California – Child and Family Services Review Signature Sheet

For submittal of: CSA [X] SIP [ ] Progress Report [ ]

County	Fresno
SIP Period Dates	December 1, 2009 to December 28, 2015
Outcome Data Period	October 2014 to September 2015 2015 Quarter 4 Extract
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Board of Supervisors (BOS) Signature	
BOS Approval Date	
Name	Not required for a County Self Assessment
Signature*	

Mail the original Signature Sheet to:

Children's Services Outcomes and Accountability Bureau
Attention: Bureau Chief
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*Signatures must be in blue ink

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California - Child and Family Services Review

County Self-Assessment

DECEMBER 1, 2009 TO DECEMBER 28, 2015

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Introduction

THE COUNTY SELF-ASSESSMENT (CSA) IS ONE OF THE THREE COMPONENTS REQUIRED BY THE CALIFORNIA DEPARTMENT OF SOCIAL SERVICES (CDSS) AS PART OF THE CALIFORNIA CHILD AND FAMILY SERVICES REVIEW (C-CFSR). WITH THE OTHER TWO COMPONENTS, PEER REVIEW AND SYSTEM IMPROVEMENT PLAN (SIP), THE C-CFSR PROVIDES A COMPREHENSIVE REVIEW OF THE JUVENILE DEPENDENCY AND PROBATION SYSTEMS.
THE OFFICE OF CHILD ABUSE PREVENTION (OCAP) WAS INTEGRATED INTO THE C-CFSR PROCESS IN 2008/2009. AND FULFILLS SOME CAPIT, CBCAP, PSSF REQUIREMENTS FOR A NEEDS ASSESSMENT THAT IDENTIFIES PRIORITY UNMET NEEDS IN THE CSA TO JUSTIFY THE USE OF THESE FUNDS IN THE SIP TO TARGETED SERVICES THROUGHOUT THE CONTINUUM OF CARE FROM PREVENTION/EARLY INTERVENTION, TREATMENT, AND AFTER CARE.

IN FRESNO'S 2009 COUNTY SELF ASSESSMENT[1] AND THE 2010 SYSTEM IMPROVEMENT PLAN[2] THE OUTCOMES MOST IN NEED OF IMPROVEMENT WERE DETERMINED TO BE TIMELINESS AS RELATED TO REUNIFICATION, TIMELINESS AS RELATED TO ALTERNATE PERMANENCE, AND RACIAL DISPROPORTIONALITY IN THESE AND OTHER OUTCOMES. LATER IN 2010 THE RESULTS OF AN INTUITIONAL ANALYSIS ([3]***POSITIVE OUTCOMES FOR ALL:*** *USING AN INSTITUTIONAL ANALYSIS TO IDENTIFY AND ADDRESS AFRICAN AMERICAN CHILDREN'S LOW REUNIFICATION RATES AND LONG-TERM STAYS IN FRESNO COUNTY'S FOSTER CARE SYSTEM)* DONE IN FRESNO WERE RELEASED AND ILLUMINATED SIGNIFICANT SYSTEMIC FACTORS THAT CONTRIBUTE TO PERMANENCY OUTCOMES ESPECIALLY FOR AFRICAN AMERICAN CHILDREN.

1 HTTP://WWW.CO.FRESNO.CA.US/UPLOADEDFILES/DEPARTMENTS/DSS/FAMILY_SERVICES/SELFEVAL/SE_HOME_PAGE/FRESNO%20COUNTY%20%20DECEMBER%2016%202009%20CSA.PDF
2 HTTP://WWW.CO.FRESNO.CA.US/UPLOADEDFILES/DEPARTMENTS/DSS/FAMILY_SERVICES/SELFEVAL/SE_HOME_PAGE/FRESNO%20MARCH%202010%20SIP%20FINAL.PDF
3 HTTP://WWW.CO.FRESNO.CA.US/UPLOADEDFILES/DEPARTMENTS/DSS/FAMILY_SERVICES/SELFEVAL/SE_HOME_PAGE/INSTITUTIONAL%20ANALYSIS%20101910.PDF

AS THE FRESNO COUNTY DEPARTMENT OF SOCIAL SERVICES (DSS) BEGAN TO RESPOND TO THE DYNAMICS IDENTIFIED, FRESNO SEIZED AN OPPORTUNITY TO JOIN CDSS AND SANTA CLARA AND HUMBOLDT COUNTIES AND SELECTED OFFICES IN LA COUNTY IN APPLYING FOR A 5 YEAR FEDERAL GRANT KNOWN AS THE PERMANENCY INNOVATIONS INITIATIVE (PII). QUICKLY THIS WORK BEGAN TO BE THE FOUNDATION OF ALL SYSTEM IMPROVEMENT WORK TO IMPROVE OUTCOMES IN THE IDENTIFIED AREAS. THE FOLLOWING IS FROM THE 2012 SYSTEM IMPROVEMENT PROGRESS REPORT DESCRIBING THE STRATEGY

AT THIS POINT FRESNO WAS WELL POSITIONED TO JOIN THE PIONEERING EFFORT OF CALIFORNIA PARTNERS FOR PERMANENCY (CAPP.) IN JULY OF 2010 FRESNO JOINED CDSS AND THREE OTHER COUNTIES IN APPLYING FOR A FEDERAL GRANT INITIATIVE TO REDUCE LONG TERM FOSTER CARE. OCTOBER 1, 2010 IT WAS ANNOUNCED THAT CALIFORNIA WAS ONE OF SIX GRANTEES SELECTED. HERE IS A QUOTE FROM THE ADMINISTRATION FOR CHILDREN AND FAMILIES' PRESS RELEASE REGARDING CALIFORNIA:
"CALIFORNIA DEPARTMENT OF SOCIAL SERVICES, WHICH WILL CONVENE A PARTNERSHIP OF STATE, LOCAL AND NON-PROFIT AGENCIES IN THE FOUR PILOT COUNTIES OF FRESNO, HUMBOLDT, LOS ANGELES, AND SANTA CLARA. THE PARTNERS WILL COLLABORATE TO REDUCE LONG-TERM FOSTER CARE FOR AFRICAN AMERICAN AND NATIVE AMERICAN YOUTH."

Additionally CDSS issued a press release. Here is a link to that release and two quotes from the release: http://www.dss.cahwnet.gov/cdssweb/entres/pdf/PressRelease/LTFC_Grant_AB12.pdf

"The California Department of Social Services (CDSS) today announced the award of a new five-year grant from the federal Administration for Children & Families (ACF) of up to $14.5 million dollars that will allow CDSS to focus on improving outcomes of foster children in California, in particular African-American and Native-American youth have been identified as having significant barriers to finding permanent homes and experiencing longer stays in foster care. This grant provides the means to help identify and overcome barriers to permanency."

"The pilot counties include: Fresno, Humboldt, Los Angeles and Santa Clara, which have prior experience implementing innovative child welfare strategies and have a significant representation of the target population. These counties account for nearly 40% of the statewide child welfare system in foster care throughout California."

Since the beginning of 2011 Fresno has been working with all of the partners of CAPP in the planning and early implementation stages of the project. As identified on the California Child Welfare Co-Investment Partnership web site (http://www.co-invest.org/CAPP/) the partners include:

- Early Implementing CAPP Counties (Fresno, Humboldt, Los Angeles, Santa Clara)
- Other California Counties
- Members of Tribal Communities
- Members of African American Communities
- Birth Parents, Youth and Other Family Members
- Relative and Foster Parent Caregivers
- Educators, Behavioral Health Practitioners, Community-Based Providers and Probation Officers
- State and County Child Welfare Leadership and Staff
- State and County Court Systems including Judges, Attorneys and County Counsel
- Child Advocates and Court Appointed Special Advocates (CASA)
- Philanthropic Organizations
- Social Work Curriculum Developers, Trainers and Coaches
- Policymakers, Advocates and Organizations
- Child Welfare Researchers and Evaluators
- Federal Technical Assistance

THE **CAPP PRACTICE MODEL** CONSISTS OF **FOUR FRONT LINE PRACTICES** WHICH INFORM **EIGHT CORE PRACTICE ELEMENTS** WHICH ARE ACTUATED IN **TWENTY THREE PRACTICE BEHAVIORS**

FOUR FRONT LINE PRACTICES

EXPLORATION AND ENGAGEMENT
POWER OF FAMILY
HEALING TRAUMA
CIRCLE OF SUPPORT

EIGHT CORE PRACTICE ELEMENTS

INQUIRY: USES INQUIRY AND MUTUAL EXPLORATION WITH THE FAMILY TO FIND, LOCATE AND LEARN ABOUT OTHER FAMILY MEMBERS AND SUPPORTIVE RELATIONSHIPS OF CHILDREN, YOUTH AND FAMILIES WITHIN THEIR COMMUNITIES AND TRIBES.

ENGAGEMENT: SEEKS OUT, INVITES IN, VALUES AND MAKES CENTRAL THE POWER, PERSPECTIVES, ABILITIES AND SOLUTIONS OF FAMILIES AND THEIR SUPPORTIVE COMMUNITIES AND TRIBES IN ALL TEAMING AND CASEWORK PRACTICE.

SELF-ADVOCACY: RECOGNIZES AND SUPPORTS THE POWER OF INDIVIDUALS AND FAMILIES TO SPEAK ABOUT THEIR OWN WELL-BEING AND SELF IN FINDING SOLUTIONS AND CONTINUING TO GROW.

ADVOCACY: SPEAKS OUT FOR CHILDREN, YOUTH AND FAMILIES BASED ON THEIR STRENGTHS, RESOURCES AND CULTURAL PERSPECTIVES IN ORDER TO SUPPORT THEM IN STRENGTHENING THEIR FAMILY, MEETING THEIR NEEDS, FINDING THEIR VOICE AND DEVELOPING THE ABILITY TO ADVOCATE FOR THEMSELVES (INCLUDES CASEWORKERS, ATTORNEYS, TRIBAL AND COMMUNITY REPRESENTATIVES, CASA'S, SERVICE PROVIDERS, ETC.).

WELL-BEING PARTNERSHIPS: UNDERSTANDS AND ADDRESSES HEALTH, EDUCATION, SPIRITUAL AND OTHER FAMILY NEEDS THROUGH ON-GOING PARTNERSHIPS WITH FAMILIES AND THEIR SUPPORTIVE COMMUNITIES AND TRIBES, INCLUDING EXPLORING AND RESPONDING SENSITIVELY TO THE CURRENT AND HISTORICAL TRAUMA AND LOSS FAMILY MEMBERS AND CAREGIVERS MAY HAVE EXPERIENCED.

RECOVERY, SAFETY AND WELL-BEING : BASED ON THE STRENGTHS, RESOURCES AND PERSPECTIVES OF FAMILIES AND THEIR SUPPORTIVE COMMUNITIES AND TRIBES, IDENTIFIES, LOCATES, ADVOCATES FOR AND SUPPORTS USE OF CULTURALLY SENSITIVE SERVICES, SUPPORTS, HEALING PRACTICES AND TRADITIONS TO ADDRESS TRAUMA, LOSS, BEHAVIORAL HEALTH, RECOVERY, CHILD SAFETY AND OTHER CHILD AND FAMILY NEEDS.

TEAMING: RECOGNIZES AND APPRECIATES THE STRENGTH AND SUPPORT THAT A FAMILY'S COMMUNITY, CULTURAL, TRIBAL AND OTHER NATURAL RELATIONSHIPS CAN PROVIDE, WHICH INSPIRES AND INSISTS THAT THE CHILD WELFARE SOCIAL WORKER ENGAGE NOT ONLY THE FAMILY, BUT THE FAMILY'S ENTIRE SYSTEM OF SUPPORT SO THAT THE FAMILY CAN BE BEST SERVED.

SHARED COMMITMENT AND ACCOUNTABILITY: EVERY ASSESSMENT AND DECISION IS THE PRODUCT OF THE WORK OF BOTH THE SOCIAL WORKER AND THE FAMILY, AND IN MANY CASES, INCLUSIVE OF THE COLLABORATIVE WORK OF BOTH WITHIN THE CONTEXT OF THE FAMILY TEAM.

FRESNO COUNTY DSS-CHILD WELFARE

VISION: The vision of Fresno County Child Welfare Services is that every child is safe and thriving in a permanent, nurturing family; that every family draws strength from a circle of support within their community; and that communities themselves take responsibility for ensuring this vision becomes reality.

MISSION: The mission of Fresno County Child Welfare Services is to help children who have been maltreated or are at risk of maltreatment. We do this by partnering with their families and communities to prevent further harm, preserve family connections, restore positive and stable family interactions, and rebuild each family's capacity to safely and successfully nurture their children's growth and development.

EXPLORATION & ENGAGEMENT

CORE PRACTICE ELEMENTS

INQUIRY – *Mutual Exploration with Family and Others*
ENGAGEMENT – *Invites In and Makes Central the Family's Perspective*

LEAN IN	CONDENSED PRACTICE BEHAVIORS
Listens with Openness	**Approaches** all interactions with families, communities and Tribes with openness. • ***Listens*** • ***Asks*** global questions • ***Uses*** understandable language
Explores Relationships	**Uses tools** to explore family relationships, natural supports and safety issues. • ***Explores*** with children worries, wishes, where they feel safe and want to live
Actively Finds Connections	**Seeks information** about non-custodial parents, relatives, significant relationships. • ***Finds*** them thru inquiry and early/ongoing internet search, records review
Nurtures Honest Dialogue	Consistently **models** honest and respectful communication. • ***Describes*** situation honestly • ***Is clear*** what is being requested • ***Facilitates*** dialogue
INsures Connection & Support	**Follows up** inquiry and search. • ***Works*** quickly to establish paternity/connect child to relatives • ***Conveys*** importance as team member/source of support

POWER OF FAMILY

CORE PRACTICE ELEMENTS

SELF-ADVOCACY – *Supports family to speak for themselves*
ADVOCACY – *Speaks out for the family and their perspective to strengthen/support*

LIFT UP	CONDENSED PRACTICE BEHAVIORS
Links Family	**Asks** initially and throughout the family's involvement if they would like a support or peer advocate • ***Links*** family to advocate • ***Coordinates*** with advocates
Interactions are affirming	In all interactions, **affirms** unique strengths, life experience and self-identified goals of family. • ***Honors*** culture • ***Explores*** solutions • ***Assures*** needed support
Facilitates Sharing	**Facilitates** sharing of important information about child and coordinates communication among all parties. • ***Explores/nurtures*** mentoring relationship
Team Solutions	**Facilitates** appropriate family supports and services. • ***Encourages learning*** from cultural leaders • ***Shares*** agency programs • ***Facilitates*** team solutions
Uses Cultural Lens	**Gathers and applies** all relevant information to child/family safety and well-being. • ***Uses*** family's cultural lens • ***Engages*** team around supporting child
Promotes Speaking Out	**Promotes Self-Advocacy.** • ***Encourages and supports*** active youth/family voice and leadership in assessing, finding solutions, planning and decisions

CIRCLE OF SUPPORT

CORE PRACTICE ELEMENTS

TEAMING – *Appreciates cultural, community and tribal supports and engages family's entire system of support in order to meet family's underlying needs*

SHARED COMMITMENT AND ACCOUNTABILITY – *Joint assessments and decisions by worker and family, often including family's team*

CONNECT	CONDENSED PRACTICE BEHAVIORS
Caregiver Respect & Resources	**Demonstrates respect** to caregivers. • ***Candid discussions*** about rights, role, responsibilities • ***Includes*** on family team • ***Provides*** resource information
Optimal Team Environment	**Creates environment** for open/honest communication. • ***Ensures*** team planning is informed and timely • ***Follows through*** • ***Admits*** biases, missteps, mistakes
Natural Supports	**Establishes, continuously brings together and supports** a child and family team. • ***Includes*** natural supports and others providing services
Normalizing Needs	**Shows understanding** that normal is different for everyone. • ***Incorporates family's perspective*** of their needs and solutions in all casework and documentation
Explores Team Roles	**Explores** with team members what roles they can play over time to strengthen child safety and support the family. • ***Helps team adapt*** to changing roles
Continous Dialogue & Adjustment	**Facilitates continuous dialogue** with the family/team about how supports and services are working. • ***Makes adjustments*** based on family/team assessment
Teams Post-Permanency	**Emphasizes importance** of family's support team beyond time of CWS. • ***Facilitates agreement*** on post-dependency team member commitments/roles

HEALING TRAUMA

CORE PRACTICE ELEMENTS

WELL-BEING PARTNERSHIPS – *Trauma-sensitive; Partners with family, community and Tribes to understand and meet family needs*

RECOVERY, SAFETY AND WELL-BEING – *Identifies, advocates for and supports use of culturally sensitive services, supports, practices, traditions*

CULTURE	CONDENSED PRACTICE BEHAVIORS
Customized Visitation	With family/team continually **assesses, arranges and structures** culturally appropriate visitation activities.
Using Experiential Coaching	With family/team **assesses need** for interactive, experiential coaching during visitation to improve parenting skills. • ***Arranges/advocates*** for when needed
Listening for Loss	**Listens** consistently to the family's story. • ***Acknowledges*** and ***validates*** feelings of grief/loss • ***Helps*** family explore history, impacts, who can help address
Tailoring Supports to **U**nderlying Needs	**Explores, connects, and advocates** for a broad array of services to assist with loss, grief, healing and recovery. • ***Asks*** family who/what is helping or could help
REcovery and Well-Being	**Creates shared agreement** on the culturally sensitive services to address safety, well-being and family needs. • ***Links to*** and ***supports*** use of these services.

TWENTY THREE PRACTICE BEHAVIORS

1. APPROACHES ALL INTERACTIONS WITH FAMILIES, COMMUNITIES AND TRIBES WITH OPENNESS. LISTENS WITHOUT MAKING ASSUMPTIONS AND COMMUNICATES A GENUINE DESIRE TO LEARN ABOUT THE FAMILY AND THEIR CULTURE, COMMUNITY AND TRIBES BY CONSISTENTLY ASKING GLOBAL QUESTIONS FOLLOWED BY MORE DESCRIPTIVE QUESTIONS THAT ENCOURAGE EXCHANGE AND LEARNING ABOUT FAMILY STRENGTHS, BELIEFS, TRADITIONS, LIFE SITUATION AND WHO/WHAT IS IMPORTANT TO FAMILY MEMBERS. USES LANGUAGE THAT EVERYONE CAN UNDERSTAND AND FREQUENTLY CHECKS IN ON COMMUNICATION STYLES AND TERMS TO ENSURE UNDERSTANDING.

2. CONSISTENTLY MODELS HONEST AND RESPECTFUL COMMUNICATION BY INTRODUCING SELF, COMMUNICATING A SINCERE DESIRE TO BE RESPECTFUL ("I WOULD LIKE TO BE RESPECTFUL, HOW SHOULD I ADDRESS YOU?") AND BY ADDRESSING INDIVIDUALS BY THE NAME OR TITLE THEY REQUEST. IS OPEN AND HONEST ABOUT THE SITUATION, EXPLAINS RELEVANT FACTS AND INFORMATION, IS CLEAR ABOUT INFORMATION OR ACTION BEING REQUESTED, AND FACILITATES DIALOGUE REGARDING HOW THE REQUESTED INFORMATION AND ACTIONS WILL AFFECT THE SITUATION AND SUPPORT THE CHILD AND FAMILY.

3. SEEKS INFORMATION FROM CHILDREN, YOUTH, MOTHERS AND FATHERS ABOUT NON-CUSTODIAL PARENTS, MATERNAL AND PATERNAL GRANDPARENTS, AUNTS AND UNCLES, BROTHERS AND SISTERS, GODPARENTS, TRIBAL MEMBERS, AND OTHER SIGNIFICANT RELATIONSHIPS. ASKS EARLY AND ONGOING, "WHO IS IN YOUR FAMILY? WHO ARE YOU CONNECTED WITH IN YOUR COMMUNITY? WHO ARE THE KEEPERS OF FAMILY HISTORY? WHO IN THE FAMILY DO YOU TURN TO FOR REUNIONS, GATHERINGS, CEREMONIES AND AT OTHER TIMES OF CELEBRATION, LOSS AND GRIEF?" GIVES REASONS WHY THEIR ANSWERS ARE HELPFUL. EXPLAINS THE AGENCY'S DESIRE TO TAP INTO THE FAMILY'S NATURAL SUPPORT SYSTEM SO THAT THEIR "TEAM" CAN SUPPORT FAMILY AND CHILD SAFETY, HEALING, RECONCILIATION, AND PERMANENCY. FINDS FAMILY MEMBERS, TRIBAL CONNECTIONS AND OTHER SIGNIFICANT RELATIONSHIPS THROUGH INQUIRY AND EARLY AND ONGOING INTERNET SEARCH AND REVIEW OF MEDICAL AND EDUCATIONAL RECORDS, CASE RECORDS AND BIRTH RECORDS.

4. USES TOOLS SUCH AS MAPPING TO EXPLORE FAMILY RELATIONSHIPS AND NATURAL CIRCLES OF SUPPORT. EXPLORES WITH CHILDREN HOW, WHEN AND WITH WHOM THEY FEEL SAFE, WHAT IS GOOD IN THEIR LIVES, WHERE THEY WANT TO LIVE, WHAT WORRIES THEM AND WHAT THEY WISH FOR. CONTINUOUSLY ENCOURAGES THE FAMILY TO IDENTIFY NATURAL SUPPORTS TO BE INCLUDED ON THEIR TEAM.

5. FOLLOWS UP INQUIRY AND SEARCH ACTIVITIES BY: (1) WORKING QUICKLY AND LEAVING NO STONE UNTURNED TO ESTABLISH PATERNITY AND FACILITATE THE CHILD'S CONNECTION WITH PATERNAL RELATIONSHIPS AND RESOURCES, AND (2) CONTACTING FAMILY, CULTURAL, COMMUNITY AND TRIBAL CONNECTIONS NOT JUST AS PLACEMENT OPTIONS, BUT AS IMPORTANT TEAM MEMBERS AND SOURCES OF SUPPORT FOR THE CHILD AND FAMILY.

6. ESTABLISHES, CONTINUOUSLY BRINGS TOGETHER AND SUPPORTS THE CHILD AND FAMILY'S TEAM, WHICH INCLUDES NATURAL FAMILY, CULTURAL, COMMUNITY AND TRIBAL SUPPORTS AND OTHERS PROVIDING SERVICES TO THE FAMILY SUCH AS SOCIAL WORKERS, ATTORNEYS AND SERVICES PROVIDERS.

