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California - Child and Family Services Review

Annual SIP Progress Report

2013-2014

KERN COUNTY DEPARTMENT OF HUMAN SERVICES
KERN COUNTY PROBATION DEPARTMENT

California – Child and Family Services Review Signature Sheet For submittal of: CSA ☐ SIP ☐ Progress Report ☒

County	KERN
SIP Period Dates	07/17/2012 – 07/17/2017
Outcome Data Period	QUARTER 4, 2013
County Child Welfare Agency Director	
Name	DENA MURPHY, INTRIM DIRECTOR
Signature*	
Phone Number	(661) 631-6646
Mailing Address	P.O. BOX 511 BAKERSFIELD, CA 93302
County Chief Probation Officer	
Name	DAVID KUGE
Signature*	David M. Kuge
Phone Number	(661) 868-4100
Mailing Address	2005 RIDGE ROAD BAKERSFIELD, CA 93305
Public Agency Designated to Administer CAPIT and CBCAP	
Name	DENA MURPHY
Signature*	
Phone Number	(661) 631-6646
Mailing Address	P.O. BOX 511 BAKERSFIELD, CA 93302
Board of Supervisors (BOS) Signature	
BOS Approval Date	NOT APPLICABLE
Name	NOT APPLICABLE
Signature*	NOT APPLICABLE

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Mail the original Signature Sheet to:

Children's Services Outcomes and Accountability Bureau
Attention: Bureau Chief
Children and Family Services Division
California Department of Social Services
744 P Street, MS 8-12-91
Sacramento, CA 95814

*Signatures must be in blue ink

Contact Information

Child Welfare Agency	Name	VANESSA FRANDO
	Agency	KERN COUNTY DEPARTMENT OF HUMAN SERVICES
	Phone & E-mail	(661) 631-6343 frandov@co.kern.ca.us
	Mailing Address	P.O. BOX 511, BAKERSFIELD, CA 93302
Probation Agency	Name	WILLIAM DICKINSON
	Agency	KERN COUNTY PROBATION DEPARTMENT
	Phone & E-mail	(661) 396-4501
	Mailing Address	2005 RIDGE ROAD, BAKERSFIELD, CA 93305
Public Agency Administering CAPIT and CBCAP (if other than Child Welfare)	Name	DENA MURPHY
	Agency	KERN COUNTY DEPARTMENT OF HUMAN SERVICES
	Phone & E-mail	(661) 631-6646 murphyd@co.kern.ca.us
	Mailing Address	P.O. BOX 511, BAKERSFIELD, CA 93302
CAPIT Liaison	Name	DARLA MUNOZ
	Agency	KERN COUNTY DEPARTMENT OF HUMAN SERVICES
	Phone & E-mail	(661) 631-6434 munozd@co.kern.ca.us
	Mailing Address	P.O. BOX 511, BAKERSFIELD, CA 93302
CBCAP Liaison	Name	DARLA MUNOZ
	Agency	KERN COUNTY DEPARTMENT OF HUMAN SERVICES
	Phone & E-mail	(661) 631-6434 munozd@co.kern.ca.us
	Mailing Address	P.O. BOX 511, BAKERSFIELD, CA 93302
PSSF Liaison	Name	DARLA MUNOZ
	Agency	KERN COUNTY DEPARTMENT OF HUMAN SERVICES
	Phone & E-mail	(661) 631-6343
	Mailing Address	P.O. BOX 511, BAKERSFIELD, CA 93302

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Introduction

California's passage of Assembly Bill 636, the Child Welfare System Improvement and Accountability Act, established the requirement for counties to develop System Improvement Plans in an effort to improve outcomes for children and families. The Kern County Department of Human Services, the Kern County Probation Department, and our community stakeholders worked together on three key planning stages: the Peer Quality Case Review (PQCR), the County Self-Assessment (CSA), and the System Improvement Plan (SIP) 2012-2017.

Collaborative efforts between our county agencies and stakeholders have continued during the implementation and review of key strategies to improve our county's outcomes. The identified strategies also support the state's Program Improvement Plan (PIP) and the 2008 recommendations for Kern County by the Child Welfare League of America.

This Progress Report is the second annual report for Kern County's System Improvement Plan 2012-2017. The annual progress report provides a written analysis of the following: Current outcome data performance, and the status of Kern's 12 identified strategies and associated action steps. The report will also outline an analysis of strengths and barriers encountered during the implementation process, promising practices, outcome measures not currently meeting national standards, and state and federally mandated Child Welfare and Probation Initiatives.

SIP Progress Narrative

Stakeholders Participation

Stakeholders' participation has been key in the implementation and monitoring of Kern's SIP strategies and action steps. The collaboration and support of the Board of Supervisors, California Department of Social Services, Differential Response providers, Kern County Network for Children, First 5 of Kern contracted agencies, group homes, foster family agencies, and several other community agencies has been essential in our county's ability to implement strategies and review the effectiveness with the overall goal of establishing improved outcomes for the children and families served by Kern's county agencies. Key stakeholders providing ongoing support for Kern include:

- **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, Interagency Coordinating 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, Public Defender's Office; 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 provide 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, South Kern, and Metropolitan Bakersfield.
- **Community Action Partnership of Kern (CAPK)**: A community-based organization with offices and clinics located throughout Kern County that provide Women, Infants and Children (WIC) services and food bank nutrition, Head Start child care, 211 community resource and referral, and utility/energy assistance programs. CAPK is the DR service provider for the East Kern region.
- **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 DR service provider for the Kern River Valley region.
- **Richland School District**: An elementary school district that serves as the fiscal agent for the Shafter Healthy Start Family Resource Center, which is the DR service provider for the North region.
- **Taft City School District:** An elementary school district that serves as the fiscal agent for the Westside Community Family Resource Center, which is the DR service provider for the West Kern region.
- **Henrietta Weill Memorial Child Guidance Clinic (HWMCG):** A community-based organization that provides mental health, parent education, and supportive services for children and families. HWMCGC provides court-ordered parent education and Time-Limited Family Reunification (TLFR) services for families who have experienced child abuse and neglect.

- **The Dream Center:** An innovative resource center for foster youth that serves as an easily accessible, inviting hub for comprehensive, integrated services and unique educational opportunities. The Dream Center assists current and former youth transition to independence and self-sufficiency. Co-located staff from Kern County Probation, Kem High School District, Kern County Mental Health, Kern's Foster Youth Services program, and Kern County Department of Human Services' Independent Living Program are on-site and available to provide a range of supportive services. Emancipated and current foster youth can also access concrete emergency need items (e.g. clothing, food, and hygiene items); meet with a mental health counselor; utilize a computer bank to create resumes, connect with friends and family members via the internet, and conduct job searches. These youth may attend workshops on topics ranging from budgeting to applying for college financial aid. Additionally, parenting youth can attend story-time sessions with their children and receive information on parenting and child abuse prevention. This one-stop approach reduces the duplication of services, increases service accessibility, and improves outcomes for Kern's foster youth. An Independent Living Social Worker and Probation Officer work in collaboration twice a week to assist wards who may come into the Dream Center for assistance and we have found this relationship has been beneficial not only in assuring information regarding services are passed on to the Probation Officers, but also to assist in the collaboration of both units in the delivery of services.
- **The Recruitment, Development and Support Committee:** A committee comprised of representatives from 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 monthly. Their assigned action steps in the SIP include Strategy 10 A and B, the implementation of training for foster parents on behavioral issues and review of the Special Care Increment 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. A DHS Program Specialist is assigned as the Group Home Liaison and he attends the Group Home Coalition meetings on a regular basis. DHS' Liaison is the lead on implementing Strategy 10C: revising the DHS/Group Home 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. The group's 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 Program Specialist is also a liaison for the FFA, and he has been working with FFAs on Strategy 10 C, to update a MOU. The FFA MOU has been completed, but amendments are in progress, which address 7-day notices and copies of court reports.

- **Juvenile Agency Meeting (JAM):** Members of the group include Juvenile Court Judges, Public Defenders, County Counsel, Mental Health, Probation, DHS, CASA, IDP Attorneys, various school districts, counseling agencies, as well as Foster Family Agencies to address joint issues that affect all systems that are part of Juvenile Court. Our SIP strategies have been 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), send a message of partnership to community partners including Mental Health, Educators, Mentoring Programs, Faith Based Community and Caregivers, and promote more equitable and broad based decisions. TDMs are a strategy to improve placement stabiiity.
- **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. Regular meetings are held between the two agencies.
- **Department of Human Services:** The Department of Human Services has been very generous in providing training to the Probation Department on Child Welfare Services/Case Management System, Family Finding Services including the use of the CLEAR program and in eligibility services to assure appropriate paperwork is submitted for payment to Group Homes, FFA etc. In addition, the Probation Department 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 transitional age wards. Lastly, the Independent Living Program has assisted with the NYDT data survey to assure Probation Officers are trained on using the Safe Measures Program in an effort to garnish as many completed NYDT data surveys as possible.
- **Group Homes:** Group Homes have been vital in transitioning youth to self-sufficiency. Because Kem County does not have many foster homes accepting probation youth for placement, probation has historically had to depend on group homes for 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. In addition, there

have been a handful of "Transitional Age Youth" group homes or SILPs that have worked closely with Probation to assist in housing for this population.

- **First 5 Kern:** First 5 Kern supports child development programs throughout Kem County. These programs have helped ensure children are healthy and prepared to enter school. As such, First 5 Kern has collaborated with DHS on the Early Intervention Services (EIS) workgroup that will address strategy 2 and is currently in the developmental strategies of implementing EIS in child welfare services.
- **Kern Early Start Services**: Kern Regional Center, Kern County Superintendent of Schools Office, the Kern County Consortium SELPA, and Bakersfield City School District SELPA work together to evaluate and provide a full range of services to the infant/toddler and the family with special needs. The agencies participated in the Early Intervention Services (EIS) workgroup.

CURRENT PERFORMANCE TOWARDS SIP IMPROVEMENT GOALS

The focus of the Kern County Department of Human Services includes five outcomes that were found to be the most critical through the planning stages for the System Improvement Plan. The outcomes include No Recurrence of Maltreatment, Re-Entry Following Reunification, Placement Stability (8 days to 12 months in care), Placement Stability (12 months to 24 months in care), and Placement Stability (at least 24 months in care). The most current outcome data and the county's progress toward reaching our established goals are reported below.

Priority Outcome Measure or Systemic Factor: S1.1 Safety Outcome: No Recurrence of Maltreatment

The No Recurrence of Maltreatment safety outcome continues to be a focus for Kem County. During the SIP development, the county's performance was 91.9%, whereas the national standard was 94.6%. Kern's target improvement goal is 93% by 2017. Our current performance is 90.7% as of Q4, 2013.

With the implementation of a protective warrant policy in 2012, Kern has continued to decline in Entries into Care. According to the Child Welfare Dynamic Report, as of Quarter 4, 2013, Kern's Entry Rates have declined 3.2% over the past year and declined 39.3% over the past five years. Although we have decreased in our performance in this area, due to the threshold for protective custody of children having increased, we believe the current strategies that we have in place will allow for improved performance in the future. Identified SIP strategies include evaluating DR, implementation of the evidence-based NCFAS tool by DR staff, updating DR policies and procedures, as needed, and implementation of Early Intervention Services to increase the performance of this outcome measure.

Priority Outcome Measure or Systemic Factor: C1.4 Re-Entry Following Reunification

Another priority for Kern has been to reduce the number of children re-entering foster care following reunification. At the time of the SIP development, Kern's performance was 16.5%, well above the national standard of 9.9%. The county's goal was a reduction to 12%. Kern's current performance as of Q4, 2013 is 9%. Kern has surpassed our SIP goal, as well as the national goal.

Kern has implemented action steps that were expected to have positively affected this measure, including the increase in Wraparound cases and the continued use of Team Decision Making (TDM) meetings. With the use of TDM meetings, Kern has monitored staff compliance and updated the policy.

PRIORITY OUTCOME MEASURE OR SYSTEMIC FACTOR: PLACEMENT STABILITY (8 DAYS TO 12 MONTHS)

The three placement stability outcome measures were selected after reviews as important measures needing improvement. Kern's performance in this measure at the time the SIP was developed was 69.3%. The national standard is 86%. Kern's SIP goal was to make an improvement by reaching 77.3%. According to the latest Child Welfare Dynamic Report (Q4, 2013), Kern's performance has improved to 76%.

Over the past year, Kern has been very active in taking steps to improve this outcome. The Kid's Connection Team (KCT) has shown positive results in the number of families found to support children in care through relative placements and other supportive roles. Kern has increased the number of children placed with kin, as well as first placements with kin since the SIP started in 2012. In addition, KCT has also worked with the Relative Assessment Program (RA) to streamline, assist, and support the relative assessment approval process. In addition, the use Team Decision-Making meetings through engagement of families, caregivers, and service providers has shown benefit for the children.

As per Q4, 2013 of the Child Welfare Dynamic Report, the first placement for 60 children was with a relative caregiver, which resulted in a 7.6% increase in one year for Kern. During the same quarter and source, there were 470 of Kern's children placed with relatives (point in time) equaling a 6.7% increase over the past year.

PRIORITY OUTCOME MEASURE OR SYSTEMIC FACTOR: PLACEMENT STABILITY (12 MONTHS TO 24 MONTHS)

The second placement stability outcome measure was also in need of improvement. As the SIP was finalized, Kern's performance in this area was 45%, while the national

standard was set at 65.4%. The SIP goal for Kern was to increase this placement stability outcome measure to 52.3%. According to the Child Welfare Dynamic Report, currently Kern's performance has shown improvement to 57.2% surpassing our SIP goal. However, we will continue to work on reaching the national goal.

The selected strategies and action steps that include the streamlining of the relative assessment process, the use of TDM meetings and monitoring of staff compliance, as well the ongoing work of the Kids Connection Team in family finding, these strategies have served to increase county performance.

PRIORITY OUTCOME MEASURE OR SYSTEMIC FACTOR: PLACEMENT STABILITY (AT LEAST 24 MONTHS)

The national goal for the long term placement stability outcome measure is set at 41.8%. The latest report at the time of the SIP finalization, Kern was performing at 23% with a goal of increasing placement stability to 29.8%. According to the Child Welfare Dynamic Report Q4 2013, Kern's current performance stands at 27.7%.

As earlier reported, the SIP strategies and action steps Kern has implemented and continues to monitor for increasing placement stability are proving effective to increase the stability of children in placement.

Kern's Probation Department has also been making progress toward SIP goals, as described below:

Child Welfare Services/Case Management System
All necessary staff training has been completed, and all current cases have been entered into the CWS/CMS system. The department has hired two support staff to keep cases current and enter all ILP data. In addition, the "Safe Measures" program has been activated to assist with accuracy. These efforts assist with appropriate case management and assessment to assure service delivery and assistance with transition towards independence. Successes with these efforts are evidenced by a 65.6% increase in timely monthly face to face visits. This number can be misleading for it appears at the beginning of the SIP, Probation was not performing well in completing visits. This is not the case; face to face visits were being completed but the data was not entered into CWS/CMS appropriately and thus there was an appearance of deficiency in this area. Still, because of CWS/CMS training and the hiring of more clerical staff, this improvement is self- evident at least from a data entry point of view.

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 provider, this contract was terminated prematurely. Our probation staff has been trained in this area and since September 2013, over 75 youth have been provided with Family Finding Services. It should be

noted, Probation has 230 youth currently in placement and due to vacancies and Officer turnover, we have yet to complete Family Finding services on all youth in placement, but it is our goal to have this completed by the end of the year. According to the data, these family finding efforts have been successful. Probation has shown a 19% increase in reunification within 12 months and a 105.9% increase in least restrictive relative placements.

