

California's Child and Family Services Review County Self-Assessment

County:	Napa
Responsible County Child Welfare Agency:	Napa County Health and Human Services
Period of Assessment:	2/1/04-6/30/04
Period of Outcomes Data:	April 04 Quarterly Report (through 9/30/03)
Date Submitted:	6/30/04

County Contact Person for County Self-Assessment

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Submitted by each agency for the children under its care

Submitted by:	County Child Welfare Agency Director (Lead Agency)
Name:	Nancy Schulz, M.S.W.
Signature:	
Submitted by:	County Chief Probation Officer
Name:	Mary Butler, M.F.T.
Signature:	

County & Community Partners	In Collaboration with: Name(s)	Signature
County Health Department	Dr. Kristy Brandt	
County Mental Health Department	Dr. Pat Tyler	
Parent Representative	Joan Lockhart	
Local Education Agency	Trish Howell	
As Applicable:		
California Youth Connection		
CDSS or Other County Adoption Agency	Diana Loretz, M.S.W. Rohnert Park District Office	
Local Tribes		

Name and affiliations of other participants are listed on the next page

California's Child and Family Services Review
Napa County Self-Assessment

These individuals were: (1) included in all mailings regarding group discussions, minutes of meeting, feedback on the draft report; and/or (2) interviewed regarding some aspect of the child welfare system in Napa County.

Name	Affiliation
Alicia Borego	Attorney, Parent Representation
Allen Ewig	Director, Aldea Children and Family Services, Inc.
Carrie Gallagher	Attorney, Napa County Counsel
Chris Loizeaux	Attorney, Parent Representation
Christina Grattan	Mental Health Worker, Napa County Childrens Services
Cyndia Cole	Trainer, Bay Area Academy
Dan Kniefel	Supervisor, Napa County Probation
Debra Price	Public Health Nurse, Napa County Public Health Department
Denise Traina	Supervisor, Napa County Childrens Services
Diana Davis-Lopez	Mental Health Counselor, Napa County Mental Health Services
Diana Loretz	Manager, State Adoptions Unit
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Kay Doughty	Director, Court Appointed Special Advocates
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Kristy Reynoso	Social Worker, Napa County Childrens Services
Laura Miller	Director, Napa Valley Unified School District Special Education
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Marjorie Lewis	Supervisor, Napa County Childrens Services
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Michael S. Williams	Commissioner, Napa County Courts
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Stephen G. Stanton	Attorney, Napa County Counsel
Terry Beck	Mental Health Counselor, Napa County Alcohol and Drug Services
Todd Schulman	Napa City Police Department
Tom Barbane	Social Worker, Napa County Childrens Services
Trish Howell	SELPA Director, Napa County Office of Education

I. Demographic Profile and Outcomes Data

A. Demographic Profile

1. County Data Report

General Methodology for Gathering, Presenting and Analyzing Data. In order to provide a 'context' for looking at baseline data, longitudinal data from the U.C. Berkeley Child Welfare Services (CWS/CMS) Reports database¹ was downloaded and graphed². The initial interpretation of trends was substantiated by a series of interviews with individuals representing a variety of perspectives (e.g., advocates, direct service professionals, attorneys) on the Child Welfare System in Napa County. In addition, group meetings of the County system representatives were used to gather information on systemic factors. Finally, focus groups of families involved in the system were used to further 'inform' the assessment of system strengths and needs.

The Department of Social Services (DSS) provided the January, 2004 report to the counties as the baseline for tracking key outcome indicators by the CWS/CMS³ data system. This report includes comparisons between the baseline and second quarterly⁴ (April, 2004) reports for Napa County by outcomes.

In terms of the data reported here, readers should be aware that the total number of children in Napa County's Child Welfare System is relatively small. Therefore, several occurrences in a given indicator can affect what appears to be a significant change in the percentage. In addition, it has been noted by California child welfare professionals that analysis of gender data has not been particularly productive. Additionally, in counties with small *n* totals (such as Napa County), it is even less useful. So, analysis of outcomes for Napa County has been limited to age and, when appropriate, ethnicity.

Child Welfare Participation Rates.

Table 1ⁱ
Summary of Baseline Participation Rates for Napa County and State

	Napa County	Statewide
Report Date:	through 07/01/2003	through 07/01/2003
Number of children under 18 in population ⁱⁱ	30,877	9,485,676

¹ U.C. Berkeley Child Welfare Research Center Child Welfare Services (CWS/CMS) Reports Performance Indicators Project.

² See Appendix.

³ The Child Welfare Services/Case Management System is the database created by the Department of Social Services and is used to track Federal and State outcome indicators.

⁴ While it is used here as comparison data, the State has not provided instructions to counties on how to use the April quarterly report in the Self-Assessment.

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	Napa County		Statewide	
Report Date:	through 07/01/2003		through 07/01/2003	
Number and rate of children with referrals ⁱⁱⁱ	1,555	50.4 per 1,000	544,739	57.4 per 1,000
Number and rate of children with substantiated referrals	195	6.3 per 1,000	115,600	12.2 per 1,000
Number and rate of first entries ^{iv}	53	1.7 per 1,000	27,779	2.9 per 1,000
Number and rate of children in care	141	4.4 per 1,000	91,426	9.2 per 1,000

Trend.

While substantiated allegations appear to be basically flat for both the State and Napa County, referral rates are trending upward. The yearly number (per 1,000 children 0-17) for referrals in Napa County has nearly reached that of the State and the trend line has increased considerably since 2000. The statewide trend for new entries by years is descending while the trend for Napa County is ascending.

Analysis.

Referrals rates and substantiations in Napa County have likely been influenced by one or more of the following factors: (1) ongoing education and training for mandated reporters (e.g., schools, community organizations); (2) statewide and local public education and awareness campaigns aimed at increasing comfort levels for reporting by community members; (3) changes in formal and informal policy regarding domestic violence may have increased referrals from police; and (4) the increasing use of methamphetamine among Napa County residents who are parents.

Trend.

As in the State data, there are 'peaks' in Napa County referrals and substantiated allegations at < 1 year and 6-10 years of age.

Analysis.

Awareness of reporting and heightened societal concern about the abuse of infants (e.g., shaken baby syndrome) likely explains the peak for children younger than one year of age. In addition, there is increased attention given to infants at birth (e.g., hospital assessments at birth, well-baby visits). The next peak (6-10 years of age) likely occurs because children enter school and the pool of mandated reporters increases significantly with the addition of teachers.

Data cleanup, entry or interpretation issues

The high rate of referrals and substantiations with 'unknown' ethnicity suggests some data input issues. In the early years of database implementation (prior to 2002), reporting of ethnicity was not stressed. The importance of this data element has been identified. However, at this time, the Napa County Counsel is researching the legality of asking families to identify their ethnicity. Until the issue is resolved, the ethnicity data element will remain problematic.

I. Demographic Profile and Outcomes Data

Outcome Indicators.

Outcome 1: *Children are, first and foremost, protected from abuse and neglect.*

**Table 2
Recurrence of Substantiated Maltreatment
Within 6 Months of Substantiated Report**

	Napa County		Change ⁵ from Data Point 1 to Data Point 2	What Change Do We Want to See? ⁶	What is the Statewide Average? ⁷
	Data Point ⁸ 1	Data Point 2			
	7/1/02 ⁹ - 12/31/02	10/1/02- 3/30/03			7/1/02- 12/31/02
1A. Recurrence of maltreatment (Fed) in the first six months of the study year	5.6% (4/72) ¹⁰	1.8% (1/56)	↓	↓	11.2 %
	7/1/01- 6/30/02	10/1/01- 9/30/02			7/1/01- 6/30/02
1B. Recurrence of maltreatment within 12 months ^v	4.1% (7/172)	4.6% (8/174) ¹¹	↑	↓	14.6 %

⁵ When comparing Data Points 1 and 2, is there a change and, if so, is the change up (increase) or down (decrease).

⁶ What change (up or down) do we want to see when comparing Data Points 1 and 2?

⁷ This is the statewide average for the baseline report provided in January 2004.

⁸ Data Points 1 and 2 represent the baseline (January, 2004) and second quarter (April, 2004) report. Data Point 1 (from January, 2004 baseline report) reflects CWS/CMS information from the second quarter of 2003 ending June 30th, 2003. Data from April, 2004 report reflects CWS/CMS information from the third quarter of 2003 ending September 30th, 2003.

⁹ Indicates the time period of first entries (State indicators) of children into foster care or exits (Federal indicators) of children from foster care from which the information for the baseline report (Data Point 1) was collected. Entry cohorts more accurately represent the outcomes of children who enter the foster care system as they are followed for a set period of time (e.g., 12 months).

¹⁰ Whenever possible, the dividend (number of instances) and divisor (total number of possible instances) will be provided to give the reader the underlying numbers in the percentages as reported by the Department of Social Services (DSS). These underlying have been extracted from the CWS/CMS Reports website.

¹¹ Without the underlying numbers, a .05% increase would seem significant. The underlying

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	Napa County		Change ⁵ from Data Point 1 to Data Point 2	What Change Do We Want to See? ⁶	What is the Statewide Average? ⁷
	Data Point ⁸ 1	Data Point 2			
	7/1/01- 6/30/02	10/1/01- 9/30/02			7/1/01- 6/30/02
1B. Recurrence of maltreatment within 12 months after first substantiated allegation	2.6% (4/154)	3.9% (6/155)	↑	↓	12.9%
	7/1/01- 6/30/02	1/1/03- 9/30/03			7/1/01- 6/30/02
1C. Rate of Child Abuse and/or neglect in Foster Care ^{vi}	0.87% (3/345)	0.00% (0/324)	↓	↓	0.81 %

Outcome 2: *Children are safely maintained in their homes whenever possible and appropriate.*

**Table 3
Rate of Recurrence When Child Not Removed**

	Napa County		Change from Data Point 1 to Data Point 2	What Change Do We Want to See?	What is the Statewide Average?
	Data Point 1	Data Point 2			
	7/1/01- 6/30/02	10/1/01- 9/30/02			7/1/02- 12/31/02
2A. Rate of recurrence of abuse/neglect in homes where children were not removed (12 month study periods)	5.9% (9/287)	4.7% (15/321)	↓	↓	9.6%

occurrences/total indicate how a single additional occurrence can affect the percentage for the quarter.

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Table 4
Rate of Timely Response for Referrals

	Napa County		Change from Data Point 1 to Data Point 2	What Change Do We Want to See?	What is the Statewide Average?
	Data Point 1	Data Point 2			
	Q2 2003	Q3 2003			Q2 2003
2B. Percent of Child Abuse/Neglect Referrals with a Timely Response (Immediate Response Compliance)	97.6 % (82/84)	95.8% (46/48)	↓	↑	94.3 %
2B. Percent of Child Abuse/Neglect Referrals with a Timely Response (10 Day Response Compliance)	77.5% (69/89)	76.5% (62/81)	↓	↑	88.7 %

Table 5
Timely Social Worker Visits

	Napa County		Change from Data Point 1 to Data Point 2	What Change Do We Want to See?	What is the Statewide Average?
	Data Point 1	Data Point 2			
	Q2 2003 Average (Apr, May, Jun)	Q3 2003 Average (Jul, Aug, Sep)			Q2 2003
2C. Timely Social Worker visits with Child	66.3% (287/444)	54.6% (237/434)	↓	↑	70.5%

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Outcome 3: Children have permanency and stability in their living situations.

**Table 6
Reunification, Adoption and Stability**

	Napa County		Change from Data Point 1 to Data Point 2	What Change Do We Want to See?	What is the Statewide Average?
	Data Point 1	Data Point 2			
	7/1/02-6/30/03	10/1/02-9/30/03			7/1/02-6/30/03
3E. Percentage of children reunified from foster care reunified who were discharged within 12 months with Child Welfare as Responsible Agency (Fed) ^{vii}	51.6% (16/31)	70.0% (21/30)	↑	↑	65.3%
	7/1/01-6/30/02	10/1/01-9/30/02			7/1/01-6/30/02
3A. Percentage of children entering foster care for the first time and reunified within 12 months (entry cohort) ^{viii}	37.0% (20/34)	41.9% (18/43)	↑	↑	34.6%
	7/1/02-6/30/03	10/1/02-9/30/03			7/1/02-6/30/03
3D. Percentage of children adopted who were discharged within 24 months of removal by Child Welfare as Responsible Agency (Fed)	14.3% (2/14)	8.3% (1/12)	↓	↑	23.6%
	7/1/00-6/30/01	10/1/00-9/30/01			7/1/00-6/30/01
3A. Percentage adopted from a first time foster placement episode within 24 months (entry cohort) ^{ix}	4.7% (Not available)	2.0% (Not available)	↓	↑	5.0%
	7/1/02-6/30/03	10/1/02-9/30/03			7/1/02-6/30/03
3B. Percentage with 1-2 placements within 12 months ^x with Child Welfare as Responsible Agency	95.3% (61/64)	92.6% (63/68)	↓	↓	83.9%

I. Demographic Profile and Outcomes Data

	Napa County		Change from Data Point 1 to Data Point 2	What Change Do We Want to See?	What is the Statewide Average?
	Data Point 1	Data Point 2			
	7/1/01-6/30/02	10/1/01-9/30/02			
3C. Percentage of children in first time foster episode with 1 or 2 placements - still in care at 12 months (entry cohort)	62.1% (18/29)	73.7% (14/19)	↑	↓	63.2%
	7/1/02-6/30/03	10/1/02-9/30/03			7/1/02-6/30/03
3F. Percentage of admissions to foster care who are re-entries with Child Welfare as Responsible Agency (Fed) ^{xi}	24.2% (15/62)	23.3% (14/60)	↓	↓	10.8%
	7/1/00-6/30/01	10/1/00-9/30/01			7/1/00-6/30/01
3G. Percentage who re-entered foster care within 12 months of reunification (entry cohort reunified within 12 months)	0.0%	0.0%	→	↓	13.4%

Outcome 4: *The family relationships and connections of children served by the CWS will be preserved, as appropriate.*

**Table 7
Placement of All or Some Siblings**

	Napa County		Change from Data Point 1 to Data Point 2	What Change Do We Want to See?	What is the Statewide Average?
	7/1/03	10/1/03			
4A. Percent of Siblings in Foster Care that are placed with ALL siblings ^{xii}	46.8% (37/79)	57.1% (40/70)	↑	↑	42.0%
4A. Percent of children in foster care that are placed with SOME siblings	70.9% (56/79)	72.9% (51/70)	↑	↑	66.4%

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Table 8
Placement in Least Restrictive Care Settings^{xiii}

	Napa County						What is the Statewide Average?
	Initial Placement (10-1-02-9/30/03)	Primary Placement (10-1-02-9/30/03)	Data Point 1 'Point in Time' Placement (7-1-03)	Data Point 2 'Point in Time' Placement (10-1-03)	Change from Data Point 1 to Data Point 2	What Change Do We Want to See?	
4B. Relative	30.0%	35.9%	27.5% (39/142)	27.0% (38/137)	↓	↑	33.7%
4B. Foster Home	52.5%	35.9%	30.3% (43/142)	32.1% (41/137)	↑	↑	13.6%
4B. FFA	15.0%	20.5%	11.3% (16/142))	10.9% (41/137)	↓	↑	22.2%
4B. Group or Shelter	2.5%	7.7%	8.5% (12/142)	9.5% (41/137)	↑	↓	8.9%
4B. Other	0.0%	0.0%	22.5% (32/142)	20.4% (41/137)	↓	↓	21.7%

Table 9
Rate of ICWA Placement Preferences

	Napa County				What is the Statewide Average?
	Data Point 1 Q2 2003	Data Point 2 Q3 2003	Change from Data Point 1 to Data Point 2	What Change Do We Want to See?	
4E. Relative Home	0.0%	0.0%	→	↓	45.9%
4E. Non-Relative Indian Family	0.0%	0.0%	→	↓	8.3%
4E. Non-Relative Non-Indian Family	0.0%	0.0%	→	↓	19.5%

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Outcome 8: *Youth emancipating from foster care are prepared to transition to adulthood.*

Table 10^{xiv}
Summary of Independent Living Foster Care Program Transition Data

Number of Children Transitioning to Self-Sufficient Adulthood with:	Napa County			
	Data Point 1 10/1/01- 9/30/02	Data Point 2 10/1/02- 9/30/03	Change from Data Point 1 to Data Point 2	What Change Do We Want to See?
8A. High School Diploma	15	18	↑	↑
8A. Enrolled in College/Higher Education	3	2	↓	↑
8A. Received ILP Services	110	142	↑	↑
8A. Completed Vocational Training	25	15	↓	↑
8A. Employed or other means of support	25	33	↑	↑

Caseload Demographics

Table 11
Caseload Demographics by Service Components as of 4/30/04

Service Component	Number	Percentage of Total
Referral	171	49.9%
Emergency Response	20	5.8%
Family Maintenance	16	4.7%
Family Reunification	35	10.2%
Permanent Plan	101	29.4%
Total	343	100%

2. Demographics of General Population

Brief Demographic Description of Napa County.

Napa County is about a one-hour drive from the major Northern California cities of San Francisco, Oakland and Sacramento. It is considered a rural county and a part of the Greater Bay and North Bay areas. About 60% of all county residents live in the city of Napa. The remaining 40% live in smaller cities in rural surroundings. Highway 29 is the main thoroughfare for the county.

Population. An estimated 124,279 residents live in Napa County (Census 2000), including about 7,563 children under the age of 5 (or about 6% of all county residents). There were 1,496 births to Napa County residents in 2000. Napa County is growing at a rate of about 6.7% per year as compared with the statewide average of

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9.3% per year. American Canyon and St. Helena are the fastest growing areas of the county while the population of Yountville has actually decreased.

Diversity in race and ethnicity. It is estimated that Latinos now comprise 19% of the population of the county (up from 14.4% in 1990). Asian/Pacific Islanders, African Americans, American Indians and Latinos make up 24.5% of the county's population (up from 19.2% in 1990). (**Note:** While now located in Sonoma County, the Alexander Valley Mishewal Wappo tribe at one time included Napa County.)

Relevant Demographics. Some demographic elements¹² relevant to children and families in Napa County:

- ❑ About 11% of all children ages 0-5 are living in families considered to be below the poverty income level (Federal definition);
- ❑ Of all low income children in the County, 23.3% and 34% lack health and dental insurance respectively;
- ❑ 54% of children ages 0-5 live with working parents (either both parents or single head of household working);
- ❑ A single parent with two children (one infant; one preschooler) earning a self-sufficiency wage (not eligible for needs based assistance) in Napa County will spend 30% of his or her monthly income on child care; and
- ❑ Fair Market Rent for a 2-bedroom apartment is \$1,086 and that represents 43% of income for a family earning 200% of the Federal Poverty Level.

Table 12
Census 2000 by Age

Age	Percent
Under 5 years	6.1
5-9 years	6.9
10-14 years	6.9
15-19 years	6.9
20-24 years	5.8
25-34 years	12.5
35-44 years	15.2
45-54 years	14.8
55-59 years	5.5
60-64 years	4.1
65-74 years	7.0
75-84 years	6.0
85 years and over	2.4

¹² Source: 2003 Child Care Portfolio for Napa County; and, Self-Sufficiency Worksheet for Napa County.

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**Table 13
Census 2000 by Ethnicity**

	Number	Percent of Total
White	85,932	69.1%
Hispanic	29,416	24%
Black or African American	1,527	1.2%
American Indian and Alaska Native	642	.5%
Asian	3,641	3%
Native Hawaiian and Other Pacific Islander	254	.02%
Some other race	226	.02%
Two or more races	2,641	2.1%
TOTAL	124,279	100%

**Table 14¹³
Comparison of Ethnicity for Total Population of Children
and Those in Child Welfare Supervised Foster Care in Napa County**

Census Terminology for Ethnicity	Percentage of Total Population of All Napa County Children 0-19	Percentage of Total Children 0-18 in Child Welfare Supervised Foster Care in Napa County As of January, 2004 (n=140)
African American	1.4%	8.6% (12)
Asian	2.7%	0.0%
Latino	35.9%	28.6% (40)
Multiracial	3.1%	0.0%
Native American	0.5%	0.0%
Other	0.3%	1.4% (2)
Pacific Islander	0.2%	0.0%
White	55.9%	61.4% (86)

Unemployment Rates. The unemployment rate in the Vallejo-Fairfield-Napa Metropolitan Statistical Area (MSA) was 5.2 percent in April 2004, down from 6.0 percent in March 2004, and below the year-ago 5.7 percent. This compares with a rate of 6.1 percent for California and 5.4 percent for the nation during the same period. The unemployment rate was 4.0 percent in Napa County and 5.6 percent in Solano County.

**Table 15
Unemployment Rate¹⁴ for the Napa-Fairfield-Vallejo MSA**

	Apr 03	Feb 04	Mar 04	Apr 04
Unemployment Rate	5.7%	5.8%	6.0%	5.2%
California	6.8%	6.6%	6.7%	6.1%

¹³ This table is affected by the difference in age groupings between the 2000 Census Report (from the California Department of Finance, Population by Age, Sex, Race; 0-19) and CWS/CMS Database (0-18).

¹⁴ Provided by the California Employment Development Department.

3. Education System Profile

Introduction. There are six school districts in Napa County serving students in kindergarten through high school. Eighty-six percent of the students and seventy-two percent of the schools in the County are within the Napa Valley Unified School District (NVUSD).

Selected School Data. As indicated in the table below, while individual district averages are typically below statewide, schools in Napa County have a higher percentage of English learners.

Table 16
Selected School Data for the year 2002-03¹⁵

District	Number of Schools	Number of Students	English Learners	Average Class Size	Free and Reduced Lunch	CalWORKs
CALISTOGA JOINT UNIFIED	3	925	41.2 %	20.9	53.7%	1.7%
HOWELL MOUNTAIN ELEMENTARY	1	59	18.6 %	14.8	22.0%	5.1%
NAPA CO. OFFICE OF EDUCATION	4	250	28.8 %	19.7	94.2%	0.0%
NAPA VALLEY UNIFIED	36	16,881	26.8 %	27	35.3%	2.8%
POPE VALLEY UNION ELEMENTARY	1	58	22.4 %	19.3	0.0%	1.8%
ST. HELENA UNIFIED	5	1,500	25.7 %	23.2	35.0%	1.0%
TOTALS:	50	19,673	27.3 %	26.2	36.6%	2.6%
Statewide:			25.6%	26.2	48.7%	10.1%

Academic Performance Indicator (API). The API provides indicators of student performance in the statewide, public school accountability system. It's also one of the factors used to measure progress under federal regulations. The annual API report includes a base report and a growth report. The statewide API target is 800 out of 1,000 points. According to the 2003 API base report, twenty-four percent (12 of 50) of schools in Napa County dropped in their state rankings.

¹⁵ Provided by the California Department of Education Educational Demographics Unit.

