



**CASA**

Court Appointed Special Advocates  
**FOR CHILDREN**

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**EL DORADO COUNTY**

**MHSA Program:  
Court Appointed Special Advocates**

**Behavioral Health Division  
Evaluation Committee Review  
August 13th, 2024**



## CASA El Dorado MHSА Program Evaluation Questions

### OVERVIEW

*Can you give us an overview of your program?*

CASA El Dorado's program recruits, trains, and manages volunteers from the community who then serve youth in foster and juvenile justice courts.

*What is your accountability for funding and services?*

Our program department keeps records on all volunteers and youth served by CASA in a secure database. This enables us to keep track of all services being provided to the youth.

Accountability for funding is facilitated by grant reporting, an annual audit by an independent CPA, employment of a full-time fiscal manager, oversight of our Board of Directors who review finances monthly and an independent bookkeeper who does reconciliation.

*Please share with us how your project provides comprehensive programs: family advocacy and support; behavioral and mental health services; substance use prevention and treatment; juvenile justice intervention; mentoring; foster care; adoption services; and pre-and post-adoption support in El Dorado County overall.*

CASA provides youth advocacy. The volunteer's role is to identify all services/needs of the youth and ensure that those needs/services are being provided by the appropriate partner agencies.

*Please share with us how many interactions you have had within the El Dorado County community beyond families and youth, i.e. schools [public/private/residential care], interacting with Health and Human services, foster parents, kinship and adoptive parents, and additionally, working in collaboration with any residential care facilities in El Dorado County?*

It is not possible to count the number of interactions our advocates have. In all cases; the volunteer will interact with the social worker, probation officer, foster parents, biological parents, various family members, school staff, doctors, therapeutic services, attorney's as well as provide the judge with a detailed fact based report. These interactions happen on every case regularly for the average span of 18 to 24 months.

### ACCESS/LINKAGE

*How often does your client require re-entry into your program or another? Do you know who monitors this outside your agency?*

For children in care for 2022, there was a re-entry rate of 7.1%. Statistics were provided by our County's Child Welfare Agency and numbers for 2023 are not available as of yet.



*How do you find or what resources do you provide to your families in regard to natural support for families?*

We provide a comprehensive list of resources in the community for family needs including but not limited to: food pantry/distribution; clothing distribution; selfhelp/support classes; transportation help; medical facilities; health and human services; mental health support; parenting classes and shelters.

We also meet regularly with community partner agencies to be updated on any new or changing resources.

*How does the staff interact with individuals? For example, does the staff appear compassionate, patient, caring, rushed, and indifferent?*

Program managers are always patient with advocates and families, ensuring that they have our full attention and the time we need to discuss any situation or need that may arise. Program managers work countless hours with our volunteers to help assist them in serving our youth in the best possible manner for the youths best interest, including attending any scheduled CFT meetings, or case conferences with the CASA Volunteer.

*Do you use a screening tool when hiring employees that are compassionate, patient and interactive in a positive way? If so, what is it? Can you provide some examples?*

Our screening tools are carefully crafted questions and good observation skills by our interviewers. We provide program interviews, situational scenarios and interpersonal questions.

Potential hire interviewees go through a multi-step process as well including: a phone interview followed by a panel interview including interpersonal questions, situational scenarios about our program and potential communities we serve.

*How are you directly supporting families and not just the individual in your program?*

We serve the best interest of the child, most often this means reunification with the family. Our volunteers interact with the parents attempting to reunify with their children regularly. We monitor their case plan to ensure they are following through with their services, to ascertain if additional services are needed, make recommendations to the Judge on their behalf when in the best interest of the child, as well as remain a positive and encouraging support throughout the case for the parents.

*How long is your services? 12 or 18 months? What does the transition plan look like for a family leaving your services? How far in advance do you start this transition plan? 6 months or 8 months before your end date?*

A FY case on average is 18-24 months long. Some cases can take many years longer due to various reasons. When we know a case is closing we make sure the child's permanent home has all needs met and that they know what their options and resources are. We communicate that they can reach out to CASA any time after the end of the case should they have any needs arise, and then we do a goodbye visit so the youth has closure and doesn't feel abandoned. Should a youth be old enough to decide they

want to remain in contact with the CASA after the case is closed that is a personal decision between the volunteer and the family. This does happen often when the CASA has created a positive relationship with the parents/guardians and the youth.

