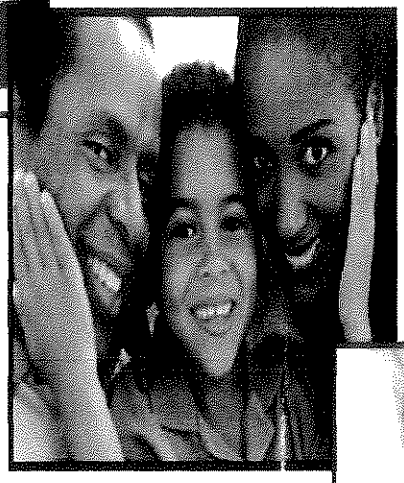
California Outcomes and Accountability System (COAS): Kings County's Three Year System Improvement Plan for Child Welfare Services 2011/2014



"Children are the world's most Valuable resource and its best hope for the future."
- John F. Kennedy

A Project of the Human Services Agency, Probation Department, and Child Abuse Prevention Coordinating Council
Completed on October 6, 2011

California's Child and Family Services Review
System Improvement Plan

County:	**KINGS**
Responsible County Child Welfare Agency:	Kings County Human Services Agency
Period of Plan:	**October 6, 2011 – October 6, 2014**
Period of Outcomes Data:	**Quarter ending: December 31, 2009**
Date Submitted:	
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Kings County's System Improvement Plan for Child Welfare Services; CAPIT; CBCAP; and PSSF Programs

A. Introduction and Overview of the 2011-2014 System Improvement Plan

1. System Improvement Plan Development

In order to help states achieve positive outcomes for children and families, the U.S. Department of Health and Human Services (HHS)/Children's Bureau monitors state child welfare services through the Child and Family Services Reviews (CFSRs), Title IV-E Foster Care Eligibility Reviews, the Adoption and Foster Care Analysis and Reporting System (AFCARS), and the Statewide Automated Child Welfare Information System (SACWIS) Assessment Reviews.

The primary vehicle for aligning the State of California's child welfare service outcomes with performance standards developed by the federal government was enactment of Assembly Bill 636 (Child Welfare System Improvement and Accountability Act, 2001), requiring establishment of an outcomes-based review system, the California-Children and Family Services Review (C-CFSR). The C-CFSR requires California counties to measure effectiveness of their child welfare services using a research and system improvement planning process. Counties conduct regular Peer Quality Case Reviews (PQCRs) to qualitatively evaluate local practice; comprehensive self-assessments of their child welfare services based on quantitative data collection and analysis; and a System Improvement Plan (SIP) aimed at enhancing the provision of these services.

Utilization of evidence-based research to develop and modify service enhancement plans is the most effective way to assure provision of child welfare services focuses on the safety, permanence and well-being of children. All California counties are required to complete three year cycles of Peer Quality Case Reviews (PQCRs), County Self-Assessments (CSAs), and System Improvement Plans (SIPs). Within the three year cycles, counties conduct annual assessments and updates for the California Department of Social Services (CDSS) to monitor performance progress.

Effective June of 2008, counties were required to coordinate all C-CFSR planning and improvement efforts with the Child Abuse Prevention, Intervention and Treatment (CAPIT), Community-Based Child Abuse and Neglect Prevention (CBCAP), and Promoting Safe and Stable Families (PSSF) programs. Addition of these broad-based, county-wide child abuse and neglect prevention and intervention strategies with the C-CFSR will more successfully improve outcomes for children and families. The Child Abuse Prevention Coordinating Council (CAPCC) will now have a more active role in helping improve child welfare services through integration of community-wide assessment of services needed and streamlining programs or activities to support the Child Welfare Services Program System Improvement Plan (SIP).

Kings County is completing its third tri-annual cycle of research and improvement planning. The first research project, Peer Quality Case Review (PQCR), aims to learn, through intensive examination of local child welfare practice, via a qualitative research endeavor, what types of

internal improvements may help enhance child welfare services. Information attained from the CPS/Probation staff interviews, adoptive parent focus group, youth focus group, and debriefing process resulted in quality information needed to develop improvement recommendations.

Kings County conducted its PQCR the week of October 4, 2010, focusing on "Adoption Within 12 Months (Exit)" and "Aftercare Services for Emancipated Youth." PQCR team membership, including the CPS/Probation Planning Committee and county peer reviewers included the following: Tina Garcia, Social Services Deputy Director; Daniel Beair, Deputy Chief Probation Officer; Maria Servin, Supervising Probation Officer, Probation; Jody McCrone, Social Services Office Supervisor; Eliseo Gonzalez, Social Services Supervisor, Susan Turner, M.S.W., Social Services Supervisor, Clarissa Picazo, Social Services Supervisor, Allyson Setterquist, Jessica Carrillo, M.S.W., Fresno County Adoptions Supervisor; Amparo Williams, Madera County CPS Supervisor; Jon Roberson, Kern County Adoptions Supervisor; Susan Quezada, Fresno County Adoptions; Cynthia Suarez, Madera County CPS; Daniel Rubiaco, Kern County CPS Adoptions; Jose Pantoja, Placement Supervisor, Madera County Probation Department; Larry Bolster, Los Angeles County Probation ILP; and Kelly Avila, Kings County ILP.

The Kings County Human Services Agency, Probation Department, Child Abuse Prevention Coordinating Council (CAPCC), and Family Preservation and Support Board (FPSB) conducted a community strategic planning session held on February 17, 2011. The result of this strategic planning session was development of a sound plan to follow for the next three years on how to effectively provide services to at risk children and families in an effort to improve their outcomes and opportunities in life. This process was a crucial planning piece to ensure the continuum of child welfare services in the community had a voice in what services are needed and what should be the priorities for the 2011/2014 System Improvement Plan.

Core partners of the CAPIT/CBCAP/CCTF/PSSF/SIP planning process included all of the following: Barbara Ricciuti-Colombo, M.S.W., California Department of Social Services/Outcomes and Accountability Bureau; Heather Cotto, M.S.W., California Department of Social Services/Office of Child Abuse Prevention; Ronda Braithwaite, acting CAPCC and FPSB Chairperson; Tina Garcia, M.S.W., Social Services Deputy Director, CAPCC Administrative Liaison; Daniel Beair, Deputy Chief Probation Officer; Maria Servin, Supervising Probation Officer; Richard Valle, Board of Supervisors; Joe Neves, Board of Supervisors; Pat Oliver, Health Department; Leah Whitworth, Kings View Counseling Services; Ronda Braithwaite and Abraham Valencia, Behavioral Health Administration; Shelly Verboon, CPS Program Manager; Susan Turner, M.S.W., CPS Supervisor; Julie Flores, M.S.W., CPS Supervisor, Clarissa Picazo, CPS Supervisor; Maria Servin, Supervising Deputy Probation Officer; Kelly Avila, Independent Living Program (ILP) Social Worker; Sue Spratley, Family Preservation and Support Social Worker; Margie Wilhelm, Probation Victim Witness Assistance Program; Crystal Soto, Tachi-Yokut Social Services; Lori Keen, CAPCC Parent Representative; Anthony Gracian, community member; Sue Weisenhaus, prior foster parent, Champions Recovery Alternative Services Director; Tim O'Connell, Kings Community Action Organization; Keri Hardin, Kings View Counseling Services and CPS Alcohol and Other Drug Liaison; Robert Murrieta, Champions Recovery Alternative Services and Court Appointed Special Advocate

(CASA) Program; Judy Newton, United Cerebral Palsy Director; Shirley Garretson, Kings Regional Occupation Program/Office of Education; Ron Sever and Penny Miller, Central Union School District; Lacey Hicks, Celebrating Families!; Dean Hoover, Hanford Police Department; Sherry Johnson, L.C.S.W., Lemoore Naval Air Station/Fleet and Family Service Center; Mary Gonzalez-Gomez, Corcoran Unified School District; Kendra Davis, CAPCC Prevention Specialist; and Kathy Cruz, CAPCC Prevention Specialist.

Information attained via the PQCR and CSA processes have been incorporated into the SIP, building a strong foundation for improving priority child welfare outcomes for this county. Results of the PQCR CPS/Probation interviews, adoptive focus group, and emancipated youth focus group helped develop strategies for the county to focus improvement efforts on services for emancipated foster youth and timely adoptions.

Results of the CPS, Probation, CAPCC, and FPSB community strategic planning session held on February 17, 2011, were incorporated into the CSA and strongly imbedded in this SIP as goals and strategies to help improve all four (4) of the SIP strategies for CPS including: Timely Adoptions Within 12 Months (Legally Free); Aftercare Services for Emancipated Youth; Placement Stability (At Least 24 Months in Care); and Timely Reunification Within 12 Months (Exit).

Priority goals for the county as developed by the strategic planning session were as follows:

1. Kings County's children and families need to live in safe, healthy environments free from drug and alcohol addictions.
2. Kings County's children need prevention services geared toward protection from serious psychological, behavioral, and physical harm.
3. Kings County's service providers, professionals, organizations, programs, faith-based entities, and others working with at risk children and families shall collaborate and partner to deliver strength-based, culturally sensitive services.
4. Children receiving services shall be given added support and advocacy to take advantage of all opportunities available to them and make a seamless transition to home and/or emancipation.
5. Parents and caretakers need parenting services, ongoing support and case management to enhance family relationships.
6. Kings County professionals and non-professionals need training on child abuse prevention, intervention, and treatment.

2. *Priority Outcomes Needing Improvement & Integration of PQCR/CSA Themes*

Table 1 captures the county's identified priority child welfare services outcomes needing improvement, targeted goals, strategies put in place to achieve targeted improvement goals, and how major themes of the PQCR and CSA are incorporated.

Table 1

System Improvement Plan Outcomes, Goals, Strategies, and Integration of PQCR and CSA Themes

Improvement Outcomes	*Goals*	*Strategies*	*Integrated PQCR Themes*	*Integrated CSA Themes*
C1.1 Timely Reunification Within 12 Months (Exit)	1.0 Continued development and enhancement of the county's Drug Dependency Court (DDC) program.	1.1 The Drug Dependency Court (DDC) Coordinator will continue to grow the program.	Although not a focus of the PQCR, an underlying theme of the process and results is making additional efforts to provide intensive treatment for FR services will ultimately result in timelier reunification for those parents who are not successful. The county is committed to making extraordinary efforts to help families reunify, safely. By putting into effect more intensive treatment services, it is hopeful they can be. However, those that fail to take advantage of those services and cannot reunify will be more readily identified as having a poor reunification progress and adoption can proceed quicker.	Priority #1 "Kings County's children and families need to live in safe, healthy environments free from drug and alcohol addictions." Substance abuse is a primary mitigating factor in child abuse and neglect within the county. It is often a precursor to physical abuse, domestic violence, sexual abuse, exploitation, emotional abuse, and neglectful parenting. More effective treatment programs must be in place to provide effective support and treatment to these families. . The DDC has been implemented in an added effort to provide families involved with CPS intensive services and support. Celebrating Families! is being supported with CAPIT & CBCAP funding to provide community-based prevention services for at risk populations, as well as families involved with CPS. In addition to substance abuse problems, individuals at high risk of abusing or neglecting their children have mental health diagnoses, often necessitating specialized therapeutic services. Families need comprehensive service approaches that fully address mental health and AOD treatment needs.
		1.2 The DDC will expand to serve more clients, especially high risk substance abusers with children ages 0-5.		
		1.3 Clients participating in the DDC will reunify timely.		
	2.0 Celebrating Families! will provide services to families with CPS intervention aimed toward prevention of substance abuse relapse and recurrence of child abuse or neglect.	2.1 Celebrating Families! will assist families in completing the program; at least 60% of families enrolling in services will successfully complete them.		
		2.2 Celebrating Families! will assist families to reunify within 12 months.		
		2.3 Case plan services will be coordinated to ensure clients are receiving needed resources, but not overwhelmed.		
	3.0 Clients receiving FR services who do not meet medical necessity or cannot afford share of costs for substance abuse treatment will receive therapeutic and AOD services.	3.1 The Supportive and Therapeutic Options Program (STOP) will provide therapeutic services to clients receiving FR services as approved by management.		
		3.2 The STOP will provide AOD services to clients receiving FR services as approved by management.		
		3.3 Kings View Counseling Services shall participate in the CPS MDT meetings to provide information and referrals to services, in collaboration with the CPS SSW, to assist families with reunification.		

System Improvement Plan Outcomes, Goals, Strategies, and Integration of PQCR and CSA Themes (Continued)

Improvement Outcomes	*Goals*	*Strategies*	*Integrated PQCR Themes*	*Integrated CSA Themes*
C1.1 Timely Reunification Within 12 Months (Exit) (Cont.)	4.0 The FPSP will provide services to clients receiving FR services in an effort to assist their timely reunification.	4.1 The Family Preservation and Support Program (FPSP) will provide in-home and classroom setting parenting education, instruction, and guidance to assist parents with acquisition of knowledge, skills, and abilities to properly parent their children. 4.2 The FPSP will participate in CPS MDT meetings to provide information, service referrals, and community resources to families. 4.3 The FPSP will train and oversee interns from the B.S.W. and M.S.W. programs at Fresno State University to provide services to families receiving FR services.		Priority #4 "Children receiving child welfare services shall be given added support and advocacy to take advantage of all opportunities available to them and make a seamless transition to home and/or emancipation." Priority #5 "Parents and caretakers need parenting services, ongoing support and case management to enhance family relationships." Themes in the CSA overwhelming called for in-home, intensive support and services, case management and education. Children and parents require assistance when transitioning back home from out of home placement and more services may be necessary. Interns are a valuable resource to assist in these economic times, especially when there are retention concerns in the social work field, locally.

System Improvement Plan Outcomes, Goals, Strategies, and Integration of PQCR and CSA Themes (Continued)

Improvement Outcomes	*Goals*	*Strategies*	*Integrated PQCR Themes*	*Integrated CSA Themes*
C4.3 Placement Stability (At Least 24 Months in Care)	1.0 The Kings County Wraparound Program will continue to expand with collaboration between the Behavioral Health Administration and CPS to include children who have been in foster care 24 months or longer.	1.1 The county will assess current effectiveness of the wraparound program.	PQCR themes indicated children in care 24 months or longer needed more intensive, in-home supportive services to stabilize in placement, thus increasing their chances of being adopted, as well as more timely adoption finalizations. PQCR findings also indicated children needed more support than solely the adoption worker to help maintain the placement and expedite adoptions.	Priority #2 "Kings County's children need prevention services geared toward protection from serious psychological, behavioral, and physical harm. CSA findings indicate children experience more positive outcomes when in stable home environments and receive any psychological or behavioral services needed. Intensive wraparound services with a team orientation are needed so that foster children, care providers, and parents receive much needed assistance stabilizing children in placement and helping them transition home. Children need mental health screenings early in CPS intervention to help identify psychological concerns. Early identification is necessary to put services in place as soon as possible, before conditions could worsen. The CHDP PHN was a theme emerging throughout the CSA, emphasizing the importance of providing quality health services to foster children to aid in their long term outcomes and stable placements, as well as to assist in their return home.
		1.2 Enhancements will be made to the wraparound program as determined by the assessment results.		
		1.3 The CPS CHPD PHN will be integrated into the wraparound team as needed.		
	2.0 All children receiving CPS services except those 0-3 years of age, upon intake, will participate in a mental health screening.	2.1 Policies and procedures will be developed to assist CPS SSWs with the referral process.		
		2.2 CPS staff will receive training on the P&P.		
		2.3 All children, as a result of the mental health screenings, are recommended to receive mental health services, shall receive said services.		
	3.0 Extraordinary efforts shall be made to provide services to maintain placements.	3.1 When 7 day notices to move foster children are given, a team meeting shall be convened between the foster parent, SSW, and child, if the child is old enough to participate. If the placement is an FFA or group home, personnel shall also be present.		

System Improvement Plan Outcomes, Goals, Strategies, and Integration of PQCR and CSA Themes (Continued)

Improvement Outcomes	*Goals*	*Strategies*	*Integrated PQCR Themes*	*Integrated CSA Themes*
C2.5 Adoption Within 12 Months (Legally Free)	1.0 The county will develop and implement a Court Appointed Special Advocate Program (CASA)	1.1 Retain an effective CASA Advisory board to effectively implement the new adoptions program.	Findings of the PQCR strongly support CPS developing its own adoption services program versus contracting out for them. Recurring themes during the PQCR indicated a significant factor in the delay of adoptions is due to adoption services being external to CPS. Fos-adopt parents reported often becoming frustrated with the process, getting more assistance from CPS when they asked, but only as an additional advocate to move the adoption process along timelier. Findings indicated CPS and the fos-adopt parents needed training on the adoption packet, policies and procedures, and access to the placement list.	Priority #5 "Parents and caretakers need parenting services, ongoing support, and case management to enhance family relationship and…provide information and referrals on services available to adoptive/foster families." Priority #6 "Kings County professionals and non-professionals need training on child abuse prevention, intervention, and treatment." Recurring CSA themes strongly support the establishment of CASA and internal adoption programs to help children finalize permanent living plans as soon as possible, provide any resources they may need, and advocate for them throughout the continuum of foster care, paying special attention to concurrent planning services. All CASA professionals will need a full spectrum of training on various topics ranging from identification of child abuse to the court system and mandated reporting. They will also need training as the new adoption program is implemented on those policies and procedures.
		1.2 Implement a mandated training program for CASA volunteers, including concurrent planning and the adoption process and requirements.		
		1.3 Recruit, screen, and retain CASA volunteers to work with foster children assigned by the Juvenile Court.		
	2.0 Develop a plan for adoption services within the Human Services Agency/CPS Division.	2.1 Develop an adoption services program on behalf of foster children within its jurisdiction.		
		2.2 Analyze and assess current CPS organizational structure for incorporation of adoption services.		
		2.3 Research county-driven adoption services to assist in determining the best model to pursue for Kings County's foster children.		
	3.0 Train current CPS staff and the FPSP SSW on concurrent planning, agency policies and procedures, and requirements of the adoption finalization process.	3.1 Training shall be arranged for all CPS staff and the FPSB SSW to further aid pre-adoptive parents in completing the adoption process timely.		
		3.2 Agency concurrent planning and adoption referral policies and procedures shall be reviewed with all CPS staff.		

System Improvement Plan Outcomes, Goals, Strategies, and Integration of PQCR and CSA Themes (Continued)

Improvement Outcomes	*Goals*	*Strategies*	*Integrated PQCR Themes*	*Integrated CSA Themes*
8A Children Transitioning to Self-Sufficient Adulthood	1.0 Improve aftercare services for youth exiting the foster care system.	1.1 Coordinate with the Juvenile Court, District Attorney and Minor's Advocate Office to extend wardship for 6 months to probation youth due to exiting the foster care system through aging out or emancipation. 1.2 Improve the communication between the Probation Department and Kings County ILP Coordinator. Reach out to county of placement's ILP Coordinators. 1.3 The Probation Department will access existing mentoring programs offered through the Department of Education and will seek out community-based organizations to potentially collaborate on developing mentoring programs for foster care youth.	Findings of the PQCR indicated probation wards need ILP services after emancipation or exit from the foster to increase their outcomes. Other major themes included needed enhancement of the relationship between Probation and the ILP Coordinator; extending wardship for 6 months to provide services; and development of a comprehensive and professional mentoring program.	Self Assessment themes relating to this outcome overwhelmingly support a mentoring program and after care services for emancipating or exiting foster youth due to their negative outcomes without ILP services when they are being served by the Probation system, as well as after they exit.

3. Outcome Target Goal Selection Process

C1.1 Timely Reunification Within 12 Months (Exit)

County's Current Performance: 58.9% (July 2011 Quarterly Data Report for Study Time Frame January 1, 2009-December 31, 2009)

County's Improvement Target: Over the next three (3) years, the county will meet the federal outcome standard of 75.2% or higher.

Improvement Target Selection Process: Kings County's trend data was assessed for this outcome from data retrieved in the January 2008 through July 2011 quarterly reports. Since the April 2009 report, the county has performed between 62% and over the federal outcome of 75.2% on two (2) occasions. The July 2011 data of 58.9% is the lowest. It is realistic to make an effort to meet the national standard over the next three years with the addition of strong programs and services to support timely reunification.

Data retrieved from:
Needells, B., Webster, D., Armijo, M., Lee, S., Dawson, W., Magruder, J., Exel, M., Glasser, T., Williams, D., Zimmerman, K., Simon, V., Putnam-Hornstein, E., Frerer, K., Cuccaro-Alamin, S., Winn, A., Lou, C., & Peng, C. (2011). *Child Welfare Services Reports for California.* Retrieved from University of California at Berkeley Center for Social Services Research website. URL: http://cssr.berkeley.edu/ucb_childwelfare

C2.5 Adoption Within 12 Months (Legally Free)

County's Current Performance: 47.4% (July 2011 Quarterly Data Report for Study Time Frame January 1, 2009-December 31, 2009)

County's Improvement Target: Over the next three (3) years, the county will meet the federal outcome standard of 53.7% or higher.

Improvement Target Selection Process: Kings County's trend data was assessed for this outcome from data retrieved in the January 2008 through July 2011 quarterly reports. The county came close to meeting the federal standard the prior 4 study quarters. It is reasonable, if the strategies in place to effectively improve this outcome are successful, for the county to work toward meeting the federal standard over the course of three years, especially when the county intends to assume responsibility for adoption services.

Data retrieved from:
Needells, B., Webster, D., Armijo, M., Lee, S., Dawson, W., Magruder, J., Exel, M., Glasser, T., Williams, D., Zimmerman, K., Simon, V., Putnam-Hornstein, E., Frerer, K., Cuccaro-Alamin, S., Winn, A., Lou, C., & Peng, C. (2011). *Child Welfare Services Reports for California.* Retrieved

from University of California at Berkeley Center for Social Services Research website. URL: http://cssr.berkeley.edu/ucb_childwelfare

C4.3 Placement Stability (At Least 24 Months in Care)

County's Current Performance: 37% (July 2011 Quarterly Data Report for Study Time Frame January 1, 2009-December 31, 2009)

County's Improvement Target: Over the next three (3) years, the county will meet the federal outcome standard of 41.8% or higher.

Improvement Target Selection Process: Kings County's trend data was assessed for this outcome from data retrieved in the January 2008 through July 2011 quarterly reports. Prior to the January 2010 quarterly report, the county came very close to meeting the federal standard, and although performance dropped after that point, it increased in the April 2011 report considerably. Implementation of and enhancement of the wraparound program, providing services to youth in care over 24 months will greatly assist the county. In addition, implementation of CASA should aid placement stability, especially for these children and youth who need more intensive services and support. The county would like to make an effort to improve its performance to meet the national standard over the following three years.

Data retrieved from:
Needells, B., Webster, D., Armijo, M., Lee, S., Dawson, W., Magruder, J., Exel, M., Glasser, T., Williams, D., Zimmerman, K., Simon, V., Putnam-Hornstein, E., Frerer, K., Cuccaro-Alamin, S., Winn, A., Lou, C., & Peng, C. (2011). *Child Welfare Services Reports for California*. Retrieved from University of California at Berkeley Center for Social Services Research website. URL: http://cssr.berkeley.edu/ucb_childwelfare

3. *Literature Review Supporting Outcome Selections*

Outcome/Systemic Factor for Probation: Aftercare Services for Emancipated Foster Youth

Foster youth emancipating from the child welfare system face multiple challenges attaining a higher education, stable housing, employment, and other services needed for them to succeed. A study conducted in 2006 indicated that former foster youth need increased services related to employment training, have difficulty sustaining employment and housing, suffer from significant mental health and substance abuse issues that can affect their ability to sustain employment, and tend to have lower hourly wages, especially Hispanic youth (*Employment Experiences of homeless youth adults: Are they different for youth with a history of foster care?, Lenz-Rashid, 2006).*

The Lighthouse Independent Living Program, a multiservice agency proving social services to former foster youth in Ohio, has established that working with said youth should be guided by principles that embrace youth's need for 'time to adjust to the "real world," to make decisions on

their own, within limits, and to make mistakes' while still being supported by caring adults.' In addition, the program believes that the transition period between foster care and emancipation is much too short, considering the number of barriers that former foster youth face; as well as, that 'risk is part of change,' and that very few youth, whether they are foster youth or non-foster youth, are really prepared to live independently, soon after their 18th birthday (*Lighthouse Independent Living program: Characteristics of youth served and their outcomes at discharge, Kroner & Mares, 2008).*

Educational barriers also exist for former foster youth. In a study conducted in 2006 *(Early outcomes for youth adults transitioning from out-of-home care in the U.S.A., Courtney and Dworsky, 2006*) roughly 58 percent of former foster youth completed their high school education, compared to 87 percent of a national comparison group.

