

California Child and Family Services Review

Annual SIP Progress Report

2012-2017



KERN COUNTY DEPARTMENT OF HUMAN SERVICES

KERN COUNTY PROBATION DEPARTMENT



CALIFORNIA – CHILD AND FAMILY SERVICES REVIEW SIGNATURE SHEET

COUNTY	KERN COUNTY
CSA PERIOD DATES	FEBRUARY 2008 – FEBRUARY 2012
SIP PERIOD PLAN DATES	07/17/2012-07/17/2017
OUTCOME DATA PERIOD	QUARTER ENDING: QUARTER 4 OF 2012
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SIP Progress Narrative

INTRODUCTION

Kern County Department of Human Services and Kern County Probation Department collaborated to complete the processes for the Peer Quality Case Review (PQCR), the County Self-Assessment (CSA), and the System Improvement Plan (SIP) 2012-2017. The SIP process included hosting an internal meeting with staff to review the PQCR and CSA information, as well as identified outcomes for possible inclusion in the SIP. In addition, stakeholder meetings were hosted that included attendance by staff, probation, Kern's Child Abuse Prevention Council, First Five Commission, California Department of Social Services, as well as other stakeholders. From the meeting, information was gathered and brought back to the county agencies to further focus on strategies and action steps for our County. The strategies selected for improvement in Kern County also align with the state's Program Improvement Plan and Child Welfare League of America 2008 recommendations for Kern County.

Our county agencies and stakeholders have continued to partner to report the County's annual progress and continued efforts for further improvement. The progress report will provide a written analysis of current outcome data performance, status of Kern's 12 strategies and action steps, including any revisions. Additionally, it will provide an analysis of strengths and barriers encountered during the implementation process, promising practices, outcome measures not meeting national standards, and state and federally mandated Child Welfare/Probation initiatives.

STAKEHOLDERS PARTICIPATION

The Kern County Department of Human Services and Probation value the participation of stakeholders in the implementation and monitoring of Kern's SIP strategies and action steps. In an effort to involve stakeholders from the inception of the SIP on April 4, 2012, DHS hosted a Stakeholder Community Forum which included the following agenda items; a review the CSA Executive Summary, a description of the System Improvement Outcomes selected and key strategies proposed by DHS; and a discussion with participants about how they could support DHS SIP strategies and efforts. Stakeholders included Board of Supervisors, Group Homes, Foster Family Agencies, Differential Response Providers, Kern County Network for Children, First 5 Kern and other community partners. During this review period key stakeholders have continued to be engaged and involved, and those include the:

- **California Department of Social Services (CDSS):** Kern's consultants from the division of Outcomes and Accountability and the Office of Child Abuse Prevention provide technical assistance and support.

- **Kern County Network for Children (KCNC):** Kern’s Child Abuse Prevention Council and planning body for Promoting Safe and Stable Families (PSSF); Child Abuse Prevention, Intervention and Treatment (CAPIT), County Children’s Trust Fund (CCTF); and, Community Based Child Abuse Prevention (CBCAP) funds. KCNC Governing Board members include the Directors/Chiefs of the following organizations: Kern County Departments of Mental Health, Public Health, Probation, and Human Services; County Administrative Office; United Way of Kern County; Kern County Superintendent of Schools; Kern High School District; Kern’s Child Care Council, Kaiser Permanente; Presiding Juvenile Court Judge; Kern County Board of Supervisors; The Bridge Bible Church; Clinica Sierra Vista; First 5 Kern; Mexican American Opportunity Foundation; Bakersfield Police Department; Kern County Sheriff; the Housing Authority of the County of Kern; and, California Veterans Assistance Foundation.
- **Clinica Sierra Vista:** A community-based organization with offices and clinics located throughout Kern County that provides a continuum of health, mental health, nutrition and social services. Clinica Sierra Vista is the Differential Response (DR) service provider for the following geographic regions of Kern: Indian Wells Valley, East Kern, South Kern, and Metropolitan Bakersfield.
- **Kernville Union School District:** An elementary school district that serves as the fiscal agent for the Kern River Valley Family Resource Center, which is the provider for DR services throughout the Kern River Valley.
- **Richland School District:** An elementary school district that serves as the fiscal agent for the Shafter Healthy Start Family Resource Center, which is the provider for DR services throughout northern Kern County.
- **Taft City School District:** An elementary school district that serves as the fiscal agent for the Westside Community Family Resource Center, which is the provider for DR services throughout western Kern County.
- **The Dream Center & Coffee House:** An innovative resource center for foster youth that serves as an easily accessible, inviting hub for comprehensive, integrated services and unique job training. The Coffee House (front of the building) provides job training services while providing quality food and beverages to the community. The Dream Center (back of the building) assists current and former youth transition to independence and self-sufficiency. Co-located staff from Kern County Probation, Kern High School District, Kern County Mental Health, Kern’s Foster Youth Services program, and Kern County Department of Human Services’ Independent Living Program is on-site and available to provide a range of supportive services. Foster youth can also access concrete emergency need items and utilize a computer bank. This one-stop approach reduces the duplication of services, increases service accessibility, and improves outcomes for Kern’s foster youth.
- **The Recruitment, Development and Support Committee:** A committee comprised of local foster family agencies, the local foster parent association, social workers, DHS Group Home Liaison, DHS Foster Care Ombudsman, Kinship Supportive Services Program (KSSP), DHS Foster Care Licensing, Bakersfield Community College Foster Care and Kinship Education Program and as well as DHS Adoptions and Family Services Division representatives. The committee meets every other month. Their assigned action steps in the SIP

include Strategy 10 A and B, the implementation of training for foster parents on behavioral issues and reviewing of the Special Care Increment Policy, which will require a training requirement to the policy.

- **The Group Home Coalition:** Members include local Group Homes, representatives from DHS, Community Care Licensing, Kern County Superintendent of Schools Office/Foster Youth Services, Kern County Mental Health and Probation. Purpose: To discuss, develop and implement coordinated approaches to best meet the needs of Kern's highest need youth and improve education and placement stability outcomes. The group also discusses current laws and trends in foster care. DHS' Group Home/FFA Liaison attends the Group Home Coalition meetings. DHS' Liaison is charged with working with the Group Homes and on Strategy 10C: implementing Memorandum of Understanding (MOU) to address goals for increasing placement stability for children in their care.
- **The Foster Family Agency (FFA) Consortium:** Members include local FFAs, representatives from DHS and Probation. Purpose: The FFAs invite community organizations to present their programs that might be utilized for the foster children in their care. The group also discusses current laws and trends in foster care. DHS' Liaison has been working with FFAs on Strategy 10 D, to create a MOU. The FFA MOU is near completion and includes goals for achieving placement stability for children placed in FFA homes.
- **Juvenile Agency Meeting (JAM):** Members: Juvenile Judges, Public Defender, County Counsel, Mental Health, Probation, DHS, CASA, IDP Attorneys, Foster Family Agencies, Foster Youth Services, and Group Home Directors to address joint issues that effect all systems that are part of Juvenile Court. Strategies in our SIP including placement stability strategies are discussed and presented at this forum.
- **Team Decision Making Meetings (TDMs):** TDMs are a strength-based practice that offers several benefits to families and social workers. TDMs facilitate a group decision-making process, provide birth-parents avenues to be involved in critical decisions about their child(ren), sends a message of partnership to community partners including Mental Health, Educators, Mentoring Programs, Faith Based Community and Caregivers, and promotes more equitable and broad based decisions. TDMs is a strategy to improve placement stability.
Garden Pathways: Comprehensive Mentoring Services (CMS) is a division of Garden Pathways, Inc. Kern County Department of Human Services has a partnership with CMS to provide mentoring services to its families and youth. CMS serves a broad range of at-risk participants in an established program that offers both individual and group mentoring for youth and adults, including therapeutic mentoring services. Garden Pathways' emphasis on the process of engagement deals with the real barriers to success and fosters lasting and long-term changes.
- **Department of Human Services:** The Department of Human Services provided training to the Probation department on both Child Welfare Services/Case Management System and the use of Family Search and Engagement Training Program. In addition, Probation has worked closely with the Independent Living Program Unit within the Department of Human Services to stay apprised of service delivery and program availability for our transitional age youth.

- **Group Homes:** Group Homes have been vital in transitioning Probation youth to self-sufficiency. Because the Probation Department does not have the luxury of many foster homes for probation youth, we historically have had to depend on group homes for our probation youth who are court ordered to reside in out of home placement. With the passage of AB 12 and the focus on “Transitional Age Youth” many group homes have begun specializing in ILP services and have begun tailoring programming to assist with this population.

CURRENT PERFORMANCE TOWARDS SIP IMPROVEMENT GOALS

Kern County Department of Human Services identified five outcomes to focus on for our 2012-2017 System Improvement Plan. Opportunities for growth were most critical in the areas listed below. Our outcome data and progress towards improvement is as follows:

S1.1 Safety Outcome: No Recurrence of Maltreatment

Recurrence of abuse and neglect is a safety measure that has been a consistent priority to our County. At the time of the SIP development in 2012, Kern was below the national standard of 94.6 % with the county rate of 91.9%. The identified target improvement goal is 93% by 2017. The County Self-Assessment (CSA) baseline data for Kern in 04/2010-03/2011 was at 90.9%. According to the Child Welfare Dynamic Report System for Q4 2012, our County’s rate is 91.5%.

The amount of children placed into protective custody in Kern County has declined over time, most significantly from 2011 to 2012, in which there was a 39.2% decline. Since 2007 to 2012, there has been a decline in entries into care of 45.6% overall. Kern County implemented a protective warrant policy in 2012 and since then the threshold for removing children has been elevated, thereby decreasing entry into protective custody. Whereas the decline of foster care entries can be viewed as a positive trend, it may also have negative implications for families with substantiated allegations. To offset these potential negative implications, more families may be referred to Differential Response Services in an effort to alleviate the risk and safety factors to children.

Differential Response is providing services to children and families who are at risk of experiencing child abuse or neglect. The providers have begun utilizing an evidence based assessment tool to treat the family holistically. An evaluation on the impact of DR services in Kern County is underway. The results will be shared with the providers for discussion of continuance of promising practices or changes that may be warranted.

The Children’s Research Center (CRC) provided Kern County with a presentation in April 2013 on The Structured Decision Making System in Child Protective Services with 2012 usage results for Kern County. CRC data indicates that in 2012, Kern County only opened new cases on the following: 27.7% of substantiated investigations with a high risk level; 44.2% of substantiated investigations with a very high risk level; 0.9% of inconclusive investigations with a high risk level; 4.5% of inconclusive investigations with a very high risk level; 0% of unfounded investigations with high risk level; and 13.6% of unfounded investigations with a very high risk level. CRC has recommended Kern open all cases with high and very high family risk levels, as their research indicates the families with those two risk levels are most likely to be re-referred to child welfare for investigation, which will negatively impact the No Recurrence of

Maltreatment outcome. Discussion is underway on the feasibility of CRC's recommendation, and there may be potential to increase our Voluntary Family Maintenance services to families who are willing to accept services. It, however, may not be feasible for our county to open every high or very high risk case, but there may be opportunity to refer these families to Differential Response services, which again are voluntary. Offering VFM or DR services may prove difficult as these are non-mandated programs.

C1.4 Re-entry Following Reunification

The Re-entry Following Reunification outcome has been a continual focus for Kern County. The baseline data from the CSA 04/2010-03/2011 showed Kern's performance at 12.5%. The rate of re-entry into foster care was at 16.3% at the time of the SIP development (Q2 2012 of the Child Welfare Dynamic Report). The target improvement goal is to decrease this outcome by 4.3% to 12% by 2017, whereas the national standard is 9.9%. According to the Child Welfare Dynamic Report Q4 2012, our County rate lingers at 16.5%, a similar rate to that of the time of strategy selection.

Although Kern has seen an overall decline in entries into care per the Child Welfare Dynamic Reporting System, the county remains stagnant in re-entries following reunification. In determining how to positively impact this outcome measure, Kern reviewed county data. The data was obtained in September 2012. It showed of all children reunified in 2011, 24 or 46% re-entered within 12 months (June 2011- June 2012). Out of the 24 children, 11 children were reunified with a parent for the following reasons: the court dismissed the petition; County Counsel indicated the facts gathered did not meet the evidence threshold and did not approve a petition filed, or the children were released during the court investigation phase. The other 13 children (54%) were reunified with a parent after a court ordered reunification process.

In addition, DHS has identified when law enforcement officials remove children from parents, who have been arrested and released within hours or a day, have an impact on this measure. After the parent's release and the completed investigation determines there is no risk or minimal risk of abuse or neglect sufficient to warrant a petition being filed, the child may be released to the parent and potentially the family could be referred to Differential Response or another resource in the community to address the family's needs. If the child subsequently is brought into custody once again for any reason within 12 months, it has a negative impact on this measure. Also, children who are arrested, taken to Juvenile Hall and then released with no formal charges filed after a six-hour hold are taken to Jamison Children's Center if their parents are unable or unwilling to take custody of them or county probation is unable to make contact with them. Often parents have no available transportation and they are unable to pick up their children in the middle of the night or within 6 hours. Internal data reviewed shows that law enforcement officials, including probation officers, place more children into protective custody than child welfare staff. In 2011, law enforcement officials brought 986 children into protective custody, averaging 81 children per month. Child welfare staff placed 770 children into protective custody in 2011, averaging 64 children per month. In 2012, law enforcement officials placed 773 children into protective custody, averaging 64 children per month. Of the 773 children, 104 children were placed into protective custody by probation officers. Child welfare staff placed 447 children into protective custody in

2012, averaging 37 children per month. From the children placed into protective custody by law enforcement officials, more children were immediately returned to their parents and less petitions were filed in dependency court for that group of children.

To remedy some of the above noted problems associated with these outcome measures DHS has identified strategies that are incorporated in the SIP, i.e. Crisis Responder Unit is being explored. This unit would be comprised of experienced SSWs who will immediately respond with Law Enforcement when they know in advance that an arrest of a parent with children will be made. This will allow the social worker to conduct an immediate assessment of any relative or non-related extended family member who may be willing and available to care for the child(ren), but where abuse/neglect may not otherwise be an issue, and potentially a release to these relatives may be granted with the consent of the parent. This will eliminate children from being placed into protective custody and will therefore greatly improve this outcome measure. In addition, discussions with probation are needed to assist with eliminating the barriers previously identified. For more detailed information about Crisis Responders refer to section Strategy Status: Strategy 4.

