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June 30, 2010

Bureau Chief

Outcomes & Accountability Bureau

Children & Family Services Division

California Department of Social Services

744 P Street, MS 8-12-91

Sacramento, CA 95814

To Whom It May Concern:

This letter is to inform you that I have emailed the Board of Supervisors approved System Improvement Plan on June 30, 2010. Attached to that email, I included a scanned copy of the Board Agenda Item letter that was sent to the Board of Supervisors and has the agenda item number.

Enclosed with this letter is the original System Improvement Plan signed by the Board of Supervisors for 2010-2013 with two copies as specified in ACIN I-53-09. If there are any questions or concerns, please do not hesitate to contact me at the telephone number below.

Sincerely,

Lisa Rix

Administrative Analyst II

Department of Health and Human Services

Social Services Branch

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Enclosures

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COUNTY OF HUMBOLDT

AGENDA ITEM NO.
C-35

For the meeting of: June 22, 2010

Date: May 21, 2010

To: Board of Supervisors

From: Phillip R. Crandall, Director *[Signature]*
Department of Health and Human Service

Subject: Approval of Social Services Branch, Child Welfare Services' California Child and Family Services Review, System Improvement Plan for Humboldt County

RECOMMENDATION(S):

That the Board of Supervisors:

1. Adopt the draft Resolution Authorizing approval of the System Improvement Plan, re-establishment of the Child Abuse Prevention Coordinating Council (CAPCC), and designating the CAPCC to administer Counties Children's Trust fund monies.
2. Approve the California Child and Family Services Review, Humboldt County System Improvement Plan (2010 to 2013) for the Child Welfare Services (CWS) Division of the Social Services Branch (SSB); and
3. Authorize the Chair to execute four (4) copies of the System Improvement Plan document as requested by the state; and
4. Direct Clerk of the Board to route three (3) copies of the System Improvement Plan document to the Director of Health and Human Services.

SOURCE OF FUNDING:

Social Services Fund

Prepared by Lisa Rix, Administrative Analyst II

CAO Approval *[Signature]*

REVIEW:

Auditor _____ County Counsel _____ Personnel _____ Risk Manager g Other _____

TYPE OF ITEM:

- Consent
- Departmental
- Public Hearing
- Other _____

BOARD OF SUPERVISORS, COUNTY OF HUMBOLDT
Upon motion of Supervisor
Seconded by Supervisor
And unanimously carried by those members present,
The Board hereby adopts the recommended action
contained in this report.

PREVIOUS ACTION/REFERRAL:

Board Order No. _____

Meeting of: _____

Dated: _____
Kathy Hayes, Clerk of the Board

By: _____

RECEIVED JUL 07 2010

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B. Part I - CWS/Probation

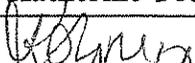
California's Child and Family Services Review
System Improvement Plan

County:	HUMBOLDT
Responsible County Child Welfare Agency:	Department of Health and Human Services Social Services Branch
Period of Plan:	01/28/2010 thru 01/27/2013
Period of Outcomes Data:	Quarter ending: March 31, 2009
Date Submitted:	June 30, 2010

County System Improvement Plan Contact Person

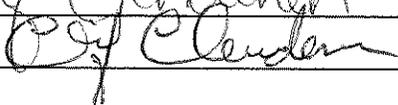
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Submitted by each agency for the children under its care

Submitted by:	County Child Welfare Agency Director (Lead Agency)
Name:	Katherine Young, Social Services Branch Director
Signature:	

Submitted by:	County Chief Probation Officer
Name:	Doug Rasines, Chief Probation Officer
Signature:	

Board of Supervisors (BOS) Approval

BOS Approval Date:	6/23/10
Name:	Cliff Corderman
Signature:	

DISCUSSION:

In 1997, the federal government enacted the Adoption & Safe Families Act (AFSA), which mandated the development of outcome measures for safety, permanency, and child/family well-being. The Child and Family Services Review (CFSR) was created to measure outcomes in these areas. The federal government requires states to develop and implement a Program Improvement Plan (PIP). California enacted AB 636 into law as the Child Welfare Services Improvement and Accountability Act of 2001. As part of this Act and California's PIP, all 58 counties in California are required to participate in the California Child and Family Services Review (C-CFSR). The C-CFSR is comprised of three parts: Peer Quality Case Review (PQCR), County Self-Assessment (SA), and County System Improvement Plan (SIP).

The PQCR, SA, and SIP for Humboldt County were completed in 2009 and 2010 with input from several organizations and groups listed below. The SIP is the county's opportunity to inform the State of California of Humboldt's plan to improve the C-CFSR. This SIP report of Humboldt County's Child Welfare Services (CWS) addresses CWS outcomes and indicators. The report also assesses outcomes for foster children under the direct supervision of the Probation Department's Juvenile Division.

This SIP includes input from representatives of the following areas:

- Child Abuse Prevention Councils
- Native American tribes served within the community
- Family Resource Centers within the community
- Children's Trust Fund Commission or Child Abuse Prevention Council if acting as the Children's Trust Fund Commission
- Parents/consumers
- Probation administrators, supervisors, and officers
- County Health Department
- California State Adoptions Office - Arcata
- Promoting Safe and Stable Families (PSSF) Collaborative
- County Mental Health Department
- CWS administrators, managers, and social workers
- Youth representative

The January 2010 SIP focuses on those areas identified in the SA and the January 2009 PQCR that need improvement. This SIP is a comprehensive plan to improve specific outcomes within defined timelines.

Starting in 2010, California Department of Social Services requires that the SIP align with the Child Abuse Prevention, Intervention, and Treatment (CAPIT)/Community Based Child Abuse Prevention (CBCAP) /Promoting Safe and Stable Families (PSSF) three year plan. Section two of the SIP addresses how prevention activities are coordinated and how services will be provided during the period that Humboldt County is seeking CAPIT/CBCAP/PSSF funds.

FINANCIAL IMPACT:

The Department of Health and Human Services staff have been assigned the duties of planning and implementing the System Improvement Plan (SIP). Expenditures are included in the fiscal year 2010/2011 budget for Social Services Program budget unit 1160-511. There will be no additional impact to the County General Fund.

OTHER AGENCY INVOLVEMENT:

Probation

ALTERNATIVES TO STAFF RECOMMENDATIONS:

The Board could choose not to approve this plan. This is not recommended as the allocations that come from CAPIT/CBCAP/PSSF are used to create and maintain safety, permanency, and child/family well-being.

ATTACHMENTS:

1. California Department of Social Services (CDSS) All County Information Notice No. I-52-09

HUMBOLDT COUNTY
CALIFORNIA CHILD AND FAMILY SERVICES REVIEW



System Improvement Plan
1/28/2010

Outcome Data Period – September 2006 to Current

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

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

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

Jody Green
Humboldt County Probation Department
Division Director, Juvenile Services

Lisa Rix
Department of Health and Human Services
Social Services Branch, Child Welfare Services, Administrative Analyst II

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1. Conducting the SIP

Process

The Humboldt County Department of Health and Human Services Social Services Branch in collaboration with Humboldt County Probation Department held a Peer Quality Case Review (PQCR) January 2009. The focus of the review was placement stability in foster youth. The process included contracting with UC Davis Northern California Training Academy to provide technical assistance and write the PQCR overview. A committee of three CWS staff, two Probation staff and one CDSS consultant, with support from the Northern California Training Academy, coordinated the development and process of Humboldt County's PQCR.

Immediately following the submission of the PQCR the DHHS Social Services Branch and the Probation Department began the process of facilitating and completing the County Self Assessment in September 2009. This CSA was the county's opportunity to explore how local program operations and systemic factors affect measured outcomes. The CSA determined the areas in which CWS needs improvement are reunification and stability in placement. The areas in which probation showed to be needing improvement are recruitment of resource families and identifying evidenced based practices that address youth's behavioral challenges. Once the County Self Assessment was completed, the System Improvement Plan (SIP) was initiated.

Team Membership

Humboldt County Department of Health and Human Services (DHHS) extends gratitude to the following individuals for their participation on the System Improvement Core Planning Team. They provided their time, input, and information during the process of the selection of improvement goals, strategies, and rationales, as well as demonstrating dedication in representing their agencies, which all helped make the System Improvement Plan a successful process. Thank you!

<u>Name</u>	<u>Title</u>	<u>Agency</u>
Amy Albert	Administrative Analyst	DHHS/Social Services Branch
Lisa Bartelson	Program Manager II	DHHS/ SSB-Child Welfare Services
Ivy Breen	Administrative Analyst	DHHS/ SSB-Child Welfare Services
Karen Cahill	Social Services Director	Bear River Band of the Rohnerville Rancheria
Brian Davis	Senior Analyst	DHHS/ Research and Evaluation
Rachel Davis-Packer	Supervising MH Clinician	DHHS/MH-CYFS
Mel'Anne Egger	Parent Partner	DHHS/SSB-Child Welfare Services
Pat Falor	Community Coordinator	Blue Lake Family Resource Center
Mike Goldsby	Senior Program Manager	DHHS/ Public Health Branch
Roger Golec	Foster Youth Services Liaison	Humboldt County Office of Education
Jody Green	Juvenile Division Director	Humboldt County Probation Dept.
Katie Ohlheiser	Social Worker/Counselor	Bear River Band of the Rohnerville Rancheria
Barbara O'Neal	HSSCP Coordinator	Healthy Start Schools and Communities Project

Shelley Nilsen	Senior Program Manager	DHHS/Integrated Services
Dian Pecora	Supervising Public Health Nurse	DHHS/Public Health Branch
Cris Plocher	Administrative Analyst	DHHS/SSB-Child Welfare Services
Lisa Rix	Administrative Analyst	DHHS/SSB-Child Welfare Services
Jeri Scardina	Deputy Director	DHHS/SSB-Child Welfare Services
Angela Sundberg	ICWA Advocate	Yurok Tribe
Cindy Sutcliffe	Program Manager II	DHHS/SSB-Child Welfare Services
Linda Thompson	Community Coordinator	McKinleyville Family Resource Center
Rochelle Trochtenberg	Youth Organizer	Humboldt County Transitional Aged Youth Collaboration (HCTAYC)
Meg Walkley	Consultant	CAPCC/ First 5 Humboldt
Christine Way	Administrative Analyst	DHHS/Research and Evaluation
Sutie Wheeler	District Manager	State Adoptions
Kathy Young	Branch Director	DHHS/Social Services Branch

Data Sources, Decision Making and Other Information Used

Planning meetings were held each week for a period of six weeks beginning on September 29, 2009 and ending on November 3, 2009. The composite planner from the UC Berkeley website at http://cssr.berkeley.edu/ucb_childwelfare/ was used to guide the group in determining which measures were to be addressed in the SIP. All core planning group members received a copy of the CWS section of the most current Integrated Progress Trends Report. This report graphs the trends that Humboldt County is making with measures from the CFSR, SafeMeasures, and Efforts to Outcomes (ETO). Each member also received a copy of the literature review on *Factors, Characteristics, and Promising Practices Related to Reunification and Re-entry*. This literature review speaks of engaging the family in a strength based approach that is family centered. The literature review *Placement Stability in Child Welfare Services* was discussed in a planning meeting and showed that behavior problems and a high rate of turnover lead to placement issues. All decisions were made collectively by the group regarding the measures, strategies, and milestones.

2. Outcomes Needing Improvement

The following outcomes are in need of improvement:

- Reunification within 12 months (exit cohort) (C1.1)
- Reunification within 12 months (entry cohort) (C1.3)
- Reentry following reunification (exit cohort) (C1.4)
- Adoption Within 24 months (exit cohort) (C2.1)
- Legally free within 6 months (17 months in care) (C2.4)
- Adoption within 12 months (legally free) (C2.5)
- Placement stability (12 to 24 months in care) (C4.2)
- Placement stability (At least 24 months in care) (C4.3)

The PQCR was focused on placement stability and it found a need to strengthen recruitment strategies to increase licensed foster homes, to provide advanced training for resource families to address complex issues, to reduce the number of social worker changes, and to expand the HOPE (Humboldt Offers Permanency for Everyone) program to an agency practice for CWS. Probation's challenges were to strengthen recruitment strategies to increase the number of available foster/resource family homes, provide advanced training for probation officers specific to case planning and case management of difficult cases, and to advocate for evidence based services within the community to address significant behavioral and mental health issues including alcohol and other drug abuse/addictions

The Self-Assessment is the county's opportunity to explore how local program operations and system factors affect measured outcomes. Humboldt County has implemented six Evidence Based Practices over the last five years which has caused a reduction in the number of children coming into care. Humboldt will build upon the strength of partnerships that we have developed in different programs within CWS and Probation as we look for ways to safely reunify early on. We will increase our involvement in the recruitment, training, and retention of resource families that are willing to work with our harder to serve populations in foster care and probation, to increase stability in placement.

Of the eight measures in which we are below the state standard, three were chosen to work on in the next three years. Those three are Reunification within 12 months (exit cohort) (C1.1), Reentry following reunification (exit cohort) (C1.4), and Placement stability (At least 24 months in care) (C4.3).

3. Improvement Target and/or Goals

Selection Process

Improvement goals that were selected, improving the rate of reunification, reducing the number of youth reentering the CWS system of care, and improving placement stability, were identified as areas that needed improvement in both the Peer Quality Case Review and the County Self Assessment. The SIP planning group, described in Section 1, was provided literature reviews on reunification and re-entry as well as placement stability. The Composite Planner was used to identify the specific measures, C1.1, C1.4 and C4.3, within the broader measures of C1 and C4, which would have the most overall impact on the measure and to determine the specific number of youth that would become the target goal of the plan.

Improvement Goals

The first improvement goal is to increase C1.1, reunification within 12 months, by four youth which will raise the performance measure from 70.6 to 78.4 and increase the overall C1 composite from 100.2 to 111.5.

The second improvement goal is to decrease C1.4, reentry following reunification, by five youth thereby lowering the performance measure from 24.7 to 19.4 and increasing the overall C1 composite from 100.2 to 111.5.

The final improvement goal is to increase C4.3, placement stability at 24 months in care, by five youth which would raise the performance measure from 28.0 to 33.0. By increasing this measure to 33.0, it will have expanded the overall C4 measure from 94.3 to 96.3.

4. Current Research

Reunification and Re-entry

The literature review from *Factors, Characteristics, and Promising Practices Related to Reunification* by Holly Hatton and Susan Brooks established the following as contributing to early reunification:

- Consistent, meaningful visitation,
- Opportunities for parents to demonstrate and consistently utilize new parenting skills, and
- Engagement of parents to participate in their case plan.

To provide these components in Family Reunification case plans we are proposing to enhance our current visitation plans to include improving the parenting skills of the staff at the Family Connection Center, moving supervised visitation into the care providers home so that families can learn how to parent their children by practicing skills learned in parenting courses, such as Incredible Years, and training staff who interact with the families on how to engage families to participate in their case plans.

The findings of meaningful visitation contributing to early reunification directly relates to Strategy 1.1 which will increase the frequency and quality of parent/child visitation. Strategy 1.2 and 1.3 will engage parents to participate in their case plan which contributes to early reunification.

Factors which contribute to children re-entering foster care include the following:

- Children having behavioral or health problem,
- Parental mental illness,
- Parents' lack of knowledge,
- Substance abuse,
- Parental ambivalence about reunification, and
- Degree of family cohesion at time of separation.

Through consistent assessment of the family's strengths and needs, identified by Structured Decision Making in the Family Maintenance plan, utilization of Evidenced Based Practices currently available, and creating reasonable time frames for family change to occur, the rate of re-entry should be reduced. In order for a systematic change to occur, the needs of the family as a whole must be addressed.

Strategy 2.1 which will increase the quality and possibly duration of Family Maintenance will ensure that the case plan adequately addresses the issues of parents' lack of knowledge, substance abuse, parent ambivalence and parental mental illness.

Having a community supported after-care plan once the CWS case is closed, Strategy 2.2 will provide the family with necessary supports that are not agency related, to ensure continued success in maintaining their children safely in their home.

Placement Stability

The literature review, *Placement Stability in Child Welfare Services* prepared by The University of California, Davis, Extension the Center for Human Services, established that children placed in homes where matching of the home to the child/youth has occurred, with care providers who are trained and supported to deal with behavior problems, including aggressive behavior, experience fewer placement disruptions. The outcomes in this plan include placement matching, care provider training and resource development.

Strategy 3.1 which will improve the foster care matching process by utilizing existing tools, such as the bio/psycho/social assessment, and including a youth/care provider interview, should ensure a better placement fit. Developing the skills of care providers to meet the youth's needs, Strategy 3.2, will improve placement stability as will strategy 3.3, exploring better ways to access and utilize current care provider supports.

5. Current Activities

- CWS implemented Differential Response in August 2006. The Differential Response process (as briefly outlined in the DHHS Integrated Progress and Trends Report), offers multiple paths for ensuring child safety, all of which include engaging families whenever possible to help identify solutions to the challenges that they may be facing and that are posing risks to a child's safety and well being. When allegations in a CWS report do not meet statutory definitions of abuse or neglect, yet there are indications that a family is experiencing problems that could be addressed by community service provider, CWS refers families to a path one partner, either a Family Resource Center (FRC) in their area or to the multi-agency Alternative Response Team, a Public Health program, depending on the family's needs. For reports with allegations that meet statutory definitions of abuse and neglect and assessments indicate that with targeted services a family is likely to make needed improvements to improve child safety and mitigate risk, CWS assigns a path two response, partnering with either a Mental Health Clinician or Public Health Nurse or both. Since August 2006, CWS referred an average of 29% of all evaluated out referrals to a path one community partner. Since January 2008, when CWS began tracking path two responses, 45% of investigated referrals were assigned as a path two community response.
- Linkages strengthens and supports families by coordinating their case plan between the Welfare to Work program and Child Welfare in order to maximize the opportunity for the family to be successful in each of the programs' mandates.
- Alternative Response Team is a voluntary in-home program that provides public health nurse case management services to at-risk families who do not warrant services from Child Welfare Services. The purpose is to prevent neglect that, if left untreated, may eventually require CWS intervention.

- Evidence Based Programs
 - Aggression Replacement Training (ART) was initiated in 2005, for adolescent youth who show or are at risk of aggressive behavior. Currently ART is used exclusively in the New Horizons program, a locked treatment program for 602 wards of the court.
 - Incredible Years (IY), a parenting treatment and prevention program for parents with children ages 3-8 years who exhibit conduct or behavior problems, was initiated in 2004.
 - Parent Child Interaction Therapy (PCIT), initiated in 2004, consists of an intensive treatment designed to work with parents and children age 2-8 years together and teaches parenting skills necessary to manage their children's behavioral problems.
 - Functional Family Therapy (FFT) provides treatment for youth ages 11-18 who are at risk of and/or are presenting with delinquency violence, substance abuse, conduct behavior problems and family conflict.
 - Family to Family, a promising practice, was initiated in 2004 and focuses on Recruitment, Development and Support of Resource Families, Building Community Partnerships (BCP), Team Decision Making (TDM) and Self Evaluation.
 - Nurse Family Partnership (NFP) is a community health program with 30 years of strong outcomes that partners vulnerable mothers pregnant with their first child with a public health nurse to receive ongoing nurse home visits that continue through the child's second birthday. This Evidenced Based Practice has been shown to reduce the family's involvement in both the Child Welfare and Juvenile Justice systems of care. The Public Health Branch of the Department of Health and Human Services began accepting referrals to this program in July 2009.

The Humboldt County Probation Department was the first Probation Department in the nation to implement the promising practice, Family to Family (F2F). Team Decision Making, a significant component of F2F began in February 2007 for the Probation Department. Probation dedicates a full-time probation officer as the F2F coordinator/TDM facilitator. This probation officer also locates placements for youth and participates in resource family recruitment and retention efforts.

Team Decision Making (TDM) was phased in over time, beginning in September 2006 and initially in Child Welfare's Permanency Planning/ Family Reunification units. Full implementation across all child welfare units began in February 2008 and was made mandatory for all placement decisions meeting TDM criteria. TDM meetings are held when one of the following conditions exists: the imminent risk of removal of a child from their home, following an emergency placement, prior to reunification, or a placement change. The meetings involve birth families, support systems, caseworkers, foster parents and community members to ensure a network of support for children and the adults who care for them. While the number of TDMs held each month varies, depending on the number of placement decisions each month, there is an average of 19 TDMs per month. Each TDM may have one or more children involved, depending on the number of siblings in the family and the children at risk of abuse or neglect. Between September 2006 and May 2009, Humboldt County has held 559 TDMs, with 19% for instances of imminent risk of removal, 24% for emergency placements, 47% for placement changes and 10% for reunification. Of those TDMs held for a potential placement

change, 53% of the meetings resulted in a recommendation to maintain the child in their current placement or change to a less restrictive placement.

The Foster Care Nursing Program has provided CWS and Probation with the support to improve greatly youth's health needs, both physical and dental. Through the Public Health Branch's outreach, a dental clinic was approached and prioritized youth in foster care to ensure that their dental health needs were being met.

The Foster Care Behavioral Health Expansion, which began in July of 2008, provides for the co-location of mental health clinicians, case managers, social workers and foster care nurses. The utilization of "morning rounds" has created an environment where staff uses the professional expertise of their peers in order to meet the needs of the youth with the ultimate goal of maintaining stability in placement.

Humboldt County Child Welfare Services (CWS) instituted a Parent Partner Program in 2008. The first parent partner was hired on April 21, 2008, as part of the 2006-2009 CWS System Improvement Plan. The Parent Partner must be a previous, successful CWS client, who assists the county with efforts to improve service delivery and outcomes, and mentors parents participating in a Child Welfare Services case plan.

The Probation Department recently implemented a validated risk/needs assessment tool, which will allow us to target those youth with the most intensive needs to receive the most appropriate intervention.

In addition, the Probation Department currently has a deputy probation officer assigned to conduct family finding and permanency for youth activities. This officer also acts as the Probation Department relative placement specialist.

Humboldt County's Superior Court conducts a Healthy Alternatives (HA) Court on a bi-weekly basis. Healthy Alternatives allows youth treatment in the community through the Court's collaboration with the Probation Department, Humboldt County Office of Education, and DHHS Mental Health Branch. The youth receives coordinated delivery of services that address problems that may contribute to a juvenile's involvement in delinquency. A required component of HA is participation in Functional Family Therapy, an evidence based practice.

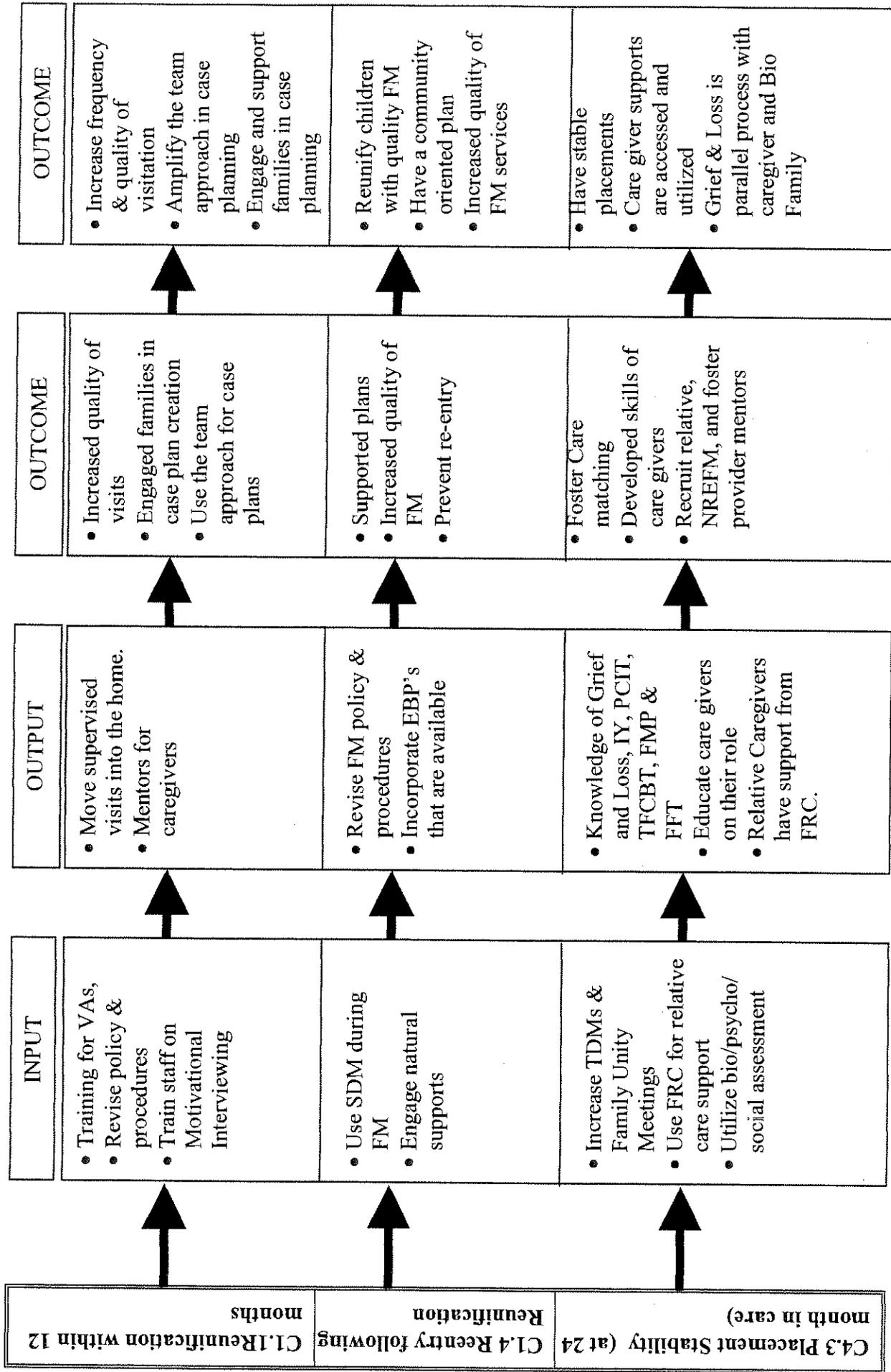
6. New Activities

- Intensive Family Search, Engagement and Support is a family finding project that works to preserve and strengthen families by identifying, supporting, and maintaining family connections. During 2010 this practice will begin when a family first comes into the CWS system of care. By identifying and strengthening the family's natural supports both early on and during the life of their case, and incorporating those supports into the development and implementation of the case plan, the family will be better prepared to continue to parent safely after the case is closed

- Trauma-Focused Cognitive Behavioral Therapy is scheduled to begin by the summer/fall of 2010. This therapy model is designed for children between the ages of 4-18 years. The goals of this therapy are to decrease the effects of PTSD, decrease externalizing behavior problems, decrease negative attributes about the traumatic events, decrease parental depression, and improve parenting. This practice will be administered by trained therapists at Children Youth and Family Services, weekly with the child and jointly with the parent and child. The implementation of this Evidenced Based Practice will contribute greatly to placement stability.
- Targeted Foster Parent Recruitment is a strategy in which foster families are recruited within certain neighborhoods, where removals occur, to allow the child to stay within their own neighborhood and school. These neighborhood foster parents are targeted by mailings, outreach, and media. A second strategy is to recruit families to care for certain populations within the Child Welfare and Probation system of care, such as teenagers. Currently families are identified by both locality and age preference at the PRIDE training, which all foster families must attend. During the next year, plans will be developed on outreach and engagement of families interested in fostering our behaviorally challenged youth. With more families willing to foster youth by neighborhood or behavior, we will be better prepared to match youth and families, ensuring future stability in placement.
- Enhanced Foster Parent Training will be developed over the course of 2010. It will incorporate training in evidenced based practices which assist foster families in managing youth with excessive behavioral needs. With more families willing to foster youth with behavior needs we will be better prepared to match youth and families, insuring future stability in placement.
- Humboldt County Child Welfare Services (CWS) established a Parent Partner Program and hired the first parent partner on April 21, 2008, as part of the CWS System Improvement Plan. The Parent Partner, being a previous CWS client, assists the county with efforts to improve service delivery and outcomes, and mentors parents participating in a Child Welfare Services case plan. The Parent Partner Program will continue to develop and expand in correlation with the needs of CWS families.
- Juvenile probation officers complete assessments on all juvenile offenders utilizing web-based software that includes a feature to compile aggregate data on all offenders assessed. This will improve probation's ability to identity service gaps and advocate for appropriate evidence-based community services.
- Consolidation of Probation Department databases and implementation of a comprehensive case management system is currently underway and slated for completion by the end of FY 2010.
- Triple P (Positive Parenting Program), an Evidenced Based Practice, is being considered for implementation by the Department of Health and Human Services, once a funding source is located.

7. Logic Model

Via the logic model framework on the subsequent page, the outcome improvement activities have been linked to the SIP.



8. Integration of information

The System Improvement Plan and the CBCAP/CAPIT/PSSF plans were developed by the same core team. Discussions occurred which simultaneously identified common goals for both plans, the SIP and the CBCAP/CAPIT/PSSF. Information gathered through the CSA, PQCR and SIP planning process was incorporated into the RFP guidelines for the CBCAP/CAPIT/PSSF. Basic components of the SIP, such as parent engagement, are also included in the CBCAP/CAPIT/PSSF.

9. Executive Summary for PQCR

All counties are mandated to undertake a Peer Quality Case Review (PQCR) every three years. The PQCR is the first step in the cyclical C-CFSR process, with the county's Self-Assessment (SA) being the second step. Both the PQCR and SA are integral for a complete review of county practices, which inform the county's System Improvement Plan (SIP).

Between January 26th, 2009 and January 28th, 2009 Humboldt County held its second PQCR. CWS and Probation focused on placement stability. Following a review of SafeMeasures and quarterly CMS data reports, Humboldt County CWS, in collaboration with a CDSS state consultant, selected Measure C 4.1, 2, 3: Placement Stability, as the Child Welfare PQCR Focus Area. The definition of Measure C 4.1,2 and 3 is as follows:

Of all children who served in foster care during the year who were in foster care for (1) at least eight days but less than 12 months (Measure C4.1), (2) at least 12 months but less than 24 months (Measure C4.2) or (3) at least 24 months (Measure C4.3) what percent had two or fewer placement settings?

Probation selected the same focus area as CWS after a review of their practices and consultations with their CDSS consultant.

A committee of three CWS staff, two PO staff, and one CDSS consultant, with support from the Northern California Training Academy, coordinated the development and process of Humboldt County's PQCR. Representatives from both child welfare and probation participated in all aspects of the PQCR process including planning, implementation and preparation of the final PQCR report.

Child Welfare conducted a total of six focus groups. Focus groups were held for both professionals who work with Child Welfare clients and for clients receiving Child Welfare services (both foster parents and youth). These groups were held to elicit feedback and insight from a variety of sources. Probation conducted one focus group with a Probation Supervisor who was asked for his feedback and experiences with the PO system.

Peer interview teams were trained in proper interview techniques on January 26, 2009, during a four-hour orientation. Three peer teams conducted 12 interviews. Interviews and case reviews were conducted for two full days following the initial training. Both days, UC Davis

facilitated a debrief session during which time the teams discussed interview tools and the PQCR process as well as the findings from the Case Reviews and Interviews. A final debrief session was conducted by UC Davis on January 28th, to identify the top strengths and challenges discovered throughout the interview process along with recommendations for strategies to improve the specified outcomes of placement stability.

During the final day of the PQCR process, UC Davis facilitated a *Final Day Exchange* between the interview teams and Humboldt County child welfare and probation staff. Prior to the Exchange, interview teams presented key findings, both strengths and challenges, to the PQCR planning team and Humboldt County Child Welfare and Probation administration. Following this exchange of information, all Humboldt County staff were invited to participate in the Final Day Exchange during which Humboldt staff questioned peer interview teams regarding practice in their respective counties and best practices. Both probation and child welfare discussed recommendations and strategies to positively impact the chosen focus areas.

Results:

Child Welfare

Humboldt County's PQCR results suggest several key strategies for CWS to prioritize:

- Strengthen recruitment strategies in order to increase the number of available foster/resource homes.
- Provide advanced training for foster/resource families and social workers that address topics such as family conflict resolution, attachment issues, and working and supporting children with high behavioral needs.
- Reduce the number of social worker changes that a youth in care experiences.
- Expand the Humboldt Offers Permanency for Everyone (HOPE) Program (Humboldt County's Family Finding and Engagement Program), from a project to agency practice.

Probation

PQCR results also provided direction for the Probation Department:

- Strengthen recruitment strategies to increase the number of available foster/resource family homes.
- Provide advanced training for probation officers specific to case planning and case management of difficult cases.
- Advocate for evidence based services within the community to address significant behavioral and mental health issues including alcohol and other drug abuse/addictions

10. Executive Summary for CSA

The Self-Assessment is the county's opportunity to explore how local program operations and system factors affect measured outcomes.

Humboldt County's Self-Assessment (CSA) for the California – Children Family Services Review (C-CFSR) was completed with input from representatives from the following areas:

- Child Abuse Prevention Councils

- Native American tribes served within the community
- Children's Trust Fund Commission or CAPC if acting as the Children's Trust Fund Commission
- Parents/consumers
- County Board of Supervisors designated agency to administer CAPIT/CBCAP/PSSF Programs
- Probation administrators, supervisors, and officers
- County Health Department
- PSSF Collaborative
- County Mental Health Department
- Resource families and other caregivers
- CWS administrators, managers, and social workers (includes CAPIT/CBCAP Liaisons)
- Youth representative

The core planning team identified existing community meetings where self assessment input could be collected. They then developed two questionnaires, one collecting identifying/demographic data from the individual and another that measured the individual's perception on the five focus areas from the current SIP and the focus area of the PQCR completed in January 2009.