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. Increased communication as to the services ILP offers locally and invitations for wards to participate in these services have increased. However, in looking at the data, there has been a 27.6% decrease in ILP services provided during the SIP time period. In trying to rationalize why there has been a decrease, the following hypothesis is proposed:

1. There has been an increase in ILP services provided directly in the group home over the past few years due to AB 12. Though these services are documented on the quarterly reports, it is hit and miss whether these services are being captured in CWS/CMS. Over the next review period, Probation Officers will be trained to include this information in CWS/CMS in order to capture this data.

STATUS OF STRATEGIES

Kern has continued to work on implementation and evaluation of selected strategies and action steps. The Department of Human Services selected ten strategies identified below to improve performance in the five outcome measures outlined above.

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.

ANALYSIS

Strategy 1 was selected to have a positive influence on outcome measure S1.1 No Recurrence of Maltreatment. During the SIP development, the county's performance was 91.9%, whereas the national standard was 94.6%. Kern's target improvement goal is 93% by 2017. Our current performance is 90.7% as of Q4, 2013.

ACTION STEP STATUS

A. Develop Differential Response Providers trained and skilled in utilizing the Evidence Based NCFAS (North Carolina Family Assessment Tool) assessment tool. The time frame for this action step: July 2012.

As previously reported in the 2012-2013 annual SIP report, this action step was completed in June 2012. 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 with planning, focusing, and making decisions related to service activities and case plans, 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. All Differential Response (DR) staff has been trained to utilize this tool.

B. Implement the use of NCFAS assessment tool with all Differential Response Providers. The time frame for this action step: August 2012.

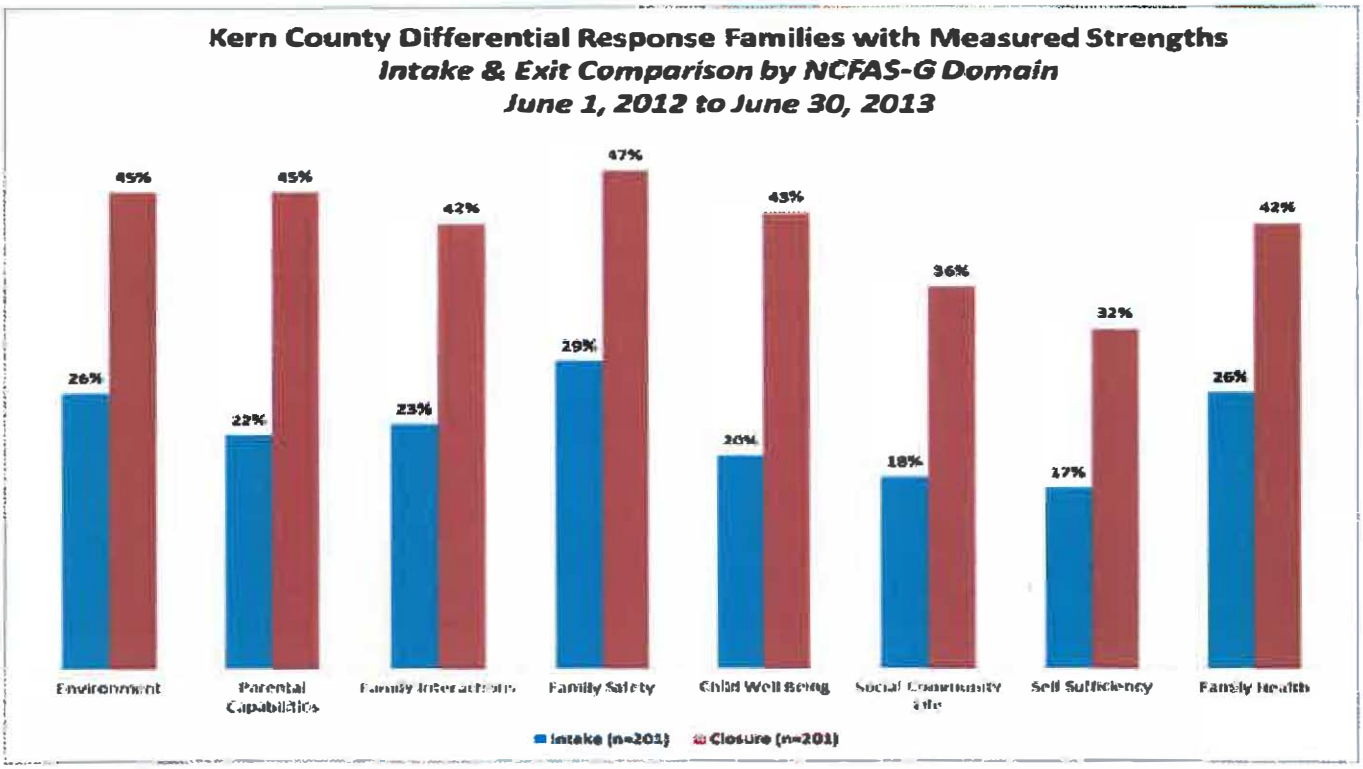
As previously reported in the 2012-2013 annual SIP report, this action step was completed in June 2012. NCFAS-G data from all seven regions of the county is continually entered into Kern's Social Solutions Efforts To Outcomes software system and analyzed quarterly. Data is analyzed for each unique service area and then aggregated to provide a countywide perspective. All DR staff is using NCFAS-G with families served.

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. The time frame for this action step: September 2012 and quarterly thereafter.

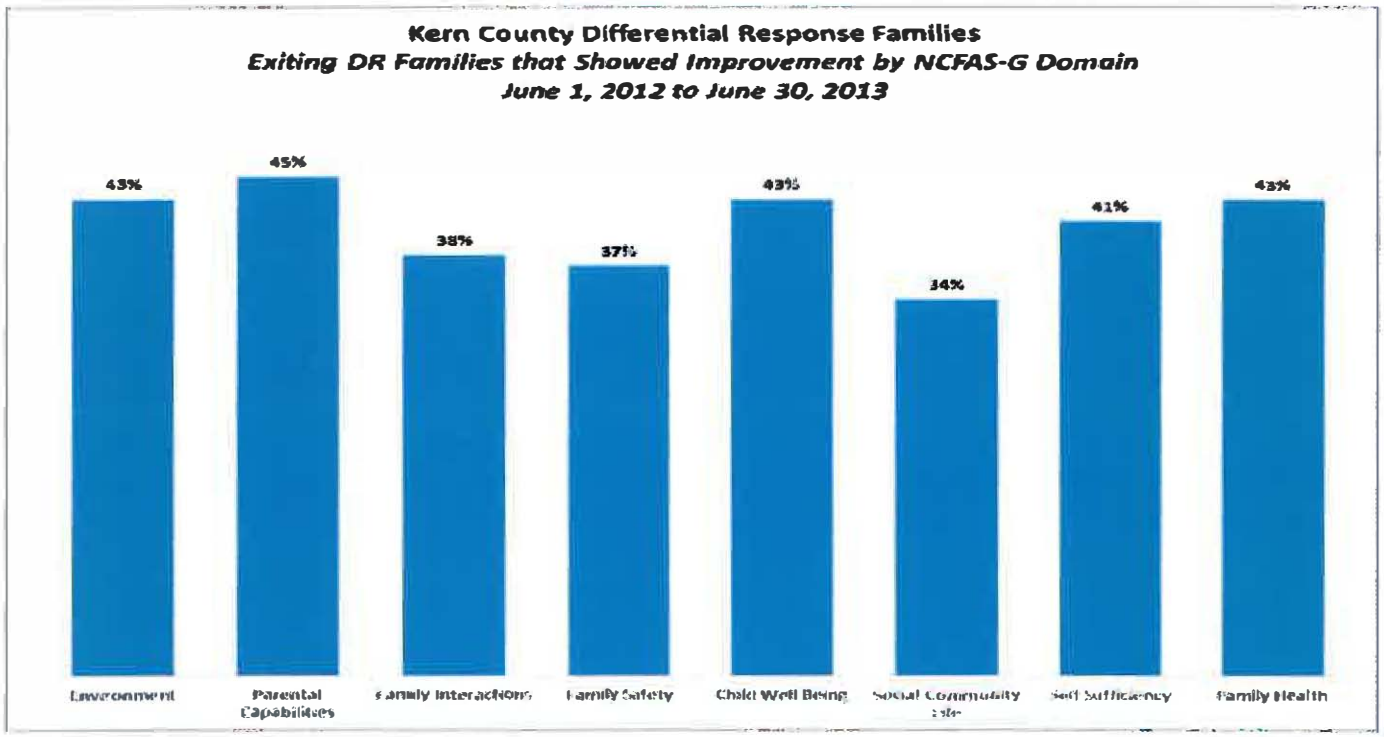
In the fall of 2012, the Kern County Board of Supervisors approved the first time use of County General Funds towards child abuse prevention. This funding allowed the Metro Bakersfield DR site, previously impacted by Path 2 and 3 referrals, to begin serving Path 1 referrals. From the months of December, 2012 – June, 2013, an average of 20 Path 1 DR referrals were served each week.
DR services are available to all Kern County families who are referred with a Path 1, Path 2 or downgraded Path 3 referral. During Fiscal Year (FY) 2012-2012, **2,075** families and **5,146** children received services. Of those, **1,188** families and their **3,572** children received comprehensive case management services. Families who did not receive case management received information and referral and one-time services, but declined case management. At least

three unique attempts are made by DR Case Managers to engage families; however, DR services are voluntary.

The NCFAS-G is fully utilized countywide by all DR Case Managers and provides assessment ratings of problems and strengths, both at intake and at case closure. As illustrated in the following chart, families exiting DR made the largest gains in strengths within the domains of family safety, parental capabilities, and environment.

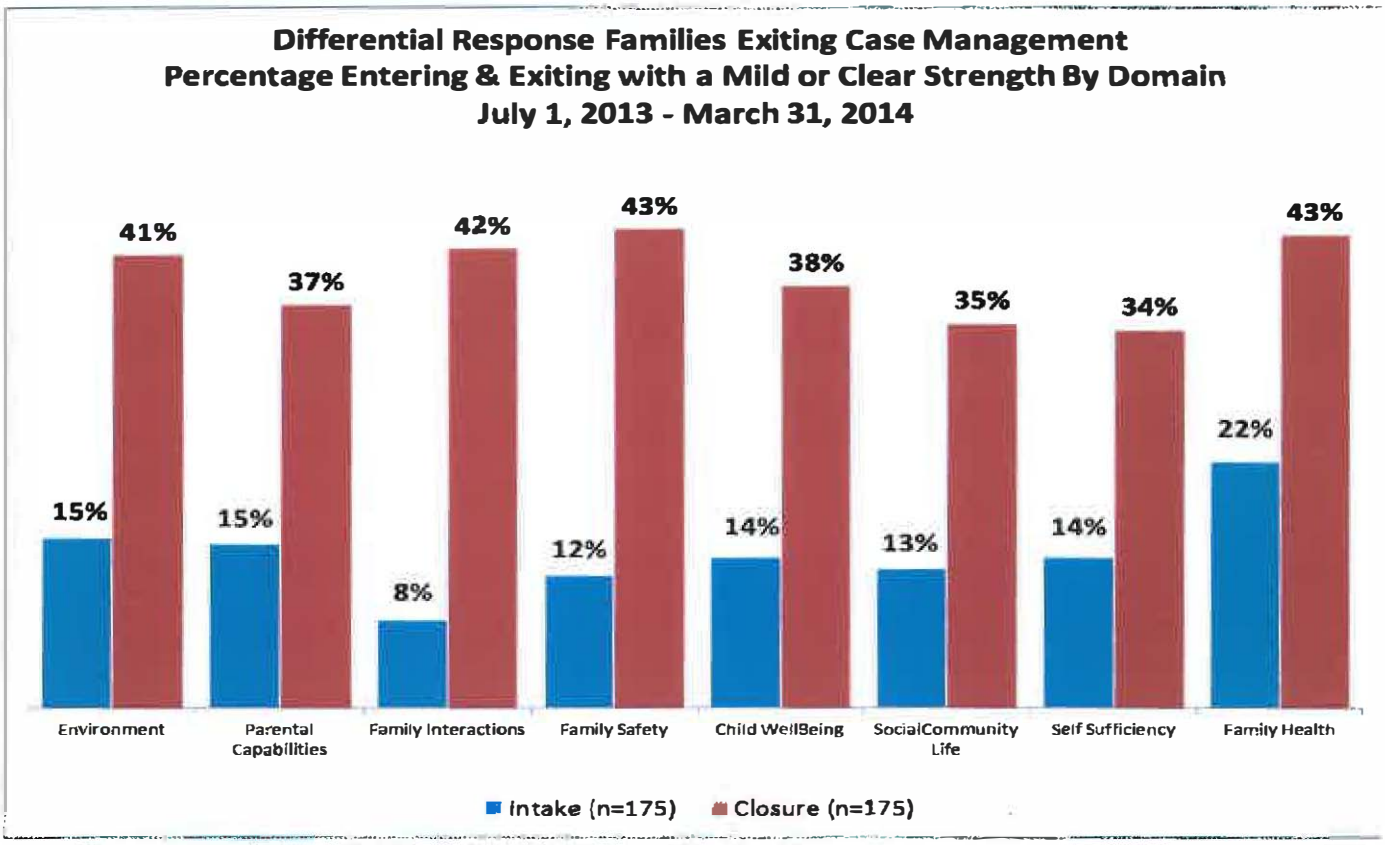


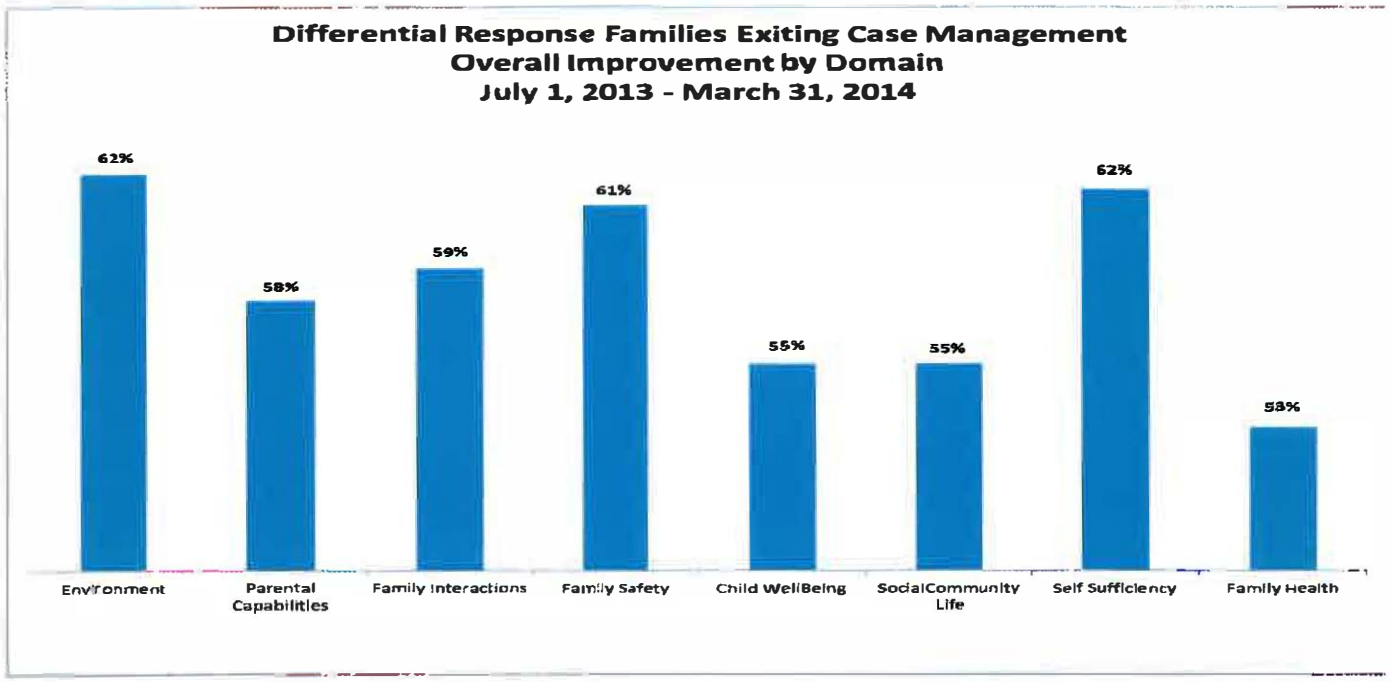
As the next chart illustrates, exiting families showed measureable improvement within each NCFAS-G life domain by an average of 41%. The largest gains were seen in parent capabilities (45%), child well-being (43%), environment (43%), and family health life domains (43%). Overall, 79% of exiting families showed improvement on one or more domains.