Homelessness and unstable housing is another challenge faced by emancipated foster youth. In a longitudinal multi-state study conducted between May 2002 and December 2004, it was found that 14.2% experienced homelessness and 39.4% were unstably housed (*Homelessness and Health Care Access After Emancipation, Kushel et al, 2007).*

A study conducted in conjunction with the Ohio Department of Human Services in 1999, also painted a gloomy picture for youth aging out of the foster care system: only 37% completed their high school education or GED, 39% were working, 72% were receiving some type of public assistance, 53% experienced homelessness and 15% of females had a child (*An Assessment of Independent Living Needs Among Emancipating Foster Youth, Mares, 2010*).

Outcome/Systemic Factor C1.1 Timely Reunification Within 12 Months (Exit)

"Reunifying a child with his or her birth parents is not a one-time event. Rather, it is a process involving the reintegration of the child into a family environment that may have changed significantly from the environment the child left" *(F. Wulczyn, Ph.D., Chapin Hill Center for Children at the University of Chicago, www.futureofchildren.org).*

Kings County began the planning process for its Family Preservation and Support Program (FPSP) in 2002. At the onset the program staffed two social workers and one social service assistant. FPSP staff provided intensive, in home services to children and their families. The program was targeted to specific underserved populations and subgroups. Children in out of home care, where their parents were receiving family reunification services, were one of those groups. FPSP social workers provide supportive services to parents receiving reunification services that included, but was not limited to: family assessments, linking families to community based services, collaboration with key service providers, assisting with short-term financial needs, in-home visitation, parenting instruction (both classroom and individual instruction), providing and advocating for culturally appropriate services, facilitating positive communication and interaction within the family system, and performing community outreach activities *(CFSR Kings County Self-Assessment, 2008).*

With reductions in funding the Kings County FPSP program has only one assigned social worker at this time. This staff member provides both in-home and classroom parenting instruction. She is proficient to teach from several parenting curriculum, including Active Parenting and Love and Logic. A large number of the families that receive reunification services in Kings County are not "intact families", that is, they are most often blended families, with several different biological father's, step-parents, half and step-siblings, and multiple households all working at reunification. As such, the FPSP social worker works with those families on skill building with respect to co-parenting and parenting within step-families. This assists blended families with not only working on their individual parenting skills and capacity, it helps reduce the risk of a breakdown in reunification efforts due to intra-familial strife and custody related disputes*(S. Spratley, Personal Communication, 2011).*

Parents are assessed individually to determine the nature of their parenting instruction needs and the modality that best fits with the way that the parent learns. At the request of the case carrying social worker, the family preservation social worker will observe parents and children during visitation, checking for understanding of parenting practices they have been taught, and providing instant feedback to the social worker as well as the parents with respect to the parents ability to transfer what they have learned during their parenting instruction into a real life parenting situation. The Kings County FPSP social worker works closely with the family reunification social workers, sharing information with respect to the parents' progress in meeting their case plan objectives, completion of services, new issues that arise while children are in out of home care and possible issues that may arise once the child is reintegrated back into the family system.

This individualized client centered approach is most appropriate for families in the child welfare system where multiple risk factors, abuse types and parental capacity needs can be found in any individual parent and/or family system. Clearly, the complexities of the families served by child welfare demonstrate that a one size fits all approach does not work. Individual family assessments of parental skills, needs and knowledge of what circumstances trigger maltreatment events must be used to inform a comprehensive parenting plan that may include classroom instruction, parenting observation, in-home services and feedback *(P.Barth, et. al., Parent-Training programs in Child Welfare Services: Planning for a More Evidence-Based Approach to Serving Biological Parents, Research on Social Work Practice, 2008).*

There are a multitude of family preservation models used throughout the United States. Generally, family preservation programs targeted to the Child Welfare population include: case management, counseling, education, skill building, advocacy, and concrete services. Empirical research as to the efficacy of these programs becomes challenging for a variety of reasons not the least of which that families within the Child Welfare setting generally present with multiple needs each requiring a different kind of intervention. *(K. Nelson, et. al, A Ten Year Review of Family Preservation Research: Building the Evidence Base, Casey Family Programs, 2009).*

A qualitative study of families who received services through a family preservation program in Arizona showed that the families surveyed perceived improvements in: family communication,

parenting skills, goal setting, regaining a sense of hope, and gaining control of their lives as a result of their participation in the *program (F.Kauffman, Intensive Family Preservation Services: The Perceptions of Client Families, Child and Adolescent Social Work Journal, 2007).*

Parental substance abuse in dependency cases is extremely difficult, due to the conflicting nature of treatment time and reunification timelines. Mothers with substance abuse issues are more likely to have their parental rights terminated than those who do not have substance abuse issues (*Increasing Family Reunification for Substance-Abusing Mothers and Their Children: Comparing Two Drug Court Interventions in Miami, Dakof, Cohen and Duarte, 2009).*

One program that child welfare agencies have turned to, to marry the two issues, is Drug Dependency Courts. In DDCs, the judge 'maintains close relationships with treatment providers and community agencies, thereby ensuring that the system of services continues to meet the needs of clients and positively impacts lifestyle changes for the family' (*Parenting in Dependency Drug Court, Dice et al, 2004).*

Sacramento's DDC data between 2001 and 2005 was evaluated, with results indicating that at 24 months, 42% of the DDC children reunified versus 27.2% of non-DDC children (*The Sacramento Dependency Drug Court: Development and Outcomes, Boles et al, 2007).*

Kings County implemented Multi-Disciplinary Case Conferencing in 2006. Implementation of this practice was part of the County 2006 SIP with respect to foster care reentry rate, which is inversely correlated to the length of time to reunification. The MDT process simultaneously addresses these two issues; ensuring that appropriate services are provided to families to facilitate timely reunification while ensuring that families who are reunified do not experience a recurrence of maltreatment. The Kings County MDT model combines components of several best practice models such as Family to Family and Family Unity, taking from each, those parts that best fit with the services available, client population, community environment, and cultural diversity within Kings County. Parents receiving family maintenance or reunification services, older children as age appropriate, relative caregivers, family support persons and community service providers meet with the case carrying social worker in a strength- focused meeting facilitated by a member of Agency Management after the case plan has been developed and ordered by the court. In these meetings, parents are given positive feedback on their accomplishments, barriers to reunification are identified, and solutions are brought forward to assist families in overcoming those barriers. Having the service providers at the table enables immediate problem solving strategies to occur and assists with preventing delays in service delivery as well as clarifying roles and responsibilities *(CFSR Kings County Self Assessment, 2008).*

Successful and timely reunification rests not only on client compliance. Equally important are behavioral changes in the parent and the family system. Behavioral change requires going from mere compliance to engagement. Engagement is fostered when there is collaboration between child welfare staff, parents and families, as well as community partners, provides a framework for successful reunification; that which is timely and also permanent *(Dawson, et. al., Engaging*

Families in Child Welfare Services: An Evidence Based Approach to Best Practice, Child Welfare, 2002). The Kings County MDT utilizes such collaboration early in the reunification phase as well as through the child welfare and Juvenile Court process to foster continual family engagement and optimize the family's chances for successful and timely reunification.

Parents involved in the child welfare system point to several factors that have a positive impact on their ability to engage in the change process. Among these factors are: straightforward and reassuring communication with their social worker, knowing where they are in the reunification process and the ability to keep moving forward, and understanding the role of the multiple systems and service providers with whom they are required to work *(J. Altman, Engaging Families in Child Welfare Services: Worker Versus Client Perspectives, Child Welfare, 2008).* Kings County's MDT model enhances all of these factors. By providing a forum where parents can meet with their social worker as well as the service providers, receiving honest and strength based feedback, identifying where they are in the reunification process and how they will accomplish their goal of reunification, help with keeping families engaged and on track for timely reunification.

Children whose parents use drugs are often at higher risk of abuse and neglect. According to the U.S. Health and Human Services report of 1999, nearly three-fourths of all child welfare cases involve parental substance abuse of some type. Children of addicts are often at higher risk of using substances themselves and have behaviors such as anger, and are violent and aggressive (The National Survey on Drug Use and Health, 2005). The children in Kings County certainly follow the statistics as an overwhelming number of parents suffer from drug use, mostly methamphetamines and marijuana. These children come into foster care and have often been exposed to domestic violence, neglect and abuse.

Celebrating Families! (CF!) was devised as an answer to Judge Leonard Edwards of Santa Clara County asking for services for parents and children to overcome family disarray. The project was funded by the Substance Abuse and Mental Health Services Administration (SAMHSA) and in 2003 the program began. CF! involves all members of the family including children and parents and has three objectives; 1) break the cycle of drugs and violence, 2) promoting reunification and health parenting and 3) teaching parents to decrease their substance use. A model of life skills, brain chemistry, education, risk, resiliency factors and asset development is used to both reinforce and promote healthy lifestyles (Tisch, 2004). Sessions begin with a family meal then progress to groups addressing a particular theme. CF! is used by child welfare, drug treatment court, and drug treatment programs.

In 2004, Santa Clara County studied the success of their CF! Program. A sample of 78 parents were examined and found Drug Court and CF! families have an approximate 73% reunification rate whereas child welfare families without these services have a reunification rate of only 37%. CF! participants reunified at 6 to 12 months, drug treatment court participants at 13 to 18 months whereas families not receiving those services reunified at a longer time period of 14 to 19 months. In 2006, an executive summery/overview was conducted on outcomes of the CF! program and found positive gains in parenting involvement, supervision and family cohesion.

Another benefit is that families appeared to enjoy their time together and bonded with one another. Other studies have found that groups such as Project Parent, which is strength based ecological intervention, involve parents and children to build esteem and family bonding.

Although not a lot of research exists specifically on CF! and reunification outcomes, based on the information and research obtained it appears families benefit from CF! Further, it appears families reunify faster than those using other services such as drug court or no services similar to CF! Kings County utilizes CF! with success in that families report they enjoy attending, eating together, sharing in groups and the overall experience as very positive. It is unknown what reunification rates are in Kings for those using CF!

Children whose parent's use substances have longer stays in foster care than those who do not (Vanderploeg, et al, 2007). Unfortunately for those who do reunify, their children are at higher risk for re-entry into the child welfare system (Frame, Berrick & Brodowski, 2000;Miller, Fisher, Fetrow & Jordan, 2006). This highlights the need for services that result in better reunification outcomes. Parental involvement in services appears to be crucial in successful reunification. MacLeod and Nelson's (2002) meta-program analysis found that intensive programs with high parental involvement that were strength based had better outcomes than those not participating in preservation type programs.

California has a large drug problem. According to the Northern California Training Academy, in 2005 46 percent of methamphetamine users were women with nearly one-quarter pregnant. Due to the high number of drug users in the state, the Academy recommends early intervention including assessment and referral to AOD services immediately in order to aid in successful outcomes for families. This is especially critical because so many users are parents having children who are at risk for child welfare involvement.

For example, Sacramento County has multiple services to offer their clients. These include AOD services, Drug Dependency Court, Parent Advocates and Early Intervention Specialists who engage immediately to assess for services in a collaborative manner (Sacramento County website, 2011). A review of their services from 2001-2007 found that at 12 months, 37.8% of children were reunified with their parents compared to non-court ordered parents. AT 18 months, 46.5 children were reunified compared to 24.9 for non-court and at 24 months, 46.2 children went home compared to 27.2. Clearly, use of the treatment court works.

Likewise, participation in Family Drug Treatment Court (FDTC) has a positive effect on families. The Bureau of Justice Assistance defined FDTC as a service devoted to cases of child abuse and neglect that involve substance abuse (2004). The first FDTC began in Reno, NV in 1994 and has spread across the country as a valid form of service provision in child welfare cases involving drug use. Kings County has recently implemented use of FDTC. Early results so far show a high participation level of child welfare parents with drug problems. Reunification rates tied to this service are not yet known, however use of AOD services has been long-standing. Kings has its own AOD specialist who is able to provide timely assessment and referral to services.

The research indicates early assessment and collaboration with multiple service providers who support parents and children is key to reunification and successful families. Kings County has long utilized AOD services along with the CF! program. Recently, drug treatment court began, so far with successful participation that could lead to better outcomes for its child welfare families.

Outcome/Systemic Factor C4.3 Placement Stability (At Least 24 Months in Care)

Wraparound is an individualized, team-based service planning and care coordination process intended to improve outcomes for youth with complex behavioral health challenges and their families. Many youth that come into the foster care system have existing mental health issues that can be exasperated by placement in out-of-home care. California Senate Bill 163 enabled California counties to develop the wraparound model as an alternative to group homes, using state and county TANF-FC funds, in hopes that youth's mental health issues can be addressed adequately, while allowing the youth to reside in an environment of least restrictive care, placement stability being its major goal.

A study in 2003 found that youth who were involved in wraparound services were less likely to miss school, were suspended less often, were less likely to run away, and less likely to be stopped by law enforcement. Another study conducted in 2006 found 'small to medium effects in favor of the wraparound group compared to standard child welfare practice across a range of outcomes, including increased residential stability and decreased reliance on out of community placement, as well as improved behavioral, functioning and school outcomes' *(Intervening in the Lives of Youth with Complex Behavioral Health Challenges and Their Families: The Role of the Wraparound Process, Bruns, et al, 2010).*

During a five-year grant period, Maryland created the Community Kids Wraparound Mental Health Program. In that period, data showed that youth involved with said program for at least 18 months, 'experienced statistically significant decreases in anxiety and depression, delinquency-related behaviors, aggression, and withdrawn behavior' *(Community Kids Wraparound Mental Health Program: An Effective Approach to Working with Families in Crisis, Klayman and Crawford, 2006).* The above-mentioned behaviors are often reasons why foster youth are requested to be moved from their placement homes.

According to the U.S. Department of Health and Human Services, in 2009 there were 423,773 children in foster care. Placement types include non-relative foster homes, relatives, institutions such as group homes and adoptive homes. The Child Health & Disability Prevention program (CHDP) provides organized care for foster children in the child welfare system. Public health nurses (PHN) work to insure these children are receiving the services for which they are eligible and providing support for the parent, foster parent and social worker. Information obtained from examinations and assessments is provided in the child's Health and Education Passport, which is a vital and important record of the child's health care needs and services.

The Keeping Children and Families Safe Act of 2003 was an amendment to the Child Abuse Treatment Act also known as (CAPTA). It requires all states to insure that children younger than age three (3) who are involved in an open case with child welfare, be referred to early intervention services including health and mental health screenings (*Keeping Children and Families Safe Act, 2003).* Many children who end up in foster care have severe problems with their health, dental needs and mental health issues. Their families suffer from neglect and in many cases, poverty and their parents are not able to provide adequate care. This Act helps to make sure children in foster care are assessed with little delay to address their needs.

The Center for Health Care Strategies conducted a 50- state survey to gauge how child welfare agencies comply with offering health screenings to children. A survey was mailed to all 50 states with 47 of them responding. They found that all states require an initial screening of at least one are (physical, behavioral or dental); at least half of states require screenings for all three domains; timeframes to conduct screenings vary with each state; and that requirements for more in depth assessments are less severe and do not happen as often as initial screenings (*Allen, 2010).*

In the state of Rhode Island, it is estimated that 30-80% of children entering into foster care have chronic conditions that have not been either assessed or treated (*Hurlburt & Landsverk, et al, 2003).* More often than not many of these children fall below the 5th percentile for height, weight and head circumference; they also have problems such as asthma, lack of immunizations and little or no dental care *(Lewis, et al, 2011*). Rhode Island has enacted a law that requires a system of coordinated health care for foster children that includes early screenings and collaboration.

The American Academy of Pediatrics studied health care of the young in foster care and found that more children than ever before are entering the child welfare system with complicated medical, mental health and developmental issues and that although most receive an initial screening, standards for care are different with each state, transferring medical information correctly is vital but sometimes missed and unmet needs of children can lead to placement disruption (*Pediatrics, 2002*). The recommendation is for quick and comprehensive assessment with follow through of services at an early age.

Research in the UK, Held (2005) has shown that several factors influence placement stability practice: 1) early interventions, 2) strong tracking and case planning to avoid drift, 3) increased placement choice, 3) increased multi-agency support. Although counties in California require screening within 30 days of a new placement, there are some barriers that could prevent this from occurring. Lack of information from the birth parents, little or no known documented records, undiagnosed health and behavioral problems and delays in obtaining Medicaid or Medical can all delay much needed services (*Pediatrics, 2002*). Further, it has been shown that multiple placement moves, especially in younger children, can disrupt brain activity and possibly slow down and/or impair ability to adjust (*Simms, Dubowitz & Szilagyi, 2000*). Undetected health needs can jeopardize placement stability and impair permanency for some children if their needs are serious (*Dicker & Gordon, 2004*). Although placement into foster care may not be

optimal in the eyes of society, it can provide an opportunity for children to receive assessments and services who otherwise may not have if they remained in the care of their parents.

The data suggests that undetected health problems can lead to increased placement changes because the foster parents do not understand or have the tools or services to provide for the child. Foster parents become upset and discouraged and give notice to move the child. This further causes harm to the child by moving again and becomes a cycle that may harm the child permanently (*Allen, 2010*). Social workers and foster parents are valuable in being able to identify problems in children and to make the appropriate referrals for needs and assessment. It is critical this occur at an early stage of the child's development in order to prevent further problems and maintain stability in care (First5 website, 2011). Use of PHN's is vital in providing a link to both services and understanding for foster parents and social workers and should be utilized as much as possible.

The Adoption and Safe Families Act of 1997 was followed by the Federal Administration of Children and Families (ACF) to oversee levels of permanency and safety for children. Mental health is part of children's well-being and compliance is monitored to keep standards. Many research studies over the last three decades has shown one of the biggest issues in placement instability is a child's behaviors causing a request for removal from placement *(Bradley, 2004; Lindhiem & Dozier, 2007; Pardeck, 1984; Stone & Stone, 1983)*. Further, children without behavioral problems can develop them from frequent placement changes highlighting the importance of stability.

The National Survey of Child and Adolescent Well-Being (NSCAW) estimates that nearly one half of children ages 2-14 who came into child welfare contact suffered from significant mental health issues including emotional and behavioral problems. Recent research indicates that from one-third to two-thirds of foster care placements blow up within the first 1 to 2 years due to children's behaviors (*Staff & Fein, 1995; Wulczyn, 2003).* Inability by foster parents to manage children's behavior has been cited often since so many children may be suffering from mental health problems (*Holland & Gorey, 2004*). Further, lack of training of foster parents able to identify behavioral problems and ask for an assessment is a barrier to care (*Simms et al, 1999*). Children then become at risk for frequent placement changes that can contribute to service interruption, loss of information/inaccurate data, and under reporting of mental health issues.

One study used 1635 children age 3 and over to test the hypothesis that instability of foster care placements is associated with higher costs for mental health services and that foster children's mental health care costs more than non-foster children (*Rubin, et al, 2004*). They found that costs for foster children's mental health care was higher, especially in the first year and that health costs overall were higher than non-CPS children. The study showed a link between mental health service provision and placement frequency as well as increased episodes in foster care. The authors of the study suggest that provision of health services to foster children is closely tied to placement stability.

Other studies have suggested increased training for foster parents in understanding and identifying behavioral problems (*Chamberlain et al., 2006; Grimm, 2003*). Another study by Price et al., 2008, examined the impact of using an approach called KEEP (Keeping Foster and Kinship Parents Trained and Supported) as an intervention to identify and address risks that could lead to placement disruptions. Their results showed those children involved in KEEP were twice as likely to have positive outcomes and less placement changes.

Barth et al (2007), studied placement moves of 362 children with emotional problems and those without any. They found children with identified behaviors were 2.5 times more likely to have four or more placement moves as non-problematic peers. In Iowa, 3803 children were studied but found that only one-fourth were having their mental health needs met. The numbers could actually be higher. Landsverk et al (2006) posit that the rate is higher than that at approximately one half to three quarters of children entering foster care need mental health services and that those with poorly treated problems are less likely to be reunified or find stability. More locally, one California study showed results that the more foster children in the home, the higher the risk of placement changes (*Chamberlain & Lewis, 2010*).

An overview of mental health services for foster children by UCLA found there is not much communication between child welfare agencies and local mental health providers (*Halfon, Zepeda & Inkelas, 2002)*. They recommend more coordination with both agencies having input into policy, develop and improve performance measures and to engage federal agencies to ensure states awareness of funding options. In a study by Steele & Buchi, 2008 for the pediatric department at Utah School of Medicine, they reviewed prevalence of mental health issues for children in foster care in Utah. They analyzed statewide data from 2001-2004 and found that out of 6177 children, about one-third had a diagnosable mental health condition, which far exceeds the general child population. They recommend that since many children entering foster care are at risk for health and behavioral problems, timely assessment and service delivery are key as suggested and confirmed by the Child Welfare League of America and the American Academy of Pediatrics.

Clearly the data suggests that mental health assessments for all children entering foster care is vital. Earlier identification, referral and treatment along with better training for foster parents on the issue of foster children's mental health could be seen as positive steps in obtaining placement stability. Multiple placement changes are detrimental to foster children both being cause and effect for instability. Organizations and service providers must do better in communicating and understanding each others role. Understanding clearly that most foster children already come from neglectful and abusive homes and that early and automatic screening is of the utmost importance.

<u>Outcome/Systemic Factor C2.5 Adoption Within 12 Months (Legally Free)</u>

The Adoption and Safe Families Act (ASFA) of 1997 (P.L. 105-89) was enacted to improve the safety of children, promote adoption and other permanent homes for children in need of them, and to support families (*The Adoption and Safe Families Act, 1997; Report to Congress on Interjurisdictional Adoption of Children in Foster Care, 2006*). ASFA continued and expanded

upon the Family Preservation and Support Services Program, including funding specifically for adoption promotion and support services, defined as pre- and post- adoptive services aimed toward expedition of the adoption process and to further support families. Funding was further granted within ASFA to states for adoptive incentives, Adoption Assistance Program expansions, technical assistance to promote adoptions, and health care coverage to non-IV-E adopted children with special health needs (*The Adoption and Safe Families Act, 1997*). ASFA put special emphasis on expediting adoption, providing children with the most permanent home as quickly as possible, and ensuring the safety of those adoptive placements. ASFA requires states to terminate parental rights on behalf of children for whom the permanent plan of adoption has been ordered and new permanency hearing timelines were mandated, shortening the time children remain in foster care without an adoption process beginning (*The Adoption and Safe **Families Act, 1997; Report to Congress on Interjurisdictional Adoption of Children in Foster Care,** 2006*). It requires notice to foster parents, pre-adoptive parents and relatives and an opportunity for them to be heard in the juvenile court. It requires background checks to ensure further safety for the children. It further requires states to conduct outcome measurement on its adoption performance (*The Adoption and Safe Families Act, 1997).*

The California Sate Legislature enacted Assembly Bill 1544 in 1997, implementing concurrent planning statewide. The concept of concurrent planning requires counties to make early efforts to identify, assess, and place with relatives whenever possible, to make every effort to place foster children in pre-adoptive placements immediately upon detention, implement adoption agencies or contract with CDSS to provide adoption services in tight collaboration with CPS departments, intensify recruitment efforts for adoptive placements to widen the scope of adoptive resources available on behalf of children, and enhance supportive services aimed toward permanency on behalf of foster children. AB 1544 made significant changes in the California Juvenile Laws and Rules affecting how counties assess best interests of children, placement, and permanency planning. Prior to ASFA and AB 1544, counties focused on provision of family reunification services and waited until reunification services were terminated to begin assessing and implementing a permanent plan on behalf of foster children (*All-County Information Notice No. 1-23-04*). Effective concurrent planning practices can significantly shorten the timeliness of adoption from the point of detention until finalization. Methods utilized in concurrent planning toward that goal include time-limited, intensive assessment of the biological family, targeting the reasons for placement; full, documented disclosure with birth families; early aggressive searches for birth family resources to achieve permanency; early identification and consideration of all permanency options; frequent and constructive use of parent-child visitation; early use of foster/adoptive kinship placements and involvement in the adoption process; and involvement of the foster/adoptive and kinship caregivers in teaching and skill building with birth parents (*Concurrent Planning: What the Evidence Shows, 2005; Concurrent Planning: Literature Review and Practice Recommendations, 2009).*

Despite a significant increase in finalized adoptions due to these impactful pieces of federal and state legislation, according to the Adoption and Foster Care Analysis Reporting System (AFCARS), the federal data reporting system for all children in foster care, hundreds of thousands of children continue to remain in foster care waiting to be adopted, well above the

national standard, including those with parental rights already terminated (*Report to Congress on Barriers & Success Factors in Adoption from Foster Care: Perspectives of Families and Staff Supported by the Adoption Opportunities Program, 2007).*

Timely permanency for our foster children has been an unrealized aspiration in our nation's juvenile court. However, it is evident that through a series of changes including case management techniques within an agency or agencies, timely permanency for foster children in fact can be achieved. In order to realize this goal, it would make sense to address the importance of permanency for children removed from their homes to include adoptions, understand what affects the permanency process, and evaluate other best practice models on achieving timely permanence through adoptions (*Achieving Timely Permanency in Child Protection Courts: The Importance of Frontloading the Court Process, 2007).*