B. CWS Outcomes and C-CFSR Data Indicators

**Table 17
Comparison of Napa County Quarterly Data to Goals for Statewide Indicators**

Indicator	Statewide Goal for March, 2005¹⁶	Current Napa County Data	Meets/Exceeds Or Does Not Meet Statewide Goal
Recurrence of maltreatment (Fed) ¹⁷ in the first six months of the study year	8.9%	1.8%	Meets/Exceeds
Rate of Child Abuse and/or neglect in Foster Care	.53%	0.0%	Meets/Exceeds
Rate of recurrence of abuse/neglect in homes where children were not removed (12 month study periods)	21%	4.7%	Meets/Exceeds
Percentage of children reunified from foster care reunified who were discharged within 12 months with Child Welfare as Responsible Agency (Fed)	57.2%	70.0%	Meets/Exceeds
Percentage with 1-2 placements within 12 months with Child Welfare as Responsible Agency (Fed)	81.6%	92.6%	Does Not Meet
Percentage of children adopted who were discharged within 24 months of removal by Child Welfare as Responsible Agency (Fed)	20.9%	8.3%	Does Not Meet¹⁸
Percentage of admissions to foster care who are re-entries with Child Welfare as Responsible Agency (Fed)	9.4%	23.3%	Does Not Meet

Outcome 1: *Children are, first and foremost, protected from abuse and neglect.*
Indicators.

- 1A. Recurrence of maltreatment (Fed) in the first six months of the study year
- 1B. Recurrence of maltreatment within 12 months
- 1B. Recurrence of maltreatment within 12 months after first substantiated allegation
- 1C. Rate of Child Abuse and/or neglect in Foster Care

¹⁶ From 6/24/03 revised State of California *Program Improvement Plan (PIP)*.

¹⁷ Those indicators with Fed in parentheses indicate exit cohorts and are explained later in this document. In general, they are less descriptive of outcomes than the entry cohorts used by the State.

¹⁸ The State Adoptions Unit of the Department of Social Services completes adoptions in Napa County.

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Table 18¹⁹
Summary of Recurrence of Substantiated Maltreatment within 6 Months of
Substantiated Report from 2000 - September 30th, 2003

Time Period	Napa County			Statewide		
	Base-Period	Recurrence	Rate	Base-Period	Recurrence	Rate
2000	62	2	3.2%	56,167	6,063	10.8%
2001	68	2	2.9%	53,697	5,979	11.1%
2002	90	3	3.3%	52,642	5,709	10.8%
Apr 1, 2002 - Mar 31, 2003	98	5	5.1%	52,285	5,698	10.9%
Jul 1, 2002 - Jun 30, 2003	72	4	5.6%	50,326	5,634	11.2%
Oct 1, 2002 - Sep 30, 2003	56	1	1.8%	49,910	5,630	11.3%

Table 19²⁰
Summary of Substantiated Maltreatment within 6 Months of Substantiated Report
from 2000 - September 30th, 2003 By Age, All Ethnicity

	2000	2001	2002	Apr 1, 2002 to Mar 31, 2003	Jul 1, 2002 to Jun 30, 2003	Oct 1, 2002 to Sep 30, 2003
Missing	0%	0%	0%	0%	0%	0%
Under 1	0%	0%	0%	0%	20%	25%
1-2	0%	0%	0%	9.1%	14.3%	0%
3-5	10%	12.5%	0%	0%	0%	0%
6-10	0%	5%	6.1%	3.0%	0%	0%
11-15	5.9%	0%	4.3%	11.5%	7.7%	0%
16-17	0%	0%	0%	0%	0%	0%
18 or Over	0%	0%	0%	0%	0%	0%
Totals	3.2%	2.9%	3.3%	5.1%	5.6%	2%

Trends and Analysis.

Trend.

As indicated by the baseline and April reports (and graphs found in the Appendix), while percentages have changed, underlying numbers (instances divided by total possible instances) of recurrence are relatively stable. Recurrence rates are typically less than half of the statewide average. The biggest difference was the decrease in recurrence of maltreatment (Federal indicator) in the most recent report period.

¹⁹ Oct 2002-Sept 2003 data draw from the Quarter 3, 2003 extract. All others use Quarter 2, 2003 data. The National Standard is less than or equal to 6.1%. Base-Period (n)= Children with one or more substantiated allegations in first half of year. Recurrence (n) = Children in base-period one or more additional substantiated allegations within 6 months.

²⁰ Oct 2002-Sept 2003 data draw from the Quarter 3, 2003 extract. All others use Quarter 2, 2003 data. The National Standard is less than or equal to 6.1%. Base-Period (n)= Children with one or more substantiated allegations in first half of year. Recurrence (n) = Children in base-period one or more additional substantiated allegations within 6 months. Recurrence Rate is computed as a percent of Recurrence by Base-Period.

I. Demographic Profile and Outcomes Data

Analysis.

There are two factors that may affect a lower recurrence rate in Napa County: (1) accreditation by the Child Welfare League has supported lower caseloads and more frequent family and caregiver visits (than required by State standards) by social workers; and, (2) the increased use of family group conferencing and family preservation services.

Trend.

Recurrence rates are typically less than half of statewide rates in the baseline year and in each data interval since 2000. Recurrence rates at 3, 6, 12, and 18 months are also typically less than half of statewide rates. Trends across months for recurrence are upward for the State, although at a lower rate of ascension for Napa County and still below statewide averages. In Napa County, recurrence rates at 18 months after a substantiated allegation are more than tripled (similar to Statewide averages).

Analysis.

It has been suggested that learning or re-learning parenting skills is similar to learning any skill. There is a learning curve that can be positively affected by practice and continuous feedback to the learner. In the first six months to a year after an incident, practice and feedback are provided to parents through parenting classes, counseling, home visitors, anger management training, etc. In addition, social workers and others (e.g., Court Appointed Special Advocates) monitor progress in 'learning.' However, due to resource constraints, these supports fade over time as does learning and recurrence becomes a more likely possibility. This may also be partially explained by post-treatment relapse for drug and alcohol abuse.

Trend.

Rates of abuse in foster care are very low (typically 0%) compared to statewide averages.

Analysis.

While the number of available foster care placement options has decreased significantly over the past four years, those 'veteran' families that continue to provide services are known to be reliable and stable caregivers.

Conclusions.

Strengths

In this outcome area, strengths include: (1) case management standards that surpass State standards; (2) a reliable pool of foster care placement options; (3) timely visits and monitoring by County licensing staff; (4) family prevention education and support services provided by community-based agencies and organizations; (5) family conference planning and family preservation services; and (6) supervised visiting and monitoring services by the child welfare agency, community and volunteer agencies.

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Needs

In this outcome area, needs include: (1) recruitment and retention of additional foster care placement options as 'active' foster care families have significantly decreased over the past five years; (2) expansion of family education and support so that services may be offered earlier in a family crisis and continue as long as they are needed; (3) increased use of family conference planning and family preservation services; and, (4) develop additional resources for infant, child and family mental health services.

System Improvement Plan

This outcome will be included in System Improvement Plan, as it will facilitate the development of strategies to expand prevention and family support services both within the Health and Human Services Agency and the community.

Outcome 2: *Children are safely maintained in their homes whenever possible and appropriate.*

Indicators.

- 2A. Rate of recurrence of abuse/neglect in homes where children were not removed (12 month study periods)
- 2B. Percent of Child Abuse/Neglect Referrals with a Timely Response (Immediate Response Compliance)
- 2B. Percent of Child Abuse/Neglect Referrals with a Timely Response (10 Day Response Compliance)
- 2C. Timely Social Worker visits with Child

Trend.

Rate of recurrence for children not removed from the home is about half of the statewide average.

Analysis.

As stated in a previous recurrence indicator, lower caseloads and more frequent family and caregiver visits by social workers and the increased use of family group conferencing likely affect recurrence rates for children not removed from the home.

Trend.

The immediate response rate (2B) for Napa County is slightly higher, but the 10-day response rate is lower than the statewide average. Timely social worker visits (2C) are similar, but lower than statewide average percentages.

Analysis.

There are several factors that may be influencing these indicators: (1) accreditation does not allow for visit exceptions; (2) turnover and rehiring have increased the need for extra help, part-time staff not typically as well trained as County employees in data input; (3) differences in data entry by clerical and social work staff.

I. Demographic Profile and Outcomes Data

Conclusions.

Strengths

In this outcome area, strengths include: (1) case management standards that surpass State standards and maintain adequate levels of monitoring; (2) family support, prevention, and education services provided by community-based agencies; (3) family conference planning; and (4) supervised visiting and monitoring services provided by the child welfare agency, community and volunteer agencies.

Needs

In addition to expanding the above services (outlined in more detail in the previous outcome), there is a need for a 'dedicated,' on-site staff to provide training and support in using the CWS/CMS database.

System Improvement Plan

This outcome will not be included in System Improvement Plan. However, an action plan will be developed to increase efficient and effective data entry for social worker visits.

Outcome 3: Children have permanency and stability in their living situations.

Indicators.

- 3E. Percentage of children reunified from foster care reunified who were discharged within 12 months with Child Welfare as Responsible Agency (Fed)
- 3A. Percentage of children entering foster care for the first time and reunified within 12 months (entry cohort)
- 3D. Percentage of children adopted who were discharged within 24 months of removal by Child Welfare as Responsible Agency (Fed)
- 3A. Percentage adopted from a first time foster placement episode within 24 months (entry cohort)
- 3B. Percentage with 1-2 placements within 12 months with Child Welfare as Responsible Agency
- 3C. Percentage of children in first time foster episode with 1 or 2 placements - still in care at 12 months (entry cohort)
- 3F. Percentage of admissions to foster care who are re-entries with Child Welfare as Responsible Agency (Fed)
- 3G. Percentage who re-entered foster care within 12 months of reunification (entry cohort)

Trends and Analysis.

Trend.

Longitudinal data (see Appendix) indicate that reunification rates within 12 months have steadily increased and surpassed statewide averages.

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Analysis.

Factors that may be positively affecting this indicator include: (1) a collaborative approach by social workers, courts, community and volunteer agencies to develop and monitor 'reachable' case plan goals with appropriate family services and supports; and, (2) increased use of family conference planning and family preservation services.

Trend.

By ethnicity, reunification rates for children who are Hispanic have been slightly declining while rising for children who are White. However, reunification rates are still higher for Hispanic than White families.

Analysis.

It is thought among many of those interviewed that, increasingly, there are basic differences between reasons for removal in Hispanic and White families that affects intervention and reunification. In Hispanic families, the issue is often about inappropriate parenting (e.g., physical punishment) that can often be 'treated' with education and training. However, the issue with many White families is more 'intractable' as it often involves alcohol and drugs (e.g., methamphetamine as previously mentioned). 'Treatment' for alcohol and drug abuse is not as easy to find (e.g., not many resources in Napa County - especially for residential treatment for mothers and children) and available resources are being cut back (e.g., 6 month treatment programs instead of 12 months) and, therefore, the potential for successful reunification is reduced.

Trend.

Rates for finalized adoption in fewer than 24 months are declining.

Analysis.

In regards to adoptions, Napa County uses the CDSS State Adoptions Unit. County and State staff are currently using a concurrent planning process. However, there is a need to determine whether or not it is possible to initiate some aspects of concurrent planning in a more expedited fashion. The County and State Adoptions meet regularly to resolve the issues involved in concurrent planning.

Trend.

Multiple placements (more than two in 12 months) are declining as well.

Analysis.

Although this number is declining, it is thought that multiple placements continue to affect indicators regarding reunification as visitations and maintaining or rebuilding a family relationship at a distance is much more difficult.

Trend.

Reentry to foster care (within 12 months) after reunification remains at 0% over the last three available data reports.

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Analysis.

As previously noted, a collaborative and family conference approach to case planning as well as family preservation services may be affecting this indicator in a positive way.

Trend.

Numbers of children in all out-of-county placements have declined over the last two years from about one in every three children in placement to one in every four.

Analysis.

Again, while multiple placements are declining, this trend will not likely continue given the significant decline in foster placement options in Napa County. The number of placement options within the County is seriously affected in a negative way by monthly rates, children who are more difficult to place, family economics which require two incomes, use of available foster care homes by other counties, and lack of ongoing support. For example, there appears to be no geographic rate differentials for foster care in the State. This likely creates an imbalance in the availability of foster care options between high and low cost-of-living (e.g., housing) counties. In addition, the difficulty of children with mental or behavioral challenges is compounded by a severe shortage of therapists who specialize in these issues. Ongoing support needs (e.g., training, respite) for foster parents (County licensed) are well known.

Conclusions.

Strengths

In this outcome area, strengths include: (1) collaborative and family conference approach to case planning and family preservation services; (3) available community resources for parent education, training, and follow-up services; and, (4) available substance abuse treatment services.

Needs

As previously indicated, there is a need to expand: (1) the availability of family conference planning and family preservation services; (2) community resources for parent education, training, and long-term follow-up. There is also a significant need to expand available substance abuse treatment services and to develop a residential treatment service for mothers and their children.

Regarding multiple and out-of-county placements, Napa County continues to struggle with the availability of an adequate number of foster home placements in which children can be placed²¹. The number of licensed homes continues to decrease. The lack of appropriate, local foster homes results in children being placed outside of the County or in homes that are a less than ideal match. There needs to be a statewide remedy in re-determining rates for foster care (e.g., higher rates, geographic rate

²¹ Excerpted from the Citizen's Review Panel Report for 2003.

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differentials, incentives for mentoring and independent living skills training). On the local level, new or reallocated resources will need to be focused on marketing, recruitment and retention of foster families. The Napa County Children's Health Initiative (described in more detail on Section IV: Prevention) will likely support these efforts.

System Improvement Plan

This outcome will not be included in the System Improvement Plan. In terms of priorities, this outcome will be identified once action plans for outcomes 1 and 8 have been implemented. We plan to develop a work plan of strategies focused on enhancing recruitment, training, support and retention of foster family placement options.

Outcome 4: *The family relationships and connections of children served by the CWS will be preserved, as appropriate.*

Indicators.

- 4A. Percent of Siblings in Foster Care who are placed with ALL siblings
- 4A. Percent of children in foster care who are placed with SOME siblings
- 4B. Placement in least restrictive environments
- 4E. Rate of ICWA Placement Preferences

Trends and Analysis.

Trend.

Baseline averages for primary placement in foster care are slightly higher for foster homes and a great deal lower for foster family agencies than statewide averages.

Analysis.

At present, there is only one Foster Family Agency in Napa County. While another was established several years ago, it did not succeed in recruiting enough families to survive financially.

Trend.

Baseline (July, 2003) averages for Napa County are higher than statewide averages for placement of all or some siblings. Over time (7/1/01-10/1/03), the Napa County trend for placing all or some siblings is ascending while the statewide trend is flat. Napa County has higher placement rates for all of some siblings across time for Black, White and Hispanic ethnicities than statewide averages.

Analysis.

While Napa County has a small 'core' of foster families, social workers are very aware of the availability of multiple placement options when needed. Ethnicity has not been a barrier in placing all or some siblings.

Trend.

The trend for kin placement across time is descending while ascending for foster and foster family agency placement. The trends across time for kin placement of 1-2 year

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olds is descending while all other age groups are ascending.

Analysis.

Those interviewed generally agree that increased requirements for 'relative care' as well as monitoring mandated by State law make it less desirable for relatives to take on this responsibility. In addition, the decision to become a 'public' family under scrutiny by public agencies is a difficult decision.

Table 20
'Point in Time' Placements of All or Some Siblings by Ethnicity
Napa County (7/1/01-10/01/03)

	7/1/01	1/1/02	7/1/02	1/1/03	4/1/03	7/1/03	10/1/03	Napa County Average	Statewide Average
Black	00.0	66.6	66.6	66.6	66.6	66.6	83.3	69.4%	62.1%
White	69.3	64.5	75.0	64.1	67.3	68.0	68.2	68.1%	63.8%
Hispanic	70.5	76.4	88.8	93.7	90.0	78.2	80.0	82.5%	71.5%

Conclusions.

Strengths

Available foster placement options, while few in number, have positively affected placement of all or some siblings in Napa County, regardless of ethnicity.

Needs

As previously reported, there is an ongoing need for additional foster placement options, especially relatives. There is a statewide need to streamline the relative care approval process, making the paperwork more 'user friendly,' and removing disincentives for care giving. Additional foster family agency placement options would positively affect data regarding placement in the least restrictive environment.

System Improvement Plan

This outcome will not be included in System Improvement Plan. However, the future improvement plans for recruitment, training and retention used in Outcome 3 should positively affect this outcome as well.

Outcome 8: *Youth emancipating from foster care are prepared to transition to adulthood.*

Indicators.

- 8A. High School Diploma
- 8A. Enrolled in College/Higher Education
- 8A. Received ILP Services
- 8A. Completed Vocational Training
- 8A. Employed or other means of support

Data cleanup, entry or interpretation issues

The data provided by the State is "prepared from an annual report provided by each County to the Department of Social Services. It includes data regarding youths, ages

I. Demographic Profile and Outcomes Data

16 through 21, who receive services from the Independent Living Foster Care Program. It identifies the number of youths receiving ILP services, the program outcomes for those youths, and certain client characteristics.²² As there is no breakdown for age, the data is difficult to analyze. For example, 16 year-olds would not likely be enrolled in college or higher education and yet they are included in the data report provided to the County. Without knowing the total number of students who could be enrolled (e.g., over 18), the number of enrolled isn't meaningful. In addition, the percentage of younger (under 18) to older (over 18) changes each year. Finally, at present, completion rates are based on those youths who are enrolled in the ILP program whether they attended one workshop or the entire series of workshops.

Trends and Analysis.

A trend analysis is not possible given the data issues presented above.

Conclusions.

Strengths

Information from interviews and written input indicate that this is a well-regarded program throughout the community. It offers Child Protective Services an opportunity to support community-based, prevention services for youths already vulnerable to homelessness and/or unemployment when leaving the foster care system. The program blends the funding from two State sources to provide one, unified program for both Napa County foster youth as well as youths placed from other counties. The program is staffed by individuals who are well aware of community resources and who have made important linkages with community housing and employment services.

Needs

At the time of this writing, it was learned that fiscal constraints have required the lay-off of the social worker (.5 FTE) assigned to transition-aged youth in foster care. This will likely have a significant impact on the program in terms of declining service coordination (e.g., referral to community housing and employment resources). There is a definite need to encourage (e.g., incentives) foster parents to provide independent living skill training within the natural environment of home. In addition, while available housing and employment supports are good ones, there is ongoing need for expanded service options.

System Improvement Plan

This outcome will be included in the System Improvement Plan. This is a high priority for our community at this time. A planning grant has been awarded from private funding to develop strategies for better serving youth who are age out of the foster care system. In addition, a plan for more effectively tracking outcomes for Napa County foster youth in transition will be considered.

²² From a Department of Social Services report titled *SOC 405 A - Independent Living Program (ILP) Annual Statistical Report* (February, 2004).

End Notes.

- i While comparisons with other counties and the State are considered to be problematic (e.g., significant differences in socioeconomic and other key demographic factors), we provide Statewide comparisons as a 'guide' to readers who require some context for understanding the information regarding Napa County.
- ii Population data for the year 2002 are based on Claritas Inc. population projections for 2002, which are based on the 2000 U.S. Census.
- iii These reports describe unduplicated counts of children per year who have been identified as a victim in a child abuse referral. Children who have more than one referral are categorized according to the most severe disposition during the year.
- iv These reports are derived from a longitudinal database of all children who entered child welfare-supervised foster care for the first time (entry cohort) during the following time periods, 1998-2002 and **rolling years**: April 2002-March 2003, July 2002-June 2003, and October 2002-September 2003. The use of rolling years smoothes out the effects of known and recurring variables (e.g., seasonality of referrals).
- v This analysis looks at those children who had one or more allegations during the analysis year, which resulted in a substantiated disposition (excluding 'at risk' categories of type 5001 and 5624) at 3 months, 6 months, 12 months, 18 months, and 24 months of a prior occurrence in the analysis year.
- vi The numerator for this measure is the total number of children who have a substantiated allegation of abuse/neglect by a perpetrator who is a non-relative foster care provider in a county licensed foster home or certified by a Foster Family Agency. The denominator is the total number of children in non-relative foster care during the same period.
- vii This report examines exits from care for children in a first foster care placement episode (spell) for at least 5 days. Only children who entered care prior to their eighteenth birthday were considered in the Summary report analysis. Guardian and Missing placements have been excluded from both Summary report and breakout analyses.
- viii This standard is based on an annual exit cohort. The cohort *includes* all children discharged from foster care during the year. Length of stay is then categorized as either fewer than 12 months or 12 or more months.
- ix This standard is based on an annual exit cohort. The cohort *includes* all children discharged from foster care during the year.
- x This standard is based on the number of children served during a specific year. This population is achieved by selecting all children in care at the start of the year and adding in all children who entered care during the year and is an unduplicated count.
- xi This standard is based on an annual entry cohort. The cohort *includes* all children entering foster care during the year.
- xii This report provides information on the placement of sibling groups in foster care. The data produced is by county, by facility type, and by number of siblings.
- xiii This report includes information on all children under the age of 18 who entered child welfare-supervised foster care during the analysis year.
- xiv The state report for this indicator states that the *data source for this measure is the County ILP report. This data is subject to the limitations of the data reporting form. It would be more accurate to say the limitations of the data reporting form (e.g., no breakdowns by age) severely limits any conclusions that could be drawn from it.*

II. Public Agency Characteristics

A. Size and structure of agencies

1. County-operated shelter(s)

Napa County contracts (Community Action of Napa County - CANV) for a year round shelter (Sullivan Shelter) for adults and it is used as emergency housing for individuals eighteen years and older. The County also contracts with CANV for Samaritan House that is used for family emergency housing services. Napa Emergency Women's Shelter provides emergency housing and short-term services and supports for mothers and their children who are victims of domestic violence. There is a need for securing emergency placements within the County (e.g., emergency placement contracts).

2. County licensing

Napa County has a Memorandum of Understanding (MOU) with CDSS for licensing which gives authority to the County to license both foster and adoptive homes. As indicated in other sections of the self-assessment, recruitment and retention of foster families has been hampered in recent years by cost-of-living, family economics, and children with significant challenges.

3. County adoptions

Napa County has a MOU with the CDSS, Adoption Services, Rohnert Park District Office to provide all aspects of adoption services for the county. This configuration of services requires staff from both agencies to work collaboratively in order to facilitate timely adoptions. Dependent children are referred for adoption assessments through a regular concurrent planning process. Families who want to adopt are served by the Rohnert Park District Office of CDSS and are encouraged to participate in foster care and concurrent planning. Those families willing to participate in foster parenting are required to be licensed or certified.

B. County governance structure

Napa County Health and Human Services Agency (HHSA) provides the organizational structure for Child Protective Services and Mental Health through the Children's Services division. Napa County Probation is a separate organization within County government. Children's Services and Probation use interagency meetings and joint training activities to facilitate a complementary approach to child welfare issues.