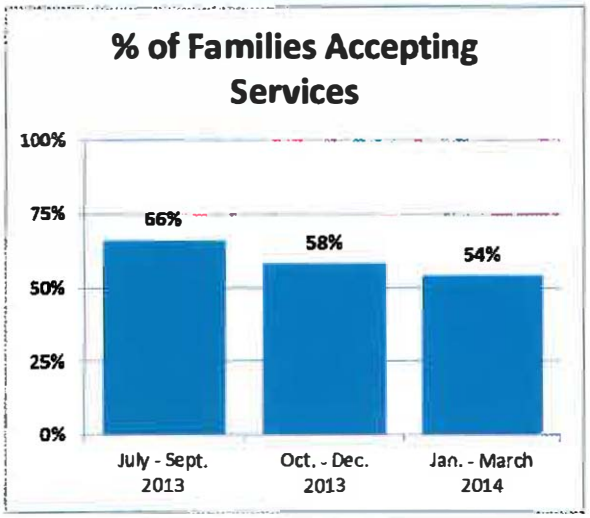
NCFAS-G assessments are conducted at intake, every 90 days and at exit. NCFAS-G scores are used to guide the development of case plans and focus services. During FY 2012-2013, **70%** of case managed families exited DR with completed case plans. Of those, 99% of families were satisfied with DR services provided.

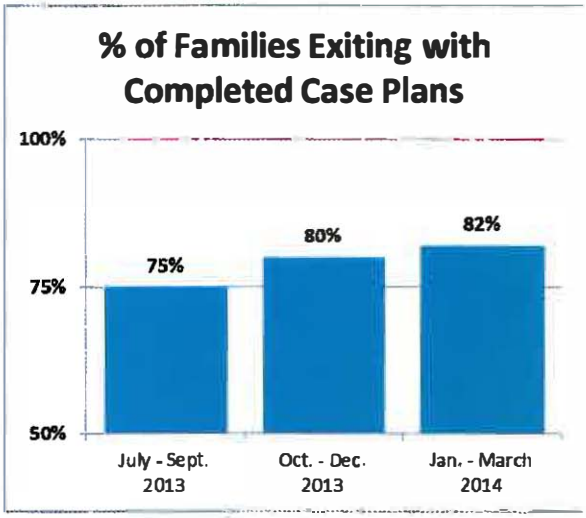
FY 2012-2013 was the first year that the NCFAS-G was implemented. The following NCFAS-G charts for quarters 1 – 3 (July 2013 – March 2014) of FY 2013-2014 indicate that families exiting DR during FY 2013-2014 will experience similar, if not better, gains in family functioning than those families who exited during FY 2012-2013:





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





During quarters 1 – 3 (July – March) of FY 2013-2014, DR has received 2,086 referrals. An average of **59%** of families accepted DR case management services each quarter. Families who decline case management services are provided with information and referral and/or one-time services (e.g. emergency basic need items, bus passes, etc.). Of the 710 families who have exited DR during FY 2013-2014, an average of 79% exited each quarter with successfully completed case plans. Of those, 99% of DR families surveyed have been satisfied with DR services.

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. The time frame for this action step: July 2012 – December 2012.

As previously report in the 2012-2013 annual SIP report, the evaluation process was completed.

Initially, comparison was made between DR families and the overall county performance in measure S1.1. No Recurrence of Maltreatment. However, a comparison group was added. In order to establish a comparison group, Kern County Network for Children provided Kern a list of clients referred for DR as a result of a substantiated allegation and were not serviced through DR. The families referred to DR services that did not receive those services were for reasons, such as the families were unable to be located (moved) or declined services.

The outcomes were as follows:

In **Cohort 1,** 77%of children experienced No Recurrence of Maltreatment within six months while 23% experienced recurrence of maltreatment within six months. Further, 71.2% experienced No Recurrence of Maltreatment within 12 months, whereas 28.8% experienced recurrence of maltreatment within 12 months. The comparison group for Cohort 1 was the overall performance for Kern of S1.1. No Recurrence of Maltreatment during the same time period, which was 92.1%.

In **Cohort 2,** 91.5% of DR families experienced No Recurrence of Maltreatment while 8.5% experienced recurrence of maltreatment within six months. There were 90.1% of children that experienced No Recurrence of Maltreatment and 9.8% that experienced recurrence of maltreatment within 12 months. The comparison group for Cohort 2 was the overall performance for Kern of S1.1. No Recurrence of Maltreatment during the same time period, which was 91.5%.

In **Cohort 3 DR Services,** 100% of children experienced No Recurrence of Maltreatment within six months with 0% of children experienced recurrence of maltreatment. There were 92% of children that experienced No Recurrence of Maltreatment within 12 months and 8% of children experienced recurrence of maltreatment within 12 months.

In **Cohort 3 No DR Services,** 17% of children experienced recurrence of maltreatment, whereas 83% of children experienced No Recurrence of Maltreatment within six months. There were 75% of children that experienced No

Recurrence of Maltreatment, and 25% of children experienced recurrence of maltreatment within 12 months. The secondary comparison group for Cohort 3 was the overall performance for Kern of S1.1. No Recurrence of Maltreatment during the same time period, which was 90.8%.

In conclusion, Cohort 3 illustrated families receiving DR services experienced greater rates of No Recurrence of Maltreatment in comparison to families that did not receive DR services.

In **Cohort 4 DR Services,** 3.6% of children experienced recurrence of maltreatment within six months while 96.3% experienced No Recurrence of Maltreatment within six months.

In **Cohort 4 No DR Services,** 7.3% of children experienced recurrence of maltreatment within six months while 92.6% of children experienced No Recurrence of Maltreatment within six months. In conclusion, Cohort 4 illustrated families receiving DR services experienced greater rates of No Recurrence of Maltreatment in comparison to families that did not receive DR services.

E. Utilize the ongoing results from the evaluation process to update procedural and practice policies. The time frame for this action step: January 2013 and quarterly thereafter.

DHS and DR have quarterly meetings with all of the various DR sites. The meetings are geographically arranged and include DR case managers, DR supervisor, ER Social Workers, ER Supervisor, ER Program Specialist, and KCNC representative.

Differential Response staff calls Emergency Response Supervisors when they are thinking of re-referring a family they are already working with and when they have any questions and are in need of consultation to decide if the situation warrants a filing of Suspected Child Abuse Report.

DR staff is also now geographically assigning their metro workers to specific areas similar to ER social workers so that the metro DR and CPS workers can become more familiar and cohesive like the outlying areas.

In addition, DR also put a formalized process in place on how to deal with cases that they may have a conflict with. The outlying areas had three different instances when there was a conflict and the DR worker didn't step down appropriately. They didn't really have a practice in place to deal with that and now they do. They covered this topic extensively in their last all staff.

During the DR evaluation, it was determined that the majority of reporting parties on re-referrals were school personnel. DR staff is working closer with school personnel to attempt to resolve any issues before they rise to the level of suspected child abuse or neglect. In addition, DHS held an education advocacy training by UC Davis in April and May 2014, in which DR supervisors attended to learn how to best advocate for youth within the education system.

Peer Review meetings are held every four months so that DR administrators and supervisors can jointly review and discuss DR services acceptance rates, case plan completion rates, and NCFAS-G data. During these meetings, opportunities to continually refine implementation strategies, service practices, and the need to periodically update policies and procedures are discussed.

All action steps have been fully implemented for this strategy. No revisions have been necessary, and no obstacles to their completion have been encountered.
A clear success that has resulted from the implementation of action steps A, B, and C is the positive impact that the use of an evidence based assessment tool has had on service outcomes. Family strengths and weaknesses are better identified, case plans and services are more focused, progress is better and more objectively measured, and the rate of no recurrence of maltreatment for DR families has measurably improved.

METHOD OF EVALUATION AND/OR MONITORING

The oversight of DR by DHS is as follows:

An internal workgroup was established to develop an evaluation method of DR services, review the data, and findings. The findings were shared with the management team and Kern County Network for Children (KCNC), who oversees Differential Response providers. Also, KCNC provides DHS quarterly reports about each DR site's performance in addition to an annual report.

The program specialist assigned to the DR contract has accompanied KCNC's staff twice to review DR case files. The two DR locations were in South Kern and Metro Bakersfield. Audit requirements were met as far as storage, security, maintaining confidentiality, records keeping at both locations. The only concerns noted were differences in case plans and the way they are being written. Case reads were done on a small sample from a few case managers, mostly newer staff, and discussions were held with the supervisors as to how to improve the written case plans, specifically writing concrete steps to meet specific objectives. Overall, the DR supervisors were very receptive. Each site review included a discussion with lead case managers as well,

who were all very positive, had good ideas about engagement of clients, and were open and receptive to feedback and suggestions.

Also, as the quarterly report from the Child Welfare Dynamic Report is released, Kern's performance on the outcome measure of No Recurrence of Maltreatment is reviewed.

DR services are evaluated and monitored by the Kern County Network for Children, using the following strategies:

- Client acceptance rates, case plan completion rates, client satisfaction, and NCFAS-G data is analyzed quarterly, for each provider. This data is compiled and then shared with all providers so they can see how their outcomes compare to other regions of the County.

- DR providers must submit quarterly progress reports for review that include information about successes, barriers, ways they collaborate with other agencies, and any requests for training and/or technical assistance they may have.

- DR Managers/Supervisors meet every four months for Peer Review meetings to discuss quarterly program outcomes, implementation strategies, service practices, share successes and barriers to program improved outcomes, and the need to update policies and/or procedures.

- DR Administrators, Supervisors, and Case Managers meet every four months with Kern County Department of Human Services' Managers, Supervisors, and Social Workers to discuss implementation strategies, review DR policies and procedures, and approaches for unique cases.

- An annual monitoring visit is conducted for each DR provider. These visits ensure that DR policies and procedures are being fully complied with, that sound administrative and fiscal policies are procedures are being utilized, and include the review of case files to ensure that they are complete and up-to-date and quality services are being provided.

- DR providers submit monthly claims for reimbursement of approved expenses. Fiscal oversight and monitoring includes: claims are carefully reviewed and audited before payment is provided; an annual fiscal review is conducted by KCNC staff to ensure that sound fiscal policies and procedures are being utilized, and claimed expenses are tested to ensure that expenses are appropriate and accurately accounted for; and, all agencies must undergo and submit a copy of an annual audit performed by an Independent Certified Public Accountant. If

material weaknesses or deficiencies are identified in their annual audit, the agency will be required to immediately remedy them.

ADDITIONAL STRATEGIES (WHEN APPLICABLE)

Not applicable.

PROGRAM REDUCTION

Not applicable.

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.

ANALYSIS

Strategy 2 was selected to improve the outcome measure of S1.1 No Recurrence of Maltreatment and C1.4 Re-Entry Following Reunification (Exit Cohort). The timeframe for implementation of services that is expected to positively affect the selected outcome measures is scheduled for July 2016.

ACTION STEP STATUS

A. Explore other county programs and possible funding streams. The time frame for this action step is July 2014.

   An Early Intervention Services workgroup was established in January 2014 to further explore implementation in Kern County. The workgroup consists of a representative from each Child Welfare Services program, Kern Regional Center, First 5 of Kern, Kern County Superintendent of Schools Search & Serve Program, Bakersfield City School District Search & Serve Program, and California State University, Bakersfield Social Work Department. In exploring this strategy, Kern consulted with Orange County Children and Families Department and Fresno County Children and Families Department to review their policies, practices, and funding streams.

B. Propose to Executive Team, seek approval, and develop policy. The time frame for this action step is January 2015.

The workgroup was charged with developing a proposal to submit to Executive Team. The workgroup reviewed the following data in order to determine staffing needs and roll out phases:

- Substantiated allegations of Kern's children under the age of three: 933 (2011), 1449 (2012), and 1310 (2013)
- Kern's children under the age of three entering the child welfare system: 558 (2011) and 363 (2012)
- Kern's children under the age of three in care (point in time): 398 (point in time July 1, 2012) and 329 (point in time July 1, 2013)

By late February 2014, the workgroup developed, agreed upon, and submitted the proposal to the Executive Team, and it was approved.

The workgroup has determined there is a need for two phases:

Phase I: All children ages 0-2 who enter into the foster care system due to a substantiated allegation (children in Court Intake when a petition seeking dependency is filed). The proposed date for Phase I implementation is June 2, 2014.

Phase II: All children ages 0-2 who have a substantiated referral that do not enter into foster care (children in Emergency Response not brought into protective custody and children in Court Intake that are released home within 48 hours). The proposed date for Phase II implementation is January 1, 2015.

The proposal has been approved. A staffing request for implementation of the first phase has been made. Recruitment for a permanent Social Services Worker V is pending. The staffing request of an Extra Help Social Services Worker I/II is pending. Two MSW interns through CSUB were also requested.

C. Implement practice and policy, and review on an ongoing basis. The time frame for this action step is July 2016.

It is anticipated this action step will begin as scheduled.

METHOD OF EVALUATION AND/OR MONITORING

Upon implementation of the program, Kern is expected to maintain a record of all children assessed to ensure follow up and early intervention services, when needed,

are established through our partnering agencies. In addition, Kern will review on a quarterly basis the outcome measures applicable to this strategy, including No Recurrence of Maltreatment and Re-Entry Following Reunification. It is expected as the program is implemented, there may be some changes from the initial proposal to best serve clients and streamline the work.

ADDITIONAL STRATEGIES (WHEN APPLICABLE):

Not applicable.

PROGRAM REDUCTION:

Not applicable.

STRATEGY 3: CREATE TWO PRE-DETENTION/PRE-DISPO KID'S CONNECTION TEAM OF SOCIAL SERVICE WORKERS FOR THE EMERGENCY RESPONSE AND COURT INTAKE DIVISIONS, FOR PREPARATION OF THE NEW TASKS OF CONDUCTING FAMILY FINDING UPFRONT, RELATIVE ASSESSMENT, AND PLACEMENT MATCHING WHEN A CHILD IS BROUGHT INTO PROTECTIVE CUSTODY BY CRISIS RESPONDER.

ANALYSIS

This strategy was expected to positively impact all five outcome measures. Thus far, four outcome measures have, in fact, improved. Since SIP inception, improvements are as follows: Re-Entry Following Reunification by 7.3%, and the three Placement Stability measures by 6.7%, 12.2%, and 4.7% respectively. The No Recurrence of Maltreatment measure has not improved. It remains at 90.7% according to the Child Welfare Dynamic Report, Quarter 4, 2013.

ACTION STEP STATUS

A. Propose to Executive Team, seek approval, and develop policy. The time frame for this action step: July 2012 – July 2013.