In California, there are 76,000 foster children in care according to the Department of Social Services, State of California. Many of whom are unable to return to their families and who thus rely on the foster care system to provide them with a family and a sense of permanent belonging. Research has demonstrated that a lifelong connection and relationship with a supportive adult, related or unrelated, is one of the key variables associated with resilience and will have the single greatest impact on each youth's ability to navigate the transition to adulthood (*Achieving Permanency for Children: Timely Adoption Practices in Child Welfare Services, 2009; Achieving Timely Permanency in Child Protection Courts: The Importance of Frontloading the Court Process, 2007).* As reported with the California Department of Education, a committed adult is one who provides a safe, stable and secure relationship; love; unconditional commitment; and lifelong support in the context of reunification, a legal adoption, guardianship or some other form of committed lifelong connection. Many foster youth currently leave care without a single lasting relationship or connection with any adult, and many youth only have relationships with adults that are limited solely to professionals and last only as long as the youth is in foster care. Statistics show that many negative outcomes experienced by foster youth are a result of having no one to turn to for help and support once they exit the foster system. Older foster youth greatly want and need permanent connections and lifelong relationships with adults, particularly as they prepare to leave the foster care system and face the challenges of life alone (*An Examination of Theory and Promising Practice for Achieving for Teens Before they Age out of Foster Care, 2010).*

For permanency to be achieved for adolescents, public and private child welfare professionals must work in partnership together with the youth in defining lifelong connections, that are permanent, secure and healthy relationships. Child Welfare Agency's need to acknowledge that the current resources devoted to achieving permanence for older foster youth are not commensurate with the magnitude of the need (*An Examination of Theory and Promising Practice for Achieving for Teens Before they Age out of Foster Care, 2010).*

According to *the Northern California Training Academy*, the following broad categories affect timely adoptive practices: child characteristics, adoptive family characteristics, biological family characteristics, the type of abuse and/or neglect experienced by the child, placement history of the child, characteristics of case worker, and court system and community factors (*Exits to Permanency: A Review of Current Literature, 2009).*

There are no questions that when hearings are delayed, children and families suffer. Timeliness is important in child protection cases because children have a different sense of time than adults. A week or a month is only a small percent of an adult's life; however, in the lives of our children, that same time is a large part or even the majority of their life. Child development experts will argue that procedural and substantive decisions should never exceed the time the "child-to-be-placed" can endure loss and uncertainty. In child protection proceedings, the likelihood of continuances and appeals are greater than most legal proceedings. Taking into consideration that there are usually four or more parties to include the parents, child and their attorneys, it's common that one party will ask for a continuance or an appeal. Other factors that may delay court proceedings include late or missing reports by the social worker, an incarcerated parent who has not been transported, the lack of notice or late notice to the parent or legal caretaker, a stipulation or agreement among the parties, and an unavailable attorney (*Achieving Timely Permanency in Child Protection Courts: The Importance of Frontloading the Court Process, 2007).*

In a four year, nationwide research study on factors contributing to successful adoption outcomes, several barriers were identified and concurrent recommendations for improvement to minimize or erase those barriers. The results of this research was presented in *A Report to Congress on Barriers & Success Factors in Adoptions from Foster Care: Perspectives of Families and Staff Supported by the Adoption Opportunities Program, 2007.* In addition to jurisdictional and court issues, additional barriers included the Interstate Compact on the Placement of Children (ICPC); increased caseloads of workers; availability of post-adoption services after finalization; lack of respite care; lack of thorough information provided to pre-adoptive parents; pre-adoptive parents' criminal backgrounds impeding timeliness of home study approval; adoptive parents unwilling to accept certain things about the child's background or history; unavailable supportive and therapeutic services for adoptive parents; the child's age being too old; lack of education and training for foster parents on behavioral, emotional, and psychological problems of the child; and sexual behaviors of the child. Putting in place support, services, and resolutions to these barriers will significantly increase timeliness and stability of adoptive placements.

It is also well documented that former foster youth are at a distinct disadvantage in early adulthood in the areas of education, housing, employment, economics, and health. They have higher rates of high school drop-out, are at greater risk for being homeless upon exiting foster care at age 18, and greater risk for juvenile or criminal justice involvement. The Foster Care Independence Act of 1999 authorized Independent Living Programs (ILP's) for current and

former foster youth to see them through this difficult period. These ILP services may include housing assistance, employment assistance, educational resources, and financial assistance with college or vocational school and practical daily living skills (*Factors, Characteristics and Practices Related to Former Foster Youth and Independent Living Programs: A Literature Review, June 2009).*

Further research confirms the importance of pursuing an integrated approach with youth exiting foster care. In a study undertaken by the Northern California Training Academy, two broad themes were identified as important to the foster care youth aging out of foster care. First, youths need to acquire and refine skills necessary for independent and socially responsible living, and second, youths need to create and maintain interdependence between themselves and important adults in their lives (*Issues and Challenges in Aftercare Services, September 2009).*

Kings County desires improvement in its performance relating to timely adoptions, especially after the child has been legally freed. This research is justified through examination of the county's outcome performance, literature review, and commitment to improving on behalf of adoptive children and families.

CASA began in the State of Washington in 1977 and was implemented in California in 1978. A CASA worker is a court appointed volunteer who works with dependent children of the court. The CASA develops a one-on-one relationship with the child and provides recommendations to the court based upon the child's best interest. The ultimate goal of CASA is to assist the court in making decisions that are in the child's best interest, and ensure that the child is receiving appropriate services in compliance with court orders. In California legislature CASA program requirements are outlined in the California Rule of Court 5.655 (formerly 1424) The California Rule of Court 5.655 (formerly 1424) outlines the CASA program requirements *(Administrative Office of the Courts, CASA Fact Sheet, 2010).*

Although all CASA programs throughout California are required to comply with the Rules of Court, each individual CASA program has the flexibility to adapt their program to the needs and culture of the community they serve. Some of the innovative programs implemented in various regions of California include: provision of enrichment products and activities, social activities, summer camps, emergency triage services for newly detained children, and mentor programs for new volunteers *(Peer Assessment and Compliance Review Innovative Strategies Report; Berkley Policy Institutes, 2005).*

The study of the effectiveness of CASA outcomes is very challenging. Historically, CASA volunteers have been appointed in the most severe of abuse cases, and to children with the most complex problems, making comparisons difficult. A review of 20 different studies on the effectiveness of CASA conducted in California found that children who had a CASA representative received more services and had fewer placement changes than those who did not have a CASA representative. The study also found that the earlier in a case that a CASA volunteer is appointed; the less time that the child will remain in foster care. Children who are appointed a CASA volunteer are also more likely to be adopted, and are less likely to re-enter

foster care after their case is closed *(A systematic Review of the Impact of Court Appointed Special Advocates, Youngclarke, Ramos, & Granger, Merkle, 2004).* According to the California CASA Programs 2008 Report, 33% of the CASA cases that were closed by CASA during that year were closed due to successful reunification.

A CASA program evaluation was conducted in Washington State in 2010. Washington utilizes several types of "advocates" for children in foster care: CASA volunteers, CASA paid staff, and Guardian ad Litem's (GAL). Typically, the youngest and most vulnerable children are assigned a CASA volunteer, with children between the ages of 5 and 12 being assigned a CASA paid staff member, and teens being assigned a GAL. This study compared outcomes for children who had the three types of advocates listed above along with children who had no advocate at all. The study concluded that of the children who were ultimately adopted, those who had a CASA volunteer on average, were in foster care 150 days less than adopted children who did not have a CASA volunteer. The group of children who had a CASA volunteer also had a higher rate of reunification *(Washington State Court Appointed Special Advocate Program Evaluation Report, Brennan, Wilson, George, & McLaughlin, 2010).*

A 2009 study of the Child Advocate program in Texas also found that CASA volunteers were typically assigned in the most difficult cases. This was a longitudinal study on the effects of child advocacy programs on children's outcomes. Children represented by an advocate were compared to a random sample of children in the dependency system that did not have a court advocate. The two groups were matched by gender, age, and type of abuse. The study found that children who have an advocate received double the amount of counseling services than the control group. The children who had an advocate also had fewer placement changes, did better in school, and had fewer school discipline problems *(The Long Term Effects of the Houston Child Advocates, Inc., Program on Children and Family Outcomes, Waxman, Houston, Profilet, & Sanchez, Child Welfare, Child Welfare League of America, 2009).*

4. Current Programs and Activities with an Affect on Outcomes

Current practices in place or partially implemented that may affect the outcomes in this SIP are as follows:

A. CPS Multi-Disciplinary Team (MDT) meetings are held monthly for all ongoing FR and FM cases. Kings County's model is an integration of other family-centered MDT models used throughout the state, created in partnership with the Central California Training Academy. In this model, the focus is purely on provision of services to meet the family's needs. Team composition represents a wide array of services available in the community including the following: Probation; Kings Community Action Organization (KCAO); Behavioral Health Administration; Health Department; First 5 Kings County; Central Valley Regional Center (CVRC); Central California Children's Hospital; Champions Recovery Alternative Systems; Kings View Counseling Services; Employment and Training Services; and Family Preservation and Support Program.

B. The first Drug Dependency Court (DDC) program was implemented in April of 2011, continuing to grow and refine itself. The DDC Coordinator is the Kings View/CPS Alcohol and Other Drug (AOD) Liaison. The program is based on Santa Barbara's model, using already existing services, no additional funding, and incorporation of an intensive treatment team, comprised of the Juvenile Court Judge, Kings View Counseling Services, the DDC Coordinator, and CPS case managers. The DDC is a comprehensive treatment modality, utilizing treatment books, workbooks, and progress incentives.

C. The County's first Court-Appointed Special Advocate Program (CASA) is being implemented this year. The Rules of Court were modified January 1, 2011, to allow for a CASA program. A non-profit, Champions Recovery Alternative Program, Inc., is the lead for CASA implementation in collaboration with CPS, Juvenile Court, Tribe, and community volunteers. Training has been scheduled for October 2011 for the first cohort of volunteers.

D. Behavioral Health Administration's Wraparound Program is implemented, preparing for an outcome evaluation process in line with this SIP. The County's Wraparound Program's foundation is with the County Mental Health Services Act Plan versus the traditional SB 163/CPS led program. This unique program incorporates services from the Behavioral Health Administration, Family Builders, and Kings View Counseling Services to provide intensive, in-home behavior modification, therapy, and case management support for foster children served by CPS and their caretakers.

5. Identification of New Activities that may Impact Outcomes

New programs that will impact this SIP's outcomes are as follows:

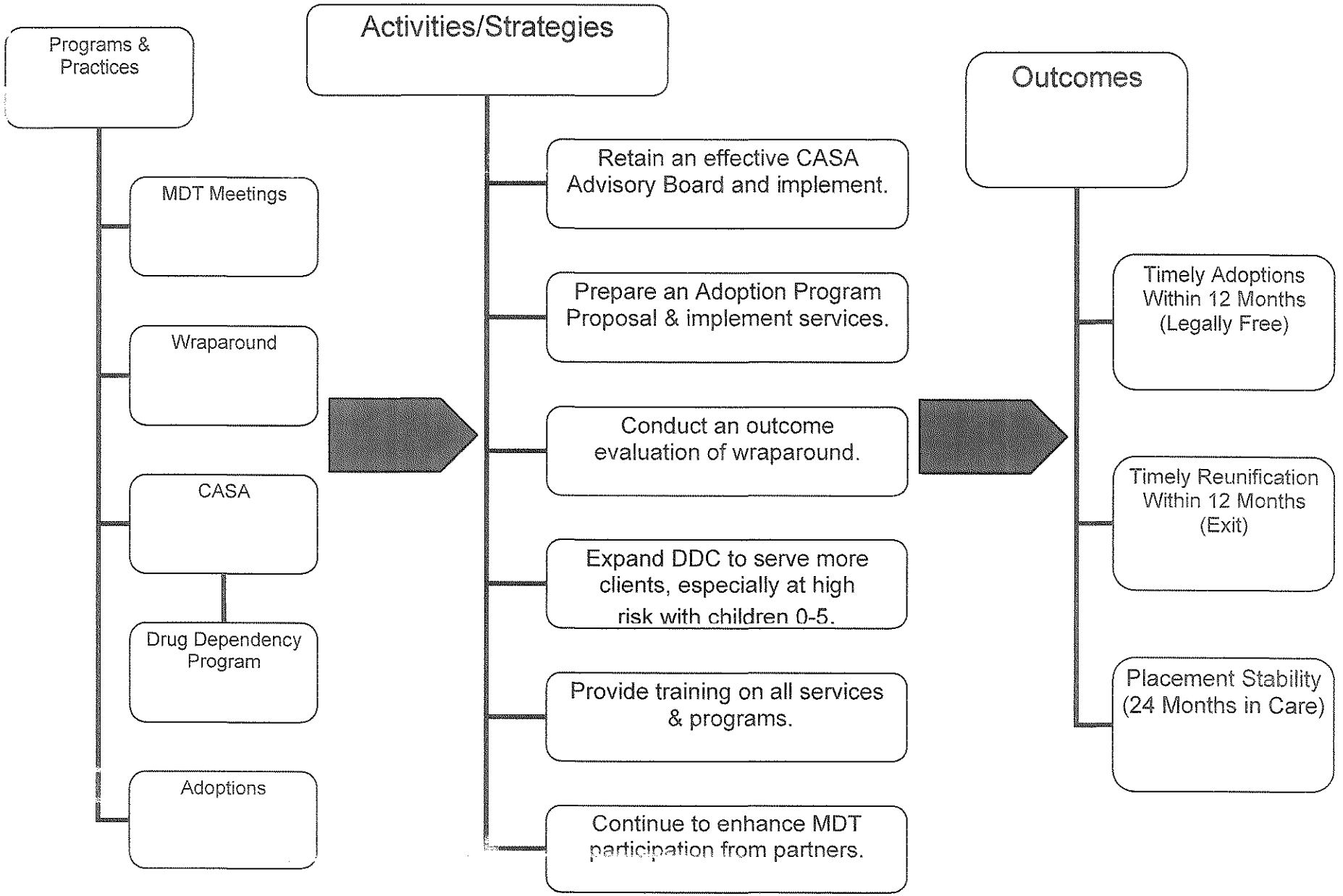
A. The Kings County Human Services Agency will be moving toward implementation of its own adoption services program in collaboration with the state. Providing internal adoption services will potentially have the largest impact upon timely adoptions and placement stability than other practices.

6. Logic Model Framework Linkage

All of the SIP's strategies and milestones are detailed in the CWS/Probation Outcome Matrixes in a later section of this document. The SIP follows a logic model framework. The primary programs as described above are being mapped using a logic model framework as an example of how the logic model map assisted in development of the SIP in Table 2 which follows.

Table 2

Linkage of Activities to Outcome Improvement Logic Model



7. *Integration of CSA, PQCR and CWS/Probation Processes with CAPIT/CBCAP/PSSF Strategic Planning for the 2011-2014 System Improvement Plan*

The 2011/2014 CAPIT/CBCAP/PSSF/CWS/Probation Strategic Planning Session, held February 17, 2011, was an integral part of the County Self Assessment (CSA) process and greatly contributed to development of this System Improvement Plan (SIP). There are no longer separate processes and planning. The community planning session in February 2011 was an example of how integration of the various components is complete.

Foundation of the strategic planning session was an overview of the California Child and Family Service Review (C-CFSR) and Peer Quality Case Review (PQCR) results. Breakout focus groups were facilitated with structured questions aimed toward attainment of quality information to better inform development of the System Improvement Plan (SIP). The groups were as follows:

1. Probation Department Enhancements;
2. Child Protective Services Enhancements;
3. Child Abuse Prevention, Intervention, and Treatment Needs in the Community;
4. Outreach and Awareness to at Risk Populations; and
5. Best Practices for Family Engagement.

All research conducted within the CSA and PQCR, as well as the results of this community planning session, have been fully integrated in this SIP.

B. Child Welfare Services and Probation Outcomes

1. *PQCR and CSA Findings Supporting System Improvement Plan Development and Support of the State Program Improvement Plan (PIP)*

The Children and Family Services Division (CFSD) of the California Department of Social Services builds a strong foundation for its PIP with its vision for California's children and families:

> "Every child will live in a safe, stable, permanent home, nurtured by healthy families and strong communities."

The Department's goals are to prevent child abuse; provide services early to prevent foster care placement; assure foster care placements are short-term and children reside in safe, permanent families; and prepare and support transitioning youth to be self-sufficient, and independent with a permanent adult connection. More emphasis than ever has been on providing early prevention and intervention services and support, preventing a need for child welfare intervention. There has also been increased focus on enhancement of family strengths with significant community-based support.

The State of California's most recent Performance Improvement Plan (PIP) for the California Department of Social Services' Child Welfare Services Program was approved by the Administration for Children and Families (ACF) in April of 2011. Based on extensive research and collaborative work, the PIP focuses on the following improvement strategies:

1 *Expanding the use of participatory case planning strategies.*

a. There is a need to increase engagement of youth, families, caregivers, tribes and service providers in the case planning and decision making processes. Examples of participatory case planning practices are as follows: Multi-Disciplinary Team Meetings (MDT); Family-Centered Case Planning; Youth Inclusion Case Planning; Family Group Conferencing; Family to Family; and Wraparound.

2. *Sustaining and enhancing permanency efforts across the life of the case.*

a. There is a need to increase efforts and practices to achieve a permanent, stable family for children and youth. Strategies may include strengthening concurrent planning, timely reunification, and family finding efforts.

3. *Enhancing and expanding caregiver recruitment, training, and support efforts.*

a. There is a need to strengthen recruitment and retention efforts to expand the existing network of foster family homes, increase supportive services to relatives and extended family members, and improve training for foster parents, relative or otherwise.

4. *Expanding options and creating flexibility for services and supports to meet the needs of children and families.*

a. There needs to be an increase in and immediate access to a seamless network of services available for our children and families involved in the child welfare system. Foster children and their families require improvements in the entire service array, including but not limited to the following: mental health services, inpatient substance abuse treatment, therapeutic foster care, educational, and post adoption and guardianship services. Further, they require additional community-based support, transportation, and linkages with other programs, and more culturally appropriate services.

5. *Sustaining and expanding staff/supervisor training.*

a. There needs to be more of an incorporation of concurrent planning and permanency related training, as well as special needs of children and youth.

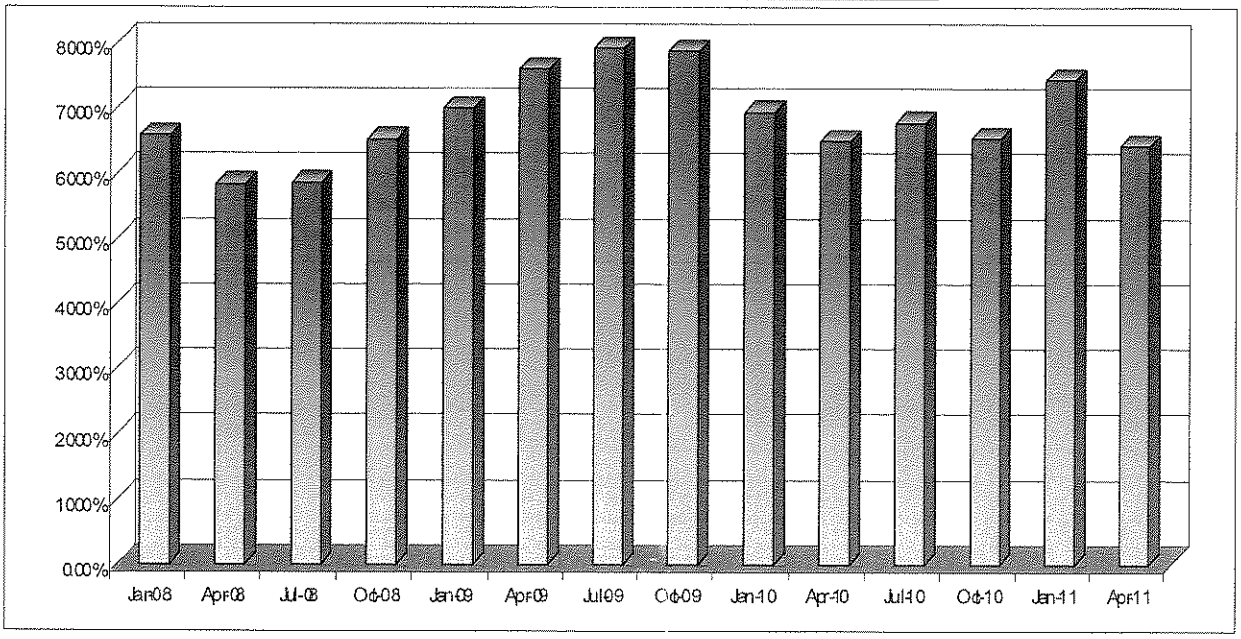
6. *Strengthening implementation of the statewide safety, risk and needs assessment system.*

   a. There needs to be more adequate safety and risk assessments on behalf of children with enhanced quality of social work visits, which include evaluation of strengths and needs present in the family. There needs to be ongoing risk assessments with strong family engagement efforts, more community involvement, and additional services.

2. *Process to Develop Outcome Goals, Strategies, Rationales, and Milestones.*

C1.1 Timely Reunification Within 12 Months (Exit)

Timely Reunification Within 12 Months (Exit)



Needells, B., Webster, D., Armijo, M., Lee, S., Dawson, W., Magruder, J., Exel, M., Glasser, T., Williams, D., Zimmerman, K., Simon, V., Putnam-Hornstein, E., Frerer, K., Cuccaro-Alamin, S., Winn, A., Lou, C., & Peng, C. (2011). *Child Welfare Services Reports for California.* Retrieved from University of California at Berkeley Center for Social Services Research website. URL: http://cssr.berkeley.edu/ucb_childwelfare

Results of the PQCR, CSA, Strategic Planning Session, Quarterly Data Reports, and County progress with prior SIPs determined the outcomes needing to be prioritized in this SIP. Along with trend performance data the County relied heavily upon input provided by emancipated youth, adoptive parents, community members, literature reviews, and partnering agencies.

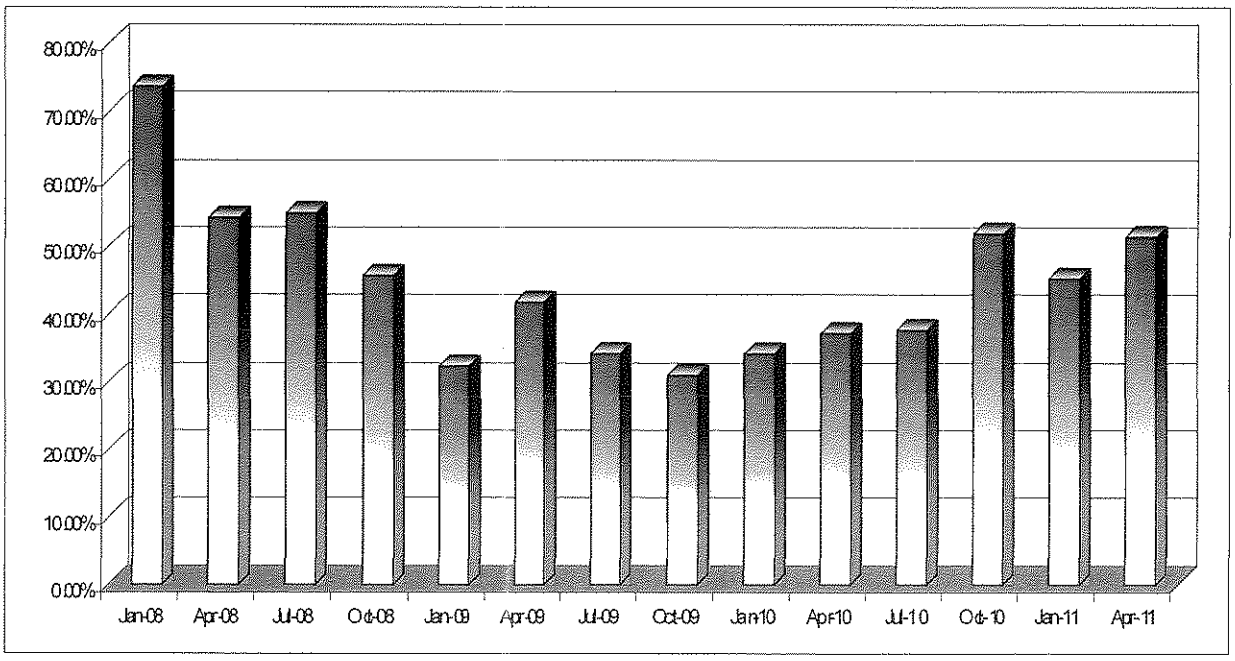
Programs have been implemented and are being planned to be implemented that will support timely reunification of families. Support of these programs was overwhelming throughout the

research and planning process for this SIP. Programs supported via the research and CAPIT/CBCAP/PSSF/CWSOIP resources aimed toward improving timely reunification formulated the SIP's goals and strategies as follows:

1. Drug Dependency Court
2. Celebrating Families!
3. Supportive and Therapeutic Options Program (STOP)
4. CPS MDT Meetings
5. Family Preservation and Support Program (FPSP)

Milestones for this outcome were formulated, in part, with the programs themselves, assuring likelihood of success achieving them. The DDC's milestones were formulated in partnership with the DDC Coordinator. The Celebrating Families! milestones were developed with the Director and Clinical Supervisor. The STOP milestones were developed with Kings View Counseling Services. Development of milestones such as these cannot be done alone, but in collaboration, as a team. Only then, is it more likely than not they will be achieved.

