California
Child and Family Services Review

System Improvement Plan
Update

Kern County
June 2007

California's Child and Family Services Review
System Improvement Plan Update

County:	**Kern County**
Responsible County Child Welfare Agency:	**Kern County Department of Human Services**
Period of Plan:	**June 2007 through May 2009**
Period of Outcomes Data:	**Quarter Ending April 2007**
Date Submitted:	
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Submitted by each agency for the children under its care	
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Executive Summary

Assembly Bill 636 established a new Child Welfare Outcomes and Accountability system. In June 2004, Kern County completed a Self-Assessment with its community partners. In June 2005, we submitted our Peer Quality Case Review (PQCR) which focused on continuity of practice, supervision, and training in relation to Outcome Measure 2A. Kern County completed another Self-Assessment in January 2006. In May 2006, Kern County submitted a System Improvement Plan (SIP), and later a revised version in September 2006. This was only a one-year SIP and an agreement was made to submit a two-year SIP, draft form, to the State for review by June 15, 2007. This is prior to being sent to Kern County's Board of Supervisors. Kern County Probation Department completed their PQCR in April 2007 and they focused on family engagement related to family reunification.

Kern County is continuing with the outcome goals in the previously revised SIP of September 2006. The percentage change is from the last full calendar year to the April 2007 quarterly report. Outcome 1A, Recurrence of Maltreatment, Kern County decreased recurrence by 1.2%. Our goal was to decrease the outcome by .9%, which we accomplished. There is some fluctuation in the rates that range up to 6% and that is why this measure remains on our SIP. In the two 1B measures there is an increase of .6% and .3%.

Outcome 2A, Rate of Abuse and/or Neglect in Homes where Children Were Not Removed, Kern County has a decrease of .4%. We did not reach the goal we set for a 2% change over the next year.

Outcome 3A and 3E, in Length of Time to Exit Foster Care, Kern County has increased the length of time to exit by 5.6% in 3E, and increased it by 2.2% in 3A. Our goal was to decrease the time to exit by 6% in 3A. We did not reach our goal.

Outcome 3B and 3C, Stability in Foster Care, Kern County decreased stability by 3.4% in 3B, and decreased stability by 4.3% in 3C. Our goal was to increase stability by 2%. We did not reach our goal.

Outcome 3F and 3G, Rate of Foster Care Re-Entry, Kern County increased re-entry by .1% in 3F, and increased it 2.4% in 3G. Although overall we have decreased our re-entry since the beginning, there is fluctuation in our percentages and we did not meet our goal of decreasing re-entry by 1.35%.

Kern County allocated OIP and augmentation monies in the amount of $1,422,116 for staffing. The positions added were: 4 Program Specialists, 4 Parent Leaders, 19 Social Service Workers, 7 Social Service Supervisors, and 2 Human Service Aides. Support staff included 1 Office Services Supervisor, and 1 Office Services Technician.

Direct costs included $30,000 in a contract for an LCSW; $60,000 increase in counseling contract; $100,000 for ILP-like services; $510,000 for Differential Response through Kern County Network for Children (KCNC); $135,718 OIP money for Differential Response; $25,000 for mentor program; $500,000 for Direct services; $25,000 parent classes; $1,000 training supplies; $5,000 Foster Parent Conference; $15,000 Social Worker Training; $50,000 Database; $5,000 Assessment Tools/Training; $5,000 Family Ties; $2,500 Stipends; $20,000 PCCT; $1,000 Sports Equipment; $20,000 Client Supplies and equipment for visitation centers at Children's Visitation Center and Kinship Center; and $369,000 for additional cars.

Portions of this money was spent on the SIP Outcomes.

Outcome/Systemic Factor: 1A (Federal) and 1B (State) recurrence of maltreatment. Percent of children who were victims of child abuse/neglect with subsequent substantiated report of abuse/neglect within specific time periods. The national standard is 6.1%.

County's Current Performance: In the April 2007 quarterly report, Kern County is currently performing at 9.4% for 1A. For 1B (recurrence of maltreatment within 12 months) Kern County's rate is 15.6%. Another, 1B (recurrence of maltreatment within 12 months after first substantiated allegation) is 13.4%.

Improvement Goal 1.0 – Decrease the percentage of recurrent referrals for abuse and neglect.
Improvement goal: 2%.

Strategy 1.1 – Increase services in areas of high abuse and neglect.	Strategy Rationale – Adequate linkage with services will lead to less recurrence of abuse and neglect.	
Milestone	**Timeframe**	**Assigned to**
1.1.1 – Move more social workers into collaboratives, especially in areas of high abuse and neglect. However, additional laptops are needed prior to outstationing SWs. Also, ER must be properly staffed.	June 1, 2006 to May 31, 2008. This was identified as a need in the PQCR.	KCDHS ER Program Director and ICS
1.1.2A – Order more laptops and fill staff vacancies.	September 1, 2006 to December 31, 2008	Information and Communication Services and Assistant Directors

Strategy 1.2 – Decrease the number of referrals by cross-reporting telephone calls to a community collaborative or other county agencies.	Strategy Rationale – Not all calls to the child abuse hotline have to be made into a referral for an in-person investigation. Services and family follow-up can be implemented through other service providers thereby decreasing the number of incoming referrals.	
Milestone	**Timeframe**	**Assigned to**
1.2.1A – Decrease the turnaround time of referral in the Emergency Hotline, thereby leaving the Emergency Response social worker more time to investigate by having two additional screeners to reduce delays.	December 31, 2007	Joint Committee of ER supervisors and program directors to evaluate process
1.2.2 – Track the number of referrals in DR and ART. Develop tracking method for number of requests to community partners.	March 31, 2008	Emergency Response supervisor of Hotline

