



COUNTY OF KINGS BOARD OF SUPERVISORS

GOVERNMENT CENTER HANFORD, CALIFORNIA 93230 (559) 582-3211 EXT 2362
Catherine Venturella, Clerk of the Board of Supervisors

AGENDA ITEM

October 7, 2008

Bookmark: 3

SUBMITTED BY: Human Services Agency – Peggy Montgomery/Tina Garcia

SUBJECT: KINGS COUNTY'S THREE YEAR SYSTEM IMPROVEMENT PLAN FOR CHILD WELFARE SERVICES 2008/2011

SUMMARY:

Overview:

The Human Services Agency conducted a study session on the Three Year Child Welfare Services System Improvement Plan (SIP) for 2008-2011 on September 30, 2008. The SIP guides enhancement of services for children and families served by the Probation Department and Child Protective Services in accordance with outcomes designated by the Federal and State governments. The 2008/2011 SIP addresses recurrence of child maltreatment, multiple foster care placements, and reentry into foster care after reunification. Annual updates to the SIP are required by the California Department of Social Services during the next three year cycle. At this time, the Agency is requesting formal approval of the 2008/2011 SIP by the Board. It is due to the State by October 18, 2008 with Board approval.

Recommendation:

Approve the Kings County's Three Year System Improvement Plan for Child Welfare Services (SIP) for 2008/2011.

Fiscal Impact:

Not applicable.

BACKGROUND:

The State of California is required to submit a Performance Improvement Plan (PIP) to the Federal Department of Health and Human Services addressing how it will meet set outcome measures for child welfare services throughout the State. The California PIP correlates with AB 636, which enacted the California Outcomes and
(Cont'd)

BOARD ACTION:

APPROVED AS RECOMMENDED: OTHER:

ROLL CALL: OLIVEIRA, TAYLOR, BARBA, RACHFORD, NEVES - AYE

I hereby certify that the above order was passed
and adopted on 10/07/2008.

CATHERINE VENTURELLA, Clerk to the Board

By Rhonda Bray, Deputy.

Agenda Item

KINGS COUNTY'S THREE YEAR SYSTEM IMPROVEMENT PLAN FOR CHILD WELFARE SERVICES 2008/2011

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Accountability System in 2004. All 58 counties in the State of California are required to research, assess, and improve its delivery of child welfare services locally in an effort to bring California into compliance with the Federal expectations. Three year cycles of reviews have been implemented. Counties are required to conduct Peer Quality Case Reviews (PQCRs), Self Assessments (SAs), and System Improvement Plans (SIPs) every three years. Kings County was one of the initial implementing counties; therefore, it has successfully completed its first cycle and is beginning its second, scheduled for 2008/2011.

The Kings County Human Services Agency, in collaboration with the Probation Department, conducted a Three Year Self-Assessment of the County's child welfare services as required by the California Department of Social Services (CDSS). Analysis of services provided to the County's children and families included consultation with partners assisting with provision of these services, as well as its service recipients. The results of this process were approved by the Board of Supervisors on June 24, 2008 and sent to the California Department of Social Services (CDSS). The Kings County Child Protective Services Division of the Human Services Agency and Probation Department completed a Three Year Peer Quality Case Review (PQCR) on October 18, 2007. The Peer Quality Case Review (PQCR) is a qualitative research endeavor that works in tandem with the quantitative research that was conducted in the course of a County's Self-Assessment; both projects serve as foundations for the development and implementation of child welfare service improvement plans. Kings County submitted its first System Improvement Plan (SIP) to the California Department of Social Services (CDSS) in September of 2004; the County is now required to develop a new System Improvement Plan (SIP) covering the next three (3) years, 2008/2009, 2009/2010, and 2010/2011.

Kings County's 2008/2011 Child Welfare Services Self-Assessment was completed by the Kings County Human Services Agency in collaboration with the Probation Department, Health Department, Behavioral Health Administration, California Department of Social Services, Adoptions Branch, Santa Rosa Rancheria, and Child Abuse Prevention Coordinating Council (First 5 Children and Families Commission, Kings Community Action Organization, public citizens, consumers, Lemoore Naval Air Station's Fleet and Family Service Center, Kings County schools, Kings View Counseling Services, and Board of Supervisors). The Child Protective Services Division and Probation Department submitted an updated Child Welfare Services Self-Assessment in June of 2008, which has been approved by the State.