7. IN ALL INTERACTIONS AFFIRMS THE UNIQUE STRENGTHS, LIFE EXPERIENCE AND SELF-IDENTIFIED GOALS OF EACH CHILD AND FAMILY, HONORS THE ROLE OF IMPORTANT CULTURAL, COMMUNITY AND TRIBAL LEADERS

THE CHILD AND FAMILY HAVE IDENTIFIED, AND ENCOURAGES MUTUAL EXPLORATION OF ISSUES, OPTIONS AND SOLUTIONS WITH CHILDREN, PARENTS, FAMILY MEMBERS AND CULTURAL, COMMUNITY AND TRIBAL LEADERS IN ASSESSMENT, PLANNING AND DECISIONS ABOUT CHILDREN AND THEIR FAMILIES. ASSURES THE FAMILY RECEIVES NEEDED INFORMATION, PREPARATION, GUIDANCE AND SUPPORT DURING THEIR INVOLVEMENT WITH THE CHILD WELFARE SYSTEM.

8. ASKS INITIALLY AND THROUGHOUT THE FAMILY'S INVOLVEMENT IF THEY WOULD LIKE A YOUTH, PARENT, CULTURAL, COMMUNITY OR TRIBAL SUPPORT PERSON OR PEER ADVOCATE ON THEIR TEAM TO PROVIDE ADVOCACY. LINKS FAMILIES WITH ADVOCATES WHEN REQUESTED AND INCLUDES THE FAMILY'S SUPPORT PERSONS AND ADVOCATES ON THE TEAM. CONTINUALLY COORDINATES WITH THE FAMILY'S FORMAL AND INFORMAL ADVOCATES TO ASSIST THE FAMILY TO FIND THEIR OWN SOLUTIONS AND PROVIDE ON-GOING SUPPORT AND LINKAGES TO CULTURALLY COMPETENT AND EFFECTIVE SERVICES TO MEET THEIR NEEDS.

9. PROMOTES SELF-ADVOCACY BY ENCOURAGING, SUPPORTING AND PROVIDING OPPORTUNITIES FOR YOUTH AND FAMILIES TO ACTIVELY SHARE THEIR VOICE, OFFER SOLUTIONS, ACT AS LEADERS AND BE CENTRAL IN ASSESSMENT, PLANNING AND DECISIONS ABOUT THEIR LIVES, INCLUDING WHEN WORKER, AGENCY OR SYSTEM ARE THE FOCUS OF THE ADVOCACY NEEDS.

10. REGULARLY LISTENS TO THE FAMILY'S STORY, ACKNOWLEDGES AND VALIDATES FEELINGS OF GRIEF AND LOSS THEY SHARE BY REFLECTING AND REAFFIRMING WHAT WAS HEARD. SUPPORTS FAMILY MEMBERS TO EXPLORE THEIR HISTORY AND EXPERIENCES, AND HOW THIS MAY BE IMPACTING THEIR CURRENT LIFE SITUATION AND NEEDS. INCLUDES NAMING AND ACKNOWLEDGING THE MANY TYPES AND LAYERS OF TRAUMA THE FAMILY MAY HAVE EXPERIENCED (HISTORICALLY WHAT HAPPENED TO THEIR COMMUNITY AND CULTURE; PAST EXPERIENCES OF VIOLENCE, LOSS, ABUSE, REMOVAL, ETC.; RECENT TRAUMA/LOSS EXPERIENCES OF CHILD). ENCOURAGES FAMILY MEMBERS TO ADDRESS THEIR HISTORY WITH EXTENDED FAMILY, CULTURAL, COMMUNITY AND TRIBAL LEADERS, THERAPISTS, DRUG TREATMENT PROVIDERS, AND OTHERS IDENTIFIED BY THE FAMILY AS IMPORTANT TO THEM.

11. GATHERS ASSESSMENTS AND OTHER INFORMATION RELEVANT TO THE CHILD AND FAMILY'S SAFETY AND WELL-BEING AND WORKS WITH THE FAMILY AND THEIR TEAM TO UNDERSTAND AND APPLY THE INFORMATION TO CASEWORK AND DECISION-MAKING PROCESSES USING THE FAMILY'S CULTURAL LENS; THIS INCLUDES USING TOOLS AND APPROACHES THAT HELP CHILDREN'S VOICES BE HEARD, THAT ASSIST EVERYONE TO UNDERSTAND WHO/WHAT IS IMPORTANT TO THE CHILD, AND THAT CONTINUALLY ENGAGES FAMILY AND TEAM MEMBERS AROUND WHO/HOW THE RELATIONSHIPS, GOALS AND WISHES THE CHILD HAS SHARED ARE BEING SUPPORTED.

12. EXPLORES, VALUES, CONNECTS THE FAMILY TO AND ADVOCATES FOR A BROAD ARRAY OF SERVICES, SUPPORTS, CULTURAL PRACTICES AND TRADITIONS THAT CAN ASSIST THE CHILD AND FAMILY WITH LOSS, GRIEF, HURT, PAIN, HEALING AND RECOVERY (E.G. "WHO AND WHAT IS HELPING – AND/OR IN THE FUTURE COULD HELP – WITH CHILD AND FAMILY'S PHYSICAL, MENTAL AND EMOTIONAL HEALTH, SUBSTANCE ABUSE ISSUES, EDUCATION, SPIRITUAL AND OTHER NEEDS? ARE THERE CULTURAL OR COMMUNITY PRACTICES AND TRADITIONS THAT YOU THINK COULD SUPPORT FAMILY MEMBERS' HEALING, HEALTH, WHOLENESS AND WELL-BEING?)

13. FACILITATES FAMILY/TEAM OUTREACH TO LEARN ABOUT PRACTICES, TRADITIONS, SERVICES AND SUPPORTS FROM LEADERS IN THE CULTURE, COMMUNITY AND TRIBE. ALSO SHARES INFORMATION ABOUT AGENCY

PROGRAMS, PROVIDERS, RESOURCES AND SUPPORTS THAT COULD STRENGTHEN THE FAMILY AND MEET THEIR NEEDS, PROVIDING INFORMATION ABOUT ANY EVIDENCE-BASE AND/OR RELEVANT CULTURAL ADAPTATIONS. FACILITATES THE FAMILY AND THEIR TEAM TO DEVELOP SOLUTIONS THAT ARE INDIVIDUALIZED TO THE FAMILY AND THEIR CULTURE, COMMUNITY AND TRIBES.

14. DEMONSTRATES RESPECT TO CAREGIVERS BY HAVING CANDID DISCUSSIONS AND DEVELOPING SHARED UNDERSTANDING WITH CAREGIVERS ABOUT THEIR RIGHTS, ROLE AND EXPECTATIONS IN BEING/BECOMING THE CHILD'S CAREGIVER, INCLUDING CAREGIVER PARTICIPATION ON THE CHILD AND FAMILY SUPPORT TEAM, RESPONSIBILITIES TO SUPPORT THE CHILD'S HEALTH, EDUCATION, SPIRITUAL AND OTHER NEEDS, AND RESPONSIBILITIES TO SUPPORT THE CHILD'S FAMILY RELATIONSHIPS AND CULTURAL, COMMUNITY AND TRIBAL CONNECTIONS. PROVIDES INFORMATION ABOUT RESOURCES AVAILABLE BASED ON THEIR ROLE AS A FAMILY MEMBER, NON-RELATIVE EXTENDED FAMILY MEMBER (NREFM) OR OTHER CARE PROVIDER BEFORE THE CHILD/FAMILY NEEDS TO ACCESS/UTILIZE THEM.

15. EARLY AND CONTINUOUSLY FACILITATES SHARING OF INFORMATION AND COORDINATION BETWEEN PARENTS AND CAREGIVERS REGARDING THE CHILD'S DAILY CARE, FAVORITE MEALS, MEDICAL OR HEALTH CONDITIONS, MEDICATIONS, APPOINTMENTS, EVERYDAY FAMILY ACTIVITIES, AND OTHER RELEVANT FAMILY, RELIGIOUS, CULTURAL AND TRIBAL TRADITIONS AND PRACTICES. CONTINUALLY EXPLORES, NURTURES, AND FACILITATES THE DEVELOPMENT OF A MENTORING RELATIONSHIP BETWEEN THE PARENTS AND THE CAREGIVERS WITHIN THE CONTEXT OF THE FAMILY TEAM AND THEIR SUPPORTIVE COMMUNITIES AND TRIBES.

16. WITH THE FAMILY, CAREGIVER AND TEAM CONTINUALLY ASSESSES, ARRANGES AND STRUCTURES CULTURALLY APPROPRIATE VISITATION ACTIVITIES IN THE MOST NATURAL ENVIRONMENT POSSIBLE THAT SUPPORTS THE CHILD AND THE PARENT/CHILD RELATIONSHIP

17. ASSESSES WITH THE FAMILY AND THEIR TEAM THE NEED FOR INTERACTIVE, EXPERIENTIAL COACHING DURING VISITATION AND AT OTHER TIMES OF NATURAL PARENT/CHILD INTERACTION TO IMPROVE PARENTING SKILLS; FOLLOWS THROUGH WITH IDENTIFYING, ARRANGING OR ADVOCATING FOR THIS WHEN NEEDED.

18. UNDERSTANDS NORMAL IS DIFFERENT FOR EVERYONE AND CHECKS ON WHAT IS "NORMAL" FOR THE FAMILY AND THEIR CULTURE, COMMUNITY AND TRIBES. FACILITATES CRITICAL THINKING AND DISCUSSION WITH THE FAMILY AND THEIR TEAM ABOUT FAMILY NEEDS, HOW THEY DEFINE THE PROBLEM AND WHAT SUCCESS LOOKS LIKE. LISTENS ATTENTIVELY, USES LANGUAGE AND CONCEPTS THAT THE FAMILY HAS USED, AND INCORPORATES THE FAMILY'S STRENGTHS, RESOURCES, CULTURAL PERSPECTIVE AND SOLUTIONS IN ALL CASEWORK, DECISION-MAKING, CASE PLANS, COURT REPORTS, MEETING NOTES AND OTHER DOCUMENTATION.

19. CREATES AN ENVIRONMENT FOR OPEN AND HONEST COMMUNICATION WITH THE FAMILY AND THE FAMILY TEAM ABOUT COURT TIMEFRAMES SO THAT THE TEAM'S PLANNING AND DECISION-MAKING IS INFORMED, RELEVANT, AND TIMELY. MODELS ACCOUNTABILITY AND TRUST BY FOLLOWING THROUGH WITH REPRESENTATIONS AND AGREEMENTS. ADMITS AND TAKES RESPONSIBILITY FOR ONE'S OWN BIASES, MISSTEPS AND MISTAKES.

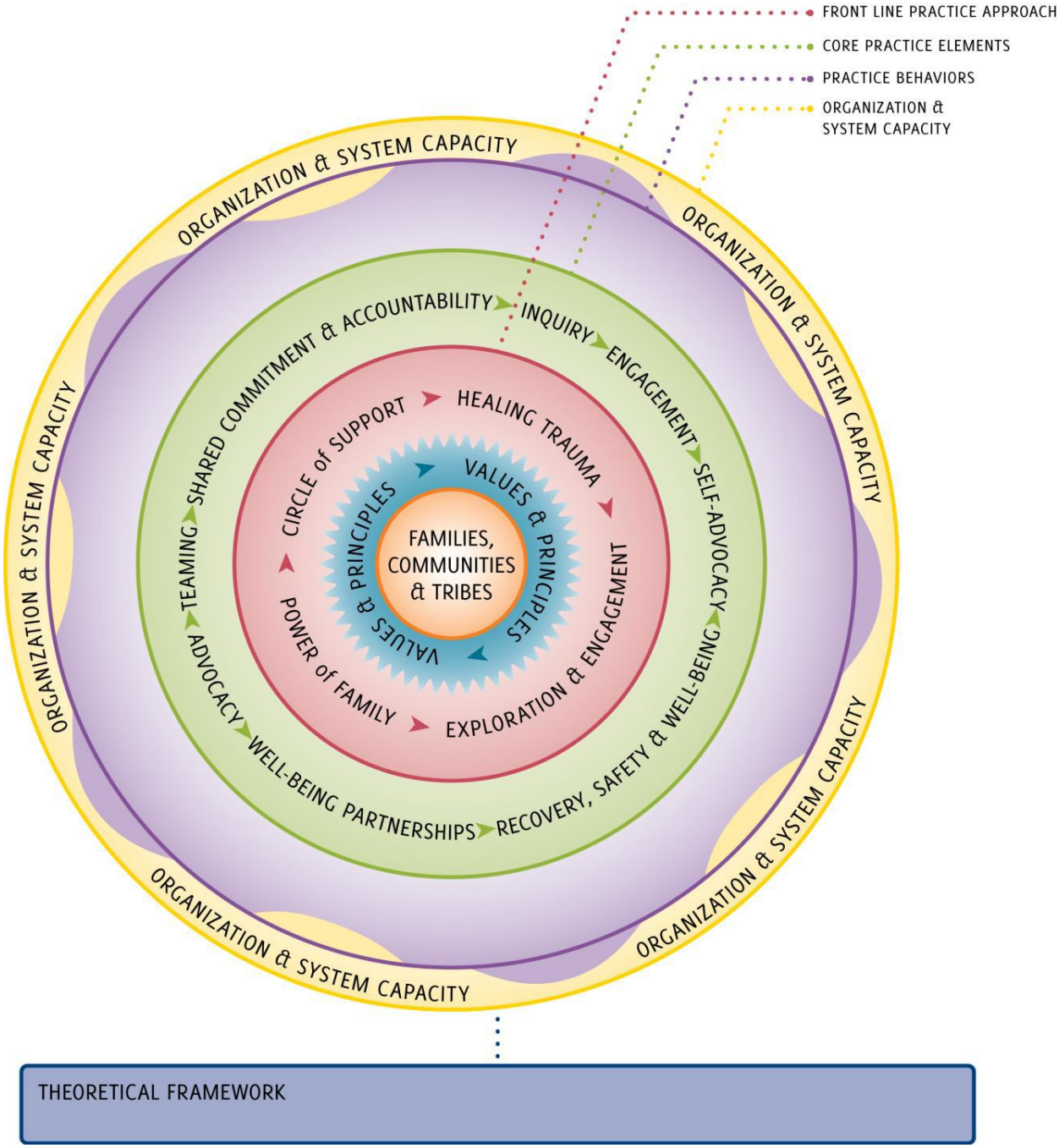
20. THROUGH TEAMING PROCESSES CREATES SHARED AGREEMENT ON THE CULTURALLY SENSITIVE SERVICES, SUPPORTS, PRACTICES, TRADITIONS AND VISITATION PLAN THAT WILL SUPPORT FAMILY AND CULTURAL RELATIONSHIPS AND ADDRESS TRAUMA, LOSS, BEHAVIORAL HEALTH, DRUG/ALCOHOL RECOVERY, CHILD

SAFETY, CHILD AND FAMILY WELL-BEING AND OTHER NEEDS IDENTIFIED BY THE FAMILY AND THEIR TEAM. WORKS CONTINUOUSLY TO IDENTIFY, LOCATE, DEVELOP, FUND, ADVOCATE FOR, LINK THE FAMILY TO AND SUPPORT THE USE OF THE AGREED-UPON PRACTICES, SERVICES AND SUPPORTS.

21. EXPLORES WITH TEAM MEMBERS WHAT ROLES THEY CAN PLAY OVER TIME TO STRENGTHEN AND SUPPORT THE FAMILY, AND THEN CONTINUALLY ENGAGES AND REINFORCES THE TEAM IN THOSE ROLES. FACILITATES THE TEAM TO DISCUSS, UNDERSTAND AND ADAPT TO CHANGING TEAM MEMBER ROLES – FOR INSTANCE, WHEN REUNIFICATION EFFORTS STOP, HELPS THE TEAM EXPLORE, IDENTIFY AND HONOR A NEW ROLE FOR THE PARENT.

22. FACILITATES CONTINUOUS DIALOGUE WITH THE FAMILY AND THEIR TEAM REGARDING WHETHER/HOW THE AGREED-UPON PRACTICES, SERVICES, SUPPORTS AND VISITATION PLANS ARE WORKING AND FACILITATES ADJUSTMENTS/FOLLOW-THROUGH BASED ON FAMILY AND SUPPORT TEAM DISCUSSIONS, ASSESSMENTS, AND DECISIONS.

23. EMPHASIZES THE IMPORTANCE OF THE FAMILY'S SUPPORT TEAM EVEN BEYOND THE TIME OF CHILD WELFARE AGENCY INVOLVEMENT. BEFORE THE CASE ENDS, FACILITATES SHARED UNDERSTANDING AND AGREEMENT OF TEAM MEMBER ROLES AND COMMITMENTS IN MAINTAINING A POST-PERMANENCY CIRCLE OF SUPPORT FOR THE CHILD AND FAMILY, INCLUDING IDENTIFYING A SYSTEM NAVIGATOR WHO IS AWARE OF AGENCY SUPPORTS AND SERVICES.



THEORETICAL FRAMEWORK

A SUPPORTIVE ELEMENT OF THE CAPP PROCESS IS THE UTILIZATION OF IMPLEMENTATION SCIENCE THROUGH THE TECHNICAL ASSISTANCE PROVIDED BY THE FEDERAL GRANT (PII) VIA DEAN FIXSEN, PH.D. NATIONAL IMPLEMENTATION RESEARCH NETWORK (NIRN) HTTP://NIRN.FPG.UNC.EDU/

IMPLEMENTATION SCIENCE *IS THE SCIENTIFIC STUDY OF VARIABLES AND CONDITIONS THAT IMPACT CHANGES AT PRACTICE, ORGANIZATION, AND SYSTEMS LEVELS; CHANGES THAT ARE REQUIRED TO PROMOTE THE SYSTEMATIC UPTAKE, SUSTAINABILITY AND EFFECTIVE USE OF EVIDENCE-BASED PROGRAMS AND PRACTICES IN TYPICAL SERVICE AND SOCIAL SETTINGS*. **BLASE AND FIXSEN, 2010 NATIONAL IMPLEMENTATION RESEARCH NETWORK**

Drivers: Forces that Support Change

The goal of implementation is for all practitioners to use an intervention consistently and as intended. However, focusing on practitioner use of an intervention alone is not complete. The larger environment – organization and systems – must be supportive and able to help "drive" the success of the intervention. These "implementation drivers" are fundamental organizational supports that ensure the intervention is used as intended and reaches those it is designed to serve. Indeed, they are integrated and compensatory – meaning that implementation drivers are often interrelated and can compensate for each other's strengths and weaknesses.

Research and practice experience have helped to identify three categories of "Implementation Drivers:"

- *Leadership Drivers – Guide implementation by committing to the intervention or practice, adapting policies and organizational structures to support the intervention, pacing implementation and roll-out of the intervention, and being inclusive and transparent in involving a broad array of internal and external stakeholders in the development and implementation of the intervention.*
- *Competency Drivers – Help build the ability of those throughout the organization to use an intervention's principles and approaches by training managers, supervisors, staff and stakeholders, providing experience and coaching, designating staff and supporting champions, and aligning staff selection and evaluation systems.*
- *Organization Drivers – Modify and align organizational systems to support the intervention by evaluating progress and outcomes through quality improvement, using feedback loops, revising policy and creating tools.*

Simply stated, even the best intervention or practice will not be effective if it is not implemented appropriately and it if is not supported by the organization or system. Neither interventions by themselves nor implementation activities by themselves are sufficient -- each needs the other to produce meaningful results for children and families. **http://www.cfpic.org/pdfs/capp/Implementation-Science-Backgrounder-Rev-2-9-12.pdf**

USING EVERYTHING LEARNED IN IMPLEMENTING THE CAPP PRACTICE MODEL, FRESNO NOW WORKS TO ALIGN ALL STRATEGIC EFFORTS IN A UNIFIED MANNER AND IN SUPPORT OF THIS EFFORT IN 2013 WITH HAY CONSULTING AND CASEY FAMILY PROGRAMS DEVELOPED AN INTEGRATED STRATEGIC PLAN: *STEPPING INTO THE FUTURE* HTTP://WWW.CO.FRESNO.CA.US/UPLOADEDFILES/DEPARTMENTS/DSS/FAMILY_SERVICES/SELFEVAL/SE_HOME_PAGE/FRESNO%20ISP%20FINAL%205%207%2014.PDF

FRESNO HAD MADE SOME PROGRESS IN DEVELOPING STRONG COMMUNITY PARTNER RELATIONSHIPS PRIOR TO THE CAPP WORK. THESE PARTNERSHIPS HAD BEEN CRUCIAL IN THE EXPERIENCE OF AND RESPONSE TO THE INSTITUTIONAL ANALYSIS. IN THE CAPP WORK THOSE RELATIONSHIPS AND THE EARLY WORK RESPONDING TO THE INSTITUTIONAL ANALYSIS ALLOWED FRESNO TO BECOME THE EARLY IMPLEMENTING COUNTY OF THE CAPP MODEL. THE CAPP WORK PROVIDED THE IMPETUS TO STRENGTHEN THOSE PARTNERSHIPS INTO REGULAR AND ONGOING RELATIONSHIPS WHICH PROVIDED AN EXISTING FOUNDATION FOR THE CURRENT COUNTY SELF ASSESSMENT. THESE RELATIONSHIPS WILL BE DESCRIBED IN THE FOLLOWING SECTION.

PROBATION

THE FRESNO COUNTY PROBATION DEPARTMENT APPROACHED THE COUNTY SELF-ASSESSMENT WITH THE GOAL OF IMPROVING THE OUTCOMES RELATED TO SERVICES PROVIDED TO FOSTER YOUTH UNDER THEIR SUPERVISION WHILE ON PROBATION. IN AN EFFORT TO ACHIEVE THIS GOAL, THE PROBATION DEPARTMENT COLLABORATED WITH COMMUNITY PARTNERS TO IDENTIFY THE STRENGTHS AND BARRIERS IN THEIR SERVICES.

TO COMPLETE THIS PROCESS, THE PROBATION DEPARTMENT REACHED OUT TO THEIR STAKEHOLDERS BY HOSTING QUARTERLY GROUP HOME ADVISORY MEETING, FACILITATED STAKEHOLDER FOCUS GROUPS AND SURVEYS. THESE FOCUS GROUPS AND SURVEYS ALLOWED THE DEPARTMENT TO OBTAIN FEEDBACK FROM THE YOUTH, PARENTS, SERVICE PROVIDERS, COMMUNITY CARE LICENSING, AND SCHOOL DISTRICTS AS IT RELATES TO SERVICES PROVIDED TO OUR FOSTER YOUTH AND THEIR FAMILIES. THE RESULTS FROM THESE FOCUS GROUPS PROVIDED THE DATA TO PERFORM AN IN-DEPTH ASSESSMENT OF THE PLACEMENT SERVICES AND RECOMMENDATIONS TO IMPROVE CHILD WELFARE OUTCOMES.

C-CFSR Planning Team & Core Representatives

C-CFSR Team

All Child Welfare work in Fresno County is overseen by the Leadership Team.