## **TRAINING**

*Do you provide ongoing training for your staff?*

Program Staff participate in ongoing training provided from national CASA, CAL CASA, and partner agencies. Volunteers have a requirement of 12 hours a year continuing education. This includes various topics related to the child welfare system, addiction, family services and much more.

*Do you have a family approach? What does that look like? Do you provide training or coaching for parents?*

Our first family approach is what is in the best interest of the child, with reunification being the goal. We support the family in the best interest of the child through providing a positive supportive care team.

We also have a COACH program, where we provide volunteer coaches to voluntary cases with HHS. This is where we work directly with the parents on behalf of the best interest of the family.

## **CAPACITY**

*How many are engaged in your program in EDC? Via what way, for example, CPS, behavioral health, or other funding sources?*

We are currently serving 98 Dependency youth (CPS involved) and 15 Juvenile Justice youth (probation involved).

*What services does your organization provide for a family that needs more than CBT?*

We provide a caring and consistent adult for the abused and neglected youth.

What is your average staff caseload per position?

Program Director: up to 10 volunteers and 5+ paid staff

Senior Program Manager: up to 35 volunteers.

Program Manager: up to 45 volunteers.

*What is your retention rate?*

For 2023, our advocate retention rate was 89%.

In 2021, it was 71% and in 2022 it was 76%.



*Do you take a team approach with each case, especially the more challenging ones? If so, what does this look like? Is this to provide more in-home support besides 1 or 2 hours weekly? Do you provide in-home support on the weekends and outside of Monday through Friday, 8am to 5pm?*

Program staff meets bi-monthly for program updates and case conferencing between our Placerville and SLT offices. Managers also confer on all cases that have difficulties with each other and the program director. All court reports are reviewed by two or more program staff before final copy is filed with the court. CASA volunteers are required to visit the child once a week to build and nourish their consistent and caring relationship with the youth. These meetings happen at various times of the week and day. It depends on the youths schedule as well as the volunteers.

*What efforts are made to provide linguistically and culturally competent services/programs?*

We keep up on the current DE! changes and training and present this information to the volunteers.

*Do you have a staff member who does research for support, services, or programs outside of your organization to meet the needs of the family? If yes, please give examples*

All program staff are responsible for scheduling monthly partner agency continuing education meetings with various service providers in the community to present this information to the volunteers.

*How many people seeking services did your organization turn away or has declined to provide services after starting them over the course of a year? Why? Behavioral? Medical? Wait list? Other and please be specific.*

None. We serve every child that is requested by the Judge.

## **GOALS/EVALUATION**

*How do you measure your success, and what challenges have you faced?*

Success at CASA is measured by first: can we provide a child in need with a caring and consistent adult that will help them navigate this difficult time? Second success is measured by: did the child achieve a safe permanent home?

Challenges are being family-centered while operating under the child welfare system and the laws that must be abided by. The law does not always follow the best interest of the family.



*Does your agency's Board of Directors or management include any mental health consumer members? What are your desired outcomes/treatment goals? How often are these achieved?*

Our number one desired outcome is providing abused and neglected children with a caring and consistent adult, second is reunification and third is achieving permanency. We had 65 kids' cases closed in the previous fiscal year. 51 of those kids reunified with a biological parent. This is a success.

*What are the two or three obstacles in your program, staff and individuals face which may make it difficult to achieve these outcomes/goals?*

Therapy; all kids and parents in the Child Welfare system should be given therapeutic services from the start. Our program staffwork tirelessly to request therapeutic services for every child we serve and continue to be the squeaky wheel until these services are implemented.

*What has been successful?*

Our ability to serve 95% of the foster youth in this county as well as increase our services for the JJ youth.

*Do you have a way to seek staff input on how the program works for your families?*

CASA El Dorado has bi-weekly staff meetings. Team members provide updates on their specific areas of focus within our program. This helps everyone stay informed about the progress and challenges in our program. This collaborative discussion helps us understand any strengths and weaknesses of our approach. CASA El Dorado's leadership through its Program Director and Executive Director actively seek input from staff on how our program operates. By incorporating their feedback, we can make informed decisions and adjustments to enhance our program's effectiveness and impact.