Strategy 1.3 – Provide formal and informal linkages to community resources prior to case closure in an effort to prevent recurrence of abuse or neglect.		Strategy Rationale – Kern County's baseline showed recurrence of abuse or neglect increased in frequency as time passed. Follow-up care should reduce the rate of recurrence.	
Milestone	**Timeframe**	**Assigned to**	
1.3.1 – Develop referral/case closure safety net by linking families to community services and review Policy 300-014.	July 1, 2006 to June 30, 2007	Hope Gilkey and Ray Gomez	
1.3.2 – Establish and implement a policy and training for CWS social workers to meet with parent and family advocates to discuss needs at the time of closure. (Team Decision Meetings may be used to facilitate this.)	January 1, 2007 to April 30, 2008 This was an identified need in the PQCR.	Kern County Network for Children; Family Services Program Director and Supervisors; F2F Committee of TDM; Hope Gilkey	
Improvement Goal 2.0 – Improve social worker's assessment skills through consistent use of Structured Decision Making (SDM), policies and assessment tools in the belief that consistent assessments will lead to appropriate treatment and lessen recidivism.			
Strategy 2.1 – Redo SDM policy.		Strategy Rationale – Current SDM policy is long and not user-friendly.	
Milestone	**Timeframe**	**Assigned to**	
2.1.1 – Separate policy for each program function	September 30, 2007	Yu Truong	
2.1.2 – Include staffing requirements if risk assessment is high or very high.	September 30, 2007	Yu Truong	
2.1.3 – Include requirements for referrals to outside agencies.	September 30, 2007	Yu Truong	
Strategy 2.1 – Ensure staff uses SDM policy correctly and consistently; $20,000 augmentation monies for training.		Strategy Rationale – Correct and consistent use of tools and policy will lead to more accurate treatment of client.	
Milestone	**Timeframe**	**Assigned to**	
2.2.1 – Retrain management and supervisors and test on knowledge.		Completed May 14, 2007 through May 18, 2007	
2.2.2 – Mandatory supervisor training on roles and responsibilities/engagement/SDM panel		Completed May 25, 2007	

Milestone	Timeframe	Assigned to
2.2.3 – After passing test on SDM, supervisor will retrain social workers in their unit.	December 31, 2007	All supervisors with case-carrying workers

Strategy 2.3 – Educate staff about parents who have been victims of child abuse themselves and the impact it has on parenting skills.	Strategy Rationale – Parents who were subject to abuse and neglect as children have a high rate of failure in parenting.

Milestone	Timeframe	Assigned to
2.3.1 – Research assessment tools for parents as victims of child abuse.	September 30, 2007	Chronic Neglect Committee
2.3.2 – Research treatment barriers for parents who have been victims.	September 30, 2007	Chronic Neglect Committee
2.3.3 – Research and identify rapid assessment tools to be used in conjunction with SDM.	November 30, 2007	Chronic Neglect Committee
2.3.4 – Develop training and then train/test management and supervisors on characteristics and treatment of parents who were victims.	March 31, 2008	Staff Development
2.3.5 – Supervisors train social workers in their unit.	June 30, 2008	Social Service Supervisors and Social Service Worker

Strategy 2.4 – Canvas outside agencies for willingness to take referrals of our high or very high-risk clients—not only in our county but also in bordering counties.	Strategy Rationale – Resources close to our clients will increase the success rate for our clients.

Milestone	Timeframe	Assigned to
2.4.1 – Discuss with fiscal department to see if there is money for development partnerships for high-risk clients.	September 30, 2007	Deborah Stevenson, Accounting
2.4.2 – If partnership possible, develop MOU for partnership.	June 30, 2008	Partnership/Contracts

Milestone	Timeframe	Assigned to
2.4.3 – Develop referral policy with outside agency.	December 31, 2008	Staff Development, Resource Center, and AB636
2.4.4 – Train staff of outside agency as well as KCDHS staff.	December 31, 2008	Staff Development, Resource Center, and AB636

Strategy 2.5 – Develop a method to identify families with chronic neglect and methods of treatment.	Strategy Rationale – Kern County was found by a Child Welfare League of America (CWLA) audit to have chronic neglect cases that were not identified for special treatment.

Milestone	Timeframe	Assigned to
2.5.1 – Explore option of developing a unit devoted to chronic neglect.	June 30, 2008	Chronic Neglect Committee
2.5.2 – If option is positive, request three additional positions for chronic neglect unit.	December 31, 2008	Chronic Neglect Committee
2.5.3 – Identify special projects in CWS/CMS for tracking purposes to show positive or negative intervention by this unit.	December 31, 2008	Linda Lancaster
2.5.4 – Measure success by running report on recurrence on special project, chronic neglect.	June 30, 2008	Linda Lancaster
2.5.1 – Create committee and subsequent policy for defining/treating chronic neglect.	November 30, 2007	CWLA Committee and Policy Committee
2.5.2 – Discover current assessment tools that are available for chronic neglect.	November 30, 2007	CWLA Chronic Neglect
2.5.3 – Incorporate assessment tools into SDM.	January 31, 2008	Policy Committee and CWLA Committee
2.5.4 – Train and test management/supervisors on chronic neglect and its effects.	March 31, 2008	Staff Development
2.5.5 – Supervisors train case-carrying unit.	December 31, 2008	Supervisors

Improvement Goal 3.0 – Provide services in areas that are accurately assessed to target population.		
Strategy 3.6 – Develop method for ACSWs to do psychosocial assessments for clients; $30,000 allocation for LCSW to supervise ACSWs.	Strategy Rationale – Accurate, detailed assessments done by this unit will help the Department plan an accurate service plan and hopefully better reunification rates.	
Milestone	**Timeframe**	**Assigned to**
3.6.1 – Obtain permission to pilot project.		Completed September 30, 2006
3.6.2 – Contract with an LCSW to provide clinical supervision to ACSWs and supervision of the biopsychosocial assessments.		Completed February 28, 2007
3.6.3 – Define number of biopsychosocials that can be conducted during initial/beginning rollout. Biopsychosocials are initially capped at ten a month due to limited ACSWs.		Completed May 31, 2007
3.6.4 – Evaluate ACSW staff, if needed, request to hire more ACSW staff to meet the need for biopsychosocial assessments.	September 30, 2007 and ongoing	Marlene Hall and Ken Sims
3.6.5 – Determine Initial Target Population. Identify criteria for population. Families where at least one parent is diagnosed with or appears to be suffering from a mental illness.	August 6, 2007	Marlene Hall and Ken Sims
3.6.6 – Develop the flow of information. (Timelines, referral forms, how to refer, who is in charge of referrals, person in charge of assigning assessments to ACSWs, etc).	October 31, 2007	Marlene Hall and Ken Sims