A summary of the results from the demographic questionnaire are described below:

Questionnaire responders ranged in age from 16 to over 60 years of age. Their ethnicity/rate comprised predominantly of White/Caucasian (81%), but also represented were American Indian/Alaska Native Tribe (7%), Hispanic/Latino (5%), Asian/Pacific Islander (2%), Black/African American (1%), and Other (4%). Geographically, responders represented mainly urban areas (i.e. Eureka, Arcata, Fortuna, Ferndale, etc.), however several rural areas were also represented (i.e. Ruth, Carlotta, Garberville, Hoopa, Orleans, and Willow Creek).

Most of the responders have had personal or professional experiences with Child Welfare Services (91%) and Probation (81%). The majority of responders (86%) rated their experience with CWS as Satisfactory or Very Satisfactory, while only 12% rated as Unsatisfactory. As for Probation, the majority of responders (70%) rated their experience as Satisfactory or Very Satisfactory, and 11% as Unsatisfactory or Very Unsatisfactory.

A summary of the responses to general service statements on the focus areas of the System Improvement Plan and the Peer Quality Case Review are described as follows:

1. In general, more responders agreed (40%) than disagreed (35%) to the statement that children who experience services in CWS or Probation systems are less likely to be re-involved in the system after those services have been provided.
2. Overall, more responders agreed (36%) than disagreed (31%) to the statement that children and youth who have been in the CWS or Probation system and have remained in the home while they received services are less likely to be re-involved in the system after services have been provided.

3. The majority of responders disagreed (53%) rather than agreed (30%) to the statement that the CWS and Probation requirement to see children and youth, who are in their system of care, on a monthly (regular) basis to ensure that the child/youth's needs are being met is adequate.
4. As a whole, more responders agreed (42%) than disagreed (19%) to the statement that CWS, Probation, and the Tribes work collaboratively to make sure Native children involved in these system are being well served.
5. Generally, responders were more likely to be neutral (41%) than to disagree (32%) or agree (28%) to the statement that CWS and Probation are doing a good job of recruiting, training and retaining Social Workers, Probation Officers, and Resource Families.
6. Top ranking services contributing to stability are listed in order from highest to lowest: Team Decision Making; Connections with Community Resources; Advanced Training for Parents/Foster Parents; Parenting Classes; Family Unity Meetings; and Family Finding.

Discussion of System Strengths and Areas Needing Improvements

Child Welfare Services

CWS has made great strides in reducing the recurrence of abuse, insuring that youth are seen in a timely manner and that their dental and health needs are met. We also do an adequate job to insure that ICWA placement preferences are adhered to, that siblings are placed together and that youth are placed in the least restrictive setting.

Factors that contribute to these positive outcomes fall into two major categories; partnerships and effective interventions. Through partnerships, with Mental Health, Public Health, the Family Resource Centers, and all of the collaborative mentioned in the previous section we have moved from single agency (or worker) decisions both in CWS and Probation, to community decisions which elicit buy-in, monitoring and support from our partners. Through effective interventions, such as EBPs, we can insure that participants will achieve the outcomes touted by the program, when we administer the program with fidelity, whether it is CWS, Mental Health, Public Health or Probation.

Specifics, with regards to partnerships, that have seen startling results have been our Team Decision Making meetings, both at Probation and CWS, reducing the number of children coming into care, while still maintaining them safely within their communities, as well as adequately preparing families when children return from care back into the home.

Another partnership that is showing promise in meeting the needs of youth within our system of care is the Foster Care Behavioral Health Expansion. This program, which began July 2008, provides for the co-location of mental health clinicians, case managers, social workers and foster care nurses. The close proximity and the use of the "morning rounds" concept has created an environment where staff utilize the professional expertise of their peers in order to meet the needs of the youth with the ultimate goal of maintaining stability in placement. This,

coupled with the utilization of Transitional Aged Youth (TAY) Partners, who have the skill and ability to consistently engage youth in ILP, should begin to produce better outcomes around well being and permanency for youth in foster care.

Humboldt County Transitional Age Youth Collaboration (HCTAYC) is funded through the DHHS, and is designed to bring together organizations and individuals to improve the services youth receive as they transition into adulthood. HCTAYC is a collaborative of the California Youth Connection, which promotes foster youth participation in policy development and legislative change, Youth in Mind, which is a youth advocacy organization that promotes positive change in the mental health field, and the Y.O.U.T.H. Training Project which develops leadership and inherent expertise through youth led training.

During the past year, through the California Connected by 25 Initiative, Humboldt County Child Welfare Services, College of The Redwoods (C/R), and Humboldt State University (HSU) joined efforts at increasing outreach activities toward raising foster youth awareness of post-secondary opportunities. C/R and HSU co-sponsored the first annual Fostering Educational Dreams Luncheon at HSU; C/R is focusing on increasing enrollment of former foster youth through C/R's JumpStart Program, and HSU is creating a foster youth campus support program, Excelling by Living Independently Through Education (ELITE) Scholars Program. Both post-secondary institutions support priority for foster youth in year round, on campus housing. This partnership is continuing to develop more opportunities to encourage current and former foster youth in seeking Post-Secondary Education.

Enhanced Foster Parent Training will be developed over the course of 2010. It will incorporate training in evidenced based practices which assist foster families in managing youth with excessive behavioral needs. With more families willing to foster youth with behavior needs we will be better prepared to match youth and families, insuring future stability in placement.

With effective interventions, Humboldt County has implemented, starting in late 2004, five Evidenced Based Practices. In July 2009, a sixth practice, Family Nurse Partnerships began operation. Through these practices, we have seen a reduction in the recurrence of child abuse. IY, PCIT, FFT are all available to families early on in their involvement with our system of care. IY, since 2007, has been utilized by some of the Family Resource Centers and we are supporting them in obtaining certification, as well as reaching out to other FRCs in the hope that they will adopt the program as a core parent training. As CWS and Probation work together to reduce the number of youth in treatment programs outside of Humboldt County, we look to DHHS Research and Evaluation to assist in the identification of effective practices that can be implemented locally. Another effective intervention has been our permanency project, which has connected youth raised in the foster care system with family. We are expanding this project into practice and moving it into the Emergency Response Program. It is our intent to identify and support parents with family members, to reconnect parents with family members who over time may have been estranged, in order to strengthen and develop natural supports that will allow families to remain safe and intact.

Within the area of reunification and stability in placement there is more work to be done. It is within these two areas that we will focus our efforts in our next System Improvement Plan

beginning in 2010. We will benefit from lessons learned regarding the identification and implementation of Evidenced Based Practices that might address the challenges we are experiencing with these measures. We will build upon the strength in partnerships that we have experienced in different programs within CWS and Probation as we look for ways to provide reunification early on, in a manner that promotes safety. We will increase our involvement in the recruitment, training and retention of resource families that are willing to work with our harder to serve populations in foster care and probation, to increase stability in placement.

Probation Department

The Probation Department values system improvement and works toward improvement by reliance on evidence based practices and collaborative relationships with the Department of Health and Human Services and other community partners. Our allegiance to the principles of the Family to Family initiative continues and has resulted in probation youth and families having more voice in the development of their case plans and in their placement preferences. We now have a dedicated relative placement/family finding officer, which also improves outcomes for youth and families. We continue to work closely with local tribes and enjoy a collaborative relationship with a local tribal court that employs a tribal probation officer.

The Probation Department recently implemented a validated risk/needs assessment tool which will allow us to target those youth with the most intensive needs to receive the most appropriate intervention. Additionally, a comprehensive case management system to improve case management and tracking will be implemented in the upcoming fiscal year.

Probation youth continue to be a population with challenging placement needs. We will be working closely with Child Welfare Services to improvement recruitment and support of resource families willing to provide homes for adolescents with acting out behaviors. In addition, we continue to advocate for local evidence based interventions, including gender specific interventions, to address youth with problem behaviors.

Sustainable funding remains a challenge for most California probation departments including Humboldt and continues to be the subject of statewide lobbying and legislative efforts. Reliable funding for probation departments would ensure effective evidence based practices and services to youth and their families thereby reducing delinquency, out-of-home placements, and incarceration.

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

Reference

Needell, B., Webster, D., Armijo, M., Lee, S., Dawson, W., Magruder, J., Exel, M., Glasser, T., Williams, D., Zimmerman, K., Simon, V., Putnam-Hornstein, E., Frerer, K., Cuccaro-Alamin,

S., Winn, A., Lou, C., & Peng, C. (2009). *Child Welfare Services Reports for California*. Retrieved November 12, 2009 from University of California at Berkeley Center for Social Services Research website. URL: http://cssr.berkeley.edu/ucb_childwelfare/

		<input checked="" type="checkbox"/> N/A	overarching goal of sustaining the family-child relationship promotes reunification.
Milestone	1.2.1 Family finding – identify, at detention, natural supports and family members that can support the family in completing their case plan.	By December 2011	CWS Social Workers Probation Officers
	1.2.2 Parent partners – utilize parent partners to assist family members in navigating the system and completing their case plan.	By December 2012	CWS
	1.2.3 Sharing case plans – develop and implement a process to share basic components of a families case plan with other service providers.	By December 2012	CWS, Community Partners, Tribes and Probation
	Strategy 1.3 Engage families in the creation of their case plan and support them in completing the plan.	<input type="checkbox"/> CAPIT <input type="checkbox"/> CBCAP <input type="checkbox"/> PSSF <input checked="" type="checkbox"/> N/A	Strategy Rationale Research shows that engaging the family in the process of case planning and throughout a case is an important part of the family decision making process which creates a great commitment to the plan, resulting in more successful outcomes, such as timely reunification.
Milestone	1.3.1 Expand grief and loss counseling to include the entire family at the beginning of the case.	By December 2011	MHB – CYFS and Adult Services
	1.3.2 Train key staff in Motivational Interviewing. Explore utilizing ENGAGE.	By December 2011	CWS, CYFS, Probation, foster care Nursing
	1.3.3 Utilize SDM consistently throughout the life of the case.	By December 2010	CWS Social Workers, Supervisors
			Assigned to

Milestone	Timeframe	Assigned to
<p>2.2.1 Revise policy and procedures to include the creation of a plan for the family once the CWS case is closed which is developed and agreed upon by the family and their supports.</p>	By December 2010	CWS Social Workers and Supervisors in FR/FM
<p>2.2.2 CWS will continue to locate and engage natural family supports while the case is open.</p>	By January 2013	Family Search and Engagement Social Workers, Social Workers in FR/FM
<p>2.2.3 Train CWS staff in facilitation of the creation of a community and family supported plan.</p>	By July 2012	CWS training unit and TES

Improvement Goal 3.0

The improvement goal will be to increase the measure by 5 youth raising the performance measure to 33.0 and increasing the measure to 96.3 in the C4 composite.

		<input type="checkbox"/> CAPIT <input type="checkbox"/> CBCAP <input type="checkbox"/> PSSF <input checked="" type="checkbox"/> N/A				Strategy Rationale Research shows that the "goodness of fit" between a care provider's home and the youth contributes to placement stability.
		<input type="checkbox"/> CAPIT <input type="checkbox"/> CBCAP <input type="checkbox"/> PSSF <input checked="" type="checkbox"/> N/A				
Milestone	Strategy 3.1 Improve the foster care matching process.		By January 2011		Assigned to	CWS and Probation
	3.1.1	Utilize the home study assessment of the home to facilitate a good match when placing a child/youth.				CWS and Probation
	3.1.2	Have the youth, when age appropriate, interview the care giver family.	By January 2013			CWS and Probation
	3.1.3	Increase the use of TDMs and Family Unity Meetings to decrease the number of placement changes. TDM specific to placement. Family Unity meetings for all other issues.	By January 2012			CWS and Probation
Milestone	Strategy 3.2 Develop the skills of care providers to meet the needs of youth in care.		By January 2013		Assigned to	CWS and Probation Placement Officers/Unit
	3.2.1	Educate relative caregivers, and NREFM, on how they will be involved, and supported, throughout the life of the case.				Foster Care Training, CWS, Probation Relative and NREFM Placement Officers, and DHHS TES
	3.2.2	Increase awareness of all care providers on	By January 2013			

	<p>EBPs utilized by Humboldt County through quarterly trainings offered by DHHS – Incredible Years, Functional Family Therapy, PCIT, Family Nurse Partnership, Trauma Focused CBT, available in Humboldt County.</p> <p>3.2.3 Teach Grief and Loss as a parallel process with caregiver and biological family.</p>	<p>By January 2013</p>		<p>Unit CYFS, CWS and Probation</p>
<p>Strategy 3.3 Explore better ways to access and utilize current care provider supports.</p>		<p><input type="checkbox"/> CAPIT <input type="checkbox"/> CBCAP <input type="checkbox"/> PSSF <input checked="" type="checkbox"/> N/A</p>	<p>Strategy Rationale Research shows that care providers who have strong support systems provide greater placement stability.</p>	
<p>Milestone</p>	<p>3.3.1 Utilize Family Resource Centers to help bolster a sense of community and support for relative care providers.</p> <p>3.3.2 Recruit relative, NREFM and foster caregiver role models as mentors to provide advice which fosters a sense of community and support.</p>	<p>By January 2013</p>	<p>Assigned to</p>	<p>FRC Coalition, CWS and Probation New Directions Foster Family Association, CWS and Probation</p>

Describe any additional systemic factors needing to be addressed that support the improvement plan goals.

Improvement Goal 1
CWS policies and procedures that address visitation will need to be revised or created. CYFS may need to create or revise policy and procedures regarding the types of therapeutic interventions used to accomplish 1.3.1

Improvement Goal 2
Consistent use of SDM during FR and FM will have to be incorporated into annual evaluations, by tracking through SafeMeasures, for 2.1.3. This tracking should be incorporated into the monthly Division 31 report, if possible. Policy and Procedures will need to be revised for FR and FM for 2.1.1 and 2.1.2 and will need to be created for the plans in 2.2.1.

Improvement Goal 3
For 3.1 Within CWS and Probation there will need to be a change in culture – moving from crisis driven placement decisions, to thoughtful, planned transitioning. With the increased use of TDM's we are seeing fewer "7 day notices." Our challenge will be around supporting Social Workers and Probation Officers in understanding the benefits of TDMs, and utilizing it. For 3.2 having CWS and Probation actively involved in developing the curriculum for care providers will be another culture/system change.

Describe educational/training needs (including technical assistance) to achieve the improvement goals.

Improvement Goal 1

Training to the new policies and procedure as well as to practices, such as 1.3.2, will need to be on going beyond the life of the plan, as new staff are hired and incorporated into new hire orientation training.

Improvement Goal 2

Staff will need to be trained to the new Policy and Procedure in 2.2.3 and will need to be on going beyond the life of the plan, as new staff are hired, and incorporated into new hire orientation training.

Improvement Goal 3

The collaborative process, inclusive of CWS and Probation which develop training, through both the Foster Family Association and the Foster Care Kinship Education Program at College of the Redwoods will need to be enhanced.

Identify roles of the other partners in achieving the improvement goals.

Improvement Goal 1

CYFS will play a large role, through the Foster Care Behavioral Health Expansion, in providing the types of treatment that families and youth will receive.

Improvement Goal 2

Community Partners will need to be trained on the concept of a plan for the family after the CWS case is closed and what role they might play in the support of those plans.

Improvement Goal 3

Outreach to and collaboration with New Directions and the FCKEP will be essential in achieving the training and mentoring milestones.

Identify any regulatory or statutory changes needed to support the accomplishment of the improvement goals.

Improvement Goal 1

No regulatory or statutory changes need to be made to support the improvement goals.

Improvement Goal 2

No regulatory or statutory changes need to be made to support the improvement goals.

Improvement Goal 3

No regulatory or statutory changes need to be made to support the improvement goals.

D. CWSOIP Narrative

1. Size and Structure of Agencies

Two Agencies receive CWSOIP funding, Humboldt County Child Welfare Services (CWS) and Humboldt County Probation Department. CWS is embedded in the Social Services Branch of the Humboldt County Department of Health and Human Services Agency. Child Welfare, in collaboration with Public Health, Mental Health and many community partners, provides for the welfare of children and youth who are at risk of, or who are victims of, abuse and neglect.

Probation links many diverse stakeholders, including law enforcement, the courts, prosecutors, defense counsel, community-based organizations, mental health, drug and alcohol, other service providers, the community, the victim, and the youth and family. The fundamental purpose of juvenile probation services is to assist in the investigation and rehabilitation of juvenile offenders and to prevent, respond to, and lessen the impact of crime in the community. This includes offering services to prevent a youth's removal from his or her parents and providing reunification services should removal occur. This is accomplished by providing direct services to the courts, law enforcement, and victims of crime as well as providing programs, community supervision, and case management activities for offenders and their families. The Probation Department operates the juvenile hall and the Northern California Regional Facility New Horizons program providing secure detention for juvenile offenders deemed a risk to public safety or a risk to themselves.

CWSOIP funds support the efforts and interventions listed below. Specifically they fund our Evidenced Based Practices (EBPs) that are not billed through Medi-Cal. These practices have reduced the recurrence of abuse and neglect, over time, since their implementation in late 2004 and early 2005. The Probation Department utilizes CWSOIP funds to partially offset the cost of a full-time probation officer assigned to implement the four core Family to Family strategies.

Humboldt County Child Welfare Services and Humboldt County Probation Department have implemented the four core strategies of the Family to Family initiative, phasing in the strategies over time beginning in September 2006. These four core strategies includes: Recruitment, Development and Support of Resource Families, Building Community Partnerships (BCP), Team Decision Making (TDM) and Self Evaluation.

Team Decision Making (TDM) was phased in over time, beginning in September 2006. Full implementation began in February 2008 and was made mandatory for all placement decisions meeting TDM criteria. TDM meetings are held when one of the following conditions exist: the imminent risk of removal of a child from their home, an emergency placement is secured, prior to reunification or a placement change. The meetings involve birth families, support systems, caseworkers, foster parents and community members to ensure a network of support for children and the adults who care for them. The number of TDMs held each month varies, depending on the number of placement decisions each month. There is an average of approximately 19 TDMs held each month. Each TDM may have one or more children involved, depending on the number of siblings in the family and the children at risk of abuse or neglect. Between September 2006 and May 2009, Humboldt County has held 559 TDMs, with 19% for instances of imminent risk of removal, 24% for emergency placements, 47% for placement changes and 10% for reunification.

Of those TDMs held for a potential placement change, 53% of the meetings resulted in a recommendation to maintain the child in their current placement or change to a less restrictive placement.

The Humboldt County Probation Department was the first Probation Department in the nation to implement the promising practice, Family to Family (F2F). Team Decision Making, a significant component of F2F began in February 2007 for the Probation Department. Probation dedicates a full-time probation officer as the F2F coordinator/TDM facilitator. This probation officer also locates placements for youth and participates in resource family recruitment and retention efforts.

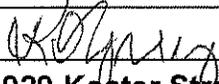
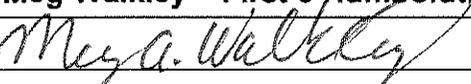
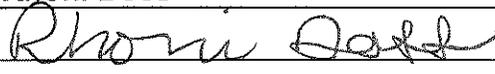
Incredible Years (IY) is a 12 week parenting treatment and child abuse prevention and education program for parents with children ages 3-8 who exhibit conduct or behavior problems. The program has demonstrated increased parenting effectiveness and a reduction in negative behaviors. CWS partners with the Family Resource Centers (FRC) to provide program materials and IY Facilitator training so that FRCs can present IY in the communities they serve.

Differential Response (DR) path one started August 2006 at the Redway Family Resource Center (FRC) and was rolled out to other FRCs on September 6, 2006. Expansion to the remaining FRCs occurred in June 2007. The FRCs received training on referrals and assessments of child abuse. In DR, the path one Community Response is chosen when allegations do not meet statutory definitions of abuse or neglect, yet there are indications that a family is experiencing problems that could be addressed by community services. Under California's traditional child welfare system, more than one third of all cases are re-referrals from the previous year, indicating that there are continued challenges facing these families and their children. With DR, these families are linked to services in the community through expanded partnerships with local organizations. Further expansion of DR will be to other community based organizations and the Tribes.

The Foster Care Behavioral Health Expansion (FCBHE), an integrated unit comprised of Social Workers, Mental Health Clinicians and Case Managers, and Public Health Nurses serve the needs of all youth in foster care in Humboldt County. This unique collaborative works toward maintaining stability for youth in foster care as well as towards establishing permanent connections to move youth out of the foster care system.

CWS contracts with Prevent Child Abuse-California and Redwood Community Action Agency to provide recruitment of resource families and Path 1 response for DR. The recruitment of resource families is an augmentation of our Family to Family recruitment outreach. An AmeriCorps worker will take intake calls from the toll-free telephone number and provide support to the placement unit with new foster parents. For Path 1 responses in DR, most FRCs have an AmeriCorps worker that work with the families once a referral reaches the FRC.

E. Part II – CAPIT/CBCAP/PSSF

CAPIT/CBCAP/PSSF Contact and Signature Sheet	
Period of Plan:	January 28, 2010 through January 27, 2013
Date Submitted:	June 30, 2010
Submitted by:	Board of Supervisor Designated Public Agency to Administer CAPIT/CBCAP/PSSF programs
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Submitted by:	Child Abuse Prevention Council (CAPC) Representative
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CAPIT/CBCAP/PSSF Contact and Signature Sheet (continued)

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Board of Supervisors (BOS) Approval	
BOS Approval Date:	<i>6/23/10</i>
Name:	<i>Cliff Clendenen</i>
Signature:	<i>Cliff Clendenen</i>

CAPIT/CBCAP/PSSF Plan

a. **Team Composition**

Humboldt County Department of Health and Human Services (DHHS) extends gratitude to the following individuals for their participation on the System Improvement CAPIT/CBCAP/PSSF Planning Team. They provided their time, input, and information as well as demonstrating dedication in representing their agencies, which all helped make the CAPIT/CBCAP/PSSF Plan a successful process. Thank you!

<u>Name</u>	<u>Title</u>	<u>Agency</u>
Amy Albert*	Administrative Analyst	DHHS/Social Services Branch
Lisa Bartelson*	Program Manager II	DHHS/ SSB-Child Welfare Services
Ivy Breen*	Administrative Analyst	DHHS/ SSB-Child Welfare Services
Karen Cahill*	Social Services Director	Bear River Band of the Rohnerville Rancheria
Brian Davis	Senior Analyst	DHHS/ Research and Evaluation
Rachel Davis-Packer*	Supervising MH Clinician	DHHS/MH-CYFS
Mel'Anne Egger*	Parent Partner	DHHS/SSB/ Child Welfare Services
Pat Falor	Community Coordinator	Blue Lake Family Resource Center
Mike Goldsby*	Senior Program Manager	DHHS/ Public Health Branch
Roger Golec	Foster Youth Services Liaison	Humboldt County Office of Education
Jody Green*	Juvenile Division Director	Humboldt County Probation Dept.
Katie Ohlheiser *	Social Worker/Counselor	Bear River Band of the Rohnerville Rancheria
Barbara O'Neal	HSSCP Coordinator	Healthy Start Schools and Communities Project
Shelley Nilsen	Senior Program Manager	DHHS/Integrated Services
Dian Pecora*	Supervising Public Health Nurse	DHHS/Public Health Branch
Cris Plocher*	Administrative Analyst	DHHS/SSB-Child Welfare Services
Lisa Rix*	Administrative Analyst	DHHS/SSB-Child Welfare Services
Jeri Scardina*	Deputy Director	DHHS/SSB-Child Welfare Services
Angela Sundberg*	ICWA Advocate	Yurok Tribe
Cindy Sutcliffe*	Program Manager II	DHHS/SSB-Child Welfare Services
Linda Thompson	Community Coordinator	McKinleyville Family Resource Center
Rochelle Trochtenberg*	Former Youth/Youth Organizer	CWS/Independent Living Skills
Meg Walkley*	Consultant	CAPCC/ First 5 Humboldt
Christine Way	Administrative Analyst	DHHS/Research and Evaluation
Sutie Wheeler	District Manager	State Adoptions
Kathy Young*	Branch Director	DHHS/Social Services Branch

* Denotes Core Representatives

b. CAPCC

The Child Abuse Prevention Coordinating Council of Humboldt County (CAPCC) was established in 1978. Current membership includes representation from schools, community-based organizations, parents, community members, and employees of the Department of Health and Human Services (DHHS). The function of the CAPCC is to provide outreach to outlying rural areas to share common interests, resources and innovative ideas on strategies to minimize the lasting harm of abuse as well as administer the Children’s Trust Fund monies. The DHHS utilizes the CAPCC for the Child Abuse Prevention Council (CAPC) collaborative. CAPCC obtained non-profit status in 1986. Beginning in 2004, and continuing to present, Child Welfare Services (CWS) has been meeting bi-monthly with the Humboldt County Healthy Start Schools and Community Partnerships, which is the lead agency for the local FRC. By working closely with FRCs, DHHS is working to decentralize services and provide services to families in the outlying areas of Humboldt County. CAPCC receives technical assistance and training from Parents Anonymous to assist in recruiting, training and retaining parent partners. Attached is the CAPCC roster.

Funds spent to support the local CAPCC:

Fund	Dollar Amount
CAPIT	0
CBCAP	0
PSSF Family Support	\$7712.00
CCTF	\$11,481.59
Kids Plate	\$0
Other: PSSF Family Preservation	\$3769.00

c. PSSF Collaborative

Promoting Safe and Stable Families (PSSF) funds are utilized to fund a variety of services, from activities to actual goods, to trainings that assist families in staying together, reunifying, or adopting. Approximately 25% of the funds are allocated to family preservation, 25% are allocated to family support, 25% are allocated to time-limited reunification and 25% are allocated to adoption promotion and support. These funds are distributed by a group within the structure of the Department of Health and Human Services. There is a planning collaboration that includes Child Welfare Services Administration, Social Services Branch Administration, the integrated Administration of Mental Health and Public Health, CAPCC, and the DHHS-SSB Financial Services Supervisor.

The funding for PSSF is used to support Differential Response, specifically referrals that meet the criteria for path one and path two. Referrals are designated a path one when the allegations do not meet statutory definitions of abuse or neglect, yet there are indications that a family is experiencing problems that could be addressed by community services. CWS refers those that meet these criteria to either a Family Resource Center (FRC) in their area or to the Alternative Response Team (ART) depending on the families needs. Referrals are designated as a path two when allegations meet statutory definitions of abuse and neglect and assessments indicate that with targeted services a family is likely to make needed improvements to improve child safety

and mitigate risk. For these responses, CWS social workers team with staff from other county agencies, either Public Health (PH), Mental Health (MH) or both to provide a multidisciplinary approach in working with families.

Staff from CWS meet regularly with staff from path one and path two partners to review case examples and discuss strategies for team approaches to family meetings and home visits.

d. CCTF Commission, Board, or Council

The CAPCC Board of Directors issues the RFP for the Children’s Trust Fund money, screens the RFPs received and makes a recommendation to the Humboldt County Board of Supervisors for funding. The CAPCC encourages the participation of the funded agencies in CAPCC activities and receives the biannual reports from funded agencies. The CAPCC awards approximately \$25,000 per year from the Children’s Trust Fund. The two agencies receiving funding for this current funding cycle are North Coast Rape Crisis Team and Two Feathers Native American Family Services.

The CCTF information is collected by the CAPCC and published in the April Child Abuse Awareness Month’s CAPCC newsletter.

e. Parent Consumers

Humboldt County Child Welfare Services (CWS) established a Parent Partner Program and hired the first parent partner on April 21, 2008, as part of the CWS System Improvement Plan. The Parent Partner, being a previous CWS client, assists the county with efforts to improve service delivery and outcomes, and mentors parents participating in a Child Welfare Services case plan. The Parent Partner Program will continue to develop and expand in correlation with the needs of CWS families. Job descriptions and recruitment strategies have been developed.

Some of the parent partner services included:

- Providing informational brochures and referrals to community resources that assist family with their needs (food, clothing, housing, physical/health, emotional, parenting skills).
- Assisting families to access services (including evidence based practices) and transporting/accompanying parents to their appointments (court hearings, services).
- Serving as a “parent voice” and advocate of families to help meet challenges of parenting.
- Facilitating parent engagement and communication between parents/clients and agency staff and participating in county’s three-year planning process.

f. Designated Public Agency

Humboldt County Department of Health and Human Services, Social Services Branch is the designated public agency for the distribution and receipt of the CAPIT/CBCAP/ PSSF funding.

Administrative oversight for the CAPIT/CBCAP/PSSF program accountability will remain the responsibility of the Humboldt County DHHS, Social Services Branch. This Department has been designated as the local liaison for these programs.

The contractor(s) for the CAPIT program will be required to submit quarterly narrative and statistical reports in addition to invoicing for services. Department liaison and the contractor will have face-to-face contact at least semi-annually to review goals and monitor progress. The contractor for CAPIT will be required to capture data utilizing and OCAP data collection form.

The Department Liaison for CBCAP maintains at least monthly contact with the programs funded by CBCAP to monitor expenditures and compliance with the stated goals of each program, as does the Fiscal Analyst Unit.

Responsibility for oversight/monitoring of local services, program compliance, data collection, three-year plan amendments, annual reporting and annual program evaluation will be the responsibility of the Humboldt County DHHS, Social Services Branch.

g. The Role of the CAPIT/CBCAP/PSSF Liaison

Administrative oversight for the CAPIT/CBCAP/PSSF Program accountability will remain the responsibility of the Humboldt County DHHS, Social Services Branch. This Department has been designated as the local liaison for these programs and can be contacted as follows:

Amy Albert
929 Koster Street
Eureka, CA 95501
Phone: (707) 476-4704
Fax: (707) 445-6096
Email: AAlbert@co.humboldt.ca.us

h. Fiscal Narrative

The Humboldt County DHHS, Social Services Branch is the designated administrator for the CAPIT, CBCAP PSSF, and Children's Trust Fund programs. Each program is tracked separately through the Department's Administrative Fiscal Unit and each has a separate budget and accounting system.

The contractor for CAPIT funds, invoices the county on a quarterly basis and has the capability to transmit information electronically as needed via e-mail.

CBCAP funds are utilized by two programs, the FRCs and ART. Each benefited program invoices the county for expenditures and tracks service recipients.

PSSF funds are utilized by CWS, in collaboration with FRC staff, to promote on-going services for Differential Response. Contracted services will be invoiced to the county and will be claimed appropriately to the four claiming codes available per service provided.

To insure the electronic capacity of providers of services, the Request for Proposals (RFPs) will specify that the selected proposal include electronic capacity.

The funding streams work in tandem to provide preventive services to families not involved in the CWS system. For example, funding from agencies such as First Five and California County Trust Fund may use funds to provide Incredible Years support, co-facilitation, child care, and supplies while the FRCs provide the site and co-facilitation for the program. Through co-facilitation, the FRC staff are becoming IY facilitators and will deliver IY independently.

i. Local Agencies – Request for Proposal

During the CAPIT competitive bid process, staff from Humboldt County DHHS, Social Services Branch prepares a RFP with input from community stakeholders, including public and private non-profit agencies, the CAPCC, and consumers. Notice of the RFP will be sent through county-required channels, such as newspaper articles and/or advertisements, radio announcements, and our Community Partners. Any eligible entity that expresses an interest in reviewing the RFP is sent a copy of both the RFP and a sample Agreement for Services, which would become the contract between the county and the provider of services. Once proposals have been received within the period established by the RFP, a proposal review board is formed and meets to select a proposal for the next funding cycle. The review board will include, as outlined by County policy, a representative of the DHHS – CWS division, at a minimum, one board member of the CAPCC, and a representative from a Community Based Organization (CBO), such as an FRC, not applying for the funds, with expertise in the area of child abuse prevention.

Through the local planning process that occurred on July 19, 2005 it was determined that consideration will be given to evidence-based prevention programs over intervention, that selected applicants must clearly demonstrate parent involvement in their programs as well as geographic diversity in program delivery site, and that multiple proposals may be funded within each fiscal year. In 2010 priority will be given to private, nonprofit agencies with programs that serve the needs of children at risk of abuse or neglect and that have demonstrated effectiveness in prevention or intervention. These agencies are eligible for funding provided they demonstrate broad-based community support and propose services that are not duplicated in the community, which are based on needs of children at risk, and are supported by a local public agency. The agency that utilizes CAPIT funds will give priority to children who are at high risk, including children who are being served by the county welfare departments for being abused and neglected and other children who are referred for services by legal, medical, or social services agencies. The needs of children ages 0 to 14 will be focused upon.

Based on the County Self Assessment, the following range of services is incorporated in the RFP:

- Services will be strength-based and family-oriented.
- Methods for outreach to underserved areas and children/families in outlying areas of the county must be included.
- Involvement by the consumer (parents, families, communities) must be part of core services and consumer feedback a requirement.
- The funded agency shall have at least a 10 percent case or in-kind match of funding other than what is provided from the State Department of Social Services.

- Services which have proven to be efficacious (evidenced based) will be encouraged, including parent education classes, home visits and family support, information and referral, linkages to community resources and resource centers, and transportation, specifically in outlying areas, in support or co-located at FRCs. Some specific services are:
 1. Parent education, both center-based and in-home.
 2. Concentration on outlying and underserved communities.
 3. Material support to assist children and families in crisis situations.
 4. Services that are culturally and linguistically appropriate for their target populations.
 5. Emphasis on “hands-on” teaching whenever possible, as opposed to traditional classroom-type lectures.

Any technical assistance and training needed will be provided by private, nonprofit agencies to the funded agency.

Once a proposal(s) has been selected by the review board, the county and the selected agency(s) enters into an Agreement for Services and the funding is awarded by the Board of Supervisors. Any selected agency will be screened to insure it is not suspended or debarred from participation in the CAPIT program.