Furthermore, a contract with Garden Pathways has been completed and staff has commenced referring clients for mentoring services. It is anticipated the mentoring supportive service will help parents maintain home stability for children reunified by providing an outlet for troubleshooting stressors and providing positive guidance.

C4.1 Placement Stability (8 days to 12 months in care)

Placement stability was selected as a critical measure for improvement. At the initiation of the SIP, the County was performing at 69.3% per the October 2012 Quarterly Data Report (Quarter 2 of 2012) whereas the national standard is 86%. The baseline data from the CSA 04/2010-03/2011 was at 69.2%. The target improvement goal is to increase placement stability by 8% to a performance rate of 77.3% by 2017. The Child Welfare Dynamic Report indicates in Q4, 2012, the county slightly improved placement stability for children in care for 8 days to 12 months to 72.6%; an improvement of 3.3%.

The collaboration of the DHS programs working together has contributed to this improvement. The creation of the two Kid's Connection Teams (KCT) to do family finding, the streamlining of Relative Assessment Program, and the use of Team Decision Making Meetings has contributed to an increase in placement stability from the onset of cases. KCT data indicates movement in the desired direction. See Strategy 3, Action Step C for specific data.

In addition, Family Services and Adoption staff has been trained in the new Team Decision Making (TDM) meetings requirements and compliance reports monitor whether TDMs are held according to policy and whether the TDM action plans are completed. TDMs and the internal compliance reports have also contributed to placement stability.

Relative Assessment Program has made a multitude of changes that will be discussed in the latter part of this report. The program has also continued to meet in committee to further discuss updates to existing policies that impact earlier placement with kin contributing to placement stability.

C4.2 Placement Stability (12 months to 24 months in care)

Stability for children in care 12 months to 24 months has been a challenging outcome. At the time of SIP formation, the County was performing at a 45% rate of placement stability for children in care 12 months to 24 months. The national standard is 65.4%. The baseline data from the CSA 04/2010-03/2011 shows Kern's performance was 47.2%. The County's SIP goal is to increase our performance to 52.3%. Thus far, our performance gathered from Q4, 2012 of the Child Welfare Dynamic Report indicates performance at 47.7% for a total increase of 2.7% since SIP 2012-2017 inception.

As mentioned above, the Kid's Connection Team conducting family finding and engagement efforts, streamlining the Relative Assessment Program, holding TDMs and following up on compliance of TDMs has had positive impacts on children's placement stability. Kern is scheduled to create a permanency placement unit in 2016 that will serve to identify the best and least restrictive placement options to further improve stability in out of home placements.

C4.3 Placement Stability (at least 24 months in care)

The placement stability outcome in Kern for children at least 24 months in care was at 23% at the time of the SIP creation, per Q2 2012 of the Child Welfare Dynamic Report. From the CSA 04/2010-03/2011, the baseline data shows Kern's performance was 21.9%. Our SIP goal is an increase of 6.8% for a total of 29.8%. The Q4, 2012 Child Welfare Dynamic Report indicates Kern performed at 22.9%.

As per the Child Welfare Dynamic Report website for the reporting period January 2012 through December 2012, there were 645 children in care at least 24 months. Of those 645, 128 children were ages zero to five and 517 children were ages six through 17. Out of the 128 young children, 102 children (80%) had more than two placement changes. Of 517 children ages six through 17, 395 (76%) had more than two placement changes. When a child is placed into protective custody in Kern, the child is initially placed at Jamison Children's Center (JCC). If the child is five years old or under, the child is placed in an Emergency Foster Home within hours of placement at JCC. Upon approval of a relative/NREFM or a foster home located that is suitable for the child's needs, the child is moved once again. Any subsequent changes affect placement stability. The focus of KCT has been family finding at the case onset leaving the group ages six through 17 without the added services.

Though a myriad of changes have been implemented in the SIP process, through mandatory TDMs, streamlining RA Program, and linking children to mental health services this population will be best served by increasing and maintaining stability when Kern creates a permanency placement unit by 2016 that will serve to identify the best and least restrictive placement options for children in out of home placements.

Kern County Probation has made improvements throughout the first year of the SIP 2012-2017 in three areas:

Child Welfare Services/Case Management System

All necessary staff training has been completed, and all current cases have been entered into the system. The department has hired two support staff to keep cases current and enter all Independent Living Program data. In addition, the Safe Measures program has been activated to assist with accuracy; because of the success of this program, the Probation Department is in the process of purchasing the program. In 2012, 6.9% foster youth resided in relative placement.

Family Search and Engagement

All necessary staff training has been completed and the Family Search and Engagement manual is complete. A Family Advocate was hired to serve as a Family Finder. Unfortunately, due to an issue with the service provider, this contract was terminated prematurely. Our probation staff is trained in this area and we are in the process of filling vacancies. Once fully staffed, we will once again begin implementing a Family Finding program.

Independent Living Program (ILP)

The improved coordination and delivery of ILP services was focused on building relationships between Probation Officers and ILP staff and this has proven to be beneficial in the delivery of services to our youth. Data to document ILP services is not available. We hired a support person in February 2013 for the sole purpose to enter ILP data into CWS/CMS. We expect this data to be entered and up to date by December 2013.

STRATEGIES STATUS

Overall, Kern County has made strides in implementing our selected strategies. The selected action steps for this reporting period have been completed or scheduled for completion by July 2013.

Strategy 1: Provide Differential Response (DR) services to children and families who are at risk for experiencing child abuse or neglect, and evaluate the impact of those services. This strategy was selected to improve safety outcome measure S1.1 No Recurrence of Maltreatment.

Strategy 1 Action Steps:

A & B: Train DR Staff & Implement the North Carolina Family Assessment Scale - General (NCFAS-G) tool by July 2012 (completed).

By June 20, 2012, all staff has been fully trained and began utilizing the NCFAS-G ahead of schedule. The NCFAS-G is an evidence-based assessment and evaluation tool that measures family functioning from the perspective of the worker most involved with the family. The tool includes eight domains that look at the family as a whole in terms of environment, parental capabilities, family interactions, family safety, child well-being, social/community life, self-sufficiency

and family health. In addition to assisting the worker in planning and making decisions, the tool is also designed to serve as a data collection instrument. The NCFAS-G was developed by Dr. Ray Kirk at the University of North Carolina–Chapel Hill. NCFAS-G data from all seven regions of the county is routinely entered into Kern’s Social Solutions Efforts To Outcomes software system and analyzed quarterly. Data is analyzed for each unique service area and then aggregated to provide a countywide perspective.

C: Evaluate DR by assessing if DR services have been provided to all Metro Bakersfield families referred, and assess if the NCFAS tool is used by providers by September 2012 and quarterly thereafter (completed and in progress).

In August 2012, the Kern County Board of Supervisors approved the use of \$560,000 in County General Funds to fund DR services for Path 1 families who reside in Metro Bakersfield. Prior to the addition of County General Fund dollars, funding constraints in the Metro Bakersfield area of Kern restricted the provision of DR services to only those families who were referred with a Path 2 or downgraded Path 3 referral. In December of 2012, eight additional Metro Bakersfield DR Case Managers and one additional Supervisor began providing DR services to families with Path 1 referrals. DR services are now available to all Kern County families who are referred with a Path 1, Path 2 or downgraded Path 3 referral. The NCFAS-G assessment and evaluation tool is being fully utilized countywide by all DR staff members. NCFAS-G data from the months of June 2012 to February 2013 indicate that DR services are improving the condition of Kern County children and families:

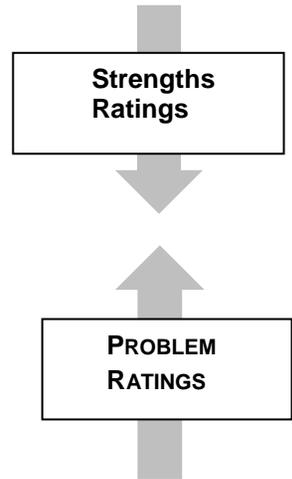
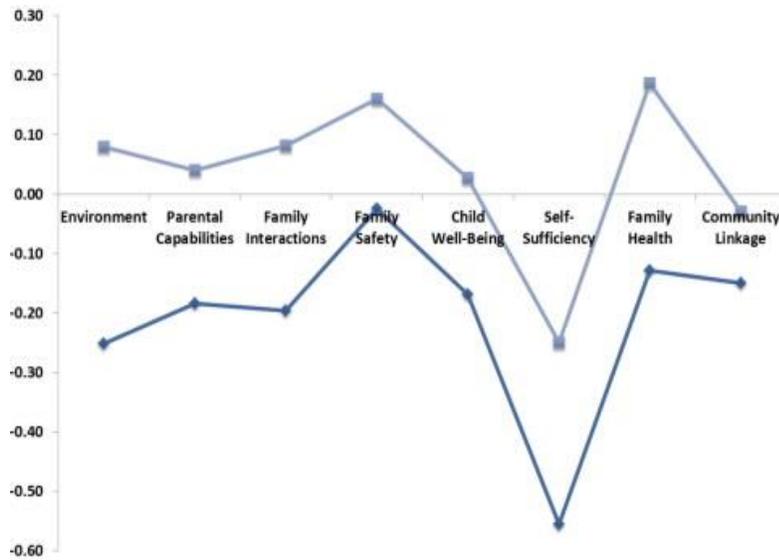
DR Family Functioning on NCFAS Scale at Intake & Closure

June 2012 to February 2013

■ Intake

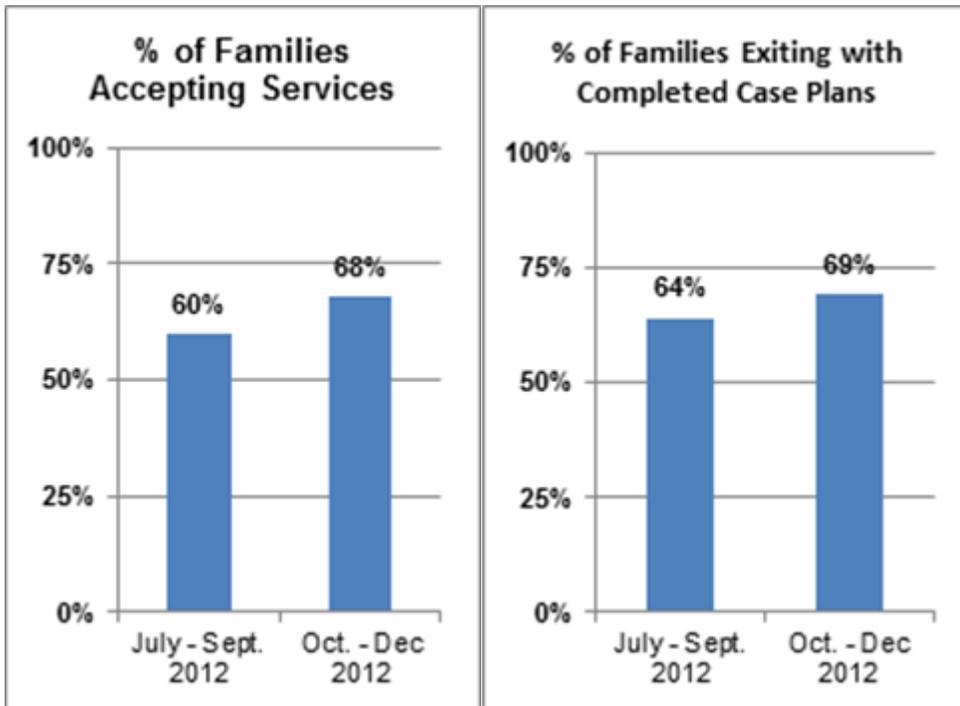
■ Closure

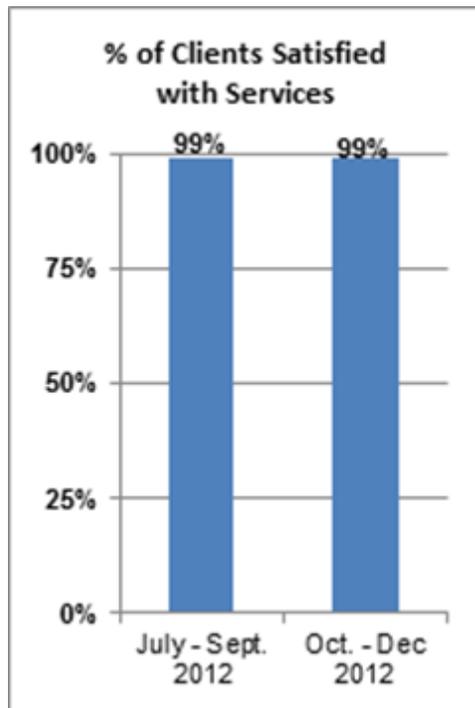
**NCFAS Family
Functioning Scale**



N=76
Families

In addition to NCFAS-G data, the following engagement and intermediate outcomes are also tracked quarterly for DR services:





- D. Development of an internal evaluation process for DR including a comparative group of families that do and don't receive services, and track outcomes across the groups is the fourth action step. The time frame for the completion of this action step was July 2012- December 2012. However, due to an unforeseen medical leave of staff assigned to this action step, it was not completed until March 2013 then revised in April 2013 (completed).

The evaluation process was developed in March 2013. Our agency requested and has received the names of 100 DR clients, who have had a substantiated referral and an open DR case for at least three months. The children of those clients have been assigned a unique identification number in the Child Welfare Services/Case Management System (CWS/CMS). A Business Object Report will be created on those children six months after the original substantiated allegation to determine if a subsequent substantiated allegation was found. This data will be compared to the overall percentage of recurrence of maltreatment from the Child Welfare Dynamic Report. The evaluation process was in the data verifying phase, and a sample report was going to be completed to ensure all clients were tagged. A report with actual results was anticipated to be completed in May 2013.