	3.6.7 – Develop policy and protocol for the biopsychosocial assessments.	September 30, 2007	Marlene Hall and Ken Sims
	3.6.8 – Generate a rotation list of ACSWs who will be conducting the biopsychosocial assessments.	September 30, 2007	Marlene Hall and Ken Sims
	3.6.9 – Train new ACSWs conducting biopsychosocials.	October 31, 2007	Marlene Hall and Ken Sims
	3.6.10 – Roll Out of biopsychosocial assessments to initial target population.	October 31, 2007	Marlene Hall and Ken Sims
	3.6.11 – Evaluate and/or fine-tune the program for beneficial results.	April 1, 2008	Marlene Hall and Ken Sims
Strategy 3.7 – Create a way to track participants' reunification success rate.		Strategy Rationale – To track the success rate of biopsychosocial assessments in regard to the individualized case plans and the reunification rate of families.	
Milestone	Timeframe	Assigned to	
	3.7.1 – Submit a request to have a Special Projects Tab created on CWS/CMS to input information on the families where a biopsychosocial assessment has been conducted and incorporated into an individualized case plan.	September 5, 2007	Marlene Hall
	3.7.2 – After dependency is declared on a child and the parent(s) is/are ordered into services, the reunification rate of the family and re-referral rate will be tracked at 6 months, 12 months and 18 months	Ongoing Process – After October 1, 2007	Marlene Hall, ICFP Unit, and Ken Sims

Strategy 3.8 – Provide an in-depth biopsychosocial assessment that evaluates a parent's biological, psychological, and social functioning who come to the attention of the Juvenile Court System that are receiving CalWORKs. The Biopsychosocial Assessment will be utilized to generate an individualized case plan for the family. The assessment will be incorporated and attached to the Jurisdictional/Dispositional or Dispositional Report and filed with the Juvenile Court.	Strategy Rationale – Families that come to the attention of the Juvenile Court System typically have multiple risk and/or safety factors that hinder the parent's ability to provide adequate and appropriate care for their children. An in-depth biopsychosocial assessment of the families biological, psychological, and social functioning will assist the Juvenile Court worker in developing an individualized case plan for the family.

Milestone	Timeframe	Assigned to
3.8.1 – Expand Target Population from families where at least one parent is diagnosed with mental illness or appears to be suffering from a mental illness. Re-identify criteria to expand population. All petitions filed with the Juvenile Court where the custodial parent is receiving CalWORKs.	September 5, 2007	Marlene Hall
3.8.2 – Expand capped number of biopsychosocial assessments completed that can be each month.	October 1, 2008	Marlene Hall and Ken Sims
3.8.3 – Roll Out of biopsychosocial assessments to expanded target population.	January 1, 2009	Marlene Hall and Ken Sims
3.8.4 – Evaluate and/or fine-tune the program for beneficial results.	July 1, 2009	Marlene Hall and Ken Sims

Strategy 3.9 – Explore restructuring the ICFP Unit to have only ACSW level social workers to be non-case-carrying social workers who will conduct all biopsychosocial assessments on all custodial parents who come to the attention of the Juvenile Court System.	Strategy Rationale – Families that come to the attention of the Juvenile Court System typically have multiple risk and/or safety factors that hinder the parent's ability to provide adequate and appropriate care for their children. An in-depth biopsychosocial assessment of the families biological, psychological, and social functioning will assist the Juvenile Court worker in developing an individualized case plan for the family.

Milestone	Timeframe	Assigned to
3.6.1 – Explore restructuring the ICFP Unit to have only ACSW level social workers to be non-case-carrying social workers who will conduct all biopsychosocial assessments on all custodial parents who come to the attention of the Juvenile Court System.	July 1, 2009	Marlene Hall, Ken Sims, Bethany Christman, and ICFP Unit

Improvement Goal 4.0 – Increase family stabilization, reunification or emancipation by supplying direct services; $600,000 of augmentation monies were allocated.

Strategy 4.1 – Distribute funds for needs and services.	Strategy Rationale – If basic needs are met and the family is stabilized, they may stay out of CWS. There is a decreased chance they will be one part of CWS.

Milestone	Timeframe	Assigned to
4.1.1 – Form a committee to determine logistics of distribution.		Completed January 31, 2007
4.1.2 – Prepare a letter to the Board of Supervisors prior to submission of bills.		Completed January 31, 2007
4.1.3 – Hire Extra Help Office Services Assistant to track expenses.		Completed February 28, 2007
4.1.4 – Prepare and distribute memo for all staff on the procedure for obtaining services or funds.	June 30, 2007	Program Specialist

Describe systemic changes needed to further support the improvement goal.
Inability to access CWS/CMS equipment and services seriously jeopardizes further progress toward our goals. **Kern County Child Protective Services social workers need to have a fundamental shift in attitude about accountability and consistency in their roles and responsibilities.** **Develop medical marijuana policy.** **Non-case-carrying ACSW social workers assigned to IFCP who will only complete biopsychosocials. Hire more ACSWs. Financial support from DHS. Support from DHS to continue utilizing the clinical experience and capability of ACSWs.**
Describe educational/training needs (including technical assistance) to achieve the improvement goals. **Evaluate how many additional staff will be needed for SDM staffing policies and oversight.** **Continued clinical training for ACSWs, i.e. conferences, workshops and training designed for LCSWs, MFTs, ACSWs and MSWs.**
Identify roles of the other partners in achieving the improvement goals. **Family Resource Centers and resources of outstationed social workers are an integral part of increasing community services.**
Identify any regulatory or statutory changes needed to support the accomplishment of the improvement goals.