C2.5 Adoption Within 12 Months (Legally Free)



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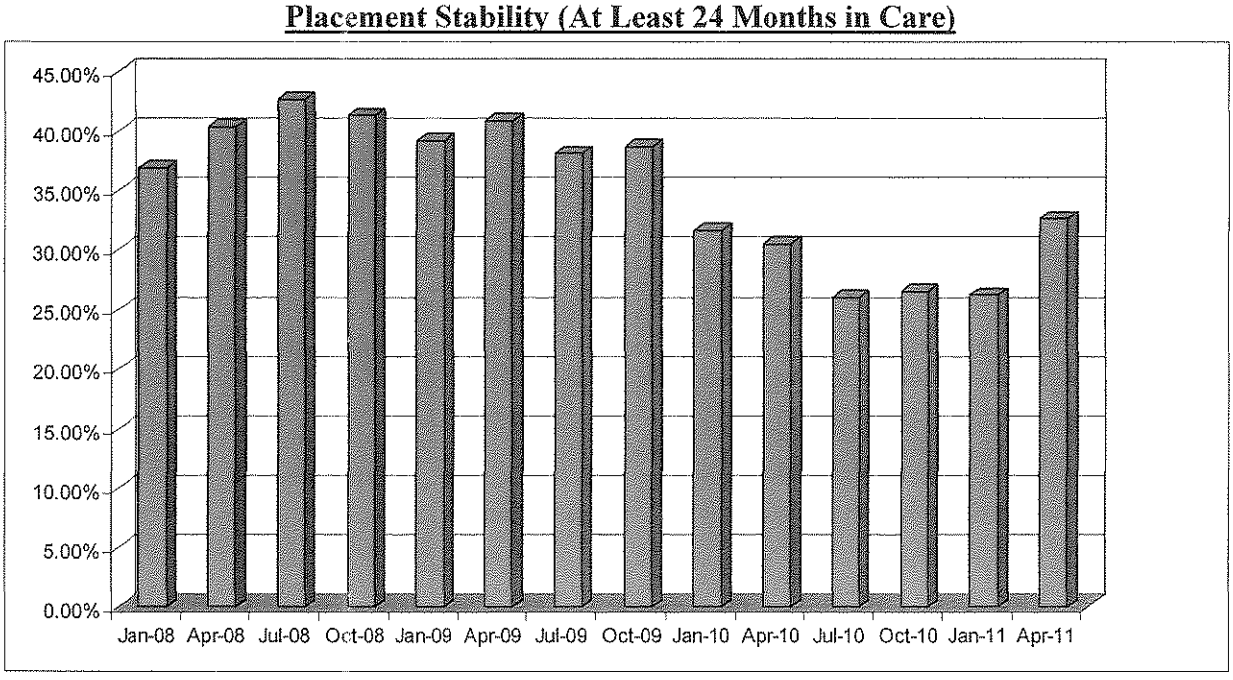
Results of the PQCR, CSA, Strategic Planning Session, Quarterly Data Reports, and County progress with prior SIPs determined the outcomes needing to be prioritized in this SIP. Along with trend performance data the County relied heavily upon input provided by emancipated youth, adoptive parents, community members, literature reviews, and partnering agencies.

Programs have been implemented and are being planned to be implemented that will support timely adoption of children within 12 months of becoming legally free. Support of these programs was overwhelming throughout the research and planning process for this SIP. Programs supported via the research and CAPIT/CBCAP/PSSF/CWSOIP resources aimed toward improving timely adoptions formulated the SIP's goals and strategies as follows:

1. Court Appointed Special Advocate Program (CASA)
2. County Adoptions Services Program

Milestones for CASA were developed in partnership with the Director and Clinical Supervisor of Champions Recovery Alternative Systems, Inc. The adoptions milestones were created by management, but will rely upon technical assistance from the state.

C4.3 Placement Stability (At Least 24 Months in Care)



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Results of the PQCR, CSA, Strategic Planning Session, Quarterly Data Reports, and County progress with prior SIPs determined the outcomes needing to be prioritized in this SIP. Along with trend performance data the County relied heavily upon input provided by emancipated youth, adoptive parents, community members, literature reviews, and partnering agencies.

Programs have been implemented and are being planned to be implemented that will support placement stability of children when they are in foster care at least 24 months or longer. Support of these programs was overwhelming throughout the research and planning process for this SIP. Programs supported via the research and CAPIT/CBCAP/PSSF/CWSOIP resources aimed toward improving placement stability for children in long term care formulated the SIP's goals and strategies as follows:

1. Wraparound Program
2. Mental Health Screening at Kings View Counseling Services
3. Placement Team Meetings

Milestones for the Wraparound Program were coordinated with the Behavioral Health Administration and for mental health screenings with Kings View Counseling Services. The placement team meetings is a continuing practice in the prior SIP.

3. ***CWS/Probation System Improvement Plan Outcome Matrix***

The CWS/Probation SIP Outcome Matrix describes, in detail, the improvement goals, strategies, strategy rationales, milestones, and timeframes. It further incorporates strategies funded by CAPIT/CBCAP/PSSF/CWSOIP resources.

Outcome/Systemic Factor: C1.1 Timely Reunification Within 12 Months (Exit)

County's Current Performance: 58.9% (July 2011 Quarterly Data Report for Study Time Frame January 1, 2009 – December 31, 2009)

The County's goal over the next three years is to meet the federal outcome of 75.2%.

Improvement Goal 1.0: Continued Implementation and Enhancement of the County Drug Dependency Court

Strategy 1. 1 The Drug Dependency Court Coordinator will continue to grow the newly implemented program.	☐ CAPIT ☐ CBCAP ☐ PSSF ☒ CWSOIP	**Strategy Rationale** **The primary barrier to timely reunification is substance abuse, causing clients' recovery and rehabilitation to be stagnant, unstable, or too slow for the reunification outcome standard. In an effort to assist clients with high risk substance abuse problems reunify timely, they require more intensive treatment. The DDC provides a treatment team, intensive treatment requirements, judicial support and monitoring, as well as numerous treatment incentives to further support this goal.**		
Milestone	**Timeframe**		**Assigned to**	
1.1.1: The DDC Team will assess effectiveness of the treatment program.		Annually – July 2012, July 2013, and July 2014		Kings View Counseling Services' AOD Liaison
1.1.2: As new treatment and resource needs are identified by the DDC Team, the AOD Liaison will discuss with management how to enhance the program.		Ongoing to July 2014		Kings View Counseling Services' AOD Liaison
1.1.3: Management will meet with the AOD Liaison to decide how to provide additional resources as needed by the DDC and with the Judge to monitor program success.		Ongoing to July 2014		Kings View Counseling Services' AOD Liaison
Strategy 1. 2: The DDC will expand to serve more clients, especially high risk substance abusers with children ages 0-5.	☐ CAPIT ☐ CBCAP ☐ PSSF ☒ CWSOIP	**Strategy Rationale** **Children ages 0-5 are at highest risk of abuse and neglect and the largest foster care population in this county. Efforts need to be aimed toward our most vulnerable children, providing more intensive substance abuse treatment services to their parents.**		

Milestone	**1.2.1: The DDC will serve at least 25 clients (current clients enrolled are 16).**	Timeframe	July 2014	Assigned to	Kings View Counseling Services' AOD Liaison
	1.2.2: Referrals to the DDC by CPS SSWs will increase due to consistent education, information, and outreach efforts to explain the benefits of the program.		Ongoing to July 2014		Kings View Counseling Services' AOD Liaison
	1.2.3: Training will be arranged for newly hired staff to explain the program, referral process, and benefits for clients.		Ongoing to July 2014		Kings View Counseling Services' AOD Liaison

Strategy 1. 3: Clients participating in the program will reunify timely.	☐ **CAPIT** ☐ **CBCAP** ☐ **PSSF** ☒ **CWSOIP**	**Strategy Rationale** **The primary goal of the DDC is to reunify families timely, but safely. Provision of these intensive services should result in earlier reunification as parents recover and stabilize.**

Milestone	**1.3.1: Program participants will be provided with additional visitation as they progress in their program.**	Timeframe	Ongoing to July 2014	Assigned to	Kings View Counseling Services' AOD Liaison & Assigned CPS SSW (Changes in Visitation & Reunification Requires Approval of the Supervisor and/or Manager)
	1.3.2: Program participants will be provided with overnight visitation after their sobriety is consistent for longer periods of time.		Ongoing to July 2014		Kings View Counseling Services' AOD Liaison & Assigned CPS SSW (Changes in Visitation & Reunification Requires Approval of the Supervisor and/or Manager)
	1.3.3: Program participants will successfully graduate the program.		Ongoing to July 2014		Kings View Counseling Services' AOD Liaison & Assigned CPS SSW (Changes in Visitation & Reunification Requires Approval of the Supervisor and/or Manager)

Improvement Goal 2.0: Celebrating Families! will provide services to families with CPS intervention aimed toward prevention of substance abuse relapse and recurrence of child abuse or neglect.					
Strategy 2. 1: Celebrating Families! will assist families in completing the program; at least 60% of families enrolling in services will successfully complete them.			☒ CAPIT ☐ CBCAP ☐ PSSF ☐ N/A	**Strategy Rationale** **The baseline completion rate for Celebrating Families! is historically 50% of enrollees or lower. Findings of the CSA reiterate a need in this county to focus intervention efforts on substance abuse addiction, a primary contributor of child abuse and neglect in this area.**	
Milestone	**2.1.1: Celebrating Families! will conduct outreach to ensure families receiving Family Reunification Services receive referrals to the program, updating CPS prior to new sessions beginning, so that each session is full.**	**Timeframe**	Ongoing through 2014	**Assigned to**	Champions Recovery Alternative Program, Inc.
	2.1.2: Celebrating Families! will inquire on its exit survey why the client is terminating the program, if prior to program completion.		Ongoing through July 2014		Champions Recovery Alternative Program, Inc.
	2.1.3: Celebrating Families! will assess results of the surveys and make program adjustments if needed to increase the program completion rate.		Ongoing through July 2014		Champions Recovery Alternative Program, Inc.
Strategy 2. 2: Celebrating Families! will assist families to reunify within 12 months.			☒ CAPIT ☐ CBCAP ☐ PSSF ☐ N/A	**Strategy Rationale** **Findings of the CSA indicate the county continues to struggle with reunifying families timely. They need additional supports and services throughout the reunification process to rehabilitate and stabilize for earlier return of their children, especially with regard to engagement at initial intervention.**	
Milestone	**2.2.1: Celebrating Families! will participate in the CPS MDT meetings to provide information and referrals to services offered by its own program or Champions Recovery Alternative Services, Inc.**	**Timeframe**	Ongoing through July 2014	**Assigned to**	Champions Recovery Alternative Program, Inc.

	2.2.2: Celebrating Families! will, through provision of its services, help parents abstain from substance abuse and stabilize so they may reunify earlier.		Ongoing through July 2014		Champions Recovery Alternative Program, Inc.
	2.2.3: Celebrating Families! will assist with child supervision during services if approved by CPS so that the parents and children can fully participate in services from the beginning of CPS intervention.		Ongoing through July 2014		Champions Recovery Alternative Program, Inc.
Strategy 2.3: Case Plan Services will be coordinated to ensure clients are receiving needed resources, but not overwhelmed.		☐ **CAPIT** ☐ **CBCAP** ☐ **PSSF** ☒ **CWSOIP**	**Strategy Rationale** **A large contributor to clients not reunifying timely can also be overwhelming, unnecessary case plans. In order to support clients in their recovery and reunify timely, case plans need to be coordinated, not overwhelm the client, and be supportive.**		
Milestone	**2.3.1: Clients will receive strength-based, client-centered case planning services.**	**Timeframe**	Ongoing to July 2014	**Assigned to**	Champions Recovery Alternative Program, Inc. & CPS
	2.3.2: Case Plans will be flexible, allowing for changes, depending on client needs.		Ongoing to July 2014		Champions Recovery Alternative Program, Inc. & CPS
	2.3.3: Parties will communicate and collaborate when preparing case plans with clients.		Ongoing to July 2014		Champions Recovery Alternative Program, Inc. & CPS

Improvement Goal 3.0: Clients receiving Family Reunification Services who do not meet medical necessity or cannot afford share of costs for substance abuse treatment will receive therapeutic and AOD services.

Strategy 3. 1: The Supportive and Therapeutic Options Program (STOP) will provide therapeutic services to clients receiving FR Services as approved by management.		☐ CAPIT ☐ CBCAP ☐ PSSF ☒ CWSOIP	**Strategy Rationale** **There have been several large AOD and mental health funding cuts in the county over the past 2 years, necessitating a way to assist clients in paying for these services if they are unable to pay, can only pay for a small portion, and/or if they do not meet medical necessity for Medi-Cal to pay. In order for families to reunify sooner, they must have comprehensive AOD and mental health services, especially dual diagnosis services, which can only be provided in this county by Kings View Counseling Services and available to STOP clients.**	
Milestone	**3.1.1: Clients needing these services will be referred and screened for the program.**	**Timeframe**	Ongoing to July 2014	**Assigned to** Kings View Counseling Services & CPS
	3.1.2: Referrals will be monitored closely to ensure funding is available for the most financially needy clients.		Ongoing to July 2014	Kings View Counseling Services & CPS
	3.1.3: Barriers identified will be discussed and resolved timely.		Ongoing to July 2014	Kings View Counseling Services & CPS
Strategy 3. 2: The Supportive and Therapeutic Options Program (STOP) will provide AOD services to clients receiving FR Services as approved by management.		☐ CAPIT ☐ CBCAP ☐ PSSF ☒ CWSOIP	**Strategy Rationale** **There have been several large AOD and mental health funding cuts in the county over the past 2 years, necessitating a way to assist clients in paying for these services if they are unable to pay, can only pay for a small portion, and/or if they do not meet medical necessity for Medi-Cal to pay. In order for families to reunify sooner, they must have comprehensive AOD and mental health services, especially dual diagnosis services, which can only be provided in this county by Kings View Counseling Services and available to STOP clients.**	

Milestone	**3.2.1: Clients requiring AOD treatment services without adequate financial resources to fully fund treatment will be given priority for STOP referrals and funding.**	Timeframe	Ongoing to July 2014	Assigned to	Kings View Counseling Services & CPS
	3.2.2: Referrals will be closely monitored to ensure funding is available for the most financially needy clients.		Ongoing to July 2014		Kings View Counseling Services & CPS
	3.2.3: Barriers identified will be discussed and resolved timely.		Ongoing to July 2014		Kings View Counseling Services & CPS

Strategy 3.3: Kings View Counseling Services shall participate in the CPS MDT meetings to provide information and referrals to services, in collaboration with the CPS SSW, to assist families with reunification.	☐ **CAPIT** ☐ **CBCAP** ☐ **PSSF** ☒ **CWSOIP**	**Strategy Rationale** **Families require comprehensive services and support to be successful with their case plans. Kings View Counseling Services is the primary mental health provider for CPS families in the county, providing various therapeutic resources on their behalf. In addition to providing CPS families in FR with information and service referrals to all of their services, they also provide information and referrals to STOP. It is a vital part of FR Services that they are present to assist with ensuring families have all needed resources to aid in timely reunification.**

Milestone	**3.3.1: A Kings View Counseling Services representative will participate actively in the MDT process monthly.**	Timeframe	Ongoing to July 2014	Assigned to	Kings View Counseling Services
	3.3.2: Services, information, and referrals shall be given to clients directly and followed up on to ensure clients accessed the services and they were helpful.		Ongoing to July 2014		Kings View Counseling Services
	3.3.3: Clients will complete feedback surveys to assist with enhancement of the MDTs, specifying whether the services provided were helpful.		Ongoing to July 2014		CPS

Improvement Goal 4.0: The Family Preservation and Support Program will provide services to clients receiving Family Reunification Services in an effort to assist their timely reunification.

Strategy 4. 1: The Family Preservation and Support Program will provide in-home and classroom setting parenting education, instruction, and guidance to assist parents with acquisition of knowledge, skills, and abilities to properly parent their children.	☐ CAPIT ☐ CBCAP ☒ PSSF ☐ N/A	**Strategy Rationale** **Many parents receiving FR Services do not require intensive parenting services such as those offered by Celebrating Families! They may need education and information that is generalized about effective parenting and discipline strategies in an effort to afford them with useful knowledge, skills, and abilities to aid in timely reunification. The FPSP offers classroom parenting services for CPS clients in an effort to achieve these goals.**	

Milestone	Timeframe	Assigned to
4.1.1: The FPSP will enhance its outreach efforts to educate CPS staff about new parenting class openings by e-mail and flyers.	Ongoing to July 2014	FPSP
4.1.2: The FPSP will provide CPS SSWs with regular progress reports on how clients are participating and learning new information.	Ongoing to July 2014	FPSP
4.1.3: The FPSP will invite CPS SSWs to graduations.	Ongoing to July 2014	FPSP

Strategy 4. 2: The Family Preservation and Support Program will participate in CPS MDT meetings to provide information, service referrals, and community resources to families.	☐ CAPIT ☐ CBCAP ☒ PSSF ☐ N/A	**Strategy Rationale** **The FPSP can explain its program and services to families in person at the MDTs and the referral process. It also possess a vast knowledge base of community services available families may benefit from and succeed in so that information and referrals to those services can assist them with rehabilitation for timely reunification.**

Milestone	Timeframe	Assigned to
4.2.1: The FPSP will attend regular, monthly MDT meetings.	Ongoing to July 2014	FPSP
4.2.2: The FPSP will participate actively and provide information, referrals, and services to families based on their unique needs.	Ongoing to July 2014	FPSP

	4.2.3: The FPSP will coordinate closely with the CPS SSW to ensure families access and utilize the services.		Ongoing to July 2014		FPSP & CPS

Strategy 4.3: The Family Preservation and Support Program will train and oversee interns from the B.S.W. and M.S.W. programs at Fresno State University to provide services to families receiving Family Reunification Services.	☐ CAPIT ☐ CBCAP ☒ PSSF ☐ N/A	**Strategy Rationale** **Due to decreasing funds every year in the PSSF program, there is one SSW remaining. The Agency rotates Social Services Assistants from CPS units to assist her; however, it is not sufficient for the case management work part of the FPSP. In order to further assist families to reunify timely, the FPSP can utilize interns for added support.**	

Milestone		Timeframe		Assigned to	
	4.3.1: Transportation services for clients will assist them with accessing and utilizing services in their case plans.		Ongoing to July 2014		FPSP
	4.3.2: Added case Management services will increase the support needed for families to reunify more timely.		Ongoing to July 2014		FPSP
	4.3.3: Client satisfaction surveys will be completed to ensure program goals are being achieved.		Ongoing to July 2014		FPSP

Describe any additional systemic factors needing to be addressed that support the improvement plan goals.

1. **Celebrating Families! and CPS will need to work more closely together to ensure case plans are coordinated, client-centered, and realistic. Management will need to monitor the working relationship and practice conflict resolution as those arise.**

2. **As the Drug Dependency Court continues to operate and assess its effectiveness over time, some structural modifications may be necessary, including treatment, curriculum, incentives, court calendar/scheduling, and internal policies and procedures.**

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

1. **The DDC Team may need ongoing training and/or TA that we have available through the county Administrative Office of the Courts representative. This individual has been very helpful thus far arranging peer site visits and providing training opportunities.**

2. **CPS staff will need to be trained, ongoing, on the DDC referral process, policies, and purpose.**

The MDT may benefit from additional training and team building.

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

1. **All partners, including Celebrating Families!, the DDC Team, Kings View Counseling Services, Family Preservation and Support Program, and CPS need to work closely and cooperatively together to achieve the goals.**

2. **All partners will provide cross referrals and cross training to one another, educating staff in each organization on the various services available and referral processes.**

3. **This is the first year, Kings County CAPCC is adding a peer support component. Each partner funded by CAPCC will be required to conduct a peer quality review of another program.**

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

None.

Outcome/Systemic Factor: C2.5 Adoption Within 12 Months (Legally Free)

County's Current Performance: 47.4% (July 2011 Quarterly Data Report for Study Time Frame January 1, 2009 – December 31, 2009)

The County's goal for the next three years is to meet the federal outcome standard of 53.7%.

Improvement Goal 1.0: Develop and Implement a Court Appointed Special Advocate Program (CASA)

Strategy 1. 1: Retain an effective CASA Advisory Board to effectively implement the new program.	☒ CAPIT ☐ CBCAP ☐ PSSF ☐ CWSOIP	**Strategy Rationale** **Findings of the PQCR and CSA indicate additional services are needed to assist families with finalization of adoptions timely.**	

Milestone	Timeframe	Assigned to
1.1.1: The CAPCC, CPS, and Probation will support the CASA Advisory Board by assigning members to participate in board meetings and subcommittees.	Ongoing through 2014	CAPCC, CPS, and Probation
1.1.2: The CASA Advisory Board will meet regularly to develop and implement program policies and procedures.	October 2012	Champions Recovery Alternative Program, Inc.
1.1.3: The CASA Advisory Board will develop an Agreement with the Court Administrative Office to implement a CASA program.	October 2012	Champions Recovery Alternative Program, Inc.

Strategy 1. 2: Implement a mandated training program for CASA volunteers, including concurrent planning and the adoption process and requirements.	☒ CAPIT ☐ CBCAP ☐ PSSF ☐ N/A	**Strategy Rationale** **Findings of the PQCR and CSA indicate training on the adoption process, regulations, and requirements for any service provider advocating for timely adoptions is needed.**

Milestone	Timeframe	Assigned to
1.2.1: A standardized training program curriculum will be developed, addressing, in part, the adoption process, regulations, and requirements.	July 2012	Champions Recovery Alternative Program, Inc. & CPS
1.2.2: CASA volunteers will provide foster children with advocacy to finalize their adoptions timely.	Ongoing through July 2014	Champions Recovery Alternative Program, Inc.

