Assurance (QA) Monitoring

Contractor shall submit cumulative performance reports to the COUNTY on a quarterly basis. Reports are due within 15 days after the end of each quarter (October, January, April, July). Reports shall detail performance on outcomes as identified in Scope of Work of the contract agreement. An accompanying narrative outlining reasons for underperformance and plan for improvement should accompany quarterly reports for any measures where the Contractor is not meeting the stated goal.

CLIENT SATISFACTION			
Method or Tool	Frequency	Utilization	Action
Satisfaction Survey	Every six months for all active caregivers	Assess program effectiveness and overall client experience / level of satisfaction Contractor shall review survey results and share with the COUNTY on an semi-annual basis unless an emergent need is identified that requires immediate attention.	Contractor shall utilize survey results to reassess services and determine areas of strength or improvement. Results shall be shared with the COUNTY which will allow the opportunity to assess the quality of services provided and address any concerns.

CAPIT/CBCAP/PSSF

PROGRAM AND EVALUATION DESCRIPTION

PROGRAM DESCRIPTION

PROGRAM NAME

Parent Education and Support (PES) Kids and Families Together (*Item 3 on the Expenditure Workbook*)

SERVICE PROVIDER

Kids and Families Together

PROGRAM DESCRIPTION

Parent Educators provide short-term in-home support to child welfare involved parents. Individualized sessions are held once a week for two hours for a maximum of twelve (12) sessions over a three-month period, in which the Parent Educators help parents develop key life and parenting skills so that they can provide a safe, nurturing environment for their children. Parent Educators also collaborate with the assigned social worker in assessing and coordinating services for the family. Additionally, the Parent Educators can make referrals to other community services and resources as necessary.

Through the PES program, the Parent Educators will provide education, support and assistance while improving family self-sufficiency through the provision of information on childcare, budgeting, nutrition, life skills, etc. The provision of program services will focus on the remediation of harmful family conditions and the prevention of abuse or neglect. Examples of services that will be provided by the program include:

- Modeling of effective parenting techniques.
- One-on-one in-home training of parents to facilitate and promote self-sufficiency.
- Training and assistance with basic living skills to include, but not be limited to, cooking, shopping, budgeting and other household responsibilities.
- Assistance in using appropriate community resources.
- Assistance in accessing necessary services for their children.
- Individualized training of parents related to how to appropriately discipline, nurture, and best meet their child's developmental needs.

FUNDING SOURCES

SOURCE	LIST FUNDED ACTIVITIES
CAPIT	N/A
CBCAP	N/A
PSSF Family Preservation	Parent Education
PSSF Family Support	Parent Education
PSSF Family Reunification	N/A

PSSF Adoption Promotion and Support	N/A
OTHER Source(s): State Block Grant	Parent Education

IDENTIFY PRIORITY NEED OUTLINED IN CSA

Increase level of supportive services and provide a direct link to services/supports. (2022 County Self-Assessment; pages 164 and 169).

TARGET POPULATION

Child welfare involved parents / legal guardians receiving court ordered family reunification or family maintenance services or those receiving voluntary family preservation services. **Prevention Level:** Tertiary

TARGET GEOGRAPHIC AREA

Services to be provided county-wide.

TIMELINE

The Parent Education and Support (PES) program has been in effect in Ventura County since approximately 2021 and will continue for the 2022-2027 SIP cycle.

EVALUATION

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

Desired Outcome	Indicator	Source of Measure	Frequency
Increased knowledge of parenting & child development	Families who complete the program will show an increase in at least two of five of the Protective Factors at post-services compared to pre-services.	Five Protective Factors Survey Assessment	Pre and Post Intervention
Recurrence of Maltreatment	85% of children from families who complete the program will have no child maltreatment referrals during the service period, six- and twelve-months following service completion	Substantiated child abuse or neglect during aforementioned period (obtained from CWS/CMS)	Completed by COUNTY at six- and twelve-months following service completion.
Re-Entry Into Care	85% of children from families who complete the program will have no entry or re-entry into the child welfare system at six- and twelve-months following service completion.	New dependency between 6-12 months after program completion (obtained from CWS/CMS)	Completed by COUNTY at six- and twelve-months following service completion.