Outcome/Systemic Factor: 2A Recurrence of abuse/neglect in homes where children were not removed

County's Current Performance: In the April 2007 quarterly report, our current performance is 12.4%.

Improvement Goal 1.0 – CWS will effectively link with existing resources to provide ongoing services to high and very high risk referrals. Kern County will continue to decrease the rate of recurrence by 2% in the coming years.

Strategy 1.1 – Explore funding for parenting classes in the outlying areas that are culturally, linguistically, and cognitively appropriate.	Strategy Rationale – Existing resources lacking in outlying areas. Additional funding will help provide relevant parenting classes in the outlying communities.	
Milestone	**Timeframe**	**Assigned to**
1.1.1 – Assess fiscal program currently in place.		Completed September 1, 2006 through December 31, 2006 by CPS and Partnership Bureau and ADs and Accounting Staff
1.1.2 – If funding feasible, consider RFP for contracted services, or consider in-house provision of services.		Completed January 1, 2007 through March 31, 2007 by CPS and Community Partnership Bureau and AD's
1.1.3 – CWS OIP grant of $25,000 provided to Kern County Network for Children with funding to provide parenting classes in districts.		Completed January 1, 2007 through March 31, 2007 by CPS and Community Partnership Bureau and AD's

Strategy 1.2 – Evaluate need for specific services in community.	Strategy Rationale – If services are not available to address need, change is thwarted.	
Milestone	**Timeframe**	**Assigned to**
1.2.1 – Run Safe Measures reports on substantiated abuse, neglect, emotional abuse, etc.	December 31, 2007	Program Specialist
1.2.2 – Evaluate resources directory for matching services.	February 28, 2008	CPS and Community Partnership Bureau and AD's
1.2.3 – Contact community partners for extension of services in areas of need.	June 30, 2008	Community Partnership Bureau, ICS, FS Supervisors
1.2.4 – Present reports to the Board of Supervisors to show the need for further services in areas lacking.	October 31, 2008	Community Partnership Bureau

Improvement Goal 2.0 – CWS and Probation staff will effectively use motivational and engagement techniques to motivate clients toward recovery and reunification.	
Strategy 2.1 – Improve engagement skills of staff of Child Protective Services and Probation Department.	Strategy Rationale – Improved skills will optimize social worker and client interaction and subsequently foster positive results for the client.

Milestone	Timeframe	Assigned to
2.1.1 – Coordinate with Chronic Neglect committee and train new workers (and eventually all workers), on engagement skills. This will include a post test to assess knowledge base and retrain if necessary.	March 31, 2008	Staff Development
2.1.2 – Coordinate with Probation Department to train officers and supervisors with ongoing engagement training—all managers would be included.	Starting June 25, 2007 and ongoing – thereafter for all staff	Probation Department and Staff Development
2.1.3 – Mentor engagement skills by having lead workers in each unit who can model/coach engagement skills.	September 30, 2008	Supervisors in all CWS programs and Probation Department
2.1.4 – Evaluate how many new staff will be required and request the positions that would be required if lead workers have reduced caseloads.	March 31, 2008	Program Specialist/Assistant Director, Probation Supervisors
2.1.5 – Explore possible funding of support personnel to contact parent and encourage parental participation.	June 30, 2008	Probation Supervisors and Division Director
2.1.6 – Attend training on motivational interviewing.	November 30, 2007	Selected probation officers

Strategy 2.2 – Monitor engagement skills		Strategy Rationale – Continual monitoring will ensure staff operates consistently.	
Milestone	Timeframe	Assigned to	
2.2.1 – Develop policy whereby supervisors attend a minimum of one homecall per month for 3-6 months for new or transferring workers.		Completed April 30, 2007	
2.2.2 – Implement engagement checklist tool.	March 31, 2008	Chronic Neglect Committee	
2.2.3 – Incorporate engagement skills into employee evaluation and refer to existing committee who are developing supervisor handbook.	March 31, 2008	Roles and Responsibilities Committee	
Strategy 2.3 – Measure use of motivational and engagement techniques and impact of training in client recovery.		Strategy Rationale – Measuring the increase or decrease of recurrence shows the impact of techniques.	
Milestone	Timeframe	Assigned to	
2.3.1 – After sufficient time for outcomes to show trend, follow outcomes for impact.	May 31, 2008 through April 30, 2009	CWS Supervisors and Program Directors	
2.3.2 – Develop CWS/CMS report and give to staff development for continual evolution of engagement training.	May 31, 2009	CWS Supervisors and Program Directors	
Improvement Goal 3.0 – CWS staff will appropriately utilize alternative/differential response			
Strategy 4.1 – Put into practice differential response in select areas. $510,000 was earmarked for differential response as well as six social worker positions at $750,000 ($25,000 each)		Strategy Rationale – Staff need resource on appropriate use of alternative/differential response.	
Milestone	Timeframe	Assigned to	
3.1.1 – Analyze pilot area of Differential Response for reduction of referrals.		Completed June 1, 2006 through May 31, 2007 by program director, social service supervisors, KCNC	
3.1.2 – Protocol and policy manuals in place.		Completed June 1, 2006 through May 31, 2007 by program director, social service supervisors, KCNC	

