

Probation Department:

RCP has participated in and implemented current federal and state initiatives. Current examples include, but are not limited to:

Juvenile Justice Crime Prevention Act (JJCPA): The act was created by the Crime Prevention Act of 2000 to provide stable funding for local juvenile justice programs aimed at curbing crime and delinquency among at risk youth and juvenile offenders. RCPs Youth Accountability Team (YAT) was established in an attempt to divert less serious juvenile offenders from being brought to the attention of the juvenile courts. These youths' delinquency/incorrigibility have been handled in an informal, treatment oriented manner. YAT provides a collaborative and integrated multi-agency approach to rapid and effective intervention with at risk youth and less serious juvenile offenders through swift and certain responses by providing necessary services to youth and their families. The program is a voluntary and collaborative program with a goal of preventing, intervening, and suppressing juvenile delinquency with a focus on at risk youth ages 12-17.5 years' old who are displaying pre-delinquent and delinquent behavior. Currently, the County has established 21 teams, strategically located throughout the county, servicing 17 school districts. Each team consists of a Deputy Probation Officer (DPO), a law enforcement officer (LEO), a Deputy District Attorney (DDA), counseling agencies, and various school districts in the County. During the summer months when school is adjourned, YAT hosts a weeklong Youth Strength Academy (YSA) in the Eastern and Western areas of the County. YSA is held on a local college campus where the youth placed on a YAT contract receive leadership and teamwork skills, education, athletic competition, nutritional information, and other life skills. Moreover, parents are required to participate in the YSA and are also provided a referral for an additional parenting education class. Youth are also encouraged to attend organized field trips to colleges and occupational programs.

The regional Gang Task Forces facilitate a Gang Intervention for Teens (GIFT) program, which is a diversion program that provides intervention services to youth at risk of becoming involved in the gang subculture. This program is geared toward juveniles that have been identified as at risk by school employees, law enforcement, or RCP, as being gang members or affiliates. A multi-agency approach is used to conduct home visits and provide parent education training to highlight and assist the parents in recognizing the warning signs and potential dangers involved in gang membership, association and activity. At the conclusion of these visits, pamphlets are provided to the parents with community, government and law enforcement resources available to both parents and juveniles to help them cope with and manage these issues. Officers provide gang awareness training and information regarding the GIFT program to School Resource Officers (SROs), school district staff, school administrators, police officers and other localized officers with a focus on gang culture.

Chapman University, in partnership with RCP, conducts a collaborative Restorative Justice (RJ)

diversion program to address youth's offenses prior to being brought to the attention of the juvenile justice system. The RJ model is designed with three key elements: to support the healing process of victims by providing a safe and controlled setting for them to meet the juvenile offender; allow the youth to learn about the impact of the crime on the victim and to take direct responsibility for their behavior; and provide an opportunity for the victim and youth to develop a mutually acceptable plan that addresses the harm caused by the crime. The program provides victims with a voice and active role, something rarely available in the traditional justice system, by fostering dialogue between the victim and offender. This approach shows the highest rates of victim satisfaction and youth accountability. Mediations are conducted throughout the western and mid-county regions and occur weekly, during evening hours, to prevent work and school conflicts. The mediator conducts the combined victim/youth mediation. To date, the success rate of the terminated cases remains at 90%; in that, of those who successfully completed the program over the past six months only one out of 10 youthful offender participants has been re-arrested or adjudicated. Victim mediation compliance is monitored by the supervision probation officer. The supervision probation officer works with the mediator and ensures the youth is working towards completing the sanctions agreed upon during the victim-offender reconciliation. Youth have at least six months to complete the terms of the agreement. If the terms of the agreement are not completed, the case is returned to RCP for discretionary handling.

Youthful Offender Block Grant Program (YOBG): Pursuant to Senate Bill 81, the YOBG program was developed to realign certain youth in California's juvenile justice population from state to county control. YOBG supports the concept that public safety is enhanced by keeping juvenile offenders close to their families and communities. YOBG funds the salaries and benefits for staff assigned to the Youth Treatment and Education Center (YTEC), a secure treatment program for males and females ages 15-20. Funding is also provided for behavioral health services, supplies for youth, assessments, and operational costs associated with the opening of YTEC. Lastly, YTEC further prepares youth for re-entry by allowing furloughs with family members, providing opportunities for off-site completion of community service hours, and exposing youth to various off-site educational, vocational, and recreational activities and events.

YTEC graduates are supervised in the community by Enhanced Aftercare Deputy Probation Officers who have all received training in Functional Family Probation Supervision, an evidence-based case management system. Aftercare provides intensive community based supervision of youth released from YTEC. Aftercare officers oversee the youth's rehabilitation process throughout their participation in YTEC. This oversight begins from the initial assessment through reintegration into the community. Currently, there are 12 full-time aftercare officers assigned to this program. Each officer is responsible for a maximum caseload of 20 cases. The low numbers of each of these caseloads ensures a more successful, individualized approach to

community reintegration. Services include re-entry counseling, job placement, emancipation, transitional housing assistance, and Forward Thinking classes. The increased early intervention and involvement in the re-entry plans for all YTEC youth assist with a more successful transition into the community.

Continuum of Care Reform (CCR): CCR originates from the idea that those children, who are removed from their original homes, become more successful in life when they are placed in homes with nurturing and committed caregivers, as opposed to being placed in a congregate care setting. To promote awareness and collaboration regarding CCR (AB 403), RCP will continue providing fundamental training to deputy probation officers, treatment providers, court officials and all related system partners. To fully implement all facets of CCR, the dedicated Juvenile Projects Unit (JPU) was created to research the legislation and assist with the implementation process of CCR. JPU consists of a Supervising Probation Officer, two Senior Probation Officers, two Deputy Probation Officers, and one Office Assistant III. The implementation of CCR focused around collaboration between RCP, Riverside County counterparts (DPSS and RUHS-BH), other probation agencies statewide, placement providers, and other stakeholders. Additionally, JPU assumed the responsibility of training staff for CCR concepts department-wide. In-house training focuses on educating officers about the legal obligations surrounding youth in out-of-home care, the legal rights of these youth and the ultimate goal of family preservation and permanence. Court training emphasizes the main influential elements behind CCR, which include the Interagency Placement Committee process, Resource Family Approval, and Child and Family Teams. Moreover, RCP has been collaborating with congregate care providers to assist them in their efforts to transition from group homes to STRTPs. RCP has also been collaborating with home-based care providers to assist them with the Resource Family Approval process.

Title IV-E: Title IV-E provides federal reimbursement for the maintenance and administration incurred by public agencies for working with youth at imminent risk of foster care. RCP uses a Title IV-E case plan as the preferred option to identify a probation youth as a candidate. RCPs case plan identifies the services needed to prevent removal of the youth from the home. RCP probation officers also assess all youth at imminent risk of removal from home by completing the evaluation of imminent risk and reasonable candidacy tool. The youth identified as imminent risk of removal from home are visited, face-to-face, at a minimum of once per month. Each visit is documented in JAMS and the youth is listed as a Title IV-E eligible youth in the data management system. The case plan is to be updated every six months or as a new material change occurs. If the youth continues to be at risk of removal even after receiving preventative services, the case plan must reflect a revised plan to address the youth's needs.

California Fostering Connections to Success Act (AB12): RCP currently offers Extended Foster Care (EFC) to assist foster youth in maintaining a safety net of support while experiencing independence in a secure and

supervised living environment. The extended time under probation supervision provided to Non-Minor Dependents (NMDs) can assist the youth in becoming better prepared for successful transition into adulthood and self-sufficiency through education and employment training. The youth can receive extended supportive services as they endeavor into more independent living situations in their journey through adulthood. RCP follows the same Division 31 guidelines for EFC youth as it does for youth in foster care under age 18. Additionally, the probation officer assists the youth with obtaining transitional housing or a Supervised Independent Living Placement (SILP), as well as, assisting with meeting eligibility criteria, as needed. RCP currently has two probation officers dedicated to supervising EFC youth.

Pathways to Wellness Committee: Katie A. was a class action lawsuit that was filed in 2002 against the California Department of Social Services (CDSS), the California Department of Health Care Services (DHCS), and the County of Los Angeles. Plaintiffs alleged that foster children do not receive adequate assessments and referrals for behavioral health services and, as a result, suffered through placement in multiple unnecessarily restrictive foster care placements. As a response to the settlement of the Katie A. lawsuit, the Pathways to Wellness Committee was created, which was later renamed the Collaborative System of Care (CSOC) committee. Representatives from three agencies within Riverside County (Probation, DPSS, and RUHS-BH) sit on this committee and collaborate as to how county resources may be used to ensure youth in care receive the necessary behavioral health services. The CSOC committee meets monthly to discuss issues on continuity of care and collaboration across systems in order to achieve positive outcomes for safety, permanency, and well-being of the youth and families all three agencies serve.

Attachment A

Five – Year SIP Chart

Priority Outcome Measure or Systemic Factor – Children’s Services Division Outcome

3-S2: Recurrence of maltreatment (Children with substantiated allegation during 12-month period: Recurrence within 12 months)

National Standard: <9.1%

CSA Baseline Performance: 12.3% (Q2 2017)

Target Improvement Goal: <9.1% by 2022

Priority Outcome Measure or Systemic Factor – Children’s Services Division Outcome

3-P1: Permanency in 12 Months of Entering Foster Care (Entry Cohort)

National Standard: >40.5%

CSA Baseline Performance: 40.2% (Q2 2017)

Target Improvement Goal: Maintain performance at or above national standard

Priority Outcome Measure or Systemic Factor – Children’s Services Division Outcome

3-P4: Re-entry to Foster Care in 12 months (Entry Cohort)

National Standard: <8.3%

CSA Baseline Performance: 6.2% (Q2 2017)

Target Improvement Goal: Maintain performance at or below national standard

Priority Outcome Measure or Systemic Factor – Probation Outcome

3-P1: Permanency in 12 Months of Entering Foster Care (Exit Cohort)

National Standard: >40.5%

CSA Baseline Performance: 22.9 (Q1 2017)

Target Improvement Goal: RCP will be equal to or above the National Standard of 40.5% by April 2022.

Priority Outcome Measure or Systemic Factor – Probation Outcome

3-P4: Re-entry to Foster Care in 12 months (Exit Cohort)

National Standard: <8.3%

CSA Baseline Performance: 20.8 (Q1 2017)

Target Improvement Goal: RCP will be equal to or below 10.4% by April 2022. Additionally, we will focus on the 11-15 year-old population of youths in STRTPs and RFAs placements.