   The two Kid's Connection Teams were established in July 2012 through Executive Team approval and support. The Family Finding and Engagement policy related to the two teams was published on September 4, 2013. The stated intent of the policy is for family finding staff to identify, locate, notify, and engage relatives and non-related extended family members of children who have been removed from their homes.

B. Recruit and train. The time frame for this action step is July 2013 – July 2014.

As previously reported in the 2012-2013 annual SIP report, this action step was completed. A proposal has been submitted to the Executive Team requesting extra-help social worker positions to be converted to permanent social workers. It is anticipated that permanent staff can be hired through growth funds.

C. Monitor data, review quarterly reports from Berkeley Web Site. The time frame for this action step is July 2013 and ongoing.

Each quarter as the Child Welfare Dynamic Report is made available, Kern reviews the performance associated with each strategy. Since the last annual report, the three placement stability outcome measures, No Recurrence of Maltreatment, and Re-Entry following Reunification are reviewed as associated with this strategy. The results are listed above. In addition to those five outcome measures, measure 4B Least Restrictive (Entries First Placement: Relatives), and Least Restrictive (PIT Placement: Relative) are also reviewed. Over the past year, the results for the two 4B outcome measures are as follows:

4B Least Restrictive (Entries First Placement: Relatives)

Q1 2013 (released in July 2013)	8.7%
Q2 2013 (released in September 2013)	9.1%
Q3 2013 (released in December 2013)	9.3%
Q4 2013 (released in March 2014)	8.9%

4B Least Restrictive (PIT Placement: Relative)

Q1 2013 (released in July 2013)	27.4%
Q2 2013 (released in September 2013)	27%
Q3 2013 (released in December 2013)	27.5%
Q4 2013 (released in March 2014)	28.2%

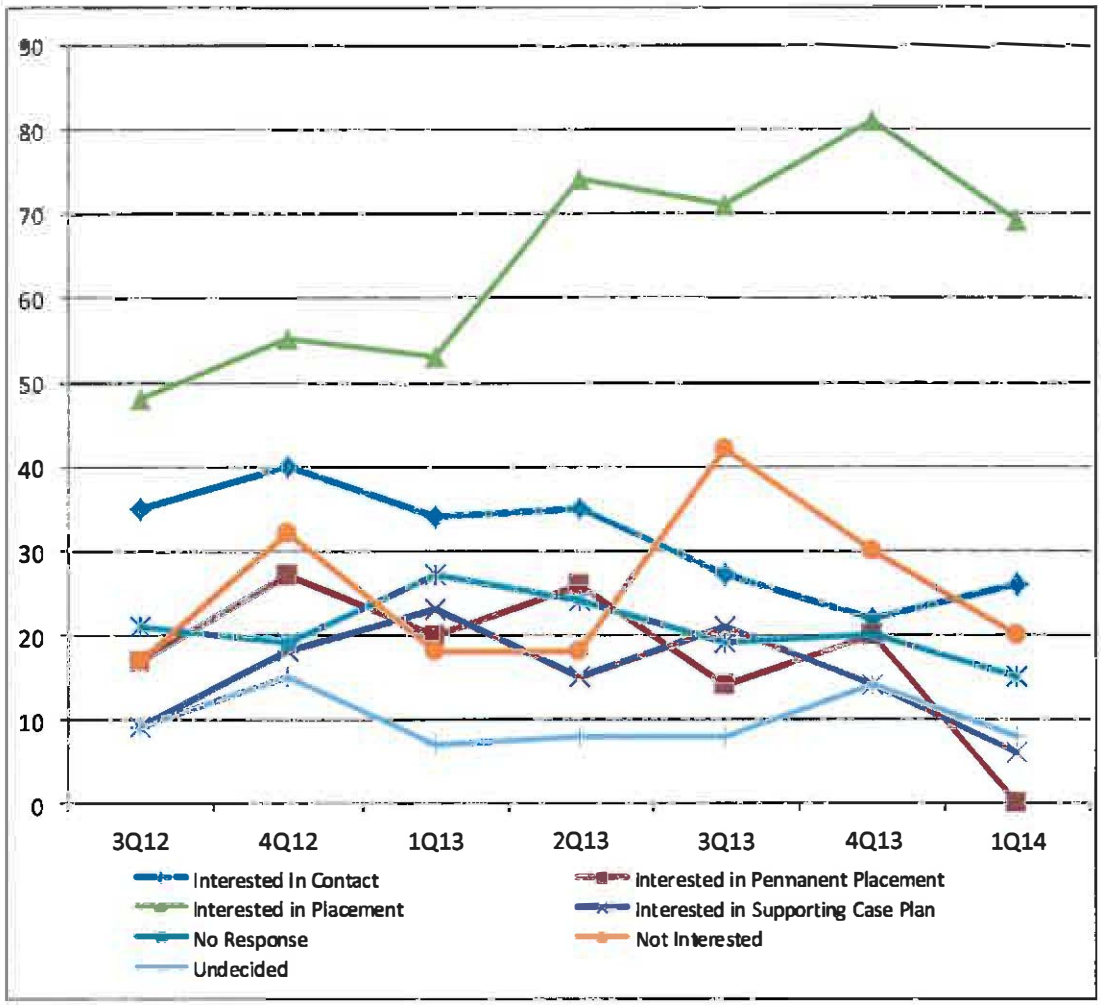
Also, the Kid's Connection Team tracks data via information extracted from data entry in CWS/CMS. The assigned program specialist reviews the work by KCT staff. Below are the results from the past two years:

Unit 2740/2750	1Q '12	2Q '12	3Q '12	4Q '12	1Q '13	2Q '13	3Q '13	4Q '13	1Q '14	Total	% of total	Do we want an increase or a decrease here?	Is this going the right way?

Interested in Contact	1	1	35	40	34	35	27	22	26	221	17.07%	Increase	SAME
Interested in Permanent Placement	0	0	17	27	20	26	14	20	0	124	9.58%	Increase	No. Decreased 1.19%
Interested in Placement	0	1	48	55	53	74	71	81	69	452	34.90%	Increase	Yes. Increased 1.62%
Interested in Supporting Case Plan	0	0	9	18	23	15	21	14	6	106	8.19%	Increase	Same
No Response	0	0	21	19	27	24	19	20	15	145	11.20%	Decrease	Yes
Not Interested	0	1	17	32	18	18	42	30	20	178	13.75%	Decrease	Same
Undecided	0	0	9	15	7	8	8	14	8	69	5.33%	Decrease	Yes. Increased 1.5%
Totals =	1	3	156	206	182	200	202	201	144	1295			

Other Units	1Q '12	2Q '12	3Q '12	4Q '12	1Q '13	2Q '13	3Q13	4Q '13	1Q '14	Total	% of total	Do we want an increase or a decrease here?	Is this going the right Way?
Interested in Contact	0	0	6	7	3	5	3	2	3	29	16.29%	Increase	Same
Interested in Permanent Placement	0	1	1	4	2	11	0	6	0	25	14.04%	Increase	No. Decreased 1.2%
Interested in Placement	0	1	9	12	3	9	8	4	5	51	28.65%	Increase	SAME
Interested in Supporting Case Plan	0	0	0	7	3	6	2	0	0	18	10.11%	Increase	SAME
No Response	0	0	3	11	2	2	2	5	3	28	15.73%	Decrease	SAME
Not Interested	0	0	5	6	0	2	4	4	2	23	12.92%	Decrease	Same
Undecided	0	0	1	0	1	1	0	0	1	4	2.25%	Decrease	SAME
Totals =	0	2	25	47	14	36	19	21	14	178			

This data is pulled from CWS/CMS via a Business Objects report. It shows the number of relatives notified and/or contacted and the breakdown of the responses of the relatives contacted. The top chart shows numbers for the Family Finding and Engagement (FFE) units and the bottom chart shows the numbers for all other units. FFE staff has contacted more than seven times the relatives than all the other units combined. In addition, the percentage of those contacted who are interested in contact and interested in supporting the case plan are higher for FFE staff than the other case loads and the No Response is lower for the FFE units than the FS units. The FFE units have lower numbers of relatives with no response and not interested than the other units as well.



METHOD OF EVALUATION AND/OR MONITORING

As illustrated above, each quarter the program specialist overseeing the KCT reviews the family finding data to ensure progress is being made in finding family and types of interest the families are willing to participate in.

As written in the previous section, Strategy 3, action step C, each quarter as the Child Welfare Dynamic Report is made available, Kern reviews the performance for the outcome measures associated with this strategy.

ADDITIONAL STRATEGIES (WHEN APPLICABLE):

Not applicable.

PROGRAM REDUCTION:

Not applicable.

STRATEGY 4: IMPLEMENT CRISIS RESPONDER UNITS IN EMERGENCY RESPONSE TO IMMEDIATELY RESPOND TO LAW ENFORCEMENT CALLS.

ANALYSIS

This strategy is expected to positively impact the three placement stability outcome measures for Kern's children in out of home care. However, the services related to Crisis Responders have not yet been implemented to determine its impact.

ACTION STEP STATUS

A. Propose to Executive Team, seek approval, develop policy, meet and confer with the union. The timeframe for this action step is July 2015. Work on this strategy has begun.

   The program managers for Court Services and Emergency Response have met with the Kern County Sheriff's Department (KCSD) to review intake data and discuss a partnership. The KCSD is in agreement with the partnership.

   Although the SIP timeframe for a written proposal to Executive Team is scheduled for July 2015, the proposal for the implementation of the Crisis Responders Unit was submitted to the Executive Team in November 2013. It is anticipated that program implementation will result through the use of existing staff and possibly the use of growth funds.

B. Recruit, train staff, and implement. The time frame for this action step is January 2016.

C. Monitor data and review quarterly reports. The time frame for this action step is July 2016 and ongoing.

METHOD OF EVALUATION AND/OR MONITORING

The Crisis Responders Program has not yet been implemented.

ADDITIONAL STRATEGIES (WHEN APPLICABLE):

Not applicable.

PROGRAM REDUCTION:

Not applicable.

STRATEGY 5: INCREASE ENGAGEMENT WITH FAMILIES AND CHILDREN THROUGH THE USE OF TDMS.

ANALYSIS

Strategy 5 was expected to positively impact four outcome measures in Kern. Thus far, the four outcome measures have, in fact, improved over the past year. Since SIP inception Re-Entry Following Reunification has improved by 7.3% and the three Placement Stability measures by 6.7%, 12.2%, and 4.7% respectively.

ACTION STEP STATUS

A. Evaluate current process and update TDM policy to reduce the number of exemptions. The time frame for this action step: July 2013.

   As previously reported in the 2012-2013 annual SIP report, this action step has been completed.

B. Pilot the policy in Family Services. The time frame for this action step is July 2013 – July 2015.

   As previously reported in the 2012- 2013 annual SIP report, this action step was completed.

C. Identify staffing needs and train staff. The time frame for this action step is July 2013 – July 2014.

   As previously reported in the 2012- 2013 annual SIP report, this action step was completed.

D. Publish policy and roll out the use of TDMs. The time frame for this action step is January 2016.

The TDM policy was published in March 2013 and revised in February 2014. Family Services and Adoption staff was trained.

E. Explore implementing TDMs at the point of reunification and upon dismissal of cases. This time frame for this action step is July 2014 – July 2015.

It is anticipated this action step will begin as scheduled.

METHOD OF EVALUATION AND/OR MONITORING

Monthly internal tracking reports are maintained to review staff compliance with TDMs. In addition to staff compliance reports, our agency also tracks the number of TDMs held each month and conducts surveys of all TDM participants. Monthly reports show the following:

a) In July 2013, there were 109 placement moves and 45 TDMs held. Staff compliance was 82%. There were 29 placements maintained, 23 children moved to a lower level of care, 15 children moved to the same level of care, four children moved to a higher level of care, 25 noncompliant cases, and 42 exceptions: ongoing law enforcement investigation and law enforcement requests no interview with parents and/or children; out of county placements; a "Notice of Intent to Remove" form issued by the social worker; imminent risk and the decision is to remove the child; placement changes within a Foster Family Agency when imminent risk is present or when a complaint on the home is being investigated; a runaway returns and placement is located; if a TDM conflicts with another policy; school placement, . The TDM surveys resulted in 96.36% of participants agreeing or strongly agreeing that the TDM is a worthwhile process.

b) In August 2013, there were 90 placement moves and 33 TDMs held. Staff compliance was 85%. There were 19 placements maintained, 12 children moved to a lower level of care, 10 children were moved to the same level of care, six children were moved to a higher level of care, 46 exceptions, and 16 noncompliant cases. The TDM surveys resulted in 93.87% of participants agreeing or strongly agreeing that the TDM is a worthwhile process.

c) In September 2013, there were 77 placement moves and 23 TDMs held. Staff compliance was 77%.There were 13 placements maintained, 10 children moved to a lower level of care, four children moved to the same level of care, three children moved to a higher level of care, 39 exceptions, and 21 noncompliant cases. The TDM surveys resulted in 97.71% of participants agreeing or strongly agreeing that the TDM is a worthwhile process.

d) In October 2013, there were 67 placement moves and 30 TDMs held. Staff compliance was 88.6%.There were 30 placements maintained, 16 children moved to a lower level of care, nine moved to the same level of care, three moved to a higher level of care, 30 exceptions, and nine noncompliant cases. The TDM surveys resulted in 96.55% of participants agreeing or strongly agreeing that the TDM is a worthwhile process.

e) In November 2013, there were 84 placement moves and 31 TDMs held. Staff compliance was 75%.There were 12 placements maintained, 27 children moved to a lower level of care, seven children to the same level of care, none to a higher level of care, 26 exceptions, and 24 noncompliant cases. The TDM surveys resulted in 96.55% of participants agreeing or strongly agreeing that the TDM is a worthwhile process.

f) In December 2013, there were 45 placement moves and 16 TDMs held. Staff compliance was 100%.There were 13 placements maintained, six children moved to a lower level of care, six children moved to the same level of care, one child moved to a higher level or care, 32 exceptions, and no noncompliant cases. The TDM surveys resulted in 94.91% of participants agreeing or strongly agreeing that the TDM is a worthwhile process.

g) In January 2014, there were 77 placement moves and 25 TDMs held. Staff compliance was 97%. There were 22 placements maintained, six children moved to a lower level of care, five children moved to the same level of care, four children moved to a higher level of care, 59 exceptions, and three noncompliant cases. TDM surveys resulted in 97% of participants agreeing or strongly agreeing that TDMs is a worthwhile process.

h) In February 2014, there were 69 placement moves and 30 TDMs held. Staff compliance was 100%.There were 28 placements maintained, 11 children moved to a lower level of care, 10 children moved to the same

level of care, no children moved to a higher level of care, and 48 exceptions. TDM surveys resulted in 94.92% of participants agreeing or strongly agreeing that TDMs is a worthwhile process.

i) For March 2014, there were 92 placement moves and 30 TDMs held. Staff compliance was 100%. There were 21 placements maintained, 15 children moved to a lower level of care, three children moved to the same level of care, four children moved to a higher level of care, three children were recommended for reunification, one child was recommended for emancipation, and 70 exceptions. TDM surveys resulted in 94.44% of participants agreeing or strongly agreeing that TDMs is a worthwhile process.

ADDITIONAL STRATEGIES (WHEN APPLICABLE)

Not applicable.

PROGRAM REDUCTION

Not applicable.

STRATEGY 6: PROVIDE MENTOR SERVICES TO FAMILIES RECEIVING FAMILY MAINTENANCE

ANALYSIS

Strategy 6 was selected to positively impact outcome measure C1.4 Re-Entry Following Reunification (Exit Cohort). Since the SIP was submitted in 2012, this outcome measure has improved by 7.3%, currently at 9.0%.

ACTION STEP STATUS

A. Develop and publish RFP. The time frame for this action step: July 2012 – July 2013.

As reported in the 2012-2013 annual report, the RFP was published in 2012.