*Do you use input from the clients' ideas for the program? If yes, please give examples.*

We have quarterly meetings for our volunteers where we can listen to what's working, what's not working and how we can make positive changes for the kids and families. We respond to cultural changes in our communities and amongst our families whether it be LGBTQ or trends of the youth. We make sure we are aware of these needs, and adjust our lenses to meet the youth where they are at without judgments or conditions. We train our volunteers to be supportive of their youth in every way possible.

*In order to improve services or outcomes, what support do you need from the Behavioral Health services or commission?*

Free mental health services for all families in need, and a streamlined way to receive it.

*How do you measure your outcomes? What do those criteria consist of?*

Reunification, achieving a permanent home for every child and the percentage of youth in the system we can serve.

**DATA**

*What data to support statistically how many families and youths were served in 2023 in relation to the above-referenced Project?*

We keep detailed, comprehensive files of every child, case and volunteer in our system using Optima, a secured database. From this we are able to pull most data needs/numbers to support these outcomes.

*Please share data as to how provider plans to use their funding stream for the 2024 year regarding the above referenced programs.*

One Senior Program Manager allocates roughly 33% of their time to the MHSA program. This time includes training and managing CASA advocate volunteers, conducting continuing education for volunteers, conducting background checks for all staff and volunteers, and supporting all program managers with their caseloads.

MHSA Budget 2024					
	Q1	Q2	Q3	Q4	Total
1 Senior Program Manager @ \$32.70 per hr x 175 hrs per quarter 175 hrs x 4 quarters = 700 hrs (average) = \$23,000 total annually	\$5,750	\$5,750	\$5,750	\$5,750	\$23,000

*How is that data tracked, and can you provide redacted reports to support youth and families served throughout Northern California, more specifically, El Dorado County.*

We keep detailed files of every child, case and volunteer in our system using Optima, a secured database. From this we are able to pull most data needs/numbers to support these outcomes.

*Are there any other aspects of the program you would like to share with us today?*

Our agreement with El Dorado County MHSA stipulates that we recruit, train and supervise CASA's to advocate on behalf of children and at-risk youth to positively impact the lives of children in foster care. Since our agreement has begun with and thanks to MHSA, these services have been successfully delivered.

Over the last year, we served 176 children. 65 cases closed, 51 of those were in reunification, which is 78 percent. The 7 remaining ended in adoption.

Our advocates are trained to meet our youth where they are and respond to the community, cultural and individual needs of their youth. This allows them to help identify and advocate for the mental health services needed for the children in foster care we serve.

Thank you for your consideration of our program. We are so grateful for your support!



## **CASA El Dorado FY 2023/2024 Year-End Progress Report**

- 1. Implementation:** Serving as sworn officers of the Court, our Court Appointed Special Advocates (CASAs) are assigned to children experiencing abuse, neglect and/or violence. We establish a caring and consistent relationship with the child, which is essential to building resiliency against adverse childhood experiences (ACES).

Our agreement with El Dorado County MHSAs stipulates that we recruit, train, supervise and assign court-appointed volunteers to advocate on behalf of children and at-risk youth, with the goal of positively impacting the lives of foster care children. These services were successfully delivered through this reporting period. As of today, we have a waiting list of seventeen children. Program enhancements to help achieve effective services to nearly all children in need of an advocate include:

- Adding a part-time outreach/recruiter position;
- Increasing outreach and advocate recruitment efforts significantly; including a stronger presence in South Lake Tahoe, twenty four outreach events over the past six months throughout the entire County, and a flyer campaign for advocate outreach throughout the Western Slope;
- Comprehensive services to better support children by supporting their families;
- Assigning a staff member to advocate and serve all eligible youth in the juvenile justice system;
- Consistent staffing to help provide seamless services and support to our advocates and the children we serve;
- Strengthening partnerships with community partners.