The Child Protective Services Division and Probation Department successfully conducted a Peer Quality Case Review (PQCR) on October 18, 2007; The findings of our County Self-Assessment and Peer Quality Case Reviews serve as the foundation of the Three Year Child Welfare Services System Improvement Plan, which requires Board of Supervisor approval.

Kings County Human Services Agency



California Outcomes and Accountability System (COAS)
Kings County's Three Year Self Assessment for Child Welfare
Services: A Joint Project of the Human Services Agency and
Probation Department, June 18, 2008

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

County:	Kings
Responsible County Child Welfare Agency:	Kings County Human Services Agency
Period of Plan:	10/18/2008-10/18/2011
Period of Outcomes Data:	(1) Quarter ending July, 2008
Date Submitted:	(2) October 7, 2008
County Contact Person for County System Improvement Plan	
Name:	Tina Garcia, M.S.W.
Title:	Program Manager, CWS
Address:	1200 South Drive, Hanford, CA 93230
Phone/Email	(559) 582-3211 x2329 tgarcia@co.kings.ca.us
Submitted by each agency for the children under its care	
Submitted by:	County Child Welfare Agency Director (Lead Agency)
Name:	Peggy Montgomery
Signature:	
Submitted by:	Steve Brum, County Chief Probation Officer
Name:	
Signature:	
Name:	
Signature:	

Kings County's Three Year System Improvement Plan for Child Welfare Services

October 18, 2008 through October 18, 2011

Goal #1: Reduction in the No Recurrence of Maltreatment Rate for CPS

Outcome/Systemic Factor: No Recurrence of Maltreatment (S1.1)

County's Current Performance (July 2008 Report): 98%

Expectations for Meeting Federal Measure

National Standard = 94.6% or Higher

Improvement Goal 1.0: The no recurrence of maltreatment rate will be maintained at or above the national standard of 94.6%.

Strategy 1.1: The use of Structured Decision-Making (SDM) tools in the Emergency Response Unit of CPS will be consistent and in congruence with SDM Policies and Procedures.

Strategy Rationale¹: CPS began implementing SDM in September of 2004; web-SDM was implemented in January of 2006. Kings County has had two (2) quality assurance and technical assistance reviews by the Children's Research Center (CRC). Results of both reviews indicated staff needed to be more consistent completing the SDM instruments and to use the correct instruments at the applicable time periods during referral/case courses. The most recent review was completed in January of 2007. Results of this review are being used as the County's new "baseline" performance. Utilization of SDM tools assists in standardizing decision-making among staff when assessing risk and determining referral dispositions, which helps make the process more objective and consistent. All Managers, Supervisors and Social Workers were trained on the SDM Updated Manual and tools again in August of 2007. It is anticipated that continued emphasis on proper utilization of the tools and consistent incorporation of SDM tools in ER practice will assist in decreasing the amount of inappropriate substantiated dispositions. Further, improvement of SDM utilization will assist ER staff with substantiating referrals appropriately, as well as planning effective interventions with families.

¹ Describe how the strategies will build on progress and improve this outcome or systemic factor

Kings County's Three Year System Improvement Plan for Child Welfare Services

October 18, 2008 through October 18, 2011

Goal #1: Reduction in the No Recurrence of Maltreatment Rate for CPS

Milestone		Timeframe	Assigned to
	<p>1.1.1: ER staff will complete the following SDM tools on behalf of all abuse/neglect referrals: Response Priority Decision Trees, Safety Assessments, Family Risk Assessments and Family Strengths and Needs Assessments according to the California SDM Policies and Procedures Manual. ER narratives will be consistent with scores on the SDM Safety Assessment Tool.</p>	<p><u>Baseline</u> 96.8% of response priority trees completed (Baseline in 2004 was 31%).</p> <p>70.9% of safety assessments completed (No baseline in 2004).</p> <p>88.6% of family risk assessments completed per P&P (Baseline in 2004 was 67%).</p> <p><u>Goal Timeframes</u> 100% of response priority trees completed by 10/18/09; 100% of response priority trees completed by 10/18/10; 100% of response priority trees completed by 10/18/11.</p> <p>75% of safety assessments completed by 10/18/09; 85% of safety assessments completed by 10/18/10; 95% of safety assessments completed by 10/18/11.</p> <p>90% of family risk assessments completed per P&P by 10/18/09; 95% of family risk assessments completed per P&P by 10/18/10; 100% of family risk assessments completed per P&P by 10/18/11.</p>	<p>CPS ER Social Services Supervisor CPS ER Social Services Social Workers (includes SSWs acting in after-hours capacity)</p>