Services to minority populations will be reflected in the project funding.

j. CBCAP Outcomes

The DHHS, Social Services Branch shall have oversight responsibility for implementation of a quality assurance program to monitor and evaluate services. Department staff is provided with input and technical assistance from the Compliance and Quality Assurance Administrator at the DHHS Administration. The DHHS, Social Services Branch is committed to a quality assurance program utilizing indicators that are understandable and have an impact on the services that children and families receive. The quality assurance program is approached in an organized and systematic manner with indicators clearly stated.

Community Based Child Abuse Prevention (CBCAP)

Humboldt County is a rural, large geographical, small populated county. There are not enough peer agencies to conduct the review. There are many Community Based Organizations that have identified niches in the community and do not duplicate services.

The Client Satisfaction review will be utilized. A case specific example will be used of a parent/consumer who benefited from CBCAP services. The contracted site will be responsible for determining which type of tool to utilize in order to assess client satisfaction.

Engagement Outcomes: service provider will demonstrate the ability to work with families to identify strengths and needs and to set personal and family goals. All families in the Family Preservation Program, a voluntary program, will participate in the assessment of the family's strengths and needs, including completion of the SDM Family Strengths and Needs Assessment.

Short-Term Outcomes: changes in family strengths will be measured by a provider-supplied instrument, such as the Child Behavior Check List (CBCL), Parent Stress Index (PSI), and the Eyberg Child Behavior Inventory (ECBI) as a measure of family changes. Desired outcomes will include increased knowledge of appropriate child discipline techniques, increased school attendance and performance, and improved job readiness skills.

Intermediate Outcomes: changes in family strength will be measured by the number of services accessed within the time frame of the plan, with expected outcomes of improved parenting skills, in local settings, to programs that are effective (evidenced based), such as Incredible Years. Attendance at DHHS service/programs will be monitored and maintained in DHHS' database. Contractors will be required to maintain record tracking tools.

Long-Term Outcomes: the long-term goal for families receiving services through CAPIT/CBCAP/PSSF programs is to promote and advocate for a continuum of family-centered and supportive services throughout the county, with an emphasis on underserved populations and families in outlying areas. Changes in family will be measured by a provider-supplied instrument, such as the ECBI and the PSI, to measure the reduction of parental stress and a decrease in children's behavioral issues. Humboldt County is moving towards the goal of a decrease in the county's child abuse referrals with children being maintained in a safe, loving environment. Community partnerships will be measured through in-kind contributions to program operation and support. In addition, for those CBOs such as FRCs, subcontracting for program delivery, the total number of goals accomplished will be measured by an annual performance review process.

Service delivery and/or program compliance is assessed through weekly SafeMeasures® reports. Training needs are identified and addressed at the program manager, supervisor, and social worker levels as well as through our SIP and PQCR process, which is ongoing.

k. Peer Review

The process of a peer review will be introduced to the Family Resource Centers and Healthy Start Schools and Community Partnership during this three year plan.

The Client Satisfaction review will be utilized. A case specific example will be used of a parent/consumer who benefited from CBCAP services. The contracted site will be responsible for determining which type of tool to utilize in order to assess client satisfaction.

l. Service Array

Administrative oversight for the CAPIT/CBCAP/PSSF Program accountability will remain the responsibility of the Humboldt County DHHS, Social Services Branch. This Department has been designated as the local liaison for these programs.

The funding for PSSF is used to support Differential Response, specifically referrals that meet the criteria for path one or path two. Referrals are designated a path one when the allegations do not meet statutory definitions of abuse or neglect, yet there are indications that a family is experiencing problems that could be addressed by community services. CWS refers those that

meet these criteria to either a Family Resource Center (FRC) in their area or to the Alternative Response Team (ART) depending on the families needs. Referrals are designated as a path two when allegations meet statutory definitions of abuse and neglect and assessments indicate that with targeted services a family is likely to make needed improvements to improve child safety and mitigate risk. For these responses, CWS social workers team with staff from other county agencies, either Public Health (PH), Mental Health (MH) or both to provide a multidisciplinary approach in working with families.

The Alternative Response Team (ART) is a multi-agency program aimed at those at-risk families with children eight and younger who would benefit from early intervention and services, yet whose problems have not yet resulted in Child Welfare Services ongoing intervention. Public Health, Mental Health and Child Welfare Services work together, with hands-on services for the family from Public Health and Mental Health. The goal of ART is to help families correct problems at an early stage, before they escalate and require further intervention. Families are referred to ART by CWS. Staff from CWS and ART meet monthly to staff referrals and review case managed services provided to families referred by CWS. The ART is a voluntary in-home program that provides intensive case-management to families with children aged 0-8 who are at-risk of child abuse/neglect. The ART program offers health education and resources regarding the following concerns: anger management, nutrition, parenting techniques, child care resources, information and referral, transportation, health promotion, health maintenance, immunizations, communicable disease, birth control/family planning, safety, organizational skills/time management, growth and development, stress management, budgeting and financial management. ART issues vouchers for safety items and supportive services, including transportation and also provides incentive funds for infant/child care items, child care, personal hygiene items, self-esteem enhancements (i.e. movie tickets, hair cuts), organizational skills and educational materials in regards to health care and parenting techniques.

Staff from CWS met regularly with staff from path one and path two partners to review case examples and discuss strategies for team approaches to family meetings and home visits. Training has been developed and implemented for the Family Resource Centers (FRCs) that are located throughout Humboldt County.

Additional services that are not funded by the Social Services Branch are added in Attachment D. See Attachment G and H for secondary service array.

Attachment Contents

- A Notice of Intent 2010-2013
- B Notice of Intent 2008-2010
- C PSSF Planning Collaboration
- D Services List
- E Program Highlights
- F Acronym List
- G HSSCP Interim Report (January 2010)
- H Summary of Service for FRCs
- I CAPIT/CBCAP/PSSF Board Agenda Item 2/4/09
- J Affordable Housing Board Agenda Item 7/16/08
- K 2009 Adoption Proclamation
- L CAPCC Roster
- M CAPCC Resolution 2005
- N CAPIT Agreement 2008

BOS Notice of Intent

STATE OF CALIFORNIA – HEALTH AND HUMAN SERVICES AGENCY CALIFORNIA DEPARTMENT OF SOCIAL SERVICES

NOTICE OF INTENT CAPIT/CBCAP/PSSF PROGRAM CONTRACTS FOR HUMBOLDT COUNTY

PERIOD OF PLAN: JANUARY 28, 2010 THROUGH JANUARY 27, 2013

The undersigned confirms that the county intends to contract, or not contract with public or non profit agencies, to provide services in accordance with Welfare and Institutions Code (W&I Code Section 18962 (a)(2)).

In addition, the undersigned assures that funds associated with Child Abuse Prevention, Intervention and Treatment (CAPIT), Community Based Child Abuse Prevention (CBCAP), and Promoting Safe and Stable Families (PSSF) will be used as outlined in statute.

The County Board of Supervisors designates Department of Health and Human Services/Social Services Branch, Child Welfare Services as the public Agency to administer CAPIT and CBCAP.

W&I Code Section 16602 (b) requires that the local Welfare Department shall administer PSSF. The County Board of Supervisors designates Department of Health and Human Services/Social Services Branch, Child Welfare Services as the public agency to administer PSSF.

Please check the appropriate box.

- The County intends to contract with public or private nonprofit agencies to provide services.
- The County does not intend to contract with public or private nonprofit agencies to provide services and will subcontract with _____ County to provide administrative oversight of the projects.

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

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

Clif Chendener
County Board of Supervisors Authorized Signature

8/23/10
Date

Clif Chendener
Print Name

Chair of the Board
Title



COUNTY OF HUMBOLDT

Attachment B

Department of Health & Human Services

Phillip R. Crandall, Director

SOCIAL SERVICES BRANCH

929 Koster Street Eureka, CA 95501

707.476.4700 Fax: 707.441.2096

Beverly Morgan Lewis, Director

SSB Administration
707.476.4700

Children's Services
707.445.6180

Aid/Medical Food Stamps
707.445.6103

Adult Services/IHSS
707.476.2100

CalWORKs/Welfare to Work
707.268.3400

September 26, 2008

Office of Child Abuse Prevention
California Department of Social Services
744 P Street, M.S. 11-82
Sacramento, CA 95814

RE: Child Abuse Prevention, Intervention and Treatment, Community Based Child Abuse Prevention, and Promoting Safe and Stable Families Notice of Intent and Three Year Plan Extension

Enclosed please find the Notice of Intent Regarding CAPIT/CBCAP/PSSF Contracts for Humboldt County as well as the Extended Updated Plan for CAPIT/CBCAP/PSSF to cover July 1, 2005 through June 30, 2010. This extension is in accordance with All County Information Notice I-41-08 dated June 4, 2008. Humboldt County will integrate the OCAP Plan with the next System Improvement Plan, both starting in 2010.

The designated local government agency responsible for CAPIT/CBCAP/PSSF program administration is:

Humboldt County Department of Health and Human Services
Social Services Branch
929 Koster Street
Eureka, CA 95501

The county liaison who will serve as the single point of contact for OCAP is:

Mark Magladry, Administrative Analyst
929 Koster Street
Eureka, CA 95501
(707) 476-4499
(707) 441-2096 (fax)
Mark.Magladry@co.humboldt.ca.us

Please contact Mark Magladry if additional information is needed.

Sincerely,

Beverly Morgan Lewis, Director
Social Services Branch
By Lisa Bartelson, Acting Deputy Director
Children & Family Services

Enclosure: Notice of Intent
Extended OCAP Plan (2005 - 2010)
Extended OCAP Plan Summary (2005 - 2010)

Public Guardian
Phone: 707.445.7343
825 Fifth Street
Eureka, CA 95501

Veterans Services
Phone: 707.445.7341
825 Fifth Street
Eureka, CA 95501

Employment Training Division
Phone: 707.441.4600
930 6th Street
Eureka, CA 95501

NOTICE OF INTENT REGARDING CAPIT/CBCAP/PSSF PLAN CONTRACTS FOR HUMBOLDT COUNTY

STATE FISCAL YEARS: 2008 THROUGH 2010

The undersigned confirms that the county intends to contract, or not contract with public or private nonprofit agencies, to provide services in accordance with Welfare and Institutions Code: (W&I Code Section 18962(a)(2)).

In addition, the undersigned assures that funds associated with Child Abuse Prevention, Intervention and Treatment (CAPIT), Community Based Child Abuse Prevention (CBCAP), and Promoting Safe and Stable Families (PSSF) will be used as outlined in statute.

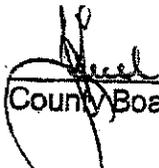
The County Board of Supervisors designates Department of Health and Human Services/Social Services Branch, Child Welfare Services as the public agency to administer the combined CAPIT, CBCAP and PSSF Plan. **Note: W&I Code, Section 16602(b) requires that the local Welfare Department shall administer the PSSF program.**

Please check the appropriate box.

- The County intends to contract with public or private nonprofit agencies to provide services.
- The County does not intend to contract with public or private nonprofit agencies to provide services and will subcontract with _____ County to provide administrative oversight of the projects.

In order to receive funding, please sign and return the Notice of Intent by September 30, 2008 to:

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



County Board of Supervisors Authorized Signature

9-23-2008
Date

Jill Gejst
Print Name

Chair Humboldt County Board of Supervisors
Title

PSSF Planning Collaboration 2010 – 2013

<u>Name</u>	<u>Title</u>	<u>Agency</u>
Kathy Young	SSB Director	Social Services Branch
Jeri Scardina	SSB Deputy Director	Social Services Branch
Cindy Sutcliffe	Program Manager	Child Welfare Services
Lisa Bartelson	Program Manager	Child Welfare Services
Michele Meliota	Program Manager	Child Welfare Services
Connie Huddelson	Senior Program Manager	Children, Youth, and Family Services, Mental Health Branch
Dian Pecora	Program Manager	Public Health Branch
Trevis Green	Fiscal Senior Staff Services Analyst	Social Services Branch
Amy Albert	Administrative Analyst	Social Services Branch
Ivy Breen	Administrative Analyst	Social Services Branch
Lisa Rix	Administrative Analyst	Child Welfare Branch
Siddiq Kilkenny	President	CAPCC
Connie Sundberg	Secretary/Treasurer	CAPCC
Bernice Serdahl	Board Member	CAPCC
Ruthanne DeMirjyn	Board Member	CAPCC
Pat Falor	Board Member	CAPCC
Karen Diers	Board Member	CAPCC
Roxanne Stutrud	Board Member	CAPCC

Attachment D

Humboldt County Department of Health and Human Services Children and Family Services
707-269-3590

929 Koster Street,
Eureka, CA 95501

<http://county-internet/HHS/SSB/ChildWelfareServices.asp#Resource%20Information>

Lists resource links for services available through DHHS as well as other links to numerous community resources.

Indian Action Council of NW CA, Inc.
443-8401

2905 Hubbard Lane Suite C
Eureka, CA 95501

Tutoring and advocacy focusing mainly on the American Indian family.

Redwood Community Action Agency
445-0881

904 G Street
Eureka, CA 95501

<http://www.rcaa.org/>

Redwood Community Action Agency (RCAA) is a locally based, private non-profit organization that provides a wide range of services to low and moderate income residents of Humboldt County

Changing Tides Family Services

444-8293, (800) 795-3554

changingtidesfs.org

Formerly Humboldt Child Care Council, this child care and family resource agency provides services, support, referrals, child care subsidies and vouchers, children's centers, respite care.

CASA

(Court Appointed Special Advocates)

Humboldt: 443-3197

Del Norte: 464-3320

www.californiacasa.org

Provides trained volunteer community members who are appointed by a judge to advocate for a child who has been removed from home due to abuse, neglect or abandonment.

Humboldt Kid's Digest

443-4887

www.kidsdigest.com

Free publication lists activities, classes, things to do with kids, health, nutrition and parenting information.

Northcoast Children's Services

822-7206

1266 9th St.

Arcata, CA 95521

www.ncsheadstart.org

Head Start and Early Head Start programs for Humboldt and Del Norte counties.

Attachment D

The following is a resource list that the Department makes available to clients, and make referrals to, regarding community resources:

FOOD

**DEPARTMENT OF HEALTH & HUMAN SERVICES
SOCIAL SERVICES BRANCH
FOOD STAMPS DIVISON**
929 KOSTER ST
EUREKA, CA 95501-0182
(707) 269-3590

EUREKA RESCUE MISSION
110 2ND ST – MEN
EUREKA, CA 95501
BREAKFAST 6:00 AM WEEKDAYS, 7:00 AM WEEKENDS
DINNER DAILY 5:30 PM
107 3RD ST
EUREKA, CA 95501
BREAKFAST 8:00 AM WEEKENDS
DINNER DAILY 5:30 PM
(707) 443-4551

FOOD FOR PEOPLE
307 14TH ST
EUREKA, CA 95501
(707) 445-3166
WED & FRI CALL AFTER 9:00 FOR SIGN-UP FOR AFTERNOON PICKUP

**HOOPA VALLEY FOOD DISTRIBUTION PROGRAM
ACROSS FROM SHOPPING CENTER**
PO BOX 498
HOOPA, CA 95560
(530) 625-4646

**DEPT. OF HEALTH & HUMAN SERVICES
PUBLIC HEALTH BRANCH
WIC PROGRAM**
730 HARRIS ST
EUREKA, CA 95503
(707) 445-6255

**LOCAL SCHOOL HOT LUNCH PROGRAM
CONTACT SCHOOL OFFICE FOR INFORMATION**

**NORTH COAST RESOURCE CENTER
(FORMERLY ARCATA ENDEAVOR)**
509 9TH ST
ARCATA, CA 95521
(707) 822-5008

SALVATION ARMY
2123 TYDD ST
EUREKA, CA 95501
(707) 422-6475
MON – FRI 9:30 AM – 12:00 PM & 12:30 PM – 3:30 PM

**SEVENTH-DAY ADVENTIST COMMUNITY SERVICES
EUREKA**
4251 F ST
EUREKA, CA 95501
(707) 442-6950

FORTUNA
2331 ROHNERVILLE RD
FORTUNA, CA 95540
(707) 725-1166
FOOD BANK: MON – WED 6 – 7:30 PM

MCKINLEYVILLE
1200 CENTRAL AVE
MCKINLEYVILLE, CA 95519
(707) 839-4693
OPEN WEDNESDAY

**SOUTHERN HUMBOLDT SOUP & SHELTER
COMMUNITY PRESBYTERIAN CHURCH**
PO BOX 244
437 MAPLE LN
GARBERVILLE, CA 95542
(707) 923-3295
SOUP KITCHEN CORNER OF MAPLE & LOCUS ST
TUES & THURS AT NOON
FOOD BANK: TUES, THURS OR FRI 1:00 – 4:00 PM

THE MATEEL COMMUNITY CENTER
RUSK LN
REDWAY, CA 95560
(707) 923-3368
FREE COMMUNITY LUNCH TUES & WED 12:00 – 1:00 PM

**SENIOR CITIZENS RESOURCE CENTER – DINING
CENTERS
ARCATA**
321 COMMUNITY PARKWAY
ARCATA, CA 95521
(707) 825-2027
RESERVATIONS DAY BEFORE, LUNCH SERVED M-F 11:30 – 12:15,
SALAD BAR OPTION TUES & WED
EUREKA
1910 CALIFORNIA ST
EUREKA, CA 95501
(707) 443-9747
DINING ROOM & HOME DELIVERED MEALS
FORTUNA
2130 SMITH LN
FORTUNA, CA 95540
(707) 725-6245

ST VINCENT DePaul MEALS
35 W 3RD ST
EUREKA, CA 95501
(707) 445-9588
11:00 – 1:00 PM

**SEVENTH DAY ADVENTIST – COMMUNITY SERVICES
MCKINLEYVILLE**
1200 CENTRAL AVE
MCKINLEYVILLE, CA 95519
(707) 839-4693

CLOTHING

EUREKA RESCUE MISSION
110 2ND ST
EUREKA, CA 95501
(707) 443-4551

**NORTH COAST RESOURCE CENTER
(FORMERLY ARCATA ENDEAVOR)**
509 9TH ST
ARCATA, CA 95521

ST VINCENT DePaul (STORES)
EUREKA
528 2ND ST
EUREKA, CA 95501
(707) 443-8677
ARCATA
1340 10TH ST
(707) 822-6946
FORTUNA
1117 MAIN ST
(707) 725-4061

SEVENTH-DAY ADVENTIST COMMUNITY SERVICES
EUREKA
4251 F ST
(707) 442-6950
FORTUNA
2301 ROHNERVILLE RD
(707) 725-6164

RESCUE MISSION THRIFT STORE
1031 BROADWAY ST (ACROSS FROM MAIN POST OFFICE)
EUREKA, CA 95501
FREE RECYCLED CLOTHING OUTLET 12:30 – 4:00 PM

SOUTHERN HUMBOLDT SOUP & SHELTER
437 MAPLE LN
GARBERVILLE, CA 95542
CLOTHING RECYCLE CTR – COUNTY DUMP – REDWAY

HOUSING

CALIFORNIA FRANCHISE TAX BOARD
(800) 868-4171
RENTAL ASSISTANCE FOR AGED, DISABLED & BLIND PROGRAM

EUREKA RESCUE MISSION
FOR MEN
110 2ND ST
EUREKA, CA 95501
FOR WOMEN & CHILDREN
107 3RD ST
EUREKA, CA 95501
(707) 443-4551

HOUSING AUTHORITY OF EUREKA
735 W EVERDING ST
EUREKA, CA 95503
(707) 443-4583

HUMBOLDT PLAZA APARTMENTS
2575 ALLIANCE RD
ARCATA, CA 95521
(707) 822-4104

**HUMBOLDT STATE UNIVERSITY
OFF CAMPUS HOUSING**
ARCATA, CA 95521
(707) 826-3455
HOUSING REFERRAL FOR HSU STUDENTS

**HUMBOLDT DOMESTIC VIOLENCE SERVICES
EMERGENCY SHELTER – 24 HRS**
905 3RD ST
EUREKA, CA 95501
(707) 443-6042 24 HRS
(707) 44-9255

REACH – SEVENTH-DAY ADVENTIST
2301 ROHNERVILLE RD
FORTUNA, CA 95540
(707) 725-6164

**RCAA – YOUTH SERVICES BUREAU
RAVEN PROJECT FOR HOMELESS YOUTH**
904 G ST (MAIL)
523 T ST (DROP IN CENTER)
EUREKA, CA 95501
(707) 443-7099

RCAA – LAUNCH PAD TRANSITIONAL LIVING PROGRAM
1100 CALIFORNIA ST
EUREKA, CA 95501
(707) 445-1360

RCAA – EMERGENCY SHELTER PROGRAM
904 G ST
EUREKA, CA 95501
(707) 269-2075
TUES 1-3; WED & FRI 2-4

PROPERTY MANAGEMENT AFFORDABLE RENTALS
(707) 269-2014

RIVER COMMUNITY HOMES
1061 HALLEN DR
ARCATA, CA 95521
(707) 822-7816
SUBSIDIZED APTS

WISH, INC (WOMEN & CHILDREN SHELTER)
GARBERVILLE, CA 95542
(707) 923-4100

ENERGY ASSISTANCE

RESOURCES LIMITED TO FORTUNA, RIO DELL & SCOTIA

RCAA – ENERGY DEMONSTATION CENTER
539 T ST

EUREKA, CA 95501
(707) 444-3831

MON – THUR 8:30 – 12:00

ENERGY ASSISTANCE

SALVATION ARMY – SOCIAL SERVICES
2133 TYDD ST
EUREKA, CA 95501
(707) 442-6475

CHILD CARE

COLLEGE OF THE REDWOODS
CHILD CARE DEVELOPMENT CTR (FOR STUDENTS)
7351 TOMPKINS HILL RD
EUREKA, CA 95503
(707) 476-4337

CHANGING TIDES FAMILY SERVICES
ADMINISTRATION
2259 MYRTLE AVE
EUREKA, CA 95501
(707) 444-8293
CHILD CARE ENROLLMENT, REFERRALS & SUBSIDIES
(707) 445-9291
SPECIAL NEEDS
(707) 444-8293

MCKINLEYVILLE YOUTH CENTER
1650 CENTRAL AVE, STE C
MCKINLEYVILLE, CA 95519
(707) 839-7993
<http://mckinleyvilleyouthcenter.com>
Limited to students in McKinleyville Middle School (6th, 7th, & 8th grades)

TEEN SERVICES
(707) 445-1195

NORTH COAST CHILDREN’S SERVICES
HEAD START – EARLY HEAD START
ADMINISTRATION
1266 9TH ST
ARCATA, CA 95521
(707) 822-7206 OR
(800) 808-7206
PRESCHOOL LOCATIONS THROUGHOUT THE COUNTY

HUMBOLDT STATE UNIVERSITY
HSU CHILDREN’S CENTER
ARCATA, CA 95521
(707) 826-3471

WINZLER’S HEAD START
717 CREIGHTON ST
EUREKA, CA 95501
(707) 442-8250

DEPT OF HEALTH & HUMAN SERVICES
SOCIAL SERVICES BRANCH
CHILD WELFARE SERVICES – CHILD PROTECTION
929 KOSTER ST
EUREKA, CA 95501
(707) 445-6182
(707) 445-6180 ABUSE REPORTS

ALCOHOL, DRUGS & TOBACCO

AL-ANON
1615 HIGHLAND AVE
EUREKA, CA 95501
(707) 443-1419

DEPT OF HEALTH & HUMAN SERVICES
MENTAL HEALTH BRANCH
ALCOHOL & OTHER DRUGS PROGRAM
720 WOODS ST
EUREKA, CA 95501
(707) 476-4054 ADMINISTRATION

ALCOHOL – DRUG CARE SERVICES CLINIC
ADMINISTRATION
EUREKA, CA 95501
(707) 445-1391
(707) 445-9505 HOUSING
PLACEMENT IN TRANSITIONAL HOUSING, COUNSELING, RELAPSE
CLASSES, ASSESSMENT & ADDICTION TESTING

THE DETOX CENTER
1335 C ST
EUREKA, CA 95501

DEPT OF HEALTH & HUMAN SERVICES

(707) 445-3869

ALCOHOLICS ANONYMOUS
PO BOX 7102
EUREKA, CA 95502
(707) 442-0711 24 HR TELEPHONE CONTACT

HUMBOLDT RECOVERY CENTER
1024 N ST
EUREKA, CA 95501
(707) 443-0514

NARCOTICS ANONYMOUS
PO BOX 6634
EUREKA, CA 95502
(707) 44-8645

ST JOSEPH’S HOSPITAL
FAMILY RECOVERY CENTER
2700 DOLBEER ST
EUREKA, CA 9550

PUBLIC HEALTH BRANCH

TOBACCO EDUCATION PROGRAM
(707) 269-2132
THE NEW LEAF (PEER ACTIVITIES)
119 2 6TH ST
EUREKA, CA 95501
(707) 444-2370

**CALIFORNIA DEPT OF ALCOHOL & DRUG PROGRAM
INFORMATION & REFERRAL**
(800) 879-2772

TOBACCO CESSATION SUPPORT & INFORMATION
CHEWER'S HOTLINE (800) 844-2439
SMOKER'S HOTLINE (800) 662-8887

**NATIONAL CLEARINGHOUSE FOR ALCOHOL & DRUG
INFORMATION**
(800) 729-4740

CROSSROADS
1205 MYRTLE AVE
PO BOX 1332
EUREKA, CA 95501
(707) 445-0869

FEDERAL ALCOHOL TREATMENT REFERRAL
(800) 662-4357

HEALTHY MOMS
2910 H ST
EUREKA, CA 95501
(707) 441-5220
DAY TREATMENT PROGRAM

EDUCATION

COLLEGE OF THE REDWOODS
7351 TOMPKINS HILL RD
EUREKA, CA 95503
(707) 476-4200 ENROLLMENT SERVICES
(707) 476-4590 TELEPHONE REGISTRATION

HUMBOLDT STATE UNIVERSITY
1 HARPST ST
ARCATA, CA 95521
(707) 826-3011

HUMBOLDT LITERACY PROJECT
674 ALLARD ST
EUREKA, CA 95501
(707) 445-3655

NORTHCOAST BIG BROTHERS/BIG SISTERS
932 C ST
EUREKA, CA 95503
(707) 445-4871

REDWOOD COMMUNITY ACTION AGENCY
904 G ST
EUREKA, CA 95501
(707) 269-2052 NORTHCOAST MENTORS PROG
(707) 269-2024 STRAIGHT UP AMERICORPS

**HIGH SCHOOL EQUIVALENCY CERTIFICATION (GED)
INFORMATION**
(800) 331-6316

ADOPTIONS

ADOPTION HORIZONS & THE BIRTH PARENT CTR
10 W 7TH ST
EUREKA, CA 95501
(707) 444-9909
(800) 682-3678

CALIFORNIA ADOPTION & FOSTER CARE REFERRAL
(800) 543-7487

**STATE OFFICE OF ADOPTIONS
ADOPTION SERVICES**
(707) 826-9180

**DEPT OF HEALTH & HUMAN SERVICES
SOCIAL SERVICES BRANCH
FOSTER CARE COORDINATOR**
(707) 268-2737

ANIMAL PROBLEMS

SEQUOIA HUMANE SOCIETY
6073 LOMA AVE
EUREKA, CA 95503
(707) 442-1782
MON - SAT 10 - 4

MIRANDA RESCUE
1603 SANDY PRAIRIE RD
FORTUNA, CA 95540
(707) 725-4449

WILDLIFE CARE CENTER
(707) 822-8839

HUMBOLDT COUNTY ANIMAL CONTROL
980 LYCOMING AVE
MCKINLEYVILLE, CA 95519
(707) 840-9132

EMPLOYMENT

**BUREAU OF INDIAN AFFAIRS
EMPLOYMENT ASSISTANCE**
3161 BECHILLI LN (PO BOX 494879)
REDDING 96049
(503) 246-5154

DEPT OF REHABILITATION
310 3RD ST STE A
EUREKA 95501
(707) 445-6300
EXPERIENCE WORKS SENIOR EMPLOYMENT SERVICE
409 K ST / JOB MARKET

EUREKA 95501
(707) 445-6271

EMPLOYMENT

DHHS – EMPLOYMENT TRAINING DIVISION
930 6TH ST
EUREKA 95501
(707) 441-4600

STATE EMPLOYMENT DEVELOPMENT DEPT
409 K ST
EUREKA 95501
JOB SERVICES
(707) 445-6532
24-HR JOB LINE
(707) 444-2222
CLAIMS & FILING INFORMATION
(800) 300-5616
SPANISH
(800) 326-8937
TTY
(800) 9387

HUMBOLDT COUNTY SCHOOLS HROP
901 MYRTLE AVE
EUREKA 95501
(707) 445-7122
VOCATIONAL TRAINING – ENTRY LEVEL & RETRAINING

COLLEGE OF THE REDWOODS
7351 TOMPKINS HILL RD
EUREKA 95503
HUMAN RESOURCES DEPT JOB LINE
707) 476-4598

HUMBOLDT COUNTY PERSONNEL DEPT
825 5TH ST
EUREKA 95501
(707) 476-2349
JOB LINE
(707) 445-2357

**DEPT OF HEALTH & HUMAN SERVICES
SOCIAL SERVICES BRANCH**
808 E ST
EUREKA 95501
(707) 476-2100

**VIETNAM VETERANS OF CALIFORNIA
HOMELESS VETS REINTEGRATION PROJECT**
2107 3RD ST
EUREKA 95501
(707) 442-4322

FAMILY PLANNING

OPEN DOOR COMMUNITY HEALTH CLINIC
2412 BUHNE DR
EUREKA 95501
(707) 441-1624

PLANNED PARENTHOOD
3225 TIMBER FALL CT
EUREKA 95501
(707) 442-5700

HEALTH

**AMERICAN CANCER SOCIETY
HUMBOLDT – DEL NORTE SOCIETY**
2942 F ST
EUREKA 95501
(707) 442-1436
(800) 227-2345

AMERICAN LUNG ASSOCIATION
115 TALBOT AVE
SANTA ROSA
(707) 527-5864

AMERICAN RED CROSS
406 11TH ST
EUREKA 95501
(707) 443-4521

MATERNAL, CHILD & ADOLESCENT HEALTH
908 7TH ST
EUREKA 95501
CALIFORNIA CHILDREN'S SERVICES
(707) 445-6212
CHILD HEALTH INFORMATION
(707) 445-6210
PRENATAL CARE INFORMATION
(707) 445-6210

MOBILE MEDICAL OFFICE
PO BOX 905
EUREKA 95502
(707) 443-1186

BURRE MEMORIAL CLINIC
2505 LUCAS ST
EUREKA 95501
(707) 443-2293

UNITED INDIAN HEALTH CENTER
1600 WEEOT WAY
ARCATA 95521
(707) 825-5000 OR
(800) 675-3693
FORTUNA
940 MAIN ST
FORTUNA 95540
(707) 725-7988

COLLEGE OF THE REDWOODS DENTAL CLINIC
7351 TOMPKINS HILL RD
EUREKA 95503
(707) 476-4250

HEALTH

OPEN DOOR COMMUNITY HEALTH CLINICS

ARCATA
770 10TH ST
MEDICAL
(707) 826-8610
DENTAL
(707) 826-8624

NORTHCOUNTRY CLINIC

785 18TH ST
ARCATA 95521
MEDICAL
(707) 822-2481
COUNSELING
(707) 822-1385

EUREKA

2412 BUHNE DR
MEDICAL – COUNSELING
(707) 441-1624

MCKINLEYVILLE

1644 CENTRAL AVE
OPEN DOOR
(707) 839-3068
NORTHCOUNTRY
(707) 839-1909

ORICK

AT ORICK SCHOOL
(707) 488-2901

EASTER SEALS SOCIETY

3289 EDGEWOOD RD
EUREKA 95501
(707) 445-8841
REHABILITATION, SUPPORT GROUPS, TRAVEL & EQUIPMENT

EUREKA VETERAN'S CLINIC

714 F ST
EUREKA 95501
(707) 442-5335

EUREKA COMMUNITY HEALTH CENTER

(SEE OPEN DOOR COMMUNITY HEALTH CLINIC)

KRIS KELLY HEALTH INFORMATION CENTER AT HUMBOLDT COUNTY PUBLIC LIBRARY

1313 3RD ST
EUREKA 95501
(707) 442-9094

ST JOSEPH'S HOSPITAL DIABETIC CENTER

2700 DOLBEER ST
EUREKA 95501
(707) 445-8121

REDWOOD COAST REGIONAL CENTER

525 2ND ST
EUREKA 95501
(707) 445-0893

DEPT OF HEALTH & HUMAN SERVICES PUBLIC HEALTH BRANCH

529 1 ST
EUREKA 95501

CARE LINE FOR FAMILY HEALTH NEEDS

(800) 698-0843

IMMUNIZATION CLINIC

(707) 268-2108

NORTHCOAST AIDS PROJECT

(707) 268-2132

GARBERVILLE CLINIC

77 CEDAR
(707) 923-2779

REDWOOD RURAL HEALTH CENTER

101 WEST COAST RD
REDWAY 95542
(707) 923-2783

VECTOR HEALTH PROGRAMS, INC.