C. Number/composition of employees¹

1. Staffing characteristics/issues

a. Turnover ratio

For purposes of this self-assessment, turnover rate is defined as the number of workers who left the agency by resigning, terminating, or who were terminated during the last fiscal year (July 1, 2002 - June 30, 2003) divided by the total number of positions for each staff category.

Those workers who moved from one child welfare services unit to another (e.g., from adoptions to emergency response) were not included in determining the rate. Although we recognized that internal assignment changes have implications for orientation and training, we did not measure turnover within child welfare services. However, workers who have moved to other areas (for example, adult services or mental health) and who are no longer providing child welfare services were included here.

For FY 2002 -2003, the overall turnover rate among professional staff (social workers, staff analysts, and supervisors) was thirty-eight percent. The turnover rate by classification was as follows:

Table 21
Turnover Rate by Classification for FY 2002 - 2003

Classification	Percent
Administrative Support	20%
Social Work Aides	0%
CWS Social Workers	47%
Staff Analysts (loss of funding)	100%
Supervisors	0%

Although the average turnover rate appears to be high, it has actually decreased over the past few years. The effects of turnover on child welfare services are predictable and include: loss of relationships among social workers, children and families; loss of consistency in planning and follow-up; increased costs in time and resources for recruitment; and, loss in 'productivity' during training and orientation.

b. Private contractors

Twenty-five percent of the Recruitment of Foster and/or Adoptive Parents and 50 percent of the Independent Living Programs are contracted out to governmental

¹ Information excerpted from the CalSWEC Survey of Napa County.

II. Public Agency Characteristics

agencies. Napa County contracts out 100 percent of Adoptions to the California Department of Social Services. A community-based nonprofit agency provides 17 percent of the supervised visitation services.

c. Worker caseload size by service program

The average total number of children in FY 2002 - 2003 in each of the following program areas was calculated by dividing the annual total number of children in each program by 12 (months).

Table 22
Caseload Size by Program Area fo FY 2002-2003

Program Area	Average number of children in FY 2002 - 2003 per month
ER	42
FM/Family Preservation	61
Family Reunification (FR)	39
Permanency Planning (PP)	99
Adoptions	(included in PP)

The average caseload per worker per month during FY 2002 - 2003 varies by program, as shown below. Workers are assigned to multiple areas so the average caseload per worker per month is only shown by program type, not by individual worker. This table is not meant to indicate the degree of difficulty of any case.

Table 23
Caseload Size and Workers by Program Area for FY 2002-2003

Program Area	Average number of workers assigned to each program per month	Average caseload size per worker per month in each program
ER	5	8.4
FM/Family Preservation/FR/PP	10	19.9
Adoptions	Contracted out	Contracted out

2. Bargaining unit issues

The County currently recognizes Service Employees International Union Local 614. At this time, there are no 'outstanding' bargaining issues.

3. Financial/material resources

Napa County's Child Welfare Services are accredited by the Child Welfare League of America. This accreditation requires the County to operate by a set of service standards that surpass the basic standards established by the State of California

II. Public Agency Characteristics

(e.g., caseload size). In order to fully comply, the Board of Supervisors approved additional county general fund money to augment State funds. These funds have supported lower caseloads and allow staff the opportunity to provide more systematic case planning, ongoing monitoring and follow-along services. In the long-term, if it remains available, this funding should positively affect reunification and recurrence rates for Napa County children and families.

4. Political jurisdictions

School districts/Local education agencies

Local districts (primarily Napa Valley Unified School District and the Napa County Office of Education), Child Protective Services, Mental Health Probation and Community-Based Organizations collaborate in a number of interagency planning and policy activities. These include:

Policy Committee. This is an interagency body of policy-makers that meets monthly in order to resolve common issues through communication and training.

Wraparound/SB 163. A collaborative, interagency effort composed of staff from Child and Family Behavioral Health, Child Protective Services, Juvenile Probation, and MATRIX Family Resource Center. Originally developed with funding from Senate Bill 163, the service is designed to help children avoid out-of-home placement or be reintegrated into their home community as soon as possible after placement. The approach is strength-based and helps the family build solutions out of those strengths.

Multi-Agency Assessment, Referral and Placement Team (MARP). This team meets every two weeks to review children who are 'at risk' of needing services and supports, currently in foster care, on probation, or new to the district and who are challenging to support. Member agencies include Juvenile Probation, Mental Health, Child Protective Services, Office of Education, and Napa Valley Unified School District, Aldea and Matrix Family Resource Center.

Law enforcement agencies

Napa County Sheriffs Department and the City of Napa Police Department are integral members of both the Citizen's Review Panel and the Child Abuse Prevention Council. The review panel provides advisory oversight regarding the child welfare services. The Council focuses on community education about child abuse as well as supporting the professional growth of those working in child welfare services.

In addition, the Sheriff's Department, all local Police Departments, Child Protective Services, CASA, and District Attorneys participate in a monthly meeting

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regarding SANE/SART (Sexual Assault Nurse Examiners and Sexual Assault Response Team) activities. This interagency team provides coordinated case planning and a multi-agency response to victims of sexual assault. These activities are important components of the Volunteer Center's Sexual Assault Victims Services program.

Tribes

While there is a Memorandum of Understanding with The Suscol Council of Native Americans regarding drug and alcohol treatment, there is no MOU regarding child welfare services. There have been no known first entries (five days or more) into foster care by children who are Native Americans since 1998.

Cities

The City of Napa has a population of about 75,000 or about 60% of all County residents. Annual operating budgets for the city and other do not currently allow for the development or ongoing funding of social services. As such, there are no agreements between Napa County Health and Human Services and city governments regarding child welfare services.

5. Technology level

At this time, staff use desktop computers and do not have laptops. The County has two licenses for using Business Objects and some reports are generated with this software. A ninety-day trial use of SafeMeasures was recently completed and a two-year contract for use is in process. SafeMeasures is currently being installed for use by supervisors as a component of the quality assurance system. It will also serve as a way to obtain ongoing (formative) information in addition to the quarterly information (summative) provided by the State. This should expedite changes in service patterns that will affect positive children and family outcomes.

D. Current Systemic Reform Efforts

Reform Efforts	Yes	No
CWS Redesign Early Implementing County		X
Family to Family		X
Integrated Services (AB 1741)		X
Structured Decision-Making		X ²
Wraparound Services	X	

² Napa County has written a letter of interest to the State.

III. Systemic Factors

Systemic Issue A Relevant Management Information System

Introduction.

At this time, Napa County uses the CWS/CMS database as its management information system. As previously reported, child welfare staff currently use desktop computers to access the CWS/CMS database. The County has two licenses for using Business Objects and some reports are generated with this software.

A ninety-day trial use of SafeMeasures was recently completed and a two-year contract for use is in process. The software will be installed for use by supervisors as a component of the quality assurance system.¹

Strengths as Identified by CWS System Shareholders

- The CWS/CMS database has greatly improved and staff has become more confident in using it.
- Access to information on a statewide basis has been useful.
- One staff member has been assigned (on a very part-time basis) to support and train other staff and help clean-up database entry issues.
- State training and e-mail updates on database issues have been helpful.

Needs as Identified by CWS System Shareholders

- A full time, dedicated staff position for support to social workers and clerical staff, training, and assistance in data cleanup and interpretation. This individual could develop reports from the CWS/CMS database or SafeMeasures on a regular basis in order to provide timely feedback to supervisors and social workers.
- On a statewide basis:
 - Addition of fields and tracking elements for the Independent Living Foster Care Program to include follow-along after youth have aged out of foster care;
 - Improve placement and case plan sections;
 - Access to the database for County Probation Departments with the ability to track foster youth in the juvenile justice system;
 - State development of an easy-to-use analysis tool;

¹ While useful, SafeMeasures is not without a 'down side.' First, reports are predetermined by the software and may over or under report the information query.

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- Additional relational components to support access to appropriate areas of the database by County Mental Health Departments;
- Changes in the database to reflect changes in the law in a more timely way; and
- An easy-to-use notation system for every field in the database; and
- Develop easier procedures in the CWS/CMS database system to encourage individualized case plans and increase more specific and targeted referrals to community services; and
- Additional time for social workers and clerical staff to learn and use the database through practicum using 'real' information.

Summary of Data Cleanup, Entry or Interpretation Issues

Ethnicity. The high rate of referrals and substantiations per with 'unknown' ethnicity suggests some data input issues. In the early years of database implementation (prior to 2002), reporting of ethnicity was not stressed. The importance of this data element has been identified. The County has been working with Counsel to determine a format to ask this question in a legal and routine manner.

Social Worker Visits. There are several factors that may be influencing these indicators: (1) accreditation does not allow for visit exceptions; (2) turnover and rehiring have increased the need for extra help, part-time staff not typically as well trained as County employees in data input; (3) differences in data entry by clerical and social work staff.

ILP Data. The data provided by the State is "prepared from an annual report provided by each County to the Department of Social Services. It includes data regarding youths, ages 16 through 20, who receive services from the Independent Living Foster Care Program. It identifies the number of youths receiving ILP services, the program outcomes for those youths, and certain client characteristics.²" As there is no breakdown for age, the data is difficult to analyze. For example, 16 year olds would not likely be enrolled in college or higher education and yet they are included in the data report provided to the County. Without knowing the total number of students who could be enrolled (e.g., over 18), the number of enrolled isn't meaningful. In addition, the percentage of younger (under 18) to older (over 18) changes each year. Finally, at present, completion rates are based on those youth who are enrolled in the ILP program whether they attended one workshop or the entire series of workshops.

² From a Department of Social Services report titled *SOC 405 A - Independent Living Program (ILP) Annual Statistical Report* (February, 2004).

Potential Strategies for Change

- Develop additional training opportunities (e.g., on site, workshops, online) as well as easy-to-understand written procedures on how to navigate the database.
- Advocate for expanding the database to include input fields and full for Probation and Independent Living Foster Care Programs.
- State development of an analysis tool that allows Counties to more easily extract and present data to community constituencies.
- Full implementation of Safe Measures software to increase CWS/CMS reporting capabilities as well as effective quality assurance.
- Develop alternate access to the database as well as data entry (e.g., touch screens, bar codes) for greater efficiency, accuracy and prevention of repetitive movement injuries.
- Redesign the ILP data system (on a statewide basis) in order to effectively capture and report information about foster care youth in transition.
- Develop a capacity for ongoing, onsite training and support for using the CWS/CMS database as well as practicum training for social workers and clerical staff.
- Consider elimination of all or most 'paper' forms in order to encourage greater use of the CMS/CWS database by social workers. Along with this strategy, there would need to be a policy and procedure that allows social workers to schedule days for contacts and time for data entry on a timely basis.
- Development of policies and procedures regarding data entry and use of the CWS/CMS database.
- On a statewide basis:
 - Addition of fields and tracking elements for the Independent Living Foster Care Program to include follow-along after youth have aged out of foster care;
 - Improve placement and case plan sections;
 - Access to the database for County Probation Departments with the ability to track foster youth in the juvenile justice system;
 - State development of an easy-to-use analysis tool like SafeMeasures that can be used as a reporting element of the CWS/CMS database;
 - Additional relational components to support access to appropriate areas of the database by County Mental Health Departments;
 - Changes in the database to reflect changes in the law in a more timely way; and
 - An easy-to-use notation system for every field in the database; and
 - Develop easier procedures in the CWS/CMS database system to encourage individualized case plans and increase more specific and targeted referrals to community services.

Systemic Issue B Case Review System

1. Court Structure/Relationships.

Strengths as Identified by CWS System Shareholders

- Communication across all participants (e.g., social workers, attorneys) has improved. A brown bag lunch meeting has supported better communication and problem resolution of common issues.
- The continuity of the Court Commissioner has supported greater efficiency and consistency in Court proceedings. In addition, the Court continues to be open to new ideas and changes in procedures.
- Ongoing training for social workers on the legal process and different aspects of forensics has been very helpful.
- Attorneys with the County Counsel are accessible to social workers and supervisors for questions and consultation.
- Local attorneys are interested and eager to learn about 'best practices' and new approaches to representation of parents and children.

Needs as Identified by CWS System Shareholders

- Specific court orders that outline the rights of foster parents to make medication decisions for foster youth.
- Increase the timeliness of: the start time of the court schedule; completion of court ordered reports.
- In regards to court proceedings:
 - Failure to meet with clients before hearings leads to continuances;
 - It could be more 'family' friendly;
 - Use of the JV220 form completed in court;
 - Work on ways to make the court process less adversarial; and,
 - Provide a copy of JV 225 to the Family Court Public Health Nurse.
- Improved security, expanded waiting area and the addition of privacy areas at juvenile court facility.
- Ongoing, cross-training for contract attorneys, and social workers regarding the child welfare services' legal process.
- Easy-to-understand materials for parents and children regarding the legal process related to child welfare services.

2. Process for timely notification of hearings.

Strengths as Identified by CWS System Shareholders

- County counsel secretary notifies all parties of upcoming detentions via fax in a very timely manner.

Needs as Identified by CWS System Shareholders

- Nothing noted at this time. However, if and when resources allow it, shift the responsibility of notification back to Child Protective Services.

3. Process for parent-child-youth participation in case planning.

Strengths as Identified by CWS System Shareholders

- The opportunities to use family group conferencing process.
- Volunteer advocates from the CASA program that support the child's participation in the planning process.
- The effective use of relative placement support when children are placed with quickly.

Needs as Identified by CWS System Shareholders

- Expand capacity for family group conferencing and use it as early in the case planning process as possible.
- Parents need to be clean and sober prior to finalization of case plans.
- Full-time employees (rather than part-time) to more efficiently meet the needs of social workers and families to respond quicker and facilitate family group conferencing meetings.
- Consistent involvement of youth in the development of independent living transition plans.
- Continue to train staff on ways to identify family strengths during the planning process.
- Consider implementation of family-to-family service model.
- Consistent involvement of foster parents in case planning process.
- Assure all parents are connected to appropriate community resources, especially educational support.
- Relative caregivers should be included in foster parent training.
- Every child should be considered for a family planning conference.

4. General Case Planning and Review

Strengths as Identified by CWS System Shareholders

- Collaborative case management between child welfare services and community agencies.
- The willingness of child welfare staff to work collaboratively (foster parents, agency staff, schools, etc.).

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- Family conferencing is being used for a follow-up meeting to the family plan agreement.

Needs as Identified by CWS System Shareholders

- Greater involvement by mental health case managers in the case planning process.
- Continue to explore additional ways for increasing child involvement in the process.
- Consider flexible scheduling for case planning and reviews that are more reflective of family schedules.
- Reinstate the use of multi-disciplinary teams to the case planning process.
- Make 'guided' referrals to community resources, especially prevention oriented programs.
- Develop better protocols for the three hundred children now on 'informal' probation.
- Provide more specific information (e.g., contacts, phone numbers) for youth in the transition plan.
- Develop a capacity to provide birth parents with an individualized support plan and listing of resources (e.g., respite) before a crisis occurs.
- Community partnership within Health and Human Services and outside agency participation in family group conferencing meeting.
- Develop specialized case plans for families of children with special needs.
- Local special education administrators need to be notified in a timely manner when a student is transferred to their district in order to make an appropriate and timely placement.

Potential Strategies for Change

Court Structure/Relationships

- Provide a copy of JV225 to the Foster Care Public Health Nurse.
- Research and consider other models of court and family communications.
- Analyze caseload size for public defenders and county counsel and consider developing guidelines that 'weight' caseloads.
- Develop greater access to court for families (e.g. additional attorneys, advocates)
- There is considerable support for an improved and more secure (e.g., metal detector) juvenile court facility that provides privacy for families and attorneys and is safe. While there are plans for changes that will occur in 2007, a short-term solution should be developed.
- In addition to the court facility, there is support for reorganizing the CPS offices to afford greater safety and private family meeting areas.
- Additional resources for expanding and building capacity of family group conferencing.

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- Development of easy-to-understand materials for parents and children regarding the legal process related to child welfare services.
- Development of a resource guide for social workers that contains all of the relevant legal timelines and expectations for Court proceedings.
- Consider reorganizing job responsibilities so that social workers that initiate the development of the Court report are responsible for completing it.

Case Planning

- Consider flexibility in scheduling case planning (e.g., evenings and weekends) that will accommodate families and increase participation.
- Develop processes for developing case plans for children with special needs that include the appropriate local education agency and family resource centers.
- Support for greater involvement of youth in planning for transition and emancipation.
- Develop easier procedures in the CWS/CMS database system to encourage individualized case plans and increase more specific and targeted referrals to community services.
- Greater community outreach, marketing, and training for family group conferencing.
- Additional outreach and support (e.g. respite, child care) to relatives in order to support increased involvement in family group conferencing and case planning.
- Expand (e.g., allocate or reallocate resources, fundraising) parent-child access to case planning through community agencies and organizations (e.g., CASA, family resource centers).
- Use of the *Multi-Agency Assessment, Referral and Placement Team (MARF)* as a forum for the timely notification of children from out-of-county who are in need of special education services.

Systemic Issue C Foster/Adoptive Parent Licensing, Recruitment and Retention

Strengths as Identified by CWS System Shareholders

- Assistance available to support prospective foster parents in the licensing process.
- Napa continues to provide annual visits despite the change in the law.
- Maintenance of staff position for foster care licensing.
- Positive communication and joint recruitment efforts between licensing and adoption staff.
- The ongoing use of outreach and public relations activities.
- Long-term relationships between foster families and social workers.
- The Napa County Foster Parent Association.

Needs as Identified by CWS System Shareholders

Recruitment

- Additional Foster Family Agency placement options;
- More foster homes, especially for teenaged males;
- More creative recruitment strategies;
- Sharing 'relative' assessments between county workers and state adoptions;
- Quicker results from DOJ regarding live scan results;
- Marketing plan for selling programs and services and to inform the public of the need;
- A 'franchising' system to bring more foster parents into the system
- Establish relationships with community groups and churches in order to develop relationships and support interest in foster care;
- Work on the public perception of foster youth as having a problem;
- Need for an Emergency Shelter for emergency placements; and
- Upgrade status and role of foster parents.

Retention

- Joint training from State adoptions and Community College program to increase adoptive and foster parent awareness of how systems work together including concurrent planning;
- Napa County is not currently able to include the following in its recruitment, training and retention efforts for foster families³:
 - Bilingual staff dedicated to foster family recruitment;
 - Specialized recruitment conducted;

³ From the California Department of Social Services Foster and Adoptive Parent Recruitment, Training and Retention Annual Report July 1, 2001 - June 30, 2002 (August 2003).

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- Childcare available while attending pre-service and post-service training; and
 - Foster parent mentors.
- Higher rates, recognition, and more ongoing support for foster families;
- Monitoring is currently more stringent for relative care (annually) than for foster care;
- Fewer available placement options (locally) lead to fewer 'planful' placements (out of county), affects sibling and multiple placements, and timely visits from social workers;
- Data system looks at 'temporary' and 'emergency' placements as a count in calculating multiple placements;
- Decrease from over one hundred to fewer than fifty placement options;
- State's philosophy is that foster care is not an income and that families should not be dependent upon it;
- Respite for foster parents;
- Hard work, not enough money, fewer stay-at-home parents, job requirements harder, more paperwork, more challenging kids makes retention more difficult;
- Using statewide information, one in four families that attend a foster parent orientation submit applications. About half of those who submit applications get licensed and about a third of that number receive placements. This means that counties must generate enough interest to get ten prospective families to an orientation in order to add one 'active' placement option to the foster family roster.

Potential Strategies for Change

- Enlist the assistance of community agencies and organizations and local business representatives (e.g., Chamber of Commerce) to develop a strategic marketing plan for recruitment and retention of foster families.
- Develop a philanthropic entity (e.g., establish an account at the Community Foundation) to fundraise additional resources for recruitment and incentives for retention. These funds should also be used to fund:
 - Bilingual staff dedicated to foster family recruitment;
 - Specialized recruitment conducted;
 - Childcare available while attending pre-service and post-service training; and
 - Foster parent mentors.
- At a statewide level:
 - The development of a geographic differential for determining foster family payment rates;
 - Increase in foster care rates that includes an annual cost-of-living adjustment;
 - Legislation that provides:

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- advance notification of out-of-county placement as well as an approval process that allows the 'receiving' County to determine the availability of appropriate placements and community resources (e.g., special education);
- a process to review 'emergency' placements in a timely manner.

Systemic Issue D Quality Assurance System

1. Existing quality assurance system

Strengths as Identified by CWS System Shareholders

- The continuous quality improvement process used by child welfare services that includes:
 - Effective supervision;
 - Ongoing case reviews;
 - Case audits by both Probation and Child Welfare Services;
 - Independent Living Program round tables used for feedback regarding services to youth in transition;
 - Focus groups with families of children;
 - Citizens Review Panel; and
 - State audits.

Needs as Identified by CWS System Shareholders

- Additional training and technical assistance from the State regarding quality assurance.
- Increase social worker retention in order to reduce turnover and its negative effects on quality assurance.
- As previously mentioned, develop a statewide or local database for more efficient and effective tracking all transitioned-aged youth in foster care.
- In its most recent report⁴, the Citizens Review Panel recommended: (1) additional State funding to support the redesign efforts (as AB636 is largely an unfunded mandate); (2) analysis of additional workload requirements needed to maintain the redesign along with appropriate funding; (3) acknowledgement of county accreditation status through support of a 'deemed status' for audit purposes or through direct, supplemental funding; and, (4) continued approval by the Napa County Board of Supervisors of the 'overmatch' to support continued accreditation as it sets higher standards of service delivery for children and families.
- As a part of the redesign process and an important aspect of quality assurance, families involved in child welfare services were asked to meet to talk about their experiences. A number of topics were covered and included the following:
 - Participants suggested the following important elements of positive relationship between families and social workers: a personality that helps

⁴ From the Citizens Review Panel Report Fiscal Year 2002-03

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- families feel more comfortable and willing to listen; returning calls in a timely way; taking the time to explain the process and what parents need to do to be successful; and, follow-through on commitments.
- When asked about the services that social workers helped families access, participants indicated: counseling; home visiting; parenting workshops; daycare; MediCal; WIC; and, other health-related services.
 - Participants were asked about which parts of the system worked best and they responded: basic housing, food and financial assistance; and, recovery programs.
 - When asked about which parts of the system were most difficult for them, they indicated: understanding the law; meetings and materials in English for Spanish speaking families; and, lack of services and supports for families that are undocumented.
 - All things considered, participants were asked for their advice to Child Protective Services: more scheduled visitation time; sensitivity to different cultures; additional parent education workshops; more in-home support and home visits; resources for individual and group therapy; respect and understanding for families; more contact with social workers; more information about what to expect in court; follow-up after court proceeding for families who use interpreter services (e.g., transcripts).