- Wendy Osikafo MSW, Deputy Director
- Maria Aguirre MSW, Program Manager (effective 8/3/15 a Deputy Director for CalWORKS)
- John Dufresne MSW, Program Manager
- Tricia Gonzalez MPA, Program Manager
- Katherine Martindale MSW, Program Manager
- Lauri Moore MSW, Program Manager
- Renee Ramirez, Program Manager
- Jessica Carrillo MSW, Program Manager

The Fresno Continuous Quality Improvement (CQI) Support unit took the lead in preparing the County Self Assessment which included reaching out to agency and community partners for information about services and programs

- David Plassman M.Div., Social Work Supervisor
- Luis M Hernandez MSW, Social Work Practitioner
- Frances Berman, Social Worker
- Abigail Messa, Social Worker
- Leng Cha, Social Worker
- Tiffany Murphy-Deaver, Social Worker
- Sarah Zender, Social Worker
- Sandy Her MSW, Social Work Practitioner

The CFSR team also includes:

- Rick Chavez , Chief of Probation
- Cliff Downing, Juvenile Division Director
- Chris Maranian, Probation Services Manager
- Martin Sanchez, Probation Services Manager
- Melanie Johnson, Probation Services Manager
- Paul Warren, Staff Analyst/OCAP Liaison
- Katie Sommerdorf, O&A Consultant
- Irma Munoz, OCAP Consultant

Required stakeholders are also represented by the following:

- Foster Youth through the Fresno CYC Chapter
- Parents through the Parents Becoming Partners staff
- Resource families through the FFA roundtable and the Foster Parent Associations
- County Health Department: Public Health Nurses are a part of the Child Focus teams as noted in the next section
- County Mental Health Department: Ike Grewal of the County of Fresno Department of Behavioral Health identified as a member of the Foster Care Standards and Oversight Committee as noted in the next section
- County Office of Education and members of the education community who are representative of the areas where CWS children and families are served: Fresno Youth Education Services (FYES) Homeless and Foster Youth Advisory Committee
- County Alcohol and Drug Department: Substance Abuse treatment Providers Quarterly meeting
- Child Abuse Prevention Council: Board and Staff identified in the next section.
- Children's Trust Fund Commission: CAPC acts as the Children's Trust Fund Commission
- Juvenile Court Representatives (i.e. bench officers, attorneys, etc.): Child welfare and Administration staff meet monthly with court personnel for brown bag lunches to discuss new directions and programs.
- Court Appointed Special Advocates (CASA): Executive Director is identified as a member of the Foster Care Standards and Oversight Committee as noted in the next section
- Prevention Partners: Fresno Council on Child Abuse Prevention

Core Representatives

Key Advisors

The Key Advisors are a small group of community leaders/members whom serve as a technical advisory committee that review, comment and provide guidance and counsel to the Child Welfare Deputy Director in the following areas:

- Implementation of the Child and Family Practice Model
- Implementation of the Child Welfare Integrated Strategic Plan & major initiatives
- Identifying and addressing systemic issues that impact services to families
- informing the department's contracting process
- Planning/Oversight group for PSSF funding & contracts

The Key Advisors meet monthly with the Director and Deputy Director. In addition, individual members attend other program and or system related meetings to serve as an active extension/voice of the community at a variety of levels.

- Dr. James Aldredge - Chair, (Professor Emeritus, CSU Fresno)
- Richard Keyes (Board of Commissioners, Fresno Economic Opportunities Commission)
- Dr. Jane Middleton (retired-Chair of the CSU Fresno Department of Social Work Education)
- Dr. Morton Rosenstein (retired physician and Chairperson, Fresno Regional Foundation)

Foster Care Standards and Oversight Committee (meets monthly)

The mission of the Foster Care Standards and Oversight Committee is to provide oversight for and promote communication between the Board of Supervisors, the Department of Social Services and its related agencies and the community, with emphasis on providing information and recommendations that make the system more effective and efficient.

- Henry Perea – Fresno County Board of Supervisors, District 3
- Mark Allen – Educational Liaison, Mental Health Systems, Inc
- Charmaine Linley – Promesa Behavioral Health
- Brad Castillo - Administrator, Kids Kasa Foster Care
- Dr. Jacqueline Smith Garcia – Community Advocate
- Joe Martinez – Community Relations and Outreach Manager, Fresno County EOC Sanctuary and Youth Services
- Nathan Lee – Executive Director, Court Appointed Special Advocates of Fresno and Madera Counties
- Dr. Morton Rosenstein - Chairperson, Fresno Regional Foundation
- Barbara Foster – Project Director, Specialized Foster Parent Training, SWERT California State University, Fresno
- Coreen Campos - CEO, Focus Forward
- Ike Grewal – County of Fresno, Department of Behavioral Health

Foster Family Agency Directors' Roundtable (meets monthly)

- John Lott, Director-Abrazo Foster Family Agency
- Lisa Casarez, Director-Angels of Grace Foster Family Agency
- Chad Valorosi, Director-Aspiranet Foster Family Agency
- Rigoberto Gutierrez, Executive Director-Esperanza Foster Family Agency
- Mona Chadwell, Director-Family Builders Foster Family Agency
- Heather Genito, Director-EMQ Families First Foster Family Agency
- Matasha Bailey, Director-Golden State Family Services Foster Family Agency
- Feng Yang, Director-Karing 4 Kids Foster Family Agency
- Brad Castillo, Director-Kids Kasa Foster Family Agency
- Jay Steinman, Director-Koinonia Foster Family Agency

- Kevin Jordan, Executive Director-KYJO Foster Family Agency
- Jesus Rodriguez, Director-New Era Foster Family Agency
- Danielle Macagba, Director-North Star Foster Family Agency
- Maria Bustamante, Director-Positive Attitude Foster Family Agency
- Victor Antonio, Director-Promesa Behavioral Health
- Gurpreet Brar-Mackie, Director-Proteus Foster Family Agency
- Hazel Waller, Director-Quality Foster Care
- Brian Van Anne, Director-Transitions Children's Services
- Connie Clendenan, Director-Valley Teen Ranch

Fresno Youth Education Services (FYES) Homeless and Foster Youth Advisory Committee (meets monthly)

- Dr. Kevin Torosian, Central Unified
- Maisie Young, Central Unified
- Amber Gallagher, Central Unified
- Dr. Ann-Maura Cervantes, Clovis Unified
- Kerin Blasingame, Clovis Unified
- Lori Gonzalez, Fowler Unified
- Nancy Horn, Fresno Unified
- Jeff Belcher, Fresno Unified
- Manjula Mahanty, Kings Canyon Unified
- Mary Cruz Lara, Kings Canyon Unified
- Ada Wolff, Sanger Unified
- Ana-Alicia Rodriguez, Selma Unified
- Heather Gomez, Washington Unified
- Brandon huebert, Willow International
- Rachel Morning-Garcia, Willow International
- Natalie Chavez, Fresno City College
- Nathan Lee, Court Appointed Special Advocates
- Rebekah Eropkin, Fresno Child Advocates
- Pamela Hancock, Fresno County Office of Education Foster Youth Education Services
- Cheryl Vieira, Fresno County Office of Education Foster Youth Education Services
- Elizabeth S. Torres, Fresno County Office of Education Foster Youth Education Services
- Emma Takikawa, Fresno County Office of Education Foster Youth Education Services
- Erica DelToro, Fresno County Office of Education Foster Youth Education Services
- Laura Gonzales, Fresno County Office of Education Foster Youth Education Services
- Denise Fink, Fresno County Office of Education Court & Community Schools
- Marisa Gamboa, Fresno County Office of Education Court Schools
- Debbie Fulton, Fresno County Office of Education Juvenile Justice Campus
- Robin Campbell, Fresno County Office of Education-VHEA

- Trish Small, Fresno County Office of Education
- Tammy Frates, Fresno County Office of Education
- Martin Sanchez, Juvenile Probation
- Chris Maranian, Juvenile Probation
- Janiene Gray-Jackson, DSS Social Work Supervisor
- Dalvin Baker, DSS Social Work Supervisor
- Erika Mendoza, DSS Social Work Practitioner
- Aaren Cobb, DSS Social Worker
- Nicole Perez, DSS Social Worker

Other AB490 School District Liaisons

- Lisa Newquist , Alvina Elementary
- Toby Wait, Big Creek Elementary
- Victor Villar, Burrel Union Elem.
- Rebecca Aguila, Caruthers Unified
- Heather Wilson, Clay Joint Elementary
- Tony Rodriguez , Coalinga-Huron Unified
- Roy Mendiola , Firebaugh-Las Deltas
- Gloria Perez, Firebaugh-Las Deltas
- Cristina Covarrubia, Golden Plains Unified
- Araceli Anaya, Kerman Unified
- MaryAnn Carousso, Kings Canyon Unified
- Mary Silva, Kingsburg Elementary
- Cindy Schreiner, Kingsburg Joint Union High
- Linda Nanez, Laton Unified
- Kim Rogers, Laton Unified
- Lily Macias , Mendota Unified
- Shelley Manser, Monroe Elementary
- Margaret Irwin, Orange Center Elem.
- Henry Alvarado, Pacific Union Elem.
- Antonio Aguilar, Parlier Unified
- Tim McConnico, Pine Ridge Elementary
- Juan Sandoval, Raisin City Elementary
- Angie Garcia, Raisin City Elementary
- Jeff Percell, Riverdale Unified
- Larry Silva, Sierra Unified
- Gina Daniels, Washington Colony Elem.
- Angelica Capozzi, West Park Elementary
- Baldomero Hernandez, Westside Elementary
- Margie Urzua, Juvenile Probation

Child Focus Teams include a co-located Public Health Nurse:

0-5 Child Focus Team "Birth To Six Years"

- Danielle Nieto, Social Work Supervisor
- Traci Morales, Social Worker, Permanency Specialist/Visitation Coach
- Nicole Perez, Social Worker, Educational Liaison/ ASQ /CVRC
- Theresa Hansen, Home Visitor (Cultural Broker Staff)
- Stacey Cunningham, Public Health Nurse

Child Focus Team 0-18

- Dalvin Baker, Social Work Supervisor
- Erika Mendoza, Social Work Practitioner, Educational Liaison/Development
- Aaren Cobb, Social Worker, Educational Liaison
- Sarah Beer, Social Worker, Mental Health/Psychotropic Medication
- Sally Lopez, Public Health Nurse
- Carol Pham, Social Work Aide, Placement and Support
- Tana Chaleunrath, Social Work Aide, Placement and Support

ICWA Listening Sessions (meets monthly)

at some point in the last year the following have attended along with a variety of DSS staff led by John Dufresne:

- Cyndi Alexander — CSUF – Tribal Family Consultant/FBT
- Dorothy Barton — Big Sandy Rancheria ICWA Representative
- Delane Bill — Dunlap Mono Spiritual Leader
- Jim Becerra — Community member – Apache
- David Bethel — Community member – Foster Parent
- Tricia Bethel — Community member – Foster Parent
- Vicki Bethel — Turtle Lodge DV/ICWA Representative
- Moriah Bonilla — Central Valley Indian Health Outreach Representative
- Willie Carrillo — Tule River Tribal Council
- Ambar Castillo — Tachi Social Services Director
- Evelyn Castro — Chukchansi Elder
- Hector Cerda — California Youth Coalition Director
- Dirk Charley — Dunlap Mono Elder
- Paula Davila — Fresno American Indian Health Project Youth Coordinator
- Julie Dick Tex — Dunlap Mono Elder
- Daniel Espinoza — CSUF Title IV-E Professor
- Andres Fierro — CSUF First Nations President
- Corinne Flores — CSUF Title IV-E Representative
- Barbara Foster — CSUF Foundation/CCTA Director

- Marta Frausto — Urban Indian Community member Elder
- Katie Garcia — CSUF Native American Recruitment Representative
- Lisa Garcia — Big Sandy Rancheria – Tribal Council
- Joseph Garfield — Tule River – Spiritual Leader
- Loleta Garfield — Tule River - Social Services Dept Director
- Julian G. Garza — CSUF Title IV-E student/community member
- Renee Gety — North Fork Rancheria ICWA Representative
- Yolanda Herrera — Sierra Tribal Consortium Turtle Lodge – Director
- AnnaMarie Hinojosa — Fresno American Indian Health Project Substance Abuse Counselor
- Rhoda Hunter — Tule River – Elder/Spiritual Leader
- Inna Ivanov — CASA Advocate Supervisor
- Wylenna Jeff — ICWA Expert Witness Representative
- Richard Keyes — Community member – Key Advisor
- Mandy Marine — CalTrans Anthropologist
- Robert Marquez — Cold Springs Rancheria member
- Marsha Jinapuck — California Indian Manpower Consortium Fresno Director
- Moses Lozano — American Indians Veterans Association President
- Dr. Jane Middleton — CSUF Professor
- Angelica Nodal — Tachi - Social Service ICWA Representative
- Michelle Lira — Fresno Unified School District – Tribal Liaison
- Leah Lujan — CSUF Tribal Family Consultant/FBT
- Marilisa Manuel — Tule River ICWA Coordinator
- Leonard Medina — Foster Home Supervisor/Community member
- Rita Mendoza — ICWA Specialist/Community member
- Dr. Suzanne Moineau — Fresno American Indian Health Project – Behavioral Health Director
- Amber Molina — Fresno American Indian Health Project – Outpatient Therapist
- Johanna Morris — North Fork Rancheria – Program Assistant
- Dr. Bernard Navarro — CSUF/FCC Professor
- Trudy Pacheco — Tule River ICWA Coordinator
- Audrey Osborne — OVCDC Career Counselor/Choinumni Elder
- Jennifer Philley — OVCDC TANF Director
- Nancy Pierce — Fresno American Indian Health Project Nurse
- Lynn Pimentel — WestCare
- Rachel Ramirez — Fresno American Indian Health Project Circles of Care Program Mgr.
- Regina Riley — Big Sandy Rancheria Tribal Council
- Hope Romero — OVCDC Youth Activity Coordinator
- Jennifer Ruiz — Fresno American Indian Health Project Director
- Marie Saenz — Inter-Tribal Council of California DV Fresno Representative.
- Janie Sanchez — Tule River Social Worker

- Carol Sanders — Turtle Lodge Representative.
- Lynn Story — North Fork Rancheria TANF Outreach Representative
- Carly Tex — Community member – Linguistic Trainer
- Paticia Torres — CVIH - Mental Health Coordinator
- Keith Turner — Mono Spiritual Leader
- Orianna Walker — Chukchansi ICWA Representative
- Tanya Walker — North Fork Rancheria TANF – Community Liaison
- Laura Wass — OVCDC Language Coordinator
- Nicole Wells — Community member/NFR member/Fidelity Assessor
- Terri Works — Cold Springs ICWA Representative
- Zac Zukovsky — CSUF SERVE Tribal Coordinator

Substance Abuse treatment Providers Quarterly meeting

The Substance Abuse Specialists (SAS) meet quarterly with staff from the substance abuse provider agencies to discuss the state of services to clients in general

- Anita Ruiz SWS — Fresno DSS
- Erica Flitcraft SAS — Fresno DSS
- Minerva Perez SAS — Fresno DSS
- Michael Prichard SAS — Fresno DSS
- Lawrence Rice SAS — Fresno DSS
- Andy Lujan — Lujan Recovery Programs, Inc.
- Dale White — Central California Recovery
- Craig Dauderman — Mental Health Systems Fresno First Program
- Mike Molina — Promesa Behavioral Health
- Audrey Riley — Spirit of Woman of California, Inc.
- Brenda Smith — Temperance Living Homes Alcohol and Drug Recovery Program
- Vicki Luna — The Light-House Recovery Program
- Herb Winnett — Turning Point of Central California, Inc. Residential
- Rick Mendenall — Turning Point of Central California, Inc Outpatient
- Gary Knepper — WestCare California, Inc.
- Bee Vue — MedMark Treatment Centers- Fresno West, Inc.
- Brian Van Anne — Transitions Children's Services
- Monique Gutierrez — Comprehensive Addiction Programs
- Dr. Felix Enunwa — Delta Care, Inc
- Robert Singleton — King of Kings Community Center
- Candie Smith — Kings View Corporation
- Phillip Cowings — Panacea Services, Inc.
- Oliver Ezenwugo — Universal Health Network and Systems, Inc.

FRESNO COUNCIL ON CHILD ABUSE PREVENTION

BOARD OF DIRECTORS

- SANDRA YOVINO, RN — PRESIDENT
- JOHN SCHOLEFIELD, M.D. — VICE PRESIDENT
- TITO A. LUCERO — SECRETARY
- CATHERINE HUERTA — TREASURER
- AIDA CHAVEZ — SOCIAL WORKER, DEPARTMENT OF SOCIAL SERVICES
- RODNEY LOWERY — EXECUTIVE DIRECTOR, FRESNO POLICE CHAPLAINCY
- DEBRA BEKERIAN — EDUCATOR, PSYCHOLOGIST ALLIANT UNIVERSITY

STAFF

- ESTHER FRANCO, MBA — EXECUTIVE DIRECTOR
- SYLVIA ESTRADA, AAS — OFFICE MANAGER/BOOKKEEPER
- DANIELA MICHEL, BA — PREVENTION EDUCATION COORDINATOR
- ANGIE ABRAHAM, BS — PREVENTION EDUCATOR
- SANDRA GUERRERO,BA — CAC COORDINATOR/BILINGUAL CHILD FORENSIC INTERVIEWER CAC

FRESNO COUNTY DSS ACTIVELY ENGAGES WITH YOUTH AND BIRTH PARENTS THROUGH THE CALIFORNIA YOUTH CONNECTION AND PARENTS BECOMING PARTNERS GROUPS. FRESNO COUNTY DSS ALSO ACTIVELY ENGAGES WITH FOSTER PARENTS THROUGH the Foster Parent Associations.

THE CSA PLANNING PROCESS AND THE PARTICIPATION OF CORE REPRESENTATIVES

IN 2013 THE FRESNO LEADERSHIP TEAM WITH THE SUPPORT OF HAY CONSULTING AND CASEY FAMILY PROGRAMS DEVELOPED AN INTEGRATED STRATEGIC PLAN
HTTP://WWW.CO.FRESNO.CA.US/UPLOADEDFILES/DEPARTMENTS/DSS/FAMILY_SERVICES/SELFEVAL/SE_HOME_PAGE/FRESNO%20ISP%20FINAL%205%207%2014.PDF

THE PLAN WAS PRESENTED TO AND REVIEWED BY THE AFOREMENTIONED CORE REPRESENTATIVE GROUPS AND HAS BECOME A FOUNDATION TO GUIDE THE CONTINUING WORK OF CONTINUING ASSESSMENT AND IMPROVEMENT AND THE ALIGNMENT OF ALL EFFORTS WITH THE PRACTICE MODEL.

THIS CSA IS THEN EXECUTED USING THAT FRAMEWORK AND THE STRUCTURES BEING DEVELOPED UNDER IT. AT THIS MOMENT WORK IS BEING DONE TO INTEGRATE THE WORK OF THE CSA, THE FEDERAL CASE REVIEW, AND CAPP EVALUATION ALL UNDER A FRAMEWORK OF CONTINUOUS QUALITY IMPROVEMENT. THE PARAMETERS OF THIS WORK WILL BEGIN TO BECOME CLEARER IN THE NEXT NINE MONTHS.

STAKEHOLDER FEEDBACK

STAKEHOLDER SURVEY (SEE ATTACHMENT A FOR THE SURVEY QUESTIONS AND ANSWERS)

ONE METHOD USED TO GATHER INPUT FROM OUR STAKEHOLDERS WAS THROUGH A SURVEY UTILIZING SURVEY MONKEY. AN INTERNET LINK TO THE SURVEY WAS EMAILED TO 30 COMMUNITY PARTNERS INCLUDING PREVENTION

partners and education partners. In attempt to identify service gaps, the survey focused on the following: Prevention, placement stability and reunification. The survey consisted of nine questions. Eight questions were ranking and one choose-all-that-apply. Approximately, 10% of the survey group completed the survey.

A key focus of the stakeholder survey was to assess perceptions regarding the most effective services to prevent children from entering the Child Welfare System. Respondents were asked to rank up to four services from a list of fifteen. The following four figures provide the most frequent responses to these questions. Regarding effective prevention services, all respondents indicated parent education services such as parenting classes, (66%) substance abuse treatment services and (33%). In-Home Support, home visits, wraparound services, neighborhood (family) resource centers, individual/family therapy/counseling, school-based programs and assistance for stable housing were all rated equally.

An important component of the stakeholder survey was to identify community based prevention partners perceptions of unmet prevention service needs in Fresno County. All respondents indicated assistance for stable housing as a service lacking in the County of Fresno while two-thirds (66%) responded rural services.

Effective Prevention Services	Percent
Substance abuse programs	100%
In home support, home visits	66%
Wraparound services	33%
Parental education, support groups	33%
Individual/family therapy/counseling	33%

Regarding effective services to increase placement stability, respondents rated highly only four service types. All respondents rated Assessments of Child's Needs as the most effective service to increase placement stability. This was followed by in Behavioral/Mental Health Services and Sibling Contact/Visitation services.

Placement Stability Services	Percent
Assessments of Child's Needs	100%
Behavioral/Mental Health Services	66%
Wraparound services	66%
Sibling Contact/Visitation	33%
Foster Parent Training and Support	33%

In regard to effective services to help families reunify, Services/Activities that facilitate access to and visitation of Children by Parents and Siblings were rated by all respondents as the most effective. Substance abuse programs and Individual, Group, and Family Counseling were also rated by two-thirds (66%) of respondents as effective but less so than the previously mentioned service.

Reunification Services	Percent
Visitation Services	100%
Individual, Group, and Family Counseling	66%
Substance abuse programs	66%
Mental Health Services	33%
Assistance to Address Domestic Violence	33%

The County of Fresno will continue to seek stakeholder input in an effort to communicate with community based organizations to identify prevention needs and gaps. The survey was only one of many various organized efforts to gain input from community based partners.

General County Demographics

Population stratified by age and ethnicity:

California Child Welfare Indicators Project (CCWIP) University of California at Berkeley 2014 California Department of Finance Child Population Projections							
Age Group	Ethnic Group						Total
	Black	White	Latino	Asian	Native American	Multi-Race	
Under 1	793	3,299	9,710	1,500	86	498	15,886
One to Two	1,544	6,448	19,272	3,089	175	945	31,473
Three to Five	2,263	9,057	29,675	4,370	254	1,358	46,977
Six to Ten	3,607	14,379	50,901	7,051	421	2,025	78,384
Eleven to Fifteen	3,606	15,126	46,118	6,912	427	1,836	74,025
Sixteen to Seventeen	1,552	6,412	18,047	2,883	201	714	29,809
Eighteen to Twenty	2,718	10,376	26,963	6,888	284	1,087	48,316
Total	16,083	65,097	200,686	32,693	1,848	8,463	324,870

Population Data Source: 2014 - CA Dept. of Finance: 2010-2060 - Pop. Projections by Race/Ethnicity, Detailed Age, & Gender.