Since re-reviewing the evaluation process, it was determined a revised method was needed to determine DR's overall effectiveness. The subject pool needed to encompass all clients referred to DR that accepted services, not limiting the pool to clients with at least three months of services. A Business Objects report will be created to locate all children who had an allegation substantiated on their behalf in the months of July, August and September of 2012. Safe Measures indicated there would be approximately 600 names. The Business Objects report will bring forward the names of the parents attached to these children. The parents' names will be compared to the list of parents' names served by DR during those same

months. The parents that appear on both lists will be tagged with the special DR_TAG client ID. A subsequent Business Objects report will be run to determine if there were any subsequent substantiated allegations of maltreatment at three month intervals beginning with January, February, and March of 2013. It is anticipated the first report will be available in May 2013.

- E. Utilize the ongoing results from the evaluation process to update procedural and practice policies. The timeframe for this action step was January 2013 and quarterly thereafter. Due to an unforeseen medical leave of staff assigned to this action step, it did not begin until May 2013.

Data resulting from the DR evaluation process provides community needs assessment information and is used to refine DR practices and policies, both among DR service providers countywide and CWS Social Workers who refer to and work collaboratively with DR providers. DR services' outcome data is also the focus of Kern's Child and Family Services Review's Peer Review meetings. DR Supervisors from all service areas meet following the end of each quarter to discuss program outcomes for each of their service areas as well as countywide aggregate data. These discussions are used to refine practices and policies; identify training needs; group-think solutions to obstacles or barriers; and, collectively celebrate successes.

As the internal county evaluation is completed, the data will be shared with DR for discussion on continuing successful practices and if needed, changing practices and/or policies for DR clients.

In regards to Strategy 1, Differential Response service providers have determined, no additional assistance is needed from the CDSS to continue to successfully implement DR; the need for additional action steps has not been identified; and, there are no significant reductions in DR spending to report.

Kern's rate of no recurrence of maltreatment cited in Kern's 2012 County Self Assessment serves as baseline data for the long term measure of DR's success. For the quarter April 1, 2010 to September 30, 2010, Kern's rate of no recurrence of maltreatment was 90.9%. Data from Q4, 2012 shows Kern's rate of no recurrence of maltreatment has increased to 91.5%. Progress is being made toward achieving the national standard/goal of a 94.6% rate of no recurrence of maltreatment.

Strategy 2: Implement practice and policy for referring children with a substantiated case of child abuse or neglect under the age of three to early intervention services. This strategy was selected to improve the outcome measures of No Recurrence of Maltreatment and Re-Entry Following Reunification (Exit Cohort). The action steps and timeframes are from 2014-2016.

Strategy 3: Create two pre-detention/pre-disposition Kid's Connection Teams of Social Services Workers for the Emergency Response and Court Intake Divisions, for preparation of the new tasks of conducting family finding up front, relative assessment,

and placement matching when children are brought into protective custody by Crisis Responders. The selected strategy will improve performance in the areas of No Recurrence of Maltreatment, Re-Entry Following Reunification (Exit Cohort), Placement Stability (8 days to 12 months in care), Placement Stability (12 to 24 months in care), and Placement Stability (at least 24 months in care) measures.

Strategy 3 Action Steps:

- A.** The first action step for this strategy is to propose to the Executive Team, seek approval, and develop a policy for the Kid's Connection Teams.

The proposal was developed and approved by Kern's management team. KCT has created procedures for family finding not yet put into a policy format. However, the policy for the Kid's Connection Team is currently being written. The action step is scheduled for completion by July 2013.

- B.** The second action step is to recruit and train staff on family finding efforts.

Although this action step was scheduled to be completed by July 2014, two upfront family finding units were established in July 2012 to apply much needed attention toward the effort to locate family, increase family engagement, and to expedite relative assessments at the onset of a child welfare case. They were trained on methods to locate and engage extended family. In addition, the Kid's Connection Team (KCT) received additional training in March 2013 on the relative assessment requirements, including Title 22 regulations. This additional knowledge will further facilitate informing relatives how to prepare themselves and their homes for the relative assessment process. Packets of relative assessment documents have been created for the KCT staff to assist relatives/NREFMs in completing the applications and returning them to Relative Assessment, as well as other pertinent documents needed throughout the assessment process. KCT staff have also provided support to relatives/NREFMs by facilitating and supervising visits with the children in care, as well as attended TDMs.

- C.** In the following fiscal year beginning July 2013 and ongoing, Kern will continue to monitor data, and review quarterly reports from Berkeley web site.

Although the time frame is set to begin next fiscal year (July 2013), Kern has begun to review KCT's impact. KCT data indicates movement in the desired direction. Data reviewed from Quarter 1 2012 to Quarter 1 2013 indicates KCT located 111 relatives interested in contact with the children, 64 interested in permanent placement, 157 interested in placement, 50 interested in supporting the case plan, 67 with no response, 68 relatives not interested in any participation, and 31 relatives undecided. Staff from other programs also contributed to family finding efforts. For the same time period, staff from other program located 16 relatives interested in contact, 8 interested in permanent placement, 25 interested in placement, 10 interested in supporting the case plan,

16 with no response, 11 not interested in participation, and 2 undecided relatives. The combined efforts show family engagement at the onset of cases is making a difference.

It should be noted that Kern's performance in Q4 2012 of the Child Welfare Dynamic Report compared to the SIP baseline outcomes results listed from Q2 2012 indicate improvements in Placement Stability (8 days to 12 months in care) by 3.3%, Placement Stability (12 to 24 months in care) by 2.2%, Placement Stability (at least 24 months in care) by 0.1%, and Re-entry Following Reunification by 0.2%. There was a slight decrease in improvement by 0.4% in No Recurrence of Maltreatment.

As noted in the section above, the three placement stability measures have shown improvement. This is due to the changes made by Relative Assessment, relative and NREFM homes are assessed faster and the KCT continues to evolve. Additionally, TDMs continue to be held; therefore, it is expected that these efforts will continue to have positive impact on the placement stability measures.

Strategy 4: Implement Crisis Responder Units in Emergency Response to immediately respond to law enforcement calls. Implementation of this strategy will improve the placement stability outcomes, including Placement Stability (8 days to 12 months in care), Placement Stability (12 to 24 months in care), and Placement Stability (at least 24 months in care).

Strategy 4 Action Steps:

- A.** An action step for this strategy is to propose to the Executive Team, seek approval, develop policy, and schedule a Meet and Confer with the employees' union by July 2015.

It was anticipated that this action step would begin in July 2015; however, our County has already developed a proposal that will be reviewed by the Executive Team. Once approved, a Meet and Confer with the employees' union will be scheduled to discuss nontraditional working hours (11:00 am – 8:00 pm). A meeting with local law enforcement officials will also be scheduled to discuss and review the proposal.

- B.** An additional action step includes recruiting, training, and implementation of Crisis Responders by January 2016.
- C.** Monitoring data will follow, which is scheduled from January 2016 through July 2016 and ongoing.

In preparation to begin on Strategy 4, data has been reviewed. Internal Business Objects Reports indicate that in 2011, law enforcement officials placed 968 children into protective custody. Of those 968 children, petitions were filed on 381 (39.36%) and 587 (60.64%) children were released, of which 448 (46.28%) children were released within zero to seven days while 139 (14.36%) children were released in 30 or more days. Child welfare staff removed 770 children in 2011 and filed petitions on 409 children (53.12%). Of the 770 children, 361 (46.88%) were released to a parent; 123 (15.97%) children within zero to seven days while 238 (30.91%) children in 30 or more days.

In 2012, law enforcement officials placed 773 children into protective custody. Petitions were filed on 267 (34.54%) and 506 children (65.46%) were released. Of those released, 354 (45.80%) children were released in zero to seven days while 152 (19.66%) children were released in 30 or more days. Child welfare staff removed 447 children in 2012, and petitions were filed on 254 children (56.82%) while 193 children (43.18%) were released. Of the 193 children released, 55 (12.30%) children were released within zero to seven days, while 138 (30.87%) children were released in 30 or more days.

Kern will not only focus on working with traditional law enforcement agencies, such as local city police departments and the Kern County Sheriff's Department, but will also be inclusive to working with the Kern County Probation Department in this strategy. In researching the amount of children placed into protective custody by law enforcement officials versus county social workers, it was discovered that a large number of children were also brought into protective custody by probation officers. A closer look found that in 2012, Kern's probation officers brought 104 children into protective custody. The disposition of all 104 children was reviewed. Out of the 104 children, 13 (12.50%) were existing Kern County dependents of the court mostly found from being on run away or arrested for crimes while in out of home care, eight (7.69%) were dependents of the courts in other California counties, one (0.96%) was a ward from Los Angeles County, and 10 (9.62%) children eventually became wards. Kern's Child Welfare Services filed petitions on only seven children (6.73%) out of 104 children brought into care. Of the children brought into protective custody by the Probation Department, 78.85% of children were released to a parent within 48 hours of being detained; some of the children who eventually became wards were also released and in the months that followed were charged with a crime and became wards.

Strategy 5: Increase engagement with families and children through the use of Team Decision Making (TDM) meetings. The applicable outcome measures this strategy should positively affect include Re-Entry Following Reunification (Exit Cohort), Placement Stability (8 days to 12 months in care), Placement Stability (12 to 24 months in care), and Placement Stability (at least 24 months in care).

Strategy 5 Action Steps:

- A.** The first action step is to evaluate the current process and update the TDM policy to reduce the number of exemptions by July 2013.

The TDM policy was evaluated and edited to reduce the number of exemptions granted, as well as including responsibilities for Adoption social workers. Managers and Program Specialists provided input to update the policy. The updated TDM policy was published in March 2013 and all placement staff has been trained.

- B.** Pilot the policy in Family Services.

Family Services piloted the draft policy. Two units in Family Services implemented the policy in May 2012; two additional units began in July 2012; in August 2012, three additional Family Services units implemented the policy; and finally in September 2012 the final six units implemented the revised TDM process. In addition, Adoption staff has implemented the use of TDMs. Training

for the four units in Adoptions were held in November and December 2012. This action step was scheduled to be completed between July 2013 and July 2015; it has been completed.

C. Identify staffing needs and train staff.

A full-time permanent Social Services Worker has been designated as the primary TDM facilitator. In addition, Kern County has hired a part time TDM facilitator to assist with the increased need for facilitation, data collection, and review. There is also 13 additional case carrying staff trained as TDM facilitators to ensure proper coverage for the increase of the Team Decision Making Meetings. To ensure the TDM process is adhering to the model and continues to be effective, the TDM facilitators in April 2013 have begun to utilize a TDM survey for all participants. The feedback received will be utilized to assess further needs of the TDM process. This action step was scheduled to be completed between July 2013 and July 2014; it has been completed.

D. Publish policy and roll out the use of Team Decision Making meetings.

The updated TDM policy was published in March 2013. Family Services staff rolled out the use of TDMS from May 2012 through September 2012. In addition, Adoption staff was trained in November and December 2012. This action step was scheduled to be completed July 2016; it has been completed.

E. The final action step (timeframe July 2014 – July 2015) is to explore the implementation of TDMS at the point of reunification and upon dismissal of cases. This action step is scheduled for 2014-2015.

Monthly internal tacking reports show 1.) TDM compliance; and 2.) Compliance with completion of the TDM action plan. The reports ensure staff has held a TDM when circumstances present and that all parties follow through on action items they are responsible for; 3.) An additional report tracks the number of TDMS held per facilitator to ensure staffing needs are met; and 4.) Beginning May 2013, monthly survey reports will also track participants' feedback on the TDM process to assess the need for training for TDM facilitators. It should be noted compliance reports looked at placement changes and TDMS only within the units that rolled out. As a unit rolled out the new use of the TDM policy, that unit was added to the compliance report the following month. In addition, TDMS are not required on the following circumstances: changes from Family Maintenance (FM) to Family Reunification (FR) services, including when a petition pursuant to Welfare and Institutions Code Section 387 is filed; or when there is imminent danger. According to the TDM policy (published April 2013), exemptions are required in the following circumstances: A specific placement change (Plan B) has clearly been addressed in a recent TDM (within 2 months prior); a child moving from an Emergency Foster Home to permanent county or relative/NREFM placement home; when there is an ongoing law enforcement investigation and law enforcement requests no interview with parents and or children; safely surrendered babies; wraparound/MTFC participants; out-of-county placements in which we are placing out of county or out of county placement failed and child is returning to Kern County; a "Notice of Intent to

Remove” is issued by the social worker; there is imminent risk to the child and the decision has been made to remove the child; placement changes within an FFA when imminent risk is present or when a complaint on the home is being investigated. A TDM is exemptible at removal, as well as if the child is returned to the home of removal or placed in new placement; other reasons will be considered on a case-by-case basis. These exceptions require a case staffing with a Program Director (PD) or Program Specialist (PS); runaway youth: An exception no longer applies once the child returns and a placement is located; if a TDM conflicts with another policy, a case staffing with a PS or PD is required; school placement: If through an IEP, a school district has decided to place the child; a child placed into a prospective adoptive home. However, if siblings are going to be separated, this exemption does not apply.

The internal reports show the following:

- a) In July 2012, there were 29 placement changes with 20 TDMs held and five exceptions and four cases noncompliant with either requesting a TDM or exception.
- b) In August 2012, there were 32 placement changes, 16 TDMs held prior to the placement change and three additional TDMs held after the placement change occurred, six exceptions and seven cases were noncompliant with having a TDM or requesting an exception.
- c) September 2012 showed 35 placement moves, 14 TDMs held prior to the placement change, three exceptions, 11 placements changes that did not require a TDM per policy, and seven cases were noncompliant with either requesting a TDM or exception.
- d) In October 2012, there were 67 placement changes with 14 TDMs held prior to the placement change and one TDM held after the placement change had occurred, 14 exceptions, and in 27 cases a TDM was not required, 11 cases were noncompliant with either requesting a TDM or exception.
- e) In November 2012, there were 61 placement changes, 18 TDMs held prior to the placement change, 16 exceptions granted, 18 cases in which a TDM was not required per policy, nine cases were noncompliant with either requesting a TDM.
- f) In December 2012, there were 76 placement changes, 19 TDMs held prior to the placement change, 24 exceptions, 20 cases did not require a TDM or exception per policy and 13 cases in which a TDM or exception were required.
- g) In January 2013, there were 52 placement changes, 19 TDMs held prior to a placement change, an additional two TDMs were held after the placement change had occurred, 11 exceptions, 12 cases that were not required to have a TDM, and 13 noncompliant cases in which a TDM or exception were required.
- h) In February 2013, there were 44 placement changes, 10 TDMs held prior to a placement change, two TDMs held after the placement change had already occurred, 13 exceptions, 14 cases that did not require a TDM per policy, and five noncompliant cases in which a TDM or exception were required.