2121 MYRTLE AVE
EUREKA 95501
(707) 442-6463

PHYSICAL THERAPY CENTER

2822 HARRIS ST
EUREKA 95501
(707) 445-8881

WIC

317 2ND ST
EUREKA 95501
(707) 445-6255

WILLOW CREEK OFFICE

77 WALNUT WY
(530) 629-2410

EEL VALLEY RURAL HEALTH CLINIC

129 E WILDWOOD AVE
RIO DELL 95562
(707) 764-3139

FAX (707) 269-9074

MON – FRI 10-12 & 1-4

WALK-INS, MEDI-CAL, CMSP, MEDICARE & PRIVATE INSURANCE
PLANNED PARENTHOOD EVERY 1ST & 3RD WED 10-12

INDIAN SERVICES

AMERICAN INDIAN PROGRAMS & SERVICES

(916) 930-3927

CALIFORNIA INDIAN LEGAL SERVICES

324 F ST STE A
EUREKA 95501
(707) 443-8397

INDIAN ACTION COUNCIL – LEARNING CENTER

3960 WALNUT DR
EUREKA 95501
(707) 443-8401

NORTHERN CALIFORNIA INDIAN COUNCIL

241 F ST
EUREKA 95501
(707) 445-8451

LEGAL AID

CALIFORNIA INDIAN LEGAL SERVICES

324 F ST STE A
EUREKA 95501
(707) 443-8397

GARBERVILLE OUTSTATION

727 CEDAR ST
GARBERVILLE 95542
(707) 923-2729 OR
(800) 849-5728

**HUMBOLDT COUNTY DISTRICT ATTORNEY
VICTIM WITNESS ASSISTANCE**

714 4TH ST
EUREKA 95501
(707) 445-7417

LEGAL ASSISTANCE

123 3RD ST
EUREKA 95501
(707) 445-0866 OR
(800) 922-0002

CHILD SUPPORT SERVICES

3420 6TH ST
EUREKA 95501
(707) 441-3200 OR
(800) 963-8704

NORTH COAST ADVOCACY PROGRAM

SENIOR CITIZENS LEGAL SERVICES

1910 CALIFORNIA ST
EUREKA 95501
(707) 443-9747

AMERICAN CIVIL LIBERTIES UNION (ACLU)

(707) 445-6565

LEGAL SERVICES OF NORTHERN CALIFORNIA

(707) 445-0866 OR
(800) 972-0002

DEPT OF HEALTH & HUMAN SERVICES

MENTAL HEALTH BRANCH

720 WOOD ST
EUREKA 95501
(707) 268-2900

SENIOR LEGAL HOTLINE

(800) 222-1753

NAACP LEGAL DEFENSE & EDUCATION FUND

(800) 221-7822

CHILDREN, YOUTH & FAMILY SERVICES

1711 3RD ST
EUREKA 95501
(707) 268-2800

VICTIMS OF CRIME RESOURCE CENTER

(800) 842-8467

MENTAL HEALTH

DR. IRV TESSLER, MD
381 BAYSIDE RD
ARCATA 95521
COUNSELING
(707) 826-2830

DR. STEPHEN BLANKMAN
ARCATA 95521
(707) 826-1207

HOSPICE OF HUMBOLDT
2010 MYRTLE AVE (PO BOX 3611)
EUREKA 95502
(707) 445-8443
BEREAVEMENT & TERMINALLY ILL PATIENT CARE & RESPITE

HUMBOLDT FAMILY SERVICES
1802 CALIFORNIA ST
EUREKA 95501
(707) 443-7358

DEPT OF HEALTH & HUMAN SERVICES
MENTAL HEALTH BRANCH
EUREKA 95501
(707) 268-2990

NORTH COAST CENTER
2828 O'NEILL LN
EUREKA 95501
(707) 443-9387

CHILDREN, YOUTH & FAMILY SERVICES
1711 3RD ST
EUREKA 95501
(707) 268-2800

REDWOOD FAMILY INSTITUTE
935 3RD ST
EUREKA 95501
(707) 444-8895

GARBERVILLE SUBSTATION
727 CEDAR ST
GARBERVILLE 95542
(707) 923-2779
(800) 849-5728

VIETNAM VETERAN'S OUTREACH CENTER
2830 G ST
EUREKA 95501
(707) 444-8271

MENTAL HEALTH

YOUTH SERVICES BUREAU
YOUTH & FAMILY CRISIS HOTLINE 24 HRS
(707) 444-2273

MISC. COMMUNITY RESOURCES

HUMBOLDT COMMUNITY SWITCHBOARD

RESOURCE SEARCH SERVICES

1809 ALBEE ST
EUREKA 95501
(707) 441-1001 OR
(877) 460-6000

SOCIAL SECURITY ADMINISTRATION

3144 BROADWAY (VICTORIA PLACE MALL)
EUREKA 95501
(707) 445-9610
LOCAL TTY
(707) 445-9658
7 AM – 7 PM
(800) 772-1233
TTY
(800) 325-0778

HUMBOLDT COUNTY PUBLIC GUARDIAN'S OFFICE

23 5TH ST
EUREKA 95501
(707) 445-7373

VOLUNTEER CENTER OF THE REDWOODS

3300 GLENWOOD
EUREKA 95501
(707) 442-3711

FINANCIAL ASSISTANCE

CONSUMER CREDIT COUNSELING

1309 11TH ST STE 104
ARCATA 95521
(707) 822-8536 OR
(800) 762-181

**STATE OF CALIFORNIA DISABILITY
INSURANCE CLAIMS**

409 K ST STE 201
EUREKA 95501
(707) 445-6532
(800) 480-3287
SPANISH
(866) 658-8846
TTY
(800) 563-2441

REDWOOD COMMUNITY ACTION AGENCY

904 G ST
EUREKA 95501
(707) 269-2001
INFORMATION & REFERRAL

HUMBOLDT COUNTY VETERAN'S SERVICES

825 5TH ST
EUREKA 95501

McKinleyville Community Collaborative

The McKinleyville Community Collaborative has a strong emphasis on strength-based assessments as well as one-on-one parenting training in the family's home. The McKinleyville Community Collaborative also utilizes Parent Child Interactive Therapy (PCIT), an evidence-based practice, makes referrals to and provides Incredible Years (IY) curriculum, another evidence-based practice, and provides other services that are inclusive of parent involvement.

As part of the contract with the McKinleyville Community Collaborative, they will provide semi-annual program reports. Reports are due to the DHHS no later than January 31st and July 31st for each of the three years of the agreement. There is also an end of contract year report that is due July 31st. Information contained in the review shall include, but not be limited to: the names of families and children assisted, the number of parenting classes and parent meetings held by the McKinleyville Community Collaborative and in the community of each Family Resource Center with a list of the parents participating in the classes; the names of children and families served with home visits by each Family Resource Center; a summary of the transportation services supplied by each Family Resource Center; and a list of the trainings provided to each Family Resource Center staff.

Alternate Response Team

The Alternative Response Team (ART), which is a multi-agency program aimed at those at-risk families with children eight and younger who would benefit from early intervention and services, yet whose problems have not yet resulted in CWS ongoing intervention, is funded partly through Community-Based Child Abuse Prevention (CBCAP) funds. The fund allocation is divided between direct services, infrastructure and public awareness/information and referral activities. The purpose is to prevent neglect that, if left untreated, may eventually require CWS intervention.

With this ART program having been in place for ten years, Humboldt County CWS was in a favorable position to implement a formal Differential Response system in 2006. ART was officially included as a Differential Response path one partner in 2006 as one of three strategies implemented in the Eleven County Pilot redesign to improve outcomes for children and families served by Child Welfare Services. It is the belief of ART partners that by enhancing parental functioning and child development, and by preventing abuse and neglect, the health and dignity of children and their parents will be improved and the integrity of families will be better preserved.

Family Resource Centers (FRCs)

Family Resource Centers are non-profit, community based agencies that provide support and resources to community members. The supports and resources offered by the fourteen centers vary depending on community needs, geographic location and funding. The types of services provided by FRCs may include playgroups, parenting classes, food and clothing distribution, nutrition and hygiene classes, counseling, case management,

Humboldt County System Improvement Plan Attachment E

job readiness, senior lunches, Incredible Years parenting classes, and community building events.

Transportation services include direct transport of clients to mandatory meetings such as counseling, parenting classes, etc. There are instances such as medical needs, school attendance, miscellaneous appointments and other services where transportation services are also provided. In addition, where appropriate, clients were provided with gas vouchers or referred to family resource centers for gas vouchers or bus tickets.

Several Family Resource Centers are located within remote, rural communities, providing easily accessible services to families who live in the more isolated pockets of the county.

The CBCAP funds will only be spent on non CWS clients. The Family Resource Centers will be required to track the expenditures and the families that receive services for the monies provided.

Transportation Funds

Due to the rural location and expansive area of Humboldt County, transportation is a large problem. With the low income levels of the clientele in the county and the clients not having access to working vehicles, it is imperative to get families and foster youth to appointments to keep in compliance with case plans and court orders. This fund is used for bus tickets for CWS families, mileage reimbursement for licensed and insured vehicles of CWS clients and resource families, and payments of licensure, insurance, and repairs for CWS client and resource family's vehicles needing these services. These services are also provided for family visitation.

Housing Expenses

Due to the rural nature of Humboldt County, housing is a large problem. With the low income levels of the clientele in the county and the large amount of clients being homeless, it is imperative to get family maintenance families and reunified foster youth housed to keep in compliance with case plans and court orders. This fund is used for CWS families' first month's rent, last month's rent, and rental deposits. It is also used for upgrades to resource families' homes when other resources are depleted.

Family Recruitment

Humboldt County CWS focuses its resource family recruitment plan on county-wide community education and outreach regarding the need and benefits of foster families and on resource family retention through training and support. The Foster Care Program Supervisor conducts ongoing recruitment with advertising and announcements, foster care orientations, and public education presentations throughout the county, at community events, hosted by schools, tribes, churches, and other local organizations. The Resource Family Outreach and Support Coordinator works with the Foster Family Association and school foster care liaisons to assist with outreach, support and education of resource families. With a goal of more homes licensed county-wide, which represent

Humboldt County System Improvement Plan
Attachment E

ethnically diverse and skilled resource families, CWS will be better equipped to meet the goal of keeping children and youth in their own neighborhoods with caring and supportive families that can make a difference in a child's life.

CBO Grants

These Community Based Organization grants are grants that the CAPCC distributes through an established RFP process. The community-based organizations that are awarded these grants work in family preservation and family support. Notice of the RFP will be sent through county-required channels. Any eligible entity that expresses an interest in reviewing the RFP is sent a copy of both the RFP and a sample Agreement for Services, which would become the contract between the county and the provider of services. CAPCC assembles a review committee and the organization is selected and funds are distributed. The portion of the funds dispersed to CAPCC for these grants are for administrative and oversight costs.

Acronym	Definition
ART	Alternate Response Team
BCP	Building Community Partnerships
CAPC	Child Abuse Prevention Council
CAPCC	Child Abuse Prevention Coordinating Council
CAPIT	Child Abuse Prevention, Intervention and Treatment
CBCAP	Community Based Child Abuse Prevention
CBCL	Child Behavior Check List
CBO	Community Based Organization
CBT	Cognitive Behavioral Therapy
C-CFSR	California Children and Family Services Review
CCTF	California Children's Trust Fund
CDSS	California Department of Social Services
CFSR	Children and Family Services Reviews
CMS	Case Management System
CSA	County Self Assessment
CWS	Child Welfare Services
CWSOIP	Child Welfare Services Outcome Improvement Project
CYFS	Children, Youth, and Families Services
DHHS	Department of Health and Human Services
DR	Differential response
EBP	Evidence Based Practice
ECBI	Eyberg Child Behavior Therapy
ENGAGE	Engagement, Needs assessment, Goal setting, Assessment of progress, Goal achievement, Ending work
ETO	Efforts to Outcomes
F2F	Family to Family
FCBHE	Foster Care Behavioral Health Expansion
FCC	Family Connection Center
FCKEP	Foster Care Kinship Education Program
FFT	Functional Family Therapy
FM	Family Maintenance
FR	Family Reunification
FRC	Family Resource Center
FY	Fiscal Year
HA	Healthy Alternatives
HCTAYC	Humboldt County Transitional Aged Youth Collaboration
HOPE	Humboldt Offers Permanency to Everyone
ICWA	Indian Child Welfare Act
IY	Incredible Years
MHB	Mental Health Branch
NFP	Nurse Family Partnership
NREFM	Non-Related Extended Family Member
PCIT	Parent Child Interaction Therapy
PH	Public Health
PO	Probation Officer
PQCR	Peer Quality Case Review
PRIDE	Parent's Resource for Information, Development, and Education
PSI	Parent Stress Indicator
PSSF	Promoting Safe and Stable Families
RFP	Request for Proposal

SDM	Structured Decision Making
SIP	System Improvement Plan
SSB	Social Services Branch
TAY	Transitional Aged Youth
TBCBT	Trauma-Focused Cognitive Behavioral Therapy
TDM	Team Decision Making
TES	Training, Education, and Support
Triple P	Positive Parenting Program
UC	University of California
VA	Vocational Assistant

Progress Report
for the
Community/Family Resource Centers
participating in the
Humboldt County Department of Health and Human Services
Child Welfare Improvement Activity Grant Projects
and
Cal WORKs Outreach and Support Projects
2009 - 2010

The partners in the Healthy Start, Schools and Communities Partnership are pleased to submit this report on the progress we have made in partnership with the Department of Health and Human Services. This is an interim report for the CWSIA and CalWORKs contracts for the 2009 – 2010 fiscal year.

There are two sections to this report. The first section of the report provides an overview of progress to date on achieving the goals outlined in the grant proposals. The second half of the report provides a progress statement from each FRC/CRC Coordinator/Director. Most of the progress statements include success stories or anecdotes designed to provide a flavor of the work done in each center. This report is accompanied by a table that summarizes the type and volume of services provided by the centers.

Progress Toward Goals

Overall, DHHS support has been critical to keeping prevention and early intervention services in our CRC/FRC communities. Collectively, the 12 HSSCP partners report over 67,400 unique service contacts between September 1 and December 31, 2009 (122 days). That translates to an average of 552 contacts per day overall and an average of 46 per day per partner. Removing after school programs from the mix reduces the overall service numbers to 47,389 overall, or 388 per day with an average of 32 contacts per day per partner. The majority of these contacts were in person at our sites; while our newsletters and other information were distributed to over 10,000 (several sites have monthly newsletters). Service contacts ran the gambit, but most were for basic needs, child development/academic support, and health and wellness.

In addition to our continued prevention and early intervention services, a few highlights for the past six months include our participation on the CWS SIP committee, renewal of the DR Teams, initiation and training of new AFACTR members, and agreement on DR outcome tools. Achievements during this reporting period are summarized below each goal listed below.

The stability and credibility this partnership with the County brings to the Family/Community Resource Centers cannot be overestimated. We appreciate the opportunity to partner with the County in bettering our communities.

- **Sustain our ability to serve families in our communities**

- All of the FRCs continue to deliver services and have raised funds to match DHHS support.
 - The Partnership received a \$16,500 St. Joseph Health System grant that was written during this time period. These funds leverage County funds and additional support raised in each community. Funds will be used for food (basic needs) during the 2010 calendar year.
 - We continue to work with and support service delivery partners that are critical to our communities and the viability of our FRCs, including mental health service providers, medical and dental clinics, food and shelter providers, parenting and anger management providers, homeless services, and treatment services.
- **Assist DHHS in the planning and development of community-based service integration strategies**
 - FRC representatives meet regularly with DHHS staff and work closely with DHHS leadership to continually refine the content and usefulness of the monthly DHHS-FRC meetings.
 - FRC representatives participated in the CWS SIP update meetings and contributed to community input/data collection efforts. Representatives also attend CAPCC meetings.
 - FRC representatives have met with DHHS committees on an ongoing basis, including the Humboldt Community for Activity and Nutrition, NET, Food Stamp Task Force, and Child Death Review Team. FRC representatives served on the CWS SIP update committee in the fall and early winter. A DR Evaluation committee met and a DR Continuity Committee met regularly during this period. A joint Cal WORKs committee met to plan outreach via the mobile unit.
 - On the program delivery level, the FRCs continue to welcome Field Nurses, WIC, Cal WORKs, ROSE and CWS staff into their centers. We continue to host and participate in County and Probation Dept. Team Decision Making meetings.
 - **Assist in the planning, piloting and delivery of differential response services to Path 1 families**
 - FRC staff continues to coordinate DR Team meetings of front-line staffs. These meetings of Field Nurses, Case Workers, FRC Coordinators, CAPIT staff, and AFACTR members are designed to improve relationships and communication among partners, and improve implementation of DR. The DR Teams were re-formed and re-vitalized this past fall.
 - Full roll-out of DR Path 1 referrals has been sustained. The revised referral form, family letter, and FRC flyer have improved communication between the FRCs, CWS, and families.
 - A DR Continuity Committee meets regularly and continues to improve our response and referral processes.
 - We have successfully recruited, oriented and supervised AFACTR staff, and maintained confidential case management and referral files.

- Addition of the CAPIT contract has improved our support of high-need families and increased our capacity to provide parenting training and support.
- **Sustain prevention and early intervention activities that decrease the number of families entering the CWS system**
 - The FRCs have been able to continue most core prevention and early intervention services and, with the assistance of AFACTR staff, most have been able to increase services and outreach. This would not have been possible without DHHS support.
 - The FRCs have been able to increase outreach, community-building and relationship-building activities such as community dinners, enrichment activities, special events, and community newsletters. We have been successful in garnering grants and business support to complete these activities.
 - The FRCs collectively averaged 16,850 unique service contacts/visits per month between September first and the end of 2009, and just over 11,847 per month if after-school visits are excluded. (After-school programs are important because in addition to providing safe and affordable child-care for working parents, they help FRCs build relationships with a broad spectrum of parents and help ensure the centers are not stigmatized as serving only the most needy.) Contacts and services covered a broad range, reflecting the diversity of center programming. During this four month period, 10,693 contacts were for basic needs, 20,013 for academic support, 5,146 for nutrition education, 2,038 for medical or health services, 3,499 for mental health services, 2,456 for health education or referral, 2,494 for parenting education and support, and 4,058 for other family support. Due to two nutrition and fitness grants, our numbers for nutrition remain high.
 - Our record-keeping (which may be less accurate than CWS's), indicates that the FRCs participated in or hosted DHHS TDMs with 9 parents/guardians of children up to five years of age and 15 parents/guardians of children older than 5. We also hosted non-DHHS (Probation Dept. and other) TDMs and family meetings that involved 13 parents/guardians of children under five and 318 parents/guardians of children older than five.

A spreadsheet summarizing FRCs visits over the past four months is attached.

- **Track and report on client referrals from the Child Welfare Division as part of the Path 1 Pilot program.**
 - According to our records a total of 115 DR referral reports were due and were returned to CWS between July 1 and December 31 2009. A review of those reports reveals that no contact was possible in 37% of the cases. Of the cases where contact was made, 35% declined services and 64% received services (38% participated and 26% were receiving ongoing services at the time of the report).

- Among the cases where contact was made and families received services, 18 received information and referrals, 18 received support with basic needs, 13 entered case management while another 10 entered a program or activity. 18% of the cases with participating families were still open 60 days after the referral date, when the Results Report was submitted.

Typically, multiple calls (on average 2.5) were made in an attempt to contact referred families, and 17 referrals received home visits and 38 received additional outreach via a letter from an FRC or visited an FRC site.

- The consistency and completeness of CWS referral reports to CWS improved with additional training for coordinators and AFACTR staff. However the form changed Additional training is necessary with new AFACTR staff on board
- We continue to supervise and support all AFACTR reports, and supported implementation of the ICARE system.
- **Assist the County in evaluating differential response outcomes**
 - The DR Evaluation committee continues to meet. We have completed the re-design of the tracking report and have agreed on an approach and tools for outcome evaluation.
 - We have made progress on tracking our services and AFACTR family supports, but have not yet achieved our final goal of assisting the County in evaluating CWSIA outcomes. Implementation of the ICARE database in coordination with AFACTR and the State, may improve our ability to evaluate outcomes. We remain committed to working with the County on outcome evaluation.
 - We continue to track delivery of prevention and early intervention services and track our responses to CWS referrals.
- **Support service delivery activities established in the CalWORKs County Plan Addendum**
 - The CalWORKs MEV has a regular schedule of visits to FRC sites. CalWORKs staff reported that outreach projects were generally considered successful. FRC staff reports vary, with some reporting substantial and building use of CalWORKs staff and others reporting little usage volume.
 - Our service contacts this period related to employment and employability include 200 specifically for employment and job assistance (resume preparation, job search, etc.), 910 for literacy, and 20,288 for child care via after-school programs.
- **Support the continued implementation of evidence-based practices programs, as appropriate.**
 - FRCs continue to support EBPs and most have received introductory training in EBPs.
 - Several FRCs offered IY at their sites during this period.

- FRC coordinators continue to refer families to FFT and PCIT.
- The number of Family to Family TDMs taking place in FRCs remains steady.
- **Explore options for providing services to the County at each participating Family Resource Center. Collaboratively explore and plan other service improvements and community based service integration related to CalWORKs and the Welfare-to-Work program**
 - We look forward to future planning of integrated services.

Support from DHHS has been critical to retaining the delivery of CRC/FRC services to community members. With your support, we were able to continue providing services such as our Family Advocates, Family Outreach Workers, Parenting Classes, Incredible Years, coordination of mental health services, hosting of AA and NA meetings, Domestic Violence Prevention workshops, Home and Family Visits program, Parents Who Care program, Drug Awareness program, community-building activities (such as our community dinners), food distribution and Family Wellness Program. Most importantly, with AFACTR support we were able to continue the family support, information, referral, and case management services that are so fundamental to building and maintaining credible, trusting, and effective relationships within our communities. The addition of CAPIT services has substantially improved our capacity to serve families. It has also improved the quality of our home visiting services and AFACTR training and support.

The monthly meetings with DHHS staff, participation with the County on planning committees, and cross-training events continue to improve our understanding of County systems and services. We have become better advocates and navigators. The supportiveness of County staff has been remarkable and has helped all the CRC/FRC Coordinators become better community partners.

The attached Service Tracking report shows the nature and volume of FRC service contacts with community members.

Following are highlights from each of the participating Family/Community Resource Centers.

Resource Center Highlights

Blue Lake

The St. Joseph Health System Blue Lake Community Resource Center has been collaborating with Humboldt County Child Welfare System in receiving referrals for several years now. These families continue to use the Resource Center's phone, computer and fax machine in order to send and receive information. Additionally we assist these clients with the use of the computers, printers and nice resume paper, and create resumes for work. We also keep their resumes on file to update the information as needed.

We continue to work with many county agencies and DHHS staff such as CWS workers, TAPPN, CAPIT, Humboldt County Sheriffs Department and Probation. The past few years have been extremely positive in building the relationship and partnership with Humboldt County agencies. Some of the other services we offer to the community are the food pantry, clothing closet and hygiene products, all of which are used regularly by clients and agency staff.

The Resource Center has increased its services to now include Fieldbrook, Maple Creek, parts of Arcata and areas along Highway 299. These funds have made it possible to have an AmeriCorps Member on staff which is vital in working with families in these isolated communities.

This year one of the referrals from CWS was a family that we had been working with off and on for several years. They had returned to the area with three children and other family members. The main issue was that the children had not been attending school. We contacted a close relative and proceeded to enroll the younger ones into the local elementary school. The oldest child needed to be enrolled in high school, which turned out to be a difficult task. There was a lot of back and forth with the regular high school and community day high school. After three days of many complications and negotiations we were able to enroll this child in school. another concern was food, with which we also were able to assist. We enrolled them in the weekend food "backpack program" which we are disturbing to the children at Blue Lake School. The family also has used the food pantry here at the Resource Center. The Grandmother who had been staying with this family has now moved into town, into her own place. The Resource Center has assisted her with food, getting their water turned on and getting her apartment furnished. We remain in contact and assist them with ongoing issues.

Bridgeville

A wide variety of people are showing their ownership of the Bridgeville Community Center by participation, financial support and leadership. This is seen by the ongoing interest of the non-profit board of director and the membership election of board members. The increasing community focus has proven to be the challenge as well as the success of this ongoing effort.

The social programs we organize include the 0-5 playgroups, senior lunch and activities, adult education GED classes, community dinners and town transportation have leveled off or slightly decreased participation compared to the previous year's records. The teen program is again needing attention to leadership and activities to get it off and running, now that funding is secured. The newsletter remains our link to the community with a volume of locally written articles on health and social announcement.

We offer direct services; FEMA and commodity food distribution, after school snacks, free used clothing, limited laundry facility, a shower, and computer access. These services have enabled household stability in cases that have prevented crisis. The public computers have been increasingly used for unemployment claims.

The Southern Trinity Health Services continues to hold a clinic here once a week and is planning an additional day, considering the full schedule of patients. Some of this client load is pain medication monitoring, which has proven to stabilize family crisis situations. Many residents that we rarely see otherwise are coming through the center for appointments. They are then finding reasons to participate in other programs of interest.

The Nurse-Family Partnership has taken a newborn family client. The parents are showing results in a maturing demeanor as they learn the responsibilities involved. The mother is an adult education GED student that is supported in her effort by the father.

Carlotta

The Carlotta Community Center, collaborating with DHHS continues to be a huge blessing. Without this support, we would be unable to provide the intervention and support programs that are essential to enrich the lives of our community members. In addition to grant money, the team approach to working with our families, leaves them benefiting from all of our strengths, as never before. Although we receive few Path 1 referrals, we like to think the abundance of support services at our center, helps prevent referrals from occurring.

Services provided include the following:

Summer Fun and Wellbeing Program

Forty-three children attended, at no cost. We focused on a variety of activities to build self-esteem, social skills and physical well-being. We also planted a garden and offered free nutritious snacks and lunches, along with nutrition education.

Community Dinner and Wellbeing Fair

Approximately 200 people attended our free Barbeque, Farmers Market and Fair. We had a variety of tables set up with mental and physical health information and sign-ups for Healthy Families/Med-I-Cal Insurance. Food for People provided smoothies and nutritious recipes.

Parent/Grandparent Support

The Coordinator met with 6 families on an ongoing basis, using the incredible years/Positive Discipline models. We will begin weekly support groups in January.

Senior Socials

The Kids Cooking Club prepares dinner for the monthly Senior Socials for approximately 20 seniors. It is enjoyed by all.

Holiday Project

The Center collaborated with the Holiday Funding Partnership, Cuddeback Elementary, Humboldt Realtors, community partners and the Carlotta Fire Department. We provided food for 30 families, clothes for 45 individuals and toys for a 100 children.

Ongoing Support

We assisted 10 families with Medical/Dental Insurance. We have approximately 100 children attending counseling, PIP (Primary Intervention Programs) and Discovery (enhancing self-awareness and social skills) weekly. Our open door policy leaves an assortment of youth and adults coming to the center for various reasons and different groups meeting here for a variety of reasons, as CALWORKS does.

Success Story

The school year began with one of our families losing their home to a fire. The mom had just gotten off of welfare, gotten a part time job and started classes at CR. The day before the fire, her car broke down, making it impossible to get to school and work. She didn't have any money for repairs or moving. She immediately came to the Center, mostly for emotional support. Our next step was to come up with a short term, then long term plan. She found relatives she could stay with for a few days in Carlotta and a camper she wanted to try to live in, in front of her house. Luckily, I had a meeting that week with the Eel River DR Team and received an abundance of ideas for support services from Public Health, CWS and other FRC coordinators. We helped her and her family get blankets, clothes, food, gas vouchers and a portable toilet. We reminded her to spend as much time as she wanted at our Center, for emotional support, laundry services and for a warm and comfortable place to hang out and continue working on a plan. We had the kids come to the center several times a week, instead of once a week, to help meet their needs. We even received a private donation that enabled them to attend our Fall Carnival and dinner, for an evening of fun! Due to the abundance of support from our Center, she was able to find the strength (and humor when needed) to look ahead and know she and her family would be fine. She is now back in her house and her car is fixed. She brought tears to our eyes when she came to the center with a thank you gift and desire to help out others. We loved seeing her build on her strengths, with our support. Her resilience and compassion has touched our hearts.

Eureka - Marshall Family Resource Center

Although we got a late start this year, with AFACTR coming on board in November and December, we are finally getting up to speed on our Path 1 referrals. The first half of the 09-10 fiscal year looked like this:

Case activity 7-1-09 to 12-31-09:

Open cases carried over from 08-09	3
New referrals received from 7-1-09 to 12-31-09	47
Open cases	11
Pending (still within the 60 day response time)	9
Closed	30

Closed files due to the following reasons:

Services provided, but closed within the 60 days	1
Unable to locate	7
No response to outreach	4
Moved/left area	3
Declined Services	12
Open Investigation with CWS	1
Duplication of services with another program	2

It has been difficult to make remarkable strides or achieve huge successes with families, having worked with them for such a short time and with the AFACTR members (1 ½ at this site) starting with little or no training. But, despite these stumbling blocks, we have been able to provide a multitude of supports and services to our 23 active families. For example, one grandparent in a guardianship role with her grandchildren received help recreating her work resume, now needing to return to the workforce as a nurse. Last we spoke to her, she had two upcoming job interviews. Another teen parent is getting mentoring around school issues and has been signed up for much needed parenting classes. Other families are receiving support for custody issues, accessing identification and birth records, health care referrals, mental health counseling assistance, housing assistance, transportation, utility bills, access to food stamps and aid programs, etc. Plus, all families have access to our clothing closet, computers and internet, phones, duplication and fax, food pantry and just the caring that our facility and staff offer.

It was so great to be able to rely on the generosity of the Eureka community, service clubs and agency partnerships to help get us through the holidays. Due to that generosity, we were able to help 65 teens and more than 10 families over the holidays. We were able to assist at Thanksgiving, and then give out gift cards, food, sweatshirts and other gifts at Christmas. Of course, without the funding through DHHS, we would not be able to keep our programs going and our doors open, so the valuable resource of the FRC being available to the community would not exist at all. Through these hard times, we are seeing an increase in homeless families and teens and getting more calls from those needing housing and help with the basic thing we all need. We are so lucky that we can say, "Yes, we can help", and this is mostly due to the support received from DHHS.

We are excited to be in the process of planning enhancements to our services, one being the expansion of our food pantry to serve beyond the homeless population. We are able to do this through a grant from St. Joseph Health System, which also provided the funding for some incredible programs around nutrition and fitness this past Fall. We currently have 23 families signed up to receive weekly food distribution through the FRC, and once our pantry expansion is in place we will be opening it up to all non-homeless clients, as the Homeless Education Project in the FRC has its own pantry. Plus, due to a generous donation from Soroptimist of Eureka, we have a snack pantry for the teens of Eureka High and Humboldt Bay High Schools.

We are also adding a Kinship support group to our services in partnership with College of the Redwoods Foster Youth program. Another increase we are seeing is in the number of grandparents being forced to now raise their grandchildren. We have seen firsthand what a challenge this can be for these grandparents, especially for those taking on the challenge of children with disabilities or teens with behavior issues. Humboldt Domestic Violence Services also will be using the FRC for training and intake interviews into their services. We are hoping to see an increase in the community taking advantage of CalWORKs and other program assistance in the FRC, on those days when the CalWORKs liaison is here. All of this, along with our ongoing services of mental health

counseling, mentoring, tutoring, and use of the facility for meetings, gatherings and workshops makes this place a busy and thriving hub of the Eureka community.

Fortuna

Fortuna FRC/CAPIT has made approximately 70 family interventions in a 18 month period and approximately 40 Path 1 contacts by FRC/AFACTR since July 09 in the Eel River Valley. That is due to the incredible partnership with the Department of Health and Human Services. It is just unfathomable to think that all these interventions with families would and could not have been made without AFACTR, CAPIT and the FRC Coordinator position. The partnership has opened up the ability for the Eel River Valley FRCs to meet with Public Health, Mental Health, CalWORKs and CWS. The agencies and the FRCs meet on a semester bases and have access to the agencies phone numbers and their personal e-mails. I have worked for Fortuna Elem. School District for over 30 years and have never seen such collaboration for the Eel River Valley. THANK YOU!

CAPIT Success Story: A mother and her two boys were referred to CAPIT by the school because the boys were running the streets of Fortuna. The boys' attitudes and behavior at school were getting them suspended multiple times. The school met with the mother several times however she seemed overwhelmed and angry. (The family had previously been burnt out of an apartment.) The Fortuna Police were trying to work with the boys and the mother however the situation was escalating. FPD asked the FRC for help and a referral was made to CAPIT. Debbie Frazer/CAPIT met with the mother and spent hours and hours listening to all the family history, the mother's needs and her inability to parent these boys. Debbie talked with the boys and developed enough rapport with the family that she could get them to commit to counseling with Changing Tides at school. Debbie assisted the mother into a recovery group, transported when needed, spent time with the mother giving her parenting strategies to try with the boys, assisted the mother into a parenting class, and generally became the mother's support system. After a year the mother and the boys are doing great. The boys are completing their school work, their attitudes and behavior have changed, the mother has become a parent in charge of her boys, the boys are not running the streets of Fortuna, the family has a new apartment, the mother's self-esteem and confidence has improved. The mother begged Debbie to continue her case as she feels so supported by this program. While the case was closed, Debbie always allows the families to contact her at anytime. These are families that are beyond the scope of school counseling or intervention. She truly has the toughest cases.

AFACTR Success Story: A Path1 referral was made to the Fortuna FRC for a mother who needed assistance. The Path 1 stated the mother wanted to know what resources the FRC had available. When the AFACTR made the home visit the other family living in the home stated they didn't need any assistance however their mother might need help. The AFACTR followed up by contacting the mother only to find out she was being evicted from that home with her three children. Even though the mother did not keep all her appointments with the AFACTR, Michelle, Michelle persisted. Michelle assisted the mother with clothing and food at Fortuna Community Services. She also spent time with mom trying to find housing. It is difficult to find housing because the mother doesn't

have a responsible past with rentals. Michelle finally found a one room shelter at Fortuna Community Services for the family. They will only be able to stay for 2 weeks. In the mean time Michelle is working with the mother not only on housing but a resume for a job. They will begin the job search while still building the trust with the mother. Michelle assisted in having one daughter live with her father in Eureka. The AFACTR met the father and is following up on making sure the daughter is enrolled in a school. Even though the mother does not keep all her appointments, the AFACTR will keep in touch to try and stabilize the family. All of this through a Path 1 referral requesting information on resources at the FRC!