Potential Strategies for Change

- The formation of a countywide committee to design a locally-referenced, quality assurance system for child welfare services. The committee would include all system 'shareholders' (e.g., direct support professionals, families, and advocates) and its purpose would be to identify the important quantitative (e.g., indicators from the CWS/CMS database, outcomes for children in foster care) and qualitative elements (e.g., 'regular' lives for children in foster care) of quality child welfare services for Napa County.
- Historically, quality assurance methods have involved certification, licensure, accreditation, or a combination⁵. However, professionals in most social service fields have started to rethink the purpose and process of quality assurance in light of the 'quality revolution.' At least three factors are driving this reevaluation effort: (1) a focus on quality enhancement rather than quality assurance; (2) a shift that places the focus of best practices on the strengths and capacities of the service agency; and, (3) an evaluation that supports the

⁵ This information has been adapted from Chapter 9 *Quality of Life and Quality Assurance* by Robert Schalock in *Quality of Life in Health Promotion and Rehabilitation* (Sage, 1996), edited by Rebecca Renwick, Ivan Brown and Mark Nagler.

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development of partnerships with families, professionals, and communities. These three factors have resulted in a significant reformulation of how quality assurance should be viewed and implemented. In addressing a redesign of quality assurance, a potential strategy for changing the system would include the following characteristics:

- A comprehensive quality assurance system focused on desired agency outcomes, program structure, and program process (e.g., quality enhancement and quality management techniques).
- The selection of desired agency outcomes developed primarily by all of the shareholders involved with the agency.
- Use of a decision-making model that focuses on self-monitoring and self-evaluation with reports on progress towards meeting service outcomes shared with shareholders on an ongoing basis.
- Shareholder review of results and a method for implementing change. For example, if outcomes are determined to be less than optimal, shareholders work together to problem solve as to how specific quality enhancement techniques can be implemented.

Systemic Issue E Service Array

1. **Availability of services.** As indicated in other areas of this report, the following agency or interagency services provide prevention, advocacy, or treatment for children and families in Napa County:

Aldea, Inc.

Services are focused on prevention and treatment services for families in which child abuse or neglect has occurred, where the children have been identified as being at high risk of abuse or neglect or where the children are at risk of out of home placement. Aldea provides a continuum of treatment programs including Aldea Training Institute, child abuse prevention treatment, outpatient services, treatment foster care (FFA), day treatment, school-based programs (latency and adolescent), and residential treatment.

Children At-Risk Team Meeting (CARTU)

An interagency team meeting designed to provide a roundtable discussion of children with challenging health, mental health or behavioral issues. Members work to develop a consensus treatment plan and report progress on service plan goals.

COPE Family Resource Center

COPE is also a member of the One Family Network. They provide prevention, intervention and advocacy services such as home visiting, developmental assessments, parenting workshops, and supervised visitation.

Court Appointed Special Advocates (CASA)

Provides screened and trained volunteers to advocate on behalf of children who are dependents of the court. CASA volunteer services include monitoring of supervised visits with families and home visits.

Drug and Alcohol Prevention for Youth

Community organizations, local school districts and law enforcement agencies all participate in a variety of prevention activities. These activities are coordinated by Napa County Health and Human Services through the Substance Abuse Services Prevention Unit.

Family Preservation Services

Now a unit of Child Protective Services, the goal of the program is to prevent the removal of children from the home or to expedite reunification. This is accomplished through in-home support from family preservation practitioners to families that includes: assistance with parenting, transportation, budget management, housing and referrals to community resources.

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Family Conference Program

A voluntary program, Child Protective Services offers this service to families who want to be active members in the case planning process. Positive outcomes can include avoidance of foster care placement, early reunification, and alternatives to court action.

Independent Living Foster Care Program

Services offered to transition-aged youth include independent living skills classes (e.g., securing a job, money management, making decisions and choices) and financial assistance with college or vocational schools.

Matrix Family Resource Center

Matrix is a part of the One Family Network of Napa County. It provides both prevention and advocacy services for families of children with special needs.

Multi-Agency Assessment, Referral and Placement Team (MARF)

This team meets every two weeks to review children who are 'at risk' of needing services and supports, currently in foster care, on probation, or new to the district and who are challenging to support.

Napa County Office of Education (NCOE).

The County Office provides several countywide prevention programs (e.g., Safe and Drug Free Schools and Communities, Tobacco Use Prevention Education, HIV/STD Prevention Education, Teens Tackle Tobacco) aimed at youth.

Napa County Policy Committee

This is an interagency body of policy-makers that meets monthly in order to resolve common issues in serving foster youth through communication and training.

Napa Emergency Women's Shelter (NEWS)

In addition to shelter services for women who are victims of domestic violence, NEWS provides outreach, prevention education throughout the Napa County.

Napa Superior Court's Guardianship Project

Funded by the Superior Court and a grant from the Children's Trust Fund, this service provides relatives and non-relatives support and assistance in filing for guardianship of children whose biological families are unable to provide care for them.

Volunteer Center of Napa Valley - Child Assault Prevention Program.

Volunteers in Napa classrooms provide child assault prevention workshops for children, parents, and teachers.

Wraparound/SB 163

A collaborative, interagency effort designed to help children avoid out-of-home placement or be reintegrated into their home community as soon as possible after placement.

2. Assessment of needs and provision of services to children, parents, and foster parents.

Needs as Identified by CWS System Shareholders

- Develop and maintain adequate funding levels for all children and family services.
- Develop support services for foster parents and other caregivers.
- Expand the availability of family preservation and guardianship services.
- Provide respite for foster parents and expand respite services for birth parents to include post crisis.
- Develop additional support groups for grandparents caring for grandchildren as well as families involved with Child Protective Services.
- Expand access and availability of services at the Therapeutic Child Care Center for children involved with Child Protective Services.
- Offer Family Group Conferencing to every family before and/or after entering the system.
- Implement the family-to-family program.
- Develop a consistent treatment team protocol for victims and perpetrators of sexual abuse.
- More support groups for kids in foster care or suffering from abuse of drug and alcohol issues in their family.
- Use an integrated court proceeding for sibling abuse cases.
- Expand the capacity of wraparound services.
- Increase agency infrastructure (e.g., clerical support) to provide social workers with more time for casework services.

3. Services to Indian children.

There have been no known first entries (five days or more) into foster care by children who are Native Americans since 1998. At this time, there is not a need for specialized services to Indian children.

Potential Strategies for Change

- The primary challenge for Napa County in this time of budgetary crisis is to continue to support and expand the array of services mentioned above as the demand for services grows. As previously mentioned, in the next six months to a year, Napa County will be developing a strategic alliance of local schools, early care and education professionals, hospitals and health care professionals, the court system, public and private mental health services, law enforcement,

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prevention services, community-based organizations, foundations, First Five, and other community stakeholders.

This alliance will design, implement, fund and sustain a Napa County Children's Health Initiative. The goal of the Napa County Children's Health Initiative will be to create a healthy community for all Napa County children. It will balance efforts to increase both prevention and services for children and families. The Initiative will be focused on all aspects of children's health including: access to health, dental, and mental health services; universal home visiting; early intervention and prevention services; advocacy services; child abuse prevention; substance abuse prevention; and, family support services.

Systemic Issue F Staff/Provider Training

Strengths as Identified by CWS System Shareholders

- The Bay Area Academy provides very useful training for social workers and supervisors.
- County staff have an ongoing in-service series that includes training on the legal process, the CWS/CMS database,
- Twice a year, staff from Child Protective Services, Probation and foster parents participate in joint training on relevant topics (e.g., navigating the system, education laws, health issues).

Needs as Identified by CWS System Shareholders

- Additional training (e.g., practicum) on use of the CWS/CMS database and the development of a 'help desk' support model.
- Ongoing training on the strength-based, relational services model.
- Standardized curriculum and training for new staff.
- Integration of child welfare and mental health training.
- Ongoing provider training (e.g., community agencies, foster parents) in issues related child welfare services.

Potential Strategies for Change

- As a component of the quality assurance system (see Systemic Issue D), the countywide committee will develop a comprehensive training plan for all shareholders in Napa County's child welfare service system.

Systemic Issue G Agency Collaborations

1. Collaboration with Public and Private Agencies

Prevention Services

As previously mentioned, The Health and Human Services Agency (HHSA) has developed a number of formal and information partnerships that support prevention activities in Napa County. For example:

Child Abuse Prevention Council (CAPC)

Representatives from Child Protective Services serve on the Steering Committee of CAPC.

Local Education Agencies

They are also involved in developing partnerships with school districts to provide training and information for teachers on child welfare services and mandated reporting.

Law Enforcement Agencies

Along with Child Protective Services, Napa County Sheriff's Department and the City of Napa Police Department are integral members of both the Citizen's Review Panel and the Child Abuse Prevention Council.

In addition, HHSA has allocated resources to community-based, nonprofit agencies for a variety of prevention services that include:

Matrix Family Resource Center

Matrix is a part of the One Family Network of Napa County. It provides both prevention and advocacy services for families of children with special needs.

COPE Family Resource Center

COPE is also a member of the One Family Network. They are contracted to provide prevention, intervention and advocacy services.

Aldea, Inc.

Contracted services are focused on prevention and treatment services for families in which child abuse or neglect has occurred, where the children have been identified as being at high risk of abuse or neglect or where the children are at risk of out-of-home placement.

Treatment Services

Examples of collaborative efforts in assessment, referral and treatment services include:

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Children At-Risk Team Meeting (CARTU)

An interagency team meeting designed to provide a roundtable discussion of children with challenging health, mental health or behavioral issues. Members work to develop a consensus treatment plan and report progress on service plan goals.

Law Enforcement Agencies

The Napa County Sheriff's Department, all local Police Departments, Child Protective Services, CASA, and District Attorneys participate in a monthly meeting regarding SANE/SART (Sexual Assault Nurse Examiners and Sexual Assault Response Team) activities.

Multi-Agency Assessment, Referral and Placement Team (MARF)

This team meets every two weeks to review children who are 'at risk' of needing services and supports, currently in foster care, on probation, or new to the district and who are challenging to support.

Napa County Policy Committee

This is an interagency body of policy-makers that meets monthly in order to resolve common issues in serving foster youth through communication and training.

Wraparound/SB 163

A collaborative, interagency effort designed to help children avoid out-of-home placement or be reintegrated into their home community as soon as possible after placement.

Strengths as Identified by CWS System Shareholders

- The SB 163 wraparound program, MARF, CARTU and the policy group all work well as coordinated approaches to treatment.
- Contracts with nonprofit agencies for services are good investments in prevention and treatment.
- The coordination of inter-agency trainings by shareholders.
- The multi-disciplinary team meetings at COPE regarding in-home services with families are very successful.
- Family resource centers work well together to plan services through the One Family Network.
- The Napa County Citizen's Review Panel.

Needs as Identified by CWS System Shareholders

- There is a critical need for coordinated, transitional housing.

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- Improvement and resolution of confidentiality issues when collaborating with community agencies is needed.
- More money for contracts, especially home visitors for families in crisis.
- Reduce 'dollar chasing' created by ever shifting funding priorities.
- Address the need for transportation services for youth in transition especially after 'typical' daytime transportation hours.

2. Interaction with local tribes

While there is a Memorandum of Understanding with The Suscol Council of Native Americans regarding drug and alcohol treatment, there is no MOU regarding child welfare services. There have been no known first entries (five days or more) into foster care by children who are Native Americans since 1998.

Potential Strategies for Change

- Agency collaboration is primarily about communication and a willingness to work together toward a common goal. Shareholders in Napa County's child welfare service system are known to be exceptional 'team' players. However, as in any large system, there is always room for improvement. A recent 'summit' on redesign⁶ provided some potential strategies⁷ for increasing communication and interagency coordination across all agencies involved in providing services and supports to children and their families:
 - Develop an optimal awareness (e.g., web-based) of community resources and training opportunities through a central directory.
 - Develop interagency, information sharing policies and Memorandums of Understanding that take into account confidentiality laws and codes of ethics while enhancing service delivery to children and families.
 - Development of an interagency, comprehensive risk assessment tool to identify the safety needs of children 'at risk.'
 - Quarterly, intra-agency meetings within the Health and Human Services Agency to discuss strengths and barriers to providing child welfare services.

⁶ Cosponsored by the Child Abuse Prevention Council and Child Protective Services.

⁷ Excerpted and adapted from the Summit Summary Report for the purposes of this report.

IV. County-Wide Prevention Activities and Strategies

A. County-wide Primary Prevention Efforts

Coordinated and countywide child abuse, violence, and substance abuse prevention programs include:

Child Abuse Prevention Council (CAPC) of Napa County.

In 1985, the California Legislature passed AB 1980, which provided statutory authority for a child abuse council in each county, designating them with the responsibility and authority for coordination of agencies, public awareness, training, recommendation for improvements and facilitation of community support. Napa County's CAPC activities in the above areas include: coordination of Child Abuse Prevention Month - Blue Ribbon Campaign; roundtable forums for child welfare services professionals; and, ongoing dissemination of public information regarding parenting, children's growth and development, and child abuse prevention. The CAPC recently cosponsored a countywide meeting regarding the child welfare services system redesign process. In addition, CAPC is represented on the Citizens Review Panel and Substance Abuse Prevention Council.

Drug and Alcohol Prevention for Youth.

Community organizations, local school districts and law enforcement agencies all participate in a variety of prevention activities (see Table 1 at the end of this section). These activities are coordinated by Napa County Health and Human Services through the Substance Abuse Services Prevention Unit. The Strategic Plan for Substance Abuse Prevention outlines the following major goals:

- Develop a coordinated system for substance abuse prevention;
- Strengthen existing prevention efforts; and
- Build capacity in the community to support prevention efforts.

Family Preservation Services

Now a unit of Child Protective Services, the goal of the program is to prevent the removal of children from the home or to expedite reunification. This is accomplished through in-home support from family preservation practitioners to families that includes: assistance with parenting, transportation, budget management, housing and referrals to community resources.

Napa County Office of Education (NCOE).

The County Office provides several countywide prevention programs aimed at youth:

Safe and Drug Free Schools and Communities. A federally funded Program that supports drug, alcohol and violence prevention programs.

IV. County-Wide Prevention Activities and Strategies

Tobacco Use Prevention Education. A state program that supports tobacco use prevention education and activities.

HIV/STD Prevention Education. Age-appropriate curriculum designed to educate youth about the dangers of HIV/STD.

Triple T Project - Teens Tackle Tobacco. The Triple T Project is provided by the California Department of Education and is designed to promote tobacco-free living.

Napa Emergency Women's Shelter (NEWS)

In addition to shelter services for women who are victims of sexual assault, NEWS provides outreach, prevention and education throughout the Napa County.

Napa Superior Court's Guardianship Project.

Funded by the Superior Court and a grant from the Children's Trust Fund, this service provides relatives and non-relatives support and assistance in filing for guardianship of children whose biological families are unable to provide care for them. The goals of the project are to: (1) support healthy family environments for children; (2) prevent entry into the foster care system; and (3) most important, to prevent potential abuse.

Volunteer Center of Napa Valley - Child Assault Prevention Program.

Volunteers in Napa classrooms provide child assault prevention workshops for children, parents, and teachers.

B. Prevention Partnerships

The Health and Human Services Agency (HHS) has developed a number of formal and information partnerships which support prevention activities in Napa County. For example, representatives from Child Protective Services serve on the Steering Committee of the Child Abuse Prevention Council (CAPC) of Napa County. They are also involved in developing partnerships with local education agencies to provide training and information for teachers on child welfare services and mandated reporting. In addition, HHS has allocated resources to community-based, nonprofit agencies for a variety of prevention services. Contractual agreements for prevention partnerships include:

Matrix Family Resource Center

Matrix is a part of the One Family Network of Napa County. They provide both prevention and advocacy services for families of children with special needs. They are contracted to provide Family Advocate services to eighty families served by the Napa County Child and Family Behavioral Health Unit. Families served by

IV. County-Wide Prevention Activities and Strategies

Matrix under this contract are those with children identified as seriously emotionally disturbed or who have significant behavioral health issues. In addition, the Matrix contract outlines services to twelve families served by Napa County Child and Family Behavioral Health Unit, Child Protective services, and Probation who are in the Village Project. They provide the following services (as appropriate) to all families:

- Introduce and explain the philosophy of system of care, and the process of wraparound services as used in Napa County;
- Accompany parents to planned meetings as appropriate;
- Provide Parent-to-Parent emotional support; and
- Provide information, resources and referrals.

In addition, families served in the Village Project are supported so that their desired outcomes are addressed through their family plan. Other services for families include: providing technical assistance to support access to needed services specific; facilitating a support group.

Matrix is also contracted to provide services and supports to the agencies involved with these families. Those services include: working with the Family Behavioral Health Unit to enhance staff skills in developing family partnerships based on strengths and needs; providing training about the family perspective to staff of Children's Mental Health and Juvenile Probation; and, participating in cross training to better understand the systems serving families of children with disabilities, and at risk.

COPE Family Resource Center

COPE is also a member of the One Family Network. They are contracted to provide prevention, intervention and advocacy services. Those services include:

Intake, Assessment and Referral Services. COPE provides a systematic intake, assessment and referral process for families seeking services and supports.

Home Visitor Services. This is a voluntary, in-home service for 'at-risk' families who need assistance to maintain or strengthen family functioning. Family support services and/or referrals can include: health education and health services; parenting skills instruction; role modeling and teaching skills for family caregivers; and, home management and family functioning, including support to parents in skill development and other life choices.

Supervised Visiting. Provides supervised visits (bilingual and bi-cultural as needed) for families whose children are currently placed in foster care.

Parent Education/Parent Support. A series of parenting workshops (available in bilingual Spanish) that includes topics such as: personal growth and maturity; interpersonal relationships, parent-child interaction, child growth, and child

IV. County-Wide Prevention Activities and Strategies

development; infant stimulation and cognitive development; safety and injury prevention; age-appropriate behavioral expectations and discipline issues; physical care, nutrition, and health of children and infants; signs and symptoms of child abuse and neglect; and, time, budget, and household management.

Emergency Assistance. Provided to assist families with temporary problems which threaten the well-being and might be a factor in causing abuse or neglect.

Parent Council. Composed of families who receive services from COPE, the Council acts as an advisory body in providing a family perspective on services and supports.

Emergency Child Care Services. COPE provides an intake and assessment for all families referred for emergency childcare services and, if appropriate, refers them to other services. All families receiving emergency childcare must be assessed for home visiting and parent education classes.

Aldea, Inc.

Contracted services are focused on prevention and treatment services for families in which child abuse or neglect has occurred, where the children have been identified as being at high risk of abuse or neglect or where the children are at risk of out-of-home placement. Services include:

Intake, Referral, and Assessment. Families referred are screened and, if eligible, receive a systematic assessment for therapeutic services.

Individual, Family, and Group Treatment. Service plans are developed based on assessments and are used to guide treatment services. Families participate in the development of the plan.

Weekly Parent Support Groups. Based on the Parents Anonymous service model, parent support groups (available in English and Spanish) are designed to help parents manage their daily life stresses (e.g., financial, marital, parenting) and cope with the stress of raising children with behavioral challenges.

C. Strategies for the Future

Through individual interviews and group meetings during the self-assessment process, the follow general 'themes' for guiding future prevention strategies emerged:

- Allocate or reallocate additional resources to balance primary prevention (e.g., community education, parent support parents) with intervention and treatment services.

IV. County-Wide Prevention Activities and Strategies

- Creative efforts to continue funding for non-profit agencies to provide current prevention services and expand services to include families in crisis who don't meet CPS eligibility criteria.
- Expand parent support groups and workshops for English and Spanish speaking families.
- Support for families in meeting basic housing needs. For example, reissue Family Unification Housing vouchers.
- More access to residential drug and alcohol treatment for women and their children.

Napa County will outline a strategic plan for prevention in its *System Improvement Plan*. Core elements of that plan will likely include:

- A major component of the plan will be the development of a strategic alliance with local schools, early care and education professionals, hospitals and health care professionals, the court system, public and private mental health services, prevention services, community-based organizations, foundations, First Five, and other community stakeholders. This alliance will design, implement, fund and sustain a Napa County Children's Health Initiative. The goal of the Initiative will be to create a healthy community for all Napa County children. It will balance efforts to increase both prevention and services for children and families. The Initiative will be focused on all aspects of children's health including: access to health, dental, and mental health services; universal home visiting; early intervention and prevention services; child abuse prevention; substance abuse prevention; and, family support services.
- A comprehensive, countywide training effort designed to educate teachers and early care and education professionals about the child welfare system and mandated reporting.
- Completion and implementation of a redesign for the Family Preservation Unit.
- Support and advocacy for continued and expanded funding for all of the prevention services outlined above.

IV. County-Wide Prevention Activities and Strategies

Table 24 Drug and Alcohol Prevention Services for Youth in Napa County¹

Agency & Program	Target Population	Service Location	Prevention Strategies
ALDEA Youth Diversion The Wolfe Center Nuestra Esperanza	Youth 12-19 Youth 12-18 Latino Youth 14-19 Latino Adults 18-24	Napa County Napa St. Helena	Education, Problem Identification & Referral Treatment Problem Identification & Referral, Education
Alternatives for Better Living Early Intervention	Youth 14-19 Adults 18-24	Napa	Education Problem Identification & Referral
Beverage Consulting Network Server Training	Alcohol sales and service	County	Education Environmental Prevention
Wolfe Center School-Based Prevention	Youth 10-14 Youth 14-19. Latino Youth Children of Substance Abusers	School Napa American Canyon Pope Valley Angwin Calistoga	Information Dissemination Education Problem Identification
City of Napa Community Resources Club Live Friday Night Live	Youth 10-19	School Napa	Information Dissemination. Alternative Activities
Health and Human Services Prevention Unit	Youth 10-18 Prevention Community	County	Information Dissemination Education Problem Identification Community-Based Process
Napa Police Department DARE	Youth 10-14	County	Information Dissemination Education
Napa Police Department Youth Diversion	Youth 10-14	Napa	Problem Identification and Referral
Napa Valley Unified School District/NCOE Prevention Education	Youth 5-18	County	Information Dissemination Education

¹ From Napa County Health and Human Services Agency *Strategic Plan for Substance Abuse Prevention* (January, 2003).

V. Summary of Assessment

A. Discussion of System Strengths and Areas Needing Improvements

Summary of Outcomes

Outcome 1: *Children are, first and foremost, protected from abuse and neglect.*

System Improvement Plan

This outcome will be included in System Improvement Plan, as it will facilitate the development of strategies to expand prevention and family support services both within the Health and Human Services Agency and the community.

Strengths

In this outcome area, strengths include: (1) case management standards that surpass State standards; (2) a reliable pool of foster care placement options; (3) timely visits and monitoring by County licensing staff; (4) family prevention education and support services provided by community-based agencies and organizations; (5) family conference planning and family preservation services; and (6) supervised visiting and monitoring services by the child welfare agency, community and volunteer agencies.