- i) In March 2013, there were 61 placement changes, 20 TDMs held prior to a placement change, three TDMs held after the placement change had already occurred, 30 exceptions, seven cases that did not require a TDM per policy, and one noncompliant case in which a TDM or exception was required.
- j) In April 2013, there were 79 placement changes, 44 TDMs held prior to a placement change, one TDM held after the placement change had already occurred, 10 exceptions, 14 cases that did not require a TDM per policy, and 10 noncompliant cases in which a TDM or exception was required. During this month, tracking on placements maintained as a result of a TDM began. For this month, 14 placements were maintained as a result of a TDM.

In reviewing the effectiveness of TDMs, the Child Welfare Dynamic Report and internal monthly reports were reviewed. As previously stated, the placement stability measures have improved, but there has been a decrease in outcome measure Re-entry Following Reunification by 0.2%.

Although some units in Family Services rolled out in May 2012, there were other units that rolled out at the end of September 2012, while Adoption units rolled out in November and December 2012. The changes implemented have taken some time for staff to adjust in their thinking about best practice and the effects it has on placement stability for foster youth. However, compliance with TDMs is heading in the right direction as staff is getting accustomed to practice. Ongoing discussion is held with Supervisors when compliance reports are issued for review. In addition In April 2013, a Decision Making Tree was created as a tool to further assist staff determine when a TDM is necessary. TDMs have also presented with an increase in workload for staff by traveling offsite for TDMs, the time allocated to conduct the meetings, and the increase in requirements to have more TDMs and less exceptions. An identified barrier has also been the need for translation services, specifically in Spanish. There are now two identified Spanish speaking TDM facilitators that will translate the meetings for the Spanish-speaking participant. In addition, TDM surveys have been re-introduced to the process. Beginning in April 2013, TDM facilitators will use a TDM survey for all participants' feedback on the process. The feedback received will be utilized to assess further needs of the TDM process and/or facilitators.

Strategy 6: Provide mentor services to families receiving family maintenance services. The outcome measure for improvement is Re-Entry Following Reunification (Exit Cohort).

Strategy 6 Action Steps:

- A. The initial action steps included the development and publishing of the Request for Proposal (RFP) by July 2015.

The RFP was published in the Spring 2012.

- B. The selection of an agency to provide mentor services, including the creation of the contract by July 2013- July 2014.

Kern County selected Garden Pathways to provide mentoring services. The contract was implemented on July 1, 2012.

- C. Referring parents to mentor services at the point of reunification and/or at 3 months prior to dismissal of the case by July 2014- July 2015.

Although this action step is scheduled for July 2014-July 2015, a mentoring services referral process has been created and advertised to social services staff. The Garden Pathways staff provided training during a Family Services All-Staff Meeting in March 2013 of the services the agency can provide to Child Welfare Services clients.

- D. Kern will evaluate the mentoring program and make any needed programmatic changes between July 2015-July 2017.

Although this action step is scheduled for July 2015- July 2017, monthly reports monitor the amount of clients being referred for mentoring services; the monthly tracking began in March 2013.

In evaluating Strategy 6, the Child Welfare Dynamic Report, monthly contractor's reports, and internal tracking reports were reviewed. According to the Child Welfare Dynamic Report Q4, 2012 our County rate lingers at 16.5%, a similar rate to that of the time of strategy selection of 16.3%. The Garden Pathways contract is shared between Kern's Child Welfare Services (CWS) and Cal Works to benefit clients from both programs. Internal referral tracking show child welfare staff referred clients for life skills classes and mentoring services after the program was advertised internally in February 2013 and Garden Pathways provided training at a Family Services All Staff meeting on March 21, 2013.

- a) In January 2013, child welfare staff referred one youth and one adult for comprehensive mentoring services.
- b) In February 2013, DHS referred four youth and one adult for comprehensive mentoring services. Additionally, seven youth were referred for Family to Family Mentoring.
- c) For the month of March 2013, one adult and one youth were referred for comprehensive mentoring services. In addition, DHS referred 13 adults for Family to Family Mentoring.
- d) In April 2013, staff referred three youth and nine adults for comprehensive mentoring services, one youth and one adult for Family to Family Mentoring.

It is anticipated that with internal advertising of the valuable services Garden Pathways can provide staff will increase referral rates. Monthly tracking will continue to monitor the referrals and quality of services.

Strategy 7: Implement post-detention Family Permanency Team of Social Services Workers in the Family Services program to centralize the placement process by utilizing a central placement unit that serves to identify the best and least restrictive placement options to improve stability of out-of-home placements. The timeframe for the action steps under this strategy are July 2015 through July 2016; Kern has not begun to address this strategy or action steps. However, the outcome measures anticipated to be positively affected are Re-Entry Following Reunification (Exit Cohort), Placement

Stability (8 days to 12 months in care), Placement Stability (12 to 24 months in care), and Placement Stability (at least 24 months in care).

Due to personnel changes, some changes have been made to the person responsible for implementation of action steps B, C, and D in this strategy. In addition, it was discovered the SIP was submitted without a time frame and person responsible for action step E; that too has been updated in the SIP chart.

Strategy 8: Streamline the relative approval process. The strategy will affect outcome measure of Placement Stability (8 days to 12 months).

Strategy 8 Action Steps:

- A.** The first action step for this strategy included the formation of a workgroup to develop policy and practice for assessing relatives in the field and review current policy to determine if it can be streamlined between July 2012 and July 2013.
 - The workgroup was developed and is actively meeting every two weeks. The workgroup has identified impediments to the relative assessment process, has found solutions, and continues to work on ways to streamline the process.
 - The Relative Assessment (RA) Program has established mechanisms to track their workload, including time of completion. The program support staff maintains logs that indicate the date RA program received an application, the date of assignment, the date of closure and the disposition. A Live Scan Log is also maintained by RA to ensure timeliness for live scanning relative/NREFM applicants.
 - Relative Assessment staff has conducted training for the Kid's Connection Team (KCT) on the relative assessment process, including Title 22 regulations, with the purpose of having the KCT staff help facilitate relative/NREFM's preparedness for the assessment process. For instance, KCT completes a cursory home assessment during their engagement process with family members to identify areas of the home that would require repairs or other modifications before RA conducts the home assessment. Packets of relative assessment documents have been created for the KCT staff to assist relatives/NREFMs in completing the applications and returning them to RA, as well as other pertinent documents needed throughout the assessment process.
 - Relative Assessment Program has hired staff to assist with engagement and follow up with relatives/NREFMs. Clerical staff answers the Live Scan scheduling telephone line and serve to back up each other when away from their desk to ensure prompt scheduling of Live Scan appointments. In addition, clerical staff monitors application files for non-response and follow up with telephone calls and letters to the relative/NREFM.
 - RA has re-distributed duties and hired additional social workers to streamline the assessment process. There is one social worker and supervisor dedicated to completion and approval of annual relative/NREFM re-assessments; one unit, including one supervisor, dedicated to Immediate Assessment Process (IAP) and expedited

assessments; and a second unit and supervisor dedicated to applicants that do not qualify for IAP or expedited process.

B. Implement new policy, monitor for implementation and compliance between July 2013-July 2017. Some of the components and processes that have been identified and changed thus far are as follows:

- The Immediate Assessment Process (IAP) policy has been identified as too restrictive allowing only for a minimal amount of relatives to qualify for the completion of an immediate family assessment within the first 24 to 48 hours following the child's detention hearing. The policy was renamed Immediate and Expedite Assessment Processes (IAP & EAP) to differentiate between the two types of rushed assessments. The policy was published in May 2013.
- The Assessment of Potential Relative and NREFM Homes is also under revision. The revisions include more detailed Relative Assessment Unit responsibilities, as well as the modification of the NREFM definition.
- The workgroup has also identified the need for placement staff to increase the amount of temporary placements (also known as Out Temporary, "OT," or extended visit) with relatives and non-related extended family members (NREFM) while they undergo a full relative/NREFM assessment. There was no policy on this process rather it has been a practice used minimally. The workgroup has developed a policy entitled "OT" with Relative/NREFM Pending Assessment or Visit Only. The policy was published in May 2013.

For evaluation of Strategy 8, the baseline data from the CSA, the Child Welfare Dynamic Report, and internal tracking were reviewed. The baseline data from the CSA 04/2010-03/2011 was at 69.2% for Placement Stability (8 days to 12 months). The Child Welfare Dynamic Report indicates in Q4, 2012, the county improved placement stability for children in care for 8 days to 12 months to 72.6%; an improvement of 3.3% since SIP inception of 69.3% rate.

In March 2013, a subcommittee began to meet to determine the best approach utilizing Internal Business Objects to capture the length of time it takes for relative/NREFM applications to move through the approval process and the number of children placed with relatives/NREFMs. A draft Business Objects Report found not all the data needed was captured. The report is under revision. In addition, the data entry fields were incorrectly being completed by Relative Assessment (RA) staff. Instruction was provided to RA staff on correct data entry for the respective fields in April 2013.

While an effective internal Business Objects report is being developed, Kern is utilizing monthly internal program tracking reports, which began in November 2012. The reports detail the date of home approval, the date the placement program received the approved application, the date of the TDM, whether the child was placed with the relative/NREFM, the placement date, and if not placed with the relative/NREFM, the reason for not placing. At that time in November 2012, tracking the length of time it takes for applications to move through the relative assessment process was not tracked until January 2013.

- In November 2012, there were 13 relatives/NREFMs approved for placement, 20 children (71.43%) were placed with those relatives/NREFMs, and eight (28.57%) were not placed with relatives.
- In December 2012, 27 relatives/NREFMs were approved for placement, 28 children (73.68%) were placed with a relative/NREFM, and 10 (26.32%) children were not placed.
- In January 2013, 22 relatives/NREFMs were approved for placement, 24 children (77.42%) were placed with a relative/NREFM, and seven children (22.58%) were not. For January 2013 from the date of application to the date the placing program received the approved assessment, the average was 88 days.
- In the month of February 2013, 26 relatives/NREFMs were approved for placement and the agency placed 24 children (72.73%) with relatives/NREFM and nine (27.73%) were not. The average for the length of the relative assessment process decreased to 61 days for the month of February 2013.
- In March 2013, 27 relatives/NREFMs were approved for placement, 32 children were placed with relatives/NREFMs and nine children were not. For the month of March, it took an average of 68 days to complete assessments.
- In April 2013, 24 relatives/NREFMs were approved. The number of children placed or not placed with relatives/NREFMs is pending. The average length of the relative assessment process was 62 days.

Strategy 9: Explore making Jamison Children’s Center a 23 hour facility. In doing so, placement stability (8 days to 12 months) will be positively impacted. The action steps are set to begin in July 2014- July 2015 including establishing a workgroup to research other County practices, to evaluate results of the research, and present the information to the Executive Team.

Strategy 10: Enhance supportive services for children in out of home care exhibiting emotional and behavioral problems. The support services will have an influence on the improvement of three outcome measures, including Placement Stability (12 to 24 months in care), Placement Stability (at least 24 months in care), and Re-Entry Following Reunification.

Strategy 10 Action Steps:

- A. The first action step is to implement training for foster parents on behavioral issues and how placement moves affect children and youth and their placement stability. The timeframe is July 2012 and ongoing.

A Foster Care Ombudsman was hired in November 2012, who developed a committee in February 2013 to address training for caregivers. The SCI policy is under review and revision as a result of PQCR, in which the caregivers identified the need of additional support services, including training on behavioral and emotional issues and the impact placement changes have on children. A contract is being developed with Bakersfield College Foster Care and Kinship Education Program to provide the training. It is anticipated the contract will be implemented

by July 1, 2013. While the training is being developed and scheduled, caregivers continue to have trainings including Infant Development/Toddler Development, Discipline and Safety, Parenting Traumatized Children, Resources for Raising Teens, Extended Foster Care, Special Medical Needs, Pregnancy, Pre-Natal Care and Resources, and Nutrition and Obesity.

- B.** An additional action step is to review the Special Care Increment (SCI) and add a required training component for foster parents who are requesting a SCI for behavior issues, prior to approving the SCI, and to monitor for compliance. The timeframe is July 2012 through July 2015. As previously stated, the SCI policy is under review and revision.

The training for caregivers will be advertised in the quarterly Recruitment, Development & Support Newsletter mailed to caregivers, including county foster parents, relatives/NREFMs, and Foster Family Agencies. In addition, placement social workers will be notified of the training to encourage their caregivers to participate. Bakersfield College posts their annual training schedule online as well.

Kern's caregivers are also provided support services through the Caregivers of Kern County (CKC). The group's mission is to "assist caregivers of foster/adopt/kinship children by offering our experience, support, training, understanding and love." The group produces a monthly newsletter advertising support activities for fostering families, as well as training opportunities throughout the community; some of the training topics include behavioral and emotional problems. The most recent newsletter in April 2013 included a list of trainings offered on topics of Attention Deficit Hyperactivity Disorder, Bullying, and Grief and Loss.

As previously noted, a new Foster Care Ombudsman was hired in November 2012. The Ombudsman is a support person for caregivers to get assistance in resolving any issues related to placement, as well as link caregivers to needed services.

Kern County also offers a Kinship Support Services Program (KSSP) through the Henrietta Weill Child Guidance Center. The program provides supportive services in English and Spanish to caregivers and children to help strengthen their families and provide opportunities for success. Their services include assessment and referral, guardianship assistance, case management services, individual, group, and family counseling, weekly support groups, monthly family night activities, and monthly kids' night activities.

- C.** The implementation of a Memorandum of Understanding (MOU) with Foster Family Agencies (FFAs) by July 2013 and Group Homes by July 2014 to ensure assistance with placement stability outcomes was also adopted as an action step.