<p>Probation Department:</p> <p>Strategy 1: Improve support and services for parents, relatives, and caregivers.</p>	<input type="checkbox"/> CAPIT	<p>Applicable Outcome Measure(s) and/or Systemic Factor(s):</p> <p>3. P1 Permanency in 12 months for children entering foster care: Of all youths who entered care in the 12-month period, what percent discharges to permanency (reunification, guardianship, or adoption) within 12 months?</p> <p>3.P4 Re-entry within 12 months for children entering foster care: Of all youths who enter care in the 12-month period, who discharge within 12 months to reunification or guardianship what percent re-enter foster care within 12 months?</p> <p>C-CFSR Measures:</p> <p>Safety Outcome 2: Youths are safely maintained in their homes whenever possible and appropriate.</p> <p>Item 2: Services to family to protect youths in the home and prevent removal or re-entry into foster care.</p> <p>Item 3: Risk and needs assessment and management.</p> <p>Permanency Outcome 1: Youths have permanency and stability in their living situation.</p> <p>Item 6: Achieving reunification or other planned permanent living arrangement.</p> <p>Permanency Outcome 2: The continuity of family relationships and connections is preserved for youths.</p> <p>Item 9: Preserving connections.</p> <p>Item 10: Relative placement.</p> <p>Item 11: Concerted efforts to promote, support, and maintain positive relationships between the youth and parents or primary caregivers.</p> <p>Well-Being Outcome 1: Families have enhanced capacity to provide for their youth's needs.</p> <p>Item 12: Needs and services of youth, parents, and STIRP homes.</p> <p>Item 13: Parent/caregiver and youth involvement in case planning process.</p>
	<input type="checkbox"/> CBCAP	
	<input type="checkbox"/> PSSF	

<input type="checkbox"/> Title IV-E Child Welfare Waiver Demonstration Capped Allocation Project	<input checked="" type="checkbox"/> N/A	Action Steps:	Implementation Date:	Completion Date:	Person Responsible:	
A. Increase partnership between the Juvenile Project Unit, Placement Unit probation officers, and Core Team to utilize community programs for families and caregivers of at risk youth.	June 2018	December 2022	Probation Department; Juvenile Services Division	B. Coordinate with child welfare and behavioral health agencies to assist with providing services related to training and support for parents, relatives, and caregivers.	June 2019	Probation Department; Juvenile Services Division
C. Use the Core Team to promote the use of the 2-1-1 Community Connect and the Geographic Information System (GIS) – Service Provider Directory throughout Riverside County to connect families to community based resources, parent education opportunities, Mental Health and Substance Abuse services.	August 2018	December 2022	Probation Department; Juvenile Services Division	D. Evaluate the outcomes of the parents, relatives, and caregivers receiving the services with surveys and assessments.	December 2018	Probation Department; Juvenile Services Division
E. Promote and support the use of Family Resource Centers (FRC) as community service hubs to provide a range of evidence-based and culturally relevant resources and services.	August 2018	August 2019	Probation Department; Juvenile Services Division	F. Expand the Parent Project and encourage parents whose youth are already in placement to participate in the Parent Project to help prepare for reunification.	June 2018	Probation Department; Juvenile Services Division

<p>G. Identify, select and provide initial and ongoing training and coaching in family engagement strategies for probation staff (such as Motivational Interviewing, Cultural Diversity, and Cultural Competency: Creating Respectful Cross-Cultural Environments).</p>	<p>July 2018</p>	<p>December 2022</p>	<p>Probation Department; Juvenile Services Division</p>
<p>H. Increase parent voice in decision making by developing a parent mentoring program (Parent Partners).</p>	<p>September 2018</p>	<p>December 2022</p>	<p>Probation Department; Juvenile Services Division</p>

<p>Probation Department: Strategy 2: Implement family finding and engagement and support activities to improve permanency and connections for recently reunified youth.</p>	<p><input type="checkbox"/> CAPIT</p> <p><input type="checkbox"/> CBCAP</p> <p><input type="checkbox"/> PSSF</p>	<p>Applicable Outcome Measure(s) and/or Systemic Factor(s):</p> <p>3. P1 Permanency in 12 months for children entering foster care: Of all youths who entered care in the 12-month period, what percent discharges to permanency (reunification, guardianship, or adoption) within 12 months?</p> <p>3.P4 Re-entry within 12 months for children entering foster care: Of all youths who enter care in the 12-month period, who discharge within 12 months to reunification or guardianship what percent re-enter foster care within 12 months?</p> <p>C-CFSR Measures:</p> <p>Safety Outcome 2: Youths are safely maintained in their homes whenever possible and appropriate.</p> <p>Item 2: Services to family to protect youths in the home and prevent removal or re-entry into foster care.</p> <p>Item 3: Risk and needs assessment and management.</p> <p>Permanency Outcome 1: Youths have permanency and stability in their living situation.</p> <p>Item 6: Achieving reunification or other planned permanent living arrangement.</p> <p>Permanency Outcome 2: The continuity of family relationships and connections is preserved for youths.</p> <p>Item 9: Preserving connections.</p> <p>Item 10: Relative placement.</p> <p>Item 11: Concerted efforts to promote, support, and maintain positive relationships between the youth and parents or primary caregivers.</p> <p>Well-Being Outcome 1: Families have enhanced capacity to provide for their youth's needs.</p> <p>Item 12: Needs and services of youth, parents, and STRTP homes.</p> <p>Item 13: Parent/caregiver and youth involvement in case planning process.</p>
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<p>Staff and provider Training Item 26: Services pursuant to the Child and Family Services Plan (CFSP) for basic skills and knowledge required for positions.</p>		
<input type="checkbox"/> Title IV-E Child Welfare Waiver Demonstration Capped Allocation Project	<input checked="" type="checkbox"/> N/A	
Action Steps:		
Completion Date:	Implementation Date:	Person Responsible:
January 2020 Probation Department; Juvenile Services Division	January 2019	A. Expand the use of Child and Family Team Meetings (CFTM) for prevention measures to all youth who are on formal probation and at risk of removal.
December 2022 Probation Department; Juvenile Services Division	January 2019	B. Improve use of underutilization aftercare services for youth and caregivers returning to their community after placement.
July 2021 Probation Department; Probation Training Unit	January 2018	C. Begin recruitment of Foster Family Agencies for probation youths.
December 2022 Probation Department; Juvenile Services Division	January 2018	D. Train and encourage juvenile probation officers to utilize CCR practices to develop the support for the youth and family.
December 2022 Probation Department; Juvenile Projects Unit	December 2018	E. Evaluate the outcomes of the youth receiving the services with exiting surveys.

<p>Children's Services Division:</p> <p>Strategy 1: Increase community awareness of child maltreatment prevention, parent education and service availability by strengthening the coordination of the public, private and community based organizations within Riverside County.</p>	<input type="checkbox"/> CAPIT <input type="checkbox"/> CBCAP <input checked="" type="checkbox"/> PSSF	<p>Applicable Outcome Measure(s) and/or Systemic Factor(s): 3-52 Recurrence of maltreatment: Of all children with a substantiated allegation during the 12-month period, what percent had another substantiated allegation within 12 months? C-CFSR Measures: Safety Outcome 2: Children are safely maintained in their homes whenever possible and appropriate. Item 2: Services to Family to Protect Children in the Home and Prevent Removal or Re-Entry Into Foster Care.</p> <input type="checkbox"/> Title IV-E Child Welfare Waiver Demonstration Capped Allocation Project
<p>Action Steps:</p>		
<p>A. CSD will work in coordination with the Riverside County Child Abuse Prevention Council to target public awareness campaigns in communities with high-risk and underserved populations, such as Hemet, San Jacinto and Calimesa.</p>	<p>November 2018</p>	<p>October 2019</p> <p>Children's Services Division – Regional Managers</p>
<p>B. CSD will coordinate the efforts of the Cultural Disparity and Disproportionality (CDD) workgroup, HOPE Collaborative, and Family Resource Centers (FRC) to incorporate Racial Disparity and Disproportionality awareness content to the Prevention, Awareness, and Parenting program curriculum to include Mandated Reporter Training, Protective Factors Training, culturally relevant parenting training and all educational workshops.</p>	<p>November 2018</p>	<p>November 2020</p> <p>Children's Services Division – Regional Managers</p>
<p>C. CSD will provide information to families with infants (at first contact) on how to obtain a "New Parent Kit" from First 5 California and assist them in requesting the kit.</p>	<p>January 2019</p>	<p>2022</p> <p>Children's Services Division – Regional Managers</p>

<p>Children's Services Division:</p> <p>Strategy 2:</p> <p>Improve Secondary Prevention Services to at risk families by developing networks of informal and formal community supports through the coordination of effort between public, private, and community based organizations.</p>	<p><input type="checkbox"/> CAPIT</p> <p><input type="checkbox"/> CBCAP</p> <p><input checked="" type="checkbox"/> PSSP</p>	<p>Applicable Outcome Measure(s) and/or Systemic Factor(s):</p> <p>3-S2 Recurrence of maltreatment: Of all children with a substantiated allegation during the 12-month period, what percent had another substantiated allegation within 12 months?</p> <p>C-CFSR Measures:</p> <p>Safety Outcome 2: Children are safely maintained in their homes whenever possible and appropriate.</p> <p>Item 2: Services to Family to Protect Children in the Home and Prevent Removal or Re-Entry Into Foster Care.</p>
<p><input type="checkbox"/> Title IV-E Child Welfare Waiver Demonstration Capped Allocation Project</p>	<p><input type="checkbox"/> N/A</p>	
<p>Action Steps:</p>		
<p>Implementation Date:</p> <p>February 2019</p>	<p>Completion Date:</p> <p>2022</p>	<p>Person Responsible:</p> <p>Children's Services Division – Regional Managers</p>
<p>A. CSD will engage the Core Team to promote the use of the 2-1-1 Community Connect and the GIS – Service Provider Directory throughout Riverside County to connect families to community service resources and parent education opportunities without the stigma or embarrassment of Child Welfare Services involvement.</p>	<p>February 2019</p>	<p>B. CSD will coordinate with the Core Team on the expansion of Secondary Prevention Services in underserved and high-risk communities such as Hemet, San Jacinto and Calimesa using partnerships between prevention agencies such as First 5, FRC, and HOPE Collaborative.</p> <p>Note: Secondary Prevention services are services target to:</p> <ol style="list-style-type: none"> 1. First Time Parents 2. Teen Parents 3. Parents of Children with Disabilities 4. Families with identified high-risk factors
<p>February 2019</p>	<p>April 2021</p>	<p>Children's Services Division – Regional Managers</p>