B. Select agency to provide mentor services and create contract. The time frame for this action step: July 2013 – July 2014.

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

C. Refer parents to mentor services at the point of reunification and/or at three months prior to dismissal of case. The time frame for this action step is July 2014- July 2015.

Although this action step is scheduled for July 2014-July 2015, referring clients began upon establishment of the contract in July 2012. Garden Pathways provided training during a Family Services All-Staff Meeting in March 2013 and again in March 2014 of the services the agency can provide to Child Welfare Services clients. In addition, flyers of the services available are posted throughout the agency. Electronic mail is sent to staff on a regular basis to update them on the upcoming orientation sessions and workshops available.

D. Evaluate mentoring program and make any needed programmatic changes. The time frame for this action step is July 2015- July 2017.

Given the need to monitor the contract, data has been collected as to the number of referrals sent to the provider and the number of clients accepting services. With a low number of clients accepting services, the assigned Program Specialist has met with the provider to discuss their engagement strategies. The service provider's staff calls the referred client upon receipt of the referral to explain services available. If the client agrees to services, he/she is scheduled to attend an orientation. Prior to the scheduled orientation, the staff at Garden Pathways calls the client to remind him/her of the upcoming meeting. In addition, more recently the mentoring program is under new management. The new manager attended the Family Services All Staff Meeting in March 2014 and explained the services available and the changes that will take place. DHS is currently auditing Garden Pathways.

METHOD OF EVALUATION AND/OR MONITORING

All referrals to Garden Pathways are submitted to the assigned Program Specialist for tracking purposes. A spreadsheet is maintained of all referrals sent to the service provider and amount of clients served. Since July 2013 to March 2014, staff has referred between 12-70 clients monthly. Only a minimal amount of clients have accepted services through Garden Pathways.

ADDITIONAL STRATEGIES (WHEN APPLICABLE)

Not applicable.

Program Reduction

Not applicable.

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.

Analysis

Strategy 7 was selected to positively impact four outcome measures including C1.4 Re-Entry Following Reunification, C4.1 Placement Stability (8 days to 12 months in care), C4.2 Placement Stability (12 to 24 months in care), and C4.3 Placement Stability (at least 24 months in care). The timeframe for implementation of services that is expected to positively affect the selected outcome measures is scheduled for July 2015 through July 2016.

Action Step Status

A. Propose to Executive Team, seek approval and develop policy. The time frame for this action step is scheduled for July 2015 – January 2016.

In November 2013, a proposal was submitted to Executive Team. The proposal was approved. It is anticipated program implementation may occur with the use of growth funds to hire staff.

B. Recruit staff and train. The time frame for this action step is January 2016.

C. Monitor data, review quarterly reports from the Child Welfare Dynamic Reporting System. The time frame for this action step is January 2016 - July 2016.

D. Develop and maintain placement matching database. The time frame for this action step is July 2016.

Method of evaluation and/or Monitoring

Not applicable.

Additional strategies (when applicable)

Not applicable.

Program Reduction

Not applicable.

Strategy 8: Streamline Relative Approval Process.

Analysis

Strategy 8 was selected to have a positive effect on outcome measure C4.1 Placement Stability (8 days to 12 months in care). Since the SIP development in 2012, this outcome measure has improved by 6.7% to 76%.

Action Step Status

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. The time frame for this action step: July 2012- July 2013.

As reported in the 2012-2013 annual report, the workgroup was established. The workgroup members identified impediments to the relative assessment process, implemented solutions and continue to meet as needed to work on identifying other practices to streamline the process.

B. Implement new policy, monitor for implementation and compliance. The time frame for this action step is July 2013- July 2017.

The Out Temporary (OT) policy was reviewed and will be divided into two policies: Out Temporary policy, which will apply to short term visits on weekends or holidays, and Release to Temporarily Approved Placement (TAP) Home policy, which will apply to relatives/NREFM pending relative assessment approval. The OT policy is under revision and the Release to TAP Home policy is under development.

Other practices have also been implemented over the past year to streamline the relative assessment process, including:

a.) The KCT Social Worker of the Day is screening all relative/NREFM applications to determine if they qualify for the IAP/EAP process. This significant change has increased the number of applicants eligible for IAP and EAP.

b.) KCT social workers were trained by Relative Assessment Unit staff.

c.) The KCT Supervisor maintains a spreadsheet of the number of applications screened and the number of applications that qualify for IAP/EAP.

d.) The KCT Supervisor consults with the Relative Assessment Supervisor twice per day to discuss applications that qualify for the IAP/EAP assessment process.

e.) KCT social workers conduct home assessments and complete the form, SOC815.

f.) It is anticipated that KCT will begin doing all IAP applications on June 1, 2014.

METHOD OF EVALUATION AND/OR MONITORING

Each quarter as the Child Welfare Dynamic Report is made available, Kern reviews the performance associated with each strategy. Outcome measure C4.1 Placement Stability (8 days to 12 months in care) is reviewed quarterly. The results are listed above. In addition to the associated outcome measure, measure 4B Least Restrictive (Entries First Placement: Relatives), and Least Restrictive (PIT Placement: Relative) are also reviewed. Over the past year, the results for the two 4B outcome measures are as follows:

4B Least Restrictive (Entries First Placement: Relatives)	
Q1 2013 (released in July 2013)	8.7%
Q2 2013 (released in September 2013)	9.1%
Q3 2013 (released in December 2013)	9.3%
Q4 2013 (released in March 2014)	8.9%

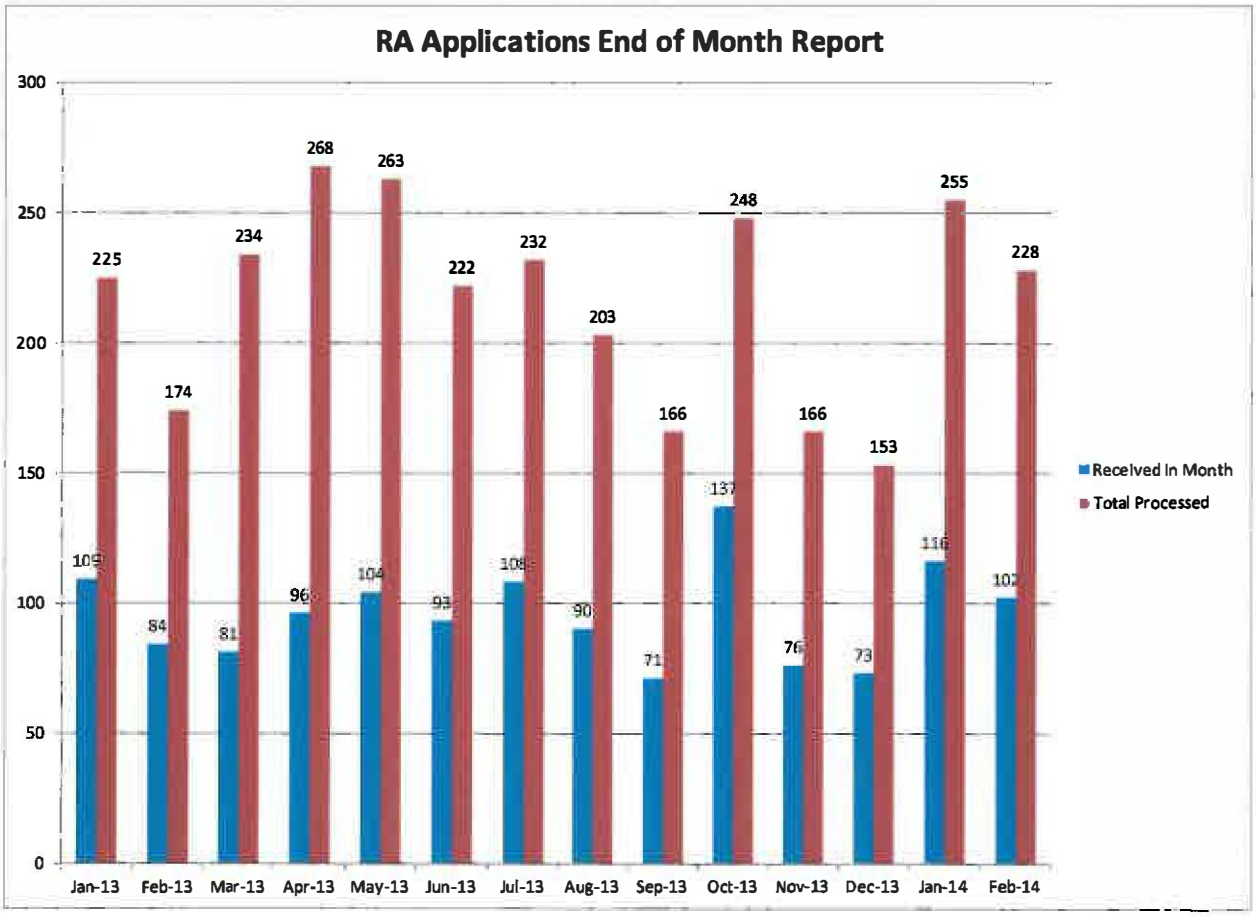
4B Least Restrictive (PIT Placement: Relative)	
Q1 2013 (released in July 2013)	27.4%%
Q2 2013 (released in September 2013)	27%
Q3 2013 (released in December 2013)	27.5%
Q4 2013 (released in March 2014)	28.2%

A Kid's Connection Team Supervisor maintains a log noting the number of applications screened for the Immediate Assessment Process and Expedited Assessment Process, as well as the number of applicants that qualify. Since the start of the screening process by KCT, the number of IAP and EAP applications has increased.

The Program Specialist in Relative Assessment Unit tracks the data of all incoming relative/NREFM applications. The data collected and analyzed indicates it takes less time to approve IAP and EAP applications in 2013-2014 than in 2012-2013. In 2013,

applications were submitted for 55% more children than in 2012. Comparing first quarter data in 2012, 2013 and January 2014 for time to assign a case and time to approve a case indicated lesser times in both categories. The time from case assignment to case completion has also improved.

The Relative Assessment Program maintains monthly reports for the total relative/NREFM applications received each month and the total processed. Below you will see the monthly report results from January 2013 through February 2014:



In addition, the Family Services Program maintains a Relative/NREFM Placement spreadsheet. The program staff track the date of the application approval, whether the child was placed with the approved relative/NREFM, and if not, the reason. Some reasons for not placing children with the approved relative/NREFM includes: The child was already placed with another approved relative/NREFM, the child was expected to return with the parent soon, and sibling separation was not in the child's best interest when an approved relative/NREFM only applied for one child and not the sibling set.

ADDITIONAL STRATEGIES (WHEN APPLICABLE)

Not applicable.

PROGRAM REDUCTION

Not applicable.

STRATEGY 9: EXPLORE MAKING JAMISON CHILDREN'S CENTER A 23 HOUR FACILITY.

ANALYSIS

This strategy was selected to help improve outcome measure C4.1 Placement Stability (8 days to 12 months). Since SIP inception, the outcome measure has improved by 6.7%.

ACTION STEP STATUS

A. Form workgroup to research other County practices. The time frame for this action step is July 2014.

A workgroup was established in August 2013. The workgroup members consisted of the Jamison Children's Center (JCC) manager (now retired), a group counselor at JCC, a Court Services supervisor, former program specialist at JCC currently assigned to the Adoption program, and a Court Services program specialist. The first meeting was held in August 2013.

Stu mail was utilized to ask counties if they had previously operated a 24 hour shelter/group home and the reasons they subsequently changed to a 23 hour receiving center. Other information was also asked about challenges, placement stability rates, and collaborative efforts with probation departments and regional centers.

Information gathered was reviewed. Placement Stability, Entries Into Care, and In Care data was compared between counties that operate a shelter, counties that operate a 23 hour receiving center, and counties that do not have a shelter/group home or receiving center. The data analysis found the following:

a) 47% (8 out of 17) of counties that have either a shelter or receiving center have at least 100% compliance with the placement stability.

b) Overall, it appears that counties with 23-hour receiving centers have better compliance with the placement stability than counties with shelters. The receiving center data show:

- 75% (6 out of 8) exceeded 100% compliance. The two that did not reach 100% compliance (San Diego and Napa) still had an increase in their percent of compliance when compared to the 2008 baseline.
- 87.5% (7 out of 8) showed an increase in their C4 compliance (San Francisco showed a decrease).
- 87.5% (7 out of 8) showed a decrease in entry rates (Napa had an increase).
- 75% (6 out of 8) had both an increase in their compliance with the placement stability, as well as a decrease in entry rates.

c) For counties with shelters, the results are not as promising. Shelter counties' data show:

- 18% (2 out of 11) made at least 100 % compliance with placement stability (only Orange and San Mateo).
- 63% (7 out of 11) saw an increase in their placement stability compliance.
- 63% (7 out of 11) saw a decrease in their entry rate.
- 54% (6 out of 11) had an increase in placement stability compliance with a decrease in entry rates.

d) When looking at the compliance for the top ten largest counties (Los Angeles, San Diego, Orange, Riverside, San Bernardino, Santa Clara, Alameda, Sacramento, Contra Costa, and Fresno), the data show:

- 70% (7 out of 10) had at least 100% compliance with placement stability (San Diego, Sacramento and Fresno did not reach 100%).
- 100% had an increase in their placement stability compliance.
- 90% (10 out of 11) had a decrease in their entry rates (San Bernardino had an increase).
- 90% (10 out of 11) had both an increase in placement stability compliance with a decrease in entry rates.

B. Workgroup to evaluate results of research and present to Executive Team. The time frame for this action step is July 2015.

In addition to the information gathered as listed above in action step A, the workgroup has discussed Kern's practices that may affect this strategy, including the work done by the Kid's Connection Team, IAP through the Relative Assessment Units, and Crisis Responders, when implemented. Also, the draft All County Information Notice on Pre-placement Activities and best practices and ACIN I-26-06 23-Hour Assessment Centers were reviewed, as was the concerns noted in Demand to Cease County Operation and Use of Unlicensed Care Facilities letter to CDSS from the Youth Law Center dated November 4, 2013.

After reviewing all the information gathered, in February 2014, the workgroup determined it would not be beneficial to convert JCC to a 23-hour Receiving Center at this time due to the ongoing difficulty of placing hard-to-place children into placements other than JCC and not having programs in place to support faster relative/NREFM placement process for children at JCC. The workgroup has developed a list of suggestions to improve the placement for children out of JCC. The suggestions include the following:

a. Provide immediate placement services for children who enter JCC.

b. Enter the JCC placement information in CWS/CMS Address Tab for the child.

c. Keep track of the 23 hours internally at JCC.

d. Develop 24-hour placement services available to divert law enforcement agencies' pick-ups.

e. Use computers at JCC or laptops/home computers to enter placements (in step d above).

f. Assign a KCT staff member to the child when a decision is made to place a child in protective custody.

g. Sacramento County has a Child Placement Support Unit to find placements for children.

h. Counties with good permanency performance assign several social workers to each child at protective custody to meet various needs, including immediate placement.

METHOD OF EVALUATION AND/OR MONITORING

The Executive Team has approved the decision not to convert Jamison Children's Center to a 23-hour assessment center at this time.

ADDITIONAL STRATEGIES (WHEN APPLICABLE)

Not applicable.

PROGRAM REDUCTION

Not applicable.

STRATEGY 10: ENHANCE SUPPORTIVE SERVICES FOR CHILDREN IN OUT OF HOME CARE EXHIBITING EMOTIONAL AND BEHAVIORAL PROBLEMS.

ANALYSIS

This strategy was selected to improve three outcome measures, including C4.2 Placement Stability (12 to 24 months), C4.3 Placement Stability (at least 24 months in care), and C1.4 Re-Entry Following Reunification. Since the SIP was approved, these three outcome measures have, indeed, improved. C4.2 improved by 12.2%, C4.3 by 4.7%, and C1.4 by 7.3%.