Improvement Goal 4.0 – KCDHS will effectively link community resources to families who have a substantiated or unsubstantiated referral to provide ongoing services to families whose children were not removed from their home.			
Strategy 4.1 – Move additional VFM social worker to outstationed positions. Allocated $125,000 per year for social service workers for VFM.		Strategy Rationale – Social worker presence in the community served gives opportunity for consultation with community agencies and preventative services because of proximity.	
Milestone	Timeframe	Assigned to	
4.1.1 – Fill all ER/VFM positions so that outstationed social workers can take smaller caseloads.	December 31, 2008	ER Program Director, Kern County Network for Children	
4.1.2 – Consult with Kern County Network for Children as to which Family Resource Center is available for social worker occupation.	March 31, 2009	ER Program Director, Kern County Network for Children, Social Worker Hope Gilkey	
4.1.3 – Train FRC staff when site is located.	March 31, 2009	ER Program Director, Kern County Network for Children, Social Worker Hope Gilkey	
Strategy 4.2 – Evaluate use of Internet, mobile, video and other technological services for outlying areas if there are no available services in that area.		Strategy Rationale – Due to remoteness, needed services may not be available.	
Milestone	Timeframe	Assigned to	
4.2.1 – Dialog with Information and Communication Services (ICS) to discuss possibilities for services in the districts and list technology needs.	December 31, 2007	ICS and Program Specialist	
4.2.2 – Research parenting/neglect videos.	March 31, 2008	ICS and Program Specialist	

Improvement Goal 5.0 – Child welfare staff will utilize Differential Response effectively.			
Strategy 5.1 – Put Differential Response into practice throughout the County in specific areas.		Strategy Rationale – Differential Response in select areas at first will ensure the mechanisms are in place for future rollout throughout the County.	
Milestone	Timeframe	Assigned to	
5.1.1 – Analyze initial pilot areas for reduction of referrals by using Business Objects reports and GIS maps.	December 31, 2007	Program Specialist, GIS Technician	
5.1.2 – Train Emergency Response staff and community partners for expanded use of Differential Response.	December 31, 2007	ER Staff and Staff Development	
Strategy 5.2 – Conducting customer survey to evaluate the effectiveness of Differential Response.		Strategy Rationale – Client's evaluation of Differential Response is a means to empower client and to evaluate the effectiveness of the program.	
Milestone	Timeframe	Assigned to	
5.2.1 – Compose survey.	June 30, 2008	Program Director, Social Service Supervisor, ER Program Director, Supervisors	
5.2.2 – Issue survey.	September 30, 2008	Program Director, Social Service Supervisor, ER Program Director, Supervisors	
5.2.3 – Compile reports and evaluate.	December 31, 2008	Program Director, Social Service Supervisor, ER Program Director, Supervisors	

Describe systemic changes needed to further support the improvement goal.

Child welfare staff must make a cultural shift from traditional social worker to community-based, best practice social worker, which includes sharing responsibility with the family, our collaborative partners and the community.

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

Staff will need to be educated in methods of best practices, which may include nontraditional methods.

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

Community-based and faith-based organizations will need to identify and develop sources to ensure sustainability of programs.

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

Revise local policies to reflect family-centered and strength-based practices.

Outcome/Systemic Factor: 3A and 3E Length of Time to Exit Foster Care. The national standard is 76.2%.			
County's Current Performance: In the April 2007 quarterly report, Kern County performed at 34.2% for 3A, and 80.6% for 3E. This is an increase in performance of 5.6% for 3E, and a 2.2% increase for 3A. $60,000 allocated to increase counseling contracts, and $1,000 for Family to Family training.			
Improvement Goal 1.0 Improve by 3% over the next two years.			
Strategy 1.1 – Explore use of FDM/TDM at 366.21(e)(f)		Strategy Rationale – Same as Strategy 1.1.	
Milestone	Timeframe	Assigned to	
1.1.1 – Establish a work group with Court Intake, Family Services and Court Review.	December 31, 2007	County Counsel, Court Intake PD, Family Services PD, F2F Representative	
1.1.2 – Develop policy and protocol for use if it is established that plan is worthy. We recommend that a memo be put out regarding this protocol.		Completed March 1, 2007 through December 31, 2007 by County Counsel and Court Intake PD, Family Services PD, F2F Representative	
1.1.3 – Explore establishing statistical data to track reunification progress by worker/family.		Completed March 1, 2007 through December 31, 2007 by County Counsel and Court Intake PD, Family Services PD, F2F Representative	
Improvement Goal 2.0 – Make sure adequate resources for parental services in reunification.			
Strategy 2.1 – Provide training to caretakers to enhance and to mentor birth parents.		Strategy Rationale – Caretaker will mentor parent on working with children to ensure transition and reunification success.	
Milestone	Timeframe	Assigned to	
2.1.1 – Develop strategy for identifying caretaker willing to help reunification.		Completed July 1, 2006 through December 31, 2007 by Licensing, RDS Team, Relative Assessment	
2.1.2 – Coordinate with foster parent recruitment staff and RDS team.		Completed July 1, 2006 through December 31, 2006 by Licensing, RDS Team, Relative Assessment, Staff Development	

Strategy 2.2 – DHS to advocate for service providers to increase capacity to meet client's needs or service needs.		Strategy Rationale – Adequate services eliminate waiting lists.	
Milestone	Timeframe	Assigned to	
2.2.1 – DHS to utilize Building Community Partnerships (BCP) sub-committee to advocate for accomplishment of above.	December 31, 2007	F2F Team	
2.2.2 – Ensure adequate communication between staff involved with case.	December 31, 2007	F2F Team	
Improvement Goal 3.0 – All social workers should operate consistently and with best practice.			
Strategy 3.1 – Clarify roles and responsibilities of SSW and SSS Program Specialist and Program Director in CWS.		Strategy Rationale – Unless rolls are clear they cannot be followed.	
Milestone	Timeframe	Assigned to	
3.1.1 – Review policy on competencies and develop expectations for SSW and SSS.		Completed April 15, 2007	
3.1.2 – Develop Program Specialist and Program Director expectations and competencies.		Completed April 30, 2007	
Strategy 3.2 – Define methods of accountability and disciplinary policies.		Strategy Rationale – SSWs held accountable for their services will deliver services consistently and with best practice.	
Milestone	Timeframe	Assigned to	
3.2.1 –Review methods of evaluation and accountability and tie into competencies.		Completed May 1, 2007	
3.2.2 – Prepare recommended changes and develop tool to assist with ratings on evaluation process.		Completed May 30, 2007 by Pat Cheadle and Mark Quinn	
3.2.3 – Plan and develop a clear list of outcomes and educate staff as to these expectations by setting specific goals each quarter.		Completed June 15, 2007 by Pat Cheadle	
3.2.4 – Roll out benchmarks and outcomes to staff.	June 30, 2007	Human Resources and DHS ADs.	