<p>C. CSD will promote and support the use of Family Resource Centers as Community Service Hubs to provide a range of evidence-based and culturally relevant resources and services.</p>	<p>January 2019</p>	<p>2022</p>	<p>Children's Services Division – Regional Managers</p>
<p>D. CSD will implement and promote evidence-based father involvement intervention programs, resources, and services.</p>	<p>July 2021</p>	<p>2022</p>	<p>Children's Services Division – Regional Managers</p>
<p>E. CSD will coordinate the efforts of the Cultural Disparity and Disproportionality (CDD) workgroup and community based service providers to identify, implement, and maintain culturally relevant services to meet the identifiable and unique needs within communities.</p>	<p>August 2019</p>	<p>2022</p>	<p>Children's Services Division – Deputy Directors Children's Services Division – Regional Managers</p>

<p>Children's Services Division:</p> <p>Strategy 3:</p> <p>Create a culture of system change through focusing available resources on strengthening families to maintain children safely at home.</p>	<input type="checkbox"/> CAPIT <input type="checkbox"/> CBCAP <input checked="" type="checkbox"/> PSSF	<p>Applicable Outcome Measure(s) and/or Systemic Factor(s):</p> <p>3-S2 Recurrence of maltreatment: Of all children with a substantiated allegation during the 12-month period, what percent had another substantiated allegation within 12 months?</p> <p>C-CFSR Measures:</p> <p>Safety Outcome 2: Children are safely maintained in their homes whenever possible and appropriate.</p> <p>Item 2: Services to Family to Protect Children in the Home and Prevent Removal or Re-Entry into Foster Care.</p> <p>Item 3: Risk and Safety Assessment and Management</p>	<input type="checkbox"/> Title IV-E Child Welfare Waiver Demonstration Capped Allocation Project
<p>Action Steps:</p>		<p>Implementation Date:</p>	<p>Person Responsible:</p>
<p>A. CSD will promote and support utilization of the Family Resource Centers as a resource for pre-placement preventative services and resources including evidence-based culturally relevant services.</p>	<p>January 2019</p>	<p>2022</p>	<p>Children's Services Division – Regional Managers</p>
<p>B. CSD will support community partners such as Faith-In-Motion, Safe Families, and CarePortal in providing families with basic life physical needs and/or temporary childcare without the stigma or embarrassment of child welfare services involvement.</p>	<p>February 2019</p>	<p>2022</p>	<p>Children's Services Division – Regional Managers</p>
<p>C. CSD will direct the application of knowledge and expertise in child welfare investigations to case level decision making that focuses on the safety of the child rather than on complicating risk factors within the family through the use of SOP.</p>	<p>January 2020</p>	<p>2022</p>	<p>Children's Services Division – Deputy Directors Children's Services Division – Regional Managers</p>

<p>D. CSD will promote and support the use of SOP practices and tools for referrals at intake and initial investigations to establish reliable safety networks along with formal or informal safety plans that will allow children to remain safely at home, whenever possible.</p>	<p>January 2019</p>	<p>2022</p>	<p>Children's Services Division – Deputy Directors Children's Services Division – Regional Managers</p>
<p>E. CSD will increase and support the use of Child and Family Team Meeting (CFTM) along with SOP tools, to create, implement, and monitor formal and informal Safety Plans and safety networks to safely maintain children in their own homes.</p>	<p>January 2020</p>	<p>2022</p>	<p>Children's Services Division – Deputy Directors Children's Services Division – Regional Managers</p>

<p>Children's Services Division: Strategy 4: Increase parent, child and care provider engagement, and preserve and stabilize families at all stages of the child welfare system.</p>	<p><input type="checkbox"/> CAPIT</p> <p><input type="checkbox"/> CBCAP</p> <p><input checked="" type="checkbox"/> PSSF</p>	<p>Applicable Outcome Measure(s) and/or Systemic Factor(s):</p> <p>3-S2 Recurrence of maltreatment: Of all children with a substantiated allegation during the 12-month period, what percent had another substantiated allegation within 12 months?</p> <p>3-P1 Permanency in 12 months for children entering foster care: Of all children who entered care in the 12-month period, what percent discharged to permanency within 12 months?</p> <p>3-P4 Re-entry within 12 months: Of all children who enter care in the 12-month period who discharged within 12 months to reunification or guardianship, what percent re-enter foster care within 12 months?</p> <p>C-CFSR Measures:</p> <p>Safety Outcome 2: Children are safely maintained in their homes whenever possible and appropriate.</p> <p>Item 2: Services to Family to Protect Children in the Home and Prevent Removal or Re-Entry into Foster Care.</p> <p>Item 3: Risk and Safety Assessment and Management</p> <p>Permanency Outcome 1: Children have permanency and stability in their living situations.</p> <p>Item 6: Achieving Reunification, Guardianship, Adoption, or Other Planned Permanent Living Arrangement.</p> <p>Permanency Outcome 2: The continuity of family relationships and connections is preserved for children.</p> <p>Item 9: Preserving Connections</p> <p>Item 11: Relationship of Child in Care with Parents</p> <p>Well-Being Outcome 1: Families have enhanced capacity to provide for their children's needs.</p> <p>Item 12: Needs and Services of Child, Parents, and Foster Parents.</p> <p><input type="checkbox"/> Title IV-E Child Welfare Waiver Demonstration Capped Allocation Project</p>
	<p><input type="checkbox"/> N/A</p>	

Action Steps:	Implementation Date:	Completion Date:	Person Responsible:
A. Fatherhood Engagement: CSD will improve the identification and active engagement of fathers.	July 2021	2022	Children's Services Division – Regional Managers
B. CSD will strengthen and expand the use of Pre-Placement Preventative and Post-Reunification Family Maintenance Services with culturally relevant, needs driven, and family-focused supportive services to meet the unique needs of the family.	January 2020	2022	Children's Services Division – Regional Managers
C. CSD will increase the use of Child and Family Team Meetings (CFT) for all children and families receiving child welfare services.	January 2020	2022	Children's Services Division – Regional Managers
D. CSD will increase and enhance the use of Core Practice Model values and engagement principles within Children's Services Division and all contracted service providers.	January 2020	2022	Children's Services Division – Deputy Directors Children's Services Division – Regional Managers
E. CSD will train, coach, and encourage the ongoing use of Safety Organized Practice (SOP), Child and Family Team (CFT), and Core Practice Model (CPM) practices to develop successful formal and informal safety and resource networks for families receiving child welfare services.	January 2020	2022	Children's Services Division – Deputy Directors Children's Services Division – Regional Managers

<p>Children's Services Division:</p> <p>Strategy 5:</p> <p>Preserve connections with relatives and support relative placements.</p>	<input type="checkbox"/> CAPIT <input type="checkbox"/> CBCAP <input checked="" type="checkbox"/> PSSF	<p>Applicable Outcome Measure(s) and/or Systemic Factor(s):</p> <p>3-P1 Permanency in 12 months for children entering foster care: Of all children who entered care in the 12-month period, what percent discharged to permanency within 12 months?</p> <p>3-P4 Re-entry within 12 months: Of all children who enter care in the 12-month period who discharged within 12 months to reunification or guardianship, what percent re-enter foster care within 12 months?</p> <p>C-CFSR Measures:</p> <p>Permanency Outcome 1: Children have permanency and stability in their living situations.</p> <p>Item 6: Achieving Reunification, Guardianship, Adoption, or Other Planned Permanent Living Arrangement.</p> <p>Permanency Outcome 2: The continuity of family relationships and connections is preserved for children.</p> <p>Item 9: Preserving Connections</p> <p>Item 10: Relative Placement</p> <p>Item 11: Relationship of Child in Care with Parents</p> <p>Well-Being Outcome 1: Families have enhanced capacity to provide for their children's needs.</p> <p>Item 12: Needs and Services of Child, Parents, and Foster Parents.</p>	<input type="checkbox"/> Title IV-E Child Welfare Waiver Demonstration Capped Allocation Project
<p>Action Steps:</p> <p>A. CSD will engage the Core Team to promote the use of community partners such as Faith-In-Motion, CarePortal, and community based organizations to support relatives through the successful completion of the Resource Family Approval (RFA) process.</p>		<p>Implementation Date:</p> <p>February 2019</p>	<p>Completion Date:</p> <p>2022</p> <p>Person Responsible:</p> <p>Children's Services Division – Regional Managers</p>

<p>B. CSD will establish and support the use of the CSD Family Connections Unit for African American families to increase locating and engaging relatives.</p>	<p>February 2019</p>	<p>2022</p>	<p>Children's Services Division – Regional Managers</p>
<p>C. CSD will establish needs driven, strength-based, and family focused supportive services to relative care providers with a specific focus on communities of high-risk and underserved populations, such as Hemet, San Jacinto, and Calimesa.</p>	<p>January 2020</p>	<p>2022</p>	<p>Children's Services Division – Regional Managers</p>

Attachment B

Service Provision for CAPIT/CBCAP/PSSF Programs

CAPIT/CBCAP/PSSF EXPENDITURE WORKBOOK

(1) DATE SUBMITTED: _____ (2) DATES FOR THIS WORKBOOK: 7/1/18 thru _____ (3) DATE APPROVED BY OCAP: _____
 (4) COUNTY: Riverside (5) PERIOD OF REP: 7/1/18 thru _____ (6) YEARS: _____ Internal Use Only