Age Group	Ethnic Group						Total
	Black	White	Latino	Asian	Native American	Multi-Race	
Under 1	4.99%	20.77%	61.12%	9.44%	0.54%	3.13%	100.00%
One to Two	4.91%	20.49%	61.23%	9.81%	0.56%	3.00%	100.00%
Three to Five	4.82%	19.28%	63.17%	9.30%	0.54%	2.89%	100.00%
Six to Ten	4.60%	18.34%	64.94%	9.00%	0.54%	2.58%	100.00%
Eleven to Fifteen	4.87%	20.43%	62.30%	9.34%	0.58%	2.48%	100.00%
Sixteen to Seventeen	5.21%	21.51%	60.54%	9.67%	0.67%	2.40%	100.00%
Eighteen to Twenty	5.63%	21.48%	55.81%	14.26%	0.59%	2.25%	100.00%
Total	4.95%	20.04%	61.77%	10.06%	0.57%	2.61%	100.00%

POVERTY BY ETHNIC GROUP:

California Child Welfare Indicators Project (CCWIP) University of California at Berkeley California Department of Finance Child Population Projections 0-17 years old				
Ethnic Group	**2014 Population**	**2014 Poverty Population**	**2014 Poverty Population 0-17 years old (Percent of Population)**	**PERCENT OF SPECIFIC RACE IN POVERTY 2009-2013**
Black	13,365	6,588	6.4	49.3%
White	54,721	8,220	8.0	15.0%
Latino	173,723	75,856	73.8	43.7%
Asian	25,805	9,499	9.2	36.8%
Native American	1,564	602	0.6	38.5%
Multi-Race	7,376	2,051	2.0	27.8%
Total	276,554	102,816	100.0	
Population Data Source: CA Dept. of Finance: 2010-2060 - Pop. Projections by Race/Ethnicity, Detailed Age, & Gender. Total calculated when estimated percent in poverty is available for all race/ethnic groups.				

MEDIAN INCOME

HISTORICAL INFLATION ADJUSTED MEDIAN HOUSEHOLD INCOME FOR FRESNO (METRO):

Year	US	California	Fresno
2013	$52,250	$60,190	$43,925
2012	$52,117	$59,175	$42,232
2011	$52,306	$59,333	$44,336
2010	$53,469	$61,655	$48,314
2009	$54,541	$64,000	$49,589
2008	$56,290	$66,019	$47,319

http://www.deptofnumbers.com/income/california/fresno/

Real Per Capita Income for Fresno California:

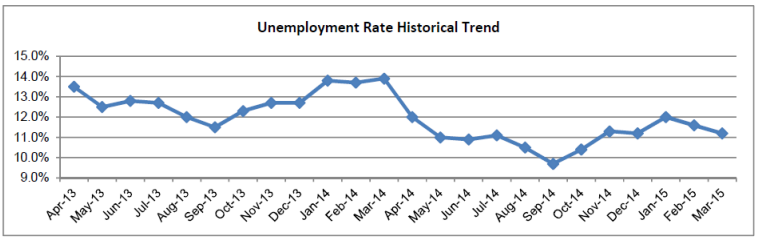
	2013	1 Year Change	3 Year Change
US	$28,184	+1.69%	+1.23%
California	$29,513	+2.64%	+0.99%
Fresno	$19,682	+2.05%	-3.46%

http://www.deptofnumbers.com/income/california/fresno/

Unemployment Data:

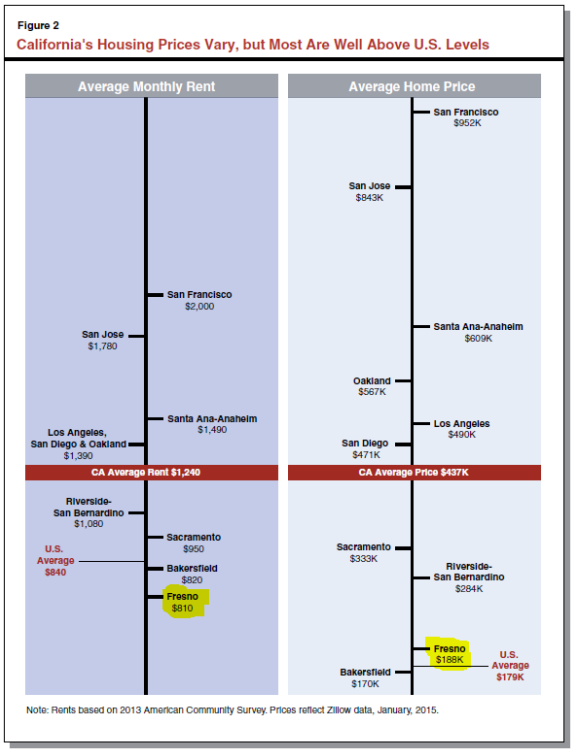
FRESNO METROPOLITAN STATISTICAL AREA (MSA)
(Fresno County)

The unemployment rate in the Fresno County was 11.2 percent in March 2015, down from a revised 11.6 percent in February 2015, and below the year-ago estimate of 13.9 percent. This compares with an unadjusted unemployment rate of 6.5 percent for California and 5.6 percent for the nation during the same period.



http://www.calmis.ca.gov/file/lfmonth/frsn$pds.pdf

Average Housing Costs:



http://www.lao.ca.gov/reports/2015/finance/housing-costs/housing-costs.pdf

In March of 2015 USA today ranked Fresno the 9th highest unemployment rate:
http://www.usatoday.com/story/money/business/2015/03/07/247-wall-st-highest-unemployment/24366329/

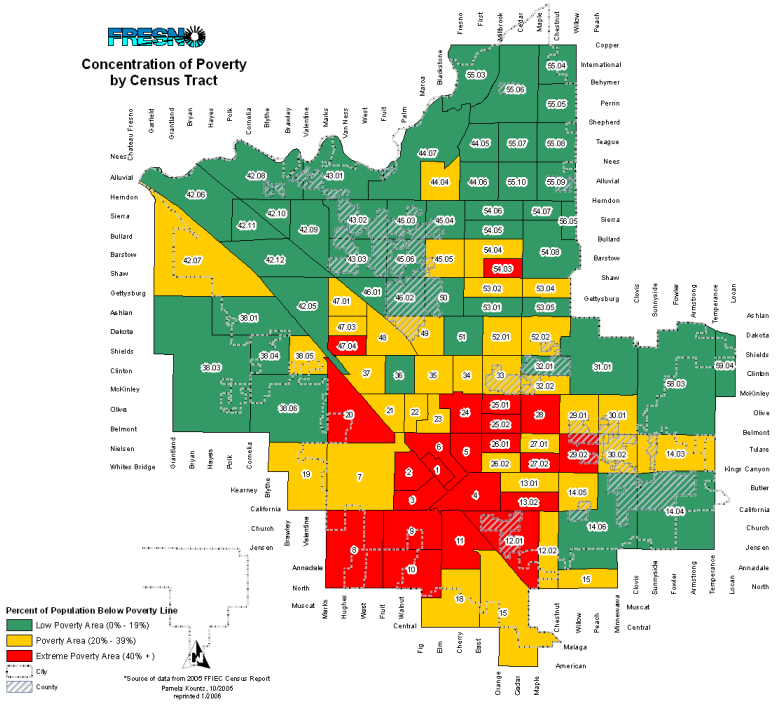
"2014 November unemployment rate: 11.2%
2013 poverty rate: 28.8%
2013 median household income: $43,925
2013 pct. with bachelor's degree: 19.8%
Poor educational attainment rates among Fresno residents partly contributed to the region's high unemployment rate of 11.2%. Less than three-quarters of adults had completed at least high school, and less than one in five adults held at least a bachelor's degree as of 2013, both among the lowest proportions nationwide. Fresno's poverty rate of nearly 29% was also one of the worst in the country. Like many California metro areas, Fresno relies heavily on agriculture, and the industry has suffered from the drought afflicting the region. Nearly one in 10 members of the workforce was employed in the agriculture, forestry, fishing and mining industry, one of the higher proportions in the country."

The article also made note of how the issue of unemployment was connected to agriculture and the drought which impacted 14 inland California areas.

"Interestingly, the metro areas with the worst job markets also had disproportionately high percentages of workers employed in the agricultural, forestry, fishing, and hunting, and mining industry. However, while the workers in many of the best job markets were far more likely to work in mining, the workers in some of the worst job markets, especially in inland California, were far more likely to be employed in agricultural positions, Kohli explained.
Fourteen of the 25 metro areas with the highest unemployment rates were located in inland California or Arizona, where there are high concentrations of farm jobs. However, the region's ongoing severe drought conditions have taken a heavy toll on area economies. Most farming operations require enormous quantities of water, and when drought pervades agricultural output suffers and with it jobs.
To identify the best and worst job markets in the United States, 24/7 Wall St. reviewed the metropolitan statistical areas (MSA) with the highest and lowest unemployment rates as of November 2014 from the Bureau of Labor Statistics (BLS). Labor force changes also came from the BLS. Median household incomes, poverty rates, educational attainment rates, the percentage of households receiving SNAP benefits (food stamps), and the proportions of households earning less than $10,000 and more than $200,000 annually all came from the Census Bureau's American Community Survey (ACS) and are for 2013, the latest period available. Workforce composition also came from the ACS. Quarterly median home prices since 2004 came from the Federal Housing Finance Agency (FHFA)."

Poverty Concentration:

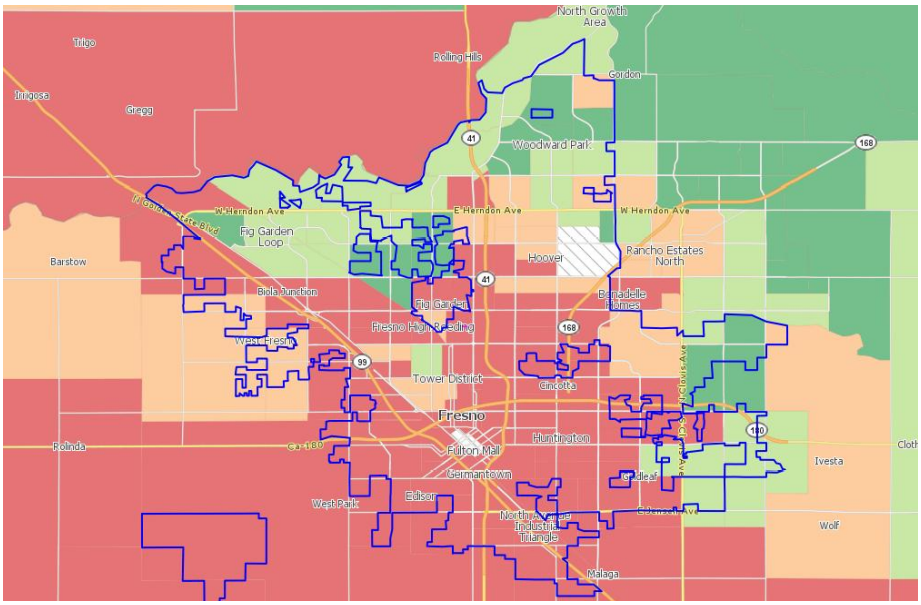
This Map is from 10 years ago and while some progress may have occurred in some areas the disparities generally have persisted.



Census Tract	% Below Poverty	Population
1	49.89	2756
2	54.92	2566
3	45.26	3472
4	42.03	5495
5	54.92	7372
6	61.21	6769
7	51.03	4110
8	68.40	942
9	51.67	6083
10	52.70	3704
11	49.43	2674
12.01	43.70	5207
12.02	34.99	4213
13.01	30.99	5981
13.02	48.87	8577
14.03	25.69	6038
14.04	6.92	4760
14.05	37.15	6554
14.06	17.56	6061
15	25.38	2426
15	29.38	2426
18	27.12	4441
19	25.47	2645
20	42.65	5950
21	29.51	5590
22	28.69	4006
23	33.55	3859
24	46.71	4820
25.01	41.33	5210
25.02	61.88	5092
26.01	48.00	5864
26.02	28.21	3446
27.01	27.45	4253
27.02	52.90	6106
28	53.00	5142
29.01	21.27	8036
29.02	41.32	8861
30.01	29.42	2861
30.02	21.07	5958
31.01	16.39	9360
32.01	19.60	4089
32.02	32.64	5150
33	27.48	7934
34	35.36	5006
35	22.95	5499
36	15.42	4030
37	27.13	7938
38.01	13.65	7375
38.02	8.41	3889
38.04	9.34	4388
38.05	22.89	5553

Census Tract	% Below Poverty	Population
38.06	15.28	6718
42.05	17.27	5986
42.06	1.22	4582
42.07	23.31	3866
42.08	2.23	4899
42.09	6.28	8625
42.10	13.85	2659
42.11	6.23	4160
42.12	11.40	6866
43.01	1.19	3619
43.02	2.76	4997
43.03	5.31	4218
44.04	33.91	3610
44.05	4.12	4059
44.06	12.54	5324
44.07	10.96	7388
45.03	6.99	4794
45.04	18.71	4800
45.05	25.03	3788
45.06	4.89	3219
46.01	4.53	2625
46.02	1.08	2492
47.01	25.26	6474
47.03	21.07	3983
47.04	40.30	5123
48	28.43	9502
49	22.83	5807
50	15.88	3995
51	19.04	5337
52.01	24.98	7926
52.02	37.01	3861
53.01	17.15	5404
53.02	22.73	4957
53.04	32.63	5023
53.05	10.70	3611
54.03	47.91	4524
54.04	20.10	6278
54.05	5.52	4218
54.06	7.54	4061
54.07	7.76	3326
54.08	0.00	861
55.03	3.22	3791
55.04	5.33	1710
55.05	4.84	2768
55.06	3.26	10352
55.07	1.87	5951
55.08	2.31	2872
55.09	3.56	3242
55.10	6.30	4989
56.05	3.41	1806
58.03	10.66	7712
59.04	2.80	2410

This graphic from a 2014 report by the Fresno State Central Valley Health Policy Institute has a slightly different categorization but shows similar positioning of poverty concentrations.



This map shows the census tracts in Fresno with the highest percentage of families living in poverty. The census tracts shown in red have the highest concentrations, 25% or more of families living in poverty. Census tracts in dark green have the city's highest average incomes, with fewer than 5% of families living in poverty.
http://www.csufresno.edu/chhs/cvhpi/documents/Valley%20Health%20Snapshot%20Winter%202014.pdf

THIS GRAPHIC FROM PAUL JARGOWSKY'S CENTURY FOUNDATION REPORT ONLINE *"ARCHITECTURE OF SEGREGATION: CIVIL UNREST, THE CONCENTRATION OF POVERTY AND PUBLIC POLICY"*. FOCUSES ON THE EXPERIENCE OF THE BLACK COMMUNITY RELATED TO POVERTY CONCENTRATION. THE NUMBERS ARE THE PERCENT WHO LIVE IN AREAS OF HIGH POVERTY CONCENTRATION. AFTER A DIP IN THE 2005 TO 2009 TIME FRAME IT ROSE EVEN HIGHER THAN IN 2000 FOR THE TIME FRAME OF 2009 TO 2013. HTTP://APPS.TCF.ORG/ARCHITECTURE-OF-SEGREGATION

HIGHEST BLACK CONCENTRATION OF POVERTY

RANK	METROPOLITAN AREA	BLACK		
		2000	2005-2009	2009-2013
1	Syracuse, NY	43.4	48.3	65.2
2	Detroit-Livonia-Dearborn, MI	17.3	41.4	57.6
3	Toledo, OH	18.7	43.4	54.5
4	Rochester, NY	34.2	43.5	51.5
5	Fresno, CA	42.8	28.1	51.4
6	Buffalo-Niagara Falls, NY	30.8	31.8	46.4
7	Cleveland-Elyria-Mentor, OH	26.7	36.7	45.5
8	Gary, IN	22.2	30.1	45.2
9	Milwaukee-Waukesha-West Allis, WI	38.7	41.0	44.8
10	Louisville/Jefferson County, KY-IN	38.6	41.9	42.6

Sources: 2000 Census, 2005-2009 and 2009-2013 ACS.
Limited to the 100 largest metropolitan areas.

THE CENTURY FOUNDATION

HOMELESSNESS DATA:

HERE IS A GRAPHIC FROM THE FRESNO MADERA CONTINUUM OF CARE (FMCOC) 2014 POINT IN TIME COUNT:

TOTAL UNSHELTERED HOMELESS BY CITY AND COUNTY AREA					
Unsheltered Population	**Fresno City**	**Fresno County**	**Madera City**	**Madera County**	**TOTAL**
PIT 2014	1534	128	193	28	**1883**
PIT 2013	1829	466	152	90	**2537**
Numerical Change	-295	-318	41	62	**-654**
Percent Change	-16.1	-68.2%	26.9%	-68.8%	**-25.7%**

HTTPS://WWW.DROPBOX.COM/S/REQCNS1PAJFCRUM/2014_ANALYSIS.DOCX?DL=0

List of the federally recognized active tribes in the county:
There are 3 federally recognized tribes in the County of Fresno

Big Sandy Rancheria in Auberry
Cold Springs Rancheria in Tollhouse
Table Mountain Rancheria in Friant

There are 5 federally recognized tribes in counties in the surrounding area
Big Pine Reservation in Big Pine in Inyo County
North Fork Rancheria in North Fork in Madera County
Picayune Rancheria in Coarsegold in Madera County
Santa Rosa Rancheria in Lemoore in Kings County
Tule River Reservation Porterville in Tulare County

Demographic Data Analysis

While the national and state economies have shown marked improvements in the last few years the improvements in Fresno city and county while present are not as remarkable and even if there was a return to pre recession levels the economy was weak in the poverty sectors even then. in 2013 Fresno's (City) Median Income is 73% of California's Median income. Additionally Fresno's (City) Per Capita Income is 67% of California's Per Capita income. Fresno's 3 year trajectory is down 3.46% while nationally and statewide it is up about 1%. The unemployment rate in Fresno County is nearly double that of the state and nation. Fortunately housing costs in Fresno are lower than many parts of the state but with the large sectors of poverty the market demand is likely to reflect those lower prices but along with the lower costs come lower quality in size, structure, upkeep and neighborhood safety. Unsheltered homelessness has declined according to the Fresno Madera Continuum of Care (FMCoC) 2014 Point in Time Count but there are still significant numbers of unsheltered homeless as well as those whose housing is insecure, crowded or substandard. No More Slumlords (nomoreslumlords.org) is an advocacy group that has identified hundreds of units of substandard housing and advocated with the city council to pass an anti-blight ordinance.

Poverty shows disparity in both region and by ethnicity. While whites had a 15% of poverty, Blacks had 49.3% and Hispanics 43.7%. central and southern Fresno have clear zones of high concentrations (40% or more) of poverty adjacent to other zones of poverty (20% to 39%.) Conversely the areas of resource are concentrated in the northern sections of the city as well as the east and west fringes. Not identified in the poverty data but a part of the unemployment data is the economic challenge in the rural areas of the county. These are especially impacted by the drought and the corresponding reductions in agricultural activity that California Ag officials estimate are costing 18,000 jobs and $1.2 Billion in lost wages (ABC30 report 0n 6/9/15). The loss of income trickles down to the other sectors of the economy because most of that income would be spent on housing and consumer items. Poverty impacts child abuse in neglect by both creating stressors that challenge the ability to focus on positive parenting as well as to isolate people form resources to address the many challenges that are faced by their family. The drastic concentration of poverty

THAT SIGNIFICANTLY AFFECTS MORE THAN HALF BLACK FAMILIES AND LARGE NUMBERS OF OTHERS MEAN THAT FAMILIES ARE OFTEN ISOLATED FROM RESOURCES. THIS IS WHERE BUILDING CIRCLES OF SUPPORT IS A CRUCIAL TOOL TO COUNTER THE CONSEQUENCES OF ISOLATION AND TO CREATE CONNECTIONS TO PERSONAL RESOURCES.

WITH 3 TRIBES IN THE COUNTY AND 8 TRIBES TOTAL IN THE SURROUNDING AREA THE INCIDENCE OF CONTACT WITH FAMILIES WHO ARE TRIBAL MEMBERS OR TRIBALLY CONNECTED IS SIGNIFICANT. AS NOTED IN THE STAKEHOLDER SECTION, THE WORK WITH TRIBAL PARTNERS IS IMPERATIVE AS WE PARTNERS TO BETTER SERVE THESE FAMILIES ACCORDING TO ICWA LAW AND IN THE SPIRIT OF ICWA FOR THOSE FAMILIES WHO DO NOT HAVE THE FORMAL MEMBERSHIP IN A FEDERALLY RECOGNIZED TRIBE YET LIVE ACCORDING TO NATIVE AMERICAN CULTURE AND VALUES. ADDITIONALLY THE PARTNERSHIP CAN MAKE CONNECTIONS WITH APPROPRIATE RESOURCES FOR THOSE CONNECTED TO TRIBES THAT ARE NOT IN THE AREA.

CHILD MALTREATMENT INDICATORS

NOTE THAT DATA FROM KIDSDATA.ORG IS COUNTY BASED WHILE DATA FROM KIDSCOUNT.ORG IS CITY BASED. A SIGNIFICANT PORTION OF FRESNO COUNTY'S POPULATION IS FOUND IN THE CITY OF FRESNO SO THAT CITY LEVEL DATA HAS VALUE WITH THE RECOGNITION THAT THE RURAL AREAS OF FRESNO COUNTY OFTEN HAVE SIGNIFICANT NEEDS AND CHALLENGES.

PROPORTION OF NEWBORNS WITH LOW-BIRTH WEIGHT:

Year(s): (edit)	Data Type: (edit)	Race/Ethnicity: (edit)
2012	Number	All

Fresno County	Number
African American/Black	131
American Indian/Alaska Native	LNE
Asian/Pacific Islander	170
Hispanic/Latino	660
White	224
Multiracial	22

http://www.kidsdata.org/

WHILE AS A WHOLE, THE LOW BIRTHRATE RATE IS 7.7%, THE EXPERIENCE VARIES WIDELY DEPENDING ON THE ETHNICITY OF THE CHILD. http://cpehn.org/chart/low-birthweight-fresno-county-2012

CPEHN
California Pan-Ethnic Health Network

Join Our Network
Email Address SIGN ME UP

Home

LOW BIRTHWEIGHT (FRESNO COUNTY, 2012)

Percentage of children born at a low weight (under 2,500 grams) in Fresno County, 2012.

- 16.0% of African American infants in Fresno County are born at a low weight.
- 6.9% of Latino infants in Fresno County are born at a low weight.
- 9.2% of Asian and Pacific Islander infants in Fresno County are born at a low weight.
- African American infants (16.0%) in Fresno County are more than twice as likely as White infants (7.0%) to be born at a low weight.