Needs

In this outcome area, needs include: (1) recruitment and retention of additional foster care placement options as 'active' foster care families have significantly decreased over the past five years; (2) expansion of family education and support so that services may be offered earlier in a family crisis and continue as long as they are needed; (3) increased use of family conference planning and family preservation services; and, (4) develop additional resources for infant, child and family mental health services.

Outcome 2: *Children are safely maintained in their homes whenever possible and appropriate.*

System Improvement Plan

This outcome will not be included in System Improvement Plan. However, an action plan will be developed to increase efficient and effective data entry for social worker visits.

Strengths

In this outcome area, strengths include: (1) case management standards that surpass State standards and maintain adequate levels of monitoring; (2) family prevention education and support services provided by community-based agencies; (3) family conference planning; and (4) supervised visiting and monitoring services provided by the child welfare agency, community and volunteer agencies.

V. Summary of Assessment

Needs

In addition to expanding the above services (outlined in more detail in the previous outcome), there is a need for a 'dedicated,' on-site staff to provide training and support in using the CWS/CMS database.

Outcome 3: *Children have permanency and stability in their living situations.*

System Improvement Plan

This outcome will not be included in System Improvement Plan. In terms of priorities, this outcome will be identified once action plans for outcomes 1 and 8 have been implemented. We plan to develop a work plan of strategies focused on enhancing recruitment, training, support and retention of foster family placement options.

Strengths

In this outcome area, strengths include: (1) collaborative and family conference approach to case planning and family preservation services; (3) available community resources for parent education, training, and follow-up services; and, (4) available substance abuse treatment services.

Needs

As previously indicated, there is a need to expand: (1) the availability of family conference planning and family preservation services; (2) community resources for parent education, training, and long-term follow-up. There is also a significant need to expand available substance abuse treatment services and to develop a residential treatment service for mothers and their children. Regarding multiple and out-of-county placements, Napa County continues to struggle with the availability of an adequate number of foster home placements in which children can be placed. The number of licensed homes continues to decrease. The lack of appropriate, local foster homes results in children being placed outside of the County or in homes that are a less than ideal match.

Outcome 4: *The family relationships and connections of children served by the CWS will be preserved, as appropriate.*

System Improvement Plan

This outcome will not be included in System Improvement Plan. However, the future improvement plans for recruitment, training and retention used in Outcome 3 should positively affect this outcome as well.

Strengths

Available foster placement options, while few in number, have positively affected placement of all or some siblings in Napa County, regardless of ethnicity.

Needs

As previously reported, there is an ongoing need for additional foster placement

V. Summary of Assessment

options, especially relatives. There is a statewide need to streamline the relative care approval process, making the paperwork more 'user friendly,' and removing disincentives for care giving. Additional foster family agency placement options would positively affect data regarding placement in the least restrictive environment.

Outcome 8: *Youth emancipating from foster care are prepared to transition to adulthood.*

System Improvement Plan

This outcome will be included in System Improvement Plan. This is a high priority for our community at this time. A planning grant has been awarded from private funding to develop strategies for better serving youth who age out of the foster care system. In addition, a plan for more effectively tracking outcomes for Napa County foster youth in transition will be considered.

Strengths

Information from interviews and written input indicate that this is a well-regarded program throughout the community. It offers Child Protective Services an opportunity to support community-based, prevention services for youth already vulnerable to homelessness and/or unemployment when leaving the foster care system. The program blends the funding from two State sources to provide one, unified program for both Napa County foster youth as well as youth placed from other counties. The program is staffed with individuals who are well aware of community resources and have made important linkages with community housing and employment services.

Needs

There is a definite need to encourage (e.g., incentives) foster parents to provide independent living skill training within the natural environment of the home. In addition, while available housing and employment supports are good ones, there is an ongoing need for expanded service options.

Summary of Systemic Factors - Potential Strategies for Change

Systemic Issue A: Relevant Management Information System

- Develop additional training opportunities as well as easy-to-understand written procedures on how to navigate the database.
- Advocate for expanding the database to include input fields and full access for Probation and Independent Living Foster Care Programs.
- Full implementation of Safe Measures software to increase CWS/CMS reporting capabilities as well as effective quality assurance.
- Develop alternate access to the database as well as data entry for greater efficiency, accuracy and prevention of repetitive movement injuries.
- Develop a capacity for ongoing, onsite training and support for using the CWS/CMS database as well as practicum training.

V. Summary of Assessment

- Consider elimination of all or most 'paper' forms in order to encourage greater use of the CMS/CWS database by social workers.
- Development of policies and procedures regarding data entry and use of the CWS/CMS database.
- On a statewide basis: redesign the ILP data system; access to the database for County Probation Departments; State development of an easy-to-use analysis tool like SafeMeasures; access to appropriate areas of the database by County Mental Health Departments; changes in the database to reflect changes in the law in a more timely way; an easy-to-use notation system for every field in the database; and develop easier procedures to encourage individualized case plans.

Systemic Issue B: Case Review System

- Research and consider other models of court and family communications.
- Analyze caseload size for public defenders and county counsel and consider developing guidelines that 'weight' caseloads.
- Develop greater access to court for families (e.g. additional attorneys, advocates).
- There is considerable support for an improved and more secure (e.g., metal detector) juvenile court facility.
- In addition to the court facility, there is support for reorganizing the CPS offices to afford greater safety and private family meeting areas.
- Additional resources for expanding and building capacity of family group planning conferences.
- Development of easy-to-understand materials for parents and children regarding the legal process related to child welfare services.
- Development of a resource guide for social workers that contains all of the relevant legal timelines and expectations for Court proceedings.
- Consider reorganizing job responsibilities so that social workers who initiate the development of the Court report are responsible for completing it.
- Consider flexibility in scheduling case planning (e.g., evenings and weekends) that will accommodate families and increase participation.
- Develop processes for developing case plans for children with special needs that include the appropriate local education agency and family resource centers.
- Support for greater involvement of youth in planning for transition and emancipation.
- Greater community outreach, marketing, and training for family group conferencing.
- Additional outreach and support (e.g. respite, child care) for relatives to be involved in family group conferencing and case planning.
- Expand (e.g., allocate or reallocate resources, fundraising) parent-child access to case planning through community agencies and organizations (e.g., CASA, family resource centers).
- Use of the *Multi-Agency Assessment, Referral and Placement Team (MARP)* as a forum for the timely notification of children from out-of-county who are in need of special education services.

Systemic Issue C: Foster/Adoptive Parent Licensing, Recruitment and Retention

- Enlist the assistance of community agencies and organizations and local business representatives (e.g., Chamber of Commerce) to develop a strategic marketing plan for recruitment and retention of foster families.
- Develop a philanthropic entity to fundraise additional resources for recruitment and incentives for retention. These funds should also be used to fund: bilingual staff dedicated to foster family recruitment; specialized recruitment; available childcare while attending training; and, foster parent mentors.
- At a statewide level: development of a geographic differential for determining foster family payment rates; increase in foster care rates that includes an annual cost-of-living adjustment; legislation that provides advance notification of out-of-county placement as well as an approval process that allows the 'receiving' County to determine the availability of appropriate placements and community resources and a process to review 'emergency' placements in a timely manner.

Systemic Issue D: Quality Assurance System

- The formation of a countywide committee to design a locally-referenced, quality assurance system for child welfare services. The committee would include all system 'shareholders' (e.g., direct support professionals, families, and advocates) and its purpose would be to identify the important quantitative (e.g., indicators from the CWS/CMS database, outcomes for children in foster care) and qualitative elements (e.g., 'regular' lives for children in foster care) of quality child welfare services for Napa County.

Systemic Issue E: Service Array

- In the next six months to a year, Napa County will be developing a strategic alliance of local schools, early care and education professionals, hospitals and health care professionals, the court system, public and private mental health services, law enforcement, prevention services, community-based organizations, foundations, First Five, other community stakeholders. This alliance will design, implement, fund and sustain a Napa County Children's Health Initiative. The goal of the Napa County Children's Health Initiative will be to create a healthy community for all Napa County children. It will balance efforts to increase both prevention and services for children and families. The Initiative will be focused on all aspects of children's health including: access to health, dental, and mental health services; universal home visiting; early intervention and prevention services; advocacy services; child abuse prevention; substance abuse prevention; and, family support services.

Systemic Issue F: Staff/Provider Training

- As a component of the quality assurance system (see Systemic Issue D), the countywide committee will develop a comprehensive training plan for all shareholders in Napa County's child welfare service system.

Systemic Issue G: Agency Collaborations

- Shareholders in Napa County's child welfare service system are known to be exceptional 'team' players. A recent 'summit' on redesign provided some potential strategies for increasing communication and interagency coordination across all agencies involved in providing services and supports to children and their families: develop an optimal awareness (e.g., web-based) of community resources and training opportunities through a central directory; develop interagency, information sharing policies and MOUs that take into account confidentiality laws and codes of ethics while enhancing service delivery to children and families; development of an interagency, comprehensive risk assessment tool to identify the safety needs of 'at risk' children; and, quarterly, intra-agency meetings within the Health and Human Services Agency to discuss strengths and barriers to providing child welfare services.

B. Areas for further exploration through the PQCR

Areas of exploration for the PQCR case review process should include gathering information to answer the following questions:

1. What is the 'ideal' time to initiate concurrent planning with the State Adoptions Unit? How can that timeline be expedited?
2. For planning purposes, what is the percentage of families who meet the criteria for family conference planning and family preservation services?

Appendix
All Figures Regarding Participation Rates and Outcomes

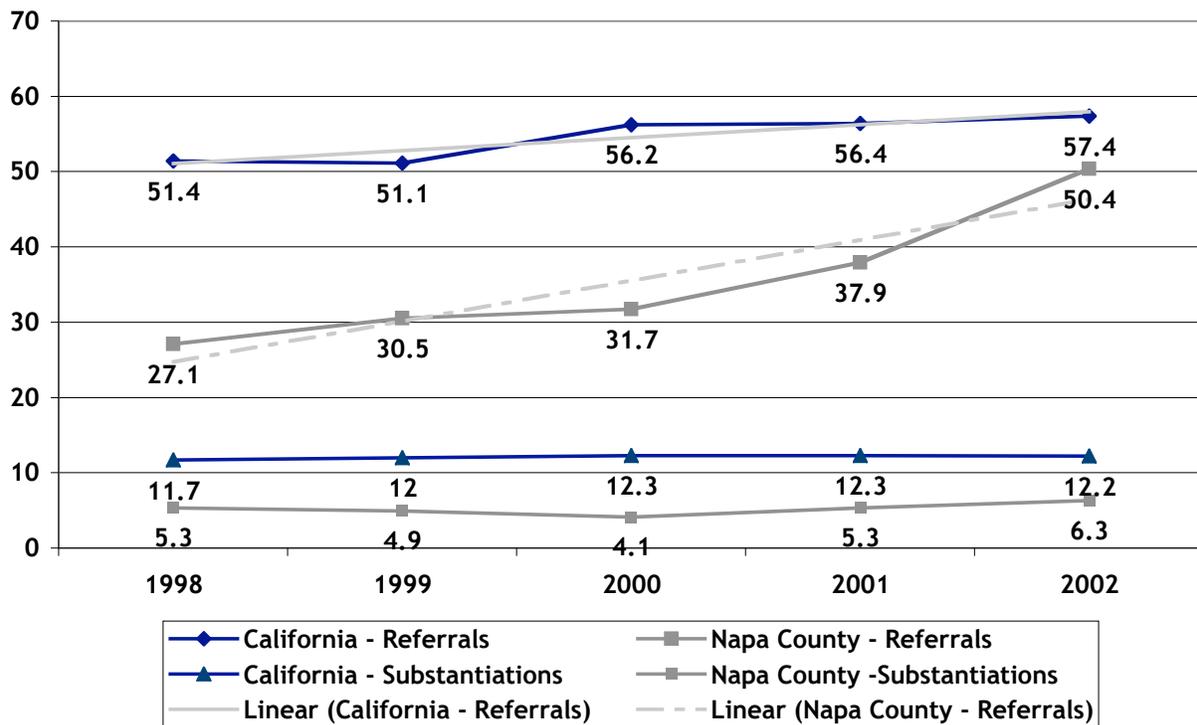
Introduction. This Appendix provides the reader with charted materials used to describe longitudinal trends in participation rates and outcomes.

Referral and Substantiation Rates in Napa County.

Unduplicated count of child clients < age 18 in referrals and substantiated allegations from 1998-2002, per 1,000 children < age 18 in population of Napa County and the State.

Figure 1

Referrals and Substantiations per 1,000 Children Ages 0-17



Referral and Substantiation Rates by Age and Ethnicity in Napa County in 2002.
 Unduplicated count of child clients < age 18 in referrals and substantiated allegations from 1998-2002, per 1,000 children < age 18 in population of Napa County by both age and ethnicity in 2002.

Figure 2

Referrals and Substantiations Per 1,000 Children By Age, All Ethnicity

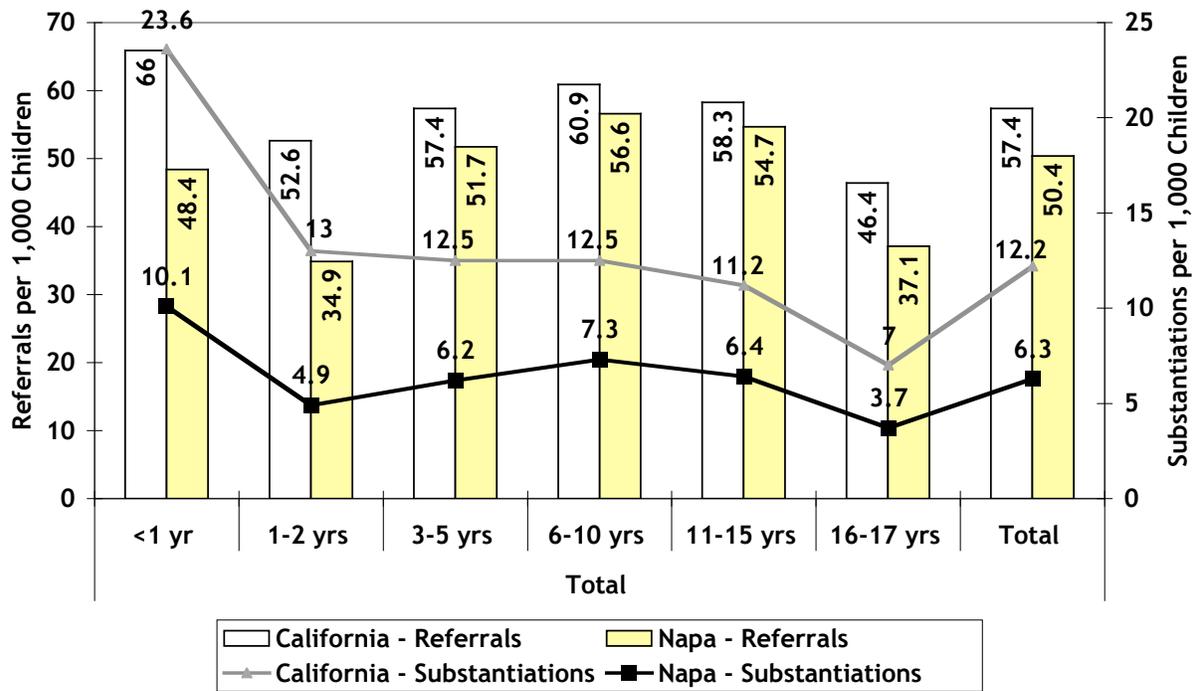
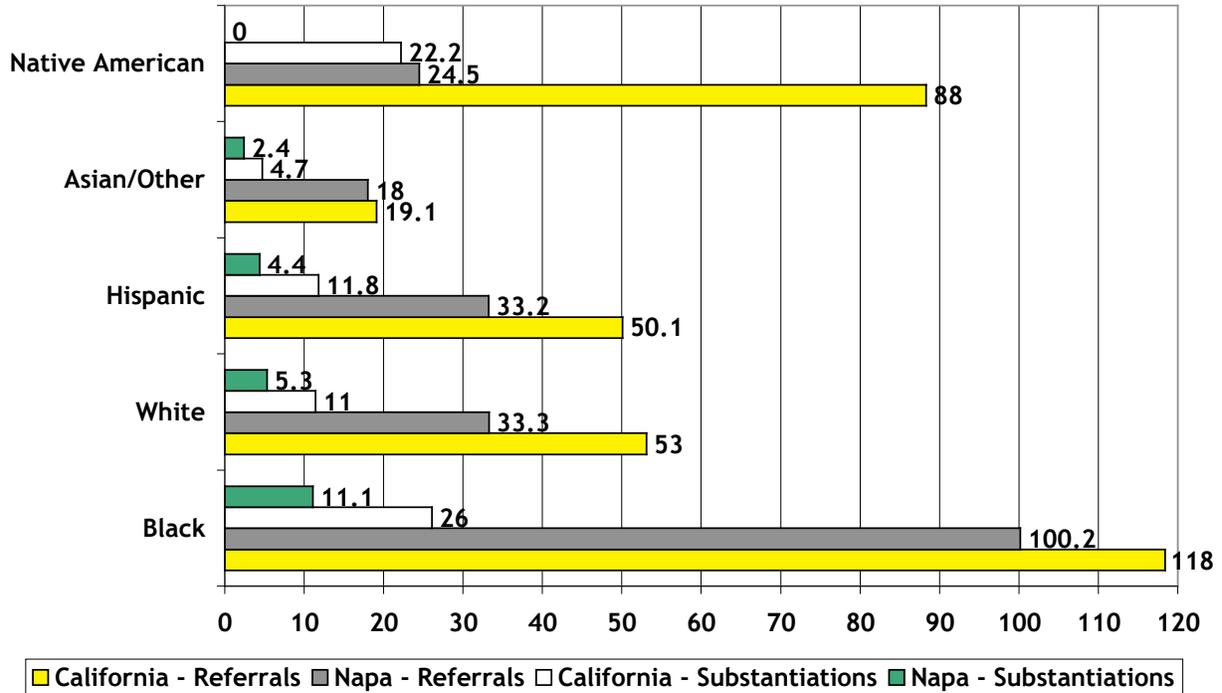


Figure 3¹

Referrals and Substantiations per 1,000 Children by Ethnicity, All Ages



¹ In researching the database and Napa County caseload data, we have noted that Napa County data includes 10 children who are African American and are non-dependent legal guardianship cases, all of which either originated in other counties as dependency cases or started out in this county as non-dependent legal guardianships (through Family Court). This accounts for the apparent disparity in ethnicity as compared to countywide population data for all children who are African American.

Number and rate of first entries

Unduplicated count of children < age 18 entering a child welfare supervised placement episode of at least five days duration for the first time in 2002, per 1,000 children < age 18 in population.

Figure 4

Incidence per 1,000 Children of First Entries, By Age, All Ethnicity for 2002

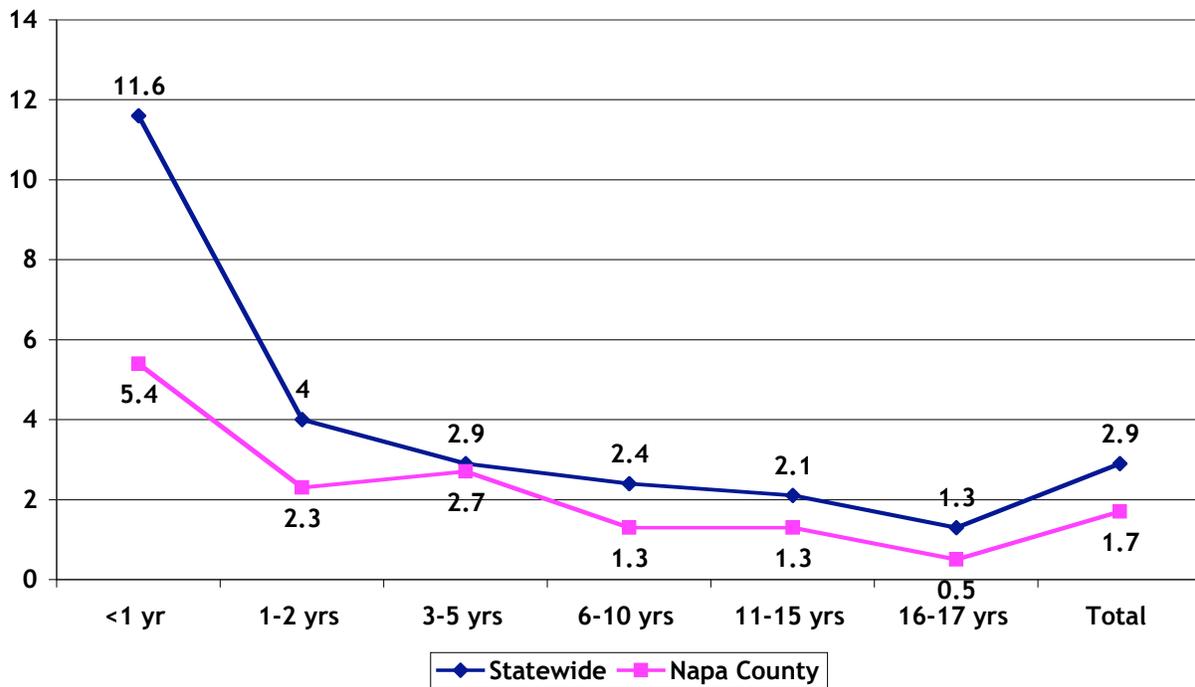
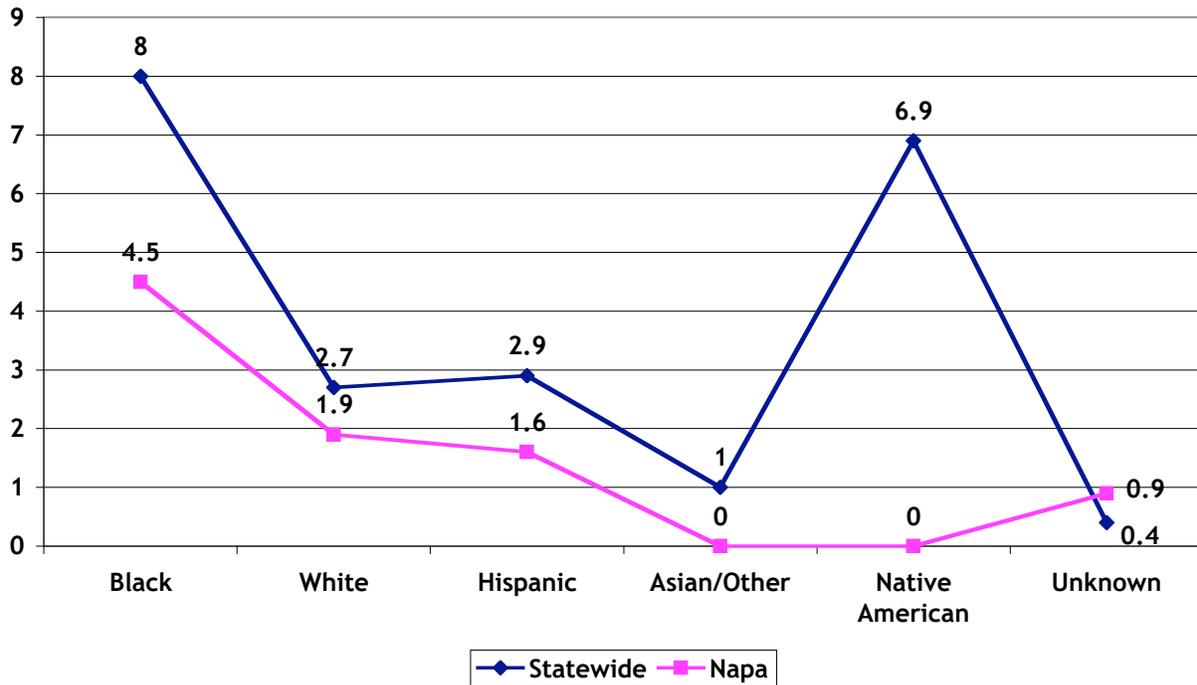