Improvement Goal 4.0 – Include families and interested parties in the development of the case plan.			
Strategy 4.1 – Evaluate the use of Family Decisions Meetings (FDM) as an aid in case planning.		Strategy Rationale – Changing policy needs to be client, time and organizationally effective.	
Milestone	Timeframe	Assigned to	
4.1.1 – Create a workgroup with members from Emergency Response, Court Intake, Family Services, and Permanent Placement	October 31, 2007	Intensive Clinical Family Preservation (ICFP) Unit	
4.1.2 – If workgroups recommendation is to improvise the use of FDMs; create memo to administration on positions needed.	October 31, 2007	ICFP Unit	
4.1.3 – If positions approved develop training for FDMs.	October 31, 2007	ICFP Unit	
4.1.4 – Train social workers on FDMs.	November 30, 2007	ICFP Unit	
Strategy 4.2 – Refer FDM recommendations to policy committee to develop policy.		Strategy Rationale – Written policy is necessary for review and guidelines.	
Milestone	Timeframe	Assigned to	
4.2.1 – Develop protocol for writing case plans.		FDM Policy Completed May 30, 2007	
4.2.3 – Define the role of the social worker in the completion of a case plan.		FDM Policy Completed May 30, 2007	
4.2.4 – Define when Team Decisions Meetings vs. Family Decision Meetings will be used.	August 1, 2007	FDM Policy	

Strategy 4.3 – Dialog with Juvenile Court on being flexible and open to change on particular components of case plan based on progress or lack thereof at each court hearing rather than just addressing progress.	Strategy Rationale – Parents should not be held to components of a case plan if it is no longer relevant.

Milestone	Timeframe	Assigned to
4.3.1 – Setup a meeting with County Counsel and judges.	December 31, 2007	ICFP Unit
4.3.2 – If County Counsel and judges agreeable, send protocol to policy committee for development.	January 29, 2008	ICFP Unit
4.3.3 – Include training on case plan changes with training on FDMs.	March 1, 2008	ICFP Unit

Improvement Goal 5.0 – Develop hands-on parenting class for parents and children.	
Strategy 5.1 – Provide a Parenting Class such as the Celebrating Families Parenting Program (CFPP) to clients receiving services through Child Protective Services who are in early recovery from addiction.	Strategy Rationale – Families that come to the attention of Child Protective Services, on average, have one or more family member addicted to a substance. The CFPP is a cognitive behavioral support group curriculum for parents in early recovery and their children. The vision is to help promote addiction-free communities; maximize the participants' potential to be healthy, responsible and addiction free; increase resiliency factors and decrease risk factors in participants' lives; and increase the rate of family reunification, family organization and cohesion, positive parent/child interactions, children's well-being and functioning.

Milestone	Timeframe	Assigned to
5.1.1 – Find a parenting program curriculum. Curriculum must have a pre and posttest to measure knowledge and insight gained by participants. (Celebrating Families Parenting Curriculum.)		Completed – First parenting program started March 6, 2007
5.1.2 – Obtain permission to use curriculum.		Completed February 28, 2007

Milestone	Timeframe	Assigned to
5.1.3 – Seek approval for parenting class to be court-approved by the Department of Human Services.		Completed February 28, 2007
5.1.4 – Parenting Program assigned to the Intensive Family Preservation Unit (ICFP) for roll out.		Completed February 28, 2007
5.1.5 – Recruitment of Parenting Program Facilitators.		Completed February 28, 2007
5.1.6 – Submit facilitators' resumes for approval.		Completed February 28, 2007
5.1.7 – Assign a Parenting Program Coordinator from the ICFP Unit.		Completed February 28, 2007
5.1.8 – Create referral forms and generate the referral process. (Families will be referred by their assigned social worker, court-appointed attorneys or by a self-referral.) Referral forms will be located on the X-drive. Referral is to be emailed to the Parenting Coordinator by the assigned social worker. Referrals from court-appointed attorneys and self-referred clients will be taken via telephone.		Completed February 28, 2007
5.1.9 – Reserve the rooms to hold parenting class.		Completed February 28, 2007
5.1.10 – Order needed supplies, needed materials, flyers, etc.		Completed February 28, 2007
5.1.11 – Train parenting facilitators.		Completed February 28, 2007

Milestone	Timeframe	Assigned to
5.1.12 – Promote the parenting program by passing out flyers, presenting to staff at unit staff meetings, email staff about program and generate bulletin board. Pass out flyers at Juvenile Court and talk to County Counsel and IDP attorneys		Completed February 28, 2007
5.1.13 – Trained parenting facilitators will conduct an in-home interview process of referred participants and accept or reject families for the program, utilizing criteria outlines in the chosen curriculum.		Completed February 28, 2007
5.1.14 – Compile a list of approved families who will be attending parenting classes and confirm with parenting participants.		Completed February 28, 2007
5.1.15 – Arrange transportation for participants and day care, if needed.		Completed February 28, 2007
5.1.16 – Roll out of Parenting Program.	Completed. First session on March 6, 2007 and every six weeks thereafter	Marlene Hall

Strategy 6.0 – Create a way to track participants who have completed the parenting program.	Strategy Rationale – To track data and the success rate of the CFPP.