	African American	Latino	Native American/ Alaska Native	Asian/ Pacific Islander	White	Multiracial
Percentage of Low Birthweight Infants, Fresno County, 2012	16.0	6.9	LNE	9.2	7.0	10.1

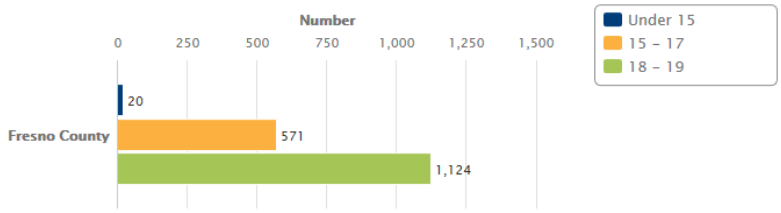
As cited on www.kidsdata.org, a program of the Lucile Packard Foundation for Children's Health.

Footnote: LNE (Low Number Event) refers to data that have been suppressed because there were fewer than 20 cases in the numerator.

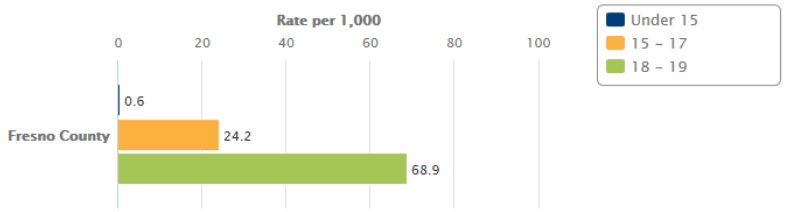
Source: Vital Statistics Section, CD-Rom Public Use Birth Files (Low Birthweight), California Department of Health Services, Center for Health Statistics

NUMBER AND PROPORTION OF CHILDREN BORN TO TEEN PARENTS:

Year(s): (edit) 2012 | Data Type: (edit) Number | Age of Mother: (edit) All



Year(s): (edit) 2012 | Data Type: (edit) Rate per 1,000 | Age of Mother: (edit) All



ALSO BY ETHNICITY:

Year(s): (edit) 2012 **Data Type:** (edit) Number **Race/Ethnicity:** (edit) All

Fresno County	Number
African American/Black	107
American Indian/Alaska Native	LNE
Asian/Pacific Islander	121
Hispanic/Latina	1,259
White	159
Multiracial	28

Year(s): (edit) 2012 **Data Type:** (edit) Rate per 1,000 **Race/Ethnicity:** (edit) All

Fresno County	Rate per 1,000
African American/Black	47.9
American Indian/Alaska Native	LNE
Asian/Pacific Islander	26.8
Hispanic/Latina	54.9
White	17.7
Multiracial	29.3

FAMILY STRUCTURE, I.E., NUMBER AND PROPORTION OF SINGLE PARENT HOMES, GRANDPARENT HOMES:

Child Population By Household Type

Year(s): 5 selected | Household Type: All | Data Type: All

Data Provided by: National KIDS COUNT

Location	Household Type	Data Type	2009	2010	2011	2012	2013
Fresno	Married-couple Households	Number	86,000	92,000	75,000	76,000	79,000
		Percent	58%	61%	51%	51%	52%
	Father only Households	Number	15,000	13,000	21,000	20,000	18,000
		Percent	10%	9%	14%	13%	12%
	Mother only Households	Number	45,000	45,000	50,000	52,000	54,000
		Percent	31%	30%	34%	35%	36%

Grandchildren In The Care Of Grandparents

Year(s): 5 selected | Data Type: All

Data Provided by: National KIDS COUNT

Location	Data Type	2009	2010	2011	2012	2013
Fresno	Number	5,000	4,000	7,000	5,000	6,000
	Percent	4%	3%	5%	3%	4%

Housing costs and availability:

Children Living In Households That Are Owned

Year(s): 5 selected | Data Type: All

Data Provided by: National KIDS COUNT

Location	Data Type	2009	2010	2011	2012	2013
Fresno	Number	58,000	60,000	57,000	52,000	49,000
	Percent	39%	39%	38%	35%	32%

Children Living In Households With A High Housing Cost Burden

Year(s): 5 selected | Data Type: All

Data Provided by: National KIDS COUNT

Location	Data Type	2009	2010	2011	2012	2013
Fresno	Number	78,000	81,000	82,000	85,000	85,000
	Percent	53%	53%	55%	57%	56%

INDICATOR CONTEXT EXPAND

DEFINITIONS & SOURCES COLLAPSE

Definitions: The share of children living in households where more than 30 percent of the monthly income was spent on rent, mortgage payments, taxes, insurance, and/or related expenses.

The 30 percent threshold for housing costs is based on research on affordable housing by the U.S. Department of Housing and Urban development (HUD). According to HUD, households that must allocate more than 30 percent of their income to housing expenses are less likely to have enough resources for food, clothing, medical care or other needs.

Children In Low-Income Households With A High Housing Cost Burden

Year(s): 5 selected | Data Type: All

Data Provided by: National KIDS COUNT

Location	Data Type	2009	2010	2011	2012	2013
Fresno	Number	S	71,000	70,000	77,000	78,000
	Percent	S	72%	69%	74%	73%

Children Living In Crowded Housing

Year(s): 5 selected | Data Type: All

Data Provided by: National KIDS COUNT

Location	Data Type	2009	2010	2011	2012	2013
Fresno	Number	49,000	53,000	49,000	49,000	59,000
	Percent	33%	35%	33%	33%	38%

DEFINITIONS & SOURCES COLLAPSE

Definitions: The share of children under age 18 living in households that have more than 1 persons per room.

The ratio of occupants per room is derived by dividing the number of persons in the housing unit by the number of rooms in the housing unit. A housing unit is considered crowded if there is more than 1 persons per room. Occupants per room is rounded to the nearest hundredth.

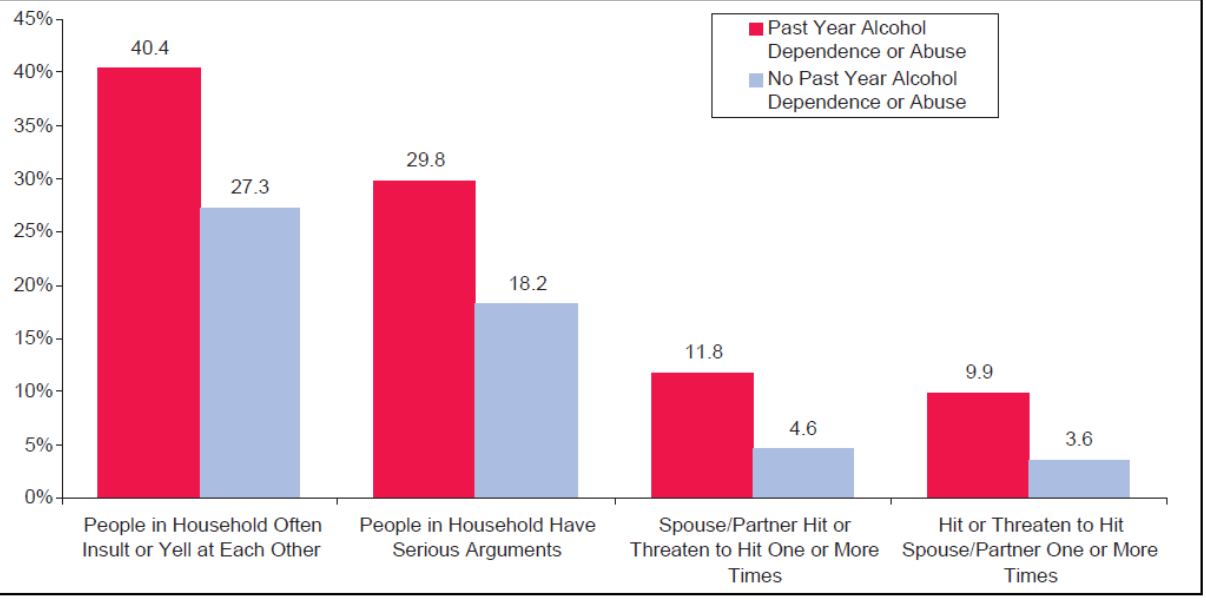
SUBSTANCE ABUSE DATA:

THE SUBSTANCE ABUSE PROBLEM IN FRESNO COUNTY IS SIGNIFICANT AND FRESNO IS ONE OF A NUMBER OF LOCALITIES GIVEN THE TITLE OF "METH CAPITOL OF THE NATION." WHILE THERE DOES NOT SEEM TO BE CREDIBLE DATA TO BACK THIS UP THE BBC AIRED AN INTERESTING DOCUMENTARY THAT PROVIDES AN UP CLOSE AND PERSONAL GLIMPSE INTO LIFE ON METH.

FRESNO THE CITY ADDICTED TO CRYSTAL METH LOUIS THEROUX DOCUMENTARY

HTTPS://WWW.YOUTUBE.COM/WATCH?V=JOFW_IFRASY

Figure 1. Percentages of Parents Aged 18 or Older Reporting Past Year Household Turbulence, by Past Year Alcohol Dependence or Abuse: 2002



MENTAL HEALTH DATA:

Year(s): (edit) 2008 to 2013 **Data Type:** (edit) Number **Age Group:** (edit) All

Fresno County	Number					
Age Group	2008	2009	2010	2011	2012	2013
5-14 years	81	114	116	119	158	183
15-19 years	281	443	533	587	535	517
Total 5-19 years	362	557	649	706	693	700

Hospitalizations for Mental Health Issues, by Age Group

Year(s): 2013

CHILD FATALITIES AND NEAR FATALITIES:

CHILD/YOUTH DEATHS, BY AGE AND LEADING CAUSE: 2012

Fresno County	Number						
Age	Birth Defects	Cancer	Diseases of the Heart	Homicide	Influenza and Pneumonia	Suicide	Unintentional Injuries
1-4 Years	1	1	0	3	1	N/A	4
5-14 Years	0	3	0	1	0	1	6
15-19 Years	1	1	4	11	0	5	18
20-24 Years	1	3	2	12	1	9	25

Child Deaths

Year(s): 7 selected | Data Type: Number

Data Provided by: National KIDS COUNT

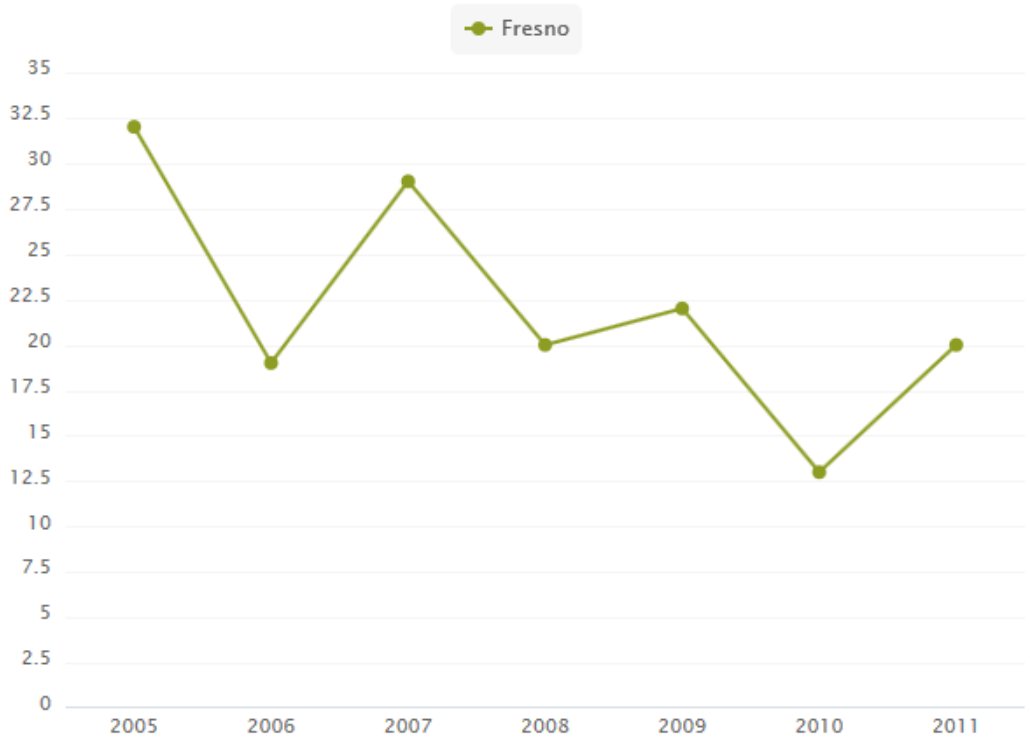


TABLE VIEW COLLAPSE

Location	Data Type	2005	2006	2007	2008	2009	2010	2011
Fresno	Number	32	19	29	20	22	13	20

DEFINITIONS & SOURCES COLLAPSE

Definitions: Deaths to children between ages 1 and 14, from all causes, per 100,000 children in this age range.

Teen Deaths From All Causes

Year(s): 5 selected | Data Type: Number

Data Provided by: National KIDS COUNT

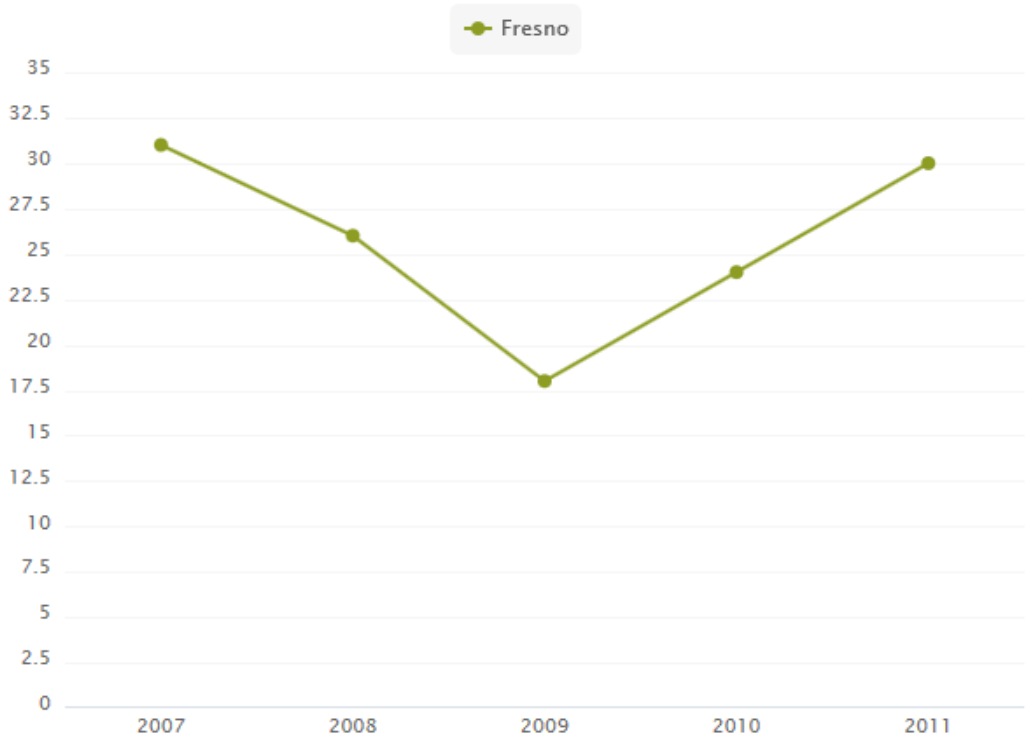


TABLE VIEW

COLLAPSE

Location	Data Type	2007	2008	2009	2010	2011
Fresno	Number	31	26	18	24	30

DEFINITIONS & SOURCES

COLLAPSE

Definitions: Deaths to teens between age 15 and 19 per 100,000 teens in this age group.
The data are reported by the place of residence, not the place where the death occurred.

Children with Disabilities:

Children with Major Disabilities

Year(s): (edit) 2008 to 2013 **Data Type:** (edit) Number

Locations	Number					
	2008	2009	2010	2011	2012	2013
Fresno County	8,987	9,575	9,337	9,111	9,978	10,770

Active California Children's Services (CCS) Enrollees, by Age and County

Year(s): (edit) 2009 to 2012 **Age Group:** (edit) All

Fresno County	Number			
Age Group	2009	2010	2011	2012
Under 1 year	674	599	531	288
1-21 years	6,936	6,847	6,663	6,244

Rates of Law Enforcement Calls for Domestic Violence:

Download or Copy

Domestic Violence Calls for Assistance

2009	2010	2011	2012	2013
8,205	7,380	7,262	6,637	6,167

Show 5 Years Show 10 Years Show definition, source, and notes

CUSTOMIZE TABLE

Download or Copy

Domestic Violence Calls for Assistance: Rate per 1,000

2009	2010	2011	2012	2013
14.1	12.5	12.2	11.0	10.1

Show 5 Years Show 10 Years Show definition, source, and notes

CUSTOMIZE TABLE

Definition: Number of domestic violence calls for assistance per 1,000 adults ages 18-69.

Data Source: California Dept. of Justice, Criminal Justice Statistics Center, Domestic Violence-Related Calls for Assistance Database (1998-2003) and Online Query System (October 2014).

RATES OF EMERGENCY ROOM VISITS FOR CHILD VICTIMS OF AVOIDABLE INJURIES:

HOSPITAL DISCHARGES, BY PRIMARY DIAGNOSIS

Year(s): (edit)	Data Type: (edit)	Primary Diagnosis: (edit)
2008 to 2013	Number	All

Fresno County	Number					
Primary Diagnosis	2008	2009	2010	2011	2012	2013
Asthma/Bronchitis	1,006	1,086	1,276	1,043	1,025	716
Burns	17	18	16	30	29	32
Diabetes	92	83	82	83	67	71
Fractures	214	244	335	280	296	292
Mental Diseases and Disorders	230	313	365	332	449	495
Metabolic/Nutritional Disorders	275	231	232	247	173	265
Pneumonia/Pleurisy	471	562	549	507	407	341
Poisoning	77	80	67	81	65	85
Seizures/Headaches	252	222	222	270	231	200
Traumatic Injuries	95	89	117	95	124	112
Viral Illnesses or Fevers of Unknown Origin	152	76	61	59	63	50

211 Calls: HTTP://WWW.UNITEDWAYFRESNO.ORG/FILES/211ANNUAL2013.PDF

2-1-1 Fresno County Call Center

Top Ten Referrals

Program Name	Referrals
Food Pantry	1778
Volunteer Income Tax Assistance (VITA)	1233
Home Energy Assistance Program (HEAP)	1113
2-1-1 Tulare County	700
Toys 4 Tots	619
Internet Essentials (CETF)	573
CalFresh	386
Emergency Solutions Grant (ESG)	336
USDA Commodities	285
Legal Aid Services (CCLS)	261

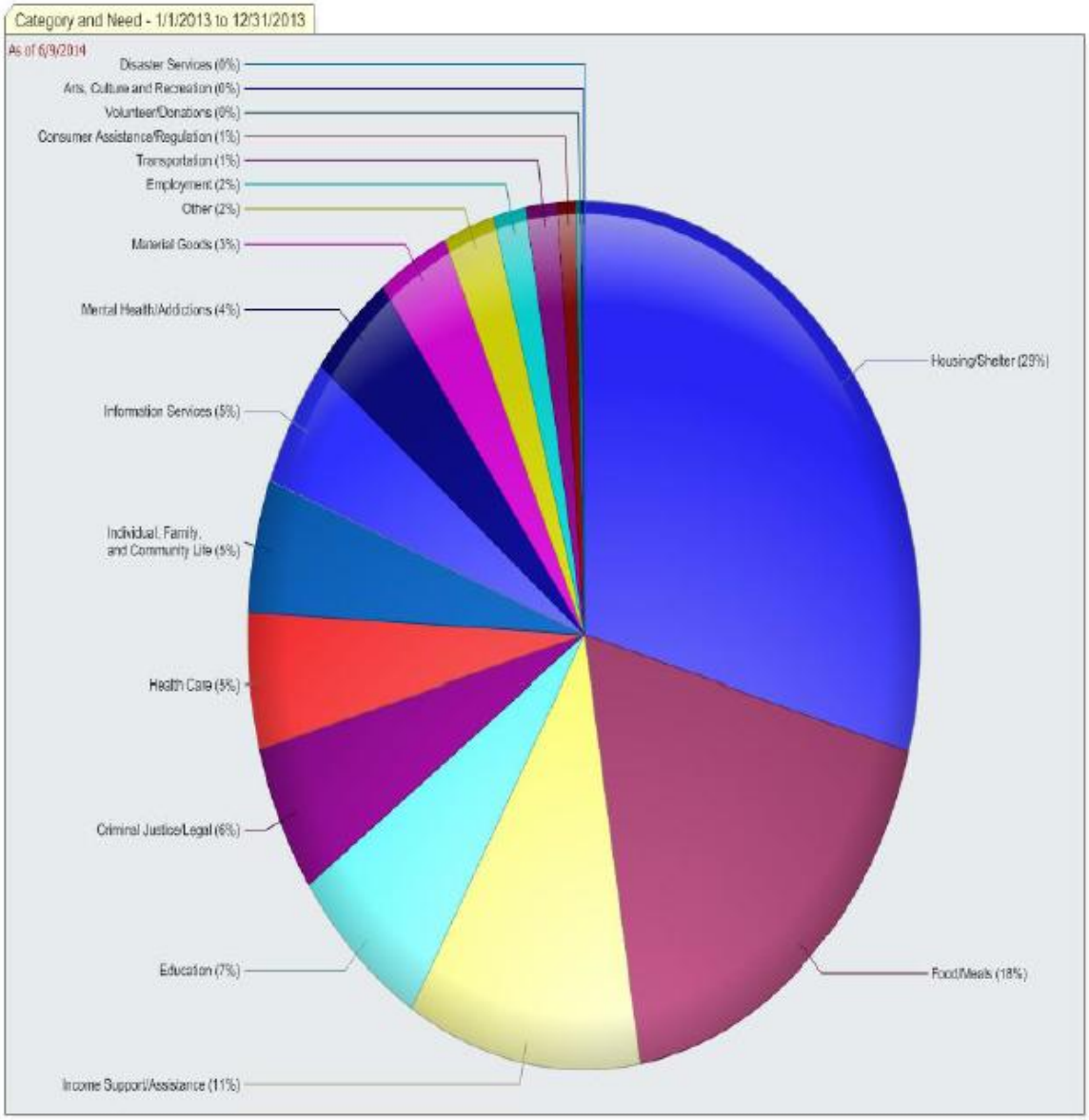
Demographics

Top Counts per Category

Zip Code	Total	Percentage
93727	1598	8.3%
93702	1584	8.2%
93722	1566	8.1%
93726	1516	7.9%
93706	1455	7.6%
93705	1320	6.9%
93703	1106	5.7%
93710	794	4.1%
93704	704	3.7%
93612	651	3.4%

2-1-1 Fresno County Call Center

Needs by Category



MORE THAN HALF OF ALL CALLS WERE REGARDING THE BASIC NEEDS OF FOOD AND SHELTER ALONG WITH INCOME SUPPORT. THEY GENERALLY COINCIDED WITH THE ZIP CODE AREAS OF INCREASED INVOLVEMENT WITH THE CHILD WELFARE SYSTEM.