		CAPIT		CBCAP		PSSF						OTHER SOURCES	NAME OF OTHER	TOTAL									
		E1	E2	F1	F2	G1	G2	G3	G4	G5	G6	G7	H1	H2	I								
		Dollar amount to be spent on CAPIT Programs		Dollar amount to be spent on CBCAP Programs		Dollar amount to be spent on Family Preservation		Dollar amount to be spent on Family Support		Dollar amount to be spent on Time-Limited Reunification		Dollar amount to be spent on Adoption Promotion & Support		Dollar amount of PSSF allocation to be spent on PSSF activities (Sum of columns G1-G4)		Dollar amount from other sources		List the name(s) of the other funding source(s)		Total dollar amount to be spent on this Program (Sum of Columns E, F, G)			
		CAPIT is used for Administration		CBCAP is used for Administration		PSSF is used for Administration																	
		Service Provider is Unknown, Date Revised Workbook to be Submitted to OCAP																					
No.	Program Name	Applies to CBCAP Programs Only		Name of Service Provider		D2		D1		C													
A	B	C	D1	D2	E1	E2	F1	F2	G1	G2	G3	G4	G5	G6	G7	H1	H2	I					
1	Counseling and Anger Mgmt		Family Services Association		\$190,520		\$0		\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$75,945	CWS Basic	\$266,465					
2	Counseling and Anger Mgmt		Marshall Consulting and Mental Health Services		\$143,880		\$0		\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0			\$143,880				
3	Domestic Violence		Cox Roman Psychological Services		\$0		\$0		\$0	\$22,700	\$0	\$0	\$22,700	\$0	\$0	\$0			\$22,700				
4	Domestic Violence		Olive Branch Counseling Services		\$0		\$0		\$0	\$56,050	\$0	\$0	\$56,050	\$0	\$0	\$0			\$56,050				
5	Domestic Violence		Perris Valley Recovery Services		\$0		\$0		\$0	\$75,470	\$0	\$0	\$75,470	\$0	\$0	\$0			\$75,470				
6	Family Preservation/Drug Court		Riverside University Health Systems - Behavioral Health		\$0		\$0		\$0	\$100,000	\$270,000	\$0	\$0	\$370,000	\$0	\$0			\$370,000				
7	Parenting Education		MFT Recovery, Inc.		\$37,900		\$0		\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$18,950	CWS Basic	\$56,850					
8	Parenting Education		Riverside University Health Systems - Behavioral Health		\$5,425		\$0		\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$4,875		\$10,300					
9	Post Adoption Services		International Christian Adoptions		\$0		\$0		\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0		\$0	\$0				
10	Adoption Services		Olive Crest		\$0		\$0		\$0	\$0	\$0	\$177,334	\$177,334	\$0	\$0	\$0		\$177,334					
11	Primary & Early Safecare	Direct Service	California Family Life Center		\$0		\$39,370		\$170,607	\$0	\$0	\$0	\$0	\$0	\$0	\$177,544	CTF, CWSOIP	\$367,621					
12	Primary & Early Safecare	Direct Service	Marshall Consulting and Mental Health Services		\$0		\$14,660		\$66,780	\$0	\$0	\$0	\$0	\$0	\$0	\$94,060		\$178,600					
13	Substance Abuse		MFT Recovery, Inc.		\$169,000		\$0		\$0	\$67,750	\$0	\$0	\$0	\$0	\$0	\$0		\$236,750					
14	Substance Abuse		Riverside University Health Systems - Behavioral Health		\$0		\$0		\$0	\$50,000	\$0	\$0	\$0	\$0	\$0	\$0		\$50,000					
15	Totals				\$465,725		\$64,638		\$237,587	\$71,978	\$278,008	\$237,334	\$1,116,091	\$371,374		\$371,374		\$2,028,829					
									21%	33%	24%	21%	31%										

**CBCAP Programs
Worksheet 2**

		(1) COUNTY:	Riverside	(2) YEARS:	18/19								
No.	Program Name	EB/EIP ONLY						Parent Involvement Activities					
		Logic Model			EB/EIP Level As determined by the EB/EIP Checklist			Planning	Implementation	Evaluation			
		C1	C2	C3	D1	D2	D3	D4	D5	D6	E1	E2	E3
		Logic Model Not Applicable	Logic Model Exists	Logic Model Will be Developed	Program Lacking support (Level 0)	Emerging & Evidence Informed Programs & Practices (Level 1)	Promising Programs & Practices (Level 2)	Supported (Level 3)	Well Supported (Level 4)	EB/EIP Checklist is on file or N/A			
A	B												
10	Primary SafeCare: California Family Life Center		X					X	X	N/A			X
11	Primary SafeCare: Marcell Counseling and Mental Health Services		X					X	X	N/A			X

Attachment C

**CAPIT/CBCAP/PSSF
 PROGRAM AND EVALUATION DESCRIPTION**

PROGRAM DESCRIPTION

PROGRAM NAME

Counseling and Anger Management (CAPIT/CBCAP/PSSF Expenditure Workbook – line numbers 1 and 2)

SERVICE PROVIDER

Family Service Association (FSA) & MarSell Consulting and Mental Health Services (MCMHS)

PROGRAM DESCRIPTION

Counseling and Anger Management services are intended to provide evidence-based/evidence-informed training (Cognitive Behavioral Therapy [CBT]; Anger Management for Substance Abuse and Mental Illness Therapy) for parents/caregivers with children and youth who are at risk and/or have open cases for maltreatment due to the presence of maladaptive patterns of thinking or anger issues that affect family function. Trained counseling and anger management professionals (or licensed supervised interns) provide parents/caregivers, children, and youth with information, skills, and principles essential for managing mental health and/or anger problems. Services are provided on an individual basis (50 minutes minimum) or within a group of peers (90 minutes minimum). Each client receives sixteen (16) sessions (one [1] session per week) of counseling, anger management or both, which can be extended with DPSS management approval. Successful implementation of the counseling and/or anger management treatment is intended to improve child welfare outcomes related to child safety, permanency, and child and family well-being.

FUNDING SOURCES

SOURCE	LIST FUNDED ACTIVITIES
CAPIT	Behavioral health, mental health services
CBCAP	N/A
PSSF Family Preservation	N/A
PSSF Family Support	N/A
PSSF Time-Limited Family Reunification	N/A
PSSF Adoption Promotion and Support	N/A
OTHER Source(s): CWS Basic	Behavioral health, mental health services

IDENTIFY PRIORITY NEED OUTLINED IN CSA

Parent/caregiver mental health was rated as the third top safety concern by service providers and child welfare staff and identified as one of the top safety concerns of the community as well, highlighting a need for counseling/mental health treatment services. From 2010 to 2014, there has been a steady increase in mental health services needed for clients of all regions in Riverside County (page 21, County of Riverside CSA 2017).

TARGET POPULATION

The target population for the Counseling and Anger Management Program are parents/caregivers (closed referrals or open cases) who have been identified as needing counseling and/or anger management treatment in order to provide a safe environment for their children, as well as children/youth from identified and/or at risk families in need of Counseling and Anger Management.

TARGET GEOGRAPHIC AREA

All of Riverside County. The County is divided into three (3) separate zones that were determined by zip code and population. MarSell covers zone 1 including the following cities: Corona, Lake Elsinore, Homeland, March AFB, Mira Loma, Moreno Valley, Norco, Nuevo/Lakeview, Perris, Riverside, Romoland, Sun City, Canyon Lake, Quail Valley, and Wildomar. FSA covers zones 2 and 3 including the following cities: Anza, Banning, Beaumont, Cherry Valley, Cabazon, Calimesa, Hemet, Idyllwild, Menifee, Sun City, Mountain Center, Murrieta, San Jacinto, Gilman Springs, Temecula, Winchester, Cathedral City, Coachella, Desert Center, Eagle Mountain, Desert Hot Springs, Indian Wells, Indio, Indio Hills, Sky Valley, La Quinta, Mecca, North Shore, Midland, Palm Desert, Rancho Mirage, Ripley, Thermal Oasis, Salton Sea, Thousand Palms, and Whitewater. The Request for Proposal (RFP) requires that all providers ensure that services are accessible to clients. MarSell's main service locations are as follows: Norco-92860, Moreno Valley-92553, Perris-92507, Riverside-92509, and Lake Elsinore-92530. FSA's main service locations are as follows: Cabazon Clinic - 92230, San Jacinto Clinic - 92583 and they are working on an Indio location.

TIMELINE

Current contracts were awarded for the FY 18-19 and will continue for up to five (5) years, renewable on a yearly basis.

EVALUATION

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

Desired Outcome	Indicator	Source of Measure	Frequency
Reduce entry/re-entry into the child welfare system and increase re-unification by equipping parents/caregivers with the knowledge and skills necessary to increase their capacity to effectively parent their children.	<p>Counseling:</p> <ul style="list-style-type: none"> • 75% completion of treatment plan goals • 7% will increase in general self-efficacy to manage difficult tasks. <p>Anger Management:</p> <ul style="list-style-type: none"> • 20% increase in their knowledge of techniques for dealing effectively with anger • 7% increase in their confidence to regulate anger • 8% increase in ability to effectively respond to anger provocation <p>*All initial percentages are based on research and literature review which indicates anticipated change/expectations for the specific tool/approach.</p>	<p>Counseling:</p> <p>General Self-Efficacy Scale and Client's Treatment Plan Form</p> <p>Anger Management:</p> <p>Watt Anger Knowledge Scale; Modified-Novaco Anger Scale and Provocation Inventory</p>	Administered to clients prior to participation in the program (Pre) and subsequent to participation in the program (Post)

Quality Assurance (QA) Monitoring

Services and activities are delivered as contractually required	<p>Program will be evaluated for efficacy of delivered services and successful accomplishment of program outcomes</p> <p>Service providers will be subject to a review of adherence to contractual requirements</p>	Monitoring through any combination of on-site visits, inspections, evaluations, and provider self-monitoring	Annually
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CLIENT SATISFACTION

Method or Tool	Frequency	Utilization	Action
Client Exit Measure	Completed by clients at program exit	Client Exit Measure will be used to inform client satisfaction of services.	Review of the measures will be used to identify trends and common themes.

CAPIT/CBCAP/PSSF PROGRAM AND EVALUATION DESCRIPTION

PROGRAM DESCRIPTION

PROGRAM NAME

Domestic Violence (CAPIT/CBCAP/PSSF Expenditure Workbook – line numbers 3, 4, 5)

SERVICE PROVIDER

Olive Branch Counseling Center, Perris Valley Recovery Programs, & Cox Romain Psychological Services

PROGRAM DESCRIPTION

The Domestic Violence Services Program is intended to provide evidence-based/evidence-informed services (Cognitive Therapy and Alternatives for Families AF CBT; Helping to Overcome PTSD through Empowerment; Seeking Safety; Helping Women Recover; Community Advocacy Project program model; San Diego Family Justice Center program model; Domestic Abuse Intervention Project – The Duluth program model) for parents/caregivers who are at risk and/or have open cases for maltreatment due to the presence family violence. Services are available for both the victims of domestic violence as well as the perpetrators. Licensed professionals (or supervised licensed interns) provide individual counseling and group counseling services. Services are provided on an individual basis (50 minutes minimum) or within a group of peers (90 minutes minimum). Each client receives sixteen (16) sessions of domestic violence services (one [1] session per week) which can be solely individual or group sessions or a mixture of both according to the client’s needs. The number of services can be extended with DPSS management approval. Successful implementation of the domestic violence services program is intended to improve child welfare outcomes related to child safety, permanency, and child and family well-being.