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<p>1.1.2: All referrals scored as "very high" or "high" risk levels as a result of SDM will be referred to the Court unit for an open case pursuant to SDM Operating Manual Guidelines. If discretionary overrides are performed, the resulting risk level score will be used to make a case referral determination.</p>	<p><u>Baseline</u></p> <p>81.1% of "very high" risk families had a CPS case opened.</p> <p>55.2% of "high" risk families had a CPS case opened.</p> <p><u>Goal Timeframes</u></p> <p>84% of "very high" risk families will have a CPS case opened by 10/18/09; 87% of "very high" risk families will have a CPS case opened by 10/18/10; 90% of "very high" risk families will have a CPS case opened by 10/18/11.</p> <p>58% of "high" risk families will have a CPS case opened by 10/18/09; 63% of "high" risk families will have a CPS case opened by 10/18/10; 68% of "high" risk families will have a CPS case opened by 10/18/11.</p>	<p>CPS ER Social Services Supervisor CPS ER Social Services Social Workers (includes SSWs acting in an after-hours capacity, if applicable)</p>
<p>Strategy 1.2: The County will continue supporting Child Abuse Prevention Coordinating Council (CAPCC) and Family Preservation and Support Board (FPSB) events and programs aimed at the alleviation of drug abuse and addiction and Shaken Baby Syndrome. Administration of the CAPCC and FPSB has been assigned to the Human Services Agency. There are members from CPS and Probation on the CAPCC and FPSB who assist with coordination of CAPCC/FPSB services with the County System Improvement Plan. CAPCC funding goals are, in</p>		<p>Strategy Rationale²: Results of both the 2005 and 2008 County Self Assessments have indicated drug abuse/addiction is the primary cause of chronic neglect and other forms of abuse in this area resulting in multiple CPS referrals, investigations and repeated substantiated maltreatment allegations, which negatively impact this outcome measure. In situations wherein families struggle with drugs or alcohol, but the children's safety and welfare are not yet directly affected, CPS must rely upon community and faith-based organizations to support the families, provide services, and help</p>

² Describe how the strategies will build on progress and improve this outcome or systemic factor

Kings County's Three Year System Improvement Plan for Child Welfare Services

October 18, 2008 through October 18, 2011

Goal #1: Reduction in the No Recurrence of Maltreatment Rate for CPS

part, based on the County Self Assessment. CPS and Probation will continue to collaborate with the CAPCC and FPSB on how to more effectively service children at risk of child abuse and neglect, as well as delinquency. The CAPCC makes recommendations to the Board of Supervisors regarding services and programs to fund in the community aimed at the prevention, intervention and treatment of child abuse and neglect. It is supportive of CAPCC recommendations which focus on supplementing the County Self Assessment and SIP.

stabilize crises before CPS intervention may be warranted. There have also been deaths associated with physical abuse and Shaken Baby Syndrome; the CAPCC is committed to implementing The Period of Purple Crying curriculum in the County, which is aimed toward educating parents about the dangers of hitting or shaking their babies and children, as well as methods they may use to avoid doing that. The CAPCC supports activities, services, and programs aimed specifically at child abuse and neglect prevention, intervention and treatment, which are tailored for CPS referrals and cases. These programs have been successful with families who have entered the CPS system and those at risk of entering the system. An example is Celebrating Families, listed on the Substance Abuse and Mental Health Services Administration's National Registry of Evidence-Based Programs and Practices, which has been running in Kings County since 2006 with funds provided by the CAPCC and CPS. This program is uniquely designed and effective with families afflicted with substance abuse, domestic violence and child abuse. Another evidence-based program supported by the County and CPS to intervene in CPS cases or those near CPS involvement is the Family Preservation and Support Program (FPSP). The FPSP provides intensive, home-based services tailored to reunify families, increase adoptions, preserve families and prevent children from entering the CPS or Probation systems. The FPSP is effective with families struggling with substance abuse as it provides long term, supportive services that alleviate societal struggles (i.e. food, clothing, furniture, transportation, parenting skills, service and treatment referrals, education, housing).