ACTION STEP STATUS

A. Implement training for foster parents on behavioral issues and how placement moves affects children and youth and their placement stability. The time frame for this action step is July 2012 and ongoing.

   The training for foster parents caring for children with severe emotional and/or behavioral needs has been implemented. There is a training schedule on Bakersfield College's website, our agency website has a link to the Bakersfield College site, and the schedule is attached to the quarterly Recruitment, Development, and Support Newsletter, which is sent to all caregivers. The newsletter along with the schedule is electronically mailed to all social work staff.

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. The time frame for this action step is July 2012 – July 2015.

   The SCI policy was updated and published on July 1, 2013 making the updated policy effective August 1, 2013. After implementation, it was determined there were further updates needed. The SCI letter mailed to caregivers was vague and did not specify the training for caregivers caring for children with severe

emotional and/or behavioral needs was mandatory. The SCI letter was revised to include the information.
The availability of the training was also a concern and was addressed. The training consists of three levels. Level 2 training is required for Level 2 SCI. Level 2 and 3 training is required for Level 3 SCI. Level 2, 3, and 4 is required for Level 4 SCI. Training for each level is provided quarterly. Since each level is not provided monthly retroactive pay for SCI will be paid for no more than three months. It was determined the training for foster parents will not be mandated annually.

In addition, the groups exempt from the training was clarified. The groups include legal guardianship cases, Adoption Assistance Program cases, and caregivers who have received an SCI prior to August 1, 2013.

The updated SCI policy was published on January 9, 2014.

C. Implement MOU with Group Homes and to Foster Family Agencies (FFA) to ensure assistance with placement stability outcomes. The time frame for this action step is July 2013 for the FFA MOU and July 2014 for the Group Home MOU.

The MOU with the Foster Family Agencies became effective June 4, 2013 – December 31, 2016. It was determined revisions were needed and the MOU is currently undergoing the changes. The minor changes included the deletion that our agency would provide the FFA with a seven-day notice that a child would be moved, as well as the deletion that county staff will provide the FFA with a copy of the child's court report. The amended MOU is being reviewed by the County Administrative Officer and is expected to go before the County Board of Supervisors on May 6, 2014 for review and approval.

The MOU with Group Homes is being drafted to ensure collaborative efforts between group homes and county staff for placement stability of foster youth placed in group homes. There has been a delay in the development of the MOU. It is anticipated the MOU will be completed by December 2014.

D. Increase referrals to WRAP for children in care. The time frame for this action step is July 2013 – July 2014.

The Wraparound program began providing services in July 2013 to families of non-dependent children of the court, who were referred by Emergency Response, Voluntary Family Maintenance, or Court Services staff. Kern has two

Wraparound service providers, including AspiraNet and Family Preservation. The WRAP program supervisor maintains an electronic spreadsheet that monitors the amount of cases opened, closed, and type of funding for each service provider.

In April 2014, the Wraparound program added a second unit, including three additional social workers, and an additional supervisor to service the increase in Wraparound cases.

The table below shows the number of Wraparound cases opened each month (extracted from the spreadsheet):

Month/Year	Non-Dependent Children	AspiraNet	Family Preservation	Cases Opened Monthly
July 2013	1	4	6	11
August 2013	3	8	3	14
September 2013	0	13	9	22
October 2013	3	9	3	15
November 2013	4	8	3	15
December 2013	2	6	3	11
January 2014	0	1	2	3
February 2014	3	5	3	11
March 2014	3	4	0	7

E. Explore the potential for expanding WRAP services to families transitioning to reunification. The time frame for this action step is July 2015 – July 2016.

METHOD OF EVALUATION AND/OR MONITORING

A review of SCI cases was conducted by a program specialist in child welfare to determine compliance with the new policy changes. In early December 2013, there was a review of SCI cases approved over the first three-months of the updated policy changes, August 1, 2013 through November 8, 2013. There were 19 new SCI requests approved during the three-month period. Of the 19 cases, 15 cases were exempt from the new required training. Only four new SCI requests were made based on behavior issues, subject to the policy training requirement. One case was reviewed, which was not in compliance with the updated SCI policy, one case had partial compliance, and two cases were fully compliant.

During summer of 2014, the Foster Parent Ombudsman will also review the SCI requests since the new policy took effect in August 2013. The review will help determine the future availability of training sessions for each SCI level.

The WRAP program maintains an electronic spreadsheet that monitors the amount of cases opened, closed, and type of funding. The WRAP supervisor has weekly case conference times scheduled where social workers can discuss the appropriateness of referring cases to the WRAP program. In addition, Kern has a SMART committee, which meets weekly and includes staff from the county mental health department and contracted mental health service providers, as well as county child welfare staff. They discuss new referrals for WRAP, status of WRAP cases, and other cases with other mental health service provisions.

In addition, each quarter the following outcomes are reviewed: C4.2 Placement Stability (12 to 24 months), C4.3 Placement Stability (at least 24 months in care), and C1.4 Re-Entry Following Reunification.

ADDITIONAL STRATEGIES (WHEN APPLICABLE)

Not applicable.

PROGRAM REDUCTION

Not applicable.

Kern's Probation Department selected two strategies to focus upon. During the past year, the work completed to implement the strategies will be detailed below.

STRATEGY 1: IMPROVE POLICIES AND PROCESSES TO ENSURE THAT THE WELL-BEING OF WARDS IN FOSTER CARE IS BEING MET.

ANALYSIS

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. Safe Measures is used to audit all the Probation Officers' caseloads monthly. Then, data points that are missing in CWS/CMS are updated accordingly.

The Family Finding procedure manual from DHS was provided to Probation and was incorporated into the Probation Placement Manual. Officers were trained as to the procedures and have implemented this into their supervision practice. According to the

data, these efforts have been successful. Probation has shown a 19% increase in reunification within 12 months and a 105.9% increase in least restrictive relative placements.

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.

Due to staffing shortages/promotions and transfers, the Family Search and Engagement program is not at full capacity. Probation Officers do use the tools they 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. Though we have been able to provide Family Finding services to 75 wards, the goal is to have Family Finding provided to all wards in Placement by the end of 2014.

Action Step Status

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

   This action step has been implemented.

B. Develop procedural guide and best practice tool using Family Search and Engagement training materials.

   This action step has been completed.

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

   This action step has been implemented.

D. Implement Family Search and Engagement program to serve foster youth.

   This action step is ongoing.

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.

This action step is pending.

METHOD OF EVALUATION AND/OR MONITORING

Successes with these efforts in action step A are evidenced by a 65.6% increase in timely monthly face to face visits being recorded in CWS/CMS. Probation will continue to use the safe measures program monthly to monitor appropriate data entry.

Since implementation of the aforementioned action steps, 75 wards have been provided with Family Finding Services. Through case load and CWS/CMS audit, Officers will be monitored to assure service delivery to all wards by the end of the year.

Through monthly case load audit, officers will be encouraged to continue to provide Family Finding and engagement services to wards on their caseload. Probation has been able to provide Family Finding services to 75 wards and the goal is to have Family Finding provided to all wards in Placement by the end of 2014. This action step will be implemented once Family Search and Engagement is fully implemented to the point that successful placements have occurred. However, early data is very promising for Probation has shown a 19% increase in reunification within 12 months and a 105.9% increase in least restrictive relative placements.

ADDITIONAL STRATEGIES (WHEN APPLICABLE)

Communication with DHS will continue into the future as to any changes in policy or procedure or best practices when it comes to Family Finding. If new procedures or policies are adopted, they will be incorporated into Probation Family Finding practices and the Officers will be trained accordingly.

Probation Department purchased the CLEAR program, a search engine to assist in Family Finding Services. Since implementation, Family Finding services have been provided to 75 wards. Unfortunately, these services have not been significantly successful in reuniting Wards with family members. Consistently family members are resistive to opening up their homes due to a plethora of issues including but not limited to:

1. Age-Most wards entering the system are at least 14 years of age.

2. Offense-Many of the wards are either sex offenders, gang members or have shown a propensity towards violence.

3. Willing but Unable-Many family members may be willing to care for a ward but due to either their criminal history or home dynamics; they are not approved for placement.

In addition to the Clear Program, the Probation Department has also implemented a new case plan that will assist officers in making referrals for families in need of rehabilitative services in an effort to improve the success of reunification.

PROGRAM REDUCTION

The Probation Department Placement Unit is currently operating with two vacancies with no ETA on replacements. However, it is not anticipated Family Finding Services will be reduced at this time for case load numbers are still manageable.

STRATEGY 2: IMPROVE THE COORDINATION AND DELIVERY OF ILP SERVICES TO PROBATION YOUTH.

ANALYSIS

Meetings transpired between the Probation Division Director, Probation Placement Supervisor, Department of Human Services Program Specialist, and ILP Supervisor on a 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. Quarterly meetings between Probation and ILP staff continue to assure this health relationship.

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

Action step C needs to be 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 AB12 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. Over 95% of all wards have chosen to participate in transitional services through AB12 and with the assistance of group homes in finding transitional housing for AB12 youth, this improvement has been beneficial for our youth. It should be noted, prior to AB12 and transitional assistance through the group homes, a significant portion of our youth were delivered to the homeless shelter upon emancipation.

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. This action step however has not been successful due to difficulties IT has had in getting the Skype program to work effectively

on the laptop. According to IT, the firewall the county has set up on the computer is preventing Skyping capabilities. IT is working on a technology solution.

ACTION STEP STATUS

A. Attend monthly ILP meetings with Child Welfare Services ILP staff.

   This action step has been implemented.

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.

   This action step has been implemented.

C. Explore the possibility of ILP services for Kern County to be contracted out.

   This action step needs to be replaced.

D. Utilize technology such as "Skyping" computers and lap tops to increase communication with youth placed in group homes.

   This action step is ongoing.

METHOD OF EVALUATION AND/OR MONITORING

Probation Supervisor will work closely with the ILP Supervisor and will continue with quarterly meetings to assure collaboration and dissemination of information as to ILP services.

Group homes that provide both ILP and transitional services will continue to be explored into the future to assist this population towards independence.

ADDITIONAL STRATEGIES (WHEN APPLICABLE)

The Probation Department is currently investigating into purchasing a separate lap top that is not plugged into the county network for officers to be able to check out and Skype as needed.

PROGRAM REDUCTION

Not applicable.

Obstacles and Barriers to Future Implementation

Kern County is committed to improving performance on the state and federal outcome measures and has selected strategies for implementation that are best practice and have shown to help improve measures and benefit children and families. Kern's selected strategies also include the development and implementation of new non-mandated programs, such as Crisis Responders and Post-Detention Family Permanency Team. The County's budget planning for fiscal year 2014-2015 is well underway. All county departments have been asked to prepare a step down budget plan, decreasing all county departments' budgets. While budget planning continues, funding for development of the SIP strategies could create delays to future implementation. Kern's data, according to the Child Welfare Dynamic Report, indicates that Kern's incidence per 1,000 children that enter into care has decreased over the past few years. In 2011, the incidence per 1, 000 children entering into foster care was 5.1, 3.2 in 2012, and 3.1 in 2013. If entries into care stay the same or continue to decline, Kern will be able to use existing staff and reallocate them to start the programs detailed in the county SIP. However, it is also possible that Kern will allocate growth funds to hire additional staff for new program implementation. With the implementation of the two new programs, it is expected Kern's performance will improve further.

As for Kern County Probation Department's strategy 2, action step C, in lieu of contracting out ILP services, Probation has 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. The Probation 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. Currently there are approximately fifteen group homes (this number is growing by the day) used by Probation 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. Assistance is also given with transitional housing through a SILP. This has made the transition from group home placement to AB12 placement successful and made the youth less fearful about reaching the age of 18. Because more probation youth are entering AB12 than expected, placement of wards in specialized group homes will occur 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.

Promising Practices/ Other Successes

Kern's performance in the adoption outcome measures is higher than the national goals. Even so, the Adoption Program staff is committed to making further improvements. Currently, the Adoption Program has contracts with three Foster Family Agencies to conduct adoption home studies. The contract expires at the end of the year and new contracts are expected to be implemented on January 1, 2015. It is anticipated that the new contracts will include changes from the current contracts. One change is the time frame for completion of an adoption home study reduced to five months from six months in anticipation of future changes in practice through the implementation of Resource Family Approval process. In addition, Foster Family Agencies will all be expected to provide post adoption training to families, an emergency fund for families who need financial support to complete home study requirements, such as fingerprinting, tuberculosis testing, and must reimburse families for Live Scan incurred charges. In addition, if a home study is not completed within the five month period, the Foster Family Agency will be expected to provide our agency with written justification for non-compliance. There will be an established error rate (percentage of late home studies). If an agency is non-compliant, our agency will provide the FFA with a letter of correction and if the non-compliance with the error rate continues, our agency may terminate the contract with the specific Foster Family Agency.

As previously reported, Kern is reviewing practices to identify possible practice changes in anticipation of the implementation of the Resource Family Approval process. In May 2013, staff from the Licensing and Relative Assessment units will be attending the Safe Home Study training along with new Adoption social workers. Since the adoption and licensing processes will merge, Kern wants to ensure staff has an understanding of the requirements for each process.

Another of Kern's promising practices includes working diligently on improving outcome measures 2F Timely Monthly Caseworker Visits and 2F Timely Monthly Caseworker Visits in Residence. Although, the state's current requirement is 90% for monthly caseworker visits and 50% for monthly caseworker visits in residence, Kern has begun to work on the state's expected increase in 2015 to 95%. Monthly data reports for both measures are generated, sent out to child welfare managers, and followed up to determine non-compliance reasons with monthly visits. Mostly, data entry problems were discovered, corrected, and shared with all managers. The reports and meetings with managers have proven successful. According to the Child Welfare Dynamic Report, Kern has increased performance in these measures as follows:

Quarter	2F Timely Monthly Caseworker Visits (Current state goal is 90%) (2015 goal is 95%)	2F Timely Monthly Caseworker Visits in Residence (Current state goal is 50%)

Q1 2013	95.6%	90.2%
Q2 2013	95.5%	91.4%
Q3 2013	95.7%	92.5%
Q4 2013	95.9%	93.5%

Kern staff has developed a mobility workgroup to determine the feasibility of upgrading technology. In the past several years, the Federal Administration for Children and Families have promoted the use of mobile devices in Child Welfare as a way to improve engagement and service for the clients as well as increasing efficiency for staff and improving compliance with mandated outcomes for children and families. When there are improvements in both of these domains, state and county compliance with federally mandated outcomes increase for children and families that are served by Child Welfare. With the use of mobile devices, staff can provide instant, on the spot service to clients while still in their homes because staff can have access to resource information, policy, assessment tools, case plan work sheets and forms on the device in their hand rather than being required to return to the office, find the information and either return to the client's home or by sending it in the mail. Being able to locate a resource document and having a face to face discussion with the client about the resource is much more effective than sending it through the mail to the client. The in-person method is much more likely to result in buy-in by the client. In addition, forms that require the signature of the client can be obtained directly into the mobile device using read-writable PDF versions of forms. Getting a client to accept a service is much more likely to happen if there is no lag time between the discussion of the service and getting the client's signature on a case plan.

Mobile devices also allow the worker to make less field trips to and from the office, as well as allowing the worker to instantly record their observations and client statements right after a home call or meeting with a client directly into the device using speech-to-text built in software, which can then be copied into the CWS/CMS system. Other applications available for free allow staff to use the mobile tablet like a paper note pad. The application then converts the handwritten note into type, which can also be copied into the system. These two simple mobile technologies should greatly improve accuracy and compliance with time to investigation as well as face to face contacts because data entry will be done almost immediately rather than days later. The SDM tools are also available on the mobile device which allows the assessments to be done immediately after the home call or investigation. This allows for greater compliance with timeliness and correctness of assessments.