The MOU is pending final signatures and will be implemented with FFAs. The MOU has clarified their responsibility of ensuring stability and will assist Kern with performance standards. The FFAs will notify the Department's SSW and Department's contact liaison within one business day if a child is moved to another certified family home for respite due to an urgent or immediate necessity such as, but not limited to, sudden illness of the foster parent and/or referral received by Department's Child Protective Services alleging abuse or neglect by the foster parent. No permanent placement changes are allowed without prior authorization from Department's SSW or SSW's immediate supervisor. In addition, the FFAs have committed to assist the Department with placement stability goals and maintain the child's placement by providing supportive services to the certified foster parent and the child as needed. In addition, the MOU indicates that all children placed with the FFA shall experience no more than one placement change while placed with the FFA unless an exception is approved by Department's Human Service Program Specialist or Program Director.

The MOU further reads that the FFAs will work to improve placement stability by implementing the following action steps:

- a. FFA shall make every effort to not subject the child to more than one placement change unless necessary as per the terms of this Agreement.
- b. On the fifth calendar day of the month, FFA shall provide a monthly report to Department/FFA liaison of all the children in FFA's care who have experienced a placement change within the previous calendar month in a format approved and provided by Department. Monthly reports shall include, but are not limited to, the following:
 - 1) Reason the child was moved.
 - 2) Number of placement changes the child experienced while placed with FFA.
 - 3) Was a seven day notice to remove the child from a home due to non-emergency issues provided to Department?
 - 4) What supportive services were provided to the child, such as, but not limited to, mental health services and Wraparound services?
 - 5) Percentage of children who experience placement changes in comparison to the total population of children served by FFA.

The MOU is pending final signatures. Upon implementation, the reporting from the FFAs will begin soon after the first full month of implementation. Also, the Department will develop an MOU with group homes with similar expectations no later than SIP allotted time frame for this action step, July 2014.

- D. Increasing referrals to WRAP for children in care will be a focus with the implementation of the Katie A. initiative, more WRAP services will be provided. The timeframe for this action step is July 2013 through July 2014.
- E. Explore the potential for expanding WRAP services to families transitioning to Family Maintenance is the final action step for Strategy 10. The timeframe set is July 2015 through July 2016.

It should be noted that Kern's performance in Q4 2012 of the Child Welfare Dynamic Report compared to the SIP baseline outcomes results listed from Q2 2012 indicate improvements in Placement Stability (12 to 24 months in care) by 2.2%, Placement Stability (at least 24 months in care) by 0.1%, but a slight decrease in Re-entry Following Reunification by 0.2%.

Kern has experienced a few transitions that will benefit supporting caregivers. The new Foster Care Ombudsman will assist caregivers in resolving any placement issues, will be mailing a quarterly newsletter to caregivers, and will continue to work with other agencies through Retention, Development and Support (RDS) committee work, which includes foster parent participation. The ongoing dialogue with the Caregivers of Kern County will also assist in forming positive relationships between caregivers and county staff. It is anticipated the transition to the new KSSP provider will be smooth and provide continued support to caregivers.

Kern County Probation Department has worked on the two selected strategies and action steps throughout the past year since SIP implementation. Below is the current status of each strategy:

Strategy 1: Improve policies and processes to ensure that the well-being of wards in foster care is being met. This strategy is expected to positively impact outcome measure 8A Children Transition to Self-Sufficient Adulthood.

Strategy 1 Action Steps:

- A. Ensure that the Child Welfare Services/Case Management System data is correct and updated in a timely manner, and conduct case reviews on a quarterly basis beginning July 2012 and ongoing.

This action step has been implemented. Data has been entered into the Child Welfare Services/Case Management System. In April 2013 a second support person was hired to assist with updating the data and at the same time the "Safe Measure System" was activated and is in the process of being purchased to assist us with accuracy. For example, the last Child Welfare & Probation Compliance Report from California Department of Social Services showed our

department at being 55.24% compliant in face-to-face contacts with wards in placement from the time period of October 2011 – September 2012, whereas our internal records show a compliance rate of 100%. We have determined the gap was our inaccurate data entries into the Child Welfare Service/Case Management System. Thus far the “Safe Measures System” appears to be catching our errors and missing fields in the system.

- B.** Develop procedural guide and best practice tool using Family Search and Engagement training materials between September 2012 and March 2013.

This action step is completed. In 2010 we had hired two Social Service Workers from the Department of Human Services as Family Finders. In addition to screening our cases for potential relative contacts/placements for our youth, they also created a Family Finder Manual for our staff. In 2012, we sent our newly hired Family Advocate to the Department of Human Services for additional training in this area. Upon her return, she enhanced our Family Finding Manual with new and updated material which we will utilize for our staff. We will continue to seek out training in this area as it becomes available.

- C.** Develop trained and skilled Probation Officers in Family Search and Engagement.

The third action step has been implemented. A Family Advocate was hired and trained in Family Search and Engagement. Due to an issue with the provider, the contract was terminated pre-maturely. However, the Family Search and Engagement training manual is complete and staff have been trained in the tools required to do this task. In addition, the department purchased the CLEAR program, a search engine to assist in this task between March 2013 and September 2013.

- D.** Implement Family Search and Engagement program to serve foster youth by September 2013.

This action step has been implemented. Due to staffing shortages, the Family Search and Engagement program is not at full capacity. Probation Officers do use the tools we have on a case by case basis to locate family members for possible placement options or for potential relationships. Once fully staffed, we plan on implementing this program on a regular basis.

- E.** Evaluate results of strategy by assessing to see if relative placements and supportive connections have increased to improve the well being of foster youth. Cases will be reviewed semi-annually and the results of the evaluation will determine if further policy changes and staff training needs to occur by September 2013 and ongoing.

The status of this action step is pending. This action step will be implemented once Family Search and Engagement is fully implemented to the point that successful placements have occurred.

Strategy 2: Improve the coordination and delivery of ILP services to probation youth. The second strategy will positively influence outcome measure 8A: Children Transition to Self-Sufficient Adulthood.

Strategy 2 Action Steps:

- A. Attend monthly ILP meetings with Child Welfare Services ILP staff by July 2012 and ongoing.

The first action step has been implemented. Meetings transpired between the Probation Division Director, Probation Placement Supervisor, Department of Human Services Program Specialist and ILP Supervisor on bi-monthly basis for approximately one year. These meetings were beneficial and eventually included line staff with the goal of educating staff and building relationships between our teams.

- B. Identify a probation liaison that will attend CWS ILP staff unit meetings, and be based out of the Dream Center every afternoon from 1-5 p.m by July 2012 and ongoing.

This action step has also been implemented. A Probation Officer is currently spending three afternoons per week at the Dream Center. This has been a positive step in collaborating with both community partners and with foster youth.

- C. Placement of youth in group homes that specialize in ILP services.

The previous action step was replaced as funding for ILP is controlled through the Department of Human Services. In lieu of contracting out ILP services, we have begun placing youth in group homes that specialize in the delivery of ILP services. With the passage of AB 12 and the focus of “Transitional Age Youth” there are group homes that have become specialized in ILP services and have tailored programming to meet the needs of this population.

- D. Utilize technology such as “Skyping” computers and lap tops to increase communication with youth placed in group homes by July 2012 and ongoing.

Lap tops for “Skyping” capability were purchased and provided for all Probation Officers who have out of county caseloads to increase communication between the wards and their Probation Officers and also to increase communication between wards and family members during Probation Officers' visits.

BARRIERS TO IMPLEMENTATION

Our county is committed to working with our partners to mitigate any barriers to implementation and to achieve our stated goals.

Although initial response for law enforcement officials appears to be favorable, a potential barrier to implementation to the Crisis Responders Unit (CRU) may be how quickly a Crisis Responders Social Services Worker can meet with law enforcement officials in the field. The time frame for law enforcement officials in investigating a matter may be lengthened by having to wait for a response time by a CRU social worker before ending their assignment on a call. In addition, the employees' union may resist the nontraditional work hours (11:00 am – 8:00 pm) recommended. However, our agency is committed to working with law enforcement officials and we will meet with the employees' union so they are aware of our intentions, and we will work to implement strategies that will have positive impacts on our community.

In addition, Kern County has had some difficulty with staffing, especially in the outlying areas in East Kern, such as the Mojave and Ridgecrest offices. It is, therefore, anticipated that a challenge in staffing outlying areas may present an additional barrier. However, our agency is committed to hiring staff who reside in the outlying areas as they may be more committed to effectively serve within their own community. An additional staffing issue is turnover and vacancies. Although the county has hired permanent staff, the experience levels in Family Services is low, which presents a barrier to reunification. Social workers learning the job are not yet experts in reunification efforts, such as engagement, case planning, community resources, and assessment of parent progress. Currently, 37% of Social Services Workers and 37% of Social Services Supervisors have less than one year experience in their respective positions. Social workers' training and experience over time will increase their knowledge in working to help reunify families.

If the Crisis Responders Unit cannot be implemented, it may present a problem for reducing Jamison Children's Center into a 23 hour facility. The facility may need to continue to be open for more than 23 hours if staff is not available to make immediate placements with relatives/NREFMs.

Probation has found a barrier to implementation. The action step of exploring the possibility of ILP services for Kern County to be contracted out is not feasible. County Probation has discovered in lieu of contracting out ILP services, we have begun placing youth in group homes that specialize in ILP services. With the passage of AB 12 and the focus on transitional age youth, many group homes have begun specializing in ILP services and tailoring programs to assist this population. We attempt to place with appropriate relatives or in NREFM placements whenever possible; however, when this option is not available (historically foster homes are not readily available to probation youth) our department has responded by being more selective about placement options and focusing on placing age appropriate wards in group home placements that would benefit from services in these specialized placements. We currently use approximately twelve group homes that are focusing specifically on ILP services for transitional age youth. Many of the group homes actually offer structured classes that train youth in such areas as how to dress for job interviews, how to complete job applications, and interview techniques, etc. Group homes are assisting youth in finding work experience programs, volunteering opportunities, internships, and vocational training. Since the

passage of AB12, many of these same group homes are preparing the youth to enter AB12 by assisting them in securing a job and/or enrolling in school. This has made the transition from group home placement to AB12 placement successful and made the youth less fearful about reaching the age of majority. Because more probation youth are entering AB12 than we expected, we are utilizing these specialized group homes on a more regular basis. Specifically if a youth does not have a family member to reunify with, the Placement Officer focuses on placement in a group home that specializes in emancipation services.

OTHER SUCCESSES/PROMISING PRACTICES

Kid's Connection Team: The inception of the Kid's Connection Team was in July 2012. Although their job duties are under review and revision for maximized services, the outcomes for the three Placement Stability measures have already seen an increase in performance. An additional outcome measure that KCT has affected is Least Restrictive (Entries First Placement: Relative) from 3.3% in Q2 2012 of the CWS Dynamic Report to 4.6% in Q3 2012, to the most current at 6.6% in Q4 2012. Additionally, the performance results for Least Restrictive (PIT Placement: Relative) indicate improvement in both Q3 2012 and Q4 2012, 28.5% and 27.9%. As the duties of the KCT and Relative Assessment Program continue to be revised and streamlined, it is anticipated that the aforementioned performance measures will continue to improve.

Fostering Connections After 18 Program: This program also known as Extended Foster Care Program or AB 12 is another promising practice. The intent of the Extended Foster Care (EFC) program is to offer non-minor dependents opportunities and accountability to aid their transition into self-sufficiency. The goal is to accomplish this by providing non-minor dependents with opportunities to take incremental and continual steps towards reaching self-sufficiency. The Independent Living Program has an array of services, including workshops, which provide non-minor dependents with tools to assist them through their transition into successful adulthood. As of early April 2013, Safe Measures shows Kern has 108 cases with a Supportive Transition component in the Child Welfare Services/ Case Management System (CWS/CMS), which is required for non-minor dependent cases. Safe Measures also shows youth are staying in care through the Extended Foster Care program. Of the 108 young adults in care, there are 18 youth participating in EFC less than 3 months; 14 youth with 3-6 months participation; 27 youth with 6-9 months participation; 27 youth with 9-12 months participation; 21 youth with 12-18 months participation, and one youth with participation for 18 months or longer. As more youth stay in care beyond their 18th birthday and take advantage of this safety net program, they will be better prepared in adulthood. For a more comprehensive account of the services being provided to non-minor dependents, please refer to State and Federally Mandated Child Welfare/Probation Initiatives section.

Adoption Services: The majority of children experiencing more than two placement changes are ages three to five. Kern's Adoption Agency is committed to assist in placement stability for foster youth. The Adoption Agency's concurrent planning social worker is attending all TDMs that involve a child five years old or younger. In addition,

placement staff is able to utilize the Child Availability Form to request placement assistance from Adoptions staff. Adoption staff is stationed at a separate office from placement social workers. In an effort for increased collaboration between the Adoption Program and Family Services Program, our county will explore the possibilities of co-locating the Adoption staff once to twice per week at the main office with placement staff to assist with placement services. Further, adoption staff has been working closely with Heart Gallery staff. The purpose of the Heart Gallery is to find loving, adoptive homes for the Kern County foster children featured in this traveling portrait gallery and to raise overall community awareness about the need for loving families willing to make a lifelong commitment to these children in foster care.

An Adoption Social Worker has been allocated to conduct family finding efforts for children ages three to five without a caretaker committed to adoption.

The following promising practices will assist Kern County's Probation agency in improving outcome measures:

Child Welfare Services/Case Management System: All staff has been trained and all current cases have been entered into the system. Because we were struggling with accuracy, we have now implemented the "Safe Measures" program. All indications thus far suggest this is going to be very successful in assisting with improving accuracy. We have had this system, thus far, for 45 days and have run our own departmental reports. Thus far, we have been able to catch errors that we were not aware of prior to having Safe Measures available to us. The Safe Measures program was made available to us free of charge for 60 days and at this juncture, our department is taking the necessary steps to purchase this tool in order to keep it available to our officers.

Family Search and Engagement Training Guide: The Department of Human Services provided training to our department which assisted us in utilizing a tool that will increase relative placements and with transitioning wards out of foster care.

Probation Liaison to ILP maintaining office hours at the Dream Center: This has proven to be a valuable resource in team building and a resource for our youth. Relationships with our partner agencies are a valuable tool that needs to be fostered in order to streamline services and increase communication.