- 2. Improved Mental Health for foster care:** It is our honor to help build resiliency against trauma and improve mental health by providing a CASA to foster youth. Nationwide, approximately 80% of foster youth suffer from mental health issues, in comparison to an estimated 20% of children not in foster youth. Factors contributing to this disparity are childhood trauma and adverse childhood experiences, frequently changing living situations, broken community and family relationships, and inconsistent access to mental health services. American Academy of Pediatrics, Healthy Foster Care American Initiative, identifies mental and behavioral health as the “greatest unmet health need for children and teens in foster care.” The American Academy of Pediatrics also tells us that mental and behavioral health may significantly improve with the presence of at least one nurturing, responsive adult, who is stable in the child’s or teen’s life over time.

CASA El Dorado provides that stable adult. We assigned children with a one-to-one relationship for the duration of the case. The relationship established between a CASA youth and their advocate often carry over as a long-term mentorship and continued stable,



trusted adult long past when a child's case closes. When a foster youth has a CASA, he or she is connected with and have more services ordered by the court; half as likely to reenter the foster care system; slow or stop the pass-down of inter-generational trauma; not re-experience abuse and neglect.

- 3. Progress:** During this reporting period, CASA served 176 children with Advocates. Funding from MHSA, are used to directly fund a portion of the hours of one of our Senior Program Managers, who provides management, direction, and oversight to our CASAs. This position executes monthly continuing education classes for our advocates, assures volunteers comply with all rule of Court, suggests appropriate resources for the children we serve, case conferences with parties involved with cases and assures that volunteers comply with record keeping and other duties.

In addition to this service, CASA El Dorado also provides advocates to Juvenile Justice Youth, and Family Coaches to parents at-risk of having their children removed. These two evolving programs help create more stability for more children, which in-turn, helps stabilize homes and builds a foundation for a healthier future for the children in these cases. Both of these programs are currently funded by alternate funding.

- 4. Cultural & linguistic considerations:** We pride ourselves in assigning the "right" advocate for each case. Our volunteers and team reflect the overall demographics of El Dorado County. We train all volunteers on cultural competency, as it is a necessary tool to effectively serving a child and family. Cultural and linguistic compatibility are components considered at case assignment. We have one bi-lingual in Spanish and English team member, as well as access to a professional language line to help with interpretation when necessary.
- 5. Collaboration:** CASA El Dorado is a willing collaborator with any and all local partnering agencies to help provide the most efficient and effective services in support of our CASA youth. We most frequently collaborate with El Dorado County Health and Human Services, Child Welfare; El Dorado County Probation; El Dorado County Superior Court; Unity Care; El Dorado County Office of Education; Sierra Child and Family Services; Summitview; and Live Violence Free.

Additionally, several of our continuing education events include presentations by partnering agencies. We subscribe to the idea that in collaboration and team work, we can most effectively serve our children.

- 6. Outcome Measurements** Please see attached

## 7. Program Expenditures

Expenditure	Amount	MHSA Grant
Staff Salaries, Taxes, Benefits	\$673,796	\$20,000
Recruiting, Training, Advocacy Support	\$30,424	
Travel	\$3,750	
Rent, Utilities, etc	\$35,951	
Legal, Professional	\$13,540	
Insurance	\$13,813	
Postage, other	\$7908	
Volunteer Hours (In kind)	\$186,488	
<b>Total</b>	<b>\$965,670</b>	<b>\$20,000</b>

8. It is an honor and privilege to provide support to our community's most vulnerable youth. Thank you for your continued support. If you have any questions, please do not hesitate to contact us.



**CASA El Dorado MHSA Quarterly Report**

**Period Covered** Jul 2023-Jun 2024

**Children Served**

Total Children Served	176
Total Wait List & Pending	0
Total New Cases	69
Cases (children) Closed	65
Adoption	7
Emanicipation	0
Reunification	51
Other	7

**Child Demographics** Cases (children) served

Male	106
Female	70
0-6	70
7-11	44
12-15	28
16-17	19
18-21	15
African American	1
Hispanic	12
Caucasian	131
Native American	7
Pacific Islander	0
Asian	0
Biracial	16
Unknown	<u>9</u>
Total	176

**Advocates Trained**

Male	4
Female	<u>20</u>
Total	24