Thus far, the mobile technology workgroup has submitted to the Executive Team a proposal, which has been approved, to purchase the mobile devices. The workgroup is

now charged with completing and submitting a County Advanced Planning Document to the state for approval.

Kern County Probation has also experienced successes and promising practices, such as:

Child Welfare Services/Case Management System
All staff has been trained and all current cases have been entered into the system.

Family Search and Engagement Training Guide
The Department of Human Services provided training to Probation department, which assisted in utilization of 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 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 has made big strides in performance in outcome measures over the past year. However, there remain outcome measures that continue to need improvement, particularly the reunification measures. The family reunification outcome measures are not meeting the national goals. Outcome measure C1.1 Reunification Within 12 months (Exit Cohort) measure of all children discharged from foster care to reunification during the year who had been in foster care for eight days or longer, the percentage of children reunified in less than 12 months from the date of the latest removal from home. The national goal is 75.2%. According the Child Welfare Dynamic System, Kern's most recent performance (Q4 2013) is 59.5%, whereas the state is at 64.2%. Outcome measure C1.2 Median Time to Reunification (Exit Cohort) shows of all children discharged from foster care to reunification during the year who had been in foster care for eight days or longer, the median length of stay (in months) from the date of the latest removal from home until the date of discharge to reunification. The national goal is 5.4 months, whereas Kern's current performance, according to the Child Welfare Dynamic System in Quarter 4, 2013 is 9.1 months and the state is 8.5 months. The third reunification outcome measure not meeting the national goal is C1.3 Reunification Within 12 Months (Entry Cohort), which measures of all children entering foster care for the first time in the six-month period who remained for eight 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 national standard for C1.3 is 48.4%. Kern's latest

performance (Q4 2013) is 27.5%, whereas the state is at 37.4%. Although the three aforementioned outcome measures are not meeting national standards, it is worth noting that Kern's outcome measure C1.4 Re-Entry Following Reunification (Exit Cohort) has surpassed the national goal of 9.9%. Kern's most recent performance is 9%, which is a significant decrease from the 16.3% performance at the time of SIP implementation. The state is at 12.3% for this measure.

The aforementioned measures are related. Since Kern's implementation of the protective warrant policy as a result of changes in the law have ensured that only the most high risk cases fall under the jurisdiction of the juvenile court; therefore, it is more difficult to reunify these families who have multifaceted problems, including chronic substance abuse and mental health problems. According to The Structured Decision Making System in Child Welfare Services in California Combined Counties Comparison Data report for periods January 1, 2013 through December 31, 2013, published in April 2014, Kern's three most prevalent safety threats identified in removal households were Child Immediate Needs Not Met, Caregiver Substance Abuse, and Hazardous Living Conditions. The report further noted Kern's three most frequent priority family needs identified included Substance Abuse/Use, Parenting Skills, and Mental Health/Coping Skills. If children are reunified with their parents before the parents have a solid foundation of recovery or change, problems will resurface that bring the family back to the attention of DHS. Kern County's performance in these areas suggest that social workers are taking more time with families and they are experiencing fewer problems that lead them back into the system. The ongoing task now is to decrease the time for reunification while ensuring that families continue to have the support and services they need to remain safe and stable.

During the fourth quarter of FY 2012-2013, Henrietta Weill Memorial Child Guidance Clinic (HWMCGC) was selected, through a competitive bid process, to provide supportive services for families who are receiving Child Welfare Services' Family Reunification services. The following services were implemented on July 1, 2013:

Comprehensive Parent Education Services. Approved by the Kern County Department of Human Services and Juvenile Court, these education services will use practical as opposed to theoretical approaches, as well as evidence and/or research-based best practices, and fulfill all California Welfare and Institutions Code requirements. Parents may participate on either a voluntary or court-ordered basis. The majority of the families who receive these services have had at least one substantiated child abuse referral, and most children are in out-of-home care. The following are the curriculums that are utilized:

Nurturing Parenting – Through this evidence-based curriculum, parents learn new attitudes and skills that have proven effectiveness in treating and preventing the recurrence of child abuse and neglect.

1-2-3 Magic – Through this research-based curriculum, parents with special needs (e.g. mental illness, developmental disability, illiteracy) learn new attitudes and skills that prevent child abuse and neglect.

Learning to Protect – Through research-based approaches, parents learn how to protect their children from physical abuse, neglect, and/or sexual abuse.

Physical Abuse as a Perpetrator – Through research-based approaches, parents learn to parent their children without using physical discipline.
Aggression Replacement Training – Through this research-based curriculum, parents learn to effective manage and control their anger, build social skills, improve moral reasoning, and reduce aggressive behavior.

52 Week Counseling Program – Through research-based approaches, parents who have been convicted of California PC 273a charges related to child endangerment/willful cruelty to a child, receive child abuse treatment counseling services.

Since families typically have multiple needs, all families are assessed prior to enrollment to ensure they are placed in the class that will best meet their needs, and to identify any barriers that may make it difficult for the parent to fully participate, attend regular, and complete services. Parent education program staff provides parents with the following types of services outside of class: bus passes; emergency food and basic needs items; information and referral services; and, support, advocacy, and follow-up. Pre and post tests are utilized for each class to measure increases in knowledge among participants. Surveys are utilized to measure client satisfaction.

Brief, goal oriented counseling services are also available for families who are participating in parent education classes and do not qualify for services through the County's Mental Health System of Care or private insurance. Surveys administered at the conclusion of counseling services measure client satisfaction.

A parent support is also provided for parents participating in education classes. This group is designed to help parents build social connections, and provide them with: up-to-date community resource information, bonding activities they can use with their children, and support for specific parenting concerns and issues. The group also allows

parents to obtain additional parenting tips through the use of videos, topic discussions, and multimedia presentations.

Time Limited Family Reunification (TLFR) Services.

Case Management, visit coaching, counseling, and a range of intensive, support services are provided to families whose children are in out-of-home placement due to abuse or neglect, and they have been court ordered to receive Family Reunification services.

TLFR Case Managers utilize the North Carolina Family Assessment Scale-General and Reunification (NCFAS-G+R) to assess family needs and gauge improvements in family functioning, including readiness for reunification. The California Evidence-Based Clearinghouse for Child Welfare gives the NCFAS its highest rating for assessment tools with demonstrated reliability and validity. The following are among the direct services that TLFR Case Managers provide: Support and advocacy; information and referral; transportation; home visiting; teaching and demonstration; emergency funds for basic need items (e.g. rent deposits, beds, basic appliances, work clothing, etc.); assistance with building protective factors (e.g. parental resilience, concrete support in times of need, social connections, knowledge of parenting and child development, and social and emotional competence of children) and visit coaching. TLFR services evolve into post-reunification services when families reunify. The number/percentage of children and families that successfully reunify is tracked, NCFAS G+R assessment data is analyzed, and surveys are administered to measure client satisfaction.

Visit Coaching services are provided in a unique setting that includes a kitchenette area, private bathroom, and outside play area for families. Visit Coaches help parents plan their upcoming visits to ensure that: age-appropriate activities, games, etc. are planned; parents are comfortable practicing the new skills they are learning in their parenting classes; parents will be able to identify and appropriately respond to their children's needs; and that healthy snacks/meals are prepared. At the conclusion of each visit, the coach talks with the parents about aspects that went really well, commending the parent's use of new skills, as well as aspects that can be improved during the next visit. A scale designed to measure parent/child interactions during visits is utilized at the conclusion of visits as a tool to measure progress.

Brief, goal oriented counseling services are also available for TLFR parents who do not qualify for services through the County's Mental Health System of Care or private insurance. Additionally, HWMCGC is a Kern County Mental Health Children's System of Care provider for counseling services. With parental consent, TLFR Counselors and Case Managers ensure that services are coordinated with the mental health treatment

services that TLFR child(ren) are receiving while in placement. TLFR staff can also facilitate mental health treatment services for post-reunification families, when needed, to assist them with the transition and reduce re-entry. Surveys are administered at the conclusion of counseling services to measure client satisfaction.

Support group services are also available for TLFR families that reunify.

The long term care outcome measures are also not meeting national standards. Outcome measure C3.1 Exit to Permanency (24 Months In Care) focuses on measuring 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 goal is 29.1% and Kern's current performance is 27.6%, whereas the state is at 24.1%, per the Child Welfare Dynamic Report, Quarter 4, 2013. Although Kern is not meeting the national goal, Kern has continued to improve showing a 31.9% one-year change in the right direction and a 37.3% five-year percent change. Outcome measure C3.2 Exits to Permanency (Legally Free At Exit) takes a look at answering of all children discharged from foster care during the year who were legally free for adoption, what percent were discharged to a permanent home prior to turning 18. The national standard is 98%, the state is 97.8%, and Kern is performing at 97.7%. Kern has hovered near the national goal with minor changes, such as a -0.6% one-year percent change and a -1.3% five-year percent change in the wrong direction. The third long term care outcome measure not meeting national standards is C3.3 In Care 3 Years Or Longer (Emancipated/Age 18), which focuses 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 three years or longer. The national standard is 37.5%, the state is 51.5%, and Kern's most recent performance, according to the Child Welfare Dynamic Report Q4, 2013, is 60.2%. Kern is also increasing performance in this outcome measure as there has been a -1.4% one-year percent change in the right direction and a -17.6 five-year percent change in the right direction.

The increase in performance for the Long Term Care results can be related to an increase in placement stability and a change in the requirements for group home placements. As placement stability measures have increased in performance since the inception of the SIP, youth in care are becoming more stable and therefore more likely to experience permanency. Also, as requirements for specific step down plans for youth placed in group homes have been recently implemented and are being monitored, it is likely these outcome measures will continue to be positively impacted.

Kern's performance of Adoption measure C2.4 Legally Free Within 6 Months (17 Months in Care) is not meeting the national goal of 10.9%. This outcome measures the percentage of children who were in foster care for 17 continuous months or longer and

not legally free for adoption on the first day of the period, who then became legally free for adoption within the next six months. Kern's performance is 4.7%, which is an improvement of 91% over the past year. The state's performance is 8.8%, also not meeting the national standard. Despite this measure not meeting the national standard, according to the latest Child Welfare Dynamic Report (Q4, 2013), the remaining adoption measures all exceed the national standards, including C2.5 Adoption Within 12 Months (Legally Free) by 24.8%, Adoption Within 12 Months (17 Months in Care) by 2.5%, and Adoption Within 24 Months (Exit Cohort) by 13.2%. In addition, Kern's Median Time to Adoption (C2.2) is less than the national standard by 3.3 months. There are multiple factors that can delay the termination of parental rights, including parties contesting the recommendations, the children's readiness for adoption, and the time it takes to search for adoptive families to meet the needs of the identified children. Despite that legally freeing children may take longer than ideal, once the parental rights are terminated, the adoption process is rather quick, which is evidenced by the outcomes mentioned above.

Kern's Probation Department has reviewed measures not meeting state/national standards and is as follows:

2012 National Standard		Kern County Probation
Reunification within 12 months	75.2%	21.7%
Reentry following Reunification	9.9%	0%
Exits to Permanency (24 Months in Care)	29.1%	11.3%
In Care 3 Years or Longer	37.5%	43.1%

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. Another issue that plays a hindrance in reunification is the minor's criminal delinquency. Some of these 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.

Analysis of measures that fall below the national standard:

In reviewing the national standards for dependent children for Q4 2013 of the Child Welfare Dynamic Report, it is noted probation in Kern County falls below the national

standard. Data in particular that falls below the national average include median time to reunification, reunification within 12 months, and exits to permanency along with placement stability particularly after 24 months in care. Analysis as to why Kern County Probation falls short of the national average is both broad and specific. On the broad scale, comparing dependents to wards is comparing apples and oranges and should be avoided. Still, it appears these are the only numbers we have to work with thus, below is specific analysis as to the deficiency:

1. Many of the youth entering Delinquency Court come out of the Dependency Court system and parents have already been offered family reunification services of which they have failed.
2. Though wards are offered the same opportunities as dependents for reunification or NREFM placement or adoption, success in these areas have been problematic due wards having issues such as sex offenders, propensity towards violence or gang involvement making least restrictive placements difficult if not impossible in many circumstances.
3. Family finding has been successful in many cases as to finding extended family members for possible placements, guardianships or adoptions. Yet, though the family is being found, very few are open to having wards placed in their home again due to the delinquency issues. Additionally, many family members have issues of their own including poverty, substance abuse and criminal history.
4. Considering successful adoption takes approximately 18 months, if not longer, to complete, beginning adoptive services on any ward that is 16 years or older appears to be a futile endeavor.

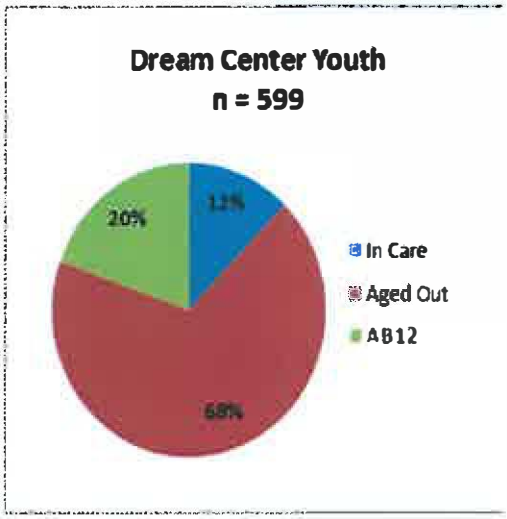
Though Kern County Probation continues to strive towards permanency within 12-24 months, considering the afore-mentioned issues, in most cases, independent living is the goal and not reunification. If successful transitional services can be offered to these wards, most of which have literally no family willing or able to care or assist them, it is theorized these wards can still be successful independently without reunification. It should be noted, recently the THP+FC program has begun to assist transitional youth and it is hoped along with AB 12, these services will assist wards towards their own rehabilitation and independence.

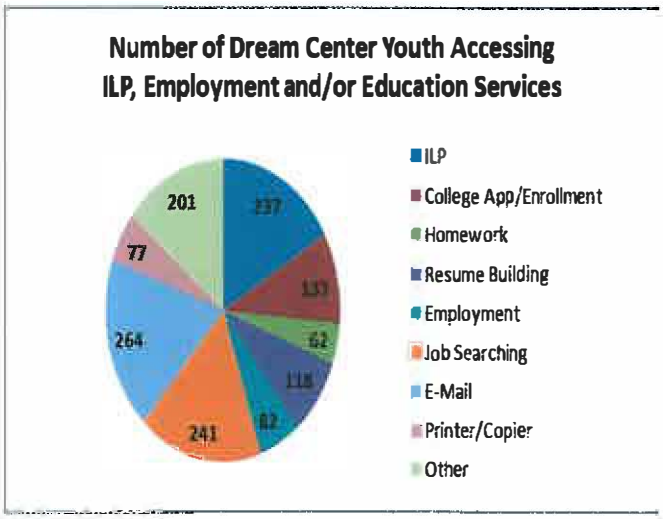
State and Federally Mandated Child Welfare/Probation Initiatives

Foster Connections After 18 Program: A key partner to Kern's Fostering Connections After 18 Program is the Kern County Network for Children's Dream Center. The Dream Center is a unique resource center that provides critical services for current and emancipated youth. Youth can apply for AB 12 and/or meet with their Independent Living Skills Social Worker, Probation Officer, Educational Liaison, or a Mental Health professional; receive information and referral services; pick up emergency food,

clothing, and hygiene items; access and utilize computers or a phone; gain employment assistance with employment, housing and transportation; pick up bus passes, baby items, parent education/child safety information, school supplies, and donated items (ranging from blankets to household items to bicycles); receive assistance applying to, enrolling in, and accessing financial aid for college; attend workshops on essential life skills; receive educational support, advocacy and tutoring services; and, spend time in a safe, comfortable environment that allows them to connect with others. Some youth make appointments and visit regularly, others drop in just to access needed items.