**Kings County's Three Year System Improvement Plan for Child Welfare Services
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Goal #1: Reduction in the No Recurrence of Maltreatment Rate for CPS

Milestone	1.2.1: CPS will provide speakers for training sponsored by the CAPCC, FPSB, Behavioral Health Administration, First 5, Kings Partnership for Prevention or community-based service providers upon request and if resources allow. Topics addressed may include the effects of drug and alcohol addiction on children, correlation of drug and alcohol addiction with abusive or neglectful behavior, drug and alcohol risk assessment, or how to recognize and report child abuse and neglect.	Timeframe	Training will be provided at least five (5) times per year in the 2008/2011 fiscal year cycle for a total of at least 15 trainings.	Assigned to	Requests will continue to come through management for assignment based on an individual's training, experience, education and interest in the topic.
Milestone	1.2.2: CPS will send staff to the annual Child Abuse Prevention Event to distribute child abuse and neglect educational information to parents, foster parents and children.	Timeframe	Annually during the 2008/2011 SIP cycle for a total of three (3) times.	Assigned to	CPS CAPCC Appointed Member
Milestone	1.2.3: The Human Services Agency/CPS Division will continue to supervise the Family Preservation and Support Program, ensuring staff receive training on drug and alcohol risk assessment and interventions, as well as ensure program integrity and quality.	Timeframe	Annually and ongoing during the 2008/2011 SIP cycle.	Assigned to	Peggy Marvin, Deputy Director
Milestone	1.2.4: CPS will refer children and parents to CAPCC funded or sponsored services as appropriate to their needs (i.e. Celebrating Families, Parent Child Interaction Therapy, FRC parenting classes, Period of Purple Crying).	Timeframe	Annually and ongoing during the 2008/2011 SIP cycle.	Assigned to	Peggy Marvin, Deputy Director

Strategy 1.3: ER staff will make child abuse/neglect referral

Strategy Rationale³: Due to research conducted on substantiated

³ Describe how the strategies will build on progress and improve this outcome or systemic factor

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Goal #1: Reduction in the No Recurrence of Maltreatment Rate for CPS

dispositions in accordance with WIC Section 300, Penal Code Section 11165.6 and Penal Code Section 11165.12. The dispositions will be justified via thorough risk assessments and applicable Statutes in writing.

referrals over the past few years, since implementation of AB 636, it has been determined errors in referral dispositions were being made by staff and supervisors. The investigative process and referral disposition determination was not being done in accordance with applicable child abuse and neglect legislation. The process was subjective, without clear direction as to the role of an ER SSW, and unstructured. ER staff and supervisors have been retrained since implementation of the 2005 SIP, but it is an ongoing need. They continue to struggle with subjectivity, going outside their CPS and ER roles, and making referral dispositions that are unsupported by applicable WIC and PC Sections. As our trend outcome data on this measure demonstrates, the County's rate has improved over time from 88% to 98% since California Outcome and Accountability System (COAS) implementation. The County believes this particular strategy is the major contributing factor to the improved rate. The County will focus on long term maintenance of this rate above national standards during the next three years.

Describe systemic changes needed to further support the improvement goal.

There are no known systemic changes needed. At this point, the County is attempting to maintain an acceptable level of performance with the system structure as it is, anticipating consistent practice and training are the primary issues.

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

- 1) ER staff require consistent, ongoing training relating to their investigative role, the WIC and PC Sections that define child abuse and neglect, and disposition determination to ensure the proper disposition is given on referrals and entered into CWS/CMS accurately. Newly assigned ER staff require initial SDM training and ongoing ER staff require refresher training to ensure they understand which SDM tools to use and when to further objectify their risk assessments and decisions.
- 2) All CPS staff require training on available CAPCC and FPSP services and programs available in the community to refer children and parents to.

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

- 1) The Child Abuse Prevention Coordinating Council (CAPCC) is a vital partner to achieving the County's goals of child abuse

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prevention, intervention and treatment. The CAPCC's role is as an advisory body to the County Board of Supervisors regarding how to spend available funding on child abuse prevention, treatment and intervention efforts. The CAPCC is also responsible for overseeing the quality of services provided with funding and coordinating the County's response to child abuse. By funding services and programs that directly benefit children and families in the CPS system or at risk of CPS involvement, the CAPCC can greatly assist the County with these goals.

- 2) The California Central Training Academy is a major partner with regard to provision of specialized training to CPS staff in relation to techniques or programs that may help achieve these goals. They are the primary resource for SDM initial and ongoing training, CWS/CMS, evidence-based practice, program evaluation, and field research.
- 3) The Family Preservation and Support Board (FPSB) is committed to continued dedication of funding toward the Family Preservation and Support Program (FPSP), which provides intensive, home-based services. In relation to these goals, the FPSP's role is to provide support and services to families that may come to the attention of CPS and be of concern, but the circumstances do not yet necessitate Juvenile Court intervention. The program's goal is to avoid CPS intervention and out of home placement in these cases.