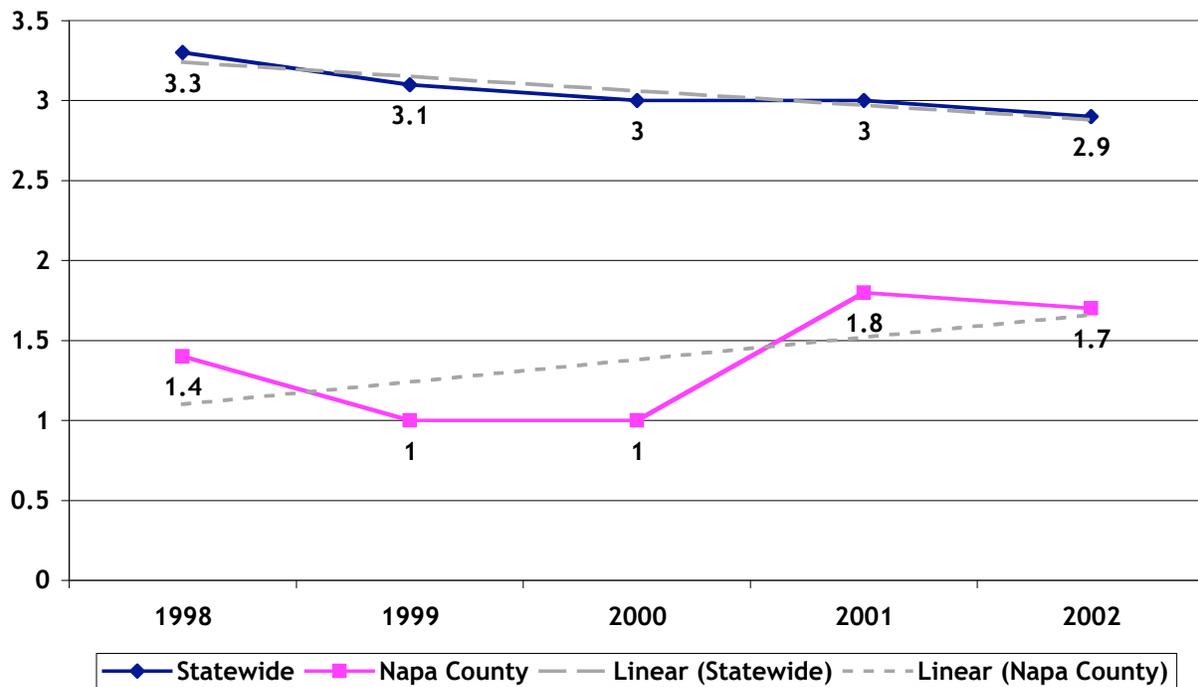
Figure 5²
Incidence per 1,000 Children of First Entries by Ethnicity,
All Ages - 2002



² In researching the database and Napa County caseload data, we have noted that Napa County data includes 10 children who are African American and are non-dependent legal guardianship cases, all of which either originated in other counties as dependency cases or started out in this county as non-dependent legal guardianships (through Family Court). This accounts for the apparent disparity in ethnicity as compared to countywide population data for all children who are African American.

Figure 6

Incidence per 1,000 Children of First Entries by Years,
All Ages (0-17), All Ethnicities



Number and rate of children in care

Number of children < age 19 in child welfare supervised foster care on July 1, 2002, per 1,000 children < age 19 in population.

Figure 7

Supervised Foster Care All Ages and Ethnicity from 1998-2003

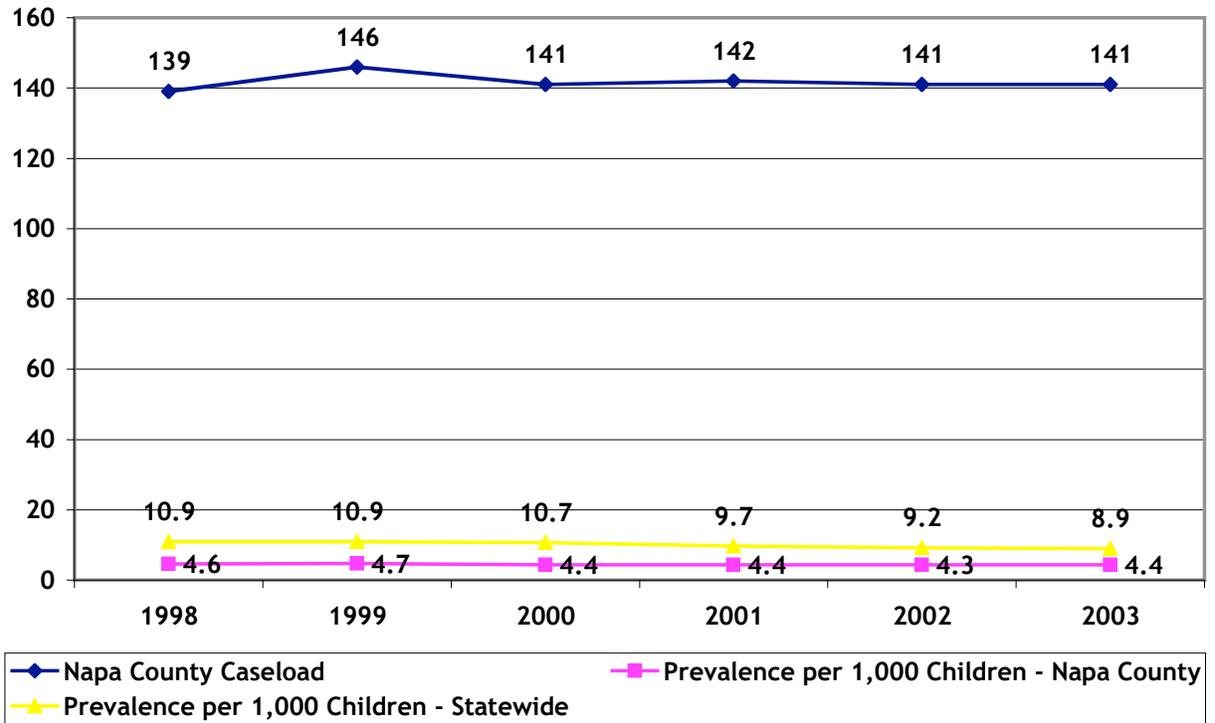
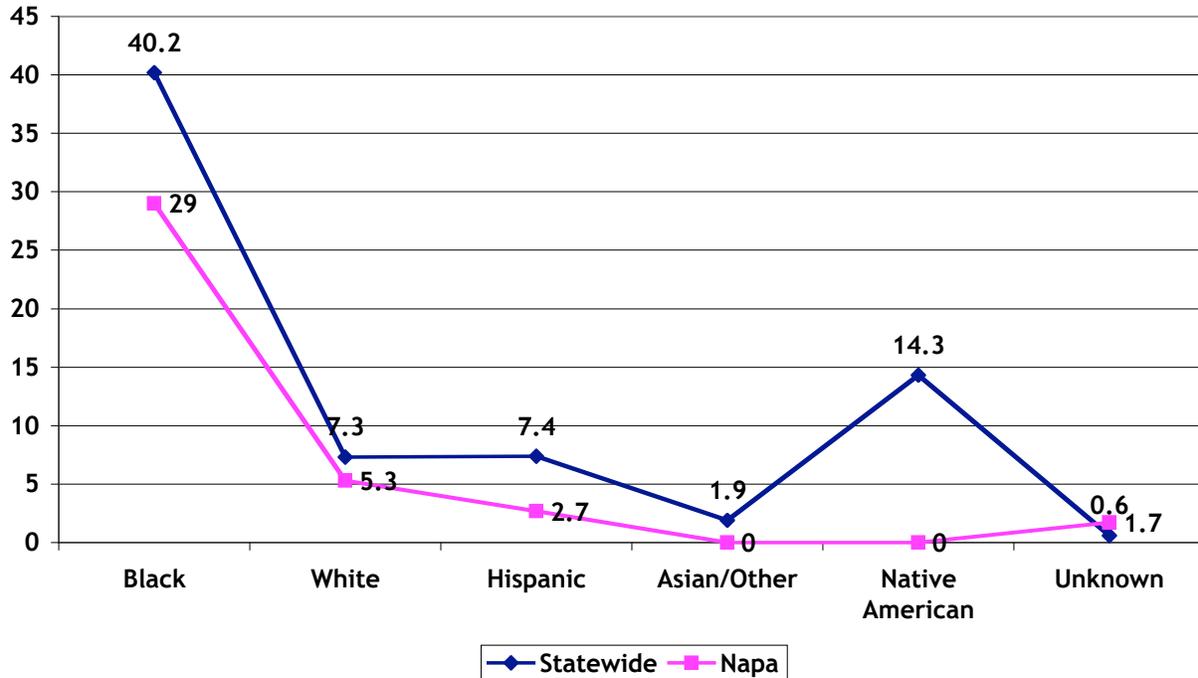


Figure 8³

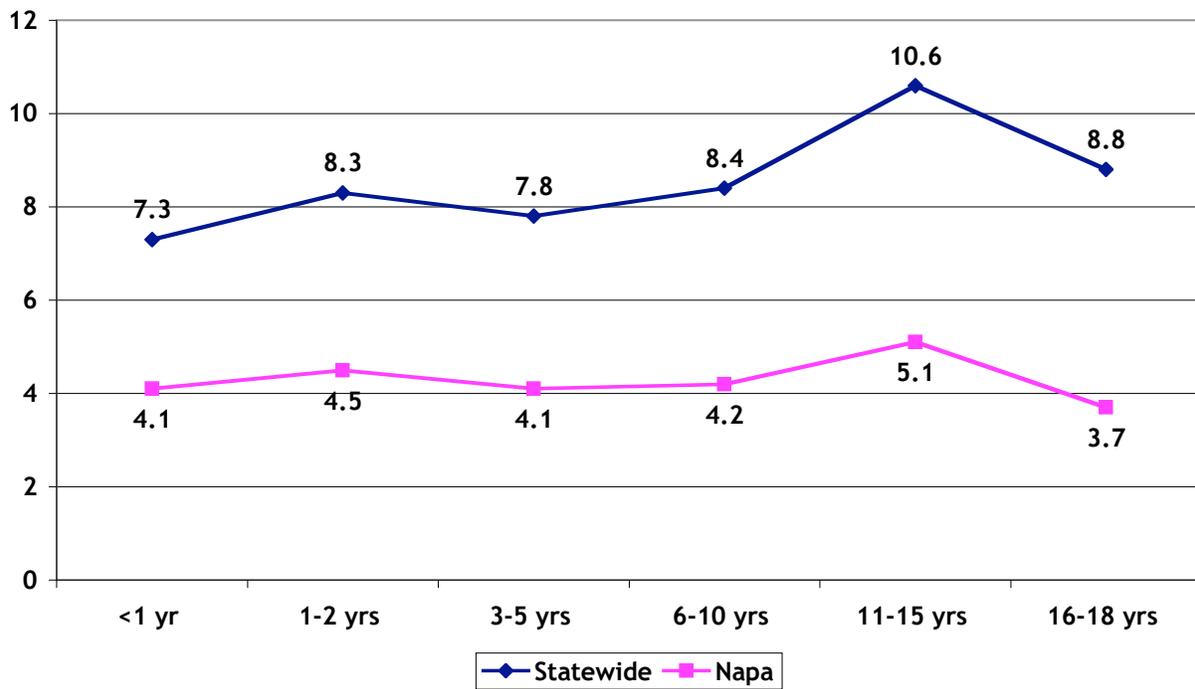
Incidence Per 1,000 Children of Supervised Foster Care Caseload by Ethnicity, All Ages 2002



³ In researching the database and Napa County caseload data, we have noted that Napa County data includes 10 children who are African American and are non-dependent legal guardianship cases, all of which either originated in other counties as dependency cases or started out in this county as non-dependent legal guardianships (through Family Court). This accounts for the apparent disparity in ethnicity as compared to countywide population data for all children who are African American.

Figure 9

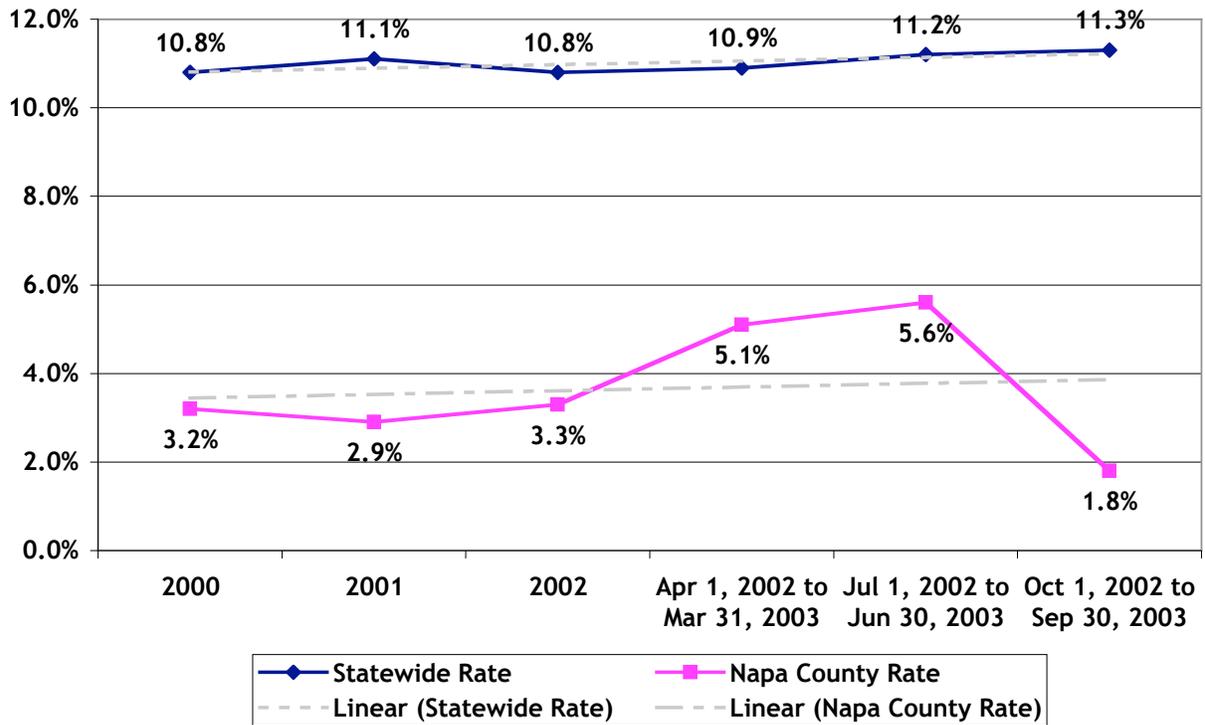
Incidence Per 1,000 Children of Supervised Foster Care Caseload by Age, All Ethnicity 2002



Outcome 1: *Children are, first and foremost, protected from abuse and neglect.*

Figure 10

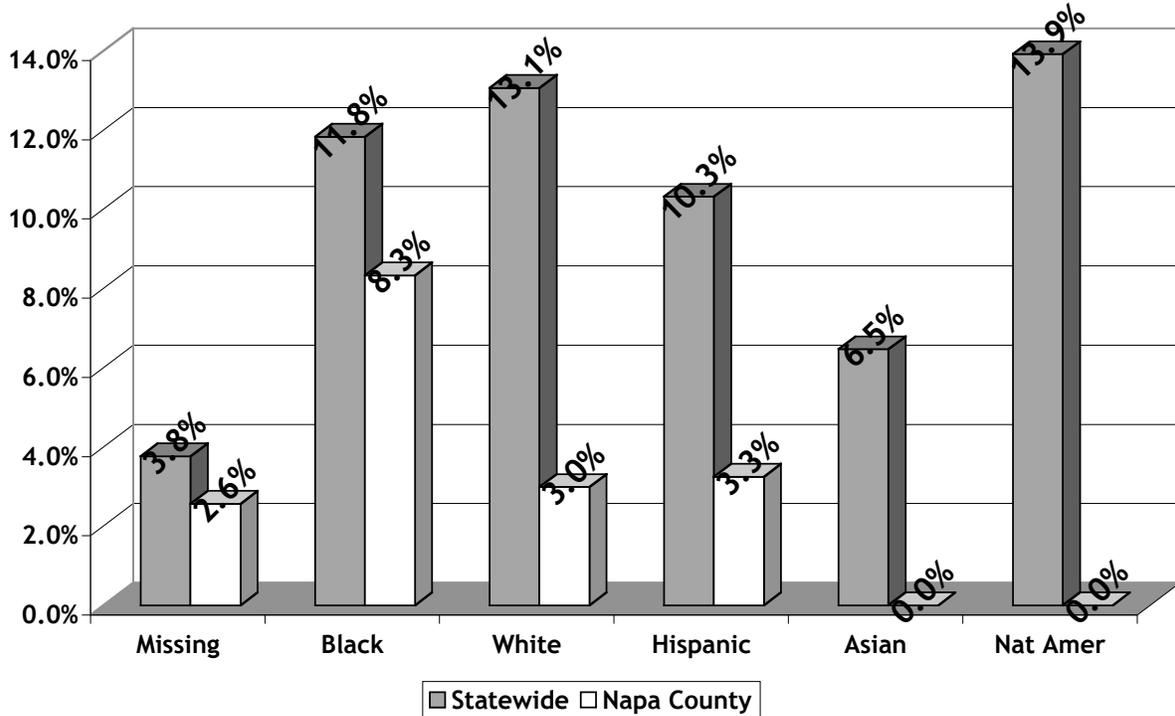
Recurrence of Maltreatment Rates



Notes on above graph: Oct 2002-Sept 2003 data draw from the Quarter 3, 2003 extract. All others use Quarter 2, 2003 data. The National Standard is less than or equal to 6.1%. Base-Period (n)= Children with one or more substantiated allegations in first half of year. Recurrence (n) = Children in base-period one or more additional substantiated allegations within 6 months.

Figure 11

Average Recurrence Rates by Ethnicity, All Ages
Jan 1, 2000 - Sep 30, 2003



Recurrence of Maltreatment Over Time. This analysis looks at those children who had one or more allegations during the analysis year, which resulted in a substantiated disposition. The goal was to determine how many of these children had an additional allegation that was substantiated within:

1. 3 months of a prior occurring in the analysis year
2. 6 months of a prior occurring in the analysis year
3. 12 months of a prior occurring in the analysis year
4. 18 months of a prior occurring in the analysis year
5. 24 months of a prior occurring in the analysis year

Figure 12

Average Recurrence Rates at 3, 6, 12, and 18 Months from January 1, 1999 to March 31, 2003

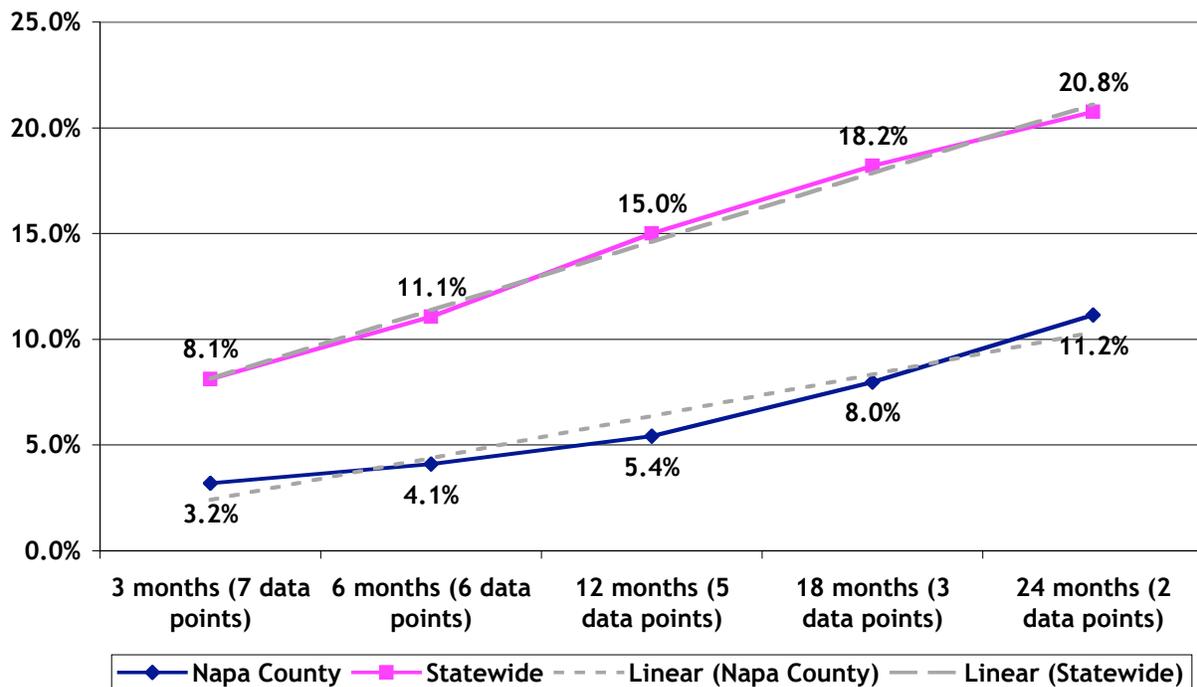
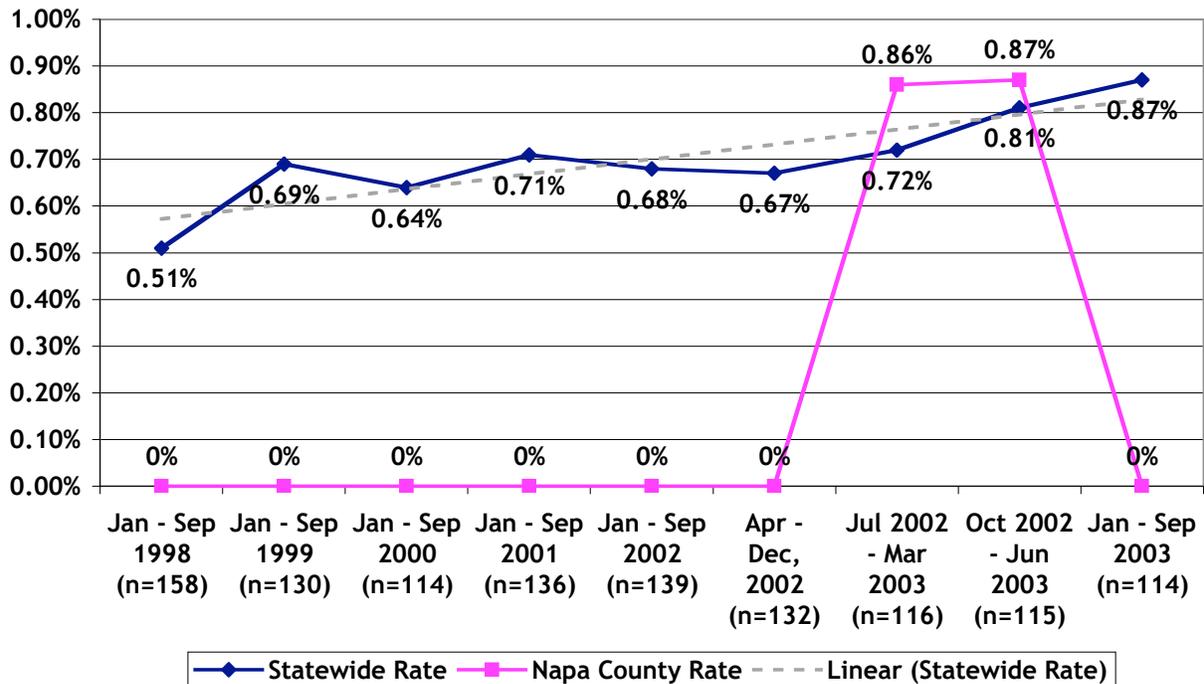


Figure 13

Substantiated Cases of Maltreatment by Foster Parent in Non-Kin Foster and Foster Family Agency Homes



Notes on above graph: This graphic represents Substantiated cases of Maltreatment by Foster Parent in Non-Kin Foster and Foster Family Agency Homes in Napa from January, 1998 through September, 2003. The National Standard is less than or Equal to 0.57%. The extremely low incidence indicated above suggests that it is not necessary to graph this data by age or ethnicity. In fact, to do some might very well jeopardize the anonymity of the children involved.