The following charts represent the number of transition aged and emancipated youth who visited the Dream Center during FY 2012-2013, and identifies the types of primary services that youth accessed:





The Dream Center was originally created to fulfill two unique purposes: 1) provide supportive services for foster youth who are preparing for or have aged out of the foster care system, and 2) utilize a coffee shop business to serve as a job incubator for foster youth. The number of youth accessing the Dream Center has been greater than anticipated, and their needs have also been broader, more intense, and more immediate than anticipated. As a result, the Dream Center is in the midst of evolving into a comprehensive one-stop center for youth that offers an expanded menu of services.

Since the Coffee Shop part of the Dream Center was only employing a small number of youth, a decision was made to reconfigure that space so that services could be expanded and larger numbers of youth could benefit in crucial ways. Made possible by funding from the California Department of Education, the Coffee Shop space is being transformed into a unique learning center for youth. In this newly reconfigured space, youth will be able to attend workshops on life skills; receive tutoring services; meet with

service providers; attend social functions designed to help them build healthy social connections; parenting youth will be able to participate in a "Mommy/Daddy and Me" story time group that will include fun activities and provide parenting teens with role modeling; and, homeless youth will be able to store items in lockers.

To complete the evolution, the number of Dream Center staff is being increased to include the following additional co-located professionals: Cal WORKS job developer, Cal Fresh eligibility worker, an additional full time Independent Living Skills Program Social Worker, Ombudsman for the Kern County Department of Human Services, a Mental Health Transition Aged Youth program Clinician who will provide therapy on-site, and a High School District employee who will assist emancipated youth with finishing school and job placement.

Katie A.: In May 2013, KCDHS and KCMH facilitated a stakeholders meeting in preparation for the implementation of the Pathways to Mental Health Services Core Practice Model. Stakeholders included foster youth, parents, foster parents, staff from mental health and child welfare, geographical mental health providers and probation staff. Everyone in attendance had the opportunity to weigh in on the County's Readiness Assessment Tool and make recommendations for service improvements.

Following the stakeholders meeting, KCDHS and KCMH continued to hold collaborative meetings to discuss Katie A implementation and decided to use the Special Multi-Disciplinary Assessment and Referral Team (SMART) to formally identify subclass youth. SMART oversees case planning for high risk youth and is comprised of KCDHS, KCMH, Kern County Probation and geographical mental health providers. The screening process is as follows: Once KCDHS completes an initial screening of the youth, the potential subclass youth's case is screened at SMART. In the event that the youth is found to be in need of Intensive Care Coordination (ICC), Intensive Home Based Services (IHBS) or other Early and Periodic Screening Diagnosis and Treatment (EPSDT) Mental Health services, this collaborative meeting serves as an immediate referral point.

In August 2013, KCDHS began the formal process of identifying subclass youth, starting with those receiving Wraparound services. After the Wraparound youth were screened through SMART, the process was rolled out to permanent placement, family reunification and court ordered family maintenance units. These units were followed by adoptions and voluntary family maintenance units. By the first week of December 2013, 152 youth had been screened through SMART.

In November 2013, staff from various child welfare programs completed Family Group Conferencing training in preparation for facilitating Child and Family Team (CFT)

meetings. Kern has decided that staff from child welfare and mental health will share responsibility for facilitation. Because KCDHS and KCMH were unable to locate joint trainings on the Core Practice Model and Trauma Informed Care that could accommodate all staff, the plan for 2014 was to create joint training opportunities for staff, beginning with an overview of the Core Practice Model. KCDHS has taken the lead role for the training and the training began in February 2014.

Kern's Contributions to California's Program Improvement Plan:

Kern County has continued to contribute to the state's overall improvements in performance for permanency, safety and well-being of children. Many of the strategies outlined and outcome measures performances stated earlier in this annual report have had positive effect on the state's improvements.

Kern's incidence rates (per 1,000 children) for all children entering into care has continued to decline. From January 2011 through December 2011, Kern's incidence rate was 5.1, in 2012 it dropped to 3.2, and in 2013, it further declined to 3.1. In addition, Kern's substantiation (incidence per 1,000 children) has also continued to decline. From January 2011 through December 2011, Kern's incidence rate was 9.5, in 2012, there was a decline to 9.3, and most currently in 2013, the incidence rate further declined to 8.9.

The *Structured Decision Making®* model is an evidence-based system of assessments for decision making in social services used by Kern County social workers. The SDM ®model is designed to enhance child safety, well-being, and permanency. The model's goals are to reduce subsequent harm to children (including re-referrals, re-substantiations, injuries, and foster placement) and, for children in out-of-home care, to reduce time to permanency. The SDM® model introduces structure to the critical decision points in the life of a case. Kern has recently received The Structured Decision Making® System in Child Welfare Services, Report Date: April 2014, Report Period: January 1 – December 31, 2013. Appendix A entitled Five-Year Trend Analyses and Completion Rates, has been reviewed. The report indicates the improvements in SDM® Hotline Completion rates over the past five years. The lowest rate was in 2011 with 79% hotline completion rate to the most current in 2013 of 97.3%. The five year comparison of the Safety Assessment Completion also shows improvement from the lowest rate of 80% in 2009 to 91.7% in 2013. SDM® Risk Assessment Completion Substantiated and Inconclusive Investigations also improved from the lowest rate in 2009 of 90.4% to the highest rate in 2013 of 93.6%. It is anticipated the Children's Research Center will be reviewing the annual report with Kern's Assistant Director and program managers in May 2014.

As indicated earlier in this report, Kern's Differential Response has contributed to a reduction in the recurrence of maltreatment for those families they serve by providing earlier and more comprehensive intervention. Families and children are provided voluntary services to remedy issues before they become so serious that the children will likely enter foster care. DR can provide services in a more flexible manner to reports of child abuse or neglect. DR using an evidence-based tool, North Carolina Family Assessment Tool (NCFAS) to ensure the family's priority needs are addressed and to measure the family's improvement upon exit of DR services.

Other prevention efforts include offering Wrap around services to families and children that are not dependent children of the court and remain in the care of parents/guardians, yet have needs and concerns that could eventually lead to protective custody should they not have been addressed through this program.

Kern's improvement in the three placement stability measures have also contributed to the state's overall improvement. As mentioned earlier, the use of Team Decision Making meetings, Kids Connection Team, and the streamlining of the relative assessment process have all contributed to the improvements.

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.	☐ CAPIT ☐ CBCAP ☒ PSSF ☐ N/A	Applicable Outcome Measure(s) and/or Systemic Factor(s): S1.1 No Recurrence of Maltreatment

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 Completed.	Jayme Stuart, Kern County Network for Children Implemented by Kern County Network for Children.

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.	~~July 2012 – December 2012~~ March 2013-April 2013 Completed.	Kristy Powers-Stacy, Court Services PS & Vanessa Frando, Program Specialist assigned to Assistant Director's Office
E. Utilize the ongoing results from the evaluation process to update procedural and practice policies.	~~January 2013~~ and quarterly thereafter May 2013 Completed.	Kristy Powers-Stacy, Court Services PS

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.	☐ CAPIT ☐ CBCAP ☐ PSSF ☒ N/A	**Applicable Outcome Measure(s) and/or Systemic Factor(s):** S1.1 No Recurrence of Maltreatment C1.4 Re-Entry Following Reunification (Exit Cohort)

Action Steps:	**Timeframe:**	**Person Responsible:**
A. Explore other county programs and possible funding streams	July 2014 Completed.	~~Maria Bermudez,~~ Vanessa Frando, PS assigned to AD office
B. Propose to Executive Team, Seek Approval, develop policy	JANUARY 2015 Proposal and Approval Completed.	Antanette ~~Jones~~ Reed, AD
C. Implement practice and policy, and review on an on-going basis.	July 2016	~~Maria Bermudez~~ Vanessa Frando, P5 assigned to AD office

Strategy 3: 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.	☐ CAPIT ☐ CBCAP ☐ PSSF ☒ N/A	**Applicable Outcome Measure(s) and/or Systemic Factor(s):** S1.1 No Recurrence of Maltreatment 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)
Action Steps:	**Timeframe:**	**Person Responsible:**
A. Propose to Executive Team, Seek Approval, develop policy	July 2012 – July 2013 Completed.	Jill/Monique Kristy Powers-Stacy, Court Services PS
B. Recruit and train	July 2013 – July 2014 completed.	Human Resources Sheri Redding, Staff Development
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~~ Terrie Martinez, Emergency Response PS
Strategy 4: Implement Crisis Responder Units in Emergency Response to immediately respond to Law Enforcement calls.	☐ **CAPIT** ☐ **CBCAP** ☐ **PSSF** ☒ **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 201S Proposal and Approval completed.	Antanette ~~Jones~~ Reed, AD
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~~ Terrie Martinez, Emergency Response PS

Strategy 5: Increase engagement with families and children through the use of TDMs.	☐ CAPIT ☐ CBCAP ☐ PSSF ☒ N/A	**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)

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
B. Pilot the policy in Family Services	July 2013 – July 2015 Completed.	Jeaniene Reneau, Family Services Program Director
C. Identify staffing needs and train staff	July 2013 – July 2014 Completed.	~~Jeaniene Reneau,~~ ~~Family Services Program Director~~ Vanessa Frando, Program Specialist Sheri Redding, Program Specialist

D. Publish policy and roll out the use of TDMs	January 2016 Completed.	TDM Supervisor: Sheri Redding ~~Jeff Mendoza, Policy~~ Family Services PS' Steve Cecil and Ray Gomez
E. Explore implementing TDMs at the point of reunification and upon dismissal of cases	July 2014 – July 2015	Jeaniene Reneau, Family Services Program Director Family Services PS' Steve Cecil and Ray Gomez

Strategy 6: Provide mentor services to families receiving family maintenance.	☐ CAPIT ☐ CBCAP ☐ PSSF ☒ N/A	**Applicable Outcome Measure(s) and/or Systemic Factor(s):** C1.4: Re-Entry Following Reunification (Exit Cohort)
Action Steps:	**Timeframe:**	**Person Responsible:**
A. Develop and publish RFP.	July 2012 – July 2013 Completed.	Jeaniene Reneau, Family Services PD ~~Martha Garcia, Contracts~~

B. Select agency to provide mentor services and create contract.	July 2013 – July 2014 Completed.	Jeaniene Reneau, Family Services PD ~~Martha Garcia, Contracts~~
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 Ongoing.	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.	☐ **CAPIT** ☐ **CBCAP** ☐ **PSSF** ☒ **N/A**	**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)

Action Steps:	**Timeframe:**	**Person Responsible:**
A. Propose to Executive Team, seek approval, develop policy	July 2015 – January 2016 Proposal and Approval completed.	Antanette ~~Jones~~ Reed, AD
B. Recruit staff and train	January 2016	FS PSs Steve Cecil and Ray Gomez Human Resources Sheri Redding, Staff Development
C. Monitor data, review quarterly reports from Child Welfare Dynamic Reporting System	January 2016 – July 2016	~~Tim Stevens, Permanency Team SSS and Kristy Esquivel, Family Finding SSW~~ FS PSs Steve Cecil and Ray Gomez
D. Develop and maintain placement matching database.	July 2016	Cathy Magadaleno ~~TIM STEVENS~~, Permanency Team SSS ~~and Kristy Esquivel, Family Finding SSW~~

		Kristy Powers-Stacy, Court Services PS Staff Development, Sheri Redding Miriam O'Campo, Family Services Supervisor
E. Develop and implement procedures for matching, tracking and monitoring placements; and tracking placement disruptions	January 2016- July 2016	Cathy Magadaleno ~~TIM STEVENS~~, Permanency Team SSS ~~and Kristy Esquivel, Family Finding SSW~~ Staff Development, Sheri Redding Miriam O'Campo and Gilbert Garcia, Family Services Supervisors

Strategy 8: Streamline Relative Approval Process.	☐ CAPIT ☐ CBCAP ☐ PSSF ☒ N/A	**Applicable Outcome Measure(s) and/or Systemic Factor(s):** C4.1: Placement Stability Outcome: Placement Stability (8 days to 12 months)
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/Relative Assessment Program Specialist, ~~Kristy Powers Stacy, Court Services PS.~~ Maria Bermudez, Program Director
B. Implement new policy, monitor for implementation/compliance	July 2013 – July 2017 Ongoing.	~~Jeff Mendoza, Program Support Services Supervisor~~ April Adams, Licensing/Relative Assessment Program Specialist

Strategy 9: Explore making Jamison Children's Center a 23 hour facility.	☐ CAPIT ☐ CBCAP ☐ PSSF ☒ N/A	**Applicable Outcome Measure(s) and/or Systemic Factor(s):** C4.1: Placement Stability Outcome: Placement Stability (8 days to 12 months)
Action Steps:	**Timeframe:**	**Person Responsible:**
Form work group to research other County practice	July 2014 Completed.	~~Carl Guilford, Jamison Center PD~~ ~~Hal Lockey, Jamison Center PS~~ Joy Johnson, Program Specialist
B. Workgroup to evaluate results of research and present to Executive Team	July 2015 Completed.	~~Carl Guilford, Jamison Center PD~~ ~~Hal Lockey, Jamison Center PS~~ Joy Johnson, Program Specialist

Strategy 10: Enhance supportive services for children in out of home care exhibiting emotional and behavioral problems.	☐ CAPIT ☐ CBCAP ☐ PSSF ☒ N/A	**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)

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 Completed.	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 Completed.	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. Amendment pending. ~~July~~ December 2014: Group MOU Pending.	~~Steve Cecil, Family Services PS~~ Hal Lockey, Program Specialist
D. Increase referrals to WRAP for children in care.	July 2013 – July 2014 Ongoing.	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.	☐ CAPIT ☐ CBCAP ☐ PSSF ☒ N/A	Measure 8A. Children Transition to Self-Sufficient Adulthood
Action Steps:	**Timeframe:**	**Person Responsible:**

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.	July 2012 and quarterly on going	Jason Hillis, Placement Supervisor
B. Develop procedural guide and best practice tool using Family Search and Engagement training materials.	September 2012 - March 2013 Completed	Jason Hillis, Placement Supervisor
C. Develop trained and skilled probation officers in family search and engagement.	March 2013 - September 2013 Completed	Jason Hillis, Placement Supervisor
D. Implement Family Search and Engagement program to serve foster youth.	September 2013 Completed	Jason Hillis, Placement Supervisor Probation Line Officers
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.	September 2013 and ongoing Ongoing	Jason Hillis, Placement Supervisor

Strategy 2: **Improve the coordination and delivery of ILP services to probation youth.**	☐ **CAPIT** ☐ **CBCAP** ☐ **PSSF** ☒ **N/A**	Measure 8A. Children Transition to Self-Sufficient Adulthood
Action Steps:	**Timeframe:**	**Person Responsible:**
A. Attend monthly ILP meetings with Child Welfare Services ILP staff.	July 2012 and ongoing Ongoing	~~Probation Division Director – Juvenile Programs~~ Jason Hillis, Placement Supervisor DPO III- Juvenile Programs
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 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 Ongoing	~~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.~~ IT unable to place "skyping" ability	July 2012 and ongoing Ongoing	~~Probation Division Director – Juvenile Programs~~ Jason Hillis Placement Supervisor

on lap top. However, currently exploring purchasing a lap top that is not on the Kern County network so firewall issues will be averted.		