FUNDING SOURCES

SOURCE	LIST FUNDED ACTIVITIES
CAPIT	N/A
CBCAP	N/A
PSSF Family Preservation	N/A
PSSF Family Support	Domestic violence services
PSSF Time-Limited Family Reunification	N/A
PSSF Adoption Promotion and Support	N/A
OTHER Source(s):	N/A

IDENTIFY PRIORITY NEED OUTLINED IN CSA

Domestic violence was the second highest rated child safety concern with caregivers, service providers and child welfare staff surveyed during the CSA, highlighting a need for domestic violence counseling and treatment services. In 2014, the number of domestic violence-related type of calls in Riverside County increased to the highest amount of calls since 2010 (page 24, County of Riverside CSA 2017).

TARGET POPULATION

The target population for the Domestic Violence Program is parents/caregivers (closed referrals or open cases) of children and youth demonstrating moderate to severe behavioral and/or emotional problems, and/or at risk of demonstrating such behaviors who have been identified as needing counseling for domestic violence batterers and victims.

TARGET GEOGRAPHIC AREA

All of Riverside County. The County is divided into four (4) separate zones that were determined by zip code and population. Olive Branch covers zone 1 including the following cities: Calimesa, Colton, Corona, Mira Loma, Norco, and Riverside. Perris Valley covers zone 2 including the following cities: Banning, Beaumont, Cherry Valley, Cabazon, Hemet, Valle Vista, March AFB, Moreno Valley, Nuevo/Lakeview, Perris, and Romoland. Cox Romain covers zone 3 including the following cities: Aguanga, Anza, Lake Elsinore, Hemet, Menifee, Sun City, Murrieta, Canyon Lake, Quail Valley, and Temecula. Zone 4 is not covered by a contracted provider as there were no bids for this desert area during the procurement process. However, DPSS has a list of non-contracted DV providers in the desert area that our clients can be referred to. The Request for Proposal (RFP) requires that all providers ensure that services are accessible to clients. Olive Branch's main service location is Riverside-92501, Perris Valley main service location is Perris-92571, and the Cox Romain main service location is Murrieta – 92562.

TIMELINE

Current contracts were awarded for the FY 17-18 and will continue for up to five (5) years, renewable on a yearly basis.

EVALUATION

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

Desired Outcome	Indicator	Source of Measure	Frequency
Prevent the unnecessary separation of children from their families, improve the quality of care and services to children and their families, and ensure permanency for children.	<p>Perpetrators:</p> <ul style="list-style-type: none"> • 10% increase in readiness to change their abusive behavior • 10% reduction in abusive behaviors. <p>Victims/Survivors:</p> <ul style="list-style-type: none"> • 10% increase in their knowledge about the topic of domestic violence • 10% increase in domestic violence coping self-efficacy • 10% increase in perceived safety, culture, health, and self-strength <p>*All initial percentages are based on research and literature review, which indicates anticipated change/expectations for the specific tool/approach.</p>	<p>Perpetrators: University of Rhode Island Change Assessment Scale; Abusive Behavior Inventory-Partner Form</p> <p>Victims/Survivors: Knowledge of Domestic Violence; Domestic Violence Coping Self-Efficacy Measure; Domestic Violence Survivor Assessment (DVSA)</p>	Administered to clients prior to participation in the program (Pre) and subsequent to participation in the program (Post).
Quality Assurance (QA) Monitoring			
Services and activities are delivered as contractually required	<p>Program will be evaluated for efficacy of delivered services and successful accomplishment of program outcomes</p> <p>Service providers will be subject to a review of adherence to contractual requirements</p>	<p>Monitoring through any combination of on-site visits, inspections, evaluations, and provider self-monitoring</p> <p>On-site technical reviews</p>	Annually

CLIENT SATISFACTION

Method or Tool	Frequency	Utilization	Action
Client Exit Measure	At program exit	Client Exit Measure will be used to inform client satisfaction of services.	Review of the measures will be used to identify trends and common themes.

CAPIT/CBCAP/PSSF PROGRAM AND EVALUATION DESCRIPTION

PROGRAM DESCRIPTION

PROGRAM NAME

Family Preservation Court (CAPIT/CBCAP/PSSF Expenditure Workbook – line number 6)

SERVICE PROVIDER

Riverside University Health Systems – Substance Abuse Prevention and Treatment Program (RUHS-SAPT)

PROGRAM DESCRIPTION

The Riverside County Family Preservation Court (FPC) is a partnership between the Riverside County Superior Court – Juvenile Division, DPSS, RUHS-SAPT, and other County agencies. It is intended to provide evidence-based/evidence-informed substance abuse services to parents/caregivers who are at risk and/or have open cases for child mistreatment due to the abuse of intoxicating substances that affects the safety and appropriate care of the child(ren). FPC is an intensive program in length (approximately one [1] year) and scope of services (assessment, individualized treatment plan, individual counseling, group counseling, evidence-based parent education (Triple P/level 4), drug testing, relapse prevention, recovery workshops, intensive case management, and referrals to other services as appropriate). Participants appear in Court on a regular basis, and progress is monitored collaboratively by the Court, RUHS-SAPT, and CSD. In addition to providing the services described above, the treatment provider participates in pre-Court consultations, attends Court, and participates in the FPC Steering Committee.

FUNDING SOURCES

SOURCE	LIST FUNDED ACTIVITIES
CAPIT	N/A
CBCAP	N/A
PSSF Family Preservation	N/A
PSSF Family Support	Substance abuse services
PSSF Time-Limited Family Reunification	Substance abuse services
PSSF Adoption Promotion and Support	N/A
OTHER Source(s):	N/A

IDENTIFY PRIORITY NEED OUTLINED IN CSA

The Family Preservation Court Program is designed to increase re-unification and prevent entry/re-entry of dependent and at risk children into the child welfare system through the provision of intense substance abuse services for parents/caregivers. Results from the CSA identified parental substance abuse as the top rated child safety concern reported by all survey participants, highlighting a need for effective substance abuse treatment services. The number of parents referred to substance abuse treatment through Riverside County Children's Services for fiscal year 2016/2017 was 1,404. In Riverside County, the age-adjusted death rate due to drug use and emergency room rate visits due to substance abuse has steadily increased from 2010 to 2015 (page 20, County of Riverside CSA 2017).

TARGET POPULATION

Parents/caregivers of dependent children/youth and children/youth at risk of or who have been reported for maltreatment in collaboration with DPSS, Law Enforcement, and juvenile court dependency systems.

TARGET GEOGRAPHIC AREA

The County is divided into three (3) separate zones that were determined by Zip code and population. RUHS-SAPT covers all 3 zones including the following cities: Corona, Lake Elsinore, Homeland, March AFB, Mira Loma, Moreno Valley, Norco, Nuevo/Lakeview, Perris, Riverside, Romoland, Sun City, Canyon Lake, Quail Valley, Wildomar, Anza, Banning, Beaumont, Cherry Valley, Cabazon, Calimesa, Hemet, Idyllwild, Menifee, Sun City, Mountain Center, Murrieta, San Jacinto, Gilman Springs, Temecula, Winchester, Cathedral City, Coachella, Desert Center, Eagle Mountain, Desert Hot Springs, Indian Wells, Indio, Indio Hills, Sky Valley, La Quinta, Mecca, North Shore, Midland, Palm Desert, Rancho Mirage, Ripley, Thermal Oasis, Salton Sea, Thousand Palms, and Whitewater. The Request for Proposal (RFP) requires that all providers ensure that services are accessible to clients. RUHS-SAPT main service locations are as follows: Riverside-92507, San Jacinto-92583, Desert Hot Springs-92240, Temecula-92591, Indio-92201, and Moreno Valley-92553.

TIMELINE

Current contracts were awarded for the FY 17-18 and will continue for up to five (5) years, renewable on a yearly basis.

EVALUATION

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

Desired Outcome	Indicator	Source of Measure	Frequency
Prevent entry/re-entry into the child welfare system and increase re-unification through intensive substance abuse services for parents/caregivers	<p>Participating clients will demonstrate the following:</p> <ul style="list-style-type: none"> • 70% completion of primary drug recovery plan goals • reduction in one (1) degree of frequency of primary drug use. <p>Parenting Education:</p> <ul style="list-style-type: none"> • 7% increase in knowledge of effective parenting practices <p>Counseling Component:</p> <ul style="list-style-type: none"> • 10% increase in self-efficacy to abstain from primary drug use • 10% increase in effective coping strategies to abstain from primary drug use <p>*All initial percentages are based on research and literature review, which indicates anticipated change/expectations for the specific tool/approach.</p>	CalOMS, Drug Use Screener, Modified Knowledge of Effective Parenting Scale (KEPS), Alcohol and Drug Use Abstinence Self-Efficacy Scale-12, and Coping Strategies Scale	CalOMS - administered to clients subsequent to participation in the program (Post), Drug Use Screener, Modified Knowledge of Effective Parenting Scale, Alcohol and Drug Use Abstinence Self-Efficacy Scale-12, and Coping Strategies Scale - administered to clients prior to participation in the program (Pre) and subsequent to participation in the program (Post).

Quality Assurance (QA) Monitoring

Services and activities are delivered as contractually required	<p>Program will be evaluated for efficacy of delivered services and successful accomplishment of program outcomes</p> <p>Service providers will be subject to a review of adherence to contractual requirements</p>	<p>Monitoring through any combination of on-site visits, inspections, evaluations, and provider self-monitoring</p> <p>On-site technical reviews</p>	Annually
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CLIENT SATISFACTION

Method or Tool	Frequency	Utilization	Action
Client Exit Measure	Completed by clients at program exit	Client Exit Measure will be used to inform client satisfaction of services.	Review of the measures will be used to identify trends and common themes.