OUTCOME MEASURES NOT MEETING STATE/NATIONAL STANDARDS

Kern's reunification outcome measures continue to linger at similar rates, not meeting national standards. The reunification outcome measures not meeting standards are as follows:

C1.1 Reunification within 12 months (Exit Cohort): This outcome measures of all children discharged from foster care to reunification during the year who had been in foster care for 8 days or longer, the percentage of children reunified in less than 12 months from the date of the latest removal from home. The national standard is 75.2%, whereas Kern's rate from Q4 2012 is 63.7%, according the Child Welfare Dynamic System. The highest performance rate was Q2 2012 at 73.5%, whereas Q3 2012 was at 68.5%.

C1.3 Reunification within 12 months (Entry Cohort): In this measure, Kern is also performing below the national standard of 48.4% and the CSA 04/2010 – 03/2011, which was 44.6%. This measure provides information of all children entering foster care for the first time in the 6-month period who remained for 8 days or longer, the percentage of children discharged from foster care in less than 12 months from the date of latest removal from home. The Child Welfare Dynamic System indicates Kern's most recent performance at 40%; an increase, nonetheless from Q2 2012 and Q3 2012 with 39.4% and 35.9% rates, respectively.

C1.2 Median Time to Reunification: The focus of this measure is to determine of all children discharged from foster care to reunification during the year who had been in foster care for 8 days or longer, the median length of stay (in months) from the date of latest removal from home until the date of discharge to reunification. The national standard is 5.4 months. Kern's median time to reunification has increased over time and has not met the national standard. The most recent performance indicates it takes 9.7 months for Kern's families to reunify. The previous quarters, according the Child Welfare Dynamic System, showed increase each quarter from Q2 2012 at 8 months, Q3 2012 at 9.4 months, and Q4 at 9.7 months. A variety of factors affect the reunification measures including parents substance abuse related issues, complexity of cases, gaps in services, staffing issues i.e. staff turnover and movement.

Substance abuse issues, specifically methamphetamine, continue to be a prevalent concern in Kern County. Relapses by parents continue to impact timely reunification given the legal time restrictions to reunify. Most recent information gathered from The Structured Decision Making® System in Child Welfare Services in California combined Counties Comparison Data Report, dated April 2013, for the report period: January 1 – December 31, 2012 showed substance abuse continues to be identified in Kern as a safety threat in removal homes and priority family needs. The report showed the three most prevalent safety threats identified in removal households in Kern (N = 451) were: Child Immediate Needs Not Met (208) 46.1%; Caregiver Substance Abuse (199) 44.1%; and Failure to Protect (129) 28.6%. It also found the three most frequent priority family needs by Kern (N = 1,025) were: Substance Abuse/Use (435) 42.4%; Parenting Skills (351) 34.2%; and Mental Health/Coping Skills (276) 26.9%. The complexity of the safety threats and needs of families, especially dual diagnosis clients, make for more complex court ordered case plans and relapses causing reunification to take longer.

As explained in Kern's 2012 Self Improvement Plan, Promoting Safe and Stable Families (PSSF) Time Limited Family Reunification (TLFR) dollars fund the following types of services for families who are court ordered to receive Family Reunification services: counseling, support group, and guided parent/child visitation activities. Additionally, Kern's Child Abuse Prevention, Intervention, and Treatment (CAPIT) dollars fund parent education classes (including those specifically designed for parents with special needs), counseling and case management services.

These services began on July 1, 2012, however, on January 22, 2013, the Kern County Network for Children's (KCNC) Governing Board (Kern's planning and oversight body for PSSF and CAPIT funds) voted unanimously to terminate KCNC's Agreement with Haven Counseling Center to provide comprehensive parent education (CAPIT) and time limited family reunification (TLFR) services. A thirty day termination notice was provided

on January 23, 2013 and Haven's Agreement terminated on February 22, 2013. This action was necessary after repeated corrective action requests to fully remedy material weaknesses in accounting practices and deficiencies in program practices were not satisfactorily implemented. To prevent a gap in services for clients court-ordered to receive parent education services, the KCNC executed a Professional Services Agreement with a fully qualified instructor to provide services on an interim basis from February 25, 2013 through June 30, 2013, until a new agency was selected to provide them for FY 2013-2017. Since client engagement is key to the success of TLFR services, the decision was made not to select an interim provider. As a result, TLFR services have not been available during the months of March – June 2013. This may negatively affect Kern's reunification composite data, specifically outcomes C1.1 Reunification within 12 Months (Exit Cohort) and C1.4 Re-Entry Following Reunification (Exit Cohort) for Q3 2013.

A Request for Proposal process to select a FY 2013-2017 provider for PSSF TLFR and CAPIT services was initiated in February of 2013. The Kern County Board of Supervisors approved the new provider on April 16, 2013, and TLFR and CAPIT funded services to help improve these important outcomes will fully resume on July 8, 2013.

Another barrier to improving the reunification outcomes is staffing issues. Literature indicates staffing problems that impede reunification include high caseloads, inexperienced staff and high staff turnover. Kern has experienced these problems. In late 2011 to 2012, there were vacancies for 19 social service workers that were eventually filled by 13 extra help social services workers (temporary 9 months); however, the new staff was inexperienced to deliver reunification services. In late 2012 to currently, the staff was replaced with permanent social services workers and supervisors. Currently, however, 37% of Social Workers and 37% of Social Services Supervisors charged with reunification efforts have less than one year experience in their respective positions. Caseloads in Family Services continue to be in the high 20s to low 30s even with the addition of staff. The Child Welfare League of America (CWLA) Standard of Excellence Caseload for Family Services social workers is 14 cases. In addition, experienced staff who are promoted take their expertise with them.

There are two adoption and two permanency measures that do not meet the national standard. However, Kern is committed to reviewing the data and discussing opportunities for improvement. The outcome measures that do not meet the national standards are as follows:

C2.3 Adoption within 12 Months (17 months in care): For this measure, the national standard is 22.7%. The measure addresses of all children in foster care for 17 continuous months or longer on the first day of the year, the percentage of children discharged to a finalized adoption by the last day of the year. There was a substantial decline in the measure from Q2 2012 through Q4 2012 of the Child Welfare Dynamic Report: Q2 2012 at 22.4%, Q3 2012 at 21.7%, and Q4 2012 at 16.6%. California's rate for this measure was 19.1% during January 1, 2012 through December 31, 2012. For the same time period, Kern County was at 13.7%. Of the children meeting this criteria, there were 63 out of 99 children ages zero to five that were adopted in 2012. Of the 425 children ages six through 17, 24 were adopted in 2012.

C2.4 Legally Free within 6 Months (17 months in care): The measure looks at all children in foster care for 17 continuous months or longer and not legally free for adoption on the first day of the year, the percentage of children that became legally free within the next 6 months? The national standard is at a 10.9% rate, whereas Kern, according to the Child Welfare Dynamic Report, has been in Q2 2012 at 4.9%, Q3 2012 at 5.0% and Q4 2012 at 1.7%. From January 1, 2012 through June 30, 2012, California's outcome measure was 7.6% while Kern County was at 1.4%. In this category, there were four out of 26 children ages zero through five and three out of 381 children ages six through 17 that met the criteria for inclusion in this measure.

C3.1 Exit to Permanency (24 months in care): Of all children in foster care for 24 months or longer on the first day of the year, the percentage of children discharged to a permanent home by the end of the year and prior to turning 18? The national standard is 29.1%. Our CSA 04/2010-03/2011 baseline was 22%. Although a slight increase from reports in Q1 2012 Child Welfare Dynamic Report to 22.4%, there has been a decline in the following quarters: Q2 2013 at 20%, Q3 2012 at 19.4%, to the most recent Q4 2012 at 18.4%. The results of this outcome measure from January 1, 2012 through December 31, 2012 for the state of California was 23.5%, whereas Kern County's rate was 18.4%.

C3.3 In Care 3 Years or Longer (Emancipated/Age18): The national standard for all children in foster care during the year who were either discharged to emancipation or turned 18 while still in care, and who had been in foster care for 3 years or longer is 37.5%. Kern's performance according to the CSA (04/10- 03/11) was 70.3%. Kern has declined in 2012's percentages, however, continues to below the national standard. The Child Welfare Dynamic Report shows 2012 actual results for Kern as follows: Q2 2012 at a 61.5% rate when the SIP was developed; Q3 2012 at 61.6% rate; and Q4 2012 at 62.2%. In California, the average rate for this measure was 44.8% while Kern County's rate was 59.1%. Although Kern County is not meeting the national standard for this measure, it is headed in the right direction. In this measure, of the 54 children ages 0-5, two exited to reunification, 26 to adoption, 2 to legal guardianship, and 24 remained in care. Of the 414 children ages 6-17, 13 exited to reunification, 15 to adoption, 28 to legal guardianship, 22 to non-permanency, and 336 remained in care.

In reviewing the data in the Child Welfare Dynamic Reporting System, the four measures all indicate children ages six through 17 are not exiting into permanency as fast as children ages zero through five. The older youth are lingering in foster care longer.

The Adoption Program has begun to focus on stability and exits to permanency with children ages zero through five to increase placement stability by having an Adoption Social Worker attend TDMs that involve children five and under, offering assistance to placement staff in locating and placing a young child in a pre-adoptive home, and has allocated an Adoption Social Worker to conduct family finding efforts for children ages three through five whom are without a caretaker committed to adoption. The efforts by Adoption will further increase stability and permanency for younger children timely.

Kern County has previously focused on and gave importance to Heart Gallery and Older Youth Adoption programs. However, the focus on the older children has diminished over time. The Department will re-consider how to move older foster children into permanency.

Although placement with relatives is good for stability, studies suggest children remain in the system longer because parents are not as motivated to get their children out of the foster care system when they are placed with relatives. Additionally, relatives are hesitant to adopt their relative children in hopes that the birth parent will eventually resolve the circumstances that brought the children into care.

There are opportunities for improvement in permanency and adoption outcomes for older foster youth in Kern County. More analysis and discussion is needed to determine what courses of action could help make improvements. Areas needed to be reviewed include the findings of adoption assessments, how many children over the age of five are deemed adoptable versus not adoptable, what is considered an adoptable child, are youth encouraged to stay in care and benefit from the Extended Foster Care Program, and how many older youth want to be adopted. Although the efforts for children zero through five are beneficial for the specific group, focus on children six through 17 is warranted.

Kern’s probation agency has reviewed outcome measures from the Child Dynamic Reporting System and determined the reunification measures are not meeting national standards. The findings are as follows:

<u>2012 National Standard</u>		<u>Kern County Probation</u>
Reunification within 12 months	75.2%	16%
Reentry following Reunification	9.9%	22%
Exits to Permanency (24 Months in Care)	29.1%	94%
In Care 3 Years or Longer	37.5%	64%

In reviewing why Kern County Probation falls below State and National standards in both successful reunification and length in placement, we have identified some contributing factors. First and foremost, many times when the Court orders a minor’s care to be vested with the Probation Department, that minor is a current or prior Dependent Child of the Court and his/her family has already been afforded reunification services. These youth are usually from a family that failed at reunifying with their child and have a history of either drug addiction and/or mental illness. Other issues that play a hindrance in reunification is the minor's criminal delinquency. Some of the youth also have specific court orders that require counseling programs they must complete before reunification can even be considered. Lastly, poverty and substance abuse issues tend to be a common thread in many of the families we work with. Kern County's system of care is overburdened with a high need for the resources to address these issues, which at times delays the initiation of service delivery.

State and Federally Mandated Child Welfare/Probation Initiatives

Kern County Child Welfare Services has been proactively working on initiatives. The work being conducted is set to bring positive outcomes to children and families.

Katie A.: The plaintiffs of the Katie A. lawsuit alleged violations of federal Medicaid laws, the American with Disabilities Act, Section 504 of the Rehabilitation Act and California Government Code Section 11135. The suit sought to improve the provision of mental health and supportive services for children and youth in, or at imminent risk of placement in, foster care in California. Kern County has been actively participating to meet the initiative requirements of making systemic changes for mental health services to children and youth. The Katie A. implementation resources 1) Medi-Cal Manual for ICC, IHBS & TFC for Katie A. Subclass Members and 2) Pathways to Mental Health Services – Core Practice Model Guide were received in March 2013 and have been reviewed. Kern's Child Welfare Services and Kern County Mental Health staff have been meeting on a weekly basis. The workgroup is tasked with establishing a plan for our County and establishing a stakeholders group. Kern County has completed the readiness assessment. The completion of our county's assessment provided Kern with an opportunity to review strengths and challenges within our child welfare and mental health systems in the context of Core Practice Model values and principles. Staff from both County departments has also attended training in the subject matter.

Extended Foster Care: In September 2010, Assembly Bill 12 (AB12) California Fostering Connections to Success became law in California. AB12 changed foster care by optionally extending foster care through the age of 20. The intent of the Extended Foster Care (EFC) program is to offer non-minor dependents opportunities and accountability to aid their transition into self-sufficiency. The goal is to accomplish this by providing non-minor dependents with opportunities to take incremental and continual steps towards reaching self-sufficiency. Kern County has made great strides in implementation of services for non-minor dependents from internal policies and training to community partnerships. A policy has been established to provide guidance and information to the staff providing case management services to youth that may be eligible for Extended Foster Care (AB12) services. This is consistent with Kern's vision to enable individuals to be self-sufficient and applies agency values such as responsible stewardship, respect for the individual and adherence to policy and regulation. As of early April 2013, Safe Measures shows Kern has 108 cases with a Supportive Transition component, which is required for non-minor dependent cases. Safe Measures also shows youth are staying in care through the Extended Foster Care program. Of the 108 young adults, there are 18 youth participating in EFC less than 3 months; 14 youth with three to six months participation; 27 youth with six through nine months participation; 27 youth with nine through 12 months; 21 youth with 12-18 months, and one youth 18 months or longer.

Training has been provided to all Family Services and Independent Living Program (ILP) staff on the eligibility for Extended Foster Care. Early discussions to introduce the program are held with foster youth upon reaching the age eligible for ILP services. The Family Services staff was tasked with providing services to non-minor dependents as young adults. However, it was determined that the skill set and focus for working with non-minor dependents was different than working with younger foster youth. There is

now a specialized unit to work with non-minor dependents that is in the early stages of transitioning all AB12 cases for assignment. It is expected AB12 staff will be experts in working with these young adults and in services to address their needs.