Other: Decrease Time to Reunification / Length of Child Welfare Involvement	85% of families who complete the program will have successfully stepped down from FR to FM or from FP/FM to case closure within six months of the end of service.	Case status during aforementioned period (obtained from CWS/CMS)	Completed by COUNTY at six months following service completion.
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Quality Assurance (QA) Monitoring

Contractor shall submit cumulative performance reports to the COUNTY on a quarterly basis. Reports are due within 15 days after the end of each quarter (October, January, April, July). Reports shall detail performance on outcomes as identified in Exhibit C of the contract agreement. An accompanying narrative outlining reasons for underperformance and plan for improvement should accompany quarterly reports for any measures where the Contractor is not meeting the stated goal. Data on the Five Protective Factor's Survey Assessment (pre and post) should be summarized into quarterly and annual reports submitted to the COUNTY.

CLIENT SATISFACTION

Method or Tool	Frequency	Utilization	Action
Satisfaction Survey	At time of program completion	<p>Assess client's experience in the program (i.e., what they learn and did they find it helpful) and effectiveness of the provider (i.e., was provider responsive, respectful).</p> <p>Results to be shared with the COUNTY on a quarterly basis to allow the opportunity to assess quality of services provided and address any concerns.</p>	<p>Contractor shall review survey results to assess the quality of services. Survey results to be shared anonymously with providers used as a reflection of their performance. There are two open-ended questions and participant suggestions, of which feedback can influence program procedures.</p>

CAPIT/CBCAP/PSSF

PROGRAM AND EVALUATION DESCRIPTION

PROGRAM DESCRIPTION

PROGRAM NAME

Child Abuse Prevention Program (CAPP) & 4Ps (+) & Nurse Family Partnership (PHN Home Visitation) – *(Item 2 on the Expenditure Workbook)*

SERVICE PROVIDER

Ventura County Public Health (VCPH)

PROGRAM DESCRIPTION

In an effort to provide the delivery of a broad range of supportive services to children identified as being at high-risk for child abuse and neglect and to reduce their risk of poor health outcomes, Ventura County Human Services Agency has partnered with the Public Health Department with the following goals:

- Public Health (PH) will share the expertise of Public Health Nursing, pursuing the reduction and prevention of child abuse and neglect by focusing on family support and promoting healthy lifestyles in our community. This will be attained by using the Nursing Process (which consists of an assessment, nursing diagnosis, interventions and outcomes), and PH nursing policies and procedures.
- The PHNs will work collaboratively with Children and Family Services (CFS), the court system, the Probation Department, the Behavioral Health Department, medical providers, and other public and private entities focusing on facilitating the delivery of appropriate health services to meet the needs of the child at risk for abuse and neglect.

This will be achieved by the PHN:

- Providing health-related assessment, case management services and written documentation with specific client outcomes by using the Nursing Process and documenting in the PH Nursing Referral System (NRS).
- Consulting with CFS, the court system, the Probation Department, the Behavioral Health Department, medical providers, and other public and private entities to provide the required health-related services to children in the community at-risk for abuse and neglect.
- Providing specialized PHN expertise for children in the community at risk for abuse and neglect.
- Providing medical education for interpreting medical reports.
- Providing education and anticipatory guidance to clients and families about the causes, prevention and remediation of health issues, child abuse and neglect prevention, family theory education and related matters.
- Working in collaboration with CFS and those children and families in the community at risk for abuse and neglect to facilitate and advocate for the delivery of appropriate services to meet the health needs of the child.
- Providing quality assurance activities.
- Providing primary prevention services to those children and families in the community who are high-risk for abuse and neglect.

Most of these services will be facilitated through the following programs:

Child Abuse Prevention Program

The goal of the Child Abuse Prevention Program (CAPP) is to maintain at-risk families outside the child welfare system and ensure the overall health and well-being of the family unit. This is achieved by offering a Public Health Nurse (PHN) to provide early intervention home visitation services to children and families who are at risk for abuse and neglect. The interventions provided to individuals and the family as a whole include comprehensive bio-psycho-social nursing assessments and parent-child interaction assessments. PHNs screen individuals for developmental delays, depression, substance use, and domestic violence. PHNs use evidence-based health, wellness, and parenting education, linkage to community resources, and services while providing family support. The tools and curricula utilized by CAPP PHNs include, but are not limited to, NCAST (Nursing-Child Assessment Satellite Training) Parent-Child Interaction assessments and all related tools, Ages and Stages Questionnaires, Edinburgh Postnatal Depression Scale, Promoting Maternal Mental Health During Pregnancy, Touchpoints, and the Newborn Behavior Observation (NBO).