CAPIT/CBCAP/PSSF PROGRAM AND EVALUATION DESCRIPTION

PROGRAM DESCRIPTION

PROGRAM NAME

Parenting Education Program (CAPIT/CBCAP/PSSF Expenditure Workbook – line numbers 7 and 8)

SERVICE PROVIDER

MFI Recovery Center & Riverside University Health Systems – Behavioral Health

PROGRAM DESCRIPTION

The Parenting Education Program is intended to provide evidence-based/evidence-informed training (Triple P-level 4; Nurturing Families) for parents/caregivers with children and youth who are at risk and/or have open cases for maltreatment. Trained parenting education professionals provide parents/caregivers with information, skills, and principles essential for improving the parent’s/caregiver’s knowledge, parenting competence, and parental stress in order to increase their capacity to safely parent their children. The program takes a minimum of ten (10) weeks to complete, and each of the ten (10) sessions are two (2) hours in length. Successful implementation of the parenting education training is intended to improve child welfare outcomes related to child safety, permanency, and child and family well-being.

FUNDING SOURCES

SOURCE	LIST FUNDED ACTIVITIES
CAPIT	Parenting education
CBCAP	N/A
PSSF Family Preservation	N/A
PSSF Family Support	N/A
PSSF Time-Limited Family Reunification	N/A
PSSF Adoption Promotion and Support	N/A
OTHER Source(s): CWS Basic	Parenting education

IDENTIFY PRIORITY NEED OUTLINED IN CSA

Results across all platforms of data collection of the CSA (surveys, focus groups, key informant interviews, CQI data, and the Peer Review process), regardless of the stakeholder, child maltreatment awareness and parent education were identified as playing a key role in preventing child maltreatment. Parental substance abuse was the top rated child safety concern reported by all survey participants. Multiple stakeholders brought to light a need for accessible services to be available for all families, including those residing in geographically isolated areas of Riverside County, with service logistics, accessibility, and wait lists as barriers for service delivery (page 144, County of Riverside CSA 2017).

TARGET POPULATION

The target population for the Parenting Education Program is parents/caregivers (closed referrals or open cases) of children and youth demonstrating moderate to severe behavioral and/or emotional problems, and/or at risk of demonstrating such behaviors who have been identified as needing parent education.

TARGET GEOGRAPHIC AREA

All of Riverside County. The County is divided into three (3) separate zones that were determined by Zip code and population. MFI covers zones 1 and 2 including the following cities: Corona, Lake Elsinore, Homeland, March AFB, Mira Loma, Moreno Valley, Norco, Nuevo/Lakeview, Perris, Riverside, Sun City, Canyon Lake, Quail Valley, Wildomar, Anza, Banning, Beaumont, Cherry Valley, Cabazon, Calimesa, Hemet, Idyllwild, Menifee, Sun Valley, Mountain Center, Murrieta, San Jacinto, Gilman Springs, Temecula, and Winchester. RUHS-BH covers zone 3 including the following cities: Blythe, Indio, Indian Wells, Palm Desert, Coachella, Desert Center, Indio Hills, La Quinta, Mecca, Rancho Mirage, Thermal, and Thousand Palms. The Request for Proposal (RFP) requires that all providers ensure that services are accessible to clients. MFI's main service locations are as follows: Riverside- 92504, Murrieta-92563, Banning-92220, Hemet-92543. RUHS-BH will utilize sites throughout the Desert area depending on where the clients reside and where they can access a room. Some of the sites include Blythe Behavioral Health Clinic, Desert Hot Springs and Indio Substance Abuse Clinics as well as other locations in the Desert.

TIMELINE

Current contracts awarded for the FY 18-19 will continue for up to five (5) years, renewable on a yearly basis.

EVALUATION

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

Desired Outcome	Indicator	Source of Measure	Frequency
Reduce entry/re-entry into the child welfare system and increase reunification by equipping parents/caregivers with the knowledge and skills necessary to increase their capacity to effectively parent their children.	<p>Clients will demonstrate the following:</p> <ul style="list-style-type: none"> • 7% increase in knowledge of effective parenting practices • 15% increase in parenting sense of competence • 13% decrease in parenting stress <p>*All initial percentages are based on research and literature review, which indicates anticipated change/expectations for the specific tool/approach.</p>	Knowledge of Effective Parenting Scale, Parenting Sense of Competence Scale, and Parenting Stress Scale	Administered to clients prior to participation in the program (Pre) and subsequent to participation in the program (Post)
Quality Assurance (QA) Monitoring			
Services and activities are delivered as contractually required	<p>Program will be evaluated for efficacy of delivered services and successful accomplishment of program outcomes</p> <p>Service providers will be subject to a review of adherence to contractual requirements</p>	Monitoring through any combination of on-site visits, inspections, evaluations, and provider self-monitoring	Annually

CLIENT SATISFACTION

Method or Tool	Frequency	Utilization	Action
Client Exit Measure	Completed by clients at program exit	Client Exit Measure will be used to inform client satisfaction of services.	Review of the measures will be used to identify trends and common themes.

CAPIT/CBCAP/PSSF PROGRAM AND EVALUATION DESCRIPTION

PROGRAM DESCRIPTION

PROGRAM NAME

Post Adoption Services (CAPIT/CBCAP/PSSF Expenditure Workbook – line number 9)

SERVICE PROVIDER

International Christian Adoptions (ICA)

PROGRAM DESCRIPTION

The Post Adoption Services Program seeks to provide psychological and family-strengthening services to families after an adoption through DPSS-CSD is finalized. The goal is to stabilize post-adoptive placements so that re-entry into foster care/other out-of-home placements is prevented. Families refer themselves for services when the need arises. Licensed professionals (or supervised licensed interns) provide an array of services, including post-adoption support groups, individual counseling, conjoint/family counseling, group therapy, respite care, educational support services, and case management. The services can be delivered in-home or at the vendor's office according to families' needs and schedules.

FUNDING SOURCES

SOURCE	LIST FUNDED ACTIVITIES
CAPIT	N/A
CBCAP	N/A
PSSF Family Preservation	N/A
PSSF Family Support	N/A
PSSF Time-Limited Family Reunification	N/A
PSSF Adoption Promotion and Support	Behavioral health, mental health services, Peer support, Respite care
OTHER Source(s):	N/A

IDENTIFY PRIORITY NEED OUTLINED IN CSA

Parent/caregiver mental health was rated as the third top safety concern by service providers and child welfare staff and identified as one of the top safety concerns of the community as well, highlighting a need for counseling/mental health treatment services. From 2010 to 2014, there has been a steady increase in mental health services needed for clients of all regions in Riverside County (page 21, County of Riverside CSA 2017). The Post Adoption contract provides a variety of mental health treatment and case management services in order to maintain effective adoptions by addressing issues that arise.

TARGET POPULATION

Post-adoptive individual(s) and/or families

TARGET GEOGRAPHIC AREA

The County is divided into three (3) separate zones that were determined by zip code and population. ICA covers all 3 zones including the following cities: Corona, Lake Elsinore, Homeland, March AFB, Mira Loma, Moreno Valley, Norco, Nuevo/Lakeview, Perris, Riverside, Romoland, Sun City, Canyon Lake, Quail Valley, Wildomar, Anza, Banning, Beaumont, Cherry Valley, Cabazon, Calimesa, Hemet, Idyllwild, Menifee, Sun City, Mountain Center, Murrieta, San Jacinto, Gilman Springs, Temecula, Winchester, Cathedral City, Coachella, Desert Center, Eagle Mountain, Desert Hot Springs, Indian Wells, Indio, Indio Hills, Sky Valley, La Quinta, Mecca, North Shore, Midland, Palm Desert, Rancho Mirage, Ripley, Thermal Oasis, Salton Sea, Thousand Palms, and Whitewater. The Request for Proposal (RFP) requires that all providers ensure that services are accessible to clients. ICA's main office for services is located at 41745 Rider Way, #2, Temecula, CA.

TIMELINE

Current contract was awarded for April 5, 2016 through June 30, 2020 and will continue for up to five (5) years, renewable on a yearly basis.

EVALUATION

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

Desired Outcome	Indicator	Source of Measure	Frequency
Strengthen individual(s) and/or Families coping abilities, through offering post adoption services, which will include support groups, Family/conjoint and individual therapy, referrals to resources, and other services as needed, including Respite Care and other post adoption requests such as locating birth certificates or social security cards.	Participating post-adoptive services client's will demonstrate: A decrease in perceived stress	Post-Adoption Services Perceived Stress Scale (PSS) Survey, and Post-Adoption Services Demographics/ Services Survey	Administered to clients prior to participation in the program (Pre) and subsequent to participation in the program (Post).
Quality Assurance (QA) Monitoring			
Services and activities are delivered as contractually required	<p>Program will be evaluated for efficacy of delivered services and successful accomplishment of program outcomes</p> <p>Service providers will be subject to a review of adherence to contractual requirements</p>	<p>Monitoring through any combination of on-site visits, inspections, evaluations, and provider self-monitoring</p> <p>On-site technical reviews</p>	Annually

CLIENT SATISFACTION

Method or Tool	Frequency	Utilization	Action
Post-Adoption Services Client Satisfaction Survey	At program exit	Client Exit Measure will be used to inform client satisfaction of services.	Review of the measures will be used to identify trends and common themes.

CAPIT/CBCAP/PSSF PROGRAM AND EVALUATION DESCRIPTION

PROGRAM DESCRIPTION

PROGRAM NAME

Adoption Services (CAPIT/CBCAP/PSSF Expenditure Workbook – line number 10)

SERVICE PROVIDER

Olive Crest

PROGRAM DESCRIPTION

The Wraparound Program provides intensive case management and comprehensive mental health services, available 24/7, if necessary, throughout Riverside County to all children/youth and their families who are enrolled in the program. The goal is to strengthen the family and enable them to remain with or return to the family. Adoption Placement Youth (APY) with significant mental health and/or behavioral issues, who are transitioning to a home-like setting or who are at risk of requiring placement into a higher level of care, are eligible. Adoptive Families are served through the Wraparound Program, and PSSF funds apportioned accordingly.

Module 10, Chapter 5, Section A of CSD policy indicates the Adoption Assistance Program (AAP) SSP confirms Wraparound assistance is needed to meet the child/youth's needs. A referral is made to the Wraparound program and the child/youth is screened for necessary services.