Figure 14
Children in Foster Care Reunified Within 12 Months (First Foster Care Placement for at Least 5 Days)

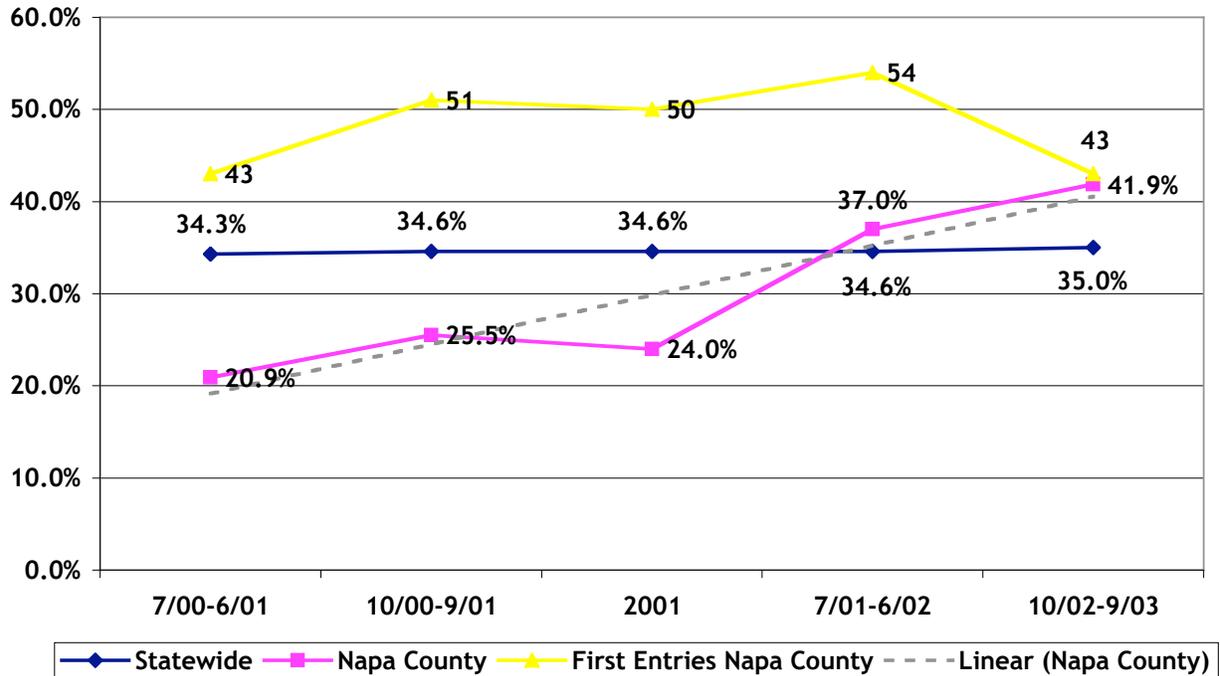


Figure 15
Children in Foster Care Reunified Within 12 Months (First Foster Care Placement for at Least 5 Days) by Ethnicity

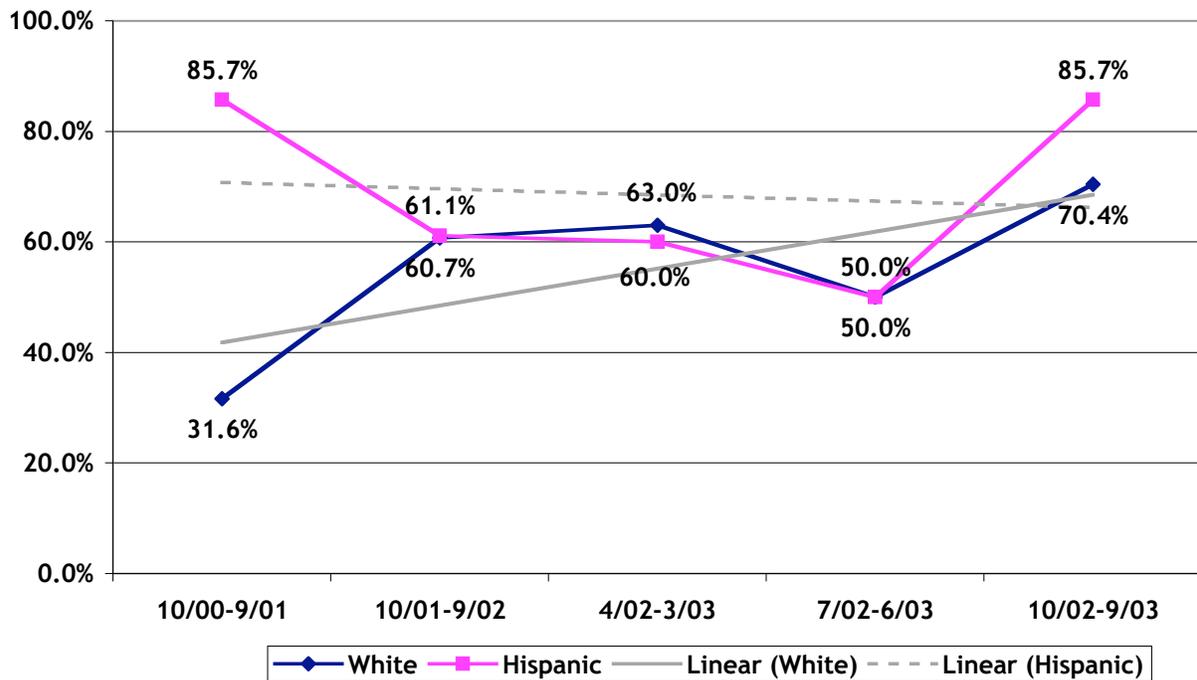


Figure 16
Of Children Exiting Care in a Finalized Adoption, Percentage that Exited in Less than 24 Months from the Time of the Latest Removal from Home

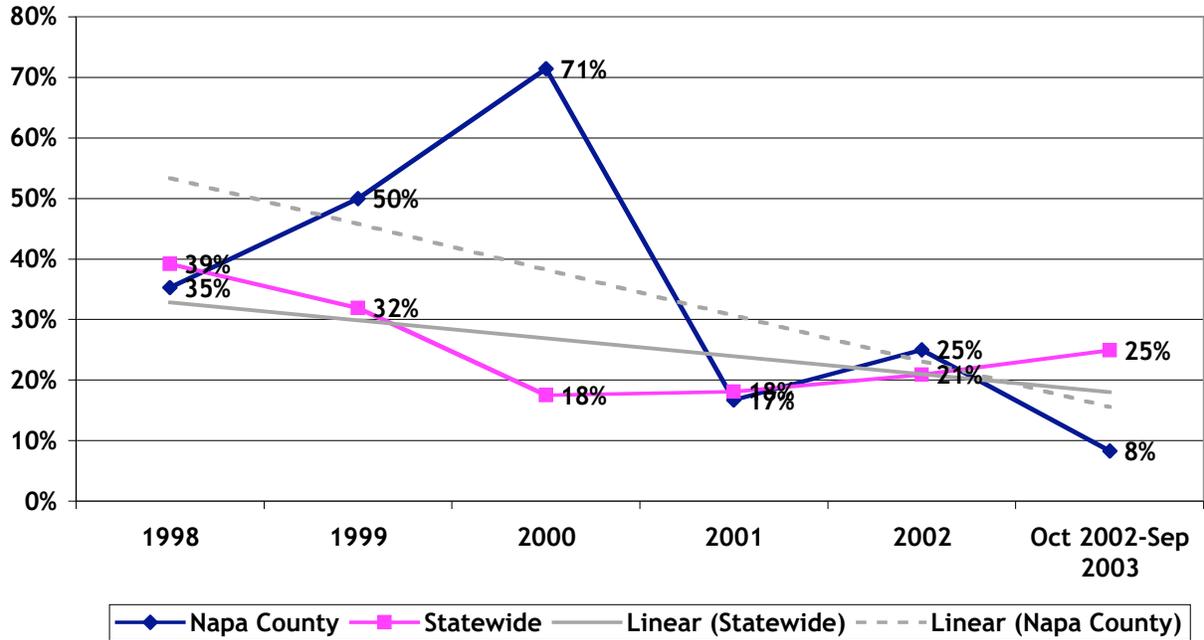


Figure 17
3 Year Moving Average of All Children Who Exited Care in a Finalized Adoption in Less than 24 Months

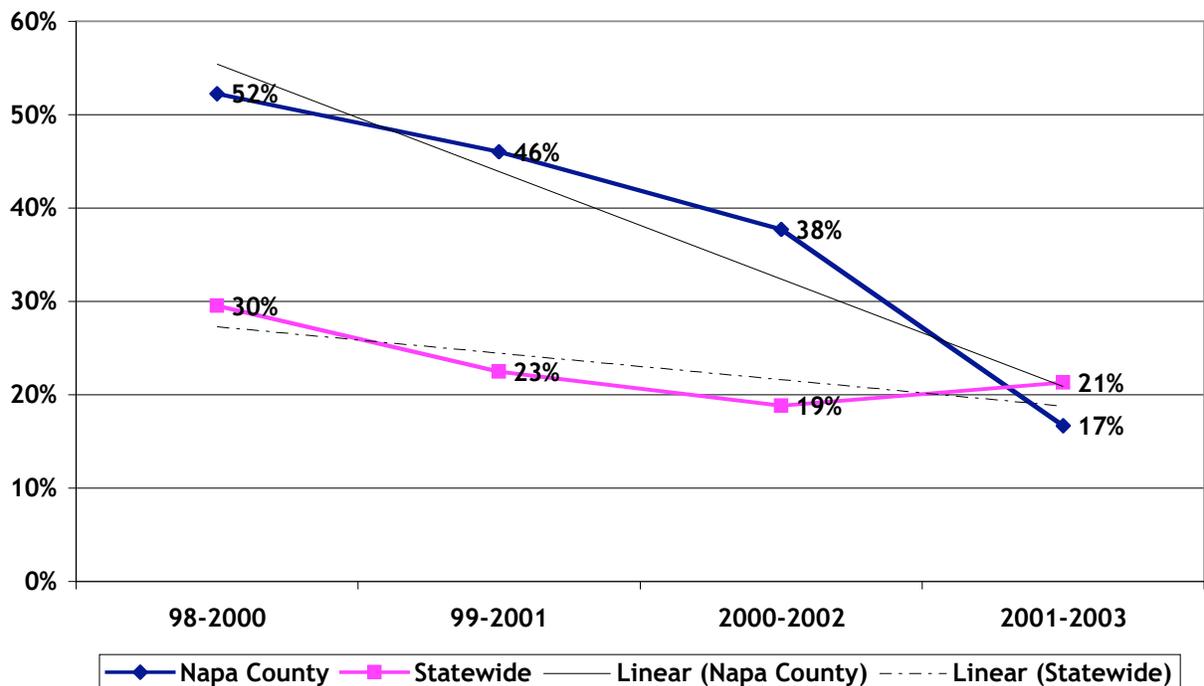


Figure 18
Percent Of Children in Foster Care Less than 12 Months from Latest Removal from Home, With No More than 2 Placements

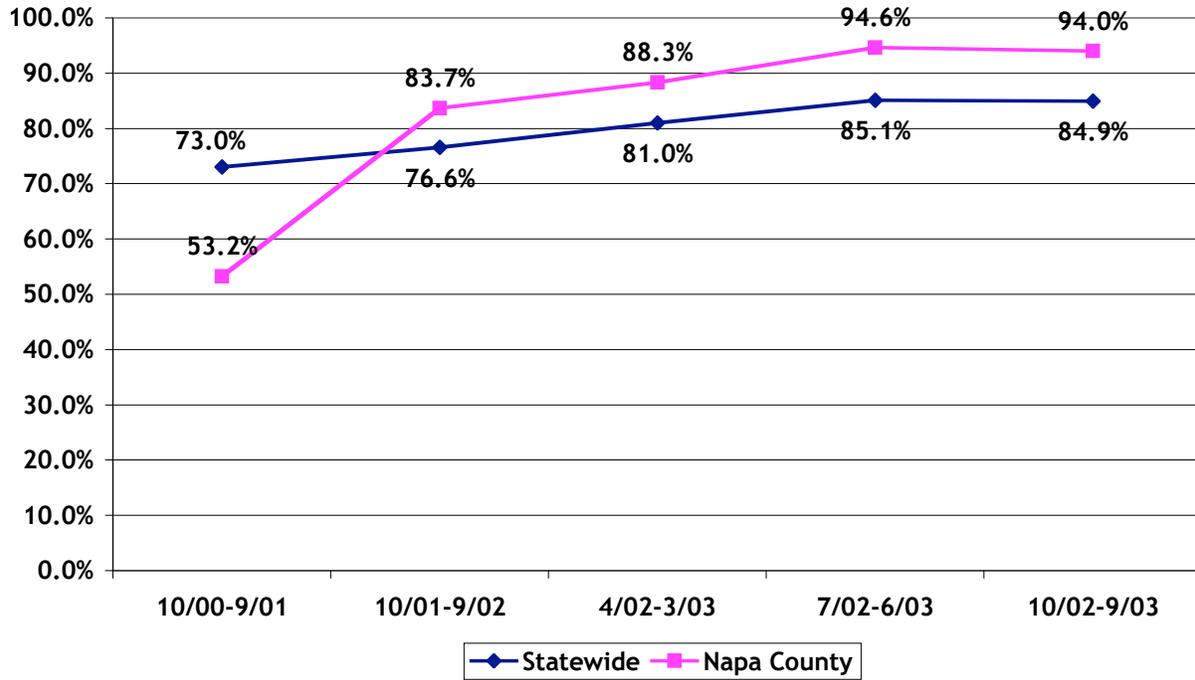
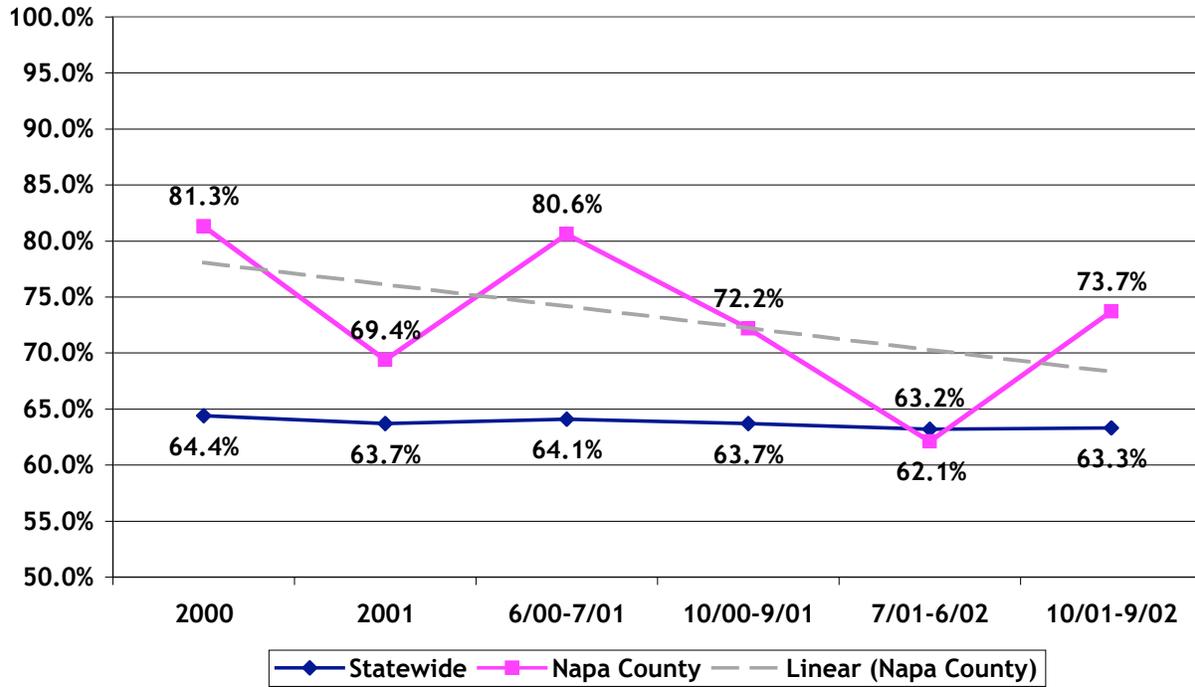


Figure 19
Percentage of Children Still in Care 12 Months after Entering Foster Care (5 Days or More) with No More Than 2 Placements



Outcome 4: *The family relationships and connections of children served by the CWS will be preserved, as appropriate.*

Figure 20
'Point in Time' Placement of All or Some Siblings

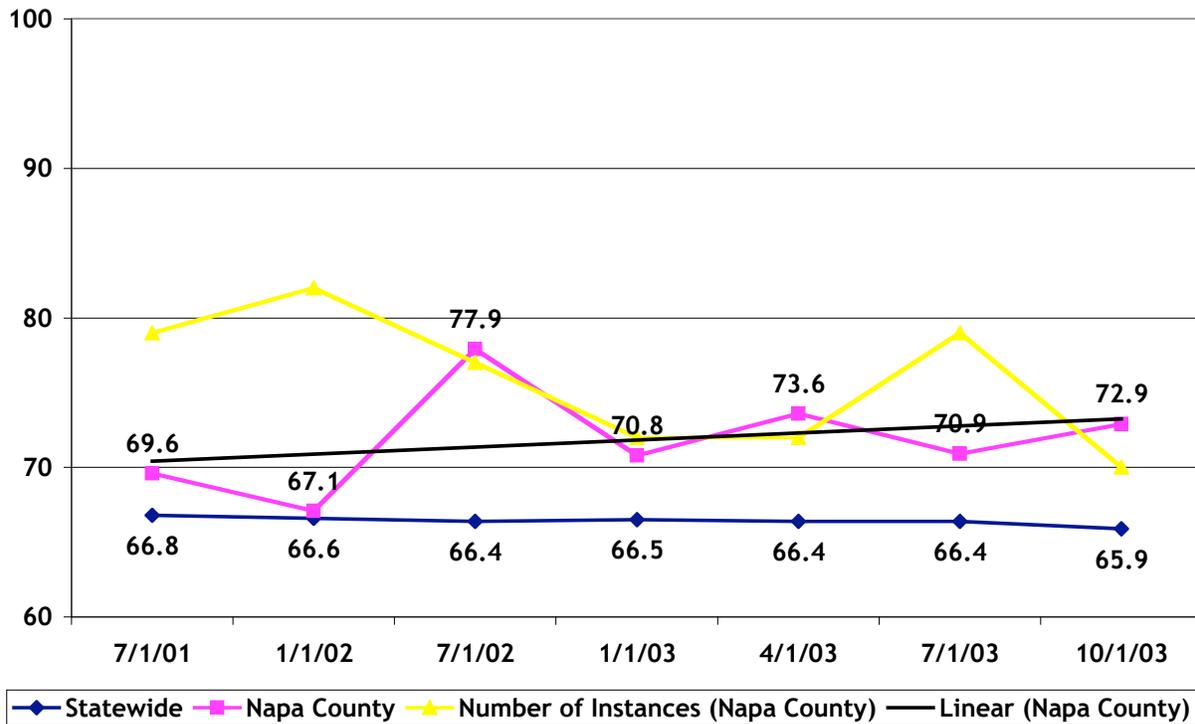


Figure 21
Average of 'Point in Time' Placement of All or Some Siblings by Ethnicity (7/1/01-10/01/03)