Nurse Family Partnership

The Nurse Family Partnership is an evidenced based nurse home visiting program in which Public Health Nurses regularly visit first-time mothers, starting early in pregnancy and continuing until the child's second birthday. The goals of the Nurse Family Partnership Program are to 1) Improve pregnancy outcomes by partnering with moms to engage in good preventative health practices, including thorough prenatal care from their healthcare providers, improving their diets and reducing any use of habit-forming substances 2) Improve child health and development by assisting families provide responsible and competent care and 3) Improve the economic self-sufficiency of the family by supporting parent to develop a vision for their own future, plan additional pregnancies, continue their education and find work. The Nurse Family Partnership Program has been independently reviewed and evaluated and is ranked as the Gold Standard of home visiting programs.

FUNDING SOURCES

SOURCE	LIST FUNDED ACTIVITIES
CAPIT	Case Management
CBCAP	N/A
PSSF Family Preservation	N/A
PSSF Family Support	N/A
PSSF Family Reunification	N/A
PSSF Adoption Promotion and Support	N/A
OTHER Source(s): government funds	Case Management

IDENTIFY PRIORITY NEED OUTLINED IN CSA

Increase access to preventative and proactive services and supports (2022 County Self-Assessment: page 164, 169 and 236).

TARGET POPULATION

Individuals and families at risk of child abuse/neglect. **Prevention Level:** Primary, Secondary

TARGET GEOGRAPHIC AREA

Services to be provided county-wide.

TIMELINE

Ventura County Public Health has been providing the Child Abuse Prevention Program (CAPP) & 4Ps (+) & Nurse Family Partnership (PHN Home Visitation) programs for several years and will continue for the 2022-2027 SIP cycle.

EVALUATION

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

Desired Outcome	Indicator	Source of Measure	Frequency
Other: Family Well-Being	CAPP seeks for at-risk families to be outside the child welfare system and ensuring overall health.	Review of nursing documentation system and data to assess family engagement and outcome measures	Ongoing
Other: Improve Maternal Health	Improve pregnancy outcomes by partnering with moms to engage in good preventative health practices, including thorough prenatal care from their healthcare providers, improving their diets and reducing any use of habit-forming substances	Review of nursing documentation system and data to assess family engagement and outcome measures	Ongoing
Other: Improve Child Health	Improve child health and development by assisting families provide responsible and competent care	Review of nursing documentation system and data to assess family engagement and outcome measures	Ongoing
Families have concrete support in times of need	Improve the economic self-sufficiency of the family by supporting parent to develop a vision for their own future, plan additional pregnancies, continue their education and find work.	Review of nursing documentation system and data to assess family engagement and outcome measures	Ongoing

Quality Assurance (QA) Monitoring

COUNTY maintains appropriate records and reviews information on an ongoing basis to assess the effectiveness of the program. Additionally, COUNTY reviews all patient satisfaction survey submissions twice a year and gathers the data to look at areas of strength and areas to improve including quality assurance. Additionally, the surveys are utilized in assessing the field-based performance of new Public Health Nurse hires.

CLIENT SATISFACTION

Method or Tool	Frequency	Utilization	Action
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Qualtrics Electronic Survey	Once, at program completion	Quality assurance and employee field performance	<p>Surveys reviewed twice a year with the goal of gathering information to determine areas of strength and improvement. Besides providing data on client satisfaction, the surveys support the program's CQI efforts.</p> <p>On occasion, the surveys have assisted in evaluating the work of new PHN hired into the program (field performance with patients)</p>
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CAPIT/CBCAP/PSSF

PROGRAM AND EVALUATION DESCRIPTION

Program Description

Program Name

Strengthening Adoptive Families through Education (SAFE) – *(Item 6 on the Expenditure Workbook)*

Service Provider

Kids and Families Together

Program Description

The Strengthening Adoptive Families through Education (SAFE) program offers in- home/in-office/telehealth support services for pre and post adoptive families. The 15 weekly therapy sessions focus on the impact of early trauma and negative beliefs associated with attachment-related trauma and loss. The caregivers of children affected by early trauma and attachment disruptions may be frustrated, overwhelmed, or hurt by the challenging behaviors often exhibited by these children. The SAFE program provides psychoeducation and therapeutic support for the caregiver to develop an understanding that the behaviors are rooted in past traumatic experiences and attachment disruptions. The SAFE program assists the caregivers in learning and implementing therapeutic parenting strategies to strengthen attachment, gaining insight into and empathy for the child's behaviors and emotions, and thereby promoting permanency. Caregivers learn about common adoption challenges so they can successfully assist their child navigate the adoption journey and overcome challenges if/when they arise.