FUNDING SOURCES

SOURCE	LIST FUNDED ACTIVITIES
CAPIT	N/A
CBCAP	N/A
PSSF Family Preservation	N/A
PSSF Family Support	N/A
PSSF Time-Limited Family Reunification	N/A
PSSF Adoption Promotion and Support	Behavioral health, mental health services, Peer support, Respite care
OTHER Source(s):	N/A

IDENTIFY PRIORITY NEED OUTLINED IN CSA

Parent/caregiver mental health was rated as the third top safety concern by service providers and child welfare staff and identified as one of the top safety concerns of the community as well, highlighting a need for counseling/mental health treatment services. From 2010 to 2014, there has been a steady increase in mental health services needed for clients of all regions in Riverside County (page 21, County of Riverside CSA 2017).

TARGET POPULATION

Adoptive individual(s) and/or families who have a child/youth with significant mental health and/or behavioral issues or are at risk of requiring placement into a higher level of care.

TARGET GEOGRAPHIC AREA

The County is divided into three (3) separate zones that were determined by Zip code and population. Olive Crest covers all 3 zones including the following cities: Corona, Lake Elsinore, Homeland, March AFB, Mira Loma, Moreno Valley, Norco, Nuevo/Lakeview, Perris, Riverside, Romoland, Sun City, Canyon Lake, Quail Valley, Wildomar, Anza, Banning, Beaumont, Cherry Valley, Cabazon, Calimesa, Hemet, Idyllwild, Menifee, Sun City, Mountain Center, Murrieta, San Jacinto, Gilman Springs, Temecula, Winchester, Cathedral City, Coachella, Desert Center, Eagle Mountain, Desert Hot Springs, Indian Wells, Indio, Indio Hills, Sky Valley, La Quinta, Mecca, North Shore, Midland, Palm Desert, Rancho Mirage, Ripley, Thermal Oasis, Salton Sea, Thousand Palms, and Whitewater.

TIMELINE

Current contract was awarded for the FY 18-19 and will continue for up to five (5) years, renewable on a yearly basis.

EVALUATION

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

Desired Outcome	Indicator	Source of Measure	Frequency
<p>The Wraparound Program is an evidence-informed intervention for children and youth with serious emotional and behavioral disorders who are at risk or have been reported for maltreatment. Trained Wraparound professionals provide children, youth and their parents or caregivers with information, skills, family plan goals, and principles essential for improving children's or adolescent's behavior and provide the parents or caregivers with much needed family resources and support.</p>	<p>Participating youth will demonstrate the following:</p> <ol style="list-style-type: none"> 1. 70% completion of individualized family plan goals 2. 10% decrease in behavior issues 3. 80% of youth will remain in a home setting while receiving Wraparound services; excluding referrals that close within the first 90 days 4. 75% of youth who have successfully graduated from the program are placed with their parents/legal guardian or other relatives at the time of graduation; excluding referrals that close within the first 90 days <p>Participating parent/caregiver will demonstrate the following:</p> <ol style="list-style-type: none"> 1. 46% increase in perceived family social support 2. 15% increase in perceived family resources 	<p>Assessments and surveys including the Family Resource Scale; Family Support Scale; Discharge Summary; Child Behavioral Checklist for Ages 1.5-5; Child Behavioral Checklist for Ages 6-18; CWS/CMS</p>	<p>Youth enrollment data will be reviewed after program completion.</p> <p>Administrated to clients prior to participation in the program (Pre) and subsequent to participation in the program (Post).</p>
Quality Assurance (QA) Monitoring			
<p>Services and activities are delivered as contractually required</p>	<p>Program will be evaluated for efficacy of delivered services and successful accomplishment of program outcomes</p> <p>Service providers will be subject to a review of adherence to contractual requirements</p>	<p>Monitoring through any combination of on-site visits, inspections, evaluations, and provider self-monitoring</p> <p>On-site technical reviews</p>	<p>Annually</p>

CLIENT SATISFACTION

Method or Tool	Frequency	Utilization	Action
Client Exit Measure	At program exit	Client Exit Measure will be used to inform client satisfaction of services.	Review of the measures will be used to identify trends and common themes.

CAPIT/CBCAP/PSSF PROGRAM AND EVALUATION DESCRIPTION

PROGRAM DESCRIPTION

PROGRAM NAME

Primary & Early SafeCare (CAPIT/CBCAP/PSSF Expenditure Workbook – line numbers 11 and 12)

SERVICE PROVIDER

California Family Life Center (CFLC) & MarSell Consulting and Mental Health Services (MCMHS)

PROGRAM DESCRIPTION

The Primary SafeCare Program is an in-home parenting programs for parents/caregivers whose child(ren) are considered at risk or who have been reported for child maltreatment due to physical safety concerns. To be considered for SafeCare, the family must have at least one child aged zero (0) to five (5) years, and exhibit risk factors related to physical care of a young child. This evidence-based program aims at improving parents/caregivers' skills in order to increase their capacity to safely care for, protect, and interact with their children. SafeCare-certified professionals provide parents/caregivers with a twenty (20) session (one [1] session per week) curriculum that focuses on areas of child health, home safety, and parent-child/infant interaction. Each session lasts approximately 60 to 90 minutes. Successful implementation of both SafeCare Programs is intended to improve child welfare outcomes related to child safety, permanency, and child and family well-being.

FUNDING SOURCES

SOURCE	LIST FUNDED ACTIVITIES
CAPIT	N/A
CBCAP	Concrete supports, Home visiting (0-5), Parenting Education
PSSF Family Preservation	Concrete supports, Home visiting (0-5), Parenting Education
PSSF Family Support	N/A
PSSF Time-Limited Family Reunification	N/A
PSSF Adoption Promotion and Support	N/A
OTHER Source(s): CTF, CWSOP	Concrete supports, Home visiting (0-5), Parenting Education

IDENTIFY PRIORITY NEED OUTLINED IN CSA

Results across all platforms of data collection of the CSA (surveys, focus groups, key informant interviews, CQI data, and the Peer Review process), regardless of the stakeholder, child maltreatment awareness and parent education were identified as playing a key role in preventing child maltreatment.

SafeCare is an evidence-based in-home parenting program specifically targeting children ages 0 through 5 years-old. This specifically targeted age range has the highest number of first entries into care and the highest number of substantiated allegations. Children at this age are particularly vulnerable due to their age (page 28, County of Riverside CSA 2017). Providing effective prevention services through increased awareness and parent education, as well as connecting families to prevention services within the community, will be essential to improving outcomes.

TARGET POPULATION

Closed referrals or open cases with at least one child that is zero (0) to five (5) years of age with identifying factors related to the child's health, home safety, and parent-child interaction.

TARGET GEOGRAPHIC AREA

All of Riverside County. The County is divided into four (4) separate zones that were determined by Zip code and population. MarSell covers zone 1 including the following cities: Colton, Corona, Lake Elsinore, Homeland, Jurupa Valley, March AFB, Moreno Valley, Norco, Nuevo/Lakeview, Perris, Riverside, Romoland, Sun City, Canyon Lake, Quail Valley, and Wildomar. CFLC covers zones 2, 3, and 4 including the following cities: Aguanga, Anza, Banning, Beaumont, Cherry Valley, Cabazon, Calimesa, Hemet, Vista, Idyllwild, Menifee, Sun Valley, Mountain Center, Murrieta, San Jacinto, Gilman Springs, Temecula, Winchester, Blythe, Cathedral City, Indio, Indian Wells, Palm Desert, Coachella, Desert Center, Desert Hot Springs, Indian Hills, La Quinta, Mecca, North Shore, Midland, Ripley, Rancho Mirage, Sky Valley, Salton Sea, Thermal, Thousand Palms, and Whitewater. The Request for Proposal (RFP) requires that all providers ensure that services are accessible to clients. SafeCare services is an in-home program, therefore; all services are provided within the client's home.

TIMELINE

Current contracts were awarded for the FY 18-19 and will continue for up to five (5) years, renewable on a yearly basis.

EVALUATION

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

Desired Outcome	Indicator	Source of Measure	Frequency
Reduce entry/re-entry into the child welfare system and increase re-unification by enhancing the parenting skills of participating parents/caregivers	<p>Maintain a 50% graduation rate for voluntary services and a 75% graduation rate for dependency cases.</p> <p>Clients will demonstrate the following:</p> <ul style="list-style-type: none"> • 6% decrease in parental stress • 15% increase in parental competence (parent self-efficacy and satisfaction) <p>*All initial percentages are based on research and literature review, which indicates anticipated change/expectations for the specific tool/approach.</p>	Assessments and surveys, including the NSTRC identified checklists, the Parenting Stress Index Short Form (PSTSF), and Parenting Sense of Competence Scale (PSCS)	<p>Assessments will be completed before and after each of the three training modules (Child Healthcare, Parent-Child Interaction, Home Safety).</p> <p>The PSTSF and PSCS are administered to clients prior to participation in the Primary SafeCare program (Pre) and after completing the Primary SafeCare program (Post)</p>

Quality Assurance (QA) Monitoring

Services and activities are delivered as contractually required	<p>Program will be evaluated for efficacy of delivered services and successful accomplishment of program outcomes</p> <p>Service providers will be subject to a review of adherence to contractual requirements</p>	Monitoring through any combination of on-site visits, inspections, evaluations, and provider self-monitoring	Annually
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CLIENT SATISFACTION

Method or Tool	Frequency	Utilization	Action
Client Exit Measure	Completed by clients at program exit	Client Exit Measure will be used to inform client satisfaction of services.	Review of the measures will be used to identify trends and common themes.

CAPIT/CBCAP/PSSF PROGRAM AND EVALUATION DESCRIPTION

PROGRAM DESCRIPTION

PROGRAM NAME

Substance Abuse Treatment (CAPIT/CBCAP/PSSF Expenditure Workbook – line numbers 13 and 14)

SERVICE PROVIDER

MFI Recovery Center & Riverside University Health Systems – Substance Abuse Prevention and Treatment Program (RUHS-SAPT)

PROGRAM DESCRIPTION

The Substance Abuse Program is intended to provide evidence-based/evidence-informed services (Matrix Model {Relapse Prevention, Early Recovery, Criminal & Addictive Thinking} Stop the Chaos, Rational Emotive Behavior Therapy {Self Esteem}, Seeking Safety, Dialectical Behavioral Therapy Riverside BH Curriculum, CBT for PTSD, Living in Balance) for parents/caregivers of children/youth who are at risk and/or have open cases for maltreatment due to the abuse of intoxicating substances in the presence of the child(ren). Professionals trained in alcohol and other drugs (AOD) treatment provide the following services depending upon level of client need: Individual Outpatient Counseling (for adult clients, a total of two [2] 50-minute sessions; for juvenile clients, twenty-four [24] 50-minute sessions, one [1] per week; extensions are available with DPSS management approval); Group Outpatient Counseling (90-minute sessions in a group setting); Medical Detoxification (up to seven [7] days supervised by a medical team); Residential Treatment (thirty [30] days/24 hours per day). Successful implementation of the substance abuse program is intended to improve child welfare outcomes related to child safety, permanency, and child and family well-being.