	1.2.3: CASA volunteers will be trained on concurrent planning policies and procedures and monitor progress for foster children on their caseloads.		Ongoing through July 2014		Champions Recovery Alternative Program, Inc.
Strategy 1. 3: Recruit, screen, and retain CASA volunteers to work with foster children assigned by the Juvenile Court.		☒ CAPIT ☐ CBCAP ☐ PSSF ☐ N/A	**Strategy Rationale** **Findings of the PQCR and SIP indicate foster children require an added voice to advocate for effective concurrent planning and adoption services.**		
Milestone	**1.3.1: CASA volunteers will be recruited from various sections of the community.**	**Timeframe**	Ongoing through July 2014	**Assigned to**	CAPCC, CPS, Probation, and Champions Recovery Alternative Program, Inc.
	1.3.2: CASA volunteers will be screened to ensure their criminal and CPS backgrounds do not pose a danger to the safety of children.		Ongoing through July 2014		Champions Recovery Alternative Program, Inc., & CPS
	1.3.3: CASA volunteers will be retained for a child appointed by the Juvenile Court for a time period at least during his/her Juvenile Court Jurisdiction.		Ongoing through July 2014		Champions Recovery Alternative Program, Inc.
Improvement Goal 2.0: Develop a Plan for Adoptions Services Within the Human Services Agency/Child Protective Services Division					
Strategy 2. 1: Develop an adoption services program on behalf of foster children within its jurisdiction.		☐ CAPIT ☐ CBCAP ☐ PSSF ☒ N/A	**Strategy Rationale** **Findings of the PQCR and CSA indicate a need for the county to provide adoption services on behalf of its foster children.**		
Milestone	**2.1.1: Meet CDSS to develop the program.**	**Timeframe**	Ongoing through October 2012	**Assigned to**	Human Services Agency Director
	2.1.2: Work closely with CDSS to develop an adoption service program receiving TA.		Ongoing through October 2013		Human Services Agency Deputy Director
	2.1.3: Implement adoption services.		July 2013		Human Services Agency Deputy Director

Strategy 2. 2: Analyze and assess current CPS organizational structure for incorporation of adoption services.		☐ CAPIT ☐ CBCAP ☐ PSSF ☒ N/A	**Strategy Rationale** **Development of internal adoption services requires assessment of the division's current organizational structure and analysis of potential impacts of changes.**		
Milestone	**2.2.1: Assess where adoption services will fall within the current organizational structure of the CPS Division.**	**Timeframe**	December 2011	**Assigned to**	Human Services Agency Management
	2.2.2: Decide what additional resources, if any, the organization will require to implement its own adoption services.		December 2011		Human Services Agency Director and Deputy Director
	2.2.3: Ensure the necessary resources are available to implement adoption services.		Ongoing through July 2014		Human Services Agency Director and Deputy Director
Strategy 2.3: Research county-driven adoption services to assist in determining the best model to pursue for Kings County's foster children.		☐ CAPIT ☐ CBCAP ☐ PSSF ☒ N/A	**Strategy Rationale** **Development of internal adoption services requires research on different models of practice to incorporate what will be a best fit with this county.**		
Milestone	**2.3.1: Inquire for adoption service proposals, policies, and procedures from other counties to review.**	**Timeframe**	October 2011	**Assigned to**	Human Services Deputy Director
	2.3.2: Communicate with counties providing their own adoption services to receive feedback on what works for them and what does not.		November 2011		Human Services Deputy Director
	2.3.3: Conduct site visits with peer counties to learn how their adoption services work.		December 2011		Human Services Deputy Director

Improvement Goal 3.0: Train current CPS staff and the Family Preservation and Support Social Worker on concurrent planning, Agency Policies & Procedures, and requirements of the adoption finalization process.					
Strategy 3. 1: Training shall be arranged for all CPS staff and the FPSB SSW to further aid pre-adoptive parents in completing the adoption process timely.		☐ CAPIT ☐ CBCAP ☒ PSSF ☐ N/A	**Strategy Rationale** **Until the county can be approved to conduct its own adoption services, and thereafter, all CPS staff and the FPSB SSW need training, as indicated in the PQCR and CSA on how to better assist pre-adoptive parents with completing all necessary steps to finalize adoptions within 12 months of the child becoming legally free.**		
Milestone	**3.1.1: The CDSS Adoptions Branch will be asked to provide training on the adoption process and requirements to finalize an adoption.**	**Timeframe**	January 2012	**Assigned to**	Human Services Agency Deputy Director
	3.1.2: A trainer will be identified to provide information on the concurrent planning model, as well as foundation for its use.		January 2012		Human Services Agency Deputy Director
	3.1.3: A training will be successfully completed with CPS staff and the FPSB SSW.		July 2012		Human Services Agency Supervisor assigned to Training
Strategy 3. 2: Agency Concurrent Planning and Adoption Referral Policies and Procedures shall be reviewed with all CPS staff.		☐ CAPIT ☐ CBCAP ☐ PSSF ☒ N/A	**Strategy Rationale**		
Milestone	**3.2.1: A complete Policy and Procedure Operating Manual will be printed and placed in each unit within CPS.**	**Timeframe**	October 2011	**Assigned to**	Social Services Division Office Supervisor
	3.2.2: Each CPS Supervisor will train their staff on the Adoption Referral P&P.		Ongoing through October 2014		All CPS Supervisors
	3.2.3: Supervisors shall have all staff trained sign in on a Staff Development Form.		Ongoing through October 2014		All CPS Supervisor

Describe any additional systemic factors needing to be addressed that support the improvement plan goals.

1. Adoption Policies and Procedures will be required prior to provision of county-driven adoption services.
2. Incorporation of adoption forms into county templates and in paper form, pursuant to the organization's current structure, will be required.
3. Additional staff may need to be added to the Department's Budget and approved by the County Administrative Office, as well as Board of Supervisors.
4. Fiscal processes will need to be modified to support an adoption program locally.

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

1. The County will need technical assistance from CDSS to develop an adoption program.
2. The County will need training from CDSS or additional resources to develop an adoption program.
3. The County will need fiscal information and potentially training to support an adoption program.

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

1. CDSS Adoptions, Fresno will be needed to assist in training staff on the adoption process and requirements.
2. CAPCC, CPS, and Probation are needed to assist Champions Recovery Alternative Program, Inc. with CASA development and implementation to make it successful, as well as ongoing effectiveness on behalf of our foster children.
3. The Kings County Administrative Office and Board of Supervisors are vital partners in supporting the Department with development and implementation of internal adoptions services.
4. The Juvenile Court is needed to fully support the CASA program for it to be successful.
5. The Juvenile Court is needed to fully support the Human Services Agency's efforts to provide adoption services.

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

1. None noted.

Outcome/Systemic Factor: Placement Stability (At Least 24 Months in Care)

County's Current Performance: 37% (July 2011 Quarterly Data Report for Study Time Frame January 1, 2009 – December 31, 2009)

The County's goal for the next three years is to meet the federal outcome standard of 41.8%.

Improvement Goal 1.0: The Kings County Wraparound Program will continue to expand with collaboration between the Behavioral Health Administration and CPS to include children who have been in foster care 24 months or longer.

Strategy 1. 1: The county will assess current effectiveness of the program.	☐ CAPIT ☐ CBCAP ☐ PSSF ☒ N/A	**Strategy Rationale** **The intent of wraparound services is to stabilize children in placement, preventing multiple moves in foster care, alleviating negative psychological, behavioral, educational, and social effects on the children. The county previously focused on improving the placement stability rate for children in care 8 days to 12 months. The county made progress. The county now wants to focus on children in care 24 months or longer due to the lower performance in this outcome area. Wraparound services for these children are crucial since they have experienced the most placements, on average, than any other child in care.**	

Milestone	Timeframe	Assigned to
1.1.1: All clients participating in the program since conception will be assessed to determine their placement stability throughout CPS involvement while participating in wraparound services.	Ongoing through July 2014	Behavioral Health Administration & CPS
1.1.2: The wraparound team will meet to discuss whether there are any ways to improve the referral process and/or service provision.	Ongoing through July 2014	Behavioral Health Administration & CPS
1.1.3: Management will meet to discuss the assessment results.	Ongoing through July 2014	Behavioral Health Administration & CPS

Strategy 1. 2: Enhancements will be made to the wraparound program as determined by the assessment results.	☐ CAPIT ☐ CBCAP ☐ PSSF ☒ N/A	**Strategy Rationale** **Now that the county is wanting to focus on placement stability for children in foster care 24 months or longer, some program enhancements may be needed to capture this targeted group.**

Milestone		Timeframe		Assigned to	
	1.2.1: Referrals for children in foster care 24 months or longer will be a targeted goal.		Ongoing to July 2014		Behavioral Health Administration & CPS
	1.2.2: CPS staff will be retrained on the program, referral process, and purpose.		Ongoing to July 2014		Behavioral Health Administration & CPS
	1.2.3: Management will meet to discuss whether modifications have improved the number of these referrals and outcomes for these children.		Ongoing to July 2014		Behavioral Health Administration & CPS

Strategy 1. 3: The CPS CHDP PHN will be integrated into the wraparound team as needed.	☐ **CAPIT** ☐ **CBCAP** ☐ **PSSF** ☒ **CWS/OIP**	**Strategy Rationale** **Many children in foster care 24 months or longer require the added services and support of the CHDP PHN for special medical and dental services, including specialized referrals, information, and training for the foster parents and children. Her services will add significant support for this foster child population.**

Milestone		Timeframe		Assigned to	
	1.3.1: For any child participating in wraparound services, the PHN will participate in any team meetings.		Ongoing to July 2014		Behavioral Health Administration & PHN
	1.3.2: The PHN will provide information, referrals, services, and training as needed.		Ongoing to July 2014		PHN
	1.3.3: The PHN will work closely with the treatment providers and foster parent to support their efforts on behalf of the children.		Ongoing to July 2014		PHN

Improvement Goal 2.0: All children receiving CPS services except those 0-3 years of age, upon intake, will participate in a mental health screening.		
Strategy 2. 1: Policies and Procedures will be developed to assist CPS SSWs with the referral process.	☐ **CAPIT** ☐ **CBCAP** ☐ **PSSF** ☒ **N/A**	**Strategy Rationale** **Research supports conducting initial mental health screening on foster children as an early identification mechanism of any concerns for immediate access to services. Conducting mental health screenings on all children at intake will help identify a need for services early, get children the needed resources, and assist with maintaining placements long term.**

Milestone	2.1.1: Referral process requirements will be gathered and incorporated into a P&P.	Timeframe	October 2012	Assigned to	CPS Management
	2.1.2: Form requirements such as release of information and consents to treat shall be gathered and incorporated into a P&P.		October 2012		CPS Management
	2.1.3: The P&P will be finalized.		December 2012		CPS Management

Strategy 2. 2 : CPS staff will receive training on the P&P.	☐ CAPIT ☐ CBCAP ☐ PSSF ☒ N/A	**Strategy Rationale** **In order for CPS SSWs to implement the P&P requiring all children to receive a mental health screening upon intake, they require training on the referral process and required forms.**

Milestone	2.2.1: Training will be completed, providing staff with the P&P and answering any questions they may have.	Timeframe	Ongoing to July 2014	Assigned to	CPS Management
	2.2.2: As issues arise or concerns need to be addressed, management will discuss and modify the P&P as needed.		Ongoing to July 2014		Kings View Counseling Services & CPS Management
	2.2.3: The P&P will be printed and provided to each unit in CPS for quick reference.		July 2012		CPS Management

Strategy 2.3: All children, as a result of the mental health screenings, are recommended to receive mental health services, shall receive said services.	☐ CAPIT ☐ CBCAP ☐ PSSF ☒ N/A	**Strategy Rationale** **Research indicates the sooner children in foster care receive mental health services, if needed, the better outcomes they have long term.**

Milestone	2.3.1: When recommended, children shall be admitted into mental health services immediately.	Timeframe	Ongoing to July 2014	Assigned to	CPS
	2.3.2: Children's progress shall be closely monitored.		Ongoing to July 2014		CPS
	2.3.3: Family services shall be provided when recommended.		Ongoing to July 2014		CPS

Improvement Goal 3.0: Extraordinary efforts shall be made to provide services to maintain placements.

Strategy 3. 1: When 7 day notices to move foster children are given, a team meeting shall be convened between the foster parent, SSW, and child, if the child is old enough to participate. If the placement facility is an FFA or Group Home, personnel shall also be present.	☐ CAPIT ☐ CBCAP ☐ PSSF ☒ N/A	**Strategy Rationale** **Past research indicated children are being moved too easily in many cases, because of the child's behavior, child's request, and/or choosing of the foster parent. It is vital children's placements remain stable, utilizing as many efforts and resources possible to retain children in stable homes.**

Milestone	**Timeframe**	**Assigned to**
3.1.1: Upon receiving a 7 day notice to move a foster child, a team meeting will be held within 2 days in an effort to preserve the placement.	Ongoing to July 2014	CPS will arrange the meeting.
3.1.2: Resources and services shall be explored to help preserve the placement.	Ongoing to July 2014	CPS shall explore attainment of any resources needed to preserve the placement with management approval.
3.1.3: If needed, written agreements shall be developed between the CPS SSW, foster parents, and any other party to enhance communication, behavior modification, incentives, etc. to maintain the placement.	Ongoing to July 2014	All parties

Describe any additional systemic factors needing to be addressed that support the improvement plan goals.

1. **CPS management and supervisors will be required to provide close oversight of foster care placement moves and notices to move in an added effort to ensure they are complying with the SIP.**
2. **Behavioral Health Administration and CPS will need to discuss assessment strategies, possible modifications of the structure, and implement changes.**
3. **Polices and Procedures for mental health screening need to be completed.**
4. **The PHN will need to be incorporated into the team as needed.**

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

1. **Staff will need to be trained on the mental health screening P&P and any modifications.**
2. **Staff will need to be re-educated about the SIP requirement not to move children without evidencing and documenting active efforts to preserve the placements**
3. **Staff will need to be trained on any changes to the wraparound process, if needed.**

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

1. **All partners will need to collaborate and work together very closely to improve processes.**
2. **Partners will need to be willing to examine effectiveness of their programs and be motivated to make enhancements.**
3. **Placement partners will need to be willing to assist CPS with placement maintenance and provision of resources to make that happen.**

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

None.

Outcome/Systemic Factor: 8A – Children Transitioning to Self-Sufficient Adulthood					
County's Current Performance: **Currently the Probation Department is lacking any systematic tracking system for aftercare services for exiting Probation Foster youth.**					
Improvement Goal 1.0 **Improve aftercare services for youth exiting the Foster Care system.**					
Strategy 1. 1 **Coordinate with the Juvenile Court, District Attorney and Minor's Advocates Office to extend Wardship for 6 months to Probation Youth due to exit the Foster Care system through aging out or emancipation.**		☐ CAPIT ☐ CBCAP ☐ PSSF ☒ N/A	**Strategy Rationale** **The additional 6 months of Probation Department involvement will benefit the Minor in that we can direct them to the appropriate aftercare services in the critical 6 months directly following release from Foster placement.**		
Milestone	**1.1.1 Establish an Internal policy on how Youth will be supervised in the additional 6 months of Wardship**	**Timeframe**	**October 2011**	**Assigned to**	**Probation Department**
	1.1.2 Meet with the Juvenile court Judge to obtain approval for the additional 6 months of Wardship.		**January 2012**		**Probation, Juvenile Court Judge, District Attorneys Office, Minor's Advocate Office**
	1.1.3 Meet with District Attorney and Minor's Advocate Office to create support with full implementation due shortly thereafter.		**January 2012**		**Probation Department**
Strategy 1. 2 **Improve the communication between the Probation Department and Kings County ILP Coordinator. Reach out to County of Placement's ILP Coordinators.**		☐ CAPIT ☐ CBCAP ☐ PSSF ☒ N/A	**Strategy Rationale** **Early implementation and compliance with the Transitional Independent Living Plan (TILP) improves the likelihood that the Minor will follow up with these plans after release from Foster Care.**		
Milestone	**1.2.1 Weekly visitation by the Kings County ILP Coordinator to be reinforced by making a desk and workspace available at the Probation Department's Placement/intake Unit.**	**Timeframe**	**Ongoing to July 2014**	**Assigned to**	**Probation Department/ILP Coordinators**

	1.2.2 The Kings County ILP Coordinator will work with the Probation Department's Juvenile Probation Manager to train Probation Officers to teach certain ILP classes.		Ongoing to July 2014		Probation Department/ILP Coordinators
	1.2.3 The ILP Coordinator will provide training to certain Probation Staff as to the appropriate way to enter ILP information into the CMS/CWS system to ensure accuracy for the required NYTD information.		Ongoing to July 2014		Probation Department/ILP Coordinators

Strategy 1. 3 The Probation Department will access existing Mentoring programs offered though the Department of Education and will seek out Community Based Organizations to potentially collaborate on developing mentoring programs for returning Foster Care Youth.	☐ CAPIT ☐ CBCAP ☐ PSSF ☒ N/A	Strategy Rationale A majority of youth returning from Placement lack pro-social role models who can help them navigate through the transition from Foster Placement to every day life. Kings County Probation has historically under-used locally available mentoring programs.	

Milestone		Timeframe		Assigned to	
	1.3.1 The Probation Department will meet with the Kings County Department of Education to establish a new referral method to ensure each exiting Foster youth is considered for a Mentor.		January 2012		Probation Department, Department of Education Mentoring coordinator
	1.3.2 The probation Department will work with existing Community Based Organizations to explore the feasibility of creating a Mentoring Program targeted at exiting Probation Foster Youth.		January 2012		Probation Department, Community Based Organizations
	1.3.3 The Probation Department will form a committee to explore and compete for Grants administered by the Kings County Child Abuse Prevention Council (CAPCC) for the purpose of developing and implementing a Mentoring program targeted at returning Probation Foster Youth.		February 2012 and on-going		Probation Department, CAPCC

Describe any additional systemic factors needing to be addressed that support the improvement plan goals.

1. **Policies and procedures need to be in place to extend wardship 6 months after exit from placement, as well as provide services during this time period.**
2. **The Juvenile Court Judge and MAO need to approve extension of wardship.**
3. **Space will need to be made available for the ILP Coordinator to utilize at the Probation Department.**
4. **Referral methodology will need to be created with the Office of Education to ensure exiting foster youth are considered for a mentor.**

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

1. **The ILP Coordinator will need to provide training to the Probation Department staff.**

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

1. **The Juvenile Court Judge and MAO are critical partners relating to extension of wardship for 6 months.**
2. **The Kings County Human Services Agency is a partner relating to the ILP Coordinator working at the Probation Department as needed and providing ILP training.**
3. **The Office of Education, community-based organizations, and CAPCC are needed partners to explore mentoring programs for Probation wards exiting foster care.**

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

None.

4. CWS Outcome Improvement Project (CWSOIP)

1. Kings View Counseling Services

An Alcohol and Other Drug Liaison is stationed at the CPS Office via a Contract between Human Services Agency and Kings View Counseling Services. The liaison conducts substance abuse treatment assessments, refers to various treatment programs in the County and throughout the State, as necessary, performs crisis intervention services on site, personally assists minors and adults with accessing treatment, and provides training to CWS staff on substance abuse. The Addiction Severity Index (ASI) is completed on clients with identified substance abuse problems. Along with ASI results, a personal assessment is conducted with clients, identifying treatment needs. Results of this process form a case plan service recommendation for the CPS Social Workers' Case Plans.

Additionally, the AOD Liaison is the Dependency Drug Court Coordinator, a program implemented in March of 2011. This is the first Kings County DDC, especially tailored for Kings County's CPS clientele, routed strongly in a dual diagnosis treatment model with added Judicial support, tangible incentive system, and treatment-oriented sanctions. For high risk substance abuse clients, CPS Social Workers issue referrals to the Kings County DDC. The clients are screened by the AOD Liaison and, if appropriate for the program, go through intake/orientation and begin participating in services with the DDC Coordinator, Juvenile Court Judge, and various service providers, unique to each case plan needs.

The county's primary goals supporting implementation of the DDC are providing parents a sober free lifestyle for stronger families and reunifying families within 12 months of exit into foster care, safely. This CWSOIP effort is included in the SIP as strategy 1.1.

2. Kings View Counseling Services

Kings County's Supportive and Therapeutic Options Program (STOP) provides therapeutic and AOD treatment services to children and adults served by CPS that fail to meet the Department of Mental Health's definition of medical necessity for service provision and/or there is no way for the individual to fund treatment if he/she does not qualify for a payment plan. The Kings County STOP is specifically designed to provide individual and group therapeutic services for those children and parents who fall in the "gap." This means that they don't meet medical necessity to be served by the mental health system, but had their children removed for issues that need to be addressed in counseling, don't have insurance coverage, and need the various services that Kings View offers such as dual diagnosis, AOD, non-offending sexual offender, sexual abuse, and general treatment. Over the past couple of years, there continues to be funding cuts to mental health and AOD services, requiring maximization of the STOP fund to provide these critical services. CWSOIP funding, therefore, is desperately needed to continue

this program, providing treatment necessary for families to address these complex issues STOP services CPS and Probation clients.

STOP services assist in the timely reunification rate, providing a majority of families receiving Family Reunification Services therapeutic and/or AOD services in an effort to aid in safe, timely reunification and rehabilitation services. This CWSOIP effort is included in the SIP as strategy 1.4.

3. A California Health and Disability Program (CHDP) Public Health Nurse (PHN) is onsite at the CPS office, as well as assists the Probation Department with providing comprehensive CHDP and other medically necessary services for foster children. The Health Department lacks funding to cover a CHDP PHN position at a rate of 1.0 FTE; therefore, services are maximized on a full-time basis utilizing CWSOIP funds. The PHN works very closely with the CPS Social Workers, all care providers for children in out of home placement, service providers, and the children to ensure their medical services are provided as required by the CHDP; any and all needed medical, developmental, and dental referrals are sent timely; and follow up medical services are within access on behalf of the children. The PHN enters all of the medical and dental information, significantly contributing to more thorough Health and Education Passports (HEPs) for care providers.

   PHN services are vital to improve the health and welfare of children in foster care placement, contributing to maintenance of placement on behalf of these children, especially for those requiring specialized services to meet their needs.

CAPIT/CBCAP/PSSF Contact and Signature Sheet	
Period of Plan:	October 6, 2011 – October 6, 2014
Date Submitted:	
Submitted by:	Board of Supervisor Designated Public Agency to Administer CAPIT/CBCAP/PSSF programs
Name & title:	Peggy Montgomery, Director
Signature:	
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Phone & E-mail:	(559) 582-3211 x2200; peggy.montgomery@co.kings.ca.us
Submitted by:	Child Abuse Prevention Council (CAPC) Representative
Name & title:	Rhonda Braithwaite, Chairperson
Signature:	
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Submitted by:	Parent Consumer/Former Consumer (Required if the parent is not a member of the CAPC)
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CAPIT/CBCAP/PSSF Contact and Signature Sheet (continued)

Submitted by:	PSSF Collaborative Representative, if appropriate
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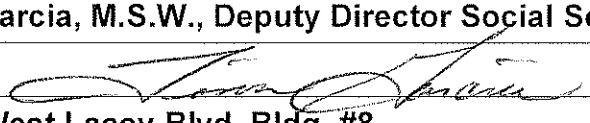
Signature:	
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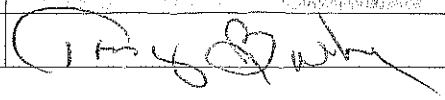
Board of Supervisors (BOS) Approval	
BOS Approval Date:	SEP 13 2011
Name:	[illegible] Chairman
Signature:	

C. CAPIT/CBCAP/PSSF 2011-2014 Funded Programs

1. CAPCC Structure and Role

On November 29, 1994, in response to funding received by the federal government pursuant to the Omnibus Budget Reconciliation Act, the Kings County Family Preservation and Support Board (FPSB) was created by the Board of Supervisors to manage Promoting Safe and Stable Families (PSSF) funding. On June 24, 1997, the Board combined the Family Preservation and Support Board with the Child Abuse Committee, upon recommendation of the two entities. At that time, the Child Abuse Committee, originally established in Kings County on November 15, 1977, was the weaker of the two committees, experiencing consistent quorum difficulties and experiencing loss of focus and structure. The Child Abuse Committee, therefore, collapsed within the umbrella of the Family Preservation and Support Board (FPSB).

The Family Preservation and Support Board (FPSB) experienced ongoing challenges having a quorum to carry out business and members were confused by the various funding streams, large quantity of grants, and planning processes for each funding stream. Upon recommendation by the FPSB, the Kings County Board approved Resolution 01-106 on October 2, 2001, separating the Kings County Child Abuse Committee and Kings County Family Preservation and Support Board, implementing Bylaws for each and naming the prior, "Kings County Child Abuse Prevention Coordinating Council" in accordance with applicable legislation.

On January 8, 2002, the Board approved Promoting Safe and Stable Families (PSSF) funding to be used toward the hire of social workers to carry out the vision of providing intensive, in-home services to alleviate abuse and neglect, while supporting families in the community. The program has been ongoing and successful for nine years, but has significantly dwindled due to allocation decreases annually for this program, resulting in one (1) remaining social worker in the program. The Family Preservation and Support Board's (FPSB) sole role is to provide oversight to this one program, hardly a task significant enough for an entire board, resulting in meetings twice per year at best.

In the past six (6) years, the Child Abuse Coordinating Council (CAPCC) has been the more organized, structured entity, partnering with the California Department of Social Services/Outcomes and Accountability Branch and Office of Child Abuse Prevention to streamline all child welfare services and outcomes, coordinating planning and implementation processes with Child Protective Services and the Probation Department within the California-Child and Family Services Review (C-CFSR). Counties have now been required to combine all Child Abuse Prevention, Intervention, and Treatment (CAPIT), Community-Based Grants for the Prevention of Child Abuse and Neglect (CBCAP), County Children's Trust Fund (CCTF), Promoting Safe and Stable Families (PSSF), and child welfare outcomes activities as coordinated by Child Protective Services and the Probation Department. The federal and state governments believe a more integrated approach will be more effective.

Due to decreased PSSF funding over time, reservation of the current funding by the Board of Supervisors for the in-home social worker, and new requirements to combine all of the above efforts, at this time, there is no purpose for a separate Family Preservation and Support Board (FPSB). On May 19, 2011, at a special joint meeting of the CAPCC and FPSB, it was voted to disband the FPSB, moving PSSF oversight to the CAPCC. The Human Services Agency continues to be designated as the administrative agent for all funding streams and oversight of applicable programming requirements.

On July 19, 2011, The Board of Supervisors approved a Resolution giving the CAPCC oversight and responsibility for PSSF funding, as well as program functions for that specific funding stream.

The Kings County Child Abuse Prevention Coordinating Council is an independent organization functioning within county government pursuant to Welfare and Institutions Code Section § 18983.5.

The CAPCC may carry out CCTF activities under Welfare and Institutions Code, Chapter 11, as well as PSSF planning activities under Title IV-B, subparts 1 and 2 of the Social Security Act.

The CAPCC may carries out activities pursuant to Welfare and Institutions Code Section 18960 with the following funding priorities and requirements:

1. Priority shall be given to prevention programs through non-profit agencies, including, where appropriate, programs that identify and provide services to isolated families, particularly those families with children five years of age or younger who have been victims of child abuse and neglect.