CASELOAD SERVICE COMPONENTS:

California Child Welfare Indicators Project (CCWIP)
University of California at Berkeley

Caseload by Service Component Type
Agency Type: Child Welfare
January 1, 2015
Fresno

Service Component Type	Ethnic Group						Total
	Black	White	Latino	Asian/PI	Nat Amer	Missing	
	n	n	n	n	n	n	n
Emergency Response	9	3	15	.	.	.	27
No Placement FM	44	50	270	22	7	.	393
Post-Placement FM	28	27	117	5	3	1	181
Family Reunification	113	117	531	22	14	.	797
Permanent Placement	173	196	706	34	40	.	1,149
Supportive Transition	44	45	116	7	4	.	216
Missing	.	.	.	.	.	.	.
Total	411	438	1,755	90	68	1	2,763

Data Source: CWS/CMS 2015 Quarter 1 Extract.
Program version: 2.00 Database version: 6825E308

Citation:
The suggested way to cite the above data is as follows:
Webster, D., Armijo, M., Lee, S., Dawson, W., Magruder, J., Exel, M., Cuccaro-Alamin, S., Putnam-Hornstein, E., King, B., Morris, Z., Indicators Project website. URL: <http://cssr.berkeley.edu/ucb_childwelfare>

California Child Welfare Indicators Project (CCWIP)
University of California at Berkeley

Caseload by Service Component Type
Agency Type: Child Welfare
Fresno

Service Component Type	Point In Time							
	Jan 1, 2008	Jan 1, 2009	Jan 1, 2010	Jan 1, 2011	Jan 1, 2012	Jan 1, 2013	Jan 1, 2014	Jan 1, 2015
	n	n	n	n	n	n	n	n
Emergency Response	60	35	28	17	30	41	36	27
No Placement FM	489	265	238	244	277	308	443	393
Post-Placement FM	119	231	176	104	186	174	166	181
Family Reunification	876	813	829	817	688	664	805	797
Permanent Placement	1,817	1,678	1,598	1,419	1,182	1,010	970	1,149
Supportive Transition	.	.	.	.	43	147	198	216
Missing	.	.	.	.	.	.	.	.
Total	3,361	3,022	2,869	2,601	2,406	2,344	2,618	2,763

Data Source: CWS/CMS 2015 Quarter 1 Extract.
Program version: 2.00 Database version: 6825E308

Citation:
The suggested way to cite the above data is as follows:
Webster, D., Armijo, M., Lee, S., Dawson, W., Magruder, J., Exel, M., Cuccaro-Alamin, S., Putnam-Hornstein, E., King, B., Morris, Z., Sandoval, A., Yee, H., Mason, F., Benton, C., & Pixton, E. (2015). Indicators Project website. URL: <http://cssr.berkeley.edu/ucb_childwelfare>

Child maltreatment Indicators Data Analysis

In Fresno County there is a significant health disparity for African American children with low birth weight as they are more than twice as likely to be born at low weight in comparison with white children. There is also a disparity for children born to teen parents at the rate per 1,000 births for African American and Hispanic children is two and three times higher than for white children. A child who is born with a low birth weight and/or to young parents, faces physical and resource challenges that others do not. When that is combined with a general shortage of resources and an under-resourced environment, even caring and capable parents struggle.

Between 2009 and 2013 the number and rate of children living in a two parent household has decreased while correspondingly the father only and mother only households have increased. In that same period the number of children living with grandparents has increased by 20% although the percent has remained stable.

Children who are not in a two parent household can do well depending on the strengths of the child and care provider and their circles of support but they have a disadvantage not experienced by children in two parent households.

With the economic downturn between 2009 and 2013 the number and percent of children living in owner occupied housing has decreased significantly while simultaneously the number and rate of children in a household with a high housing cost burden has increased including those in low income households. Additionally children living in crowded housing have increased in that period. Children and families that face housing challenges do not experience the sanity, sense of belonging and safe space that others do.

While Fresno is not alone with an extensive methamphetamine problem the significance and breadth of the problem impacts many children both in its use and manufacture. While substance abuse in and of itself is not abuse or neglect it influences behaviors in a negative manner with domestic conflicts, criminal behaviors and inattention to the needs of children.

The impacts of untreated or ineffectively treated mental health deficits in youth can impact their life experience in a negative manner. The number of teen and preteen hospitalizations has more than doubled since 2008. This may be impacted by increased attention and resources as much as increased need. The per capita rates in Fresno are below those of the state by 40%.

While child deaths overall are in a downward trend teen deaths appear to be fluctuating upward recently and homicide and unintentional injury are the leading causes for older youth.

The numbers of children with major disabilities has risen by 20% between 2008 and 2013. The number of active California Children's Services enrollees decreased between 2009 and 2012. It is not necessarily the case that this means that services are not keeping pace with need but it may be an area where parents are challenged in finding supports and resources.

The number and rate of law enforcement calls for service related to domestic violence is down. A combination of increased community awareness and prevention efforts with a direct effort in arrest and prosecution may be contributing factors to this decrease. It is unclear how these efforts relate to reporting. A true decrease in actual incidents is good news for children who would then be less likely to be present during a domestic violence incident and harmed physically or emotionally.

The number of children with emergency room visits between 2008 and 2013 is down overall, mostly due to a large reduction of visits due to asthma which is the leading reason for a visit. Mental health visits and traumatic injuries have increased. With the affordable care act more children have coverage which may enable children to have treatment for things such as asthma or intervene early to avoid Pneumonia visits using a primary care physician. Increased access to care reduces the number of situations that might be thought of as neglect that had more to do with resource challenges.

The overall number of cases at a point in time of January 1 has gone down since 2008 although it has risen some since the low of 2013. Most of the change is resultant from changes in the number of children in Permanent Placement. This change is impacted by the work of finding permanence by reunification or alternate options such as adoptions or guardianships in a more timely fashion as well as for a significant number who had been in care for an extended time already. The rise since 2013 can be attributed in part due to AB 12 and the number of Non-Minor Dependents in Supportive Transition. Ethnic disparity can be observed as on January 1, 2015 the numbers of white children and the numbers of black children in each type of Service Component are quite similar however there is four times the number of white children in the general population so in effect the rate of participation by black children is about 4 times higher. Interestingly however the distribution of service types is generally even between the two groups.

CHILD WELFARE AND PROBATION POPULATION

NUMBER OF CHILDREN WITH ALLEGATIONS STRATIFIED BY AGE AND ETHNICITY, (CHILD WELFARE ONLY)

California Child Welfare Indicators Project (CCWIP) University of California at Berkeley Children with one or more Allegations for Oct 1, 2013 to Sep 30, 2014 Fresno							
Age Group	Ethnic Group						Total
	Black	White	Latino	Asian	Native American	Missing	
	n	n	n	n	n	n	n
Under 1	217	245	828	51	13	115	1,469
One to Two	328	300	1,350	87	19	170	2,254
Three to Five	418	488	2,220	141	27	213	3,507
Six to Ten	618	836	3,794	273	34	282	5,837
Eleven to Fifteen	510	804	3,037	221	19	194	4,785
Sixteen to Seventeen	155	276	1,107	61	11	67	1,677
Total	2,246	2,949	12,336	834	123	1,041	19,529
A child is counted only once, in category of highest severity.							
Data Source: CWS/CMS 2014 Quarter 4 Extract.							

THE LARGEST ETHNIC GROUP WITH ONE OR MORE ALLEGATIONS IN THE TWELVE MONTH PERIOD WERE LATINO CHILDREN AND THE LARGEST AGE GROUP WAS SIX TO TEN BOTH FOR LATINOS AND OVERALL. GIVEN THAT LATINO CHILDREN ARE THE LARGEST GROUP IN THE POPULATION THIS IS NOT UNEXPECTED. THE NUMBERS FOR BLACK AND WHITE ARE THE NEXT MOST PREVALENT BUT GIVEN THAT THERE ARE FOUR TIMES AS MANY WHITE CHILDREN IN THE POPULATION THAN BLACK CHILDREN THE CONCERN ABOUT DISPROPORTIONALITY (NOTED MORE SPECIFICALLY LATER) BEGINS TO BE UNCOVERED.

NUMBER OF CHILDREN WITH SUBSTANTIATED ALLEGATIONS STRATIFIED BY AGE AND ETHNICITY (CHILD WELFARE ONLY)

California Child Welfare Indicators Project (CCWIP) University of California at Berkeley Children with one or more Substantiated Allegations for Oct 1, 2013 to Sep 30, 2014 Fresno							
Age Group	**Ethnic Group**						**Total**
	Black	**White**	**Latino**	**Asian**	**Native American**	**Missing**	
	n	**n**	**n**	**n**	**n**	**n**	**n**
Under 1	68	85	268	16	6	12	455
One to Two	62	50	233	16	2	14	377
Three to Five	68	69	321	19	6	8	491
Six to Ten	78	93	440	29	4	9	653
Eleven to Fifteen	47	70	262	23	2	4	408
Sixteen to Seventeen	10	25	93	2	1	3	134
Total	333	392	1,617	105	21	50	2,518

A child is counted only once, in category of highest severity.

Data Source: CWS/CMS 2014 Quarter 4 Extract.

THE LARGEST ETHNIC GROUP WITH ONE OR MORE SUBSTANTIATED ALLEGATIONS IN THE TWELVE MONTH PERIOD WERE LATINO CHILDREN AND THE LARGEST AGE GROUP WAS SIX TO TEN BOTH FOR LATINOS AND OVERALL. GIVEN THAT LATINO CHILDREN ARE THE LARGEST GROUP WITH ALLEGATIONS OVERALL THIS IS NOT UNEXPECTED. THE NUMBERS FOR BLACK AND WHITE ARE THE NEXT MOST PREVALENT WHICH IS CONSISTENT WITH ALLEGATION NUMBERS BUT GIVEN THAT THERE ARE FOUR TIMES AS MANY WHITE CHILDREN IN THE POPULATION THAN BLACK CHILDREN DOES NOT DO ANYTHING TO MITIGATE ANY DISPROPORTIONALITY EXPERIENCED IN REPORTS OF ABUSE OR NEGLECT.

THE DISTRIBUTION BY ETHNICITY OF SUBSTANTIATED REFERRALS HAS REMAINED GENERALLY CONSISTENT OVER THE LAST SIX YEARS. BLACK (11% TO 13.6%), WHITE (14.8% TO 17.5%), LATINO (63.1% TO 67.2%), ASIAN (3.7% TO 6.2%), NATIVE AMERICAN (1% TO 1.8%). THE DISTRIBUTION BY AGE OF SUBSTANTIATED REFERRALS HAS ALSO REMAINED GENERALLY CONSISTENT OVER THE LAST SIX YEARS. UNDER ONE (12.9% TO 18.1%), ONE TO TWO (14.8% TO 16.4%), THREE TO FIVE (18.7% TO 20.4%), SIX TO TEN (22.9% TO 25.9%), ELEVEN TO FIFTEEN (16.2% TO 21.8%), SIXTEEN TO SEVENTEEN (4.2% TO 6.5%).

NUMBER OF CHILDREN WITH ALLEGATIONS BY TYPE (CHILD WELFARE ONLY)

California Child Welfare Indicators Project (CCWIP) University of California at Berkeley Children with one or more Allegations for Oct 1, 2013 to Sep 30, 2014 Fresno						
Allegation Type	Disposition Type					Total
	Substantiated	Inconclusive	Unfounded	Assessment Only Evaluated Out	Not Yet Determined	
	n	n	n	n	n	n
Sexual Abuse	78	194	319	416	7	1,014
Physical Abuse	123	500	1,379	884	35	2,921
Severe Neglect	37	10	11	4	1	63
General Neglect	1,977	1,752	3,689	2,206	60	9,684
Exploitation	0	0	2	5	0	7
Emotional Abuse	82	534	373	361	6	1,356
Caretaker Absence/Incapacity	14	3	5	5	0	27
At Risk, Sibling Abused	207	500	2,251	1,465	34	4,457
Substantial Risk	0	0	0	0	0	0
Missing	0	0	0	0	0	0
Total	2,518	3,493	8,029	5,346	143	19,529
A child is counted only once, in category of highest severity.						
Data Source: CWS/CMS 2014 Quarter 4 Extract.						

THE LARGEST ALLEGATION TYPE WITH ALMOST HALF OF THE ALLEGATIONS IS GENERAL NEGLECT WHICH HAS INCREASED SIGNIFICANTLY AND STEADILY OVER THE LAST SIX YEARS FROM 65.7% TO 78.8 OF ALL SUBSTANTIATED ALLEGATIONS. GENERAL NEGLECT IS FREQUENTLY ASSOCIATED WITH SUBSTANCE ABUSE OR MENTAL HEALTH ISSUES EXPERIENCED BY PARENTS. BETTER ASSESSMENT OF THOSE NEEDS AND CASE PLANNING TO ADDRESS THEM ARE GROWING IN SIGNIFICANCE. THE CAPP PRACTICE MODEL SUPPORTS BEHAVIORALLY BASED ASSESSMENT AND PLANNING. THE NEXT HIGHEST IS AT RISK, SIBLING ABUSED WHICH ACCOUNTS FOR CHILDREN IN THE FAMILY WHERE ONE SIBLING ALLEGEDLY EXPERIENCED PHYSICAL OR SEXUAL ABUSE FOR EXAMPLE AND WHILE NOT ABUSED THEMSELVES GIVEN THE BEHAVIOR OF THE PERPETRATOR OF THE ABUSE ARE AT RISK THEMSELVES BY VIRTUE OF THEIR PRESENCE IN THE HOME. THE ALLEGATION PATTERNS ARE GENERALLY CONSISTENT FOR SUBSTANTIATED, INCONCLUSIVE, UNFOUNDED AND EVALUATED OUT EXCEPT FOR SEVERE NEGLECT WHICH WAS MUCH MORE LIKELY TO BE SUBSTANTIATED, PHYSICAL ABUSE WHICH WAS MUCH MORE LIKELY TO BE UNFOUNDED AND SEXUAL ABUSE WHICH WAS MUCH MORE LIKELY TO BE EVALUATED OUT. THIS MAY BE BECAUSE SEXUAL ABUSE IS MORE LIKELY TO BE REPORTED MULTIPLE TIMES FOR THE SAME OR PREVIOUSLY INVESTIGATED INCIDENTS AND PHYSICAL ABUSE REPORTS

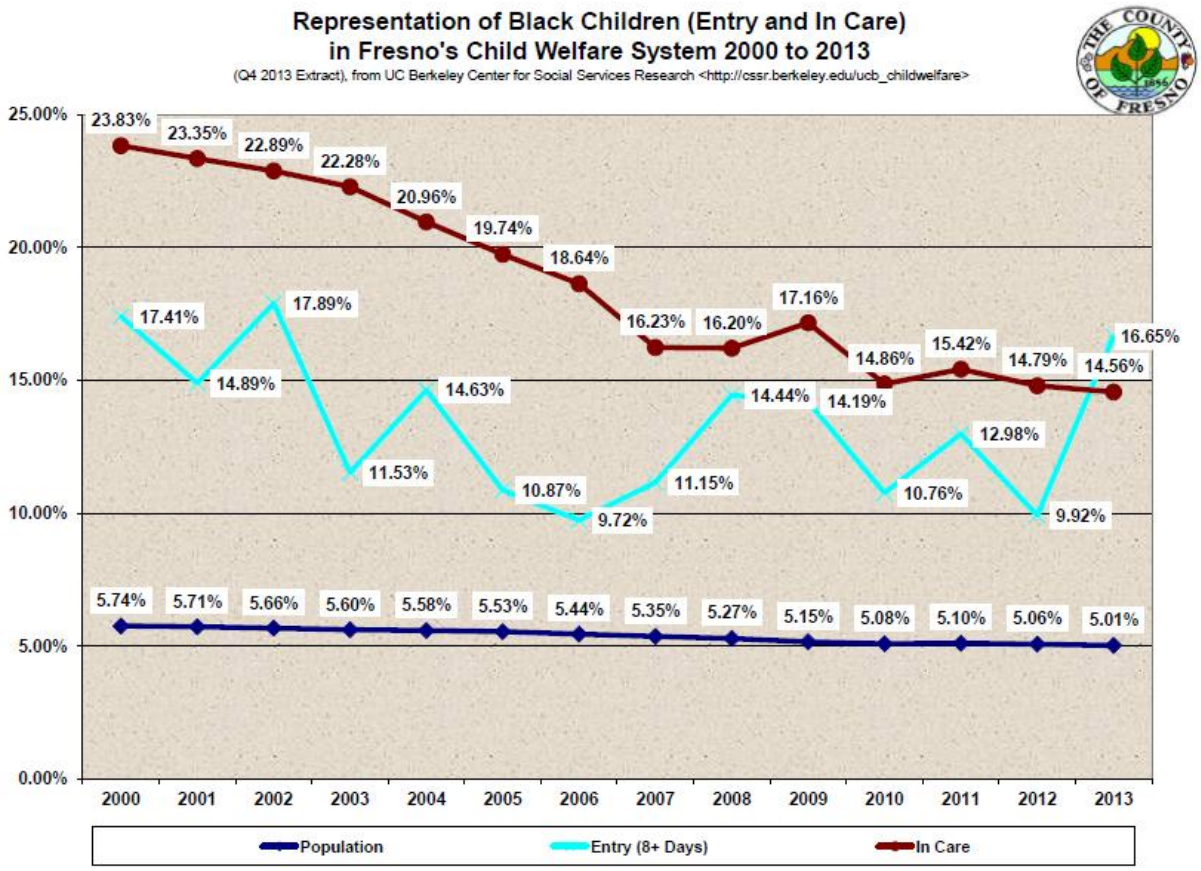
MAY BE REPORT WHEN IT IS CORPORAL DISCIPLINE OR WHEN THERE ARE NOT VISIBLE MARKS AND ALL PARTIES DENY ANY HITTING.

NUMBER OF CHILDREN WITH FIRST ENTRIES STRATIFIED BY AGE AND ETHNICITY

California Child Welfare Indicators Project (CCWIP) University of California at Berkeley Entries to Foster Care Oct 1, 2013 to Sep 30, 2014 Selected Subset: Episode Count: First Entry Selected Subset: Number of Days in Care: 8 days or more Fresno							
Age Group	Ethnic Group						Total
	Black	White	Latino	Asian	Native American	Missing	
	n	n	n	n	n	n	n
Under 1 month	5	24	78	5	3	0	115
Under 1	17	13	43	0	0	0	73
One to Two	22	20	83	3	0	0	128
Three to Five	18	19	99	0	1	0	137
Six to Ten	20	16	109	1	0	0	146
Eleven to Fifteen	13	15	56	4	0	0	88
Sixteen to Seventeen	0	8	21	0	1	0	30
Total	95	115	489	13	5	0	717
Data Source: CWS/CMS 2014 Quarter 4 Extract.							

THE LARGEST ETHNIC GROUP WITH A FIRST ENTRY OF 8 OR MORE DAYS IN THE TWELVE MONTH PERIOD WERE LATINO CHILDREN AND THE LARGEST AGE GROUP WAS SIX TO TEN BOTH FOR LATINOS AND OVERALL. THE NUMBERS FOR BLACK AND WHITE ARE THE NEXT MOST PREVALENT WHICH IS CONSISTENT WITH ALLEGATION AND SUBSTANTIATION NUMBERS BUT GIVEN THAT THERE ARE FOUR TIMES AS MANY WHITE CHILDREN IN THE POPULATION THAN BLACK CHILDREN THERE MAY HAVE BEEN INSUFFICIENT AGENCY WITHIN THE DEPARTMENT TO MITIGATE THE DISPROPORTIONALITY EXPERIENCED IN REPORTS OF ABUSE OR NEGLECT. THE AGES WHERE THIS WAS NOT THE CASE WERE THE NEWBORNS AND THE SIXTEEN AND SEVENTEEN YEAR OLDS WHICH STATISTICALLY MADE THE ISSUE MORE SIGNIFICANT FOR THE OTHER AGE GROUPS.

DISPROPORTIONALITY



THE ETHNIC GROUP THAT EXPERIENCES THE LARGEST AMOUNT OF DISPROPORTIONALITY IS BLACK CHILDREN. NATIVE AMERICANS ALSO EXPERIENCE DISPROPORTIONALITY BUT WITH SMALL NUMBERS THE FLUCTUATIONS AND RATES ARE SOMEWHAT DISTORTED. ADDITIONALLY THERE HAS BEEN A CHALLENGE IN PROPER IDENTIFICATION IN THE SYSTEM AND AT TIMES PERSONS ARE MISIDENTIFIED AS NATIVE AMERICAN SOLELY DUE TO HAVING INDICATED THE EXISTENCE OF AN ANCESTOR WHO WAS/IS NATIVE AMERICAN. THAT BEING SAID THERE REMAINS A GREAT NEED TO BE ATTENTIVE TO NATIVE AMERICAN CULTURE AND ICWA LAW TO ENSURE THAT NATIVE AMERICAN FAMILIES AND CHILDREN EXPERIENCE FAIRNESS AND EQUITY.

BLACK CHILDREN CONSTITUTE ONLY 5% OF THE POPULATION AND EXPERIENCE ENTRY INTO THE SYSTEM AT TWO AND THREE TIMES THAT RATE. WHILE THERE HAVE BEEN PERIODS OF IMPROVEMENT THOSE IMPROVEMENTS HAVE BEEN DIFFICULT TO MAINTAIN. THE IN CARE REPRESENTATION HOWEVER HAS SEEN MORE CONSISTENT IMPROVEMENT IN THE LAST 13 YEARS FROM ALMOST 24% NOW DOWN TO LESS THAN 15% WHICH IS STILL HIGHER THAN THREE TIMES THE POPULATION RATE. THIS IS THE IMPETUS FOR FRESNO'S PARTICIPATION IN CAPP WHERE THE FOCUS IS DEVELOPING A PRACTICE MODEL THAT WILL SUPPORT THE MORE TIMELY EXPERIENCE OF PERMANENCY FOR ALL CHILDREN BUT SPECIFICALLY WITH THE INTENT THAT IT WOULD WORK FOR BLACK AND NATIVE AMERICAN CHILDREN. MUCH MORE DATA STRATIFIED BY ETHNICITY TO BETTER EVALUATE DISPROPORTIONALITY ISSUES IS AVAILABLE ON THE FRESNO SELF EVALUATION DATA PAGE FOR DISPROPORTIONALITY. HTTP://WWW.CO.FRESNO.CA.US/SELFEVALDISP

PROBATION PLACEMENT POPULATION

AS OF FEBRUARY 12, 2015, THE PROBATION DEPARTMENT WAS SUPERVISING 79 YOUTH WITH PLACEMENT ORDERS. OF THESE YOUTH, 52% WERE HISPANIC, 27% AFRICAN-AMERICAN, 15% CAUCASIAN, AND 6% ASIAN. REGARDING GENDER, 70% WERE MALE AND 30% FEMALE. OF THE OFFENSES FOR WHICH THESE YOUTH WERE UNDER THE CARE OF THE PROBATION DEPARTMENT, 38% WERE FOR PROPERTY OFFENSES, 25% WERE FOR VIOLENT OFFENSES, 24% WERE FOR SEX OFFENSES, 6% WERE FOR OFFENSES INVOLVING A WEAPON, 4% WERE FOR ARSON, AND 2% WERE FOR DRUG OFFENSES. THE AGE RANGE OF THESE YOUTH WAS 12 – 21 YEARS OLD.