Fortuna FRC continues with a great partnership with Fortuna Community Services. The FRC can take or refer families to their facility for clothing, food, some sheltering in a one room space, IY parenting classes, CalWORKs MEV, and Wendy Ring's Mobile Medical Office. Fortuna continues to have many homeless families which makes our work challenging.

Our partnership with Changing Tides continues with four therapists coming to the school site to see the families that attend the Fortuna Elem. Schools. We have had to add one more step to referring our families to Changing Tides. This step has made for more paperwork and securing the parent signature for Mental Health but eventually the families are seen. The students and the families are so appreciative of the students being seen on campus and during the school day.

The AFACTR and the FRC fill 55 back packs every Friday at Fortuna Community Services for students who need weekend food assistance. Fortuna Sunrise Rotary has been a great partner for this project. We have a greater need that we can fill each week but we take the greatest in need first.

The FRC is currently working with First 5 to start playgroups in Fortuna. These groups will service 0 to 5 children in socialization, physical activities, art projects, parenting education etc. I will work with Meg Walkley at First 5 to submit a grant for this project. Also another project that is just beginning is Snacks in the Classroom funded by St. Joseph Health System. Each of the 19 classrooms will receive a monthly bag of healthy snacks for those that are economically deprived. Those students will not have to sit and watch others eat snacks and wish that they could have a snack from home. Current needs in Fortuna include AOD counseling, shelters for women and children, parenting for 10 to 18 year olds, and Medi-Cal dental services.

McKinleyville

McKinleyville Community Collaborative has been working on developing sustainable funds to ensure continued services during this difficult economic climate. On December 1, 2009 the Barbara Davis Children's Center Infant Toddler Thrift Store opened at 1450 Hiller Avenue, Building A, McKinleyville. The name "Barbara Davis" was chosen to honor our own outreach worker who has helped children and families for the past four years. She is a generous, giving, kind, and stern woman who has made a difference in many children's lives. Barbara was our AFACTR AmeriCorps worker in 2006-2007.

We still put out clothes for free on Wednesdays at the 1450 Hiller Road site. Our family resource center is now a Community Resource Center located at 1660 Central Ave, Suite A&B. If parents with infants and/or toddlers need clothing, toys, furniture or accessories, but cannot afford to buy them, they are encouraged to come to the resource center where we will provide a voucher for them to use at the Infant Toddler Thrift Store. Our goal is to start infant toddler play groups this spring and get our toddler garden planted.

McKinleyville Community Resource Center continues to receive referrals for Differential Response services. Parents are contacted via mail and telephone and encouraged to access center resource materials and participate in center and community events. During this reporting period we received 20 referrals and worked to engage these families. Families were provided with resources for parenting and counseling, food and basic necessities, and information about social and health education events in McKinleyville.

Incredible Years parenting classes were held and attended regularly by six adults and seven children. Several of the parents were Path 1 referrals. One mother with two children, a boy 5 years old, and a new baby daughter attended classes and her children were in our concurrent childcare program. Another mother who has two boys in middle school was confronted on her drug use. She has been overusing prescription drugs. She was eventually referred to a CAPIT worker for more intensive services.

McKinleyville Family Resource Center hosts Cuentame un Cuento each month to provide ongoing support for our Latino community members. A parent who reads the books at our monthly program was given an award for Outstanding Latino Citizen. He is the father of two girls, ages 5 and 7, and has been attending Cuentame un Cuento for several years.

In addition to the families referred by Child Welfare Services we have been working with the schools and churches in McKinleyville to identify families with children who may need assistance in obtaining clothing, basic needs, food, and especially help during the holiday season.

McKinleyville Community Resource Center hosted the McKinleyville Summer Hike and Bike Fitness Challenge. The challenge included a series of summer events focused on fitness and nutrition including Hike or Bike the Hammond Trail, Tee Shirt design contest, Mid Town Trail Clean Up, and a Jogging Challenge. We also held weekly nutrition and fitness educational events during lunch at Pierson Park. The topics included Wild Life Demonstration, Sugar Sugar – how much sugar in your drink, HealthSPORT fitness demonstration, Karate demonstration, and Calisthenics presented by the U.S. Army. The challenge concluded with our annual Community Dinner and Bicycle Rodeo.

This year for Thanksgiving and Christmas we helped more than 1,000 adults and children with food and toys. We held a “shopping spree” where parents came to Grace Good Shepherd Church and were able to “shop” with Christmas Bucks for toys and games.

The community was exceedingly generous and each child received at least two toys from their parents/care-givers.

Manila

We are pleased to submit this report on the progress that we have made in the last six months. The Manila Teenship Wellness Village Resource Center is like the community living room. Our center offers drop-in services Monday through Thursday 3-6 pm. From July-December we served 119 (unduplicated) families in 9,852 total contacts. Sixty of those families have children ages 0-5. People drop in and out throughout the day and most attend on a weekly if not a daily basis. Many of our families have been involved with us for years. We currently have 110 registered computer users and we have 15 networked computers. We have a teen rumpus room, a children's play room, a meeting room and a Community Thrift Boutique. We facilitate two weekly support groups; Parents In Partnership (PIP) on Mondays from 6:00 – 8:00 pm., and, Teenship, for youth ages 11-18, on Wednesdays from 6:00 – 8:00 pm. We serve a free hot dinner at both meetings. Teenship met 19 times in the last six months and served 107 repeat youth and 20 unduplicated youth. PIP met 18 times during the six month period: PIP served 56 repeat parents of children ages six and up; 94 repeat parents of children 0-5, 83 repeat children 0-5, and 92 repeat children ages 6-18. Some of the topics that were discussed during PIP were: Emotion Coaching; The Importance of Play; Temperaments; Reward and Praise vs. Empowering Responses; Your Child's Learning Style; Minimizing Stress; and, Family Traditions.

During the PIP meetings the Teenship youth provide childcare while being supervised by an adult. The younger children adore the attention of the older youth and the teens are becoming more responsible. In the last six months we provided hands-on childcare training to seven youth. The youth worked a total of 48 childcare opportunities and earned \$5-\$15 stipends for their help. We often talk about their childcare experience during the Teenship meetings.

On Tuesdays from 9:30 a.m. to 3:30 p.m. Northern Humboldt Adult Education provides computer assistance, job search and independent study toward a high school diploma. Adult Ed currently has five students enrolled with four being parents of children 0-5. We will soon be offering financial literacy education and outreach through a StraightUp AmeriCorps member who also works at the CCCS of the North Coast.

Thanks to volunteers, we have continued to offer girls' group on Tuesdays from 4:30 - 6:00 p.m. and we have started an AA/NA support group on Fridays from 6:00 – 8:00 p.m. We also offer free yoga on Tuesdays and Thursdays evenings from 6:00 - 7:30 p.m. and will be restarting the Family Movie Nights on Thursdays very soon. The HSU, YES House, Mentor Program came and presented at a PIP meeting and eight youth were connected with mentors. The YES House also provided tutoring last semester for both our adult and youth algebra students and often helped out with other homework as well.

The Community Thrift Boutique has been invaluable in providing clothing for our families, toys and books for our children and necessities such as blankets, towels, dishes

and other assorted needs for both our program and our families. The Boutique is an excellent tool for engaging families as well as being helpful in educating our community about reducing, reusing and recycling.

One of our more exciting projects to happen this fall was our Hot Cookin' Mamas. In September six parents, five children under the ages of 0-5, two staff from Manila and two from Food for People along with the canning skills and a great deal of patience provided by Joyce Houston cooked up approximately 20 jars of canned tomatoes and 30 jars of blackberry jelly. The day was so inspiring to these parents that they decided to start a weekly "Hot Cookin' Mamas" group. Nine parents continued to meet five more times and produced 121 pints of various canned goods such as plum jam, blueberry syrup, apple sauce and apple butter, more tomatoes and spice rubs. The teens often helped with childcare or with the stirring and canning of the goods. The parents went together to the Food Bank and were given much of their fruit. They also received donations of fruit from families in our community. Several of the parents have started canning at home and have shared their goods with each other. The "Hot Cookin' Mamas" have become active participants in our center and in fundraising for our programs. "Hot Cookin' Mamas" was refunded through the St. Joseph Health System Family Wellness Program and will continue through 2010.

The teens and parents also plan and host events for the community. In the last six months we hosted a baby shower, The Halloween Carnival and Scary walk, Community Thanksgiving Dinner and the Community Holiday Party. The Halloween Carnival and Scary Walk served 100 people. We had outreach booths from Food for People, CCCS, and Public Health that handed out information about immunizations. Our Public Health Nurse operated the glowing hand-washing station and talked about H1N1. The Thanksgiving event served 100 people, was held the Sunday before Thanksgiving, and included a free meal to anyone who was interested. It also offered socializing, reflection on our blessings and a bake sale to raise funds for the center. Teenship visited 23 senior citizen homes before the Community Holiday Party to sing Christmas Carols, and gave them a small gift and a holiday card with information about our programs, as well as an invitation to the event.

The Community Holiday Party was run completely by the "Hot Cookin' Mamas" and Teenship youth, support staff and community volunteers. The children and families made gingerbread houses, holiday wreaths, tie dye clothing, and holiday cards. We offered a free dinner of roasted pork, roasted vegetables, tossed green salad, jello salad, fruit, drinks and dessert. Music was provided by a resident musician. Teenship facilitated a baked goods auction, and helped Santa deliver presents to 106 children. Approximately 116 adults participated in a free raffle of gifts donated by our wonderful businesses in the county. From massages to facials and haircuts and car tune ups to gift certificates for 25 gallons of propane - everyone received something. We also distributed 22 food boxes to families during the Thanksgiving and Christmas holidays. We look forward to an exciting year ahead and moving forward with our new AFACTR members, our HSU social Work Intern and our StraightUP AmeriCorp members. Thanks to the ongoing support and stability provided by DHHS, First 5 Humboldt, local

foundations and the Healthy Start Schools and Communities Partnership we have been able to sustain and grow our community and programs for and with our families. Thank You.

We are pleased to submit this report on the progress that we have made in the last six months. Although it has been a challenging fall, with the late start of the AFACTR Americorps workers, personal health issues and the late start of our Intern; staff, parents and the Teenship youth really stepped up, took ownership, helped out, and helped to hold everything together.

Orick

The support of the Orick Community Resource Center from the DHHS/CalWorks has enabled the continued work we do at the center to help in the town of Orick. The center continues to support the needs of everyday life in Orick. The 2009 winter had a huge effect on the use of the center. As colder weather set in, we experienced many requests for warmer clothing and blankets, more than in any other winter. The community continues to use our resources on a daily basis. We make emergency food boxes for folks who have no food for themselves or their families. One small success that we are proud of is helping six people (2 children) receive eye glasses through our partnership with other agencies (Lion's Club-Trinidad) since the school year started.

The town of Orick seems to be reducing in population but the Orick Community Resource Center had its largest Community Dinner this winter. The dinner at Thanksgiving and Xmas had over 100 people on each sign-in sheet. We are very happy to serve so many in this holiday time of year. Transportation issues are still the biggest concern for the resource center. In less than three months we have distributed 250 bus tickets to help the community make appointment times and take care of other necessities. We could not help these people get to these places without your continued support of the Orick Community Resource Center from the DHHS/Calworks grants.

The Orick Community Resource Center is proud to have the same hours of operation since June 2006, Monday through Friday 11:30-3:30. The library at the Orick School has the computer with internet access so the community has been using this resource to improve their lives though learning modern technology, to communicate, and to find answers to questions. The other services are telephone, making copies and fax services that are utilized very often at the OCRC. We also have a washer/dryer that is always doing a load for the site. We have a lot of shoes and clothing that are looked though on a daily basis that must be cleaned. The AFACTR worker at our site is so important to the organizing of these services that are used on a regular basis by the community of Orick. The continued support of the DHHS/CalWORKs grant to the whole HSSCP Partnership is vital to so many families and the FRC's who assist them in Humboldt County.

The challenges remain the same for the families in Orick. The local mill closed on Oct.15, 2009. This has placed more families under stress of daily needs being met. The Orick Community Resource Center has remained committed to serving these families and

everybody who needs a helping hand. Thank you again DHHS/CalWORKs for your continued support.

South Bay Unified School District

South Bay Union School District's two Family Resource Centers (at Pine Hill and South Bay Schools) have been hard pressed to meet the growing needs of our communities in these difficult economic times. In the last six months our area has experienced the economic downturn, holiday stress, 6.5 earthquake and heavy rainstorms. There appears to be more overall stress and adults and children seem to have a lower "coping" level, even in daily activities. Our partners, especially Humboldt County Department of Health and Human Services, have proven that collaboration can bolster our resources.

The Path 1 system is now working well in our area. Although AFACTR had a late start, we are fortunate to have a member who had worked in our district last year in a different capacity and is familiar with the needs of the community. She has been able to jump right in to assist. Also, the bonds we have made with CWS personnel have resulted in an overall trust, which streamlines the delivery of services. The relationships with other DHHS departments, CalWORKs, Public Health, Mental Health, have made coordination of services much more efficient.

The CWS and CalWORKs funds and partnerships are the framework upon which we are building our network of support and service delivery. Additional partnerships with various organizations such as Elks Lodge and Food for People Backpack program, and our base, South Bay School District, have enabled our two Family Resource Centers on Pine Hill and South Bay school campuses to be open Monday – Friday, almost year-round. We are also part of the Family Support Team. The Team, which includes a counselor, Healthy Start director, Healthy Start assistant, EMHI aid, AFACTR AmeriCorps member, and social work intern, meets regularly to strategically provide services to children and adults. Although all of the Team members' hours range from .20-.65fte, we have, through creativity, been able to piece together a multi-tiered, cohesive, approach to meet the diverse needs of our community. The tiers include: Prevention/Intervention – social skills and Bullying Prevention instruction for K-6 graders-one on one, small group and whole class. Through additional grants we have been able to purchase "Bullying is a Pain in the Brain" curriculum to be used during the after school program and have expanded the "Second Step" social skills curriculum. Also, both schools enacted Random Acts of Kindness which encourages and spotlights the selfless actions of young children.

A series of Incredible Years parenting classes has just been completed at South Bay and we feel encouraged by its great turnout. Our Healthy Start Assistant became a facilitator which will help us with follow up and future classes. In addition to daily interaction, formal Family Support Team meetings are held.

Community Building – We continue our tradition of community events (Nutrition Fair, Yogurt Party, Cinco de Mayo, ELL support) which foster camaraderie, wellbeing and leadership for all ages throughout the neighborhoods.

Linkages – Our Family Resource Centers were originally funded through Healthy Start and maintain the fundamental structure of coordination, linking to community resources and assisting families navigate the path to services. Every day we build upon our community relationships i.e. Food for People, Eureka Family Services, HCOE, Foster and Homeless supports, local physicians, Elks, Rotary, Soroptimist, DHHS, HAF, CDE, storekeepers, legal services, Medi-Cal/Healthy Families, etc. in order to more smoothly connect our families to needed supports. Our partnership with CalWorks has resulted in almost monthly CalWorks “sign-up” events at one or the other of the centers.

Direct Service – The past six months have produced a higher demand for direct services: Counseling, provision of food, clothing, bus vouchers, laundry vouchers, etc. Our Winter Food package program served 102 families with approximately 40 food items which helped ease the strain on families during the schools’ two-week break. Two H1N1 vaccination clinics were coordinated by our FRC staff at Pine Hill, resulting in approx. 160 children receiving the vaccine and booster. We have also provided numerous health, hygiene and nutrition workshops with children. We continue to enhance our existing partnerships with AmeriCorps, EXPLORE After School, Harvest of the Month, Project Lean, Open Door Clinic, local churches, HCOE, PG&E, local grocers, Del Arte, Region 1 Healthy Start and a host of others to deliver basic needs, tutoring, parenting support, after school program, counseling, health and nutrition education, health services.

Education and Advocacy - Pine Hill and South Bay Family Resource Centers’ status as school based has also enabled us to share experience and knowledge. Through various presentations, we educate school personnel on the emotional and health needs of the children and families and they have become even stronger allies in support. They extend their years of experience in child development and flexibility to our support Team. Through all the above mentioned partnerships we are provided many trainings to hone our skills. The Healthy Start Schools and Communities Partnership and our Regional and State Healthy Start, After School and national Community Schools work has provided us an outlet to articulate the needs of our rural communities and to advocate for appropriate funding and services.

As Healthy Start purported, schools are established hubs of children and families and through our many partnerships, particularly Humboldt County Department of Health and Human Services, CWS and CalWORKs, we have been able to continue our work to meet the needs of our community.

Southern Humboldt Unified School District

The DHHS support enables the SHFRC to serve many children, youth and families throughout the large rural area of our school district. Service contacts for this period are through December 2009. These include Parent Workshops, Playgroups, Family Nights, transportation assistance, use of the office equipment, food distribution, and help with health insurance (Healthy Families and Medi-Cal) applications. The transportation assistance with FRC staff drivers and the gas vouchers are especially helpful for local families. The DHHS Mobile Engagement Vehicle has come to the monthly Food

Distribution site nearby at the church and FRC staff has referred both individual clients and agency staff to meet with DHHS staff there.

The Southern Humboldt Family Resource Center has not had an AFACTR AmeriCorps member since September. Because of the delay in starting the AFACTR year our member was not able to sign on for a full 11 month term and still have time to be ready to start graduate school in social work in August. In addition the school district reduced hours for all family support staff for this fiscal year, as Medi-Cal revenue and other grants were reduced. Nevertheless, we have managed to sustain many ongoing activities, including the monthly pediatric clinic through Eureka Pediatrics and Redwoods Rural Health Center and the weekly mental health counseling sessions, provided by Changing Tides which were able to increase from two days week to four days a week serving two of our District school sites and youth and families from other areas of our District. The After School program continues as a great way for FRC staff to connect with and support parents. Monthly Student Study Team meetings are held at the FRC and FRC staff joins in the School Attendance Review Board meetings. The Parent Workshops had an average of seven regular participants with childcare and snacks. The Backpacks for Kids weekend food program is now operated solely by our local Rotary Club - serving 22 families each week. The FRC referrals to the community holiday gifts and food program provided gift certificates to 56 teens, toys for 56 children age 5 and under and food for over 76 families. This great program was coordinated by the Redway Baptist Church.

The Garberville Play Center hosted several special workshops in child development activities including music and movement and Clifford the Big Red Dog. The three other playgroups in Casterlin, Miranda, and Shelter Cove continue with good attendance.

The Little League, PTA, Boosters' Club and Boy Scouts and two new Girl Scout Troops all continue to use the building on a regular schedule with special events like the Free Tax Assistance program and Census Worker testing scheduled on weekends and evenings.

We host TDM and family meetings, make home visits, and respond to Path 1 referrals. A local Differential Response Team meeting was on hold pending the arrival of our new AmeriCorps AFCTR member but we continue to work closely with staff from the local DHHS office as well as other agencies such as Healthy Start and Early Head Start. In September the summer Workforce Investment Act youth program used the FRC for most of its office work and some classes, and has been helpful dealing with teen moms and referrals for older youth.

Casterlin Family Resource Center continues a positive, helpful relationship with the ROSE mental health outreach worker who visits regularly. The Family Support Worker helped organize the community Thanksgiving luncheon prepared by students and volunteers and she assisted with nutrition and health education projects and coordinated the holiday gift and food basket distribution. The After School program connection to school sports maintains strong relationships with parents. The First 5 playgroup has a new leader, after a few months of inactivity, and meets weekly at the site.

The Miranda case manager position was filled by a student services technician based at the South Fork High School this year. She assists many students and families with access to basic resources, including the on-site clinic provided by Redwoods Rural Health Center twice each month. Our AFACTR AmeriCorps member's leadership of the community coalition to address the high rate of youth death has resulted in several effective projects such as the Drive Safe Drive Smart event in September and a Photo Voice project in which youth are advocating for improvements in access to healthy recreational activities. The DHHS contribution to staff salaries and benefits for these positions has made it possible to sustain and improve these services.

One of our successes this fall was the progress made by a family that we have known for many years. The parents are separated and their young school-age child was being reunited with them after some time in foster care, with wrap-around services from the County. The whole team and both parents have been meeting here regularly, making sure that services and supports for the child's adjustment to returning to his mother's home and adaptation to a new school are going smoothly. FRC staff has been able to help both parents connect to the weekend food program, the holiday gift programs and many other resources available in our community. The parents know they can tell us about their concerns and that we will help them find ways to address those concerns, call social workers when needed, and make other connections.

Willow Creek

In Willow Creek case management and home visiting currently involves 15 families referred by CWS, with five new referrals awaiting service. 15 families are also being served who were self-referred, or referred by the school or clinic counselors. 17 of the above families have been seen for over 12 hours of service. Services have included provision of basic needs such as gas vouchers, diapers, bus tickets, food and clothing, as well as accompaniment to family court, supervision for non-custodial parent's visitation, assistance with paperwork for court, social security applications, MediCal and Healthy Families.

The six week, bi-weekly series of Incredible Years Parenting Class culminated in a celebration meal and recognition of the participants. Five families were involved. We provided child care on site as well as a healthy dinner for each session. This group was described as the most engaged and interested group ever attending.

Once again, Willow Creek CRC participated in Food For People's Summer Lunch Program, serving many of the playgroup families. The Community Resource Center served between 6-13 lunches per day.

Drop-in service continues to be offered at the center in the mornings. As noted, we serve many of the families who are referred by CWS with diapers, formula, and various basic needs. This includes some families who use the center as a message center. Telephone access and use of the fax and copier are the services most often used. Usually this is in

the search for housing and employment, or to fax paperwork to DHHS for TANF/MediCal or Food Stamps. We have referred many families to the new RCAA homelessness prevention grant. As partner with Food for People, about 200 individuals per month are provided with food bags.

Regular Regional Differential Response meetings were hosted at the CRC for the social workers and case managers with whom the center staff interacts from CWS and from Public Health. These meetings have proved useful to avoid duplication and to share knowledge of resources.

The MEV van from DHHS –Social Services Branch has been used a little more each time. On the last visit in January, we had good feedback from grateful part-time employees of Ray’s Market who were able to apply for MediCal and food stamps on their way to work.

United Way Switchboard

The Switchboard has begun to expand its service through extending its hours, expanding its volunteer base, and serving as the screeners for new programs. Since July 1st, the Switchboard has taken 446 calls resulting in many community members engaging with resources that previously were unknown to them, while others were able to reconnect and re-engage with familiar agencies. Of these 446 calls, 37% had children under 18 either in the household or regarded a child under the age of 18. Over 75% of the total calls received concerned individuals who distinguished themselves as “low-income”.

This year the Switchboard began serving as the initial screener for the Homelessness Prevention and Rapid Re-Housing Program (HPRP), which is the source of funds to assist people with apartment deposits and/or owed back-rent. These calls have allowed the Switchboard to assist hundreds of clients per month with housing, as well as the many other resources they might need during those calls. Because of this, the largest percentage of calls, nearly 70%, have fallen into the “Housing/Shelter” category. Next in volume are financial needs, representing approximately 10% of total calls received. Additional calls focused on areas of need and information such as household/clothing, hotline/information and healthcare. While many of our calls are quick agency referrals, some require enormous amounts of case management with prioritization of needs and in-depth active listening skills as major components of the conversations. Our calls these past six months have ranged from one community member who needed a phone number he could call every day to check the tides, to a highly involved call where a caller needed assistance with housing, domestic violence, family planning options, young mother support, and food assistance. While our main objective is to connect community with resources a great deal of our time is also spent with clients on navigation - deciphering needs and helping them appropriately match those needs with resources and programs in the community.

Through the Women and Children’s Fund, the Switchboard has been able to distribute \$6,304.92 into the community to help meet the needs of women and children. This amount translates into 93 families being served, with 45 requests submitted by DHHS

service providers. Assistance includes basic needs, transportation-related expenses, utility bills, recreational development activities, education enrichment activities, birth certificates, household needs, infant needs and more. Perhaps the most exciting is that this fund has been enhanced to include support from First Five Humboldt as well as Humboldt Sponsors. By the end of the fiscal year, it is anticipated that over \$15,000 will be distributed into the community.

And finally, the Switchboard has served the community through the networking and training development opportunities of the Humboldt Community NETWORK. Thus far, the NET has facilitated 5 meetings, with a total of 176 service providers gaining access to vital information towards enhancing the lives of local residents. Because the NET's focus regards awareness of ongoing programs and services for children, youth and families, these meetings have included topics concerning the networking tool "Reach Out Humboldt," Grantmaking and Community Strategies, the programs of family and community resource centers, youth media and community empowerment, and asset building via the Earned Income Tax Credit. About 35% of the attendees of the NET meetings are DHHS employees, and they bring fliers about their programs as well as collect fliers about the numerous programs put on by other agencies in the county.

Healthy Start, Schools and Communities Partnership Summary of Service Contacts

September - December 2009

Service Contact Purpose	Blue Lake				Bridgeville				Carlotta				Eureka			
	Ch 0-5	Ch 6-18	P/G <5	Other*	Ch 0-5	Ch 6-18	P/G <5	Other*	Ch 0-5	Ch 6-18	P/G <5	Other*	Ch 0-5	Ch 6-18	P/G <5	Other*
Basic needs	22	64	28	137	16	27	9	514	45	144	22	52	116	601	35	443
Parenting education/support	28	2	70	1	0	0	0	13	5	19	6	19	0	48	18	57
Public program enroll/assistance	0	0	24	63	0	0	0	7	0	0	0	0	12	10	26	38
Employment/job assistance	2	0	7	5	0	3	2	38	0	0	0	0	0	5	2	14
Other family support	88	49	95	0	2	4	0	9	11	62	7	81	56	534	38	693
Health/Medical services	0	81	4	0	1	2	1	88	35	320	0	0	12	224	18	263
Mental health services	0	3	6	0	0	0	0	1	146	1145	0	10	8	113	13	82
Nutrition ed.	63	13	74	3	0	25	0	357	55	200	10	90	0	469	0	403
Health insurance	2	0	4	0	0	0	0	0	2	4	2	22	2	8	6	26
Perinatal and birth care/ed.	2	0	11	0	0	0	0	0	0	0	0	0	2	18	4	8
Health education/ref./supp.	43	22	56	0	0	0	0	310	35	187	0	0	1	184	2	20
Academic support/child dev.	23	11	39	12	0	512	5	37	14	136	0	0	0	232	0	81
Literacy	10	11	27	19	0	0	0	0	0	0	0	0	0	0	0	3
Other education/ child dev.	84	0	97	0	27	16	40	96	2	14	0	0	1	54	8	139
Community outreach	112	96	139	51	0	20	0	193	76	295	11	180	0	0	0	879
Information dissemination	0	0	0	0	0	0	0	2914	352	1064	0	75	0	0	0	4005
Other	35	14	46	553	0	0	0	29	0	0	0	0	0	10	2	20

Service Delivery Method

Service Delivery Method	In-person	Phone	Class/workshop	Support group /play group	Community event	Home visit	TDM	Fam. meet (not Co. TDM)	Transportation provision	Afterschool program	Other
In-person	32	12	0	141	129	17	1	0	16	0	16
Phone	39	0	0	35	159	31	0	0	45	58	26
Class/workshop	60	63	0	147	227	48	2	0	20	0	23
Support group /play group	114	113	0	17	136	75	0	32	0	0	39
Community event	27	1	0	27	0	0	0	0	0	0	0
Home visit	39	1	32	2	40	0	0	0	0	508	0
TDM	54	10	8	23	0	0	0	0	0	0	0
Fam. meet (not Co. TDM)	667	157	203	154	437	57	0	28	0	0	2832
Transportation provision	123	52	32	92	119	0	0	0	0	14	360
Afterschool program	955	301	100	601	448	0	0	0	0	116	1064
Other	19	48	0	38	361	0	0	0	0	0	75
	67	0	0	0	0	3	0	12	33	0	0
	514	58	0	33	81	3	1	0	27	125	0
	100	103	0	0	0	5	0	0	0	0	0
	282	424	17	0	713	4	317	42	0	0	0

* Includes P/Gs of children >5 and other adults

Healthy Start, Schools and Communities Partnership Summary of Service Contacts

• September - December 2009

Service Contact Purpose	Fortuna					McKinleyville					Manila					Orick				
	Ch 0-5	Ch 6-18	P/G <5	Other*		Ch 0-5	Ch 6-18	P/G <5	Other*		Ch 0-5	Ch 6-18	P/G <5	Other*		Ch 0-5	Ch 6-18	P/G <5	Other*	
Basic needs	9	335	65	71		396	374	369	762		406	1864	739	822		0	0	0	0	
Parenting education/support	0	0	51	35		0	0	1	0		89	97	97	64		0	0	0	0	
Public program enroll/assistance	0	0	8	9		0	0	0	11		0	0	0	0		0	0	0	0	
Employment/job assistance	0	0	1	0		0	2	0	6		0	0	16	0		0	0	0	0	
Other family support	0	0	90	81		9	23	7	39		220	545	259	191		0	0	0	0	
Health/Medical services	10	538	0	0		0	0	0	0		4	8	0	0		0	0	0	0	
Mental health services	160	1050	0	0		0	0	0	1		79	181	84	115		0	0	0	0	
Nutrition ed.	0	0	0	0		0	0	0	1		0	0	0	0		0	0	0	0	
Health insurance	0	0	5	0		0	0	0	0		0	0	8	0		0	0	0	0	
Prenatal and birth care/ed.	0	0	1	0		0	0	0	0		0	0	16	0		0	0	0	0	
Health education/ref./supp.	85	55	30	0		90	212	5	26		0	0	0	0		0	0	0	0	
Academic support/child dev.	73	1659	0	0		0	0	0	0		44	1381	162	315		0	0	0	0	
Literacy	0	0	0	0		0	0	0	0		48	569	98	122		0	0	0	0	
Other education/ child dev.	0	96	0	0		33	0	23	0		0	0	0	0		0	0	0	0	
Community outreach	0	0	0	150		0	0	0	22		46	60	76	44		0	0	0	0	
Information dissemination	0	0	500	1750		0	0	0	22		0	0	0	0		0	0	0	0	
Other	0	0	0	0		0	0	0	0		0	0	4	11		0	0	0	0	

Service Delivery Method

Service Delivery Method	Fortuna	McKinleyville	Manila	Orick
In-person	125	2083	45	20
Phone	0	22	45	35
Class/workshop	0	0	0	0
Support group /play group	0	0	0	0
Community event	155	325	200	200
Home visit	0	0	15	2
TDM	0	0	0	0
Fam. meet (not Co. TDM)	0	0	0	0
Transportation provision	0	0	6	2
Afterschool program	155	1582	560	0
Other	0	0	0	0

* Includes P/Gs of children >5 and other adults

Healthy Start, Schools and Communities Partnership Summary of Service Contacts

September - December 2009

Service Contact Purpose	South Bay				Southern Humboldt				Willow Creek				Switchboard			
	Ch 0-5	Ch 6-18	P/G <5	Other*	Ch 0-5	Ch 6-18	P/G <5	Other*	Ch 0-5	Ch 6-18	P/G <5	Other*	Ch 0-5	Ch 6-18	P/G <5	Other*
Basic needs	73	293	0	0	72	138	140	113	85	112	80	1019	23	17	0	41
Parenting education/support	27	145	0	0	595	121	369	4	154	21	329	9	0	0	0	0
Public program enroll/assistance	0	4	0	0	3	4	5	2	9	18	32	52	13	25	9	210
Employment/job assistance	0	0	0	0	0	1	0	2	0	0	7	57	3	5	0	22
Other family support	2	48	0	0	27	31	1	7	27	43	51	532	46	39	6	5
Health/Medical services	22	172	0	0	10	39	5	6	0	0	0	73	2	14	0	86
Mental health services	0	195	0	0	0	49	7	1	1	1	10	26	0	0	0	12
Nutrition ed.	240	1100	0	0	164	1165	405	170	57	17	50	15	0	0	0	0
Health insurance	0	24	0	0	3	6	2	4	11	16	9	19	0	2	0	3
Prenatal and birth care/ed.	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Health education/ref./supp.	100	600	0	0	6	246	55	8	1	0	5	72	0	0	0	0
Academic support/child dev.	1650	13600	0	0	0	27	0	0	0	0	0	0	0	0	0	0
Literacy	0	0	0	0	0	1	0	0	0	0	0	2	0	0	0	0
Other education/ child dev.	0	0	0	0	5	5	36	1	0	0	0	0	0	0	0	0
Community outreach	0	130	0	0	0	0	0	520	0	0	0	140	0	0	0	0
Information dissemination	60	225	0	0	0	0	0	965	0	0	0	200	0	0	0	446
Other	0	0	0	0	12	20	6	38	0	0	0	0	0	0	0	129

Service Delivery Method

Service Delivery Method	In-person	Phone	Class/workshop	Support group /play group	Community event	Home visit	TDM	Fam. meet (not Co. TDM)	Transportation provision	After-school program	Other						
In-person	135	1440	0	0	0	17	115	224	98	117	107	290	814	7	12	0	24
Phone	0	565	0	0	0	2	17	87	37	0	27	78	470	40	52	15	350
Class/workshop	20	125	0	0	0	176	1005	11	0	0	0	40	5	0	0	0	0
Support group /play group	0	0	0	0	0	608	0	325	0	156	10	151	12	0	0	0	0
Community event	70	360	0	0	0	60	267	97	175	23	9	18	5	0	0	0	0
Home visit	0	10	0	0	0	0	0	0	0	34	28	27	4	0	0	0	0
TDM	0	2	0	0	0	2	0	2	0	0	0	0	0	0	0	0	0
Fam. meet (not Co. TDM)	0	22	0	0	0	10	4	13	1	0	0	0	0	0	0	0	0
Transportation provision	0	9	0	0	0	3	4	3	0	0	0	0	0	0	0	0	0
After-school program	1650	13600	0	0	0	0	10	880	0	0	0	0	0	0	0	0	0
Other	0	0	0	0	0	0	1	0	95	0	0	0	0	40	38	0	0

* Includes P/Gs of children >5 and other adults

Healthy Start, Schools and Communities Partnership Summary of Service Contacts

September - December 2009

Service Contact Purpose	Total				Total - Percentages					Total - All Populations	
	Ch 0-5	Ch 6-18	P/G <5	Other*	Ch 0-5	Ch 6-18	P/G <5	Other*	All		
Basic needs	1263	3969	1487	3974	20%	12%	32%	17%	10693	15%	
Parenting education/support	898	453	941	202	14%	1%	20%	1%	2494	4%	
Public program enroll/assistance	37	61	104	392	1%	0%	2%	2%	594	1%	
Employment/job assistance	5	16	35	144	0%	0%	1%	1%	200	0%	
Other family support	488	1378	554	1638	8%	4%	12%	7%	4058	6%	
Health/Medical services	96	1398	28	516	2%	4%	1%	2%	2038	3%	
Mental health services	394	2737	120	248	6%	8%	3%	1%	3499	5%	
Nutrition ed.	579	2989	539	1039	9%	9%	12%	4%	5146	8%	
Health insurance	20	60	36	74	0%	0%	1%	0%	190	0%	
Prenatal and birth care/ed.	4	18	32	8	0%	0%	1%	0%	62	0%	
Health education/ref./supp.	361	1506	153	436	6%	5%	3%	2%	2456	4%	
Academic support/child dev.	1804	17558	206	445	29%	53%	4%	2%	20013	30%	
Literacy	58	581	125	146	1%	2%	3%	1%	910	1%	
Other education/ child dev.	152	185	204	236	2%	1%	4%	1%	777	1%	
Community outreach	0	0	0	2179	0%	0%	0%	9%	2179	3%	
Information dissemination	0	0	0	10377	0%	0%	0%	44%	10377	15%	
Other	47	44	58	1567	1%	0%	1%	7%	1716	3%	
Service Delivery Method	6206	32953	4622	23621	100%	100%	100%	100%	67402	100%	

Service Delivery Method	In-person	Phone	Class/workshop	Support group /play group	Community event	Home visit	TDM	Fam. meet (not Co. TDM)	Transportation provision	Afterschool program	Other
	1389	107	228	1121	785	53	6	10	37	1863	416
	7126	1043	1262	866	2182	72	4	27	145	16853	1129
	1886	544	73	752	758	93	9	13	61	1506	23
	3412	1790	246	309	2376	144	15	318	105	66	3041
	23%	2%	4%	19%	13%	1%	0%	0%	1%	31%	7%
	23%	3%	4%	3%	7%	0%	0%	0%	0%	55%	4%
	33%	10%	1%	13%	13%	2%	0%	0%	1%	26%	0%
	29%	15%	2%	3%	20%	1%	0%	3%	1%	1%	26%
	13813	3484	1809	3048	6101	362	34	368	348	20288	4609
	25%	6%	3%	6%	11%	1%	0%	1%	1%	37%	8%
	6015	30709	5718	11822	100%	100%	100%	100%	100%	54264	100%

* Includes P/Gs of children >5 and other adults



COUNTY OF HUMBOLDT

D-8

For the meeting of: March 3, 2009

Date: February 4, 2009

To: Board of Supervisors

From: Phillip R. Crandall
Director, Department of Health and Human Services

BTM

Subject: Adoption of resolution in support of the extension of Humboldt County's plan for the Child Abuse Prevention, Intervention, and Treatment Program (CAPIT), the Community Based Child Abuse Prevention Program (CBCAP) and the Promoting Safe and Stable Families Program (PSSF) through June 30, 2010

RECOMMENDATIONS:

That the Board of Supervisors:

1. Adopt Resolution No. 09-11 in support of the extension of Humboldt County's plan for Child Abuse Prevention, Intervention and Treatment Program, Community Based Child Abuse Prevention Program (CBCAP), and Promoting Safe and Stable Families Program (PSSF) through June 30, 2010; and
2. Direct the Clerk of the Board to route a signed copy of the Resolution to the Social Services Branch Director.