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

There are no known regulatory or statutory changes needed.

Kings County's Three Year System Improvement Plan for Child Welfare Services

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Goal #2: Reduction in the Reentry following Reunification Rate for CPS

Outcome/Systemic Factor: Reentry following Reunification	
County's Current Performance (July 2008 Report): 14.1%	
<u>Expectations for Meeting Federal Measure</u> National Standard = 9.9%	
Improvement Goal 1.0: The rate of reentry following reunification will decrease by at least 2% annually during the SIP period. The rate will fall from 14.1% to 12.1% by October 18, 2009, from 12.1% to 10.1% by October 18, 2010 and from 10.1% to 8.1% by October 18, 2011.	
Strategy 1. 1: The use of Structured Decision-Making (SDM) tools in the Family Reunification Units of CPS will be consistent and in congruence with SDM Policies and Procedures.	Strategy Rationale¹: All FR cases experiencing reentry following reunification for a two (2) year period of time were qualitatively examined by management when the first SIP annual update was due. Results indicated the rate of reentry following reunification was attributed, in part, by Family Reunification units returning children to their homes of origin too early, before parents had completed adequate treatment services and stabilized in the community. A majority of the cases had substance abuse as the primary contributing factor, which requires more treatment and stabilization time. The review indicated this was not happening in these cases. CPS began implementing SDM in September of 2004; web-SDM was implemented in January of 2006. Kings County has had two (2) quality assurance and technical assistance reviews by the Children's Research Center (CRC). Results of both reviews indicated staff needed to be more consistent completing the SDM instruments and to use the correct instruments at the applicable time periods during referral/case courses. The most recent review was completed in January of 2007. Utilization of SDM tools assists in standardizing decision-making among staff and more thorough reunification safety assessments. All Managers, Supervisors and Social Workers were trained on the SDM Updated Manual and tools

¹ Describe how the strategies will build on progress and improve this outcome or systemic factor

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Goal #2: Reduction in the Reentry following Reunification Rate for CPS

		again in August of 2007. It is anticipated that continued emphasis on proper utilization of the tools and consistent incorporation of SDM tools in FR practice will assist in decreasing the amount of children experiencing reentry following reunification. Since all staff have been properly trained and Agency expectations are that the tools be completed on every case when considering to reunify a family, FR staff will need to ensure it's done consistently.	
Milestone	1.1.1: FR staff will complete the following SDM tools on behalf of all children in out of home care: Reunification Reassessment and Family Strengths and Needs Assessment (FSNA) according to the California SDM Policies and Procedures Manual.	Timeframe	FR staff will complete the required tools 100% of the time annually.
		Assigned to	CPS FR Social Services Workers CPS FR Social Services Supervisors CPS FR Social Services Program Manager

Strategy 1. 2: FR supervisors & social workers will receive guidance and training on reunification risk assessment, permanency and substance abuse treatment.	Strategy Rationale: Due to research conducted on the reentry cases, it is vital FR staff and supervisors receive ongoing training on how to conduct proper reunification risk assessments, when it's appropriate to approve overnight or extended visits, how to identify when a parent has received adequate substance abuse treatment and is stable to have children in the home, and what types of services substance abuse families require for transitioning to FM. FR staff need to understand how to make objective decisions regarding reunification of families versus permanency for children. They also need more intense training on effective case planning and service provision to ensure parents are receiving the correct treatment and making substantial progress prior to returning children home.
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Goal #2: Reduction in the Reentry following Reunification Rate for CPS

Milestone	<p>1.2.1: All FR staff and supervisors will receive training on reunification risk assessment, permanency and substance abuse treatment at least once per year.</p>	Timeframe	<p><u>Goal Timeframes</u></p> <p>All FR staff and supervisors will receive the training at least once per year for a total of 8 hours; goal completion to be measured by 10/18/09, 10/18/10 and 10/18/11.</p>	Assigned to	<p>CPS FR Social Services Workers CPS FR Social Services Supervisors CPS FR Program Manager</p>
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Strategy 1. 3: All Family Reunification and Family Maintenance cases will be scheduled for Multidisciplinary Team Meetings (MDT) at least every 6 months.