In relation to AB12 youth, the Child Welfare Dynamic Reports from September 2008 through December 2011 showed 8A-Exit Outcomes for Youth Aging Out of Foster Care trends for Kern increasing percentages of youth completing high school and having housing arrangements; however, trends showed decline in employment for youth. In an effort to curtail the negative trend for AB12 youth, Kern partnered with the Kern High School District Career Services Department to provide Tier I and Tier II life skills workshops and opportunities for employment experiences to help youth. Tier I program is open to 16 and 17 year old foster youth and provides life skills workshops and work preparation activities with incentives provided for completion. The Tier II program provides advanced life skills training and upon completion, provides up to 100 hours of paid work experience. It is anticipated that this partnership will increase employment outcomes for youth exiting foster care.

In another effort to assist AB12 youth, Child Welfare Services has improved working relationships with Kern County Mental Health's Transitional Aged Youth (TAY) program, who serves young adults between the ages of 16 and 25 who are aging out of the foster care system, juvenile probation system, or the Children's Mental Health System of Care. These are young adults who are in need of assistance and support to transition successfully into adulthood. Funded by the Mental Health Services Act (MHSA), TAY programs are provided in counties throughout California and offer a wide variety of integrated services including mental health/substance abuse treatment, medication services, physical health care linkage, vocational/education services, life skills, housing, and social opportunities that will best serve the youth as they move into this new phase of life. The program focuses on strengths, positive relationships, personal responsibility, and self-sufficiency. TAY has provided training for Kern's Child Welfare Family Services Supervisors on how to refer foster youth, eligibility criteria, and the referral process. TAY has also partnered with the community for construction of the Residences at West Columbus (RWC). Of the 56 units in the apartment complex, 20 one-bedroom units are set aside for transitional age youth who meet the following criteria: are between the ages of 18 and 25 years of age, have an emotional or mental disability, have low income, and are homeless or at risk of homelessness. The goals of the program are to help the young tenants maintain stability, support their mental health recovery and resiliency, and maximize their ability to live and work independently during their transition to adulthood. The TAY team provides residents mental health services, both on and off-site, as needed. The Housing Authority of the County of Kern administers property management of the RWC and Covenant Community Services provides supportive services on-site.

Through the non-profit branch of the Department of Human Services, the Independent Living Program (ILP) program has created the Inspiration Scholarship Fund, which supports current and former ILP eligible foster youth from Kern County who are pursuing postsecondary education, and who are an inspiration to others around them, by providing a one-time scholarship of up to \$500 (depending on available funding) to use for educational expenses.

Youth from both child welfare and probation agencies are benefiting from the Kern County Network for Children's Dream Center and Coffee House as it serves as a unique resource for Kern County foster youth who are preparing for or have aged out of the foster care system without permanent connections. The Coffee House (front of the building) serves as a unique job training program that provides a quality beverage and food service to the community. The Dream Center (rear of the building) serves as a unique one-stop resource center for youth. Staff from the Kern County Probation Department's Placement unit, Kern County Department of Human Services' Independent Living Program, Kern County Mental Health System of Care, Kern County Foster Youth Services program, and Kern High School District staff is co-located and available to serve walk-in and/or established youth. They provide youth with housing assistance, counseling, employment services, educational support and advocacy, information about AB 12, health care referrals, linkages to public assistance, bus passes, etc. The social workers at this location also serve as a point of contact for young emancipated adults requesting AB12 re-entry. In addition to these supportive services, the Dream Center also provides youth with:

- Emergency food, clothing, shoes, hygiene kits, household items, baby diapers/food items, prevention information for teens and teen parents, and donated bikes;
- A computer bank to assist with resume preparation, job searches, and maintaining social connections; and,
- A safe place where they can spend time and feel community support and encouragement.

The specialized unit of social workers knowledgeable in AB12 policies, eligibility requirements, and services, along with collaboration with our community partners is expected to show positive outcomes for non-minor dependents.

Program Improvement Plan: Kern County has contributed to successful achievement of the Children and Family Services Review (CFSR) and Program Improvement Plans (PIP) and is continuing to work on further county improvements that will lead to continued success for California. The CFSR PIP Safety Measures include absence of maltreatment of children in foster care, absence of maltreatment recurrence, timeliness of initiating investigations of reports of child maltreatment, services to family to protect children in home and prevent removal, risk of harm to child (risk assessment), and risk of harm to child (safety assessments).

Several factors have contributed to the state's PIP progress in safety measures. Kern County implemented and expanded the use of Differential Response, which provides services to children and families at risk of experiencing child abuse or neglect and at risk of foster care entry. The amount of children placed into protective custody in Kern County has declined over time, most significantly from 2011 to 2012, in which there was a 39.2% decline. Since 2007 to 2012, there has been a decline in entries into care of 45.6% overall. The providers have begun utilizing an evidence based assessment tool, North Carolina Family Assessment Scale – General (NCFAS-G) to treat the family holistically. In addition, Kern utilizes Structured Decision Making assessment tools to determine risk and safety to children. Our county has consistently met or exceeded the outcome measure for absence of maltreatment of children in foster care. Kern now has

a full time Foster Care Ombudsman, as well as an active Retention, Development and Support (RDS) committee that addresses caregivers' needs and placement issues. As for ensuring that investigations of maltreatment are initiated within state policy timeframes, Kern's staff is utilizing a risk assessment to determine whether an immediate or ten day response is required. The state has noted that only Kern County has a more stringent policy than the ten day policy using a five day policy for investigating referrals in addition to immediate and ten day policies.

The state's permanency measures include timeliness to adoptions, permanency for children in foster care for extended time periods, timeliness and permanency of reunification, placement stability, permanency goals established in a timely manner, permanency goal of other planned permanent living arrangement, and family finding. Kern created two family finding units in 2012, who are working closely with the Relative Assessment Units and the Family Services Program to increase placement stability. In addition, Team Decision Making Meetings have rolled out throughout the Family Services and Adoption Programs, and are monitored for compliance and completion of the TDM action plans. Kern increased results of placing children with relatives (point in time), first placements with relatives, and children placed with siblings (all). Thus far, in the first year of our county's SIP, Placement Stability (8 days to 12 months and 12 to 24 months) have shown improvement contributing to the state's improvement.

In addition, Kern's Adoption within 24 Months has consistently been above the national standard of 36.6%. The Adoption Program works with a combination of internal programs to achieve success, including Heart Gallery for permanency of older children, RDS for recruitment of adoptive homes, contracts with local Foster Family Agencies to complete adoption home studies, and Post Adoption Supportive Services. Furthermore, in addition to the Foster Care Ombudsman, RDS committee, Kern has also supported caregivers through Foster Care Month to bring public appreciation to the efforts of caregivers for foster children, an appreciation dinner in May 2013, training through Bakersfield College, and collaboration and communication with the Caregivers of Kern. Kern has also refocused efforts toward Quality Parenting Initiative (QPI), which will focus on engaging resource families throughout the child welfare process and provide support to caregivers with the goal of ensuring children maintain connections to their communities, biological family, cultural and ethnic identity. A meeting was held in May 2013 to meet with the new core staff, informally present historical perspective and refresher of QPI goals and objectives, and assist in the addressing Kern's brand activities to determine the group's plan.

California's Well-Being Measures include needs and services of child, parent and foster parent, child and family involvement in case planning, caseworker visits with child, and caseworker visits with parents. Kern's practices that contribute to the PIP include Differential Response as described above, timely social worker visits (measure 2C), the use of SDM Strengths and Needs assessment tool, and engagement of families through the use of TDMs. The county child welfare rates of timely caseworker visits with children has consistently been above the state standard of 90%, as well as the visits that took place in the child's residence (state standard 50%). In addition, efforts to show further improvement Kern staff have extracted and analyzed data to determine the characteristics of missed timely visits with children, as well as resolve the errors. The

regulations for social worker visits will be changing to 95% and in efforts to train staff for the new regulations, Kern has participated with CalSWEC's efforts to update the social work curriculum. Furthermore, Kern has a Linkages Program in place that enhances the Cal WORKs and Child Welfare collaboration to improve service delivery for families served by both programs.

Kern has also actively worked on improving educational stability for foster youth. Kern has designated an educational liaison for child welfare services that works with Foster Youth Services Local Advisory Group, the county's educational liaisons, serves on the AD Hoc Foster Youth Special Education Planning Workgroup, and the Educational Stability Committee to address the educational needs of foster youth and foster youth in special education. Child Welfare has policies in place regarding education including Health and Education Passport, Educational Travel Reimbursement, and Parent/Guardian's Educational Rights for Children in Out-of-Home Care, as well as an Education Advocacy Manual; all of which staff can find online on the shared drive.

The well-being of children also encompasses their mental health. There are two Mental Health Liaisons stationed in Kern's CWS office to for staff to request and collaborate mental health services for foster youth. Kern has also assessed the amount of foster youth on psychotropic medication with that of the general population. The data indicated Kern is not over-medicating its children who are in out of home care based upon the above data. The review found that 13.4% of children in California have an authorized prescription for a psychotropic medication. This is higher than the total for the United States, which is 11.7%. Using the Child Dynamic Reporting System, the 58 counties were ranked by percentage. Kern's total percent of children living in out of home care who also had an authorization for a psychotropic medication was 10.6% for July 1 through September 30, 2012, which is less than the general population (10.9%) and also less than children who have been involved with Child Welfare services nationwide (11.7%). Kern ranked as number 19, with 18 counties having lower percentages than Kern. All of those 18 counties were smaller counties with the exception of Riverside which ranked at number 17. However, there are other areas that are in need of attention in regard to the mental well-being of children in out of home care. Most pressing is the need for a behavioral or social modification plan used in conjunction with the psychotropic medication and access to and use of specialty mental health services. Our agency in collaboration with the county mental health agency is also actively working on assessing and planning for the implementation of Katie A., which will further help children's overall well-being.

Strategy 1: Provide Differential Response (DR) Services to children and families who are at risk for experiencing child abuse or neglect, and evaluate the impact of those services.	<input type="checkbox"/> CAPIT	Applicable Outcome Measure(s) and/or Systemic Factor(s): S1.1 No Recurrence of Maltreatment
	<input type="checkbox"/> CBCAP	
	<input checked="" type="checkbox"/> PSSF	
	<input type="checkbox"/> N/A	
Action Steps:	Timeframe:	Person Responsible:
A. Develop Differential Response Providers trained and skilled in utilizing the Evidence Based NCFAS (North Carolina Family Assessment Tool) assessment tool.	July 2012 COMPLETED	Jayme Stuart, Kern County Network for Children IMPLEMENTED BY KERN COUNTY NETWORK FOR CHILDREN.
B. Implement the use of NCFAS assessment tool with all Differential Response Providers	August 2012 COMPLETED	Jayme Stuart, Kern County Network for Children IMPLEMENTED BY KERN COUNTY NETWORK FOR CHILDREN.
C. Evaluate results of this strategy by assessing if DR services have been provided to metro Bakersfield and the NCFAS tool is utilized by providers.	September 2012 and quarterly there after ONGOING	Jayme Stuart, Kern County Network for Children IMPLEMENTED BY KERN COUNTY NETWORK FOR CHILDREN.

<p>D. Develop an internal evaluation process for DR including a comparative group of families that do and don't receive services, and track outcomes across the groups.</p>	<p>July 2012—December 2012 MARCH 2013-APRIL 2013 COMPLETED</p>	<p>Kristy Powers-Stacy, Court Services PS & VANESSA FRANDO, PROGRAM SPECIALIST ASSIGNED TO ASSISTANT DIRECTOR'S OFFICE</p>
<p>E. Utilize the ongoing results from the evaluation process to update procedural and practice policies.</p>	<p>January 2013 and quarterly thereafter MAY 2013 AND ONGOING</p>	<p>Kristy Powers-Stacy, Court Services PS EVALUATION PROCESS HAS BEGUN. ACTUAL RESULTS ANTICIPATED IN MAY 2013</p>

<p>Strategy 2: Implement practice and policy for referring children with a substantiated case of child abuse or neglect “under age 3” to early intervention services.</p>	<input type="checkbox"/> CAPIT	<p>Applicable Outcome Measure(s) and/or Systemic Factor(s): S1.1 No Recurrence of Maltreatment C1.4 Re-Entry Following Reunification (Exit Cohort)</p>
	<input type="checkbox"/> CBCAP	
	<input type="checkbox"/> PSSF	
	<input checked="" type="checkbox"/> N/A	
<p>Action Steps:</p>	<p>Timeframe:</p>	<p>Person Responsible:</p>
<p>A. Explore other county programs and possible funding streams</p>	<p>July 2014</p>	<p>Maria Bermudez, VANESSA FRANDO PS assigned to AD office</p>
<p>B. Propose to Executive Team, Seek Approval, develop policy</p>	<p>January 2015</p>	<p>Antanette Jones REED, AD</p>

<p>C. Implement practice and policy, and review on an on-going basis.</p>	<p>July 2016</p>	<p>Maria Bermudez VANESSA FRANDO, PS assigned to AD office</p>
<p>Strategy 3:</p> <p>Create two pre-detention/pre-dispo Kid’s Connection Teams of SSW’s for the Emergency Response and Court Intake Divisions, for preparation of the new tasks of conducting family finding UP FRONT, relative assessment, and placement matching when child brought into protective custody by Crisis Responder.</p>	<p><input type="checkbox"/> CAPIT</p> <p><input type="checkbox"/> CBCAP</p> <p><input type="checkbox"/> PSSF</p> <p><input checked="" type="checkbox"/> N/A</p>	<p>Applicable Outcome Measure(s) and/or Systemic Factor(s):</p> <p>S1.1 No Recurrence of Maltreatment</p> <p>C1.4 Re-Entry Following Reunification (Exit Cohort)</p> <p>C4.1 Placement Stability Outcome: Placement Stability (8 days to 12 Months in Care)</p> <p>C4.2 Placement Stability Outcome: Placement Stability (12 to 24 Months in Care)</p> <p>C4.3 Placement Stability Outcome: Placement Stability (At Least 24 Months in Care)</p>
<p>Action Steps:</p>	<p>Timeframe:</p>	<p>Person Responsible:</p>
<p>A. Propose to Executive Team, Seek Approval, develop policy</p>	<p>July 2012 – July 2013</p> <p>PROPOSAL AND APPROVAL COMPLETED</p> <p>POLICY PENDING; BY JULY 2013</p>	<p>Jill/Monique</p> <p>Kristy Powers-Stacy, Court Services PS</p> <p>IMPLEMENTED TWO UNITS IN JULY 2012.</p>
<p>B. Recruit and train</p>	<p>July 2013 – July 2014</p> <p>COMPLETED</p>	<p>Human Resources</p> <p>Sheri Redding, Staff Development</p> <p>IMPLEMENTED TWO UNITS IN JULY 2012.</p>