Milestone	Timeframe	Assigned to
6.1.1 – Submit a request to create a services tab in CWS/CMS to input information on participants who have enrolled in the CFPP. This will also include a place to input those participants who have completed the program.	July 31, 2007	Marlene Hall and ICFP Unit
6.1.2 – Input participants who have completed the first session of CFPP in CWS/CMS, which started on March 6, 2007, and is scheduled to be completed on June 26, 2007.	July 31, 2007	Marlene Hall and ICFP Unit

Milestone	Timeframe	Assigned to
6.1.3 – Complete a six-month review of those participants who completed the CFPP to see the reunification rate, successful case closure, no new allegations of abuse/neglect.	January 31, 2008	Marlene Hall and ICFP Unit
6.1.4 – Complete a one-year review of those participants who completed the CFPP to see the reunification rate, successful case closure, no new allegations of abuse/neglect.	July 31, 2008	Marlene Hall and ICFP Unit
6.1.5 – Initiate second session of CFPP with new participants, using the same steps listed above in Strategy 5.0.	August 28, 2007	Marlene Hall and ICFP Unit

Strategy 7.0 – Provide a parenting class to Spanish-speaking clients receiving services through Child Protective Services who are in early recovery from addiction. There are barriers that Spanish-speaking clients have to successfully complete a parenting program. These identified barriers include, but are not limited to the following: 1) Cost 2) Transportation 3) Child Care 4) Client's recognition of the problem, their own willingness to change and seek and want help	Strategy Rationale – Kern County has a large population of persons who are Spanish-speaking only. There is a need to offer families a parenting program in Spanish..

Milestone	Timeframe	Assigned to
7.1.1 – Obtain permission to teach parenting in Spanish.	January 9, 2008	Marlene Hall and ICFP Unit

Milestone	Timeframe	Assigned to
7.1.2 – Recruitment of Spanish-speaking parenting program facilitators. 1) Submit Spanish-speaking facilitators' resumes for approval. 2) Reserve rooms 3) Order needed supplies 4) Train parenting facilitators 5) Promote parenting program 6) Conduct in-home interviews, utilizing criteria outlines in the chosen curriculum 7) Compile a list of approved classes and confirm with participants. 8) Arrange transportation for participants and day care, if needed	June 6, 2008	Marlene Hall and ICFP Unit
7.1.3 – Rollout of Spanish Parenting Program	August 26, 2008	Marlene Hall and ICFP Unit

Strategy 8.0 – Provide a parenting class such as the Celebrating Families Parenting Program to clients receiving services through Child Protective Services who are in early recovery from addiction held in the community. There are barriers that clients have to successfully complete a parenting program. These identified barriers include, but are not limited to the following: 1) Cost 2) Transportation 3) Child Care 4) Client's recognition of the problem, their own willingness to change and seek and want help	Strategy Rationale – Families that come to the attention of Child Protective Services, on average, have one or more family member addicted to a substance. The CFPP is a cognitive behavioral support group curriculum for parents in early recovery and their children. The vision is to help promote addiction-free communities; maximize the participants' potential to be healthy, responsible and addiction free; increase resiliency factors and decrease risk factors in participants' lives; and increase the rate of family reunification, family organization and cohesion, positive parent/child interactions, children's well-being and functioning.

Milestone	Timeframe	Assigned to
8.1.1 – Obtain permission to outstation the parenting program in the community.	January 1, 2009	Marlene Hall and ICFP Unit
8.1.2 – Locate a place in the community to use to facilitate the parenting class.	January 1, 2009	Marlene Hall and ICFP Unit
8.1.4 – Rollout of parenting program in the community.	August 25, 2009	Marlene Hall and ICFP Unit

Describe systemic changes needed to further support the improvement goal.

Continued financial funding from OIP grants.

Describe educational/training needs (including technical assistance) to achieve the improvement goals. **Training the facilitators of the parenting program by the Celebrating Families Parenting Program (CFPP) curriculum authors. Acquiring qualified parenting facilitators and Spanish-speaking parenting facilitators.**
Identify roles of the other partners in achieving the improvement goals. **Outside community partners to have a parenting class in the community.**
Identify any regulatory or statutory changes needed to support the accomplishment of the improvement goals.

Outcome/Systemic Factor: 3B and 3C Stability of Foster Care Placement

County's Current Performance: In April 2007 quarterly report, 3B – 79.4% (Fed), 3C – 51.3% (Entry Cohort)

Improvement Goal 1.0 – Increase the stability of foster care placement by 2%. Augmentation money of $60,000 for counseling; $10,000 for foster parent conference; $5,000 for family ties; and $1,000 for sports equipment.

Strategy 1.1 – Increase child's stability by placing with relatives to maintain family ties. $125,000 allocation for relative assessment social service workers.	Strategy Rationale – There is a shortage of foster homes and relative placements ensure the maintenance of family ties. The more quickly the assessment process is completed, the sooner the child can be placed, which will decrease the chances of a child being moved from home to home.

Milestone	Timeframe	Assigned to
1.1.1 – Develop a system to do emergency relative/NREFM assessments/approvals prior to detentional hearing or at initial removal.	June 1, 2007 to December 31, 2007	Relative Assessment Unit (RAU) supervisors and designated workgroup

Strategy 1.2 – Kern is a Family to Family (F2F) County.	Strategy Rationale – Recruit foster parents in area of high protective custody rates.

Milestone	Timeframe	Assigned to
1.2.1 – Run data reports for areas of high density of children being placed into protective custody.		Completed February 2006
1.2.2 – Plan and implement Taking Care of Business (TCB) for chosen area of recruitment whereby perspective foster parent can mostly satisfy step to becoming a foster parent (i.e. TB tests, CPR, application help).		93307 zip code completed March 2006; Ridgecrest, CA completed February 2007
1.2.3 – Reevaluate need to change procedure to ease TCB day.	September 2007	F2F staff and Licensing staff

Milestone	Timeframe	Assigned to
1.2.4 – Plan for TCB even in area of need after running reports.	December 2007	F2F staff and Licensing staff
1.2.5 – Conduct TCB in chosen area of need.	May 2008	F2F staff and Licensing staff

Improvement Goal 2.0 – Decrease number of placement changes by assisting to stabilize existing placements.