Strategy Rationale: MDT Case conferencing is a collaborative effort that involves participatory planning, which maximizes the diverse perspectives and expertise brought to the table. Through the formation of a collective, the knowledge, experience, and skills of its individual members are combined and strengthened to become greater than the sum of the individual parts. It's premise is that each individual involved in the process brings valuable insight and resources to enhance provision of services. MDT Case conferencing embodies the concept of collective decision making in an effort to contribute to decreased liability, an increase in shared responsibility for outcomes, and consistent, open lines of communication among team members. Professionals involved in the case conferencing process respect one another's strengths and skills in their specialty area(s). Team members engage in active participation in the case conference, share information and resources, and take a process approach to problem solving. Families are a necessary participant in this process as it is believed they are most knowledgeable about issues of concern and ways to resolve those. The team is responsible for empowering the family to develop solutions that will help stabilize the unit for the welfare of their children. Although this strategy was included in the last SIP, it is being included again because it is believed the MDT case conferencing is assisting with regard to this outcome measure, but the Agency needs to reorient and reengage team members in the process. Service provider attendance has been decreasing and unstable. In addition, the MDT panel requires

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Goal #2: Reduction in the Reentry following Reunification Rate for CPS

		a refresher to remind them of the meeting purpose so that they can better engage families that are participating.	
Milestone	1.3.1: CPS will schedule all FR and FM cases for MDT meetings every 6 months, which will include the presence and participation of various service providers and community-based partners, as well as the family, if members are available and willing to attend. The focus of these meetings is to ensure families are receiving services needed to maintain a safe, healthy environment for children.	Timeframe	<p><u>Goal Timeframe</u></p> <p>CPS will maintain 100% review of services provided to all FR and FM cases throughout the 3-Year SIP timeframe.</p> <p>The Agency will conduct a MDT training to reengage its partners and review roles and responsibilities of the panel by January 1, 2009.</p>
		Assigned to	CPS Social Services Workers, Supervisors and Managers Partners/Service Providers Children and Families

Describe systemic changes needed to further support the improvement goal.

There are no known systemic changes needed. SDM is in place. Training mechanisms are in place or accessible. MDT is operational and resources are available to provide the MDT orientation.

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

- 1) Newly hired FR staff must receive initial SDM training and permanent staff will receive refresher SDM training on risk assessment, SDM tools and proper use of the curriculum.
- 2) FR staff and supervisors require training on reunification risk assessment, permanency and substance abuse treatment to better understand when reunification is safe for the children. Training will be done by the FR Program Manager, County Counsel, CPS Training Supervisor and Central California Training Academy as needed.
- 3) The MDT panel requires an orientation to address commitment to the process, purpose of the process, roles of the panel members and engagement of families.

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

CPS MDT meetings include several partners including, but not limited to the Probation Department, Kings View Counseling Services, Kings Community Action Organization, Kings County Health Department, First 5 Children and Families Commission and representation from local school districts. Their primary role is one of comprehensive assessment and service provision/referral.

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The MDT will depend on a holistic perspective that takes into consideration the unique needs of the children and family and any available community-based resources that can assist them. Agency partners will educate CPS staff about the services available from their respective programs so that CPS staff and/or the family can access them. Children (if they are mature enough for the process) and parents are invited to participate in this process so that they may actively engage in this partnership. The presence of the family in question is instrumental since they know what their presenting concerns are better than anyone and have insight into how to resolve them. Community partners and families are instrumental components in this process; therefore, their regular, consistent participation over the years is vital.

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

There are no known regulatory or statutory changes needed.

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Goal #3: Placement Stability and Maintenance - Probation

Outcome/Systemic Factor: Placement Stability (8 Days to 12 Months)			
County's Current Performance: 78.9%			
<u>Expectations for Meeting Outcome Measure</u>			
National Standard = 86%			
Improvement Goal 1.0: The County will increase its placement stability rate by at least 3% annually during the SIP period. The rate will increase from 78.9% to 82% by October 18, 2009, from 82% to 85% by October 18, 2010, and from 85% to 88% by October 18, 2011.			
Strategy 1. 1: The Probation Department will work closely with CPS as a partner to assist in decreasing multiple foster care placements and entries into the delinquency system.		Strategy Rationale ¹ : The Probation Department and CPS often serve common children and families because effects of child abuse and neglect, substance abuse, domestic violence, and life stressors can lead to involvement with both systems. Results of the POCR in October of 2007 indicated Probation could implement some practices that would assist in providing more effective services to youth in out of home placement. One of those strategies was to continue building and maintaining its positive relationship with CPS, for resources to be shared, joint training to be conducted, and policies and procedures to be strengthened.	
Milestone	1.1.1: Probation will work with CPS to update the current 241.1 MOU so that comprehensive file information can be shared and collaborative discussion and decision making is done to make a recommendation that is in the best interests of society and the child, while enhancing services for the child in placement.	Timeframe	The updated MOU will be completed, signed and implemented by July 1, 2009.
		Assigned to	Steve Brum, Chief Probation Officer Peggy Montgomery, Director of the Human Services Agency