C. Monitor data, Review quarterly reports from Berkeley Web Site	July 2013 – ongoing ONGOING	Kristy Powers-Stacy, Court Services PS Marti Garrett, Emergency Response PS
Strategy 4: Implement Crisis Responder Units in Emergency Response to immediately respond to Law Enforcement calls.	<input type="checkbox"/> CAPIT <input type="checkbox"/> CBCAP <input type="checkbox"/> PSSF <input checked="" type="checkbox"/> N/A	Applicable Outcome Measure(s) and/or Systemic Factor(s): C4.1 Placement Stability Outcome: Placement Stability (8 days to 12 Months in Care) C4.2 Placement Stability Outcome: Placement Stability (12 to 24 Months in Care) C4.3 Placement Stability Outcome: Placement Stability (At Least 24 Months in Care)
Action Steps:	Timeframe:	Person Responsible:
A. Propose to Executive Team, Seek approval, develop policy, meet and confer with the union	July 2015	Antanette Jones reed, AD PROPOSAL SUBMITTED. MEET AND CONFER NEEDED WITH UNION TO DISCUSS NON TRADITIONAL WORK HOURS. MEETING TO BE ARRANGED WITH LAW ENFORCEMENT OFFICIALS TO REVIEW PROPOSAL.
B. Recruit, train staff, implement	January 2016	Human Resources Sheri Redding, Staff Development Kristy Powers-Stacy, Court Services PS

C. Monitor data, Review quarterly reports	July 2016 to ongoing	Kristy Powers-Stacy, Court Services PS Marti Garrett, Emergency Response PS
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Strategy 5: Increase engagement with families and children through the use of TDMs.	<input type="checkbox"/> CAPIT	Applicable Outcome Measure(s) and/or Systemic Factor(s): C1.4: Re-Entry Following Reunification (Exit Cohort) C4.1 Placement Stability Outcome: Placement Stability (8 days to 12 Months in Care) C4.2 Placement Stability Outcome: Placement Stability (12 to 24 Months in Care) C4.3 Placement Stability Outcome: Placement Stability (At Least 24 Months in Care)
	<input type="checkbox"/> CBCAP	
	<input type="checkbox"/> PSSF	
	<input checked="" type="checkbox"/> N/A	
Action Steps:	Timeframe:	Person Responsible:
A. Evaluate current process and update TDM policy to reduce the number of exemptions.	July 2013 COMPLETED	TDM Supervisor: Sheri Redding Family Services PS' Steve Cecil and Ray Gomez PILOT COMPLETE FOR FAMILY SERVICES AND ADOPTIONS. FULL ROLL OUT TO ALL UNITS IN BOTH PROGRAMS.
B. Pilot the policy in Family Services	July 2013 – July 2015 COMPLETED	Jeaniene Reneau, Family Services Program Director POLICY WAS PUBLISHED IN MARCH 2013. PILOT COMPLETE FOR FAMILY SERVICES AND ADOPTIONS. FULL ROLL OUT TO ALL UNITS IN BOTH PROGRAMS.

<p>C. Identify staffing needs and train staff</p>	<p>July 2013 – July 2014</p> <p>COMPLETED</p>	<p>Jeaniene Reneau, Family Services Program Director VANESSA FRANDO, PROGRAM SPECIALIST SHERI REDDING, PROGRAM SPECIALIST IMPLEMENTED. FULL TIME FACILITATOR HIRED & TRAINED. BACK UP FACILITATORS TRAINED.</p>
<p>D. Publish policy and roll out the use of TDMs</p>	<p>January 2016</p> <p>COMPLETED</p>	<p>TDM Supervisor: Sheri Redding Jeff Mendoza, Policy Family Services PS' Steve Cecil and Ray Gomez</p>
<p>E. Explore implementing TDMs at the point of reunification and upon dismissal of cases</p>	<p>July 2014 – July 2015</p>	<p>Jeaniene Reneau, Family Services Program Director Family Services PS' Steve Cecil and Ray Gomez</p>

Strategy 6: Provide mentor services to families receiving family maintenance.	<input type="checkbox"/> CAPIT	Applicable Outcome Measure(s) and/or Systemic Factor(s): C1.4: Re-Entry Following Reunification (Exit Cohort)
	<input type="checkbox"/> CBCAP	
	<input type="checkbox"/> PSSF	
	<input checked="" type="checkbox"/> N/A	
Action Steps:	Timeframe:	Person Responsible:
A. Develop and publish RFP.	July 2012 – July 2013 COMPLETED	Jeaniene Reneau, Family Services PD Martha Garcia, Contracts RFP CONDUCTED AND PROVIDER SELECTED: GARDEN PATHWAYS
B. Select agency to provide mentor services and create contract.	July 2013 – July 2014 COMPLETED	Jeaniene Reneau, Family Services PD Martha Garcia, Contracts RFP CONDUCTED AND PROVIDER SELECTED: GARDEN PATHWAYS. CONTRACT WAS IMPLEMENTED JULY 1, 2012
C. Refer parents to mentor services at the point of reunification and/or at 3 months prior to dismissal of case.	July 2014 – July 2015 ONGOING	Jeaniene Reneau, Family Services PD Martha Garcia, Contracts

D. Evaluate mentoring program and make any needed programmatic changes	July 2015 – July 2017	Jeaniene Reneau, Family Services PD

Strategy 7: Implement post-detention Family Permanency Team of SSWs in the Family Services program to centralize the placement process by utilizing a central placement unit that serves to identify the best and least restrictive placement options to improve stability of out-of-home placements.	<input type="checkbox"/> CAPIT	Applicable Outcome Measure(s) and/or Systemic Factor(s): C1.4: Re-Entry Following Reunification (Exit Cohort) C4.1 Placement Stability Outcome: Placement Stability (8 days to 12 Months in Care) C4.2 Placement Stability Outcome: Placement Stability (12 to 24 Months in Care) C4.3 Placement Stability Outcome: Placement Stability (At Least 24 Months in Care)
	<input type="checkbox"/> CBCAP	
	<input type="checkbox"/> PSSF	
	<input checked="" type="checkbox"/> N/A	
Action Steps:	Timeframe:	Person Responsible:

<p>A. Propose to Executive Team, seek approval, develop policy</p>	<p>July 2015 – January 2016</p>	<p>Antanette Jones Reed, AD</p>
<p>B. Recruit staff and train</p>	<p>January 2016</p>	<p>FS PSs Steve Cecil and Ray Gomez HUMAN RESOURCES SHERI REDDING, STAFF DEVELOPMENT</p>
<p>C. Monitor data, review quarterly reports from Child Welfare Dynamic Reporting System</p>	<p>January 2016 – July 2016</p>	<p>Tim Stevens, Permanency Team SSS and Kristy Esquivel, Family Finding SSW FS PSs Steve Cecil and Ray Gomez</p>
<p>D. Develop and maintain placement matching database.</p>	<p>July 2016</p>	<p>CATHY MAGADALENO TIM STEVENS, Permanency Team SSS and Kristy Esquivel, Family Finding SSW Staff Development, Sheri Redding MIRIAM OCAMPO, FAMILY SERVICES SUPERVISOR</p>
<p>E. Develop and implement procedures for matching, tracking and monitoring placements; and tracking placement disruptions</p>	<p>JANUARY 2016- JULY 2016</p>	<p>CATHY MAGADALENO TIM STEVENS, Permanency Team SSS and Kristy Esquivel, Family Finding SSW</p>

		Staff Development, Sheri Redding MIRIAM OCAMPO AND GILBERT GARCIA, FAMILY SERVICES SUPERVISORS
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Strategy 8: Streamline Relative Approval Process.	<input type="checkbox"/> CAPIT	Applicable Outcome Measure(s) and/or Systemic Factor(s): C4.1: Placement Stability Outcome: Placement Stability (8 days to 12 months)
	<input type="checkbox"/> CBCAP	
	<input type="checkbox"/> PSSF	
	<input checked="" type="checkbox"/> N/A	
Action Steps:	Timeframe:	Person Responsible:
A. Form a workgroup to develop policy and practice for assessing relatives in the field and review current policy to determine if it can be streamlined	July 2012 – July 2013 COMPLETED.	Tim Stevens CATHY MAGDALENO, Kid’s Connection Permanency TEAM SSS, April Adams, Licensing Program Specialist, Kristy Powers-Stacy, Court Services PS. MARIA BERMUDEZ, PROGRAM DIRECTOR
B. Implement new policy, monitor for implementation/compliance	July 2013 – July 2017	Jeff Mendoza, Program Support Services Supervisor

Strategy 9: Explore making Jamison Children’s Center a 23 hour facility.	<input type="checkbox"/> CAPIT	Applicable Outcome Measure(s) and/or Systemic Factor(s): C4.1: Placement Stability Outcome: Placement Stability (8 days to 12 months)
	<input type="checkbox"/> CBCAP	
	<input type="checkbox"/> PSSF	
	<input checked="" type="checkbox"/> N/A	
Action Steps:	Timeframe:	Person Responsible:
A. Form work group to research other County practices	July 2014	Carl Guilford, Jamison Center PD Hal Lockey, Jamison Center PS
B. Workgroup to evaluate results of research and present to Executive Team	July 2015	Carl Guilford, Jamison Center PD Hal Lockey, Jamison Center PS

Strategy 10: Enhance supportive services for children in out of home care exhibiting emotional and behavioral problems.	<input type="checkbox"/> CAPIT	Applicable Outcome Measure(s) and/or Systemic Factor(s): C4.2: Placement Stability Outcome: Placement Stability (12 to 24 Months in Care) C4.3: Placement Stability Outcome: Placement Stability (At Least 24 Months In Care) C1.4 Re-Entry Following Reunification (Exit Cohort)
	<input type="checkbox"/> CBCAP	
	<input type="checkbox"/> PSSF	
	<input checked="" type="checkbox"/> N/A	
Action Steps:	Timeframe:	Person Responsible:
A. Implement training for foster parents on behavioral issues and how placement moves affects children and youth and their placement stability	July 2012 – ongoing ONGOING	April Adams, Licensing Unit Maria Bermudez, PS assigned to AD office MARGARITA SOZA, PROGRAM SPECIALIST
B. Review SCI policy and add a required training component for foster parents who are requesting a SCI for behavior issues, prior to approving the SCI; monitor for compliance	July 2012 – July 2015 ONGOING	Jeaniene Reneau, Family Services Pd Maria Bermudez, PS assigned to AD office MARGARITA SOZA, PROGRAM SPECIALIST Darla Munoz, Family Services Administrative Coordinator PROGRAM SPECIALIST ASSIGNED TO THE AD'S OFFICE

C. Implement MOU with Group Homes and to Foster Family Agencies to ensure assistance with placement stability outcomes	July 2013 : FFA MOU COMPLETED July 2014: Group MOU	Steve Cecil, Family Services PS
D. Increase referrals to WRAP for children in care.	July 2013 – July 2014	Cherilyn Price, Wraparound Supervisor Ray Gomez, Program Specialist for Wraparound
E. Explore the potential for expanding WRAP services to families transitioning to reunification.	July 2015 – July 2016	Cherilyn Price, Wraparound Supervisor Ray Gomez, Program Specialist for Wraparound

System Improvement Plan for Kern County Probation

Strategy 1: Improve policies and processes to ensure that the well-being of wards in foster care is being met.	<input type="checkbox"/> CAPIT	Measure 8A. Children Transition to Self-Sufficient Adulthood
	<input type="checkbox"/> CBCAP	
	<input type="checkbox"/> PSSF	
	<input checked="" type="checkbox"/> N/A	
Action Steps:	Timeframe:	Person Responsible:

<p>A. Ensure that the Child Welfare Services/Case Management System data is correct and updated in a timely manner, and conduct case reviews on a quarterly basis.</p>	<p>July 2012 and quarterly on going</p>	<p>Jason Hillis, Placement Supervisor</p>
<p>B. Develop procedural guide and best practice tool using Family Search and Engagement training materials.</p>	<p>September 2012 - March 2013 Completed</p>	<p>Jason Hillis, Placement Supervisor</p>
<p>C. Develop trained and skilled probation officers in family search and engagement.</p>	<p>March 2013 - September 2013 Completed</p>	<p>Jason Hillis, Placement Supervisor</p>
<p>D. Implement Family Search and Engagement program to serve foster youth.</p>	<p>September 2013 Completed</p>	<p>Jason Hillis, Placement Supervisor</p>
<p>E. Evaluate results of strategy by assessing to see if relative placements and supportive connections have increased to improve the well-being of foster youth. Cases will be reviewed semi-annually and the results of the evaluation will determine if further policy changes and staff training needs to occur.</p>	<p>September 2013 and ongoing</p>	<p>Jason Hillis, Placement Supervisor</p>

Strategy 2: Improve the coordination and delivery of ILP services to probation youth.	<input type="checkbox"/> CAPIT	Measure 8A. Children Transition to Self-Sufficient Adulthood
	<input type="checkbox"/> CBCAP	
	<input type="checkbox"/> PSSF	
	<input checked="" type="checkbox"/> N/A	
Action Steps:	Timeframe:	Person Responsible:
A. Attend monthly ILP meetings with Child Welfare Services ILP staff.	July 2012 and ongoing	Probation Division Director—Juvenile Programs Jason Hillis, Placement Supervisor
B. Identify a probation liaison that will attend CWS ILP staff unit meetings, and be based out of the dream center every afternoon from 1-5pm.	July 2012 and ongoing	Probation Division Director—Juvenile Programs Jason Hillis, Placement Supervisor
C. Explore the possibility of ILP services for Kern County to be contracted out. Placement in Group Homes with ILP services.	July 2012 - July 2013	Probation Division Director—Juvenile Programs Jason Hillis, Placement Supervisor
D. Utilize technology such as "skyping" computers and lap tops to increase communication with youth placed in group homes.	July 2012 and ongoing	Probation Division Director—Juvenile Programs Jason Hillis Placement Supervisor