The service is comprised of three components which are as follows:

Pre-Adoption Education Services: Will utilize assessment measures to determine family strengths and areas for skill building prior to adoption finalization and psychoeducation materials to assist families in recognizing the impact of trauma, attachment issues and/or loss experienced by the adopted child, and to maintain healthy relationships and stability over time as a family.

Post Adoption Intervention: Will provide case management assistance with crisis intervention and support services for families who have finalized an adoption and experiencing a crisis or issues that disrupt the family's stability. Contractor shall determine the level of intervention for the family which can range from crisis intervention counseling, or a 'booster'/refresher plan that revisits skill building strategies offered from the Pre-Adoption Education Services.

Post-Adoption Reconnections: A developing program that can assist individuals (older youth or adults) adopted through Ventura County Dependency Court in exploring reconnecting with their birth family and navigating the incumbent stressors and strategies necessary for healthy coping and positive interactions during a family finding search.

Funding Sources

SOURCE	LIST FUNDED ACTIVITIES
CAPIT	N/A

CBCAP	N/A
PSSF Family Preservation	N/A
PSSF Family Support	N/A
PSSF Family Reunification	N/A
PSSF Adoption Promotion and Support	Behavioral/Mental Health
OTHER Source(s):	N/A

Identify Priority Need Outlined in CSA

Lack of pre and post permanency support to ensure placement stability and prevent re-entry into care. (2022 County Self-Assessment; pages 164 and 233).

Target Population

Pre and post adoptive families providing care for or who have provided permanency via adoption for a dependent child, youth or non-minor dependent of the Ventura County Juvenile Court.

Prevention Level: Secondary, Tertiary

Target Geographic Area

Services to be provided county-wide.

Timeline

The SAFE program has been providing services within Ventura County for several years and will continue for the 2022-2027 SIP cycle.

Evaluation

Program Outcome(s) and measurement & Quality Assurance (QA) Monitoring

Desired Outcome	Indicator	Source of Measure	Frequency
Increase caregiver's knowledge on complex trauma, attachment, child development, grief/loss, therapeutic parenting strategies, common adoption-related challenges that may arise in the future, maintaining connections with birth families, and the impact of their own attachment history.	75% of caregivers will demonstrate improvement in 3 out of 4 domains as measured by the Devereaux Early Childhood Assessment (DECA) or Parenting Relationship Questionnaire (PRQ)	Pre and Post Caregiver Survey	Prior to and After Service Completion
Nurturing and Attachment / Placement Stability (P-5)	75% of the caregivers who complete therapy services will remain permanent caregivers.	Evaluation Survey (post) that asks if the child continues to be in the care of the caregiver and if the caregiver plans to continue to provide	After service completion

		care	
Quality Assurance (QA) Monitoring			
Contractor shall submit cumulative performance reports to the COUNTY on a quarterly basis. Reports are due within 15 days after the end of each quarter (October, January, April, July). Reports shall detail performance on outcomes as identified in Exhibit C of the contract agreement. An accompanying narrative outlining reasons for underperformance and plan for improvement should accompany quarterly reports for any measures where the Contractor is not meeting the stated goal.			
Client Satisfaction			
Method or Tool	Frequency	Utilization	Action
Caregiver Survey Evaluation Survey	Pre and post Once, at program completion	Assess program effectiveness and overall client experience / level of satisfaction Contractors shall review all survey results and share with COUNTY during quarterly meetings. Results shall also be shared with SAFE clinicians for CQI purposes.	Surveys reviewed with the goal of gathering information to determine areas of strength and improvement for the program in addition to client satisfaction. Additionally, an administrative check is completed with the participants halfway through the program to determine areas of improvement, this information is shared with the clinicians so that the program can be tailored to meet the individual needs of the participants and overall service delivery (i.e., adjusting average number of sessions, tailoring the number of videos based on participant preference).