FUNDING SOURCES

SOURCE	LIST FUNDED ACTIVITIES
CAPIT	Substance abuse services
CBCAP	N/A
PSSF Family Preservation	N/A
PSSF Family Support	Substance abuse services
PSSF Time-Limited Family Reunification	N/A
PSSF Adoption Promotion and Support	N/A
OTHER Source(s):	N/A

IDENTIFY PRIORITY NEED OUTLINED IN CSA

Results of the CSA identified parent/caregiver substance abuse as one of the top child safety concerns for Riverside County. Riverside County's child maltreatment data reflects the majority of children enter the child welfare system due to allegations of General Neglect. A significant portion of the general neglect results from parental substance abuse (page 27, County of Riverside CSA 2017). According to the California Department of Public Health, from 2013 to 2015, the age-adjusted rate of death due to drug use in Riverside County was 14.8 in 100,000 deaths (page 20, County of Riverside CSA 2017).

TARGET POPULATION

The target population for the Substance Abuse Program is parents/caregivers, of children and youth, with moderate to severe substance abuse who have been identified as needing substance abuse treatment as well as children/youth from identified and/or at risk families in need of substance abuse treatment services.

TARGET GEOGRAPHIC AREA

All of Riverside County. The County is divided into three (3) separate zones that were determined by Zip code and population. MFI covers zones 1 and 2 including the following cities: Corona, Lake Elsinore, Homeland, March AFB, Mira Loma, Moreno Valley, Norco, Nuevo/Lakeview, Perris, Riverside, Romoland, Sun City, Canyon Lake, Quail Valley, Wildomar, Anza, Banning, Beaumont, Cherry Valley, Cabazon, Calimesa, Hemet, Idyllwild, Menifee, Sun City, Mountain Center, Murrieta, San Jacinto, Gilman Springs, Temecula, and Winchester. RUSH-SAPT covers zone 3 including the following cities: Cathedral City, Coachella, Desert Center, Eagle Mountain, Desert Hot Springs, Indian Wells, Indio, Indio Hills, Sky Valley, La Quinta, Mecca, North Shore, Midland, Palm Desert, Rancho Mirage, Ripley, Thermal Oasis, Salton Sea, Thousand Palms, and Whitewater. The Request for Proposal (RFP) requires that all providers ensure that services are accessible to clients. MFI's main service locations are as follows: Riverside- 92504, Murrieta-92563, Banning-92220, and Hemet-92543. RUHS-SAPT main service locations are as follows: Blythe-92225, Indio-92201, Cathedral City-92234, and Desert Hot Springs-92240.

TIMELINE

Current contracts were awarded for the FY 18-19 and will continue for up to five (5) years, renewable on a yearly basis.

EVALUATION

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

Desired Outcome	Indicator	Source of Measure	Frequency
Reduce entry/re-entry into CWS system, and increase reunification by equipping parents/caregivers with the knowledge and skills necessary to overcome their substance abuse issues and increase their capacity to effectively parent their child/children	Participating clients will demonstrate the following: <ul style="list-style-type: none"> • 75% completion of primary drug recovery plan goals • reduction in one (1) degree of frequency of primary drug use • 7% increase in knowledge about the consequences of drug use • 10% increase in self-efficacy to abstain from primary drug use • 10% increase in effective coping strategies to abstain from primary drug use <p>*All initial percentages are based on research and literature review, which indicates anticipated change/expectations for the specific tool/approach.</p>	Discharge Summary, Pre- and Post- Drug Use Screener, Consequences of Alcohol and Drug Use, Alcohol and Drug Use Abstinence Self-Efficacy Scale-12, Coping Strategies Scale	Administered to clients prior to participation in the program (Pre) and subsequent to participation in the program (Post)

Quality Assurance (QA) Monitoring

Services and activities are delivered as contractually required	Program will be evaluated for efficacy of delivered services and successful accomplishment of program outcomes Service providers will be subject to a review of adherence to contractual requirements	Monitoring through any combination of on-site visits, inspections, evaluations, and provider self-monitoring	Annually
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CLIENT SATISFACTION

Method or Tool	Frequency	Utilization	Action
Client Exit Measure	Completed by clients at program exit	Client Exit Measure will be used to inform client satisfaction of services.	Review of the measures will be used to identify trends and common themes.

Attachment D

Notice of Intent (NOI)

STATE OF CALIFORNIA – HEALTH AND HUMAN SERVICES AGENCY CALIFORNIA DEPARTMENT OF SOCIAL SERVICES
BOS NOTICE OF INTENT

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

CAPIT/CBCAP/PSSF PROGRAM FUNDING ASSURANCES FOR RIVERSIDE COUNTY

PERIOD OF PLAN (MM/DD/YY): _____ THROUGH (MM/DD/YY) _____

DESIGNATION OF ADMINISTRATION OF FUNDS

The County Board of Supervisors designates _____ as the public agency to administer CAPIT and CBCAP.

W&I Code Section 16602 (b) requires that the local Welfare Department administer the PSSF funds. The County Board of Supervisors designates _____ as the local welfare department to administer PSSF.

FUNDING ASSURANCES

The undersigned assures that the Child Abuse Prevention, Intervention and Treatment (CAPIT), Community Based Child Abuse Prevention (CBCAP), and Promoting Safe and Stable Families (PSSF) funds will be used as outlined in state and federal statute¹:

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

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

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

_____	_____
County Board of Supervisors Authorized Signature	Date
_____	_____
Print Name	Title

¹ Fact Sheets for the CAPIT, CBCAP and PSSF Programs outlining state and federal requirements can be found at: <http://www.cdss.ca.gov/inforesources/OCAP/Funding>

Attachment E

Glossary of Acronyms

Acronym	Definition
ABC	Attachment and Biobehavioral Catch-up
ACE	Adverse Childhood Experiences
ASFA	Adoption and Safe Families Act
BOS	Board of Supervisors
CANS	Child and Adolescent Needs and Strengths
CAPC	Child Abuse Prevention Council
CAPIT	Child Abuse Prevention Intervention and Treatment
CASA	Court Appointed Special Advocates
CBCAP	Community Based Child Abuse Prevention
CBO	Community Based Organization
C-CFSR	California Child and Family Service Review
CCR	Continuum of Care Reform
CDC	Centers for Disease Control
CDD	Cultural Disparity and Disproportionality
CDSS	California Department of Social Services
CEBC	California Evidence-Based Clearinghouse for Child Welfare
CFSP	Child and Family Services Plan
CFT	Child and Family Team
CFTM	Child and Family Team Meeting
CPFT	Case Plan Field Tool
CPM	Core Practice Model
CSA	County Self-Assessment
CSCO	Continuum of Services Committee
CSD	Children's Services Division
CSEC	Commercially Sexually Exploited Children
CSOC	Collaborative System of Care
CSSP	Center for Study of Social Policy

Acronym	Definition
CTF	Children's Trust Fund
CWS	Child Welfare Services
CWS/CMS	Child Welfare Services/Case Management System
DDA	Deputy District Attorney
DHCS	Department of Health Care Services
DPO	Deputy Probation Officer
DPSS	Department of Public Social Services
EBP	Evidence-Based Practices
EBPP	Effective Black Parenting Program
EFC	Extended Foster Care
ETO	Efforts to Outcome
FFA	Foster Family Agencies
FFPS	Functional Family Probation Services
FFT	Functional Family Therapy
FGDM	Family Group Decision Making
FMV	Family Maintenance Voluntary
FRC	Family Resource Centers
FSA	Family Service Association
FSP	Full-Service Partnership Program
GED	General Education Development
GIFT	Gang Intervention for Teens
GIS	Geographic Information System
HOPE	Healing, Outreach, Prevention, Education
ICOP	Interagency Committee on Placement
ILP	Independent Living Program
IPC	Interagency Placement Committee
ISFC	Intensive Services Foster Care
JAMS	Juvenile and Adult Management System
JJCPA	Juvenile Justice Crime Prevention Act
JPU	Juvenile Projects Unit
JSD	Juvenile Service Division

Acronym	Definition
LEO	Law Enforcement Officer
LOC	Level of Care
MATTS	Management and Team Training System
MDFT	Multidimensional Family Therapy
NASW	National Association of Social Workers
NMD	Non-Minor Dependent
NOI	Notice of Intent
NREFM	Non-Related Extended Family Member
NSP	Needs and Services Plan
OCAP	Office of Child Abuse Prevention
OWE	Opportunity with Education
OYAS	Ohio Youth Assessment System
PCIT	Parent Child Interaction Therapy
PCWTA	Public Child Welfare Training Academy
PDR	Program Development Region
PIP	Program Improvement Plan
PR	Peer Review
PSSF	Promoting Safe and Stable Families
PTP	Parenting Together Project
PTSD	Post-Traumatic Stress Disorder
QA	Quality Assurance
QPI	Quality Parenting Initiative
RBV	Resilient Brave Youth
RCOE	Riverside County Office of Education
RCP	Riverside County Probation Department
RDD	Racial Disparity and Disproportionality
RFA	Resource Family Approval
RFP	Request for Proposal
RFQ	Request for Qualifications
RJ	Restorative Justice
RUHS-BH	Riverside University Health System – Behavioral Health

Acronym	Definition
RUHS-PH	Riverside University Health System – Public Health
SAAF	Strong African American Families Program
SDM	Structured Decision Making
SFI	Supporting Father Involvement
SILP	Supervised Independent Living Placement
SIP	System Improvement Plan
SMART	Specific, Measurable, Achievable, Relevant, and Time bound
SMHS	Specialty Mental Health Services
SOP	Safety Organized Practice
SROs	School Resource Officers
SSTS	Successful Short Term Supervision
STRTP	Short-Term Residential Therapeutic Program
TBRI	Trust-Based Relational Intervention
TDM	Team Decision Making
TURN	Today's Urban Renewal Network
W&IC	Welfare and Institutions Code
YAT	Youth Accountability Teams
YOBG	Youthful Offender Block Grant Program
YOC	Youth Opportunity Centers
YSA	Youth Strength Academy
YTEC	Youth Treatment and Education Center