2. Programs funded shall provide services that supplement, rather than supplant, current services in the area.

3. Recipients of funds must demonstrate the existence of and/or expansion of an effective network of community-based family resource and support programs. These networks must be composed of local, collaborative, public-private partnerships directed by interdisciplinary structures with balanced representation of private and public sector members, consumers, non-profits, individuals and organizations with experience serving families with special needs children.

4. Recipients of funds are required to explore methods for leveraging additional resources and blending appropriate funds to maximize grant funds.

5. Programs funded shall participate in a peer review process to ensure quality assurance in services and service delivery.

6. Programs funded shall encourage meaningful parent involvement in prevention/family support planning and decision-making.

7. Programs funded shall assess client satisfaction with services through the use of consumer satisfaction surveys.

8. Programs funded shall have electronic communication capabilities.

The primary purpose of the Kings County Child Abuse Prevention Coordinating Council is to coordinate the community's efforts to prevent and respond to child abuse (Welfare and Institutions Code Section § 18982).

The CAPCC's primary purposes are as follows:

1. Provide a forum for interagency cooperation and coordination in the prevention, detection, treatment, and legal processing of child abuse cases;

2. Encourage and facilitate training of professionals in the detection, treatment, and prevention of child abuse and neglect;

3. Recommend improvements in services to families and victims;

4. Encourage and facilitate community support for child abuse and neglect prevention programs;

5. Encourage and recommend promotion of safe and stable family services to help families at risk or in crisis to remain intact.

6. Encourage and facilitate services and programs designed to help children return to families from which they were removed or be placed for adoption or legal guardianship.

7. Encourage and facilitate services to help strengthen and build healthy marriages, improve parenting skills and promote timely family reunification.

The CAPCC is comprised of thirteen members. The Board of Supervisors appoints members to the Council. In keeping with the provisions of Welfare & Institutions Code Section 18982.1, the Board of Supervisors shall endeavor to the extent possible to select representatives from the following:

a. Kings County Child Protective Services;
b. Kings County Probation Department;
c. Licensing agencies;
d. Law enforcement;
e. Kings County District Attorney's Office;

f. The courts;
g. The coroner;
h. Medical and mental health services;
i. Community-based social services;
j. Public and private schools;
k. Parents;
l. Civic organizations; and
m. The religious community.

The Board of Supervisors created a Resolution in 2002, designating the Kings County Human Services Agency has the local administrative agent for the County Children's Trust Fund on behalf of the CAPCC. Pursuant to Welfare and Institutions Code Section 18970(c), is collected and published by the Kings County Human Services Agency, acting as administrative agent for the CAPCC, at monthly, public meetings, three year self assessments, three year System Improvement Plans, and annual reports.

2. Project Selection Process for Fiscal Years 2011-2014

The CAPCC follows the Request for Proposal (RFP) process as outlined in Chapter 23 Sections 610 through 650 of the California Department of Social Services Manual of Policies and Procedures for award of service contracts at least the first year of each grant cycle. Subsequent awards during the same grant cycle may be provided through extension of contracts to the original award recipients if the services are shown to be in compliance with legislative intent. A summary of the procedures to be followed are contained within the CAPCC's Operating Policies and Procedures and individuals are encouraged to refer to the CDSS Manual for more detailed information.

Results of the public forum strategic planning session held on February 17, 2011, set the funding priorities for this 2011/2014 System Improvement Plan, which were published in the Fiscal Year 2011/2014 RFP. This information was comprehensively covered at a mandatory Bidders Conference, as well as all other RFP bidding requirements and processes.

The Fiscal Year 2011/2012 RFP was published on March 18, 2011, in three (3) county newspapers for 30 days, and mass mailed to various organizations, departments, non-profits, churches, Family Resource Centers, schools, the Tribe, Family Fleet and Service Center, law enforcement agencies, philanthropic entities, and institutions of higher learning for example. A Bidders Conference was held on April 8, 2011, mandatory for anyone considering submission of a proposal. A Grant Review Committee was formed by the CAPCC Chair and grants were read, reviewed, and rated between April 18, 2011 and May 25, 2011.

At its regular, monthly meeting on June 16, 2011, the CAPCC Grant Review Committee made recommendations for grant awards to be approved and forwarded to the Board of Supervisors by the Kings County Human Services Agency.

The following recommendations for contracts were approved by the CAPCC:

1. Kings United Way (2-1-1 Information & Referral Hotline): $18,000
2. Champions Recovery Alternative Systems, Inc. (CASA): $25,000
3. Champions Recovery Alternative Systems, Inc. (Celebrating Families): $25,000
4. Kings Community Action Organization (Taking Time for Peace of Mind: Strengthening the Bond Between Teen Parents and Their Child): $40,000
5. Kings Partnership for Prevention (Methamphetamine Awareness Conference): $11,000

Kings County receives the following funding resources, which are designated for CAPCC recommended community services, as approved by the Board of Supervisors: Child Abuse Prevention, Intervention, and Treatment Program (CAPIT), Community-Based Child Abuse Prevention Program (CBCAP), County Children's Trust Fund (CCTF), and Promoting Safe and Stable Families (PSSF). The following amounts are Kings County's actual FY 2010/2011 allocations, which are being used as estimates for FY 2011/2012.

Funding Resource	Total Amount
CAPIT	$75,000
CBCAP	$25,612
CCTF	$110,000
PSSF	$138,742
Total	**$349,354**

3. Request for Proposal Assurances

The CAPCC's RFP process provides the following assurances:

1. A competitive process is used to select and fund programs.
2. Priority is given to private, nonprofit agencies with programs that serve the needs of children at risk of abuse or neglect and that have demonstrated effectiveness in prevention or intervention.
3. Agencies eligible for funding provided evidence that demonstrates broad-based community support and that proposed services are not duplicated in the community, are based on needs of children at risk, and are supported by a local public agency.
4. Projects funded are culturally and linguistically appropriate to the populations served.
5. Training and technical assistance are provided by private, nonprofit agencies to those agencies funded to provide services.
6. Services to minority populations are reflected in the funding of projects.

7. Projects funded are related to the needs of children, especially those 14 years of age and under.
8. The county complies with federal requirements to ensure that anyone who has or will be awarded funds has not been suspended or debarred from participation in an affected program.
9. Nonprofit subcontract agencies have the capacity to transmit data electronically.
10. Priority for services receiving CAPIT funding are given to children who are at high risk, including children who are being served by the county welfare departments for being abused and neglected and other children who are referred for services by legal, medical, or social services agencies.
11. The agencies funded can demonstrate the existence of a 10% cash or in-kind match, other than funding provided by CDSS.

4. Parent Leadership and Involvement

The CAPCC has experienced consistent barriers recruiting and retaining parent members on the CAPCC, as well as developing a regular parent leadership support program. The CAPCC has one parent member on the council who has been consistent in meeting attendance, dedication to participating in activities, and passionate about the CAPCC's mission. Her unique perspective of the child welfare services system, personal relationships with system service recipients, and employment at Hannah's House, a shelter for women and children 0-5, has been invaluable. She also recently attained an alcohol and other drug certification, furthering her experience with parents involved with child welfare services. She has been a key voice in the CAPCC's strategic planning sessions and discussion surrounding service gaps in the community. She is a full, voting member, assigning with program planning, funding decisions, and completion of progress reports. She has been involved in the CAPCC's attempts to establish a parent leadership group in the county, taking the lead on attempts to establish a parent-led support group, recruiting additional parent mentors.

The CAPCC financed her lodging, travel, and meals to participate in the Parent Leadership Project in Sacramento, CA in November of 2008, which is sponsored by CDSS/OCAP/CWDA. Upon completion, she began assisting the Prevention Specialists with recruitment of parent leaders, using Hannah's House as a base (with the permission of Champions Recovery Alternative Systems); however, it is extraordinarily difficult to hold regular support groups with this client population after numerous, creative attempts to do so, including providing babysitting for parent attendees and food for the meetings.

The CAPCC has been devoted to continuing this parent leadership program, although, after four (4) years of attempts, it has been difficult. The CAPCC continues to be dedicated to this venture, hoping the parent member will be successful eventually, even with an initial small group of parents. It was then suggested a Parent Leadership Academy will enable parents to become leaders in their community and advocates for all children.

Between January 1, 2010 and June 30, 2010, the CAPCC made a different approach to assisting the parent member establish a parent-led group. It contracted with Heather Bixler to develop a Parent Leadership Academy in the community via delivery of 12 sessions aimed toward development of a leadership curriculum to be used by the CAPCC for ongoing parent mentoring and leadership. It consisted of an initial convening of interested parents, including the CAPCC member, striving to help them define a curriculum, develop a coalition of parent leaders, and participate in its outcome evaluation. This curriculum was not as successful as hoped.

Currently, the parent member and Prevention Specialists continue making efforts to establish small groups of parents, one at Hannah's House, and one in Corcoran. The CAPCC will continue to make every effort to support them in striving toward this goal.

5. *Role of the Designated Public Agency and CAPIT/CBCAP/PSSF Liaison*

The Kings County Human Services Agency is the designated public agency to administer the CAPIT/CBCAP/CCTF/PSSF funding resources and programs. It is responsible for the following duties:

1. Providing oversight of the county CAPIT/CBCAP/PSSF Liaison to ensure all required program duties and responsibilities are fulfilled;
2. Providing fiscal oversight and management to ensure services and programs funded are accountable to their Scopes of Work; and
3. Ensuring funds are expended as required by legislation and regulations governing their use.

The County CAPIT/CBCAP/PSSF Liaison is designated by the Kings County Human Services Agency and is responsible for the following duties:

1. Providing administrative support and guidance to the CAPCC to ensure all applicable open meeting laws and operational regulations are followed;
2. Preparing meeting agendas in collaboration with the CAPCC Chair and Administrative Subcommittee;
3. Collecting, analyzing and reporting data on services, activities, and programs funded by CAPCC fiscal resources;
4. Preparing any county self-assessments, three year System Improvement Plans, annual report updates, and financial reports required for CAPCC functions;
5. Negotiating Contracts, Scopes of Works, and Budgets;
6. Preparing and presenting Contracts to the Board of Supervisors;
7. Monitoring program performance;
8. Communicating with state representatives;
9. Preparing and publishing RFPs;
10. Prepare and process payments for services; and
11. Other duties as needed or required to support the CAPCC.

6. Fiscal Narrative

The Kings County Human Services Agency's Fiscal Unit prepares an annual budget for CAPCC approval, which is closely monitored. The following mechanisms are in place to ensure tracking, storing, and disseminating separate CAPIT/CBCAP/CCTF/PSSF fiscal data is done:

1. Allocations for each funding resource are tracked and monitored separately and in correlation with requirements for expenditures;
2. Each line item in the annual budget are assigned a value from each funding resource, matching planned expenditures with funding resources qualifying for those line item expenditures;
3. The CAPIT/CBCAP/CCTF/PSSF Liaison checks all invoices coming in for payment to ensure payments for services match the funding resource guidelines;
4. Payment invoices are processed by the fiscal unit and re-checked to ensure funding is within the planned budget and corresponds to the funding resource being accessed;
5. The fiscal unit keeps detailed spreadsheets, logging expenditures under the appropriate funding resource throughout the year, ensuring funding is maximized;
6. Monthly reports are provided on the budget status to the CAPCC; and
7. Assurance that PSSF funding follows state guidelines of a minimum of 20% for each service category (Family Preservation, Family Support, Time-Limited Family Reunification, and Adoption Promotion and Support) or a strong rationale if spending is below the required 20%.

The CAPCC, in collaboration with the Liaison, assures that funding is maximized through leveraging of funds for establishing, operating, or expanding community-based and prevention-focused programs and activities designed to strengthen and support families to prevent child abuse and neglect. This expectation is clarified in all RFPs released, scrutinized during the grant review process, and closely monitored for any expenditures throughout the year. Priority is given to grant proposals that have matching funding sources, strong plans in place for sustainability, and close partnerships with others to strengthen the community network of services. Priority is also given to proposals which leverage funding from other sources. An example is the Celebrating Families! Program operated by Champions Recovery Alternative Services. It uses CAPIT funds and a matching grant from the Behavioral Health Administration to provide additional services to the community.

The CAPCC is especially critical of program proposals that aim to provide services already in existence. CAPCC membership is diverse to ensure comprehensive knowledge of available community services exists, furthering its ability to identify service proposals aiming to provide programs or activities that supplant versus supplement existing state and local public funds and services.

7. CBCAP Outcome Evaluation

Programs supported with Community-Based Child Abuse Prevention Program (CBCAP) funding may provide various services, but are primarily aimed toward supporting and assisting parents to alleviate a risk of child abuse or neglect or to help families wherein the child welfare system has intervened due to child abuse or neglect occurring. Programs funded via CBCAP will focus on comprehensive support for parents; promoting meaningful parent leadership; promote development of parenting skills; improve family access to resources; support the needs of parents with disabilities; and provide referrals for early health and developmental services.

The target population of CBCAP programs include parents, especially young parents and parents with young children; children and adults with disabilities; racial and ethnic minorities; members of underserved or underrepresented groups, and homes families or those at risk of homelessness.

CBCAP funding may be spread throughout the following programs funded by the CAPCC, which meet CBCAP programming goals:

1. Celebrating Families!

This program focuses on providing comprehensive parenting services to families at risk of entering the CPS or Probation systems and/or families currently being served by the CPS system. Celebrating Families! is a research-based, family-centered, intensive parenting treatment program aimed toward alleviating risk factors causing substance abuse, child abuse, and neglect. The program aims to serve 15 families per three (3), sixteen (16) week sessions, annually. Its target population includes CPS clients, families that are homeless or at risk of homelessness, young parents, and underserved populations. The program provides parent support, leadership, substance abuse treatment, parenting knowledge and skills, and access to community-based services and programs.

Engagement Outcome

Celebrating Families! aims to actively engage families in the curriculum, making them full partners in the healing process. The program seeks to empower parents and children to communicate, re-establishing their bonds, developing new structures of self-worth and health expressions. The program's curriculum is interactive in nature, including family dinners, role modeling health relationships, separate children's activities, and processing groups. The program emphasizes a working partnership based on trust and a mutual commitment to benefiting the family.

Engagement Outcome #1: The percentage of families engaged in the program until its completion (15 families per 16 week session). At least 60% of program participants will successfully complete the program. Celebrating Families! has an exit survey when clients terminate the program; it will inquire as to why clients decide to terminate services to further identify any possible ways to increase the number of participants that successfully complete the program.

Short Term Outcome

The short term outcome for Celebrating Families! is acquisition of new knowledge, skills, and abilities. Celebrating Families! is structured to measure whether adults and children participating in the program are learning new information, gaining insight into their behavior, and attaining useful information from the group facilitators. The program utilizes pre and post tests to measure knowledge baseline and new skills learned at program conclusion. The program also utilizes an adult satisfaction questionnaire, group skills questionnaire, and youth cognitive scale. Results from these surveys will be analyzed by the Liaison to measure program outcomes.

Short Term Outcome #1: All participants (100%) completing the program will report at least one (1) new way to express their anger safely.

Short Term Outcome #2: All participants (100%) completing the program will report two (2) ways they learned to communicate.

Short Term Outcome #3: 100% of children completing the program will report understanding the following:

a. It is not their fault the parent uses drugs or alcohol.
b. Using "I" messages is an important form of communication.
c. Drinking during pregnancy does affect the baby.'
d. Children need to get help for themselves, whether or not their parent stops drinking or using drugs.

Intermediate Outcome

Celebrating Families! has three primary goals:

a. To break the cycles of chemical dependency and abuse within families.
b. To decrease the use of alcohol and drugs and reduce relapse for family members with substance abuse problems; and
c. To improve the rate of, and recue the amount of time for, family reunification.

The Liaison will utilize CWS/CMS to check whether families participating in Celebrating Families! reunify within 12 months of removal and whether children are removed after return due to substance abuse. Outcome evaluation will be conducted at the conclusion of each year; progress will be reported to the state.

Intermediate Outcome #1: At least 90% of participants completing the program will not have a CPS referral or intervention within 6 months of program completion.

Intermediate Outcome #2: At least 90% of participants completing the program will not experience a substance abuse relapse within 6 months of program completion.

Long Term Outcome

Celebrating Families! is incorporated into the SIP in an effort to improve the county's performance relative to timely reunification. It is anticipated families completing Celebrating Families! will reunify within 12 months of entry into the foster care system. Monitoring the county's performance on its "Reunification Within 12 Months (Exit) outcome," with Safe Measures comparisons to determine whether Celebrating Families! participants contributed to this rate, will assist in determining whether this rate improves over time.

Long Term Outcome #1: Families completing the program will be reunified with their children within 12 months of removal.

Long Term Outcome #2: Participants who complete the program will remain substance free within 12 months of program completion.

2. 211 Kings County

Kings United Way was designated as the lead agency to develop and implement 211 services countywide. 211 is the national abbreviated dialing code designated by the Federal Communications Commission to be used for non-emergency community information and referral assistance. In addition to providing 24-hour information and referral services, a website is available to locate community resources. Call specialists are available 24 hours a day to assist callers with information and referrals to much needed assistance, including some of the following services: food, utilities, mental health, behavioral health, child welfare, law enforcement, Family Resource Centers, health, housing, mentoring, tutoring, recreation, developmental, vocational, faith-based, rural, Tribal, military, educational, elderly, disaster and relief, suicide prevention, and substance abuse treatment.

Engagement Outcome

211 Kings County conducts various outreach activities, attempting to engage as many residents as possible, especially in isolated regions of the county and for underserved populations. 211 marketing materials have been distributed at Avenal Family Connection KCAO Head Start centers, Avenal Community Health Center, Family Resource Centers throughout the county, and various community events such as "Healthy Kids Day,' and "Week of the Young Child." Outreach materials are in English and Spanish, including posters distributed at partner sites for display. 211 Kings County developed a website in addition to the hotline services, allowing individuals to explore services online.

Engagement Outcome #1: The amount of callers into 211 Kings County will increase from its current rate of 200 per month to 250 per month.

Engagement Outcome #2: The amount of website hits for 211 Kings County will increase from its current rate of 600 per month to 650 per month.

Short Term Outcome

The short term outcome for 211 Kings County is to provide immediate, useful information, referrals, and services callers need to improve outcomes in their lives, as well as their children's. 211 Kings County strives to help alleviate and prevent child abuse and neglect, guiding individuals toward services to decrease parental stress, support parents, assist with homelessness, and provide treatment they may need to stabilize their home environments. The array of services available for callers is significant, practically meeting any needs they may express. 211 Kings County captures outcome data in this area through follow up calls and online surveys through its website.

211 Kings County's method of engaging callers using a positive, helping relationship role assists in maintaining the call until the individual provides feedback indicating the information and referrals needed have been attained. The call specialists are trained to be friendly and engaging, but focused on providing any information and services that may of assistance. Relating to CBCAP, 211 Kings County has adjusted some of their screening methods and survey instruments to ensure outcome data is captured for further assessment and improvement of the system if needed. 211 Kings County will further engage callers to streamline services, information, and referrals to help prevent child abuse and neglect and to measure success of this effort. After the call specialists assess why the callers contacted 211, they will document their age, ZIP Code, gender, and further inquire whether the callers have children under the age of 18. The call specialists will also inquire whether they would like a follow up phone call to determine if they were able to access and receive services.

Short Term Outcome #1: 90% of callers with children under the age of 18 will report receiving information and referrals to services currently available in Kings County, aimed toward prevention of child abuse and neglect (the survey has a list of services identifying 46 that can help prevent child abuse and neglect).

Short Term Outcome #2: 100% of callers completing the "ICFS – Satisfaction Survey," will report level of call specialist friendliness to be between 9 and 10 on a scale of 1-10, with 10 being the highest level of friendliness.

Short Term Outcome #3: 100% of callers completing the "ICFS – Satisfaction Survey," will report level of call specialist ability to understand their problem and

give as much information as possible to be between 9 and 10 on a scale of 1-10, with 10 being the highest level of understanding.

Intermediate Outcome

211 Kings County's intermediate outcome is for callers to have received services as a result of their interaction with the call specialists and/or website. It's goal is that residents access the services they are referred to and find them helpful. 211 Kings County will gather this information in follow up surveys with callers having children under the age of 18.

Intermediate Outcome #1: 90% of service participants will report they were able to access at least one (1) service they were referred to.

Intermediate Outcome #2: 90% of service participants with children under 18 will report to receiving at least one (1) service relating to prevention of child abuse and neglect.

Long Term Outcome

211 Kings County's long term goals are as follows:

a. Identify system strengths and limitations;
b. Identify training opportunities;
c. Assure quality services, including the availability of location information;
d. Improve delivery and standardization of services; and
e. Improve overall performance.

Long Term Outcome #1: Service participants will provide feedback indicating if there were any barriers that prevented them from accessing services and what those were. 211 Kings County will assess information relating to barriers and, depending on what those are, make efforts to correct them with partnering agencies.

Long Term Outcome #2: At least two (2) training needs will be identified by the 211 Kings County Coordinator throughout the year as a result of conducting additional research on services to be incorporated (i.e. training for call specialists on new services) and/or systemic improvements (i.e. identifying families with children under the age of 18 who may need child abuse prevention services).

3. Kings Partnership for Prevention

The CAPCC is supporting a conference on the negative effects of drugs, alcohol, and tobacco use on children in utero, as well as their homes. The target population includes parents, especially teen parents, kinship care providers, foster parents, and service providers. Topics will

focus on how to work with drug endangered children, family systems, dynamics of substance abuse addiction, and community resources available to assist families. The conference aims to further strengthen the service network by partnering with countywide entities such as CPS, Behavioral Health Administration, Health Department, Office of Education, law enforcement, foster care agencies, schools, private colleges, Kings View Counseling Services, West Care, and Adventist Health. Kings Partnership for Prevention anticipates a total conference participant population of 200.

Engagement Outcome

Participants will be recruited from a variety of agencies including CAPCC and their funded programs, CPS, the Foster Youth Services, CASA, Kings County Alcohol and Other Drugs Programs, Kings County Behavioral Health, West Care, Kingsview, Champions, and Cornerstone Treatment Programs, Juvenile and Adult Probation, Childcare Agencies, Kings Community Action Organization, Kings County Office of Education, SELPA, Individual School Districts, The Family Resource Centers and Fist Five, Kings County Health Department, Maternal and Child Health, Tobacco 8Control, Early Childhood Education Providers, The 21st Century After School Learning Programs, Local recreation departments, The local Native American Tribal agencies, the faith based community, Pediatricians, Adventist Health, health clinics and Senior support agencies (for Grandparents), the Lemoore Naval Air Station Family and Fleet Services and the family support programs at the various prisons in our county. Not only will we be recruiting service providers, but talking to the service providers at each agency to enlist their assistance identifying clients to send to the conference. Free childcare and lunch will be offered to our target populations of parents, foster parents, teen parents, and grandparents raising grandchildren.

A registration flyer, in English and Spanish, will be developed by the marketing and media committee of the Coalition. This flyer will be circulated a minimum of 6 weeks prior to the conference by e-mail, using our e-newsletter blast format and mailing list. A save the date card will be circulated 2 months prior to the conference. Additional marketing using posters and direct mail will occur beginning two months in advance. Coalition members will be armed with flyers and posters as they attend the local meetings and events throughout the county. Additionally, flyers will be placed in locations where our target population congregates such as stores, clinics, banks, and schools. Direct contact with agencies by phone to extend invitations to the conference and clarify who the audience is meant to be will be made by the Coalition Coordinator. They will collaborate on advertisements place in publications of any of the target agencies, such as promoting the conference in the Head Start newsletter.

Media coverage in the local newspaper will be coordinated with the media liaison. PSA will be sent to all local radio and news TV stations. The committee chair will be available for presentations at fraternal organizations.

As sponsors are secured, inquiries will be made as to how we would be able to promote the conference within their network of Stakeholders that match the target demographic. It could be through their agency newsletter, flyers in paychecks, flyers included in bills, strategically placing the posters in their plants and facilities or on web pages or social media outlets. KPFP has a website, and the conference will hold center stage on site as well as links on our social media pages.

Engagement Outcome #1: 200 individuals in Kings County will register for the conference.

Engagement Outcome #2: All targeted populations for the conference will be represented within the 200 registrations.

Short Term Outcome

The short term outcome goal of Kings Partnership for Prevention is for conference participants to acquire new knowledge, skills, and abilities to prevent child abuse and neglect in the community. Conference participants will learn how abuse of alcohol, drugs, and tobacco negatively impact our children and families. Conference participants will also be given information to community-based services, a network of support and assistance to assist families. Kings Partnership for Prevention will ask all conference participants to complete a survey at the conclusion of the conference to attain outcome information.

Short Term Outcome #1: At least 80% of individuals completing the conference surveys will:

1. Be able to state two things they learned at the conference, specifically about the impact of drugs, alcohol, and tobacco use on the well-being of children.