¹ Describe how the strategies will build on progress and improve this outcome or systemic factor

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Goal #3: Placement Stability and Maintenance - Probation

Milestone	<p>1.1.2: Probation and CPS will participate in and offer training to one another on topics that will assist in placement stability and enhanced services to children in out of home placement. Any training conducted will be reported each year in the SIP updates.</p>	Timeframe	Annually.	Assigned to	<p>Tina Garcia, M.S.W., Program Manager Social Services</p> <p>Maria Servin, Deputy Program Manager Probation</p>
<p>Strategy 1. 2: Probation will utilize the CHDP Public Health Nurse assigned to the department to more closely monitor and coordinate health services for youth in out of home placement</p>			<p>Strategy Rationale²: The Probation Department has historically been allocated weekly hours to utilize the CHDP Public Health Nurse assigned to work with children in out of home placement by the Health Dept.; however the PHN has worked exclusively with CPS. PQCR results indicated more consistent monitoring and coordination of the health needs of wards in placement is needed. Staff reported utilization of the PHN would greatly assist in meeting that need.</p>		
Milestone	<p>1.2.1: Probation will meet with the Health Dept. to determine hours of PHN time needed and duties required to meet this goal and request assignment of those hours to the department.</p>	Timeframe	An agreement between departments will be reached by January 1, 2009.	Assigned to	Steve Brum, Chief Probation Officer
Milestone	<p>1.2.1: Probation will ensure the PHN is fulfilling the required hours of work time and required duties in the department.</p>	Timeframe	<p>The PHN will be spending the required amount of time in the department conducting the required duties for wards in out of home placement on an annual basis. Maintenance of this strategy is needed after implementation; therefore, status will be reported in the annual SIP updates.</p>	Assigned to	Steve Brum, Chief Probation Officer

² Describe how the strategies will build on progress and improve this outcome or systemic factor

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Goal #3: Placement Stability and Maintenance - Probation

Describe systemic changes needed to further support the improvement goal.

The Probation Department will need to accommodate the PHN in its offices. Associated Probation staff will need to work very closely with the PHN to ensure health services are provided and the Health and Education Passports are updated as required.

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

Probation and CPS have already attended joint training, conducted joint presentations and have provided some cross training. Training that can assist in meeting this goal include the following: HEPs, health and educational needs of children in placement, coordination of services to stabilize and maintain placements, ICWA and services for Native Americans, utilizing CWS/CMS, and effects of placement moves on foster children.

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

CPS is a vital partner in relation to the 241.1 MOU, sharing of resources, partnering to enhance services, coordinating health and educational information between systems, and training. The Health Department is a vital partner in relation to providing PHN hours to services wards in out of home placement.

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

Kings County's Three Year System Improvement Plan for Child Welfare Services

October 18, 2008 through October 18, 2011

Goal #4: Reduction in the Placement Stability Rate for CPS

Outcome/Systemic Factor: Placement Stability (8 Days to 12 Months)	
County's Current Performance: 78.9%	
<u>Expectations for Meeting Outcome Measure</u>	
National Standard = 86%	
Improvement Goal 1.0: The County will increase its placement stability rate by at least 3% annually during the SIP period. The rate will increase from 78.9% to 82% by October 18, 2009, from 82% to 85% by October 18, 2010, and from 85% to 88% by October 18, 2011.	
Strategy 1. 1: CPS will support and partner with FFAs to enhance placement quality and commitment to children.	Strategy Rationale ¹ : Kings County conducted a Peer Quality Case Review (PQCR) in October of 2007, which primarily focused on the placement stability rate for CPS. In addition to staff interviews, a focus group and youth surveys, management conducted a qualitative review on all children in CWS/CMS that had more than three (3) or more placements between January 1, 2006 and December 31, 2006. Management sought to understand why the placements were changed. Results indicated 19% of the placements ended due to children being placed with relatives, 19% of placements ended due to behavior of the children and 17% of the placements ended due to administrative decisions. There were other reasons placements failed, but these were the most prevalent. 50% of all placements ending were in FFAs. 24% of all placements ending were in relative homes. The FFA rate is significant and must be reduced. Ending those placements to place with relatives is not a concern of the County. However, moving children because of their behavior and due to administrative decisions are concerns. It is realistic that the County can make efforts to support FFAs through training FFA staff to comply with CPS and facility requirements, work well with County staff and help address children's behaviors in an effort to maintain placements longer. The County has also been considering implementation of a wraparound/multidimensional therapeutic foster care model with Behavioral Health Administration via a local FFA.