Prepared by Mark Marladry, Administrative Analyst

CAO Approval

Phillip Smith Hansen

REVIEW:	Auditor _____	County Counsel <u>BA</u>	Personnel _____	Risk Manager _____	Other _____
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TYPE OF ITEM:

Consent

Departmental

Public Hearing

Other _____

BOARD OF SUPERVISORS, COUNTY OF HUMBOLDT

Upon motion of Supervisor **NEELY**

Seconded by Supervisor **CLENDENEN**

And unanimously carried by those members present,

The Board hereby adopts the recommended action contained in this report.

PREVIOUS ACTION/REFERRAL:

Board Order No. C-19 & D-15

Meeting of: Sept. 6, 2005 & Sept. 23, 2008

Dated: March 3, 2009

Kathy Hayes, Clerk of the Board

By: *[Signature]*

OTHER AGENCY INVOLVEMENT:

California State Office of Child Abuse Prevention (OCAP)

ALTERNATIVES TO STAFF RECOMMENDATIONS:

The Board of Supervisors can choose not to approve the resolution. This is not recommended, as the resolution needs Board of Supervisors' adoption in order that the Social Services Branch can continue to receive funding for CAPIT, CBCAP, and PSSF programs.

ATTACHMENT:

Social Services Branch's CAPIT/CBCAP/PSSF Updated Plan for 2005 - 2010.

BOARD OF SUPERVISORS, COUNTY OF HUMBOLDT, STATE OF CALIFORNIA

Certified copy of portion of proceedings, Meeting

RESOLUTION NO.

RESOLUTION IN SUPPORT OF COUNTY EXTENSION OF PLAN FOR CHILD ABUSE PREVENTION, INTERVENTION, AND TREATMENT PROGRAM, PROMOTING SAFE AND STABLE FAMILIES AND COMMUNITY BASED CHILD ABUSE PREVENTION PROGRAMS

WHEREAS, the California Department of Social Services, Office of Child Abuse Prevention (OCAP), provides funding to counties, in support of programs which offer early intervention and preventive services to at-risk families and children;

WHEREAS, the Humboldt County Department of Health and Human Services, Social Services Branch, has administered the Child Abuse Prevention, Intervention and Treatment Program (CAPIT), Promoting Safe and Stable Families (PSSF), and Community Based Child Abuse Prevention (CBCAP) programs successfully in the past by providing early intervention and preventive services to targeted, at-risk populations throughout the county;

WHEREAS, on August 25, 2005, the Humboldt County Board of Supervisors adopted Resolution No. 05-60 supporting the Child Abuse Prevention Coordinating Council's CAPIT, PSSF, and CBCAP plan, beginning July 1, 2005 through June 30, 2008;

WHEREAS, OCAP requires the county to submit an updated plan for CAPIT, PSSF, and CBCAP program funding, to extend the current plan through June 30, 2010;

WHEREAS, the Social Services Branch continues to work in collaboration with organizations and individuals from the community, to sustain its efforts to develop CAPIT, PSSF, and CBCAP program strategies that minimize the effects of abuse on children and families living in Humboldt County; and

NOW, THEREFORE, BE IT RESOLVED that the Humboldt County Board of Supervisors supports the extension of the proposed Social Services Branch plan for CAPIT, PSSF, and CBCAP, through June 30, 2010.

CAPIT/CBCAP/PSSF UPDATED THREE YEAR PLAN**HUMBOLDT COUNTY DEPARTMENT OF HEALTH AND HUMAN SERVICES
SOCIAL SERVICES BRANCH/CHILD WELFARE SERVICES****2005 – 2010****1. CAPC/PSSF Collaborative**

The Child Abuse Prevention Coordinating Council of Humboldt County (CAPCC) was established in 1978. Current membership includes representation from schools, community-based organizations, parents, community members, and employees of the Department of Health and Human Services (DHHS). The function of the CAPCC is to provide outreach to outlying rural areas to share common interests, resources and innovative ideas on strategies to minimize the lasting harm of abuse as well as administer the Children's Trust Fund monies. The DHHS utilizes the CAPCC for both the Child Abuse Prevention Council (CAPC) and Promoting Safe and Stable Families (PSSF) collaborative. CAPCC obtained non-profit status in 1986. Beginning in 2004, and continuing to present, Child Welfare Services (CWS) has been meeting bi-monthly with the Humboldt County Healthy Start Schools and Community Partnerships which is the lead agency for the local FRC. By working closely with FRCs DHHS is working to decentralize services and provide services to families in the outlying areas of Humboldt County. CAPCC receives technical assistance and training from Parents Anonymous to assist in recruiting, training and retaining parent partners. Attached is the CAPCC roster, the CAPCC by-Laws and the listing of the individuals that participated in a half day planning meeting on July 19, 2005 for utilizing OCAP funds.

2. Vision Statement

The CAPCC and DHHS share a combined vision as outlined in Humboldt County DHHS AB 315 Strategic Plan for 2007-2010: "Humboldt County is a nurturing, supportive, healthy environment for its children, families, adults and communities." As children do not live and grow independently, but rather live and grow in families, in communities, and in settings such as schools where they are surrounded by relatives, friends, and adults, the broad vision, as outlined DHHS Strategic Plan, is in sync with CAPCC's vision.

3. Needs Assessment/ Description of Services

CAPCC and DHHS agreed to utilize the existing Humboldt County Self Assessment which assessed services and needs from 2000 to 2003 and included outcome data for January 2004. The Self Assessment was the first part of the California Child and Family Services Review (C-CFSR) to be completed. This report is the county's opportunity to explore how local program operations and systemic factors affect measured outcomes. Humboldt County's CWS System Improvement Plan (SIP) 2007 – 2009 focuses on areas identified in the Self-Assessment as needing improvement and contains plans for improvements. The SIP identifies specific outcomes to be met within defined timelines. Humboldt County's first Peer Quality Case Review (PQCR) was held in 2005 utilizing peers from other counties the PQCR analyzed specific practice areas and to identified key patterns of agency strengths and concerns. Humboldt County's next PQCR will occur in January 2009. In an effort to follow directions per All County Information Letter (ACIN) I-41-08 dated June 4, 2008 Humboldt County will be extending this OCAP plan to June 30, 2010 in order to incorporate concepts that will be incorporated into the SIP that will cover 2010 – 2012.

This Self Assessment report of CWS addresses outcomes and indicators as well as local system characteristics. The report also assesses outcomes for foster children under the direct supervision of the

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

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

The report is composed of four key areas:

- A. Demographic Profile and Outcomes Data. This section includes the County Data Report compiled and provided by the California Department of Social Services (CDSS). This report includes Child Welfare participation rates, outcome indicators, process measures and caseload demographics. An analysis about the performance on each of the outcome indicators provided in the County Data Report is provided in this part. This section also includes demographics of the general population and a profile of the education system in Humboldt County.
- B. Public Agency Characteristics. This section describes the county, community and child welfare system environment. It includes size and structure of agencies, number and composition of employees, and current system reform efforts.
- C. Systemic Factors. Federally identified systems involved in delivering child welfare services is discussed in this section. It includes relevant management information systems, case review system, foster/adoptive parent licensing, recruitment and retention, quality assurance system, service array, staff/provider training and agency collaborations.
- D. Prevention Activities and Strategies. This segment addresses efforts to use primary prevention or early intervention strategies to improve outcomes for at risk populations. Prevention Partnerships and Strategies for the Future are included.

The Humboldt County Self Assessment is on file for review by the Office of Child Abuse Prevention at:

Humboldt County Department of Health and Human Services
Social Services Branch/Child Welfare Services
929 Koster Street
Eureka, California 95501

And is also available on the DHHS website at <http://county-internet/HHS/SSB/ChildWelfareServices.asp>.

The Self Assessment identified two specific focus elements of safety that were in need of improvement and were also the focus of the services to be provided by CAPIT/CBCAP/PSSF funding during the planning process. The two areas are; improving the response time for Social Work referrals and visits, and reducing the recurrence of maltreatment to children in the CWS system of care. A third focus element adopted by CWS, and included in the planning process, is to increase the number of children in Relative Placement and Non-Related Extended Family Member care.

Child Abuse Prevention and Intervention Treatment (CAPIT):

Years 1 and 2 in-depth on-going case management, home visits and referrals to other services were provided by Northcoast Children's Services (NCS). NCS had a strong emphasis on parent involvement through Parent Councils at all Head Start and Early Head Start programs. In Year 3 a request for proposals was disseminated throughout the county for primary prevention programs which are evidenced based, were

delivered in outlying areas of the county, emphasizing services to children aged 0 – 5 years, preferably delivered at FRCs. Program provision through the FRCs will further DHHS' decentralization of services by providing services within the communities where the families live. Please see Section 5 for information on the competitive bid process. The McKinleyville Community Collaborative was selected as the awardee for the CAPIT funds. These funds will be utilized to reduce the recurrence of maltreatment as identified within the SIP as well as the Child Welfare Improvement Activities. This contract will continue through years 4 and 5. This agency has a strong emphasis on strength-based assessments as well as one-on-one parenting training in the family's home. The McKinleyville Community Collaborative will also utilize Parent Child Interactive Therapy (PCIT), an evidence-based practice, make referrals to Incredible Years (IY), another evidence-based practice, and provide other services that are inclusive of parent involvement.

Promoting Safe and Stable Families (PSSF):

The funding for this program is used to support Differential Response – specifically referrals that meet criteria for Paths 1 or 2. Differential Response addresses timely social worker visits/referrals, one of the five focus elements in the Humboldt County SIP 2007 - 2009, through the partnership between CWS and Community Based Organizations (CBOs) such as FRCs. Initially, Path 1 referrals were administered through the DHHS Public Health Branch's Alternative Response Team (ART). The FRCs have been added to provide services to families meeting criteria for Path 1. Path 2's implementation was finalized in January 2006. Within this partnership families are provided a service array that assists them in dealing with the challenge that brought them into the CWS system of care. Early intervention will, over time, reduce the Path 3 case load, making it possible for social workers to meet their visitation timelines. Family to Family Team Decision Making (TDM) Meetings, an emerging practice, are funded in part, by this initiative. TDMs address timely social worker visits/referrals and increasing relative placement. IY is another service funded through this initiative. IY has proven to reduce the recurrence of maltreatment in families over time. The minimal costs associated with the provision of training and technical assistance from Parents Anonymous, an OCAP contracted program, is funded by this initiative. Similar minimal cost that is associated with Community Partners, a foster care collaborative is also funded under this program. Community Partners is a collaborative of foster care families, community based organizations, and county agencies that are involved in foster care related activities.

Community Based Child Abuse Prevention (CBCAP):

The two programs presently partially funded by CBCAP are the ART Program and the Family Preservation Program (FPP). FPP provides intensive, short-term services to families referred to CWS, to help them overcome the problems that might otherwise result in Juvenile Court intervention. Peer support groups and input are integral components of the FPP. The ART provides voluntary services to families with children aged 0 – 8 years. As a voluntary program with direct services delivered by Public Health nurses, family participation in identifying issues and developing case plans is a key component to the success of the program resulting in reducing the recurrence of maltreatment. ART is one of the resources utilized by referrals that meet the Path 1 criteria of Differential Response. Peer Review is one of the targeted activities in CBCAP through the PQCR process at the state level as well as through the Quality Improvement and Quality Assurance division of DHHS (Sections 6 and 7). Parent participation in planning, implementation and evaluation is also be funded by this initiative. DHHS and the CAPCC participated in a conference call with Parents Anonymous, contracted by OCAP, on August 1, 2005 which was followed up with a two day training approximately six months later. Under contract with OCAP, this program provides trainings and technical assistance to county and CBO staff to engage parents in the planning, implementation and evaluation of child abuse prevention services for children and families.

We have attached demographic data at the end of this plan.

Prevention Services will receive extensive consideration through the CAPIT competitive bid process (Section 5).

4. Planning Process

Humboldt County DHHS, in consultation with CAPCC, scheduled an expanded Community Partners meeting on June 30, 2005. A letter of invitation went out to 230+ individuals and organizations, including; community based organizations, medical service providers and doctors, Judges and court personnel, Board of Supervisors, Healthy Start and Early Head Start, Family/Community Resource Centers, schools, tribes, Grand Jury, First Five Commission, foster parents, CAPCC, law enforcement, District Attorney's Office, Probation, and all three branches of DHHS. The extensive invitation list was in keeping with DHHS' initiative to increase Community stakeholder involvement as well as to move toward integrated service delivery across the three branches of DHHS; Public Health, Mental Health and Social Services. At the June 30, 2005 meeting the purpose of CAPIT/CBCAP/PSSF and the timeline to develop the three year plan were presented. Those in attendance were offered an opportunity to volunteer to participate in the creation of the plan.

A second planning meeting that was four hours in length was held on July 19, 2005. A letter of invitation was sent to all who had volunteered at the June 30, 2005 meeting. At the July 19, 2005 meeting, participants were presented with information on the development of the Self Assessment, the three of the five focus elements of the SIP including what progress the county had achieved through June, as well as information about Differential Response and the County's Phase II Strategic Plan for AB 1881, which clearly outlines the transformation towards an excellence based system that DHHS is engaged in. The group identified specific items to include in the plan which fell into three categories; coordination, information and training, and resources.

Coordination: The group identified a clear need for building/strengthening relationships between CBOs, such as FRCs, and CWS. A directory that identifies the CBOs, the services they provide, and their service area was considered key to effective implementation of Differential Response. The Directory was also seen as a tool to provide seamless transitioning between DHHS and the FRCs/CBOs. Open communication and mutual respect were two common themes that reoccurred throughout the afternoon. This would promote a system delivery that was based on community values. Within the context of communication it was also noted that there is a need for common language and definitions to facilitate understanding and better service delivery for children and families. The Directory has been created and shared with all parties in order to facilitate communication and strengthen relationships.

Information and training: Two separate items were identified. The first was to establish a clear understanding of the mandates that both CWS and the CBOs, such as FRCs, operate within. Training support, as outlined in AB 1881 was seen as essential, when offered to the FRCs/CBOs, to promote understanding of roles and responsibilities in service delivery both across the three branches and within the community. The second item was to maintain ongoing communication between CWS and mandated reporters within Humboldt County to strengthen the professional working relationship between the two entities. As an effort to offer an open communication forum, Mandated Reporter training occurs multiple times throughout the year in Humboldt County.

Resources: The group consistently identified the need for local people providing services within their own communities. The need for programs that reflect the culture of their communities and respect those values was clearly articulated. A second and equally important item was to have DHHS assist CBOs and FRCs in capacity building. Within the context of Differential Response the CBOs and FRCs, who were part of this planning session, felt there were many areas where DHHS could assist them in developing their system and organizational infrastructure. One of the needs cited by CBOs, such as FRCs, was training and technical assistance to be able to bill Medi-Cal. Monthly and quarterly meetings with FRC staff and CWS staff continue through Year 2 and Year 3 and will continue through Year 5.

The draft plan was completed July 29, 2005 and provided to both DHHS and to the participants of the planning committee for review. The final plan went to the Humboldt County Board of Supervisors and was

approved on September 6, 2005. The planning committee expressed an interest in meeting again during the first year to informally assess progress, as well as provide input on the Request For Proposals (RFP) process. Their contact information is maintained on file at DHHS.

5. Competitive Bid Process for Service Delivery/Allocation of Revenue for CAPIT

During the competitive bid process, staff from Humboldt County DHHS, Social Services Branch prepares a RFP with input from community stakeholders, including public and private non-profit agencies, the CAPCC, and consumers. Notice of the RFP will be sent through county-required channels, such as newspaper articles and/or advertisements, radio announcements, and our Community Partners. Any eligible entity that expresses an interest in reviewing the RFP is sent a copy of both the RFP and a sample Agreement for Services, which would become the contract between the county and the provider of services. Once proposals have been received within the time frame established by the RFP, a proposal review board is formed and meets to select a proposal for the next funding cycle. The review board will include, as outlined by County policy, a representative of the DHHS - CWS, at a minimum, one board member of the CAPCC, and a representative from a CBO, such as an FRC, not applying for the funds, with expertise in the area of child abuse prevention. Through the local planning process that occurred on July 19, 2005 it was determined that; consideration will be given to evidence-based prevention programs, over intervention, and that selected applicants must clearly demonstrate parent involvement in their programs as well as geographic diversity in program delivery site, and that multiple proposals may be funded within each fiscal year.

Based on the County Self Assessment, the following range of services are incorporated in the RFP:

- Services will be strength-based and family-oriented.
- Methods for outreach to under-served areas and children/families in outlying areas of the county must be included.
- Involvement by the consumer (parents, families, communities) must be part of core services and consumer feedback a requirement.
- Services which have proven to be efficacious (evidenced based) will be encouraged, including parent education classes, home visits and family support, information and referral, linkages to community resources and resource centers, and transportation, specifically in outlying areas, in support or co-located at FRCs. Some specific services are:
 1. Parent education, both center-based and in-home.
 2. Concentration on out-lying and under-served communities.
 3. Material support to assist children and families in crisis situations.
 4. Services that are culturally and linguistically appropriate for their target populations.
 5. Emphasis on "hands-on" teaching whenever possible, as opposed to traditional classroom-type lectures.

Once a proposal(s) has been selected by the review board, the county and the selected agency(s) enters into an Agreement for Services and the funding is awarded by the Board of Supervisors.

6. Goals/Outcomes/Evaluation

The DHHS, Social Services Branch shall have oversight responsibility for implementation of a quality assurance program to monitor and evaluate services. Department staff are provided with input and technical assistance from the Compliance and Quality Assurance Administrator at the DHHS Administration.

The DHHS, Social Services Branch is committed to a quality assurance program utilizing indicators that are understandable and have an impact on the services that children and families receive. The quality assurance program is approached in an organized and systematic manner with indicators clearly stated.

The Quality Assurance component of the program includes the following:

Background for the selected indicator
 Identification of the indicator
 Baseline for the indicator
 Sampling method
 Data collection
 Improvement strategies
 Data analysis and interpretation

The following indicators for each program have been selected:

Child Abuse Prevention, Intervention and Treatment (CAPIT) Quality Assurance Indicator Primary Prevention

Indicator 1 (Year 1)

Background for the indicator: By in-depth and on-going case management, home visits and referrals to other services, parents will be provided with additional support and resources to feel supported.

Identification of indicator: Parent feedback on program effectiveness

Baseline for the indicator: 10% of the total families served will complete survey

Sampling method: $\text{Statistical \# / total families served} = \%$

Data collection: Parent survey will be a project to be completed within the first 6 months of project with input from the Child Abuse Prevention Coordinating Council. Use of survey methodology.

Improvement strategies: Emphasis on importance of parent participation by staff. Address parent comments or concerns by staff

Data analysis and interpretation: Review of data to target benchmark. Met or exceeded target area OR need for improvement dependent on data generation.

Indicator 2 (Year 2 through 5)

Background for the indicator: By attendance at an Evidenced Based parenting classes, the parents will develop effective coping skills, stress reduction and parenting strategies that will minimize the potential for physical and emotional abuse to their child or children.

Identification of indicator: Parent attendance at parenting skills

Baseline for the indicator: 10% of the total families served will attend parenting classes

Sampling method: $\text{Statistical \# / total families served} = \%$

Data collection: Use of sign-in sheets at classes to track participation

Improvement strategies: Provide information to families, staff to provide emphasis on positive parenting techniques and stress reduction benefit

Data analysis and interpretation: Review of data to target benchmark. Met or exceeded target area OR need for improvement dependent on data generation.

The programs funded by CAPIT are strength-based and client-oriented, and include protocols for determining client satisfaction as well as program evaluation. Methods range from formal exit interviews when a family "graduates" from a program to peer ceremonies that celebrate success of an individual or family. All programs funded by CAPIT are sufficiently flexible to allow for responses to consumers to be integrated into daily practice. All CAPIT funds are distributed through an RFP process, that clearly identifies the goals and outcomes.

Promoting Safe and Stable Families (PSSF)

Background for the indicator: By in-depth and on-going case management, home visits and referrals to other services, parents will be provided with additional support and resources to feel supported.

Identification of indicator: Parent feedback on program effectiveness

Baseline for the indicator: 10% of the total families served will complete survey

Sampling method: Statistical # / total families served = %

Data collection: Parent survey will be a project to be completed within the first 6 months of project with input from the Child Abuse Prevention Coordinating Council. Use of survey methodology.

Improvement strategies: Emphasis on importance of parent feedback by program staff. Address parent comments or concerns by staff

Data analysis and interpretation: Review of data to target benchmark. Met or exceeded target area OR need for improvement dependent on data generation.

In addition, through PSSF, CWS provides the following:

Family Preservation Services: Activities include, but are not limited to, services designed to help families alleviate crises that might lead to out-of-home placement of children; services that maintain safety of children in their home; services that support families preparing to reunite or adopt a child; information and referral services.

Family Support Services: Family support activities include, but are not limited to, home visitation, parent education, information and referral services, family counseling services, respite care for parents and other caregivers, early development of children to assess the needs of children, literacy services, and health education for children and parents.

Time Limited Family Reunification: Includes activities that are provided to a child who is removed from the child's home and placed in a foster family home or a childcare institution. These services are also for the parents or primary caregiver of such a child, in order to facilitate reunification of the child safely and appropriately.

Adoption Promotion and Support: Includes pre- and post-adoptive services designed to expedite the adoption process and support adoptive families; identifying prospective adoptive parents; assuring a foster care permanency option or, with older adolescents preparing for independent living; and preparing an adoption plan assessment on the child. Within this service is the Placement Unit staffed by two Relative Placement Specialists who are charged with the identification and recruitment of relatives and non-related extended family members to promote the placement of children with "family."

Goal 1: As coordinated by DHHS – Research and Evaluation Unit, resources and an evaluation component will be in place that are consistent with PSSF Guiding Principles.

Objective 1.1: CWS will facilitate Community Partners meetings within the context and goals of the Child Welfare Improvement Activities and the SIP, including the Self Assessment Process.

Objective 1.2: To evaluate the work of the collaborative and its partners to determine program effectiveness and outcomes, as outlined by the provocative propositions presented by the Children's Advisory Group of the Mental Health Services Act.

Goal 2: Families, neighborhoods and communities will work together to assure they are safe and nurturing for children and families.

Objective 2.1: To develop and strengthen local community connections, community based sites, and community collaboratives through the provision of resources for community development and implementation of locally developed community plans.

Goal 3: The capacity of agency staff, community members and others to create and participate in learning experiences that come from shared goals and experience will be increased.

Objective 3.1: To increase the coordination of and enhance the learning opportunities for staff of public and private/nonprofit agencies and other interested community groups/members.

Goal 4: Families will have local access to comprehensive and integrated supports and services.

Objective 4.1: To provide access to family preservation, family support, family reunification and adoption support services for families through regional or local mechanisms that have a strengths-based approach, are evidenced based, and respond to families' needs.

Community Based Child Abuse Prevention (CBCAP)

Background for the indicator: To identify appropriate parent participation in planning and program implementation the process of peer review will be utilized.

Peer review provides a structure for review of services by an individual with similar background as the case worker.

Identification of indicator: Peer review

Baseline for the indicator: 90% of cases will reflect parent involvement and participation.

Sampling method: A random sampling of 5% of cases

Data collection: Peer review format will be a project to be completed within the first 6 months of project with input from the Child Abuse Prevention Coordinating Council. Completion of peer review forms.

Improvement strategies: Emphasis on importance of parent participation to program staff.

Data analysis and interpretation: Review of data to target benchmark. Met or exceeded target area OR need for improvement dependent on data generation.

Engagement Outcomes: service provider will demonstrate the ability to work with families to identify strengths and needs and to set personal and family goals. 100% of families enrolled in the Family Preservation Program will be offered services on a voluntary basis, and will utilize consumer satisfaction

surveys to monitor success of engagement practices. Through Path 1 and Path 2, 75% of the families referred to Differential Response will be offered services on a voluntary basis.

Short-Term Outcomes: changes in family strengths will be measured by a provider-supplied instrument, such as the Child Behavior Check List (CBCL), Parent Stress Indicator (PSI), and the Eyberg Child Behavior Inventory (ECBI) as a measure of family changes. Desired outcomes will include increased knowledge of appropriate child discipline techniques, increased school attendance and performance, and improved job readiness skills.

Intermediate Outcomes: changes in family strength will be measured by the number of services accessed within the time frame of the plan, with expected outcomes of increased service access, in local settings, to programs that are effective (evidenced based). Attendance at DHHS service/programs will be monitored and maintained in DHHS' database. Contractors will be required to maintain similar record tracking tools.

Long-Term Outcomes: the long-term goal for families receiving services through CAPIT/CBCAP/PSSF programs is to promote and advocate for a continuum of family-centered and supportive services throughout the county, with an emphasis on under-served populations and families in out-lying areas. Changes in family strengths will be measured by a provider-supplied instrument, such as the CBCL. Community partnerships will be measured through in-kind contributions to program operation and support. In addition, for those CBOs such as FRCs, subcontracting for program delivery, the total number of goals accomplished will be measured by an annual performance review process.

Service delivery and/or program compliance is assessed through monthly SafeMeasures® reports. Training needs are identified and addressed at the program manager, supervisor, and social worker levels as well as through our SIP and PQCR process, which is ongoing.

Additionally, a collaborative committee, Foster Care Community Partners, meets bimonthly to assess service needs and quality. A subcommittee of this group meets almost every week to promote communication and collaboration between CWS and other agencies to assure service quality.

7. County CAPIT/CBCAP/PSSF Program Accountability and Oversight

Administrative oversight for the CAPIT/CBCAP/PSSF Program accountability will remain the responsibility of the Humboldt County DHHS, Social Services Branch. This Department has been designated as the local liaison for these programs and can be contacted as follows:

Marti Hufft, CWS Program Manager
 929 Koster Street
 Eureka, CA 95501
 Phone: (707) 476-4701
 Fax: (707) 441-2096
 Email: MHufft@co.humboldt.ca.us

The contractor(s) for the CAPIT program will be required to submit quarterly narrative and statistical reports in addition to invoicing for services. Site visits are not possible due to the many sites throughout the county where CAPIT services are provided, however the Department liaison and the contractor will have face-to-face contact at least semi-annually to review goals and monitor progress. The contractor for CAPIT will be required to capture data utilizing an OCAP data collection form.

CBCAP funds are utilized by two separate programs within the DHHS: FPP and ART. With the implementation of this three year plan we will, through Parents Anonymous, an OCAP contracted program, enhance our parent participation through participation in training and technical assistance that will increase our recruitment, training, and retention of parent partners. Expenditures are tracked separately for each

program by the Department's Fiscal Analysis Unit on a monthly basis. The Department Liaison for CBCAP maintains at least monthly contact with the programs funded by CBCAP to monitor expenditures and compliance with the stated goals of each program, as does the Fiscal Analysis Unit. Recipients of CBCAP funds will be required to capture data utilizing an OCAP data collection form.

Responsibility for oversight/monitoring of local services, program compliance, data collection, three-year plan amendments, annual reporting and annual program evaluation will be the responsibility of the Humboldt County DHHS, Social Services Branch.

Responsibility for oversight/monitoring to assess client outcomes will occur using the methods described in the quality assurance process. Humboldt County DHHS, Social Services Branch is dedicated to providing a high quality program with positive client outcomes.

8. County Reporting

As part of the Phase II Strategic Plan for AB 1881, DHHS created a Research and Evaluation Division which has centralized resources available to provide assistance to DHHS programs on to design, collect and analyze data regarding; access, service fidelity, client outcomes, program outcomes, and research literature.

Research and Evaluation is available to answer questions and provide technical assistance in the design of information gathering by the programs for the purpose of developing indicators of program effectiveness, access, service gaps, penetration into the population of need, and outcomes.

In addition DHHS currently utilizes SafeMeasures® to track response times for social workers, as well as the University of California at Berkeley data collection to track other indicators of the C-CFSR. Through the development of our internal comprehensive management system at DHHS, and the data collection resources available to DHHS through CDSS, we will be able to record and submit the required annual reports to the OCAP.

9. Fiscal

The Humboldt County DHHS, Social Services Branch is the designated administrator for the CAPIT, CBCAP and PSSF programs. Each program is tracked separately through the Department's Administrative Fiscal Unit and each has a separate budget and accounting system.

The contractor for CAPIT funds, NCS during Year 1, Year 2, and Year 3 and McKinleyville Community Collaborative for Year 4 and Year 5, invoices the county on a quarterly basis and has the capability to transmit information electronically as needed via e-mail.

CBCAP funds are utilized by three programs, the FPP, the ART, and Parents Anonymous. Two of the three programs are now "in-house" as the DHHS has combined the Department of Social Services, Public Health and Mental Health. Parents Anonymous expenditures will be tracked separately. Each benefited program invoices the county for expenditures and tracks service recipients.

PSSF funds are utilized by CWS, in collaboration with FRC staff, to promote on-going services for Differential Response. Contracted services will be invoiced to the county and will be claimed appropriately to the four claiming codes available per service provided.

To insure the electronic capacity of providers of services, the RFPs will specify that the selected proposal include electronic capacity.