Public Agency Characteristics

Political Jurisdictions

Fresno County is the tenth most populous county in California, with almost one million residents. It is the sixth largest in size with an area of over 6,000 square miles. Fresno County is somewhat unique in that there are both significant urban and rural areas.

Fresno County has 15 Incorporated Cities. In alphabetical order they are:

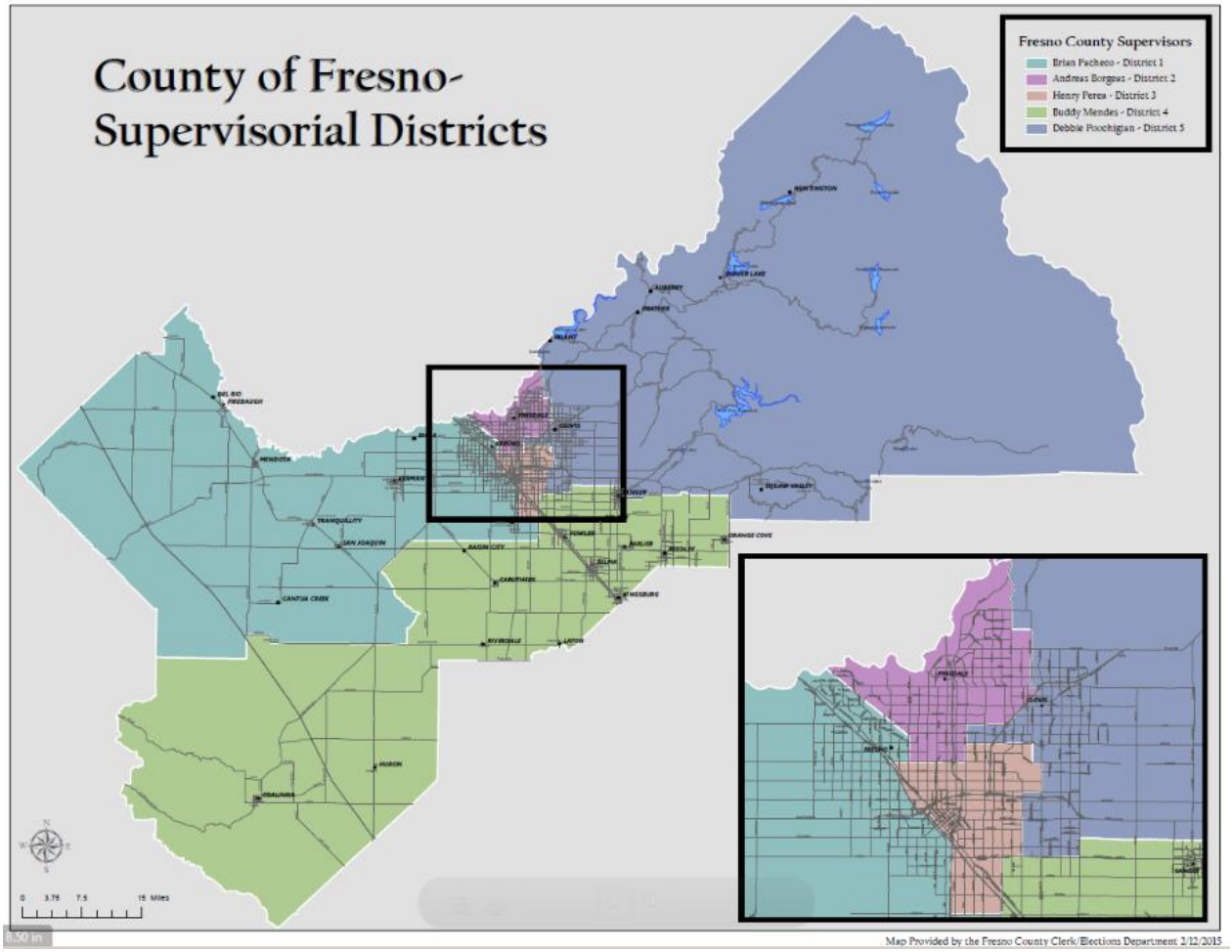
Clovis	Huron	Parlier
Coalinga	Kerman	Reedley
Firebaugh	Kingsburg	San Joaquin
Fowler	Mendota	Sanger
Fresno	Orange Cove	Selma

Other places in Fresno County include:

Auberry	Five Points	Pinedale
Big Creek	Friant	Pinehurst
Biola	Helm	Pineridge
Burrel	Hume	Prather
Calwa	Huntington Lake	Raisin City
Cantua Creek	Lakeshore	Riverdale
Caruthers	Laton	Rolinda
Centerville	Malaga	Shaver Lake
Conejo	Minkler	Squaw Valley
Del Rey	Miramonte	Three Rocks
Dinkey Creek	Mono Hot Springs	Tivy Valley
Dunlap	Navelencia	Tollhouse
Easton	Piedra	Tranquillity

BOARD OF SUPERVISORS

THERE ARE FIVE SUPERVISORS ON FRESNO COUNTY'S BOARD, EACH WITH THEIR OWN DISTRICT. WHILE THE BOARD OF SUPERVISORS IS NOT DIRECTLY INVOLVED WITH THE DAY-TO-DAY ACTIVITIES WITHIN CHILD WELFARE, THE DEPARTMENT OF SOCIAL SERVICES' DIRECTOR REPORTS TO THE COUNTY ADMINISTRATIVE OFFICER AND THE BOARD OF SUPERVISORS WHO AUTHORIZE THE BUDGET AND SPECIFIC EXPENDITURES AND ACTIVITIES. IF ANY OF THE SUPERVISORS RECEIVE A CONCERN FROM THEIR CONSTITUENTS REGARDING CHILD WELFARE ACTIVITIES, THEY FORWARD THE CONCERN TO THE DEPARTMENT. THE CURRENT BOARD MEMBERS AND THEIR DISTRICTS ARE PICTURED ON THE FOLLOWING MAP.



TRIBES

THERE ARE 3 FEDERALLY RECOGNIZED TRIBES IN THE COUNTY OF FRESNO

BIG SANDY RANCHERIA IN AUBERRY
COLD SPRINGS RANCHERIA IN TOLLHOUSE
TABLE MOUNTAIN RANCHERIA IN FRIANT

THERE ARE 2 TRIBES AWAITING FEDERAL RECOGNITION

DUNLAP BAND OF MONO INDIANS, PETITIONED 1/4/84
CHOINUMNI TRIBE, PETITIONED 7/14/88

THERE ARE 5 FEDERALLY RECOGNIZED TRIBES IN COUNTIES IN THE SURROUNDING AREA

BIG PINE RESERVATION IN BIG PINE IN INYO COUNTY
NORTH FORK RANCHERIA IN NORTH FORK IN MADERA COUNTY
PICAYUNE RANCHERIA IN COARSEGOLD IN MADERA COUNTY
SANTA ROSA RANCHERIA IN LEMOORE IN KINGS COUNTY
TULE RIVER RESERVATION PORTERVILLE IN TULARE COUNTY

THERE ARE 5 TRIBES IN COUNTIES IN THE SURROUNDING AREA AWAITING FEDERAL RECOGNITION

CHUKCHANSI YOKOTCH TRIBE IN MADERA COUNTY PETITIONED 5/25/93
KERN VALLEY INDIAN COMMUNITY, IN KERN COUNTY PETITIONED 2/27/79
MONO LAKE INDIAN COMMUNITY, IN MONO COUNTY PETITIONED 7/9/76
WINTU INDIANS OF CENTRAL VALLEY, IN SHASTA COUNTY, PETITIONED 10/26/84
WUKCHUNMI COUNCIL, PETITIONED IN TULARE COUNTY PETITIONED 2/22/88

FRESNO COUNTY NO LONGER HAS AN ICWA COMPLIANCE OFFICER, AS MENTIONED IN THE PREVIOUS SELF-ASSESSMENT. INSTEAD, THERE IS STAFF IN EMERGENCY RESPONSE, FAMILY REUNIFICATION, AND ASSESSMENT/ADOPTIONS WHO WORK SPECIFICALLY WITH FAMILIES IDENTIFIED AS NATIVE AMERICAN. ALTHOUGH STAFF HAS NOT YET BEEN IDENTIFIED IN ALL AREAS, FRESNO COUNTY STRIVES TO COMPLY WITH ICWA STANDARDS, AND STAFF IS REQUIRED TO WORK WITH THE TRIBAL DESIGNEES, IF AVAILABLE. FRESNO COUNTY HAS ALSO CONTRACTED WITH FRESNO STATE TO PROVIDE TWO ICWA COACHES TO HELP GUIDE STAFF TOWARDS BETTER PRACTICE WITH NATIVE AMERICAN FAMILIES. THEY HAVE BEEN PROVIDING INDIVIDUAL AND GROUP COACHING TO STAFF AND OTHER SUPPORT AS NEEDED TO PROPERLY ADDRESS THE NEEDS OF NATIVE AMERICAN CHILDREN AND FAMILIES.

FRESNO COUNTY BELIEVES IN THE "SPIRIT OF ICWA", AND SO FOR ANY IDENTIFIED NATIVE AMERICAN FAMILY THAT DOES NOT COME UNDER ICWA, STILL WORKS TO COLLABORATE WITH THE TRIBE, PROVIDE ACTIVE EFFORTS TO THE FAMILY, AND BE MINDFUL OF PLACEMENT. FRESNO COUNTY WORKED WITH THE JUDICIAL COUNCIL OF CALIFORNIA

TO DEVELOP A GUIDE ON HOW TO BEST FOLLOW THE "SPIRIT OF ICWA". (SEE ATTACHMENT B) FEEDBACK FROM THE TRIBES AND ICWA COACHES INDICATE THAT THIS IS AN AREA WHERE FRESNO COUNTY STILL NEEDS TO IMPROVE. TRIBAL REPRESENTATIVES HAVE EXPRESSED THAT WORK WITH NATIVE AMERICAN FAMILIES WHO COME UNDER ICWA IS IMPROVING, BUT MUCH NEEDS TO BE DONE FOR FAMILIES WHO ARE IDENTIFIED AS NATIVE AMERICAN BUT ICWA IS DETERMINED TO BE INAPPLICABLE. THE OBSERVATION IS THAT SERVING FAMILIES UNDER THE "SPIRIT OF ICWA" IS NOT CONSISTENT AND SEEMS TO DEPEND ON THE DISCRETION OF THE ASSIGNED SOCIAL WORKER. TRIBAL REPRESENTATIVES RECOMMEND AN ICWA UNIT OF STAFF FROM ER TO ADOPTIONS WHO ARE ONLY ASSIGNED NATIVE AMERICAN FAMILIES. DSS ADMINISTRATION IS CONSIDERING THIS OPTION. THE TRIBES AND COACHES BELIEVE STAFF WOULD BECOME MORE PROFICIENT REGARDING ICWA THIS WAY, AND IN TURN BETTER HELP NATIVE AMERICAN FAMILIES.

ALTHOUGH THERE IS NO CO-LOCATION OF STAFF WITH ANY TRIBES, A FEW LOCAL TRIBES WERE ON A PANEL WITH FRESNO COUNTY STAFF AT THE APRIL 2015 NATIONAL INDIAN CHILD WELFARE ASSOCIATION CONFERENCE. THE INSTITUTIONAL ANALYSIS IDENTIFIED THE DISPROPORTIONATE EXPERIENCE WITH PERMANENCY FOR AFRICAN AMERICAN AND NATIVE AMERICAN FAMILIES AND THE NEED TO FOCUS PRACTICE CHANGE THAT AFFECT THOSE COMMUNITIES. TRIBAL REPRESENTATIVES COMMUNICATED THAT THEIR ISSUES AND CONCERNS WERE NOT ALWAYS THE SAME AS FOR THE AFRICAN AMERICAN COMMUNITY, SO FRESNO COUNTY CREATED AN ICWA TASK FORCE. THIS GAVE BIRTH TO THE LISTENING SESSIONS, WHERE DSS ADMINISTRATION LISTENED TO THE CONCERNS OF THE TRIBES. THE LISTENING SESSION COMMITTEE NOW OVERSEES THREE SUBCOMMITTEES – ICWA PRACTICE, ICWA ENGAGEMENT, AND ICWA COACHING. ALL COMMITTEES MEET MONTHLY. WHILE THERE IS OVERLAP, EACH SUBCOMMITTEE ASSESSES THE PROGRESS IN MEETING THE NEEDS FOR NATIVE AMERICAN FAMILIES. SOCIAL WORKER CORE TRAINING IS BEING VETTED BY THE LISTENING SESSION COMMITTEE. TRIBAL REPRESENTATIVES REPORT FEELING HEARD DURING THE LISTENING SESSIONS.

THE ICWA PRACTICE MEETINGS ARE WHERE CHILD WELFARE STAFF AND TRIBAL DESIGNEES MEET TO DISCUSS HOW TO HANDLE THE EVERYDAY SITUATIONS THAT ARISE REGARDING ICWA. IN THE PAST YEAR, THE GROUP HAS PRIMARILY FOCUSED ON UPDATING THE POLICY AND PROCEDURE GUIDES (PPGS) AND THE PROCEDURE FOR CHOOSING AN EXPERT WITNESS. THE ICWA ENGAGEMENT COMMITTEE UPDATED FRESNO COUNTY'S ICWA MANUAL FOR SOCIAL WORKERS, WHICH PROVIDES GREATER DETAIL THAN THE PPGS.

TRIBAL REPRESENTATIVES ACKNOWLEDGE THAT MORE LOCAL NATIVE AMERICAN SERVICES ARE NEEDED, ESPECIALLY FOR SUBSTANCE ABUSE (CURRENTLY ONLY ONE AGENCY). WHITE BISON TRAINING WAS HELD IN MAY 2015 FOR FRESNO COUNTY STAFF, AS WELL AS OTHER SUBSTANCE ABUSE TREATMENT COUNSELORS IN THE AREA, SO THEY BETTER UNDERSTAND HOW TO TREAT NATIVE AMERICAN FAMILIES.

SCHOOL DISTRICTS

AS OF MARCH 2015, THERE WERE 1,936 CHILDREN IN FRESNO COUNTY IN FOSTER CARE AND THERE WERE 1,175 YOUTH ENROLLED THROUGHOUT THE 32 SCHOOL DISTRICTS. THE LARGEST CONCENTRATIONS OF YOUTH ATTEND SCHOOLS WITHIN THE FRESNO, CLOVIS AND CENTRAL UNIFIED SCHOOL DISTRICTS. ACCORDING TO THE FRESNO COUNTY OFFICE OF EDUCATION (FCOE - HTTP://WWW.FCOE.ORG/), IN THE 2014/2015 ACADEMIC YEAR THERE WERE OVER 198,460 CHILDREN ATTENDING SCHOOLS IN FRESNO COUNTY.

In the county there are 32 districts made up of 13 Elementary Districts, 1 High School District and 18 Unified Districts in addition to 37 Charter Schools.

There are 334 school sites:

195 Elementary Sites
38 Intermediate/Junior/Middle School Sites
35 High School Sites
50 Adult/Alternative/Continuation Sites
3 Special Education Sites
1 County-Run (Court Schools)
12 Preschool Sites

In alphabetical order the 32 districts are:

Alvina Elementary	Golden Plains Unified	Pine Ridge Elementary
Big Creek Elementary	Kerman Unified	Raisin City Elementary
Burrel Union Elementary	Kings Canyon Unified	Riverdale Joint Unified
Caruthers Unified	Kingsburg Elementary	Sanger Unified
Central Unified	Kingsburg Joint Union High	Selma Unified
Clay Joint Elementary	Laton Unified	Sierra Unified
Clovis Unified	Mendota Unified	Washington Colony Elementary
Coalinga-Huron Unified	Monroe Elementary	Washington Unified
Firebaugh-Las Deltas Unified	Orange Center Elementary	West Park Elementary
Fowler Unified	Pacific Union Elementary	Westside Elementary
Fresno Unified	Parlier Unified	

With the advent of Extended Foster Care Non Minor Dependants who are in school may be enrolled in other educational settings. Below are Fresno County Adult Schools:

Black Mountain Adult School (Sierra Unified)
Central Unified Adult School
Cesar E. Chavez Adult Education Center (Fresno Unified)
Clovis Adult Education
Firebaugh Adult Education
Kings Canyon Adult School
Kingsburg Adult School
MARC Continuation Adult School (Caruthers Unified)
Sanger Adult Education
Selma Adult School

Fresno County also has several post-secondary educational institutions:

California State University, Fresno
Fresno City College
Fresno Pacific University
Reedley College
West Hills College Coalinga
West Hills College Lemoore

Fresno County has three Education Liaisons, who work with an average of 250 youth per month in a variety of ways. As youth enter the system, the Education Liaisons contact the school districts to obtain school records and arrange for supports. They provide consultation and assistance in preschool enrollment, special education, discipline issues, education rights, school changes and any issue related to school. They also team with Social Workers to develop educational plans for youth in junior high and high school. The Education Liaisons also serve as Fresno County's link to Regional Center services.

At one time the Educational Liaisons were co-located with staff from the FCOE, but this ended in March 2014. However they continue to work closely with the FCOE. They host a monthly meeting to allow discussion and cross-training opportunities with other AB490 school district liaisons within Fresno County. In addition to these monthly meetings, the Liaisons collaborate with FCOE (and other community partners) to host the annual "Access to Higher Education" event. Fresno County also utilize FCOE's Foster Focus database for the "Education Equals" grant through the Stuart Foundation.

Law Enforcement Agencies

Law Enforcement agencies in Fresno County include:

California State Highway Patrol	Fresno County Sheriff's Department
Fresno Police Department	Clovis Police Department
Fowler Police Department	Huron Police Department
Kerman Police Department	Kingsburg Police Department
Mendota Police Department	Parlier Police Department
Reedley Police Department	Sanger Police Department
Selma Police Department	Orange Cove Police Department

Fresno County Child Welfare and Law Enforcement agencies have partnered collaboratively to provide information to/from one another. This collaboration is especially pertinent in Emergency Response, as most protective holds are placed by Law Enforcement. Child Welfare Social Workers provide information to Detectives to help with their criminal investigation as well as receive information from current Detectives to provide relevant information to current Social Workers

for their open investigations. Occasionally, Homicide Detectives require assistance when there are children involved.

There is one Social Worker stationed part time in the Fresno Police Department Headquarters. This Social Worker directly assists their Family Justice Bureau which consists of Detectives for Child Abuse, Sexual Abuse, Domestic Violence, and Missing Persons. The liaison assists, when necessary, in aiding communication between Law Enforcement and Child Protective Services personnel. An Office Assistant assigned to Child Welfare has the ability – through the agreement with the respective Law Enforcement agencies – to pull police reports for Social Workers in order to expedite assessment and services. This partnership has grown over the past several years leading to enhanced communication between the agencies.

Public Health

The Fresno County Department of Public Health has Public Health Nurses (PHNs) co-located with Child Welfare staff. The PHNs, under the supervision of a Supervising PHN, are available to help staff with obtaining medical records, interpreting medical records, expediting medical referrals, understanding illnesses, training on special health care needs, and case planning. The PHNs also help enter the medical information into CWS/CMS.

Two PHNs are currently assigned to the Emergency Response (ER) and Voluntary Family Maintenance (VFM) units. The PHNs consult and collaborate with ER and VFM Social Workers to assist in: obtaining and interpreting medical records; expediting referrals, obtaining additional services necessary to educate and/or support parents (or other care providers) in providing for children with special health care needs; and may accompany Social Workers on in-home visits for medically "at-risk" children.

A PHN is part of the Child Focus Team, which reviews cases approximately five days after Detention and make recommendations in the areas of physical health, development, education, mental health, placement, and visitation.

A PHN is currently assigned to pregnant and/or parenting foster youth. The PHN consults and collaborates with Social Workers to provide medical and health care case planning; assists pregnant and/or parenting foster youth to obtain timely, comprehensive health assessments and dental examinations; expedites referrals for medical, dental, mental health and developmental services; coordinate health services for youth in out-of-county and out-of-state placements; provides medical education through the interpretation of medical reports and training for foster care team members on the special health care needs of pregnant and/or parenting youth in foster care.

A PHN is also assigned to the Independent Living Skills Program (ILP) to provide youth with copies of the most recent Health and Education Passport (HEP), help obtain or teach youth how to obtain medical records, STD prevention and education, pregnancy prevention and education, help youth with any current medical issues with referrals as needed, help youth with any current dental issues

WITH REFERRALS AS NEEDED, AND HELP YOUTH WITH ANY CURRENT EMOTIONAL/MENTAL HEALTH ISSUES WITH REFERRALS AS NEEDED.