¹ Describe how the strategies will build on progress and improve this outcome or systemic factor

Kings County's Three Year System Improvement Plan for Child Welfare Services

October 18, 2008 through October 18, 2011

Goal #4: Reduction in the Placement Stability Rate for CPS

Milestone	1.1.1: CPS staff will provide training to FFA staff and certified foster parents if resources allow and upon request of a FFA. Topics chosen will focus on placement stability, tolerance, respect for culture/diversity, effects of foster care drift on children and behavior modification.	Timeframe	CPS will provide at least 10 hours of training for a FFA annually; goal to be completed and reviewed by 10/18/09, 10/18/10 and 10/18/11.	Assigned to	Tina Garcia, M.S.W., Program Manager, Social Services
Milestone	1.1.2: CPS will partner with Behavioral Health Administration to explore whether a model of wraparound/multidimensional therapeutic foster care can be implemented with a FFA.	Timeframe	CPS will meet with Behavioral Health Administration by January 1, 2009. If a decision is made to develop and implement a plan, new goals and timeframes will be included in the annual SIP update.	Assigned to	Peggy Marvin, Deputy Director
Strategy 1. 2: When a notice to move is placed on any child in a FFA certified home, the CPS SSW shall immediately meet with the assigned FFA Social Worker, foster parents and children (if age and maturity permits participation) to determine a plan for placement maintenance. Active efforts shall be made to preserve the placement.			Strategy Rationale²: See strategy rationale for 1.1.		
Milestone	1.2.1: CPS will develop and implement a new policy and procedure process for staff that requires documentation of the meeting, a placement maintenance plan and resources that will be in place to support the placement.	Timeframe	CPS will develop and implement the new policy and procedure process by January 1, 2009.	Assigned to	Peggy Marvin, Deputy Director

² Describe how the strategies will build on progress and improve this outcome or systemic factor

Kings County's Three Year System Improvement Plan for Child Welfare Services

October 18, 2008 through October 18, 2011

Goal #4: Reduction in the Placement Stability Rate for CPS

Milestone	1.2.1: CPS management will partner with FFA management to ensure the meetings will occur prior to any placement moves being conducted.	Timeframe	CPS will notify FFAs in writing of the placement move policy and procedure by January 1, 2009.	Assigned to	Peggy Marvin, Deputy Director
Strategy 1. 3: Children will be placed with relatives and non-related extended family members instead of other homes, if possible.			Strategy Rationale³: Placement with relatives and non related extended family members is in the best interests of children and are more stable environments. Kings County conducts emergency placements and has implemented flexible placement strategies in an effort to have higher relative placement rates. It will need to be consistent.		
Milestone	1.3.1: CPS will continue to conduct emergency placement assessments and ongoing placement assessments within 30 days of the request in an effort to place children with relatives at a higher rate than other forms of placement.	Timeframe	50% of all children in out of home placement will be with relatives or non related extended family members annually.	Assigned to	Peggy Marvin, Deputy Director
Describe systemic changes needed to further support the improvement goal.					
The Agency will need to develop a written document outlining the policies and procedures to be followed when notice to move children in FFA placements is given. A form will need to be developed for staff to document details of the meeting and a placement maintenance plan.					
Describe educational/training needs (including technical assistance) to achieve the improvement goals.					
CPS would appreciate any technical assistance (handouts, curriculum) the State could provide free of charge on the effects of placement changes on foster children, how to manage aggressive behavior, diversity/culture, tolerance, permanency and techniques to stabilize placements.					
Identify roles of the other partners in achieving the improvement goals.					
The FFAs are the most vital partner needed to achieve this goal. They must cooperate with the new placement move procedures and be willing to either get quality training for their staff and foster parents and/or supplement their training with CPS staff in an effort to decrease the frequency of placement moves.					
Identify any regulatory or statutory changes needed to support the accomplishment of the improvement goals. N/A					