Strategy 2.1 – Social workers and probation officers will use Team Decision Meetings to select and stabilize placement.	Strategy Rationale – Immediate intervention provided by professionals sustains stability for a child within his placement and decreases the number of placement changes. An immediate response will ensure foster parents feel supported by staff.

Milestone	Timeframe	Assigned to
2.1.1 – Develop TDM and staffing, and approve staff to be reassigned		Completed February 1, 2006 to September 30, 2006 by Family to Family Coordinators and Co-Chairs
2.1.2 – Recruit staff for specialized assignment		Completed August 1, 2006Family to Family Coordinators and Co-Chairs
2.1.3 – Train staff on TDM criteria		Completed September 1, 2006 to December 31, 2006Family to Family Coordinators and Co-Chairs
2.1.4 – Train probation staff	June 30, 2008	Probation Department
2.1.5 – Define placements to use TDMs.	December 31, 2008	Probation Department
2.1.6 – Complete TDMs for placement changes in Family Services.		Completed May 31, 2007
2.1.7 – Complete TDMs for ER VFM.	October 31, 2007	TDM Team
2.1.8 – Complete TDMs for PP/Adoptions.	February 28, 2008	TDM Team

Improvement Goal 3.0 – Kern participate in pilot program.			
Strategy 3.1 – Increase child's stability by evaluating SDMs System Assessment of Substitute Care Provider (SCP).		Strategy Rationale – Matching the needs of children with foster parent capabilities will lead to increased stability..	
Milestone	Timeframe	Assigned to	
3.1.1 – Meet with Relative Assessment Unit and Licensing Units for feasibility of evaluating SCP.			Completed October 31, 2007 by Relative Assessment, Licensing, and Linda Lancaster
3.1.2 – Meet with Court Intake staff to evaluate feasibility of child/SCP assessment.			Completed November 30, 2007 by Relative Assessment and Licensing
3.1.3 – If feasible, develop training for pilot project.	January 31, 2008		Staff Development
3.1.4 – Implement pilot project for highest area of placement changes.	March 31, 2008		Relative Assessment, Licensing, and Court Intake Units
3.1.5 – Measure changes in stability through Business Objects reports.	March 31, 2009		GIS Specialist and Program Specialist

Describe systemic changes needed to further support the improvement goal.

Changes need to be made to our marketing strategy for recruiting new foster parents. Efforts should be made to recruit through faith-based and professional organizations and businesses in the community. Use positive role models in the community for foster parent recruitment.

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

The community needs to continue to be educated about the need for foster parents and the type of children who need homes. The Department and its partners need to work to dispel the negative stereotypes (need strength-based languages) of foster children.

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

Assist our partners in educating the need for community support.

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

None.

Outcome/Systemic Factor: 3F (Federal) and 3G (State) – Rate of foster Care Re-entry, Includes Outcome Indicator 3B. The national standard is 8.6%.			
County's Current Performance: In April 2007 quarterly report, Kern County has a rate of re-entry to foster care of 10.5% for 3F (Federal) and 11.6% for 3G (State).			
Improvement Goal 1.0 – Ensure family stability through supportive services at times of transition and development of services/plans to better meet the family's need. The County's improvement goal is 1.5%.			
Strategy 1. 1 – Provide community services to clients prior to closing the active case to give further support to the transition of independent living.		Strategy Rationale – Additional support from outside services to acquaint the parent with other means of obtaining stability when social services are no longer involved.	
Milestone	Timeframe	Assigned to	
1.1.1 – Explore and implement the means to refer clients to community services and obtain the services' buy-in for family transition. (This can be accomplished through a Family Decision Meeting.)	June 1, 2006 to December 31, 2007 Done in ER and VFM – not sure about FS or FM	Child Protective Services and Hope Gilkey	
1.1.3 – Evaluate by use of survey.	January 31, 2008	CPS and Community Partnership Bureaus, Community Partners	
Improvement Goal 2.0 – Measure supportive services for effectiveness.			
Strategy 1. 1 – Analyze assessment skills of workers for children who were placed into protective custody and released.		Strategy Rationale – Tracking patterns of change in methods will give input as to success of changes in assessment at dependency.	
Milestone	Timeframe	Assigned to	
2.1.1 – Develop tracking method to show recurrence for children removed but not filed on by automating records of children brought into custody versus the children petitions were filed on.	July 30, 2008	Linda Lancaster and Marti Garrett	
2.1.2 – Track for a subsequent referral for six and twelve months and run report for recidivism.	January 31, 2009	Marti Garrett and Linda Lancaster	
2.1.3 – Analyze client files for assessment skills by case readings and case staffings.	June 30, 2009	Quality Assurance	

Describe systemic changes needed to further support the improvement goal. **The National Council on Crime and Delinquency prepared a study that correlated high staff turnover rates with increased recurrence of abuse or neglect. Kern County has a staff turnover rate of 50%.** **A shift in social work perception will have to take place to view the family as a whole and able to identify their own needs.**
Describe educational/training needs (including technical assistance) to achieve the improvement goals. **Development of training to ensure all social work staff is trained to meet new expectations for case plan development and transition needs for case closure.**
Identify roles of the other partners in achieving the improvement goals. **Community partners will play major rolls in transitioning parents to self-sufficiency and educating them on outside services. Further they will be supplying substance abuse counseling and parenting classes.**
Identify any regulatory or statutory changes needed to support the accomplishment of the improvement goals. **Juvenile Court will have to approve increased visitation for transitioning the children into the home.**