CAPIT/CBCAP/PSSF

PROGRAM AND EVALUATION DESCRIPTION

Program Description

PROGRAM NAME

Healthy Start - *Item 8 on Expenditure Workbook*

SERVICE PROVIDER

County of Ventura, Human Services Agency -Children and Family Services

PROGRAM DESCRIPTION

Healthy Start is a partnership between Children and Family Services and the Oxnard / Hueneme Elementary School Districts that provides collaborative and culturally competent support for children and their families residing in targeted areas in the cities of Oxnard and Port Hueneme. Through the program, child welfare social workers are placed in specific school sites and support positive educational, familial and physical health outcomes through collaborative partnerships and engagement. The service delivery model emphasizes prevention and early intervention services to maximize the healthy development of children, increase parental school involvement, improve school attendance and academic achievement. Additionally, the program aims to engage families by strengthening their protective factors, healing them from trauma, helping build a network of safety and offering support to meet their needs when they encounter challenges. Ultimately, the program strives to prevent child welfare involvement and produce better outcomes for at-risk families in the community. Preventative interventions utilized by the CFS social workers include but are not limited to:

- Case Management
- Assessments
- Home Visits
- Parenting Education / Targeted Psychoeducation
- Basic Life Skills
- Engaging Support Network
- Educational Advocacy & School Attendance Support (SARB)
- Support and Services to Migrating Families
- Linkages to Community Resources

CFS social workers assigned to the Healthy Starts program are placed in the following school sites: Art Haycox Elementary School, Fred L. Williams Elementary, McKinna Elementary School, Kamala Elementary School, Cesar Chavez Elementary/Middle School, R.J. Frank Middle School.

FUNDING SOURCES

SOURCE	LIST FUNDED ACTIVITIES
CAPIT	N/A
CBCAP	N/A
PSSF Family Preservation	N/A
PSSF Family Support	Case Management
PSSF Family Reunification	N/A
PSSF Adoption Promotion and Support	N/A

OTHER Source(s): School District/County/ Realignment	Case Management
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IDENTIFY PRIORITY NEED OUTLINED IN CSA

Increase level of supportive services and provide a direct link to services/supports. (2022 County Self-Assessment; pages 164 and 169).

TARGET POPULATION

Families at risk of child abuse / neglect and child welfare involved families receiving court ordered family reunification or family maintenance services or those receiving voluntary family preservation services. **Prevention Level:** Primary, Secondary, Tertiary

TARGET GEOGRAPHIC AREA

Services to be provided to children and their families enrolled in the following schools located in targeted areas within the cities of Oxnard and Port Hueneme: Art Haycox Elementary School, Fred L. Williams Elementary, McKinna Elementary School, Kamala Elementary School, Cesar Chavez Elementary/Middle School, and R.J. Frank Middle School.

TIMELINE

Children and Family Services in collaboration with The Oxnard and Hueneme Elementary School Districts have been providing oversight of the Healthy Start program and will continue to during the 2022-2027 SIP cycle. **However, PSSF Family Support funding will not be utilized beyond fiscal year 2022-2023.**

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

Desired Outcome	Indicator	Source of Measure	Frequency
Increase child and family functioning	Decreased child absences from school Decreased teacher reports of classroom behavioral problems Improved grade reports Decreased family conflict Increase in basic needs of families met	Internal tracking	Semester monitoring of child's academic, behavioral and attendance progress Quarterly progress on overall family functioning
Increase knowledge of parenting and child development	Individual or group education on prevention topics tailored uniquely to the needs of the family or the general public	Pre and Post parental survey	Prior and after completion of individual or group education

Quality Assurance (QA) Monitoring

CFS and School Districts will share cumulative performance reports on a quarterly basis. Reports shall detail performance on outcomes as identified in **Scope of Work** of the contract

agreement. An accompanying narrative outlining reasons for underperformance and plan for improvement should accompany quarterly reports for any measures where CFS is not meeting the stated goal.

CLIENT SATISFACTION

Method or Tool	Frequency	Utilization	Action
Parent Satisfaction Survey	Utilized at time of Healthy Start referral closure	<p>Surveys shall be utilized to evaluate the success of case management services and the overall well-being of the family.</p> <p>COUNTY shall share results with Districts during the quarterly meetings unless an emergent need is identified that requires immediate attention.</p>	CFS will review surveys and utilize information to enhance service delivery and/or modify existing practices in order to best meet the needs of families being served.