2. Be able to list at least three resources acquired that will help them prevent child abuse and neglect.

Short Term Outcome #2: At least 50% completing the conference surveys will agree to attend a similar conference in 18-24 months.

Intermediate Outcome

Kings Partnership for Prevention's intermediate outcome goals are that individuals attending the conference utilize new knowledge, skills, and abilities acquired at the conference and access resources to assist them.

Intermediate Outcome #1: Individuals completing the survey stating they learned two things at the conference, will report 3 months later having utilized one of those

things in a follow up survey conducted by the program with participants.

Intermediate Outcome #2: Individuals completing the survey listing 3 resources they learned about, will report 3 months later having utilized at least one of those resources in a follow up survey conducted by the program with participants.

Long Term Outcome

Kings Partnership for Prevention hopes a stronger network of prevention resources will be created by hosting this conference, attracting non-traditional partners in the prevention of child abuse and neglect, especially parents, foster parents, and grandparents. It hopes to strengthen these partnerships in the future and provide these populations with tools they may need to help grow a stronger community committed to our children's safety and well-being.

Long Term Outcome #1: Conference attendees will report on topics they will be interested in learning about at a future conference relating to child abuse and neglect.

Long Term Outcome #2: Kings Partnership for Prevention will identify the role of conference participants, percentage of attendance for each targeted group, and devise a plan of action for how to increase participation at future conferences for underrepresented groups.

Long Term Outcome #3: Kings Partnership for Prevention will increase its partnerships to support individuals raising children impacted by substance abuse.

4. Kings Community Action Organization

Kings Community Action Organization (KCAO) is hosting a "Taking Time for Peace of Mind" project, endeavoring to strengthen the parenting bond between teen parents and their child(ren) through the provision of respite care by qualified, licensed Kings County child care providers. The program intends to reduce the potential for aggressive behaviors, reduce parental social isolation, build teen parent resilience and parenting confidence. The licensed child care provider will provide a nurturing and developmentally appropriate, engaging environment for the child(ren) while the teen parent enjoys a "healthy separation" from the child. Taking Time for Peace of Mind will provide respite care for twenty-four (24) adolescent parents. Respite will vary dependent on parental needs; however, it is expected teen parents will access respite care at least once per month at 4.5 hours each. Each teen parent has a program year allotment of $1,000 for respite in the program year. The teen parent will design their use of the respite allotment in a manner that is conducive to their need for respite and case planning services.

Engagement Outcome

Adolescent parent program participants will be recruited from KCAO's Adolescent Family Life Program (AFLP), as well as through referrals from community partners, targeting clientele populations at the Health Department, schools, Child Protective Services, and Probation Department. Referral outreach will target parents at high risk of abuse and neglect who evidence they will benefit from the program. The target population is Hispanic, ages 15-19 years. Identified adolescent program participants will complete intake at the KCAO Child Care Assistance Department.

Engagement Outcome #1: Twenty-four (24) adolescent parents will be recruited to participate in the Taking Time for Peace of Mind project.

Engagement Outcome #2: At least 50% of the project participants will be Spanish speaking and of Hispanic ethnicity.

Short Term Outcome

Taking Time for Peace of Mind seeks to accomplish the following: (1) provide an opportunity for a healthy separation between parent and child; (2) provide hands-on, immediate response training from the licensed child care provider to the teen parent to cope with the daily responsibility of raising children; and (3) connect teen parents with available community resources providing additional parent education and training.

To evaluate short term project effectiveness and outcomes, the project will use an orientation interview/assessment with each program participant to gauge the teen parent's cognitive ability at identifying the need for respite. The project will also use an exit interview to measure whether there the adolescent parent acquired new information, skills, and resources to help support them.

Short Term Outcome #1: At least 75% of the project participants will report comprehension of the benefits of seeking respite care.

Short Term Outcome #2: At least 75% of the project participants will understand how to request and access respite care.

Short Term Outcome #3: At least 75% of the project participants will report feeling better able to resume care for their child(ren) after a respite opportunity.

Short Term Outcome #4: At least 75% of the licensed child care providers will provide "basic training" for the adolescent parent including bathing, feeding, sleep time, playing and the fussy baby.

Intermediate Outcome

KCAO's intermediate outcome goal is for program participants to access resources in the community needed to support them in their service goals in the Adolescent Family Life Program (AFLP). Sign in sheets, loan logs, and follow up surveys will track this information.

Intermediate Outcome #1: 75% of the project participants will participate in at least one (1) extra-curricular education workshop or training seminar during the project year relative to child development. For example, "Activities to do with your Toddler", "Infant Brain Development" and "How to Find Quality Child Care" are examples of class offerings.

Intermediate Outcome #2: At least 75% of project participants will utilize the KCAO Lending Library; this is an opportunity for teen parents to access education and age/ developmental appropriate toys and materials free of charge. Data will be extracted from loan logs.

Intermediate Outcome #3: At least 75% of project participants will report enhanced bonding and healthy attachment between parent and child on a follow up survey.

Long Term Outcome

KCAO's long term outcome goals of this program are the following: educating parents on the benefits of early childhood education, encouraging them to enroll children in Early Head Start; encouraging parents not currently enrolled in the AFLP to do so; establish a mentor/coach for the parent; and build and retain a social support network for the parents.

Long Term Outcome #1: Taking Time for Peace of Mind will serve as a conduit for potential enrollment and eventual enrollment in Early Head Start and the Kings Community Action Organization Adolescent Family Life Program. 100% of the project participants will be referred and connected to these resources. Enrollment records will track the outcome data.

Long Term Outcome #2: Adolescent parents will have established a relationship with a mentor/coach to provide on-going parenting advice and support in follow up surveys.

Long Term Outcome #3: Adolescent teens will learn how to build a social support network allowing them to utilize respite care. Respite access data will track this outcome.

8. Peer Review

For the first time, the CAPCC is requiring peer review in each Contract's SOW to allow for peer grantees to participate, access, or observe services provided with CBCAP funding. The SOWs require contracted organizations to complete a questionnaire developed by the Liaison to provide constructive feedback on the effectiveness of services, level of consumer engagement, quality of services provided, and input on service enhancements. This information will be shared with the CAPCC and taken into consideration for FY 12/13 grants.

9. Service Array

CAPIT/CBCAP/PSSF funded services, including the Family Preservation and Support Program, Celebrating Families!, CASA, 211 Kings County, Kings Partnership for Prevention, and the "Taking Time for Peace of Mind – Strengthening the Bond Between Teen Parents and Their Child," coordinate with an array of services available in the county.

All services provide cross referrals to one another, as well as every other county service, depending on the unique need of families they serve. Service provider partnerships are strong within the county, each focusing on strengthening and supporting children and families they serve.

Kings Community Action Organization (KCAO) has been in operation for 46 years in the county, offering a multitude of services to residents, including at outreach sites for underserved and minority populations, in Armona, Avenal, Kettleman City, Corcoran, and Stratford. They also have access sites in low income areas of the county. KCAO is heavily accessed by residents and all other service providers in the county, especially the program being funded by the CAPCC and the Family Preservation and Support Program, funded by PSSF resources. Services offered include child care assistance and placement, partnering with Human Services Agency on behalf of CalWorks recipients, resource and referral, Head Start, Migrant Head Start, Early Head Start, Healthy Marriage Initiative, infant centers, learning centers, State Preschool, Child Care Food Licensed Program, Adolescent Family Life Program, Cal-Learn, domestic violence prevention, sexual assault services, Barbara Saville Women's Shelter, homeless prevention and housing assistance, home weatherization, energy education, USDA Food Commodities, energy crisis intervention, and California Solar for All. All CAPIT/CBCAP/PSSF funded programs partner with and assist clients in accessing these services. KCAO is a part of the 211 Kings County information and referral hotline. KCAO staff may assist with presentations at the Partnership for Prevention conference and send consumers, as well as personnel to participate. KCAO also refers clients to the Family Preservation and Support Program and Celebrating Families!, as well as any other county service necessary to assist supporting their clientele.

The Family Preservation and Support Program has been in operation since 2004, although PSSF funding has decreased significantly throughout the years, leaving one Social Services Worker in the program. The FPSP tightly partners with all services available in the county, accessing information and services for clients depending on their needs. The FPSP receives referrals from various sources including schools, county departments, faith-based organizations, adoptions, Family Resource Centers, non-profit organizations, private institutions, and self-referred. The FPSP attends joint meetings on behalf of clients to participate in MDTs on behalf of CPS clients, along with various service providers, including KCAO, CVRC, Office of Education, Probation, Kings View Counseling Services, Children's Hospital, Health Department, Employment and Training Services, and the Behavioral Health Administration. The FPSP offers parenting classes, utilizing partners for classroom education presentations. It also provides updated community resource information to clients.

211 Kings County offers an information and referral hotline, providing countywide service information to callers and on a website. 211 Kings County tightly partners with all county services and continues to outreach in an effort to develop additional partnerships, striving to provide residents with the most comprehensive information and accessibility to any service they may need locally. 211 Kings County routinely contacts all service providers to update information in the database, creating strong ongoing relationships. Kings United Way, in addition to leading the 211 Kings County project, coordinates volunteers who perform various community acts of kindness, improving service facilities or helping with home improvements.

Champions Recovery Alternative Services has been in operation for 12 years, providing substance abuse counseling services, Hannah's House (women's and children's shelter certified by the State of California Alcohol and Drug Programs), Celebrating Families!, Soberfest, and transitional services. CAPIT funding will be partially used to support its other FY 11/12 grant, Court-Appointed Special Advocates (CASA), expected to be fully implemented by the end of 2011. Champions' services not only partner tightly with other services providers in the county to create a strong network of support and treatment for at risk children and families, but cross refers clients to any other service in the county they may need. In addition, Champions believes in empowering program graduates to volunteer, work, or mentor individuals enrolled in services, creating parent leadership. They are trained as group leaders after graduating Celebrating

Families! and volunteer for those sessions to help other parents. Champions' staff are members of the CAPCC, Behavioral Health Board, and attend the CPS MDTs to offer services to CPS families. Celebrating Families! was successful getting a significant decrease in facility rental fees from a local church to host the parenting classes. It is very strongly connected to the faith-based community, Tribe, and Juvenile Court as a result of CASA and the success of Celebrating Families!

Kings Partnership for Prevention was established in 2002, currently has 30 regularly participating members and numerous collaborative partnerships in the community. Members represent the diversity in Kings County, greatly adding to its strong relationships locally. Representation includes from outlying, largely Hispanic populated cities, hospitals, and the Tribe. Kings Partnership for Prevention has provided major conferences in the county, focusing on the impact of Methamphetamine and other drugs on children, families, and the community. Kings Partnership for Prevention writes two articles per month for the Hanford Sentinel on various topics such as child abuse prevention, STDs, teen pregnancy prevention, gangs, tobacco prevention, prescription drug abuse, Red Ribbon Week, and substance abuse treatment. This gives the organization more publicity and outreach. It partners with the YMCA to host meetings and large community events. Annually, it conducts a Prevention Recognition Event, giving awards for innovative prevention strategies and other awards aimed toward services offering best practices. It is continuously offering new services, programs, and projects to benefit our community and include a wide array of partners to participate.

10. CAPIT/CBCAP/PSSF Services and Expenditure Summary

The CAPIT/CBCAP/PSSF Services and Expenditure Summary was e-mailed to **OCAP-PND@dss.ca.gov** on _____.

11. Attachments

Appendix A	CAPIT/CBCAP/PSSF Services and Expenditure Summary
Appendix B	Board of Supervisors Approval of System Improvement Plan
Appendix C	Board of Supervisors Resolution establishing a CAPCC
Appendix D	Board of Supervisors Resolution establishing the County Children's Trust Fund pursuant to Welfare and Institutions Code Section 18965 et. seq.
Appendix E	CAPCC Roster
Appendix F	System Improvement Plan Planning Team Roster
Appendix G	Notice of Intent
Appendix H	CAPIT/CBCAP/PSSF Program Descriptions FY 2011/2012

APPENDIX A

(1) COUNTY: KINGS **(2) PERIOD OF PLAN:** 10/6/11 **thru** 10/6/14 **(3) YEAR:** 1,2 and 3

(4) FUNDING ESTIMATES — CAPIT: $75,000 **CBCAP:** $16,035.00 **PSSF:** $141,982.00 **OTHER:** $110,000.00

Line No.	Title of Program / Practice	SIP Strategy No., if applicable	Name of Service Provider, if available	CAPIT	CBCAP				PSSF					OTHER SOURCES	NAME OF OTHER	TOTAL
				Dollar amount that will be spent on CAPIT Direct Services	Dollar amount that will be spent on CBCAP Direct Services	Dollar amount that will be spent on CBCAP Infra Structure	Dollar amount that will be spent on Public Awareness, Brief Information or Referral Activities	Dollar amount of CBCAP allocation to be spent on all CBCAP activities — sum of columns F1, F2, F3	Dollar amount of PSSF allocation that will be spent on PSSF activities — sum of columns G2, G3, G4, G5	From Column H: Dollar amount of Column G1 that will be spent on Family Preservation	From Column H: Dollar amount of Column G1 that will be spent on Family Support	From Column H: Dollar amount of Column G1 that will be spent on Time-Limited Reunification	From Column H: Dollar amount of Column G1 that will be spent on Adoption Promotion & Support	Dollar amount that comes from other sources	List the name(s) of the other funding source(s)	Total dollar amount to be spent on this Program / Practice — sum of columns E, F4, G1, H1
A	B	C	D	E	F1	F2	F3	F4	G1	G2	G3	G4	G5	H1	H2	I
1	Family Preservation & Support Program	1.3	Human Services Agency	$0	$0	$0	$0	$0	$141,982	$40,813	$40,813	$26,938	$26,938	$0	N/A	$141,982
2	Celebrating Families!	1.2	Champions	$25,000	$0	$0	$0	$0	$0	$0	$0	$0	$0	$15,000	Behavioral Health	$40,000
3	CASA	2.2	Champions	$25,000	$0	$0	$0	$0	$0	$0	$0	$0	$0	$50,000 $45,000 $25,000	Tachi Tribe National CASA Behavioral Health	$145,000
4	211 Kings County	N/A	Kings United Way	$0	$1,000	$2,000	$2,035	$5,035	$0	$0	$0	$0	$0	$12,965 $6,000 $101,000	CCTF Department of Housing & Urban Dev. Behavioral Health	$190,660
5	Taking Time for Peace of Mind: Strengthening the Bond Between Teen Parents & Their Child	N/A	Kings Community Action Organization	$20,000	$o	$0	$0	$0	$0	$0	$0	$0	$0	$20,000	CCTF	$40,000
6	Drugs, Alcohol, and Tobacco Awareness Conference	N/A	Kings Partnership for Prevention	$0	$4,000	$2,000	$5,000	$11,000	$0	$0	$0	$0	$0	$0	N/A	$11,000
7	Administrative Costs	N/A	Kings Human Services Agency	$5,000				$0	$0							$5,000
8	Prevention Specialists	N/A	Kings County/CAPCC Oversight					$0	$0					$52,000	CCTF	$52,000
9								$0	$0							$0
10								$0	$0							$0
11								$0	$0							$0
12								$0	$0							$0
13								$0	$0							$0
14								$0	$0							$0
15								$0	$0							$0
16								$0	$0							$0

17							$0	$0									$0
20							$0	$0									$0
21							$0	$0									$0
22							$0	$0									$0
23							$0	$0									$0
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34							$0	$0									$0
35							$0	$0									$0
36							$0	$0									$0
37							$0	$0									$0
38							$0	$0									$0
39							$0	$0									$0
40							$0	$0									$0
Totals				$75,000	$5,000	$4,000	$7.,035	$16,035	$141,982	$40,813	$40,813	$24,938	$24,938	$326,965	$0	$625,642	

(1) COUNTY: KINGS **(2) YEAR:** 1,2, and 3 **APPENDIX A PAGE 2**

Line No.	Title of Program/Practice	Unmet Need	CAPIT Direct Service Activity														Other Direct Service Activity (Provide Title)	Goal
			Family Counseling	Parent Education & Support	Home Visiting	Psychiatric Evaluation	Respite Care	Day Care/ Child Care	Transportation	MDT Services	Teaching & Demonstrating Homemakers	Family Workers	Temporary In Home Caretakers	Health Services	Special Law Enforcement	Other Direct Service		
A	B	C	D1	D2	D3	D4	D5	D6	D7	D8	D9	D10	D11	D12	D13	D14	E	F
2	Celebrating Families!	Substance Abuse Treatment pg.11-15		X			X			X	X					X	Substance Abuse Treatment	Families Are Free from Substance Abuse and Mental Illness
3	CASA	Reunification within 12 Months p.34-39 & Placement Stability p.49-52			X				X	X						X	Court Advocate for Foster Children	Children and Youth Are Nurtured, Safe and Engaged
4	211 Kings County	Linkages to Community Services p.95		X												X	Information/Referrals to Services	Identified Families Access Services and Supports
5	Taking Time for Peace of Mind: Strengthening the Bond Between Teen Parents & Their Child	Transitions to Self-Sufficient Adulthood p. 8-9 and 67-68		X			X	X								X	Transition Case Planning	Families Are Strong and Connected
6	Drugs, Alcohol, and Tobacco Awareness Conference	Substance Abuse Treatment p.11-15		X												X	Education & Information on Effects of Substance Abuse on Families	Families Are Free from Substance Abuse and Mental Illness

(1) COUNTY: KINGS (2) YEAR: 1,2 and 3

Line No.	Title of Program/Practice	Unmet Need	Public Awareness, Brief Information or Information Referral	CBCAP Direct Service Activity							Other Direct Service Activity (Provide Title)	Logic Model Exists	Logic Model Will be Developed	EBP / EIP (Identify Level)					County has documentation on file to support Level selected	Goal
				Voluntary Home Visiting	Parenting Program (Classes)	Parent Mutual Support	Respite Care	Family Resource Center	Family Support Program	Other Direct Service				Program Lacking support	Emerging & Evidence Informed Programs & Practices	Promising Programs & Practices	Supported	Well Supported		
A	B	C	D	E1	E2	E3	E4	E5	E6	E7	F	G1	G2	H1	H2	H3	H4	H5	I	J
4	211 Kings County	Linkages to Community Services p.95	x						x			x			X				X	Identified Families Access Services and Supports
5	Taking Time for Peace of Mind: Strengthening the Bond Between Teen Parents & Their Child	Transitions to Self-Sufficient Adulthood p.67-68	x				x		x			x			X				X	Families Are Strong and Connected
6	Drugs, Alcohol, and Tobacco Awareness Conference	Substance Abuse Treatment p.11-15								x	Conference	x			X				X	Families Are Free from Substance Abuse and Mental Illness

(1) COUNTY: KINGS **(2) YEAR:** 1, 2 and 3

Line No.	Title of Program/Practice	Unmet Need	PSSF Family Preservation							PSSF Family Support Services (Community Based)								Time Limited Family Reunification Services							Adoption Promotion and Support Services					Other Direct Service Activity (Provide Title)	Goals
			Preplacement Preventive Services	Services Designed for Child's Return to their Home	After Care	Respite Care	Parenting Education & Support	Case Management Services	Other Direct Service	Home Visitation	Drop-in Center	Parent Education	Respite Care	Early Development Screening	Transportation	Information & Referral	Other Direct Service	Counseling	Substance Abuse Treatment Services	Mental Health Services	Domestic Violence	Temporary Child Care/ Crisis Nurseries	Transportation to / from Services / Activities	Other Direct Service	Pre-Adoptive Services	Post-Adoptive Services	Activities to Expedite Adoption Process	Activities to Support Adoption Process	Other Direct Service		
A	B	C	D1	D2	D3	D4	D5	D6	D7	E1	E2	E3	E4	E5	E6	E7	E8	F1	F2	F3	F4	F5	F6	F7	G1	G2	G3	G4	G5	H	I
1	Family Preservation & Support Program	Reunification within 12 Months p.34-39 and 43-44	X	X	X		X	X		X		X			X	X							X	X	X		X	X		Crisis Intervention/Placement Stability	Families Are Strong and Connected

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
September 13, 2011

Bookmark: 3

SUBMITTED BY: **Human Services Agency – Peggy Montgomery/Tina Garcia**
Probation Department – Steve Brum/Daniel Beair

SUBJECT: **KINGS COUNTY'S THREE YEAR SYSTEM IMPROVEMENT PLAN FOR CHILD WELFARE SERVICES**

SUMMARY:

Overview:
The County is required to develop a System Improvement Plan (SIP) covering the next three (3) years, 2011/2012, 2012/2013 and 2013/2014. It requires Board of Supervisor review and approval prior to being forwarded to the State.

Recommendation:
Approve the 2011/2014 Kings County System Improvement Plan and authorize the Chairperson to sign required authorization documents within the plan.

Fiscal Impact:
Funding for implementation of the System Improvement Plan is covered by the Child Welfare Services basic allocation, which was included in the Agency Fiscal Year 2011/2012 Budget. It will be included in the FY 2012/2013 and 2013/2014 Agency Budgets. No additional appropriation is required.

BACKGROUND:
The State of California is dedicated to improving the delivery of Child Welfare Services through a systematic redesign, which includes the following efforts: appointment of a Child Welfare Services Stakeholders' Group to develop a "Redesign" Plan; enactment of Assembly Bill 636, which requires the Secretary of the California Health and Human Services Agency (CHHS) to establish a new outcomes-based review system, the California Outcomes and Accountability System (COAS), formally known as the California-Child and Family Services Review (C-CFSR), that includes federally required outcomes; and submission of a Program Improvement Plan

(Cont'd)

BOARD ACTION: APPROVED AS RECOMMENDED: ✓ OTHER: _____

ROLL CALL: NEVES, FAGUNDES, VERBOON, VALLE, BARBA - AYE

I hereby certify that the above order was passed
and adopted on 09/13/2011.
CATHERINE VENTURELLA, Clerk to the Board
By Rhonda Bray, Deputy.

(PIP) for the Child Welfare Services Program in response to federal review findings as presented in the U.S. Department of Health and Human Services Children's Bureau Report on California's Child and Family Services Review (CFRS) released on January 10, 2003. California's Performance Improvement Plan (PIP) was submitted to the federal government in April of 2003, which outlined a comprehensive plan for improving child welfare services throughout the State. The primary vehicle for California's Performance Improvement Plan (PIP) is AB 636.

Pursuant to AB 636, a new outcomes-based review system, the California Outcomes and Accountability System (COAS), became effective on January 1, 2004. Counties are required to assess the effectiveness of their child welfare services using a variety of data-driven methods (i.e. Quarterly Data Reports issued by the California Department of Social Services, the CWS/CMS system, SafeMeasures software, collaboration with consumers and partners, local data collection instruments), and qualitative research (Peer Quality Case Reviews) to determine its systematic strengths and weaknesses. The research and system improvement planning processes are now jointly conducted with the Child Abuse Prevention Coordinating Council (CAPCC). The County's third three year child welfare services self-assessment was due to the California Department of Social Services (CDSS) by June 6, 2011.

Kings County's Self-Assessment was completed by the Kings County Human Services Agency in collaboration ı the Probation Department, and various stakeholders with state oversight provided by the Office of Child Abuse Prevention (OCAP) and California Department of Social Services/Outcomes and Accountability Branch. Public input was gathered at a strategic planning session, hosted by the CAPCC, on February 17, 2011.

The County's Three Year Child Welfare Services Self-Assessment and Peer Quality Case Review (PQCR) findings form the basis for a three-year System Improvement Plan (SIP), which must be approved by the County Board of Supervisors and submitted to the California Department of Social Services by October 6, 2011.