COUNTY OF HUMBOLDT

AGENDA ITEM NO.
E-1

For the meeting of: August 26, 2008

Date: July 16, 2008

To: Board of Supervisors

From: *Kirk Girard*
Kirk A. Girard, Director of Community Development Services (CDS)

Subject: Report on June 16, 2008 Affordable Housing Workshop

RECOMMENDATIONS:

1. Receive the staff report.
2. Provide direction to CDS staff on specific action items.

SOURCE OF FUNDING:

Advanced Planning - Budget Unit 277

DISCUSSION:

Background

On ~~September~~ September 25, 2007, your Board held a public hearing for the preparation of the Housing Element. Staff outlined several items that were under consideration, and would be investigated further. After public testimony, your Board directed staff to add several additional items for consideration and bring the discussion of inclusionary zoning back in the form of a workshop, separate from the balance of the Housing Element items.

On March 11, 2008, your Board held a public hearing that considered advantages and disadvantages of inclusionary zoning, and other programs aimed to deal with the shortage of units affordable to households in the low-income category.

Prepared by *Michael Richardson*
Michael Richardson, Senior Planner

CAO Approval *Phillip Smith Hanna*

REVIEW: Auditor _____ County Counsel *JK* Personnel _____ Risk Manager _____ Other _____

TYPE OF ITEM:
 Consent
 Departmental
 Public Hearing
 Other _____

BOARD OF SUPERVISORS, COUNTY OF HUMBOLDT
 Upon motion of Supervisor _____
 Seconded by Supervisor _____
 Chair of the Board
 And unanimously carried by those members present,
 The Board hereby adopts the recommended action
 contained in this report.

PREVIOUS ACTION/REFERRAL:

Board Order No. _____
 Meeting of: _____

Dated: August 26, 2008
 Kathy Hayes, Clerk of the Board
 By: *W. Jekki Turner*

Several ideas expressed by Board members were:

- Conduct additional workshops to address Housing Element issues including both incentive-based and regulatory-based approaches.
- Include other jurisdictions and the Housing Authority so we can better address affordability and homeless issues in a regional context.
- Tailor Housing Element programs and policies to meet local conditions, taking into account the relatively small number of homes constructed locally each year.
- Consider a wide range of options in the next update of the Housing Element to address housing affordability including review of publicly owned land for housing opportunities, permit process reform, blending the County's needs with those of the cities, expanding the use of public/private partnerships and rehabilitating older hotels for use as single room occupancy units.

On March 25, 2008, and again on May 6, 2008, your Board considered details for convening an Affordable Housing Workshop. That workshop was held from 4:00 – 9:30 PM on June 16th, 2008, at the Wharfinger Building, in Eureka. Approximately 70 persons were in attendance. The following discussion presents the highlights from that workshop. Detailed notes from each of the speakers are attached (Attachment A).

Highlights of the June 16, 2008 Affordable Housing Workshop

The overall objective of the workshop was to identify policies and programs that would increase the supply of affordable housing for low-income families and persons earning less than 80% of Annual Median Income (AMI). The workshop was moderated by the League of Women Voters. There were three panels of 1½ hours each that presented issues and responded to questions from the audience on the following topics:

- Panel 1: Existing conditions and constraints to developing housing affordable to low and very-low income households.
- Panel 2 Topic: Incentives that can encourage affordable housing.
- Panel 3 Topic: Regulatory approaches to encourage affordable housing.

Following is a summary of the issues discussed by the panelists, and a listing of specific action items that will be implemented by staff.

Panel 1: Existing conditions and constraints to developing housing affordable to low and very-low income households

Speaker 1: Spencer Clifton, Executive Director, Humboldt County Association of Governments (HCAOG). Clifton described the process of developing the projected Regional Housing Needs Allocations (RHNA) for the County, and how they are used in the Housing Elements of each jurisdiction. He stated that the projected needs are important because they are the housing targets that need to be met for certification of the Housing Element. There is a process for allocating the housing needs numbers among the jurisdictions that will be continuing through August of this year (2008).

- **Action item #1:** CDS staff will participate in meetings to negotiate the allocation of the regional housing needs. Timeframe: June – August, 2008.
- **Action item #2:** CDS staff will present the proposed RHNA to the Board of Supervisors for approval. Timeframe: August – September, 2008.
- **Action item #3:** The new RHNA figures will be incorporated into the draft 2009 Housing Element by CDS staff. Timeframe: Present the draft 2009 Housing Element to the Planning Commission in November, 2008.

Speaker 2: Barbara LaHaie, Assistant Director, Programs, Humboldt County Department of Health and Human Services. LaHaie described the existing homeless population in the County, and programs responding to their needs. She mentioned her office is completing a "10 Year Plan to End Homelessness".

- **Action item #4:** The statistics used by the panelist to describe the County's homeless population will be incorporated into the draft 2009 Housing Element by CDS staff. Implementation measures from the approved 10 Year Plan to End Homelessness will also be incorporated into the draft. Timeframe: See Action Item #2

Speaker 3: Wes Wier, Executive Director, Housing Authorities of the County of Humboldt and the City of Eureka. Weir described the County's Section 8 Rental Assistance program, and the fact there are 2,600 families on the waiting list for rental assistance.

- **Action item #5:** The statistics used to describe the County's Section 8 rental assistance program and other programs out of the Housing Authority office will be incorporated into the draft 2009 Housing Element by CDS staff. Timeframe: See Action Item #2.

Speaker 4: Harley Smith and Heidi Varshock – Realtors

Smith and Varshock described the local real estate market for renters and owners, respectively. They described how there has been a decline in the price of homes for sale over the past few years, and that the declining trend seems to be flattening out.

- **Action item #6:** CDS staff will incorporate statistics of housing prices (for sale and rental units) provided by the panelists into the 2009 Housing Element. Timeframe: See Action Item #2.

Speaker 5: Michael Richardson, Senior Planner, Humboldt County Community Development Services
Richardson described the land available for constructing lower income housing, noting that there is an insufficient amount of land available to meet future needs.

- **Action item #7:** CDS staff to add to the land inventory of the 2009 Housing Element new parcels planned and zoned for multifamily uses sufficient to meet the projected future needs in the RHNA. Timeframe: See Action Item #2.
- **Action item #8:** CDS staff to coordinate visits to the new parcels with housing advocates and developers to get site specific feedback on how to make development of the property with multifamily uses possible in the next five years. Timeframe: September – October, 2008.

Panel 2: Incentives that can encourage affordable housing

Speaker 1: Bill Peckham, Architect

Peckham described ways he thinks regulations could be reworked to create incentives for developers to construct more affordable housing, and he suggested a panel of experts be convened to come up with more solutions. He believes development codes for affordable housing projects should be better aligned with health and safety criteria. For example, setback standards in the zoning ordinance could be reduced to the 6-foot minimum setback between buildings prescribed by the Building Code.

- **Action item #9:** CDS staff to work with developers to identify standards that could be applied to create additional incentives for constructing lower income housing, and incorporate the new standards into the 2009 Housing Element. The standards being reviewed will address setbacks, second units and solar shading requirements. Timeframe: See Action Item #2.

Speaker 2: Mike Atkins, Developer

Atkins talked about the economics of creating affordable housing in the project he is working on (Ridgewood Village). The developers are proposing that sales tax revenue from the commercial component of the development be used to subsidize affordable housing on the property.

- **Action item #10:** CDS staff will include an alternative in the 2009 Housing Element that standardizes the use of sales tax revenue to create lower income housing in mixed residential/commercial projects. Timeframe: See Action Item #2.

Speaker 3: Sean Armstrong – DANCO Homes

Armstrong reviewed State laws available to assist developers constructing lower income housing. He believes the rules already on the books provide sufficient incentives, but they are not well known.

- **Action item #11:** CDS staff will include a measure in the 2009 Housing Element to prepare application assistance materials for distribution to developers of lower income housing that describes the State (and County) laws that were referenced. Timeframe: See Action Item #2.

Speaker 4: Julie Williams, Northern California Association of Home Builders

Williams had numerous suggestions for revisions to the development codes to encourage development of lower income housing. Her organization would like to see the County increase the allowed density in residential zones so more homes can be constructed per lot; she suggested doubling the allowed density across the board. Also she suggested a mixture of housing types be allowed in residential zones. She mentioned that where she grew up, there were duplexes and fourplexes interspersed with single-family homes, and she'd like the regulations changed to allow for that mixture of housing.

- **Action item #12:** Add to Action item #9 review of increased lot density, mixed residential use types, and the Planned Unit Development Guidelines (to make them more easy to use).

Panel 3 Topic: Regulatory approaches to encourage affordable housing

Speaker 1: Jan Turner, Housing for All

Turner spoke of the need for a compulsory housing subsidy and incentive program. Inclusionary zoning could reduce the constraints of "Not In My Backyard" reactions from neighbors because affordable housing is located in everyone's backyard. Since the County doesn't have redevelopment funds to use as matches to Federal and State programs, the County needs something like inclusionary zoning to fill that need. She also spoke of the need for principally permitted lower income housing opportunities, and special occupancy parks.

- **Action item #13:** Add to Action item #9 review of inclusionary zoning ordinance parameters, and principally permitting additional lower income housing, including special occupancy parks.

Speaker 2: Bob Higgons, Humboldt Association of Realtors

Higgons put forward a number of suggestions for reducing the cost of developing housing, including items from other speakers like Bill Peckham and Julie Williams. In addition to the items already described above, he spoke of the need to reduce the spacing requirements between second units and principal dwellings, relaxing parking space requirements, allowing mixed commercial and residential uses, increasing lot coverage allowances, and relaxing road standards. He also stated his belief that inclusionary zoning doesn't work well because it increases the cost of market rate housing, and it is costly to implement.

- **Action item #14:** Add to Action item #9 review of spacing requirements between second units and principal dwellings, relaxing parking space requirements, allowing mixed commercial and residential uses, increasing lot coverage allowances, and relaxing road standards.

Speaker 3: Larry Oetker, Director of Community Development Department for the City of Arcata

Oetker gave some concrete direction for consideration of an inclusionary zoning ordinance. There are several questions that need to be considered in such an ordinance: what percent of inclusionary units do you need, what is the cutoff in terms of the size of the project, and what incentives are needed.

- **Action item #13:** CDS staff has included an inclusionary zoning program as an alternative in the 2009 Housing Element.

Speaker 4: Todd Sobolik, Chief Building Official, Humboldt County Community Development Services
Sobolik explained the origins of the new California Building Code, which went into effect for all of California earlier this year (2008).

- **Action item #15: CDS staff will include analysis of the new building codes, at section entitled, "Government Constraints", in the 2009 Housing Element. If appropriate, the Housing Element could also include programs to reduce those constraints; CDS staff will work with Todd Sobolik to explore those opportunities as well.**

FINANCIAL IMPACT:

Depending on the direction from your Board, there may be additional staff costs associated with investigation of topics and developing policy alternatives in the Housing Element. The list of action items will total approximately \$6,000 of additional staffing costs associated with the 2009 Housing Element, which is presently estimated to cost \$116,400.

OTHER AGENCY INVOLVEMENT:

There were a number of agencies invited to attend the affordable housing workshop, including representatives from the cities, the tribes, and the community service districts. As a direct result of the workshop, a meeting has been scheduled with the Yurok Housing Authority in August to explore strategies for partnerships between the County and the Yurok Tribe.

ALTERNATIVES TO STAFF RECOMMENDATIONS:

The Board may wish to direct staff to add or subtract from the list of action items. The list was compiled based on each of the presentations from the workshop, so staff is not recommending consideration of an alternative list at this time.

ATTACHMENTS:

- A. Notes from the June 16, 2008 Affordable Housing Workshop
- B. Comments from the June 16, 2008 Affordable Housing Workshop Submitted to the League of Women Voters

Attachment A

Notes from the June 16, 2008 Affordable Housing Workshop

Panel 1 Topic: Existing conditions and constraints to developing housing affordable to low and very-low income households

Speaker 1: Spencer Clifton, Executive Director, Humboldt County Association of Governments (HCAOG)

- HCAOG is in the process of developing the projected regional housing needs for each jurisdiction in the County for the January 2007 – June 30, 2014 time period.
- The projections will identify each jurisdictions projected housing need by income category – very low income, low income, moderate income, and above moderate income.
- The State issued an overall projection (4,747 units) that doesn't make much sense because it anticipates a need for one new home for every 1.4 new persons, which is a far smaller household size than we've had in the past.
- The County and the cities will be negotiating their share of the total County need in a series of meetings beginning in June.

Speaker 2: Barbara LaHaie, Assistant Director, Programs, Humboldt County Department of Health and Human Services

- There are currently 500 adult homeless and 200 children.
- 20% of General Assistance recipients are homeless.
- The County has special supportive housing for transitional foster care children, mental health programs and programs to assist General Relief recipients.
- The County is set to release the draft "10 Year Plan to End Homelessness" later this year.

Speaker 3: Wes Wier, Executive Director, Housing Authorities of the County of Humboldt and the City of Eureka

- There are presently 1,500 families on Section 8 housing assistance in the County.
- Participants must pay 30% of Adjusted Gross Income.
- ~~There are presently 2,600 families on the waiting list for rental assistance.~~
- The Housing Authority would like to partner with other agencies for more support.
- Sometimes two wage-earner families qualify for support.
- Housing Authority rental assistance households are 12 times less likely to get evicted than standard population (they could theoretically lose their benefits for life).

Speaker 4: Harley Smith and Heidi Varshock – Realtors

- Many people sold rentals into the owner occupied market.
- There are 727 single family residences for sale in Humboldt now.
- 120 days is the average time on the market.
- Financing has gotten tougher.
- Current Rental Rates:
 - Apartments:
 - 1 bedroom \$400 to \$550
 - 2 bedroom \$600 to \$750
 - 3 bedroom \$900 plus
 - Homes
 - \$1,100 to \$1,150 3-bedroom
- There was a 17% decline in home sale prices January 2007 to January 2008.
- This trend is showing some flattening.
- There were 945 new listings in 2008 to-date compared to 550 this time last year.
- There are 223 homes between \$100K and \$200K, 40% of these are in Southern Humboldt.
- A lot of inventory is substandard and does not qualify for conventional financing.
- Investors went from cash flow expectations to appreciation expectations in the 2003 to 2005 run-up.

Speaker 5: Michael Richardson, Senior Planner, Humboldt County Community Development Services

- Additional sites are needed to meet inventory demands for affordable housing – call to action.
- Review of an ordinance to encourage mixed housing types in larger scale development. – call to action.

Panel 2 Topic: Incentives that can encourage affordable housing

Specific questions asked by the moderator: What incentives would help develop or remove constraints to development of Extremely Low Housing (30% AMI)? To Very Low Income Housing (50% AMI)?

Speaker 1: Bill Peckham, Architect

- Suggest a committee of experts to delve into the details of standards for affordable construction.
- There is social excitement with mixed housing types.
- Design – open space, transportation linkage is very important in affordable housing.
- The County should review building code setbacks versus planning setbacks and synchronize.
- Small homes with even smaller second units will meet the lower income housing needs.
- Newer projects over 30 acres provide flexibility for cost savings and design that were not available for us in the past.

Speaker 2: Mike Atkins, Developer

- The County should allow a Do-Pass system of review where the developer can take the entire project to the Board of Supervisors instead of intermediary decision-makers (i.e. Planning Commission).
- The developers propose using sales tax revenue from commercial portions of Ridgewood to fund affordable housing component of the project, could generate \$500K per year in general fund county revenue, proposed using half for affordable housing.
- There are opportunities for partnering with the Hoopa modular home factory to create affordable housing.

Speaker 3: Sean Armstrong – DANCO Homes

- He reviewed all the state laws that now govern affordable housing review and approvals and obligate the jurisdiction to provide incentives and concessions.
- He argued that most of the tools for building affordable housing are already in place but not widely used.

Speaker 4: Julie Williams, Northern California Association of Home Builders

- She suggests the County increase lot density.
- The County should allow various types of housing in single-family residential areas.
- The County should reduce minimum lot sizes and allow small houses.
- On large projects greater than 3 acres, the County should allow more flexibility, including what she calls “flex zoning” allow flexible zoning boundaries to accommodate changes in plans over time.
- The County should encourage cooperation between agencies involved in the permit process.
- We have infrastructure constraints, we need an accurate land inventory.
- Don’t encourage in-filling between cities.
- Planned Unit Development guidelines are really cumbersome – they should be simplified.
- Demographics and housing prices have made a “them” and “us” situation.
- How is the county complying with the SB 2... requiring that the County provide zoning opportunities to house the homeless population in the jurisdiction? It’s a new requirement for housing element.
- Suggest people be active in the General Plan process to control the outcomes of development.

Panel 3 Topic: Regulatory approaches to encourage affordable housing.

Speaker 1: Jan Turner, Housing for All

- Housing for 80% of the population is not being met by free market forces, the balance of the population is not being served this basic commodity.

- Ideally you provide a subsidy and incentives to cause affordable units, but you must make it compulsory.
- If your costs of production are lower it doesn't mean that the product will be passed on at a reduced rate, the price will be market driven, not price driven.
- You have to earn \$12.23 per hour to rent a one bedroom apartment within housing expense guidelines.
- If you require inclusionary zoning and mix housing types you are reducing the constraints of "Not In My Backyard" reactions from neighbors because affordable housing is located in everyone's backyard.
- Make sure the ordinance is flexible.
- Often inclusionary zoning requirements kick-in as low as 2 units but typically at 5 units, Sonoma County imposes fee after a certain square footage level per dwelling (1,000 square feet.).
- The County can impose jobs-housing linkage fees, Napa charges on a square foot basis.
- It is such a shame the County didn't approve the Redevelopment Plan, that would have provided a steady stream of funds that could be used for affordable housing construction.
- Overlay zones with pre-analyzed EIR analysis could help reduce the cost and risk of affordable housing development.
- We should consider putting more emphasis behind special occupancy parks, including identification of principally permitted locations.

Speaker 2: Bob Higgons, Humboldt Association of Realtors

- The County should take the following actions to reduce the cost of developing housing:
 - Reform the solar shading requirements
 - Allow reduce setbacks
 - Reduce spacing requirements between second units and principle dwellings
 - Relax parking space dimensions and numbers
 - Increase Multi-family zone land supply
 - Allow Mixed commercial and residential uses and structures
 - Increase overall density
 - Reduce minimum lot width
 - Encourage second Units
 - Allow increases in 35% max lot coverage
 - Relax road standards
 - Relax standards that trigger requirements for separate driveways
 - Only one parking space should be required per unit.
- He cited California Association of Realtors reasons for not implementing Inclusionary Zoning.
- Inclusionary zoning increases the cost of market rate housing, it does not address the underlying factors contributing to high housing costs, and it is costly to implement.

Speaker 3: Larry Oetker, Director of Community Development Department for the City of Arcata

- In implementing an inclusionary zoning program, the County needs to answer several questions:
 - What percent of inclusionary housing do you need? (most jurisdictions require 15%)
 - What is the cutoff in terms of size of project?
 - What incentives do you need to offer to make individual projects viable?

- The 1993 Housing Element in Arcata approved a voluntary inclusionary zoning program.
- In 2001 the Housing Element converted the voluntary program to a mandatory program.
- The City adopted exemption limits straight away.
- The City built the program in concert with State density bonus law.
- The following site development standards are negotiated with the inclusionary zoning standards: Planning - Density, site coverage, setbacks, reduced parcel size, parking, design and Public Works – road width, curbs and gutters, sidewalks, on-street parking.
- Additional incentives are also in-play – fee waivers, fast-track processing, etc.
- These add up to over \$120K worth of incentives per unit.
- A good question to ask is, “Would you oppose the development of your own house?” If your house came before the decision makers and you were a neighbor, would you oppose the project?
- How do we treat in-fill development options in the Urban Development Areas and the need to plan for principally permitted development such as in-fill housing or affordable or special needs housing?
- We need to protect the housing we have, including mobile home parks, might also consider rent controls.
- There are only three affordable housing players in the County – Humboldt Bay Housing Corporation, Danco and the Homeless Coalition.

Speaker 4: Todd Sobolik, Chief Building Official, Humboldt County Community Development Services.

- California adopted the 2005 International Building Code, which is fundamentally a commercial code that has been modified to apply to residential construction.
- California is planning to adopt residential International Building Code in the near future.
- Life safety emphasis of the codes has changed to protection of structures.

Attachment B

Comments from the June 16, 2008 Affordable Housing Workshop
Submitted to the League of Women Voters

I learned that there is a legal basis to counteract NIMBY forces. Small groups can't have so much power in rural areas. (Example: Local CSD denies water to new development and effectively stops all new housing – affordable or not.)

We should build smaller units, smaller lots, less parking, with group campground area with a community building.

Redevelopment needs to be on the Agenda again. It's the key to affordable housing and so much more.

I think it's great that NCHB supports redevelopment. Yeah!

Re-examine redevelopment *OR* adopt inclusionary zoning with an in lieu fee paid into an affordable housing trust fund. As a Board... be strong and decide.

Excellent panels! Even among the experts the issues are unsolved and divisive. Let's adopt something that helps the most people and has worked elsewhere. Crime is too high and people need housing.

I'd like to see us try inclusionary zoning.

I enjoyed the civil discussion of different points of view. I support inclusionary zoning ordinance as well as a Redevelopment Zone for the County.

Developers really won't ever do affordable housing unless forced to and encouraged – so require inclusionary zoning and offer flexibility in developing more affordable units. Read Million Dollar Murray to see how creative affordable housing saves the community so much over all. I'd love to talk more about some of my ideas. Thanks for organizing this. –Patti Rose

I learned more about inclusionary zoning. I saw many opportunities for cooperation amongst the development and regulatory community.

This was very informative and greatly helped us since we plan on building affordable housing for the working poor.

Informative, positive, diverse, and solution oriented discussion.

I learned that there are many incentives for building affordable housing and that inclusionary zoning is not necessarily going to drive up housing prices. Thanks for the workshop.

We need to house all segments of the community. Market forces alone will not provide the housing we need. We need to plan now to preserve green space, rural character, while meeting housing needs before it is too late! Plan for the future – Laissez faire creates sprawl.

Learn from Arcata and adopt Inclusionary Zoning.

Can shelter beds that serve the homeless meet RHNA standards? If so, in the case of the MAC where the County DHHS funds largely pay for the bed use, whose standard does it apply to the County or the City.

Why is it that the panelists believe that staff, the planning commission, and the Board does not understand the State Density Bonus Law?

The County can offer many incentives for developers of affordable housing projects without these incentives projects don't get built. Seems like the argument of placing services where infrastructure exists does not fly when the cities have been leading the way while Humboldt County drags it's feet. Land needs to be rezoned. The Anti-NIMBY Law needs to be respected and enforced.

Something that would have no long-term costs, but help in the short term, is to offer deferred permit and building fees to help offset predevelopment fees.

Relax existing regulations and fees before mandating housing products.

Inclusionary Zoning is problematic for the jurisdictions, because neighborhoods are against it.

**Humboldt County Board of Supervisors
Agenda Item Transmittal**

From: Special Presentation
Supervisor Jimmy Smith
Meeting Date: November 3, 2009
Time Required: 5 minutes

Contact for Information

Name: Kat Hayes
Telephone: 476-2396

C-1

Subject: Proclaim November 2009 as National Adoption Awareness Month.

Summary: The California Department of Social Services, Adoptions Services Bureau and the Arcata District Office have requested the Board of Supervisors proclaim November 2009 as National Adoption Awareness Month.

Requested Action: Adopt the Proclamation.

Jimmy Smith

FOR OFFICIAL USE ONLY

BOARD OF SUPERVISORS, COUNTY OF HUMBOLDT

Upon motion of Supervisor Clendenen
Seconded by Supervisor Neely
and unanimously carried by those members present, the
Board hereby approves the recommended action contained in
this Board report.

Dated: November 3, 2009

KATHY HAYES
Clerk of the Board

By: Kikki Turner
Kathy Hayes

PROCLAMATION

OF THE
BOARD OF SUPERVISORS
COUNTY OF HUMBOLDT

WHEREAS, for over 31 years the California Department of Social Services, Arcata District Office has been the Agency Adoption Program in Humboldt County and has provided adoption planning for Humboldt County's children who are in need of permanent homes; and

WHEREAS, in those 31 years, the California Department of Social Services, Arcata District Office has found homes for over 1,400 children and placed them with families who have made lifetime commitments through adoption; and

WHEREAS, each year the California Department of Social Services, Arcata District Office places approximately 60 children for adoption in the Relinquishment and Independent Adoption Programs; and

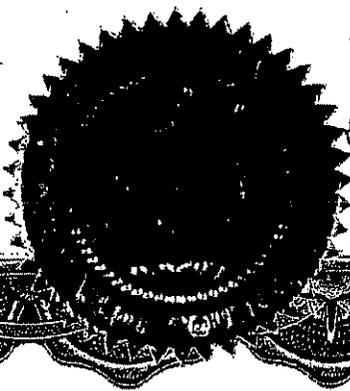
WHEREAS, the California Department of Social Services, Arcata District Office provides education, training and support for families interested in adoption; and

WHEREAS, the California Department of Social Services, Arcata District Office has joined with the Humboldt County Department of Health and Human Services to lead the state in providing comprehensive concurrent planning programs in order to expedite permanence and minimize moves for children; and

WHEREAS, the Board of Supervisors wishes to increase community awareness around adoption issues and celebrate the diversity and richness of our adoptive families.

NOW, THEREFORE, the Humboldt County Board of Supervisors hereby declares November, 2009 as National Adoption Awareness Month.

DATED: November 3, 2009



Jimmy Smith
JIMMY SMITH, Chair



Child Abuse Prevention Coordinating Council
Any person interested in supporting families is qualified to become a member.
P.O. Box 854, Eureka, CA 95502-0854

Board Member Roster
January 2010

Siddiq Kilkenny, President, Northcoast Children's Services

Cónnie Sundberg, Secretary/Treasurer, Changing Tides Family Services

Bernice Serdahl, Community Member, Retired Humboldt County Office of Education

Ruthanne DeMirjyn, Northcoast Rape Crisis Team

Pat Falor, Family Resource Center Collaborative

Karen Diers, Humboldt County Department of Health and Human Services, Public Health

Jeri Scardina, Humboldt County Department of Health and Human Services, Social Services

Roxanne Stutrud, Parent Representative

The CAPCC works to promote family health, decrease family stress and prevent child neglect and abuse by:

- 1) Assisting in the improvement and development of services and policies among agencies and organizations,
- 2) Promoting and supporting high-quality programs,
- 3) Increasing public awareness of resources.

BOARD OF SUPERVISORS, COUNTY OF HUMBOLDT, STATE OF CALIFORNIA

Certified Copy of Portion of Proceedings, Meeting of Tuesday, May 24, 2005

RESOLUTION NO. 05-31

**RECOGNIZING THE NAME AND STATUS CHANGE OF THE HUMBOLDT CHILD TRAUMA COUNCIL
TO THE CHILD ABUSE PREVENTION COORDINATING COUNCIL OF HUMBOLDT COUNTY**

WHEREAS, in 1978, the Board of Supervisors established the Humboldt Child Trauma Council; and

WHEREAS, the California State Legislature passed the Child Abuse Prevention Act in the 1980's; and

WHEREAS, in 1984, the Board of Supervisors designated Council to administer Child Trust Fund monies; and

WHEREAS, in 1986, the Humboldt Child Trauma Council filed as a non-profit corporation and changed its name to the Child Abuse Prevention Coordinating Council of Humboldt County; and

WHEREAS, the Child Abuse Prevention Coordinating Council (CAPCC) provides outreach to outlying areas sharing common interests, resources and innovative ideas on strategies to minimize the lasting harm of abuse; and

WHEREAS, CAPCC continues to submit recommendations to the Board of Supervisors for allocation of Children's Trust Fund monies and bi-annual reports on intervention activities throughout the County.

NOW, THEREFORE, BE IT RESOLVED, that the Humboldt County Board of Supervisors hereby recognizes the former Humboldt Child Trauma Council as the Child Abuse Prevention Coordinating Council of Humboldt County and their status as a non-profit corporation.

Adopted on motion by Supervisor Geist, seconded by Supervisor Neely, and the following vote:

AYES: Supervisors Smith, Rodoni, Woolley, Neely, and Geist
NOES: None
ABSENT: None
ABSTAIN: None

STATE OF CALIFORNIA)
County of Humboldt) s.s.

I, LORA CANZONERI, Clerk of the Board of Supervisors, County of Humboldt, State of California, do hereby certify the foregoing to be a full, true and correct copy of the original made in the above-entitled matter by said Board of Supervisors at a meeting held in Eureka, California as the same now appears of record in my office.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Seal of said Board of Supervisors.



LORA CANZONERI, Clerk of the Board of Supervisors of
the County of Humboldt, State of California—May 24, 2005

BOARD OF SUPERVISORS, COUNTY OF HUMBOLDT, CALIFORNIA

Certified copy of portion of proceedings, Meeting of July 17, 1984

SUBJECT: REQUEST FOR AN AGENCY TO ADMINISTER CHILD ABUSE TRUST FUND

ACTION: Designated the Child Trauma Council to be the lead agency to administer Child Abuse Trust Funds and ratified previous actions taken to date by this Board in this matter.

JUL 19 1984

Adopted on motion by Supervisor Sparks, seconded by Supervisor Walsh and the following vote:

AYES:	Supervisors—	Renner, Pritchard, Walsh, Sparks
NOES:	Supervisors—	None
ABSENT:	Supervisors—	Ghesbro
ABSTAIN:	Supervisors—	None

STATE OF CALIFORNIA } ss
County of Humboldt }

I, ROBERT E. HANLEY, Clerk of the Board of Supervisors, County of Humboldt, State of California, do hereby certify the foregoing to be a full, true and correct copy of the original made in the above entitled matter by said Board of Supervisors at a meeting held in Eureka, California as the same now appears of record in my office.

D.D.: Board of Supervisors
cc: Child Trauma Council
CAO

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Seal of said Board of Supervisors

ROBERT E. HANLEY July 17, 1984

Clerk of the Board of Supervisors of the County of Humboldt, State of California

By Robert E. Hanley

AGREEMENT FOR SERVICES

This Agreement is made and entered into this 9th day of September, 2008, by and between the County of Humboldt (hereinafter, COUNTY), a political subdivision of the State of California, and McKinleyville Community Collaborative (hereinafter, CONTRACTOR), a not for profit organization.

RECITALS

WHEREAS, COUNTY desires to retain a Contractor to provide the following services:

Administration of Child Abuse Prevention, Intervention and Treatment Program (CAPIT) per State and Federal mandates and the Office of Child Abuse Prevention (OCAP), a division of the California Department of Social Services.

WHEREAS, such work involves the performance of professional, expert and technical services of a temporary and occasional character; and

WHEREAS, COUNTY has no employees available to perform such services and is unable to hire employees for the performance thereof for the temporary period.

NOW, THEREFORE, the parties hereto mutually agree as follows:

1. SCOPE OF SERVICES

CONTRACTOR agrees to provide all of the services described in Exhibit A,

consisting of two (2) pages, which exhibit is attached hereto and incorporated by reference. Said exhibit describes the work to be performed by CONTRACTOR under this Agreement.

2. TERM

This Agreement shall commence upon approval by the Board of Supervisors and shall terminate on June 30, 2011.

3. COMPENSATION

CONTRACTOR agrees that the total maximum compensation for services performed and costs incurred under this Agreement shall not exceed the sum of Seventy-Five Thousand Dollars (\$75,000.00), for each year of the three-year funding cycle. CONTRACTOR'S cost shall be as set forth in the Budget attached hereto as Exhibit B, consisting of three (3) pages, and incorporated by reference. The CONTRACTOR agrees to perform all services required by this Agreement for an amount not to exceed such maximum dollar amount.

With the commencement of this Agreement by the Board of Supervisors, COUNTY will provide CONTRACTOR Eighteen Thousand and Seven Hundred and Fifty Dollars (\$18,750.00) as start-up associated with the operation of the program. The start-up costs are included in the maximum compensation set for fiscal year 2008/2009.

4. PAYMENT

CONTRACTOR shall submit an itemized invoice quarterly to the COUNTY itemizing all work completed and costs incurred as of the invoice date.

Payment for work performed will be made within thirty days after receipt of the invoice.

5. BOOK OF RECORD AND AUDIT PROVISIONS

- A. CONTRACTOR agrees to coordinate with COUNTY in the performance of this Agreement, timely preparation and maintenance of accurate and complete financial and performance records for a minimum of five (5) years from the date of final payment under this Agreement or until all pending County, State, and Federal audits are completed, whichever is later. The books and records shall be original entry books with a general ledger itemizing all debits and credits for the work. In addition CONTRACTOR shall maintain detailed payroll records. CONTRACTOR agrees to maintain such records locally and make them available for inspection by County, State and Federal representatives, during normal business hours, upon five (5) working days notice.

- B. CONTRACTOR will permit COUNTY, State and/or Federal Government to audit all books, accounts or records relating to this Agreement for the purpose of compliance with applicable audit requirements relative to this Agreement. CONTRACTOR shall provide the COUNTY, State or Federal Governments with any relevant information required and shall permit access to its premises, during normal business hours, upon five (5) days notice.
- C. In the event of an audit exception or exceptions, the party responsible for not meeting the program requirement or requirements shall be responsible for the deficiency and for the cost of the audit. If CONTRACTOR is the party responsible for the deficiency, the cost of the audit and the deficiency shall be paid by CONTRACTOR within thirty (30) days of notice.
- D. CONTRACTOR'S rights and obligations under this provision shall continue after termination of the Agreement.

6. RESTRICTIONS, LIMITATIONS OR CONDITIONS

This Agreement is subject to any additional restrictions, limitations, or conditions enacted by the Federal and/or State Governments that may

affect the provisions, terms or funding of this Agreement.