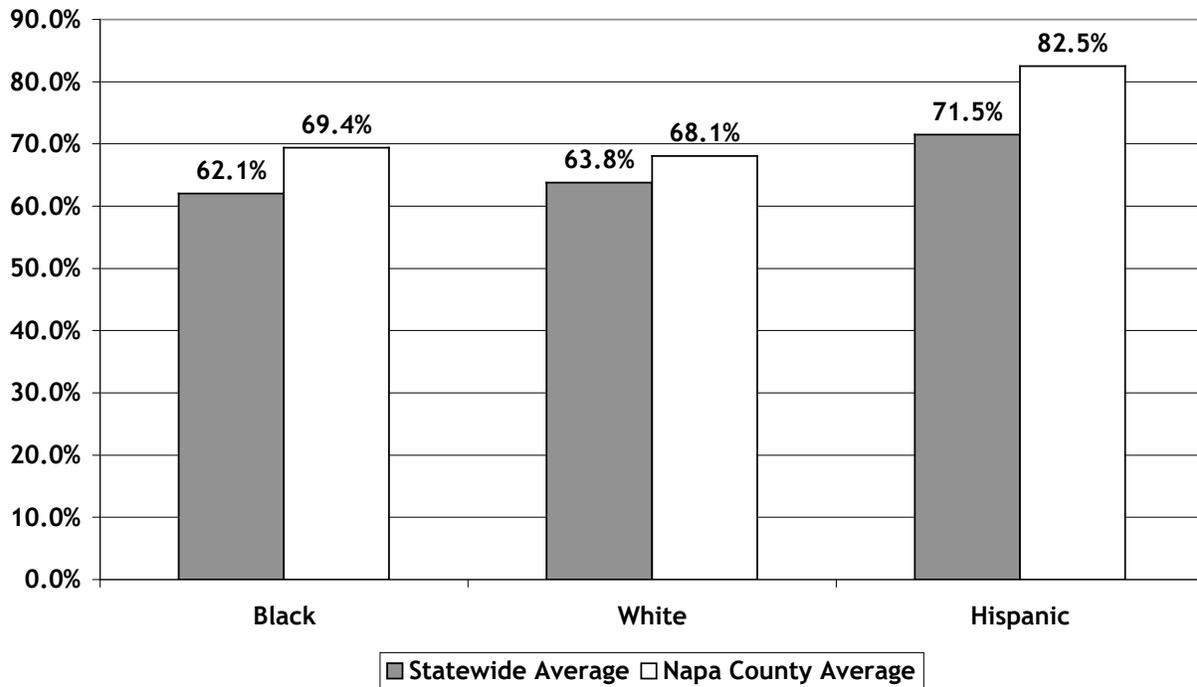


Figure 22
First Entries to Foster Care by Predominant Placement -
Kinship (2001-9/03)

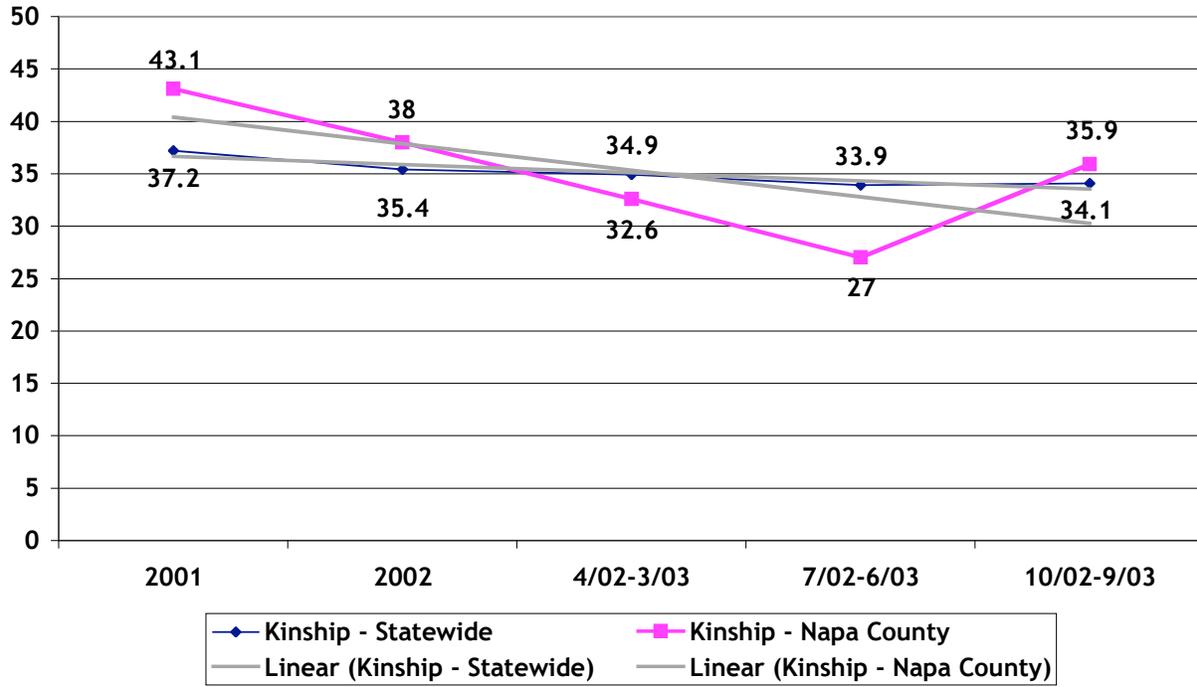


Figure 23
First Entries to Foster Care by Predominant Placement - Foster
(2001-9/03)

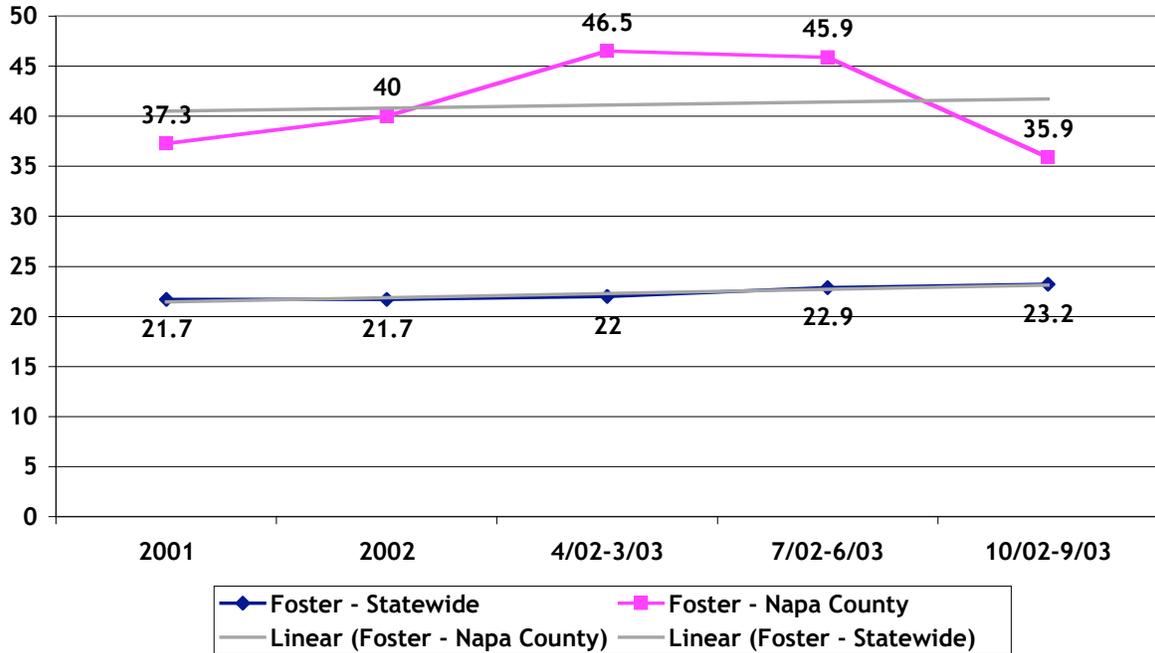


Figure 24
First Entries to Foster Care by Predominant Placement - Foster
Family Agency (2001-9/03)

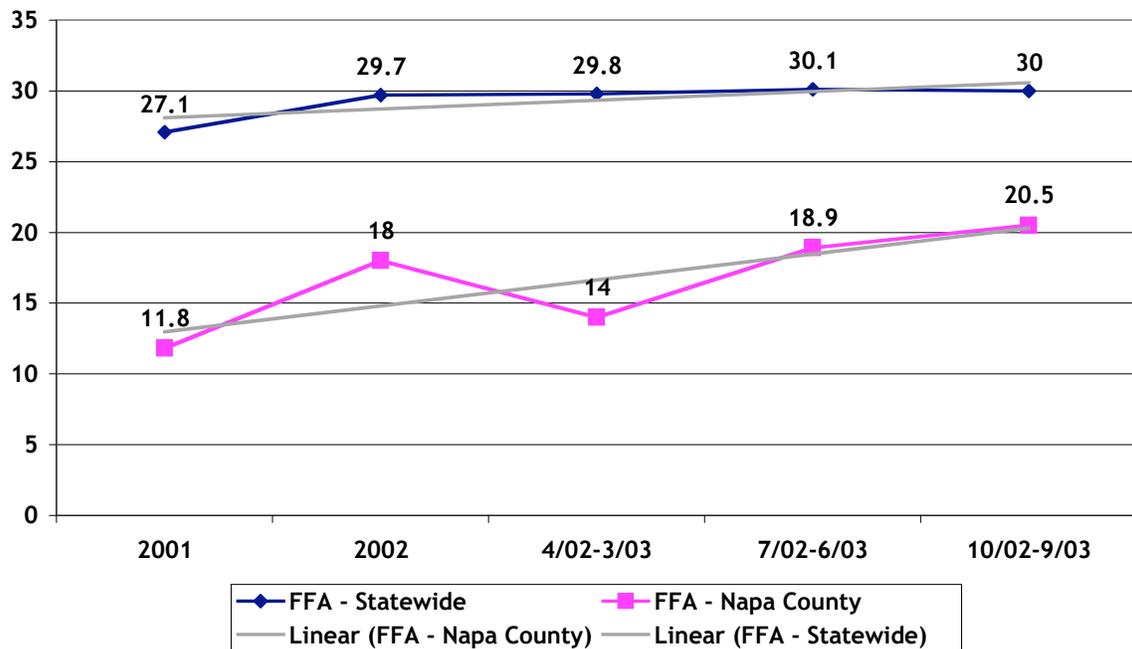


Figure 25
 'Point in Time' Kin Placement by <6 Years of Age (Napa County Only)

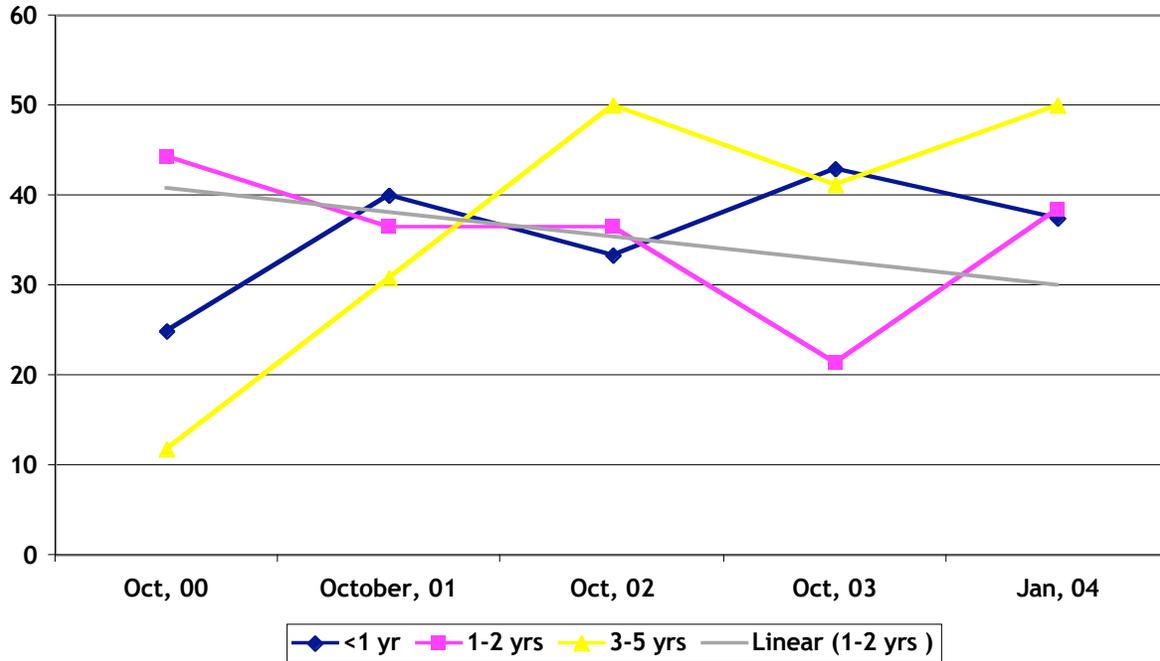
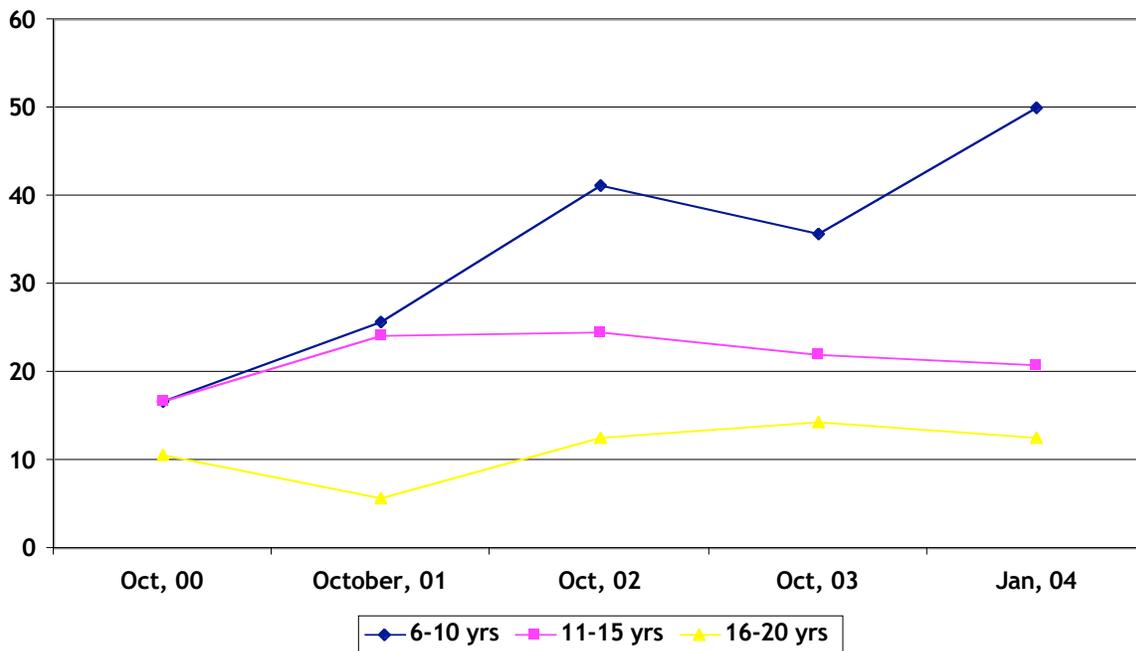


Figure 26
 'Point in Time' Kin Placement by 6-20 Years of Age (Napa County Only)



Outcome 8: *Youth emancipating from foster care are prepared to transition to adulthood.*

Figure 27

Completed ILP and High School as a Percentage of Received ILP

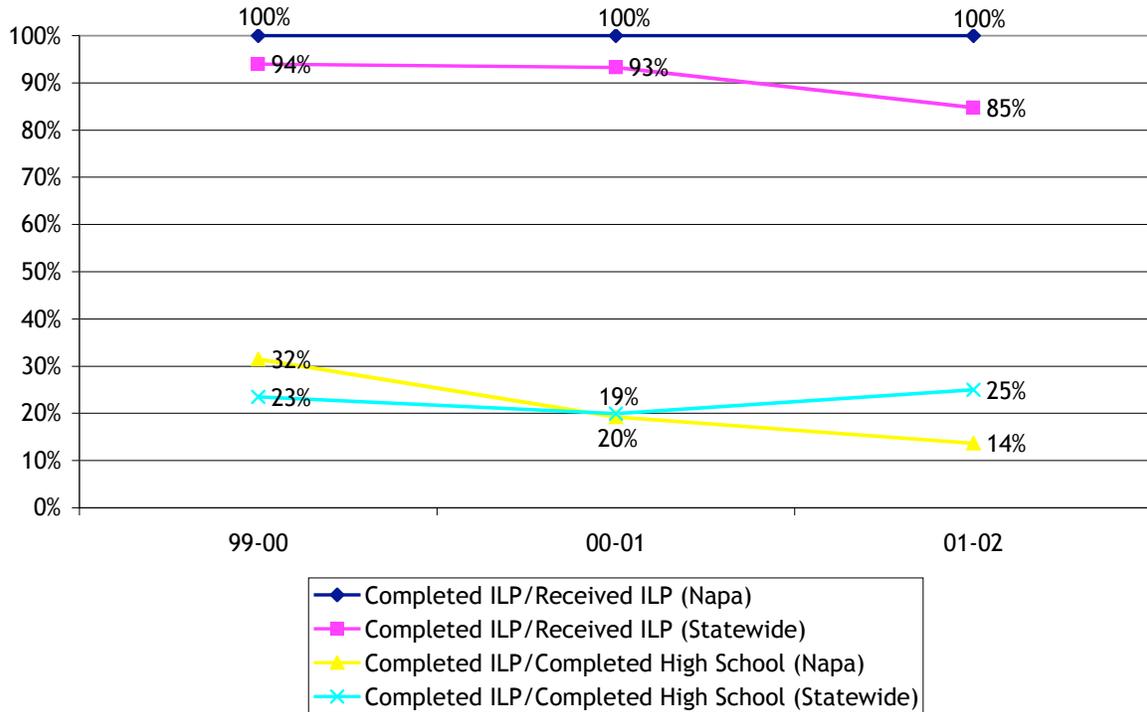


Figure 28

Completed Vocational Training as a Percentage of Completed ILP

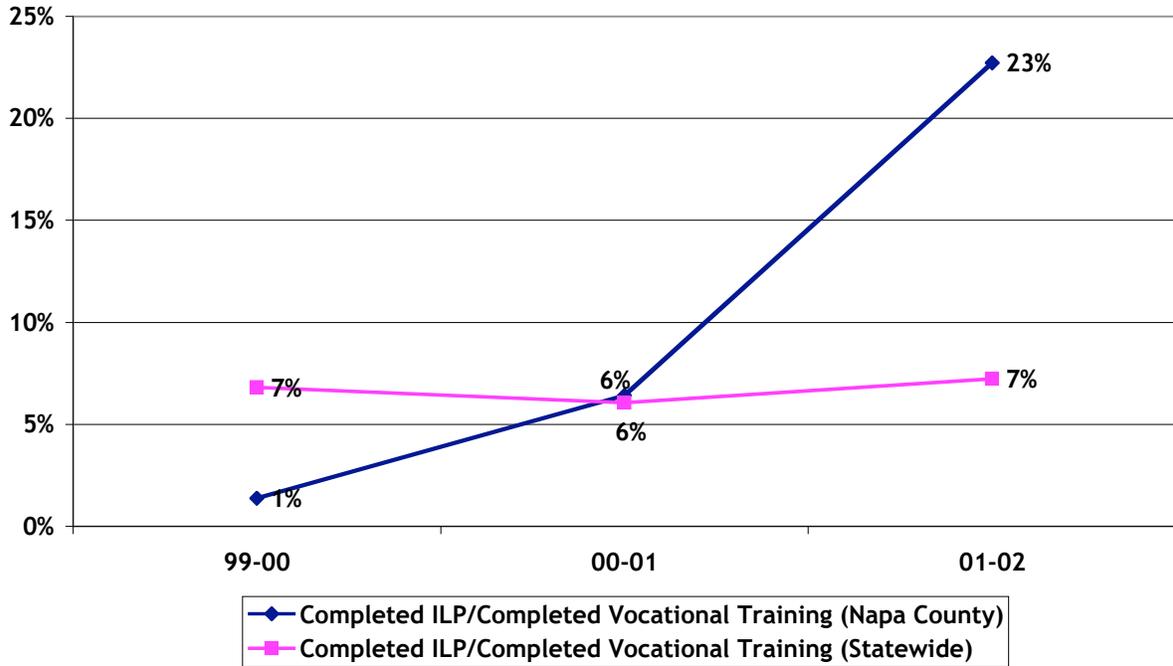


Figure 29

Youth in College as a Percentage of Completed ILP

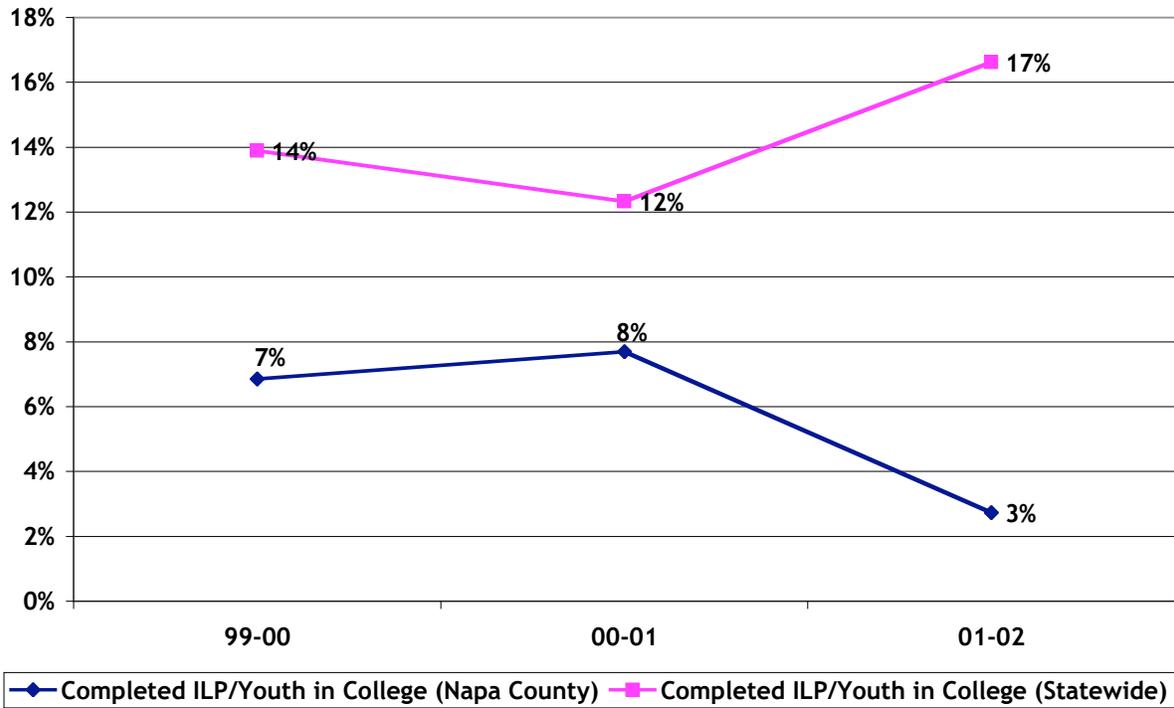


Figure 30

Employed Youth as a Percentage of Completed ILP