BEFORE THE BOARD OF SUPERVISORS

OF THE COUNTY OF KINGS, STATE OF CALIFORNIA

****

IN THE MATTER OF SUPERCEDING RESOLUTION 01-106, DISBANDING THE FAMILY PRESERVATION AND SUPPORT BOARD (FPSB), AND AUTHORIZING THE CHILD ABUSE PREVENTION COORDINATING COUNCIL (CAPCC) TO TAKE OVER THE FORMER FPSB'S RESPONSIBILITIES AND FUNDING OVERSIGHT

RESOLUTION NO. 11-044

WHEREAS, the Omnibus Budget Reconciliation Act of 1993 established the Family Preservation and Support Services Program (FSPP), geared toward community-based family preservation and support under Title IV-B of the Social Security Act and according to the United States Code, Title 42, Chapter 7, Subchapter IV, Part B, subpart 2, commencing with section 629a; and

WHEREAS, in 1997, the program was reauthorized under the Adoption and Safe Families Act (Public Law 105-89), and renamed the Promoting Safe and Stable Families Program (PSSF) with two additional services put in place: time-limited reunification, and supportive adoption services; and

WHEREAS, recently, the PSSF Program was reauthorized through federal fiscal year 2011 by the Child and Family Services Improvement Act of 2006 (Public Law 109-288); and

WHEREAS, on November 29, 1994, in response to funding received by the federal government pursuant to the Omnibus Budget Reconciliation Act, the Kings County Family Preservation and Support Board (FPSB) was created by the Board of Supervisors to manage Promoting Safe and Stable Families (PSSF) funding; and

WHEREAS, on June 24, 1997, the Board combined the Family Preservation and Support Board with the Child Abuse Committee due to consistent quorum difficulties and loss of focus, collapsing both within the umbrella of the Family Preservation and Support Board (FPSB); and

WHEREAS, the FPSB experienced ongoing challenges having a quorum to carry out business and members were confused by the various funding streams, large quantity of grants, and planning processes for each funding stream; and

WHEREAS, the Kings County Board approved Resolution 01-106 on October 2, 2001, separating the Kings County Child Abuse Committee and Kings County Family Preservation and Support Board, implementing Bylaws for each and naming the prior, "Kings County Child Abuse Prevention Coordinating Council" in accordance with applicable legislation; and

WHEREAS, due to decreased PSSF funding over time and reservation of the current funding by the Board of Supervisors for one (1) Family Preservation and Support Social Worker, there is no purpose for a separate Family Preservation and Support Board (FPSB); and

WHEREAS, the Child Abuse Coordinating Council (CAPCC) has been the more organized, structured entity, partnering with the California Department of Social Services/Outcomes and Accountability Branch and Office of Child Abuse Prevention to streamline all child welfare services and outcomes, coordinating planning and implementation processes with Child Protective Services and the Probation Department within the California-Child and Family Services Review (C-CFSR); and

WHEREAS, counties have now been required to combine all Child Abuse Prevention, Intervention, and Treatment (CAPIT), Community-Based Grants for the Prevention of Child Abuse and Neglect (CBCAP), County Children's Trust Fund (CCTF), Promoting Safe and Stable Families (PSSF), and child welfare outcomes activities as coordinated by Child Protective Services and the Probation Department as the federal and state governments believe a more integrated approach will be more effective; and

WHEREAS this Resolution seeks to supercede Resolution 01-106 adopted October 2, 2001 to accomplish this integrated approach by disbanding the defunct FPSB and combining all responsibility and oversight under the umbrella of the existing CAPCC Board; and

WHEREAS pursuant to Welfare and Institutions Code 18982 et seq., the County of Kings previously created a child abuse prevention coordinating council to coordinate the county's efforts to prevent and respond to child abuse.

NOW, THEREFORE, BE IT RESOLVED as follows:

1. Resolution 01-106 is superceded by this Resolution; and

2. The FPSB is disbanded effective with the adoption of this Resolution; and

3. The responsibilities and oversight of the FPSB are to be assumed by the existing CAPCC Board effective with the adoption of this Resolution; and

4. The CAPCC Board is directed to amend its Bylaws to reflect this change.

5. The CAPCC Board will hereafter have responsibility and oversite for the following funding sources: Child Abuse Prevention, Intervention, and Treatment Program (CAPIT), Community-Based Child Abuse Prevention Program (CBCAP), Children's Trust Fund (CTF), and Promoting Safe and Stable Families (PSSF) and will continue to provide the following functions:

   a. Provide a forum for interagency cooperation and coordination in the prevention, detection, treatment, and legal processing of child abuse cases;

   b. Encourage and facilitate training of professionals in the detection, treatment, and prevention of child abuse and neglect;

   c. Recommend improvements in services to families and victims;

   d. Encourage and facilitate community support for child abuse and neglect prevention programs;

   e. Encourage and recommend promotion of safe and stable family services to help families at risk or in crisis to remain intact.

   f. Encourage and facilitate services and programs designed to help children return to families from which they were removed or be placed for adoption or legal guardianship.

   g. Encourage and facilitate services to help strengthen and build healthy marriages, improve parenting skills and promote timely family reunification.

6. The Council shall function as an independent organization within the Kings County Government

7. The Council shall adopt bylaws for its own governance and procedures not inconsistent with this Resolution.

8. The Council may conduct fundraising activities to further support its purpose in the community. The Council will designate a fiscal agent to administer funds raised. The fiscal agent for these funds shall be the same entity that administers the Council's other funding sources or an entity incorporated as a nonprofit corporation. The Council shall gain the consent of the Board of Supervisors if planned expenditures include any funds administered by County government.

The foregoing resolution was adopted upon motion by Supervisor Valle, seconded by Supervisor Verboon at a regular meeting held on the 19th day of July, 2011, by the following vote:

AYES: Supervisors Valle, Verboon, Neves, Fagundes, Barba
NOES: None
ABSENT: None

Tony Barba, Chairman of the Board of Supervisors
Kings County Board of Supervisors

IN WITNESS WHEREOF, I have set my hand this 19th day of July, 2011.

Rhonda Bray, Deputy Clerk of the Board of Supervisors

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9-01

STATE OF CALIFORNIA
COUNTY OF KINGS } ss.

I, CATHERINE VENTURELLA, Clerk of the Board of Supervisors of said County and State, do hereby certify the foregoing to be a full, true and correct copy of the original thereof on file in my office.

Witness my hand and Seal of said Board, this 19th day of July 2011

CATHERINE VENTURELLA
Clerk of the Board of Supervisors

By Rhonda Bray Deputy Clerk

BEFORE THE BOARD OF SUPERVISORS
OF THE COUNTY OF KINGS, STATE OF CALIFORNIA

****

IN THE MATTER OF DESIGNATING THE KINGS COUNTY HUMAN SERVICES AGENCY AS THE ADMINISTRATING AGENCY FOR THE KINGS COUNTY CHILDREN'S TRUST FUND /

RESOLUTION NO. 02-011

WHEREAS, pursuant to Welfare and Institutions Code 18982 et seq., the County of Kings created a child abuse prevention coordinating council to coordinate the county's efforts to prevent and respond to child abuse; and

WHEREAS, Welfare & Institutions Code § 18983 provides that the county child abuse prevention coordinating councils be funded from the county children's trust fund; and

WHEREAS, Kings County previously created a Kings County Children's Trust Fund; and

WHEREAS, the State of California requires that the Board of Supervisors to designate a local agency to administer the children's trust fund in order to receive funding from the state; and

WHEREAS, the Kings County Board of Supervisors previously designated the Kings County Human Services Agency as the public agency responsible for administering the Child Abuse Prevention, Intervention, and Treatment and Community-Based Family Resource and Support Programs including providing services to the Kings County Child Abuse Prevention Coordinating Council.

NOW, THEREFORE, BE IT RESOLVED as follows:

The Kings County Human Service Agency is the designated agency for Kings County to administer the Kings County Children's Trust Fund.

The foregoing resolution was adopted upon motion by Supervisor Neves seconded by Supervisor Taylor at a regular meeting held on the 12th day of February, 2002, by the following vote:

AYES: Supervisors Neves, Taylor, Rachford, Oliveira, Barba
NOES: None
ABSENT: None

/s/ Tony Barba
Tony Barba, Chairperson
Kings County Board of Supervisors

IN WITNESS WHEREOF, I have set my hand this 12th day of February, 2002.

/s/ Catherine Venturella
Catherine Venturella,
Clerk of the Board of Supervisors

Kings County

Child Abuse Prevention Coordinating Council

Serving the Children and Families of
Kings County
Ronda Braithwaite, Chairperson

Child Abuse Prevention Coordinating Council of Kings County

CAPCC BOARD MEMBERS

Name	*Contact Information*	*Representation*
Ronda Braithwaite	Human Services 1400 W. Lacey Blvd., Building #8 Hanford, CA 93230 (559) 582-3211 x2434 Ronda.Braithwaite@co.kings.ca.us	Behavioral Health
Shirley Garretson	Kings County Office of Education 120 E. Grangeville Blvd. Hanford, CA 93230 (559) 583-9300 x4020 sgarrets@kings.k12.ca.us	Schools
Sherry Johnson	LNAS Lemoore, CA 93246 (559) 707-1267 Sherry.Johnson@navy.mi	LNAS Therapy Fleet and Family Services
Lori Keen	Hanna's House 222 Keith St. Hanford, CA 93230 (559) 583-7800 lorikeen66@gmail.com	Parent
Richard Valle	County of Kings 1400 W. Lacey Blvd., Building #8 Hanford, CA 93230 (559) 582-3211 x2365 Richard.Valle@co.kings.ca.us	Board of Supervisors
Leah Whitworth	Kings View 1393 Bailey St. Hanford, CA 93230 (559) 582-4481 x189 lwhitworth@kingsview.org	Mental Health
Tim O'Connell	KCAO 1130 N. 11th Avenue Hanford, CA 93230 (559) 582-4386 x203 toconnell@kcao.org	Community Services

APPENDIX F

Kings County System Improvement Plan (SIP) Planning Team for Child Welfare Services; CAPIT; CBCAP; and PSSF Programs
Pat Oliver, California Health and Disability Program (CHDP), Public Health Nurse, Health Department, CAPCC Member
Ronda Braithwaite, M.P.A., County Behavioral Health Administration, CAPCC Chairperson
Lori Keen, CAPCC Parent Representative
Susan Turner, M.S.W., CPS Supervisor
Julie Flores, M.S.W., CPS Supervisor
Leah Whitworth, LMFT, Program Manager, Children's Services, Kings View Counseling Services, CAPCC Member
Crystal Soto, Tachi-Yokut Tribal Social Services Department
Maria Servin, Supervising Probation Officer, County Probation Department, CAPCC Member
Margie Wilhelm, Victim Witness Assistance Program, County Probation Department
Richard Valle, County Board of Supervisors, CAPCC Member
Joe Neves, County Board of Supervisors
Keri Hardin, Registered Addiction Specialist (RAS), Alcohol and Other Drugs Liaison for CPS and Kings View Counseling Services, CAPCC Member
Judy Newton, United Cerebral Palsy
Tim O'Connell, Kings Community Action Organization, CAPCC Member
Shirley Garretson, Kings Regional Occupation Program - Office of Education, CAPCC Member
Penny Miller, Central Union School District
Shelly Verboon, Social Services Program Manager
Clarissa Picazo, CPS Supervisor
Sue Weisenhaus, Director, Champions Recovery Program, Hannah's House, Celebrating Families, CASA
Robert Murrieta, Clinical Supervisor, Champions Recovery Program, Hannah's House Celebrating Families, CASA
Lacey Hicks, Champions Recovery Program, Celebrating Families
Dean Hoover, Hanford Police Department, CAPCC Member
Sherry Johnson, L.C.S.W., Lemoore Naval Air Station – Fleet & Family Service Center, CAPCC Member
Anthony Gracian, Community Member
Mary Gonzales-Gomez, Community Member
Kelly Avila, Foster Care Independent Living Program
Sue Spratley, Family Preservation & Support Program
Kendra Davis, CAPCC Prevention Specialist
Kathy Cruz, CAPCC Prevention Specialist

Appendix D: BOS Notice of Intent

STATE OF CALIFORNIA – HEALTH AND HUMAN SERVICES AGENCY CALIFORNIA DEPARTMENT OF SOCIAL SERVICES

NOTICE OF INTENT
CAPIT/CBCAP/PSSF PROGRAM CONTRACTS
FOR KINGS COUNTY

PERIOD OF PLAN (MM/DD/YY): 10/6/11 THROUGH (MM/DD/YY) 10/6/14

The undersigned confirms that the county intends to contract, or not contract with public or private nonprofit agencies, to provide services in accordance with Welfare and Institutions Code **(W&I Code Section 18962(a)(2)).**

In addition, the undersigned assures that funds associated with Child Abuse Prevention, Intervention and Treatment (CAPIT), Community Based Child Abuse Prevention (CBCAP), and Promoting Safe and Stable Families (PSSF) will be used as outlined in statute.

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

W&I Code Section 16602 (b) requires that the local Welfare Department shall administer PSSF. The County Board of Supervisors designates Human Services Agency as the public agency to administer PSSF.

Please check the appropriate box.

☒ The County intends to contract with public or private nonprofit agencies to provide services.

☐ The County does not intend to contract with public or private nonprofit agencies to provide services and will subcontract with _____ County to provide administrative oversight of the projects.

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

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

County Board of Supervisors Authorized Signature	SEP 13 2011 Date
Print Name	Title

CAPIT/CBCAP/PSSF Program Descriptions FY 2011/2012

Celebrating Families!

Celebrating Families! Is a cognitive behavioral support group curriculum for parents in early substance abuse recovery and their children. The curriculum is based on a model originating in Moscow, Russia, developed for an alcohol, tobacco, and other drugs prevention program for the school system. In 2002, Judge Leonard Edwards of the Santa Clara County Juvenile Dependency Court, the Santa Clara Department of Family and Children's Services Agency, and experts in substance abuse and child welfare developed this new model to be delivered to children and parents being served by the Santa Clara Family Treatment Drug Court.

The Celebrating Families! curriculum is tailored for children and parents affected by substance abuse that are or at risk of being served by the child welfare system. The program's objectives over a 16 week period of time is to break the cycle of addiction in families and decrease participants' use of alcohol and other drugs. During the 16 week, 90 minute sessions followed by 30 minute, structured family activities, families learn how to manage anger, resolve conflict, enhance communication, put in place appropriate boundaries, make safe life and relationship choices, practice stress management skills, problem resolve, express feelings constructively, access community resources, avoid substance abuse situations, respond appropriately to alcohol and drug triggers, and how alcohol and drugs affect everyone involved in the family.

Celebrating Families! is a research-based curriculum and all providers are required to participate in outcome research regularly to ensure program integrity and success. Clinical trials have concluded the curriculum has resulted in higher levels of abstinence, fewer drug related arrests for participants, fewer inpatient treatment admissions, and reunification of families in the child welfare system is more timely and successful.

Services provided in this program include the following:

1. Convening of children, pre-adolescent, adolescent, and parent groups led by Celebrating Families! certified instructors;
2. Facilitation of group activities, discussion, and processing on the following topics: Orientation & Getting Started, Healthy Living, Nutrition, Communication, Feelings & Feelings-Defenses, Anger Management, Facts about Alcohol, Tobacco and Other Drugs, Chemical Dependency is a Disease, Chemical Dependency Affects the Whole Family, Goal Setting, Making Health Choices, Health Boundaries, Healthy Friendships & Boundaries, How We Learn Our Uniqueness, and Celebration!;
3. Provide information on applicable topics such as alcohol, drugs, healthy families, relationships, community resources, Fetal Alcohol Syndrome, discipline, and parenting;
4. Teach families how to engage, communicate, and interact in a healthy, positive manner;
5. Recruit and retain parents to be utilized as subgroup facilitators; and
6. Provide families with meals while teaching positive communication, relationship, and conflict resolution skills.

CASA

The Court Appointed Special Advocate (CASA) Program of Kings County's mission is "to give abused and neglected children a voice through advocacy, promoting safe, stable homes and successful futures." CASA works in partnership with the Juvenile Court to ensure all foster children receive necessary services, support, and advocacy to give them every opportunity to be successful in their lives. CASA recruits and screens volunteer applicants. Champions has a current MOU in effect with the Human Services Agency/Child Protective Services Division to assist with child welfare background clearances of any potential volunteer. The MOU also has provisions in place for confidentiality, conflict of interest, and training of volunteers to assist in preparing them for work with foster children, in the Juvenile Court, and in consideration of child welfare legislation and regulations.

Champions continues to host advisory board meetings, has formed subcommittees to work on various program facets, and is nearing implementation of the program. The local Rules of Court have been updated to allow for CASA and Champions is in the process of entering into an Agreement with the Court Administrative Office.

Services provided in this program include the following:

7. Recruitment, screening, and development of CASA volunteers;
8. Ensuring retention of CASA volunteers;
9. Outreaching to the community to further develop the CASA program;
10. Continuing the CASA Advisory Board and subcommittees to encourage community participation and enhance the CASA program;
11. Providing 40 hours of training per CASA volunteer to include some of the following topics: Overview/Roles and Responsibilities of CASA & Volunteers; Child Welfare Service System; Juvenile Dependency Court Processes; Needs and Development of Children; Mandated Reporter; Children's Mental Health, Foster Family Homes; Right-Based Advocacy; Building Strength-Building Families; and Youth-Centered Advocacy.
12. Participating in monthly CPS MDT meetings;
13. Partner closely with services providers, CPS personnel, and Court staff;
14. Establish health, helping relationships with children CASA is assigned to;
15. Communicate and coordinate services with the child's CPS Social Worker;
16. Prepare Court Reports with updates on children's services and recommendations;
17. Identify and explore potential resources on behalf of the child;
18. Provide case management services for children CASA is assigned to;
19. and other services as determined by Champions.

Taking Time for Peace of Mind

Kings Community Action Organization (KCAO) is hosting a "Taking Time for Peace of Mind" project, endeavoring to strengthen the parenting bond between teen parents and their child(ren) through the provision of respite care by qualified, licensed Kings County child care providers. The program intends to reduce the potential for aggressive behaviors, reduce parental social isolation, build teen parent resilience and parenting confidence. The licensed child care provider

will provide a nurturing and developmentally appropriate, engaging environment for the child(ren) while the teen parent enjoys a "healthy separation" from the child. Taking Time for Peace of Mind will provide respite care for twenty-four (24) adolescent parents. Respite will vary dependent on parental needs; however, it is expected teen parents will access respite care at least once per month at 4.5 hours each. Each teen parent has a program year allotment of $1,000 for respite in the program year. The teen parent will design their use of the respite allotment in a manner that is conducive to their need for respite and case planning services.

211 Kings County

2-1-1 is designated by the Federal Communications Commission to phone for non-emergency community information and referral assistance. When members of the community dial 2-1-1, a live specialist conducts a brief intake interview with the caller to determine how to best meet the individual's needs. The specialist is be assisted with computer software to best refer the individual to various community-based services ranging from mental health, substance abuse, parenting support and education, and housing assistance to programs in place to provide utility and food assistance. The database had automated update capabilities, web-based search capacity, and has converted existing data into the new system. This contract will continue developing, refining, and providing this service to the community.

SCOPE OF WORK DELIVERABLES	TIMELINE
Ensure the provision of 24-hour 211 call coverage, year-round.	Ongoing
Provide a single database where comprehensive data on community services is collected, maintained, and updated regularly, that meets all AIRS standards.	Quarterly
Leverage the existing information and referral infrastructure already in place, while fostering new processes and access to technology, in order to provide services 24/7/365 days per year.	Ongoing
Track call volume, number of abandoned calls, average speed of answering and average length of call.	Monthly
Publicize 211 services and educate the public on an ongoing basis.	Ongoing
Have TTY and multilingual accessibility.	Ongoing
Ensure the quality of service and inquirer satisfaction through appropriate follow-up.	Ongoing
Utilize AIRS certified Information and Referral Specialists	Ongoing
Maintain a collaborative relationship with local stakeholders and service providers.	Ongoing

Kings United Way was designated as the lead agency to develop and implement 211 services countywide. 211 is the national abbreviated dialing code designated by the Federal Communications Commission to be used for non-emergency community information and referral assistance. In addition to providing 24-hour information and referral services, a website is available to locate community resources. Call

specialists are available 24 hours a day to assist callers with information and referrals to much needed assistance, including some of the following services: food, utilities, mental health, behavioral health, child welfare, law enforcement, Family Resource Centers, health, housing, mentoring, tutoring, recreation, developmental, vocational, faith-based, rural, Tribal, military, educational, elderly, disaster and relief, suicide prevention, and substance abuse treatment.

Kings Partnership for Prevention Conference

Kings Partnership for Prevention is hosting a conference on the negative effects of drugs, alcohol, and tobacco use on children in utero, as well as their homes. The target population includes parents, especially teen parents, kinship care providers, foster parents, and service providers. Topics will focus on how to work with drug endangered children, family systems, dynamics of substance abuse addiction, and community resources available to assist families. The conference aims to further strengthen the service network by partnering with countywide entities such as CPS, Behavioral Health Administration, Health Department, Office of Education, law enforcement, foster care agencies, schools, private colleges, Kings View Counseling Services, West Care, and Adventist Health. Kings Partnership for Prevention anticipates a total conference participant population of 200.

Family Preservation & Support Program

Program Mission

It is the mission of the Family Preservation and Support Program to support, preserve, and strengthen families through the creation of a seamless service delivery system, which alleviates stress and promotes parental competence. The program was targeted to specific underserved populations and subgroups. Children in out of home care, where their parents were receiving family reunification services, were one of those groups. FPSP social workers provide supportive services to parents receiving reunification services that included, but was not limited to: family assessments, linking families to community based services, collaboration with key service providers, assisting with short-term financial needs, in-home visitation, parenting instruction (both classroom and individual instruction), providing and advocating for culturally appropriate services, facilitating positive communication and interaction within the family system, and performing community outreach activities *(CFSR Kings County Self-Assessment, 2008).*

Target Population

Family Preservation and Support Social Workers will concentrate their prevention and intervention efforts on specific underserved, underrepresented populations within Kings County. Although they may expand their service efforts to include individuals and families representative of the majority population who have had involvement with Child Protective Services, mental health agencies or the Probation Department, their primary focus will be on the following subgroups:

- Children determined to be at risk of child abuse and neglect (i.e. developmental

disabilities, mental illnesses, juvenile delinquency, children ages 0-5, teen pregnancy, alcohol/drug abuse, isolated families, domestic violence) who are facing out of home placement.

- Children who have been removed from the home and are receiving Family Reunification Services in an attempt to facilitate return of the children.
- Children whose best interest would be served through the development and implementation of a permanent plan, specifically adoption.
- Children transitioning home from an out of home placement.
- Children from low socio-economic backgrounds (i.e. migrant farming, family income which is at or below the poverty line, homeless, unemployed), underrepresented minority groups in the county (i.e. African-American, Asian, American Indian), as well as individuals and families suffering from societal oppression.
- Children and families at risk of crisis (i.e. physical or emotional trauma, family disruption).

Program Goals

- Promoting family well-being by preventing problems and crises from developing and intensifying to a point at which removal of the children from the home is necessary.
- Improving the safety, stability and positive outcomes for children placed in the homes of relatives.
- Decreasing out of county and increasingly restrictive foster care placements.
- Promoting parental competence and behavior so that parents may be successful providing nurturance and positive direction to their children, which results in the safety of children in their home.
- Developing, coordinating and maintaining a community-based network of prevention and support services aimed at alleviating abusive and neglectful home environments, enhancing the child-rearing practices of parents, and compensating for the increased social isolation and vulnerability of families.
- Preparing and supporting families during the process of reunification.
- Encouraging adoptions through the foster care system when adoptions serves the best interest of children.
- Increasing community awareness of cultural competence and diversity and child abuse and neglect.

Program Objectives

- Developing, establishing and maintaining a strong network of collaborative relationships with community-based service providers.
- Linking families with community-based resources and didactic sources aimed at promoting family support and preservation.
- Preventing children from being removed from their homes.
- Assisting with the transition of children returning home.
- Increasing the amount of adoptions through the foster care system.
- Improving parental competence in order for families to be healthy, safe and stable.

- Empowering families to solve personal crises, become autonomous and self-sufficient and advocate for change.
- Educating the public on cultural competence, diversity and awareness, and child abuse and neglect.

Services Provided

All family preservation and support services shall be delivered to children and families in a professional and competent manner, which is family-centered, client driven and respectful. Services shall also be provided with respect to confidentiality. Although not an inclusive list, the following tasks shall serve as a guide for the Family Preservation and Support Social Worker:

- Identifying and developing specific services needed by children and their families through an individualized assessment process based on child and family strengths (Refer to Attachment #1 – Family Assessment).
- Linking children and families to community-based service providers and assisting in the development of a continuity of direct and indirect services and support systems.
- Collaborating with key service providers, government officials, law enforcement entities, politicians and outside resources in an effort to provide multiple support and services to children and their families.
- Researching and accessing funding sources to aid children and families with daily survival tasks, as well as to finance service needs.
- Instilling children and families with the necessary knowledge, skills and abilities to formulate resolutions to their own problems.
- Visiting children and families in their home environment to provide parenting support, community networking, didactic resources and emotional support.
- Assisting with securing housing and preventing homelessness.
- Providing direct support and prevention services which decrease domestic violence, child abuse and neglect, parental stress, teen pregnancy, suicide, school truancy and dropouts, substance abuse, juvenile delinquency, infant mortality, placement disruptions, and physical and emotional trauma.
- Increasing successful family reunification, transitioning children to least restrictive placements and increasing the amount of legal guardianships and amount of adoptions from the foster care system.
- Advocating for children and their families to receive culturally sensitive, diverse services which meets their needs and protects their legal and personal rights.
- Facilitating positive communication and interaction within the family, as well as between the family and entities in their environment (i.e. local government offices, schools, childcare programs, health facilities).
- Performing community outreach activities, which shall increase the public's awareness and knowledge of child abuse and neglect, culture and diversity (educational booths at local functions/fairs/festivals or lectures/trainings for community-based entities/bodies).