7. INSURANCE

- A. THIS CONTRACT SHALL NOT BE EXECUTED BY COUNTY and the CONTRACTOR is not entitled to any rights, unless certificates of insurances, or other sufficient proof that the following provisions have been complied with, and such certificate(s) are filed with the Clerk of the Humboldt County Board of Supervisors.
- B. Without limiting CONTRACTOR'S indemnification obligations provided for herein, CONTRACTOR shall and shall require any of its subcontractors to take out and maintain, throughout the period of this Agreement and any extended term thereof, the following policies of insurance placed with insurers authorized to do business in California and with a current A.M. Bests rating of no less than A:VII or its equivalent against injury/death to persons or damage to property which may arise from or in connection with the activities hereunder of CONTRACTOR, its agents, officers, directors employees, licensees, invitees, assignees or subcontractors:

- (1) Comprehensive or Commercial General Liability Insurance at least as broad as Insurance Services Office Commercial General Liability coverage (occurrence form CG 0001), in an amount of \$1,000,000 per occurrence for anyone incident, including, personal injury, death and property damage. If a general aggregate limit is used, either the general aggregate limit shall apply separately to this project or the general aggregate shall be twice the required occurrence limit.
- (2) Subcontractor Requirement. Automobile and liability coverage in the minimum amount of one million dollars (\$1,000,000) combined single limit coverage including, but not limited to, owned, non-owned, leased, and hired vehicles and trucks. Said coverage shall be at least as broad as Insurance Service Office Form Code 1 (any auto).
- (3) Workers Compensation Insurance and Employer's Liability coverage if required by California Law, and in accordance with the statutory limits set forth

therein. Said policy shall contain or be endorsed to contain a waiver of subrogation against COUNTY, its officers, agents, and employees

C. Special Insurance Requirements. Said policies shall unless otherwise specified herein be endorsed with, the following provisions:

(1) The Comprehensive General Liability Policy shall provide that the COUNTY, its officers, officials, employees and volunteers, are covered as additional insured for liability arising out of the operations performed by or on behalf of CONTRACTOR. The coverage shall contain no special limitations on the scope of protection afforded to the COUNTY, its officers, officials, employees, and volunteers. Said policy shall also contain a provision stating that such coverage:

- a. Includes contractual liability.
- b. Does not contain exclusions as to loss or damage to property caused by explosion or resulting from collapse of buildings or structures or damage to

property underground, commonly referred to "XCU Hazards".

- c. Is primary insurance as regards to County of Humboldt.
 - d. Does not contain a pro-rata, excess only, and/or escape clause.
 - e. Contains a cross liability, severability of interest or separation of insureds clause.
- (2) The policies shall not be canceled, non-renewed or materially reduced in coverage without thirty (30) days prior written notice being provided to COUNTY and in accordance with the Notice provisions set forth under Section 13. It is further understood that CONTRACTOR shall not terminate such coverage until it provides COUNTY with proof satisfactory to COUNTY that equal or better insurance has been secured and is in place.
- (3) The inclusion of more than one insured shall not operate to impair the rights of one insured against another insured, and the coverage afforded shall

apply as though separate policies had been issued to each insured, but the inclusion of more than one insured shall not operate to increase the limits of the insurer's liability.

- (4) For claims related to this Agreement, the CONTRACTOR'S insurance is primary coverage to the COUNTY, and any insurance or self-insurance programs maintained by the COUNTY are excess to CONTRACTOR'S insurance and will not be called upon to contribute with it.
- (5) Any failure to comply with reporting or other provisions of the Parties, including breach of warranties, shall not affect coverage provided to COUNTY, its officers, officials, employees, and volunteers.
- (6) CONTRACTOR shall furnish COUNTY with certificates and original endorsements effecting the required coverage prior to execution of this Agreement by COUNTY. The endorsements shall be on forms as approved by the COUNTY'S Risk Manager or COUNTY

Counsel. Any deductible or self-insured retention over \$100,000 shall be disclosed to and approved by COUNTY. If CONTRACTOR does not keep all required policies in full force and effect, COUNTY may, in addition to other remedies under this Agreement, take out the necessary insurance, and CONTRACTOR agrees to pay the cost of said insurance. COUNTY is also hereby authorized with the discretion to deduct the cost thereof from the monies owed to CONTRACTOR under this Contract.

(7) COUNTY is to be notified immediately if twenty-five percent (25%) or more of any required insurance aggregate limit is encumbered and CONTRACTOR shall be required to purchase additional coverage to meet the aggregate limits set forth above.

(8) Insurance Notices:

Humboldt County Risk Management

Attn: Risk Manager

825 5th Street, Room 131

Eureka, CA 95501

8. HOLD HARMLESS/INDEMNIFICATION CLAUSE

- A. CONTRACTOR shall indemnify, defend and hold harmless COUNTY and its officers, officials, employees, and volunteers, from any and all claims, demands, losses, damages, and liabilities of any kind or nature, including attorney's fees, which are caused by any negligent or willful acts of misconduct or omissions (either directly or through or by its officers, agents or employees) in connection with CONTRACTOR'S duties and obligations under this Agreement and any amendments hereto
- B. Acceptance of insurance, as required by this Agreement, does not relieve CONTRACTOR from liability under this indemnification clause. This indemnification clause shall apply to all damages or claims for damages suffered by CONTRACTOR'S operations regardless if any insurance is applicable or not.

9. RELATIONSHIP OF PARTIES

CONTRACTOR shall perform all work and services as described herein as an independent CONTRACTOR. No person performing

any of the work or services described herein shall be considered an officer, agent, servant or employee of COUNTY, nor shall any such person be entitled to any benefits, including but not limited to Workers Compensation Benefits, available or granted to employees of COUNTY. CONTRACTOR shall be solely responsible for the acts or omissions of its officers, agents, employees, and subcontractors. Nothing herein shall be construed as creating a partnership or joint venture between COUNTY and CONTRACTOR.

10. ASSIGNMENT

Neither party shall assign its obligations under this Agreement without the prior written consent of the other. Any assignment by CONTRACTOR in violation of this provision shall be void, and shall be cause for immediate termination of this Agreement.

11. SUBCONTRACTING

CONTRACTOR shall not subcontract any portion of the work required by this Agreement without prior written approval of COUNTY. Prior to entering into any subcontract CONTRACTOR shall provide a copy of the subcontract to COUNTY for review and approval.

12. LICENSING

CONTRACTOR shall maintain the appropriate licenses throughout the life of this Agreement.

13. TITLE

It is understood that any and all documents, information, and reports concerning this project prepared by and/or submitted by CONTRACTOR shall be the property of COUNTY. CONTRACTOR may retain reproducible copies of drawings and copies of other documents. In the event of termination of this Agreement, for any reason whatsoever, CONTRACTOR shall promptly turn over all information, writing and documents to COUNTY without exception or reservation.

14. NONDISCRIMINATORY EMPLOYMENT

In connection with the execution of this Agreement, CONTRACTOR shall not discriminate against any employee or application for employment because of race, color, religion, age, sex, national origin, political affiliation, ancestry, marital status or disability. This policy does not require the employment of unqualified persons.

CONTRACTOR further assures that it will abide by the provisions of

Title VI and Title VII of the Civil Rights Act of 1974, Section 504 of the Rehabilitation Act of 1973, as amended, the Age Discrimination Act of 1975, the Welfare and Institutions Code Section 10000, CDSS MPP Division 21, and other applicable federal and state laws to ensure that employment practices are non-discriminatory. Under this requirement, CONTRACTOR shall not discriminate on the basis of race, color, national origin, political affiliation, religion, marital status, sex, age or handicap.

CONTRACTOR agrees to comply with United States Executive Order 11246, entitled "Equal Employment Opportunity." United States Executive Order 11375 and supplemented in 45 CFR, Part 60, amends this. CONTRACTOR shall not discriminate against any employee or applicant for employment on the basis of race, color, national origin or ancestry, religion, sex, marital status, political affiliation, age or handicap. Practices in hiring, compensation, benefits and firing are among the employment practices subject to this requirement.

15. NONDISCRIMINATORY DELIVERY OF SOCIAL SERVICES

CONTRACTOR agrees that it will comply with Title VI of the Civil Rights Act of 1964 as amended; Section 504 of the Rehabilitation

Act of 1973 as amended; Title II of the Americans With Disabilities Act of 1990, as amended; the Age Discrimination Act of 1972, as amended; the Food Stamp Act of 1977, as amended; California Civil Code, Section 51 et seq., as amended; California Government Code, Section 4450 et seq as amended and other applicable federal and state laws and their implementing regulations, all as outlined in California DSS Manual Division 21. The CONTRACTOR agrees to ensure that the administration of public assistance and social services programs are nondiscriminatory, and that no person shall, because of race, color, national origin, political affiliation, religion, marital status, sex, age or disability be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving federal or state financial assistance.

The COUNTY reserves the right to monitor the CONTRACTOR for compliance with the requirements of this paragraph and Division 21.

16. ENTIRETY OF CONTRACT

This Agreement shall constitute the entire Agreement between the parties relating to the subject matter of this Agreement, and

shall supersede any previous agreements, promises, representation, understanding and negotiation, whether oral or written, concerning the same subject matter. Any and all acts which may have already been consummated pursuant to the terms which are embodied in this Agreement are hereby ratified.

17. AMENDMENT

No addition to, or alteration of, the terms of this Agreement shall be valid unless made in writing and signed by the parties hereto.

18. TERMINATION FOR LACK OF FUNDING

COUNTY'S obligations under this Agreement are contingent upon the availability of County, State and/or Federal funds. In the event such funding is terminated or reduced, COUNTY shall, at its sole discretion, determine whether this Agreement shall be terminated or COUNTY'S maximum obligation reduced. COUNTY shall provide CONTRACTOR seven (7) days written notice of its intent to terminate this Agreement or its intent to reduce its maximum obligation under this Agreement.

19. TERMINATION FOR CAUSE

If, in the opinion of COUNTY, CONTRACTOR fails to perform the services required under this Agreement within the time limits

specified herein, or otherwise fails to comply with the terms of this Agreement, or violates any ordinance, regulation, or other law which applies to its performance herein, COUNTY may terminate this Agreement immediately, upon notice. In such event, COUNTY shall pay to CONTRACTOR an equitable portion of the total remuneration as compensation for the portion of the work deemed acceptable by COUNTY, less the amount of any damages sustained by COUNTY as a result of CONTRACTOR'S breach of this Agreement. COUNTY shall be entitled to take possession of all studies, drawings, computations, specifications and reports insofar as they are complete and acceptable to COUNTY.

20. TERMINATION FOR CONVENIENCE

At any time and for any reason, upon thirty (30) days written notice to CONTRACTOR, COUNTY may terminate this Agreement and pay only for those services rendered as of the date when termination is effective.

Notice may be given by delivering a copy of said notice to CONTRACTOR personally, or by mailing a copy of said notice to CONTRACTOR. If mailed, notice shall be deemed received two days after deposit in the United States mail, postage prepaid, and

addressed as set forth in Paragraph 21, Notices.

21. NOTICES

Any notice, demand, request, consent, approval, or communication that either party desires or is required to give to the other party or to any other person shall be in writing and either served personally or sent by certified mail, return receipt requested, to the respective addresses set forth below. Notice shall be effective upon actual receipt or refusal as shown on the receipt obtained pursuant to the foregoing.

COUNTY:

Humboldt County Department of Health and Human Services

Social Services Branch

Director

929 Koster Street

Eureka, CA 95501

CONTRACTOR:

McKinleyville Community Collaborative

Executive Director

P.O. Box 2668

McKinleyville, CA 95519

22. NUCLEAR FREE HUMBOLDT COUNTY ORDINANCE COMPLIANCE

CONTRACTOR certifies by its signature below that CONTRACTOR is not a Nuclear Weapons Contractor, in that CONTRACTOR is not knowingly or intentionally engaged in the research, development, production, or testing of nuclear warheads, nuclear weapons systems, or nuclear weapons components as defined by the Nuclear Free Humboldt County Ordinance. CONTRACTOR agrees to notify COUNTY immediately if it becomes a nuclear weapons contractor as defined above. COUNTY may immediately terminate this Agreement if it determines that the foregoing certification is false or if CONTRACTOR becomes a nuclear weapons contractor.

23. COMPLIANCE WITH APPLICABLE LAWS

CONTRACTOR shall comply with any and all applicable federal, state and local laws affecting the services covered by this Agreement, including, but not limited to, the Americans with Disabilities Act.

24. STANDARD OF PRACTICE

CONTRACTOR warrants that CONTRACTOR has the degree of learning and skill ordinarily possessed by reputable professionals

practicing in similar localities in the same profession and under similar circumstances. CONTRACTOR'S duty is to exercise such care, skill and diligence as professionals engaged in the same profession ordinarily exercise under like circumstances.

25. JURISDICTION AND VENUE

This Agreement shall be construed in accordance with the laws of the State of California. Any dispute arising hereunder or relating to this Agreement shall be litigated in the State of California and venue shall lie in the County of Humboldt unless transferred by court order pursuant to Code of Civil Procedure §§394 and 395.

26. BINDING EFFECT

All provisions of this Agreement shall be fully binding upon, and inure to the benefit of, the parties and to each of their heirs, executors, administrators, successors and assigns.

27. SEVERABILITY

If any provision of this Agreement, or any portion thereof, is found by any court of competent jurisdiction to be unenforceable or invalid for any reason, such provision shall be severable and shall not in any way impair the enforceability of any other provision of this Agreement.

28. NO WAIVER

The waiver by either party of any breach or violation of any requirement of this Agreement shall not be deemed to be a waiver of any such breach in the future, or of the breach of any other requirement of this Agreement.

29. INTERPRETATIONS

As both parties jointly prepared this Agreement, the language in all parts of this Agreement shall be construed, in all cases, according to its fair meaning, and not for or against either party hereto.

30. ATTORNEYS FEES

If either party shall commence any legal action or proceeding, including an action for declaratory relief, against the other by reason of the alleged failure of the other to perform or keep any provision of this Agreement to be performed or kept, the party prevailing in said action or proceeding shall be entitled to recover court costs and reasonable attorneys fees (including reasonable value of services rendered by County Counsel) to be fixed by the court, and such recovery shall include court costs and attorneys fees (including reasonable value of services

rendered by County Counsel) on appeal, if any. As used herein, "the party prevailing" means the party who dismisses an action or proceeding in exchange for payment of substantially all sums allegedly due, performance of provisions allegedly breached, or other considerations substantially equal to the relief sought by said party, as well as the party in whose favor final judgment is rendered.

31. CONFIDENTIAL INFORMATION

In the performance of this Agreement, CONTRACTOR may receive confidential information. Said information may be confidential under the laws of California, including but not limited to Welfare and Institutions Code Sections 827, 10850; Division 19 California Department of Social Services Manual of Policies and Procedures, "Confidentiality of Information," and/or the laws of the United States. CONTRACTOR shall comply with all laws regarding confidentiality and shall advise and require all subcontractors to comply with the laws of confidentiality.

32. MEDIA RELEASE

All press releases and informational material related to this Agreement shall receive approval from COUNTY prior to being

released to the media (television, radio, newspapers, Internet). In addition, CONTRACTOR shall inform COUNTY of requests for interviews by media related to this Agreement prior to such interviews taking place. COUNTY reserves the right to have a representative present at such interviews. All notices required by this provision shall be given to the Director of the County Department of Health and Human Services or his designee.

IN WITNESS WHEREOF, the parties hereto have executed this Agreement on the date and year first herein above written.

(SEAL)

ATTEST:

CLERK OF THE BOARD

BY

Mikki Norman

COUNTY:

BY

[Signature]

CHAIR, BOARD OF SUPERVISORS

COUNTY OF HUMBOLDT

STATE OF CALIFORNIA

CONTRACTOR:

BY Maria Elena Whaples

Maria Elena Whaples, President
PRINT NAME AND TITLE

BY Maria Garcia

MARIA GARCIA, TREASURER
PRINT NAME AND TITLE

APPROVED AS TO FORM:
COUNTY COUNSEL

INSURANCE CERTIFICATES
APPROVED

BY R. Zuber
DEPUTY COUNTY COUNSEL

BY John Smith
RISK MANAGER

EXHIBIT A

**MCKINLEYVILLE COMMUNITY COLLABORATIVE
CHILD ABUSE PREVENTION, INTERVENTION
AND TREATMENT PROGRAM (CAPIT)
SCOPE OF SERVICES**

1. CONTRACTOR will provide direct services to families to reduce the risk of child abuse and neglect.
2. CONTRACTOR will accept referrals to serve children and families at risk of abuse and/or neglect fulfilling the CAPIT requirements as articulated in the Welfare and Institutions Code Section 18960 and 18961. Services will be prioritized to families living in remote parts of Humboldt County (more than thirty (30) minutes travel time from Eureka), particularly those with children five years of age or younger will be served first.
3. CONTRACTOR will accept referrals from the COUNTY, including but not limited to: the Department of Health and Human Services' Child Welfare Services Division, Public Health Branch Nursing, Alternative Response Team (ART) and Healthy Moms, from Family Resource Centers, from local health and human services agencies, and from public schools.
4. CONTRACTOR will work in partnership with all of the Family Resource Centers in Humboldt County.
5. CONTRACTOR will contract with two (2) Family Support Advocates. The Blue Lake Community Resource Center Coordinator will supervise one of the Family Support Advocates and the Southern Humboldt or Fortuna Elementary Coordinator will supervise the second. Family Support Advocates will be responsible for providing support to families, ensuring all services to the families are comprehensive, and include integrating child and family health, mental health, nutrition, parent involvement, disabilities, educational and social services needs. The Family Support Advocates will enhance families' capacity to support the growth and development of all family members including adults, youth, and children.
6. As indicated in Section 3, Compensation, of the Agreement of Services, COUNTY will provide CONTRACTOR Eighteen Thousand Seven Hundred and Fifty Dollars (\$18,750). CONTRACTOR will supply invoice requesting payment. CONTRACTOR shall use these funds as prepayment costs to start their program. The funds will be used for Family Service Advocates' salary, reimbursement for travel, Client Support services, equipment and office supplies, administration of program and other miscellaneous costs outlined in Exhibit C, consisting of one (1) page.
7. The CONTRACTOR'S Family Support Advocates will work collaboratively with COUNTY, the Community/Family Resource Center Coordinators, and other community agencies to develop and deliver services to children and families including:
 - Strength-based assessments
 - Case planning and management services and home visits, including visits and services to families at-risk of abuse and/or neglect
 - One-on-one parenting training in the family's home

- Access to Parent Child Interactive Therapy (PCIT) available in parents' home or at specialized facilities when appropriate and desired by the family
 - Refer families and coordinate Incredible Years services with the participating Community/Family Resource Centers
 - Adult Education and Development and Teen and Family Education/Support based on the needs of the family
 - Referrals to and assistance in accessing services and resources such as Department of Health and Human Services Mental Health, Social Services, and Public Health services, as well as health insurance enrollment and/or clinic access, parenting class enrollment and participation, and other community services and resources
8. CONTRACTOR'S Family Support Advocates will annually provide approximately 120 home visiting and case management services. Enrolled families will complete appropriate assessments that are consistent with COUNTY assessments and tools. The Family Support Advocate will complete services assessments and case plans with the home visited families.
 9. CONTRACTOR'S Family Support Advocates will participate annually with approximately 180 parents in parenting classes, individualized parent training and support and/or parent meetings sponsored by the Community/Family Resource Centers.
 10. CONTRACTOR will not provide direct transportation services to CAPIT Program participants. Subcontractors will provide transportation services to accommodate CAPIT Program participants, including transport in personal vehicles, and by issuing travel vouchers, bus tickets and gas vouchers. Family Resource Centers, participating with the Humboldt County Healthy Start Schools and Communities Partnership may provide transportation services to accommodate CAPIT Program participants, including transport in vehicles, and by issuing travel vouchers, bus tickets, and gas vouchers.
 11. CONTRACTOR will conduct outreach activities to assist isolated families in securing needed services.
 12. CONTRACTOR will work with the Child Abuse Prevention Coordination Council (CAPCC) by providing financial support with Child Abuse Prevention, Intervention, and Treatment (CAPIT) program funding at a maximum annual amount of \$4,000 for Child Abuse Prevention Coordination Council administrative services. CONTRACTOR will participate in the Child Abuse Prevention Coordination Council quarterly Board of Directors meeting and their monthly general membership meeting.
 13. CONTRACTOR'S Family Support Advocates will participate in at least one meeting a year with COUNTY Caseworkers that refer families and children to CONTRACTOR on a regular basis. This meeting will be organized by Humboldt County Department of Health and Human Services Social Services Branch and will focus on improved communication and transition systems for children and families.
 14. CONTRACTOR shall provide supervision, consultation, and professional development training to their staff. Supervision and consultation will be ongoing. Professional developmental training will occur at least quarterly.

15. CONTRACTOR will promote the county sponsored Children's Health Initiative and will acknowledge the Department of Health and Human Services and Child Welfare Improvement Activities in all program brochures and publicity.
16. CONTRACTOR will provide quarterly reports, to be returned with the CONTRACTOR'S quarterly invoice, outlining the number of home visits and case management services the Family Support Advocates provided during the report quarter, and the number parenting classes, individualized parent training and support and/or parent meetings the Family Support Advocates and Community/Family Resource Centers provided during for the report quarter.
17. CONTRACTOR will provide semi-annual program reports. Reports are due to the COUNTY no later than January 31st and July 31st for each of the three years of the agreement. Information contained in the review shall include, but not be limited to: the names of families and children assisted by CONTRACTOR the number of parenting classes and parent meetings held by CONTRACTOR in the community of each Family Resource Center with a list of the parents participating in the classes; the names of children and families served with home visits by CONTRACTOR; a summary of the transportation services supplied by CONTRACTOR; and a list of the trainings provided to CONTRACTOR'S staff.

CHILD ABUSE PREVENTION, INTERVENTION, AND TREATMENT
REQUIRED BUDGET AND BUDGET NARRATIVE

PROPOSER NAME: Healthy Start, Schools and Communities Partnership and McKinleyville Family Resource Center

PERIOD BEGINNING July 1, 2008 PERIOD ENDING June 30, 2009

FIRST YEAR BUDGET

<u>BUDGET CATEGORY</u>	<u>PROPOSAL FUNDS</u>	<u>OTHER FUNDING SOURCES*</u>	<u>IN-KIND</u>	<u>TOTAL</u>
1. Personnel Services				
a) Salaries	\$960	\$54,912		\$55,872
b) Fringe Benefits	\$165	\$10,982		\$11,147
2. Consultant Services	\$50,000	\$960	\$3,960	\$54,920
3. Operating Expenses				
a) Office	\$250	\$1,650	\$450	\$2,350
b) Building	\$1,200	\$39,600	\$158,400	\$199,200
c) Equipment	\$200			\$200
d) Insurance			\$22,000	\$22,000
e) Training	\$175	\$500	\$2,000	\$2,675
4. Other (itemize)				
a) CAPC support	\$4,000		\$480	\$4,480
b) Consultant travel	\$8,500			\$8,500
c) Client support	\$1,580	\$22,000	\$8,000	\$31,580
d) Sothern Coord	\$2,000	\$2,000		\$4,000
e) Northern Coord	\$2,000	\$2,000		\$4,000
f) Admin. & overhead	\$3,970		\$3,000	\$6,970
TOTALS:	\$75,000	\$134,604	\$198,290	\$407,894

* Note: Other funding sources and in-kind figures are estimates of the support provided by the hosting FRCs and by all the members of the HSSCP who will work with the FSAs (Consultants) and who will host family support services and parenting classes in their FRC sites.

CHILD ABUSE PREVENTION, INTERVENTION, AND TREATMENT
REQUIRED BUDGET AND BUDGET NARRATIVE

PROPOSER NAME: Healthy Start Schools and Communities Partnership and McKinleyville Family Resource Center

PERIOD BEGINNING July 1, 2009 PERIOD ENDING June 30, 2010

SECOND YEAR BUDGET

<u>BUDGET CATEGORY</u>	<u>PROPOSAL FUNDS</u>	<u>OTHER FUNDING SOURCES*</u>	<u>IN-KIND</u>	<u>TOTAL</u>
1. Personnel Services				
c) Salaries	\$960	\$54,912		\$55,872
d) Fringe Benefits	\$165	\$10,982		\$11,147
2. Consultant Services	\$50,000	\$960	\$3,960	\$54,920
3. Operating Expenses				
f) Office	\$250	\$1,650	\$450	\$2,350
g) Building	\$1,200	\$39,600	\$158,400	\$199,200
h) Equipment				
i) Insurance			\$22,000	\$22,000
j) Training	\$175	\$500	\$2,000	\$2,675
4. Other (itemize)				
g) CAPC support	\$4,000		\$480	\$4,480
h) Consultant travel	\$8,700			\$8,700
i) Client support	\$1,580	\$22,000	\$8,000	\$31,580
j) Sothern Coord	\$2,000	\$2,000		\$4,000
k) Northern Coord	\$2,000	\$2,000		\$4,000
l) Admin. & overhead	\$3,970		\$3,000	\$6,970
TOTALS:	\$75,000	\$134,604	\$198,290	\$407,894

* Note: Other funding sources and in-kind figures are estimates of the support provided by the hosting FRCs and by all the members of the HSSCP who will work with the FSAs (Consultants) and who will host family support services and parenting classes in their FRC sites.

CHILD ABUSE PREVENTION, INTERVENTION, AND TREATMENTREQUIRED BUDGET AND BUDGET NARRATIVEPROPOSER NAME: Healthy Start, Schools and Communities Partnership and McKinleyville Family Resource CenterPERIOD BEGINNING July 1, 2010 PERIOD ENDING June 30, 2011

THIRD YEAR BUDGET

<u>BUDGET CATEGORY</u>	<u>PROPOSAL FUNDS</u>	<u>OTHER FUNDING SOURCES*</u>	<u>IN-KIND</u>	<u>TOTAL</u>
1. Personnel Services				
e) Salaries	\$960	\$54,912		\$55,872
f) Fringe Benefits	\$165	\$10,982		\$11,147
2. Consultant Services	\$50,000	\$960	\$3,960	\$54,920
3. Operating Expenses				
k) Office	\$250	\$1,650	\$450	\$2,350
l) Building	\$1,200	\$39,600	\$158,400	\$199,200
m) Equipment				
n) Insurance			\$22,000	\$22,000
o) Training	\$175	\$500	\$2,000	\$2,675
4. Other (itemize)				
m) CAPC support	\$4,000		\$480	\$4,480
n) Consultant travel	\$8,900			\$8,900
o) Client support	\$1,380	\$22,000	\$8,000	\$31,380
p) Sothern Coord	\$2,000	\$2,000		\$4,000
q) Northern Coord	\$2,000	\$2,000		\$4,000
r) Admin. & overhead	\$3,970		\$3,000	\$6,970
TOTALS:	\$75,000	\$134,604	\$198,290	\$407,894

* Note: Other funding sources and in-kind figures are estimates of the support provided by the hosting FRCs and by all the members of the HSSCP who will work with the FSAs (Consultants) and who will host family support services and parenting classes in their FRC sites.

CAPIT Proposal ~ Budget Narrative
Advance Funds Request ~ July, 2008

The McKinleyville Community Collaborative does not have the capital to operate under a reimbursement system and is therefore requesting advance funds in the amount of \$18,750 from the CAPIT grant award. Advance funds will be used for implementation of the program during the first quarter and expenses will be billed as per contract.

Advance funds will be used as follows:

Family Service Advocates	\$12,500
Mileage	\$ 2,100
Client Support	\$ 395
Equipment	\$ 200
Office Supplies	\$ 250
Administration	\$ 993
Northern/Southern Sites	\$ 1,000
CAPC Support	\$ 1,000
Building	\$ 312



JOHN A. WAGNER
DIRECTOR

STATE OF CALIFORNIA—HEALTH AND HUMAN SERVICES AGENCY
DEPARTMENT OF SOCIAL SERVICES
744 P Street • Sacramento, CA 95814 • www.cdss.ca.gov



ARNOLD SCHWARZENEGGER
GOVERNOR

July 16, 2009

ALL COUNTY INFORMATION NOTICE NO. I-52-09

REASON FOR THIS
TRANSMITTAL

- State Law Change
- Federal Law or Regulation Change
- Court Order
- Clarification Requested by One or More Counties
- Initiated by CDSS

TO: ALL COUNTY WELFARE DIRECTORS
ALL COUNTY CHIEF PROBATION OFFICERS
ALL CHILD WELFARE SERVICES PROGRAM MANAGERS

SUBJECT: CALIFORNIA'S CHILD AND FAMILY SERVICES REVIEW
TRIENNIAL SCHEDULE

REFERENCE: ALL-COUNTY LETTER (ACL) 04-05,
ALL COUNTY INFORMATION NOTICE I-50-06,
ALL COUNTY INFORMATION NOTICE I-46-07

This letter provides the triennial cycle for California's Child and Family Services Review (C-CFSR), also referred to as California's Outcomes and Accountability System.

BACKGROUND

Assembly Bill 636 (Steinberg), Chapter 678, Statutes of 2001, enacted the Child Welfare Services Outcome and Accountability Act of 2001. This law required the California Department of Social Services (CDSS) to establish the C-CFSR process. The C-CFSR commenced in January 2004 with implementation instructions provided to local child welfare services and probation agencies through issuance of ACL 04-05.

The purpose of the C-CFSR is to significantly strengthen the accountability system used in California to monitor and assess the quality of services provided on behalf of maltreated children. As such, the C-CFSR operates on a philosophy of continuous quality improvement, interagency partnerships, community involvement and public reporting of program outcomes. The C-CFSR is comprised of county child welfare system reviews and maximizes compliance with federal regulations for the receipt of federal Title IV-E and Title IV-B funds. Principle components of the

C-CFSR include: 1) Outcome and Accountability County Data Reports, 2) County Peer Quality Case Reviews (PQCR), 3) County Self-Assessments (CSA), 4) County System Improvement Plans (SIP), and 5) State Technical Assistance and Monitoring.

The attached triennial schedule is a continuation of the triennial schedule identified in ACIN I-46-07. Dates have been updated and clarified, no other changes have been made to the triennial cycle. Should you have any questions or comments, please call CDSS at (916) 651-8099 or e-mail chldserv@dss.ca.gov.

In continued partnership, we look forward to improving outcomes for the children and families served by California's child welfare services and probation programs.

Sincerely,

Original Document Signed By:

GLENN A. FREITAS, Chief
Children's Services Operations
and Evaluation Branch

Attachment

**California Outcomes and Accountability Review Triennial Schedule
Year Two Counties (State FY 2008/09)**

County	PQCR Completion	PQCR Final Report Due*	CSA w/ BOS Approval**	SIP w/ BOS Approval**	SIP Update†	Next PQCR‡
Alameda	10/17/2008	12/17/2008	6/17/2009	10/17/2009	10/17/2010	Sep-2011
Contra Costa	4/30/2009	6/30/2009	12/30/2009	4/30/2010	4/30/2011	Apr-2012
Fresno	3/26/2009	5/26/2009	11/26/2009	3/26/2010	3/26/2011	Mar-2012
Glenn	10/21/2008	12/21/2008	6/21/2009	10/21/2009	10/21/2010	Oct-2011
Humboldt	1/28/2009	3/28/2009	9/28/2009	1/28/2010	1/28/2011	Jan-2012
Madera	5/20/2009	7/20/2009	1/20/2010	5/20/2010	5/20/2011	May-2012
Marin	4/30/2009	6/30/2009	12/30/2009	4/30/2010	4/30/2011	Apr-2012
Mariposa	4/30/2009	6/30/2009	12/30/2009	4/30/2010	4/30/2011	Apr-2012
Modoc	11/14/2008	1/14/2009	7/14/2009	11/14/2009	11/14/2010	Nov-2011
Mono	6/10/2009	8/10/2009	2/10/2010	6/10/2010	6/10/2011	Jun-2012 €
Napa	4/9/2009	6/9/2009	12/9/2009	4/9/2010	4/9/2011	Apr-2012
Orange	11/7/2008	1/7/2009	7/7/2009	11/7/2009	11/7/2010	Nov-2011
Placer	3/26/2009	5/26/2009	11/26/2009	3/26/2010	3/26/2011	Mar-2012
San Francisco	5/15/2009	7/15/2009	1/15/2010	5/15/2010	5/15/2011	May-2012
San Mateo	2/6/2009	4/6/2009	10/6/2009	2/6/2010	2/6/2011	Feb-2012
Santa Barbara	10/2/2008	12/2/2008	6/2/2009	10/2/2009	10/2/2010	Oct-2011
Solano	1/16/2009	3/16/2009	9/16/2009	1/16/2010	1/16/2011	Jan-2012
Sonoma	6/12/2009	8/12/2009	2/12/2010	6/12/2010	6/12/2011	Jun-2012 €
Tehama	9/25/2008	11/25/2008	5/25/2009	9/25/2009	9/25/2010	Sep-2011
Trinity	6/11/2009	8/11/2009	2/11/2010	6/11/2010	6/11/2011	Jun-2012 €
Ventura	1/29/2009	3/29/2009	9/29/2009	1/29/2010	1/29/2011	Jan-2012

* PQCR Final Report is due w/in 2 mos. of PQCR end date.

** CSA is due w/in 6 mos. of PQCR Final Report due date. New CSA w/ BOS approval is due once every 3 yrs.

*** SIP approved by BOS is due w/in 4 mos. of the most recent CSA.

† SIP Update is due annually from the due date for the most recent 3-year SIP.

‡ Month and year to schedule PQCR. County has option to select a date w/in the designated month and year.

€ Counties w/PQCRs scheduled in June must complete all onsite activities by the end of the month (June 30th).

NOTE 1. Reports w/ due dates on a Saturday, Sunday, Federal or State Holidays are due on the next weekday.