COUNTY CHILD WELFARE AND PROBATION INFRASTRUCTURE

CHILD WELFARE INFRASTRUCTURE IN FRESNO COUNTY

THE FRESNO COUNTY DEPARTMENT OF SOCIAL SERVICES (DSS) IS A DEPARTMENT OVERSEEN BY THE FRESNO COUNTY BOARD OF SUPERVISORS. DSS IS AN INTEGRATED DEPARTMENT MANDATED TO PROVIDE CHILD WELFARE SERVICES, ADULT SERVICES, IN-HOME SUPPORTIVE SERVICES, CALWORKS, WELFARE-TO-WORK, MEDI-CAL, CAL-FRESH, AND VETERAN'S SERVICES. THERE IS ONE DIRECTOR OVER ALL OF DSS, WHO REPORTS DIRECTLY TO THE BOARD OF SUPERVISORS. SEE ATTACHMENT C FOR DSS ORGANIZATIONAL CHARTS

THERE IS ONE CHILD WELFARE DEPUTY DIRECTOR, WHO OVERSEES PREVENTIVE PROGRAMS SUCH AS K-SIX (SCHOOL BASED) AND VOLUNTARY FAMILY MAINTENANCE, IN ADDITION TO COURT ORDERED SERVICES FROM EMERGENCY RESPONSE THROUGH ADOPTIONS. FOSTER CARE ELIGIBILITY, HOME APPROVAL (FOR RELATIVE AND NREFM ASSESSMENTS), LICENSING, AND LINKAGES ARE SERVICES OVERSEEN BY THE ADULT SERVICES DEPUTY DIRECTOR. ALTHOUGH TWO DEPUTY DIRECTORS OVERSEE CHILD WELFARE SERVICES, BECAUSE THEY ARE BOTH UNDER DSS, DAY-TO-DAY ACTIVITIES REMAIN COORDINATED. CHILD WELFARE SERVICES OPERATE OUT OF SEVERAL OFFICES IN DOWNTOWN FRESNO SERVING THE MAJORITY OF COUNTY RESIDENTS, PARTICULARLY THE CENTRAL AND NORTHWEST PART OF THE COUNTY. ADDITIONALLY, SERVICES ARE CO-LOCATED WITH OTHER AGENCY SERVICES AT A SATELLITE SITE IN WEST FRESNO.

FRESNO COUNTY CHILD WELFARE PARTICIPATED IN AN INSTITUTIONAL ANALYSIS (IA) IN 2009, SEEKING TO UNDERSTAND THE REASONS BEHIND THE DISPROPORTIONATE NUMBERS OF AFRICAN-AMERICAN CHILDREN WHO ENTERED CARE AND THE LACK OF A PERMANENT PLAN FOR MANY AFRICAN-AMERICAN YOUTH. FRESNO COUNTY TOOK THE RECOMMENDATIONS OF THE IA TO HEART, INCLUDING BECOMING MORE CULTURALLY AWARE, ENGAGING FAMILIES, AND PROGRESSING VISITATION QUICKER. THIS HAS POSITIVELY AFFECTED NOT JUST AFRICAN-AMERICAN FAMILIES, BUT ALL FAMILIES. CHILD WELFARE NOW FOCUSES ON CHANGED BEHAVIORS THROUGH SAFETY-ORGANIZED PRACTICE (SOP), AND NOT JUST COMPLIANCE WITH SERVICES. THERE ARE REGULAR MEETINGS WITH FAMILIES AND THEIR CIRCLES OF SUPPORT IN ORDER FOR EVERYONE TO HAVE INPUT INTO HOW THE CASE PROGRESSES.

ONE OF THE FIRST CHALLENGES WAS TO TRAIN ALL CHILD WELFARE STAFF IN THE NEW WAY OF OPERATING. THROUGH GRANTS FRESNO COUNTY WAS ABLE TO HAVE COACHES HELP STAFF WITH NOT ONLY CLASSROOM TRAINING, BUT HANDS-ON TRAINING AS WELL. FIDELITY ASSESSMENTS CAN INFORM COACHES AND TRAINERS AS TO AREAS IN NEED OF IMPROVEMENT.

ANOTHER CHALLENGE WITH TRAINING IS BALANCING THE NEW SOP WITH ALL THE ACTIVITIES REQUIRED BY CHILD WELFARE REGULATIONS AND STATUTES. JUVENILE COURT PERSONNEL ARE TRANSITIONING THEIR THINKING TOWARDS LESS EMPHASIS ON COMPLIANCE WITH SERVICES AND MORE ON A STRONG ASSESSMENT OF THE BEHAVIORAL CHANGES THE FAMILY HAS MADE. STAFF BEING ABLE TO ORGANIZE AND PRIORITIZE WHAT IS REQUIRED OF THEM ALONG WITH IMPLEMENTING BEST PRACTICE IS AN ONGOING DILEMMA.

A large challenge and barrier for Child Welfare in the past few years has been maintaining a full staffing level. Numerous line staff have resigned, moved to other departments or been promoted. This has resulted in new Supervisors training new line staff. Some newly hired staff are choosing in their first year or two to end their employment with DSS. It is under consideration to have exit interviews in order to fully understand and document the reasons they do not continue with DSS. The staff who remain are impacted by the low staffing levels as they have to not only work with their assigned families, but help cover for the families who may not have a Social Worker/Practitioner assigned to them. With new staff there is a transition period before they are ready for a full caseload and this adds to the time that existing staff carry the coverage burden. This impacts families and service providers who do not have the benefit of continuity and engagement with the same social worker. The Board of Supervisors recently authorized Child Welfare 6 additional Social Workers and one Supervisor. The department is making efforts to streamline the hiring process and when fully staffed have extra help social workers hired, trained and working who can transition in an expedited fashion to full time as vacancies occur.

Juvenile probation Infrastructure in Fresno County

The Fresno County Probation Department is comprised of five divisions, Administrative Services, Adult Services, Juvenile Services, Juvenile Justice Campus – Detention, and Juvenile Justice Campus – Commitment.

The Placement Unit, which is in the Juvenile Services Division, overseen by the Juvenile Division Director, is managed by a Probation Services Manager (PSM), who directly supervises three Deputy Probation Officer (DPO) IV's and seven DPO I – III's.

Two of the DPOIV's are responsible for locating and securing suitable placement of the youth, reviewing a variety of reports, and act as a first-line supervisor in the absence of the PSM. One DPO is responsible for screening and supervising the youth receiving SB163 Wraparound services. Two DPO's are responsible for supervising youth in local group homes. Two DPO's supervise those receiving AB12 services. The responsibility of supervising those placed out of county and out of state is shared among the entire unit.

The remaining DPOIV and DPO I-III supervise the Family Behavioral Health Court caseload which is also under the supervision of the Placement PSM.

The support staff of the unit includes one Probation Department Office Assistant (OA) and one DSS OA. Also, a Public Health Nurse is contributes to the unit one day per week.

To be eligible for the DPO position for the Fresno County Probation Department, the applicant must have a minimum of a bachelor's degree in criminology, psychology, sociology, or a related field. Upon meeting the minimum requirements, the selection process consists of a written test, oral interview, background investigation, physical, examination, psychological evaluation and completion of a polygraph test. Due to recent fiscal stability within the county, the department has

BEEN ABLE TO RECEIVE FUNDING FOR ADDITIONAL OFFICERS, BUT ONE OF THE GREATEST BARRIERS IN RECRUITING NEW OFFICERS TO THE DEPARTMENT IS THE COUNTY'S INABILITY TO COMPETE WITH SURROUNDING COUNTIES IN REGARDS TO SALARY AND BENEFITS.

THE PROBATION DEPARTMENT CONSISTS OF MULTIPLE DIVISIONS AND A WIDE VARIETY OF ASSIGNMENTS. TYPICALLY, THE DPO DOES NOT CHOOSE A PARTICULAR ASSIGNMENT AS THE EXECUTIVE STAFF MAKES THOSE DECISIONS BASED UPON THE NEEDS OF THE DEPARTMENT.

DURING THE PERIOD OF TIME THAT THIS SELF-ASSESSMENT WAS CONDUCTED, THE PLACEMENT UNIT WAS FACING CHALLENGES REGARDING STAFFING DUE TO MULTIPLE LEAVES OF ABSENCES. EVEN WITH THESE CHALLENGES IN PLACE, THE OFFICERS CONTINUED TO PROVIDE THE NECESSARY SERVICES AND SUPERVISION TO THE YOUTH ASSIGNED TO THEM.

METHODS OF ASSIGNING CASES IN CHILD WELFARE

THE ASSIGNMENT OF REFERRALS RECENTLY TOOK SOME EXTRA PLANNING DUE THE HOTLINE STAFF MOVING TO A DIFFERENT BUILDING THIS PAST YEAR, THEREBY NO LONGER BEING CO-LOCATED WITH EMERGENCY RESPONSE (ER) STAFF. ONCE HOTLINE STAFF HAS RECEIVED A CALL AND A RESPONSE HAS BEEN DETERMINED, THE REFERRAL INFORMATION IS EMAILED TO THE APPROPRIATE STAFF FOR PROCESSING AND ASSIGNMENT. ER SOCIAL WORKERS ARE DIVIDED BETWEEN CRISIS AND NON-CRISIS ASSIGNMENTS. ER SUPERVISORS ROTATE THE DUTY OF ASSIGNING CRISIS REFERRALS DAILY, WITH ONE LEAD AND ONE BACK-UP. THE ER SUPERVISING OFFICE ASSISTANT EMAILS A LIST DAILY OF THE SOCIAL WORKER ASSIGNMENT ROTATION IN ORDER FOR THE ER SUPERVISOR TO KNOW WHO IS IN LINE FOR THE ASSIGNMENT OF A CRISIS REFERRAL. ASSIGNMENT OF NON-CRISIS REFERRALS IS DONE DURING A MORNING BRIEFING WITH ALL OF THE ER SUPERVISORS. ASSIGNMENT OF ANY REFERRAL IS USUALLY DONE BY ROTATION AND WITH CONSIDERATION OF WHAT ACTIVITIES EACH SOCIAL WORKER HAS PRESENTLY PENDING. IN ADDITION, THERE ARE A FEW SELECTED STAFF IN ER WHO ARE DESIGNATED FOR ASSIGNMENT OF REFERRALS OF FAMILIES WHO ARE NATIVE AMERICAN.

ASSIGNMENT OF CASES IN VOLUNTARY FAMILY MAINTENANCE, FAMILY REUNIFICATION, PLANNED PERMANENCY LIVING ARRANGEMENT, AND ASSESSMENT/ADOPTION ARE USUALLY MADE BY TWO OR MORE SUPERVISORS IN THE RESPECTIVE PROGRAMS. THE SUPERVISORS ROTATE ASSIGNMENT RESPONSIBILITIES. IN ACCORDANCE WITH FRESNO COUNTY'S POLICIES, ASSIGNMENTS ARE TYPICALLY BASED ON THE JOB CLASSIFICATION, EXPERIENCE, AND CURRENT CASELOAD OF EACH SOCIAL WORKER. IN ADDITION, A FEW STAFF IN FAMILY REUNIFICATION AND ASSESSMENT/ADOPTION ARE DESIGNATED TO WORK WITH NATIVE AMERICAN FAMILIES.

FOR NON-CASE CARRYING AREAS, ASSIGNMENTS ARE DECIDED BY EACH SUPERVISOR.

THE EMERGENCY RESPONSE SOCIAL WORKERS/PRACTITIONERS OF THE CHILD ABUSE HOTLINE BEGIN THE INVESTIGATIONS WITH CALLS FROM PROFESSIONALS AND THE COMMUNITY. IN ADDITION TO RECEIVING THE CALLS, THEY ALSO CLEAR NUMEROUS REQUESTS FROM FAMILIES SEEKING COPIES OF THEIR REFERRAL RECORDS. WITH AN AVERAGE OF 40 A MONTH (480 A YEAR), THEY STRIVE TO COMPLETE THESE THOROUGHLY AND TIMELY. THEY ALSO HAVE THE ADDITIONAL DUTIES OF CLEARING SUSPECTED CHILD ABUSE REPORTS (SCARS) AND POLICE REPORTS. THEY ENGAGE THE COMMUNITY, AGENCY PARTNERS AND INTERNAL STAFF.

Emergency Response (ER) Crisis workers respond to 225 referrals per month (on average) of child abuse and/or neglect within two hours of receiving a referral accepted by the Hotline who are assisted by specialized and non-crisis staff on days that exceed that days capacity. Social Workers/Practitioners assigned to respond to crisis referrals must work quickly and expediently to assess and investigate the safety of children. They frequently enter into highly emotionally charged situations and must remain calm, level headed, and aware of their surroundings to move towards a safe and productive resolution. Crisis Social Workers/Practitioners regularly partner with law enforcement, medical professionals, schools, and community partners (including Cultural Brokers and Tribal Designees) in the investigation of child abuse and neglect. Social Workers/Practitioners include family, the family's circle of support, and community in Team Decision Making meetings (TDM's) to determine the safest and least restrictive placement for the child/youth.

One section of the ER Crisis workers is Swing Shift Social Workers/Practitioners who primarily work from 12 noon to 9:00 p.m. weekdays. Also included are Standby Social Workers/Practitioners who in addition to their weekday duties, respond to crisis referrals overnight on weekdays and throughout the weekend. To help with placement of children/youth overnight and weekends, Fresno County has a Placement Facilitation Team.

Each month the Department receives an average of 460 non-crisis referrals alleging abuse and neglect of children in the community. These are handled by 20 (in place to expand to up to 30) ER Non-Crisis Social Workers/Practitioners. Non-crisis Social Workers/Practitioners use honest and respectful communication when advising parents that the agency has received a report that their child/youth may be a victim of abuse and/or neglect. They are skillful in their use of engagement and inquiry techniques, and facilitate agreement with the family's circle of support to provide ongoing safety for alleged child victims.

Both ER Crisis and ER Non-Crisis Social Workers/Practitioners utilize Cultural Brokers when responding to referrals for African-American families. If responding to a family where it is known they belong to a specific Tribe, the Tribe is offered the choice of doing a joint-assessment.

If the children/youth initially need to be removed from a family to ensure their safety, a Team-Decision Making (TDM) meeting is subsequently held to determine whether or not the Department will file a petition with Juvenile Court. The family, as well as their circles of support, is invited to the TDM. TDM meetings are also held each time a possible placement change is needed. Four Social Workers/Practitioners are TDM Facilitators. In addition, there is staff primarily assigned to other areas, but who are also back-up Facilitators for any possible overflow. They are committed to engaging family, staff, and community in difficult conversations to determine the lowest level of care that is necessary to keep children/youth safe. This is followed by safety planning and identifying support needed to plan for the continued safety, permanency and well-being of each child/youth. When they are not facilitating meetings, the facilitators provide support and back-up for their coworkers and are always stepping forward to cover the Hotline, assist with referrals, or any other tasks needed on any given day.

15 Social Workers/Practitioners are assigned to Voluntary Family Maintenance (VFM), who are dedicated and committed to maintaining children/youth safely in their homes. In March 2015, there were 318 children living with their families, rather than in foster care, because of the VFM program. VFM is a prevention program that allows children/youth to remain at home while their parents participate in services such as parenting classes, substance abuse treatment, anger management, and mental health counseling. VFM Social Workers/Practitioners engage with parents, work to build their protective capacities and monitor the safety of children/youth who are at very high and high risk, per Structured Decision Making (SDM), by visiting the family 3 and 4 times a month. At times children/youth cannot remain safely in their home, even with services being provided to the parents, and the VFM worker must remove the children/youth from their home. Whenever possible, the VFM worker looks for a relative to take placement of the child/youth, either with a permanent plan of guardianship through Probate Court, or by filing a petition with Juvenile Court. VFM workers listen, nurture honest dialogue, and ensure connections and support from the family's network, to provide safety to children/youth living at home.

Over 60 Social Workers/Practitioners are assigned to **Family Reunification** (FR). The work in this task area is incredibly complex, but provides the tremendous opportunity to assist families at a critical time in their lives. Social Workers/Practitioners must balance the safety needs of the child/youth, first and foremost, while working with the parents to address the issues that required intervention and concurrently developing a permanent plan should reunification efforts not be successful. They are currently serving around 1,000 children in Family Reunification and Court Ordered Family Maintenance. A team approach is used to assure that each person that has a vested interest in the child/youth and family can contribute to developing the best intervention plan. They are committed to appreciative inquiry to help them better understand clients, to expand their circle of support and help clients to understand the steps needed for them to make behavioral changes that produce safety for their children. They work closely with the caregivers of the children to both provide and receive support and information about the needs of the children/youth in their care. Family Reunification Social Workers/Practitioners work hard to ensure that recommendations to Court meet the legal requirements and are focused on the continued safety, well-being and permanency needs of the children/youth they serve. They work with all parties in the court process to confirm that both parent and child's interests are accounted for when the Court makes the rulings on each dependency case.

There are 19 Social Workers/Practitioners in **Assessment/Adoptions**. When a family has been unable to reunify, the case is transferred to this area. Staff first assesses the family and recommends the best permanent plan for the children/youth. Assessment/Adoptions staff serves on average over 530 children and finalizes approximately 200 adoptions a year. More than half of those are within 24 months. Assessment/Adoption staff has been accomplishing this despite the impacts of staffing shortages. They work diligently to support permanency for children/youth of all ages, while maintaining their connections to support staff in other task areas, as they work to develop permanency for children/youth. The Assessment/Adoption staff work to support each other and staff across the Department every day.

FOUR UNITS ARE ASSIGNED TO **PLANNED PERMANENCY LIVING ARRANGEMENT** (PPLA), AND SERVE OVER 1,100 CHILDREN. PPLA SOCIAL WORKERS/PRACTITIONERS CONTINUE TO SUPPORT THE HIGH LEVEL NEEDS OF CHILDREN/YOUTH AND FAMILIES WHEN FAMILY REUNIFICATION IS UNSUCCESSFUL AND OTHER PERMANENCY PLANS WERE NOT SUCCESSFULLY FINALIZED. THESE SOCIAL WORKERS/PRACTITIONERS CONTINUE TO ENGAGE FAMILIES IN ORDER TO SECURE LIFELONG CONNECTIONS FOR CHILDREN/YOUTH THAT REMAIN IN OUT OF HOME CARE PROVIDING THE CHILDREN AND YOUTH WITH CONTINUITY OF CARE, A SENSE OF BELONGING, AND A LEGAL AND SOCIAL STATUS THAT GOES BEYOND THEIR TEMPORARY FOSTER CARE PLACEMENTS. THEY WORK WITH OLDER YOUTH TO PREPARE THEM FOR SUCCESS IN ADULTHOOD BY FINDING AND RECONNECTING WITH BIRTH FAMILIES TO DEVELOP CIRCLES OF SUPPORT. THEY ASSIST IN ESTABLISHING PERMANENT LIFELONG CONNECTIONS FOR YOUTH WITH SIGNIFICANT ADULTS, AND THEY CONNECT YOUTH TO SERVICES AND SUPPORTS FOR EDUCATION, EMPLOYMENT, FINANCES, HEALTH, HOUSING, AND HOME MANAGEMENT. PPLA SOCIAL WORKERS/PRACTITIONERS TEAM WITH THE YOUTH, FAMILIES, CAREGIVERS, AND SERVICE PROVIDERS TO ENSURE THAT ALL OF THE YOUTH'S NEEDS ARE MET AND ASSISTS THE YOUTH TO SET LIFE GOALS. PPLA SOCIAL WORKERS/PRACTITIONERS ALSO TEAM WITH OTHER CHILD WELFARE STAFF IN AN EFFORT TO ASSIST WITH CHILDREN/YOUTH THAT FACE PLACEMENT CHALLENGES THAT ARE IN THE OFFICE AWAITING PLACEMENT. THEY CONSULT WITH FR STAFF TO HELP DEVELOP A PLAN OF RETURNING CHILDREN AND YOUTH BACK TO BIRTH PARENTS AFTER MANY YEARS OF THE CASE BEING IN PPLA. THEY TRAVEL TO MAKE CONTACTS WITH YOUTH WHERE THEY RESIDE, INCLUDING OUT OF STATE TO MEET WITH NON-MINOR DEPENDENTS. PPLA SOCIAL WORKERS/PRACTITIONERS ALSO COMPLETE COMPREHENSIVE COURT REPORTS PROVIDING THE COURT WITH UPDATES ON THE CHILD/YOUTH'S PROGRESS AND CONTINUE TO WORK ON OBTAINING A MORE PERMANENT PLAN FOR THE CHILD/YOUTH.

THE **NON-DEPENDENT LEGAL GUARDIAN** SOCIAL WORKER AND **KIN-GAP** SOCIAL WORKER WORK WITH THE YOUTH AND THEIR GUARDIANS TO MAKE SURE THEY REMAIN ELIGIBLE TO RECEIVE FOSTER CARE FUNDS BY MAKING CONTACT WITH THEM EVERY SIX MONTHS (NDLG) OR ONCE A YEAR (KIN-GAP) TO REASSESS THEIR FOSTER CARE ELIGIBILITY SO THAT THEY CAN CONTINUE TO RECEIVE FOSTER CARE FUNDS. IN ADDITION, THESE SOCIAL WORKERS PROVIDE SUPPORT AND REFER CARE PROVIDERS AND YOUTH TO RESOURCES IN THE COMMUNITY AS NEEDED AND TO HELP FAMILIES STAY INTACT.

10 SOCIAL WORKERS/PRACTITIONERS ARE ASSIGNED TO **FOSTER PARENT RESOURCES** (FPR), WHO HAVE A VARIETY OF RESPONSIBILITIES. NOT ONLY DO THEY HELP LOCATE APPROPRIATE PLACEMENTS BASED ON THE MINORS' NEEDS FOR MORE THAN 1,750 CHILDREN/YOUTH IN OUT OF HOME CARE; THEY ALSO PROVIDE SUPPORT TO HUNDREDS OF COUNTY FOSTER PARENTS AND RELATIVE CARE GIVERS. THEY HELP WITH FOSTER PARENT AND RELATIVE CARE GIVER RETENTION, RECRUITMENT AND TRAINING. FPR STAFF GIVES PRESENTATIONS TO COMMUNITY PARTNERS AND ARE LIAISONS TO APPROXIMATELY 20 LOCAL FOSTER FAMILY AGENCIES AND OVER 30 GROUP HOMES. ADDITIONALLY, FPR STAFF TAKES THE LEAD ON COORDINATING THE ANNUAL LET'S TALK CONFERENCE FOR CHILD WELFARE STAFF AND CAREGIVERS, AND THE HOLIDAY PARTY FOR CHILDREN/YOUTH IN CARE. THEY FREQUENTLY REPRESENT THE DEPARTMENT AT COMMUNITY EVENTS. THEY ASSIST WITH EDUCATION TRAVEL REIMBURSEMENTS, REGIONAL CENTER PAYMENTS, SPECIAL CARE INCREMENTS, AND INTENSIVE TREATMENT FOSTER CARE PLACEMENTS.

THE **COURT OFFICER** UNIT CONSISTS OF 4 SOCIAL WORKERS WHO SIT IN FOR THE ASSIGNED SOCIAL WORKER/PRACTITIONER AT COURT HEARINGS AND PROVIDE FEEDBACK/ORDERS FROM THE COURT. ANOTHER SOCIAL WORKER IN THE UNIT HELPS WITH PROCESSING AND FILING THE JV220S, AS WELL HELP AS A BACK-UP COURT OFFICER. THEY REPRESENT THE DEPARTMENT IN COURT AND SPEND LONG HOURS – SOMETIMES INTO THE EVENING IN THE COURT ROOM OR PREPARING CASES FOR COURT THE NEXT DAY. THEY OBTAIN APPROVAL FOR PSYCHOTROPIC

medications that some of the children/youth we serve need. Additionally they guide staff on court processes and procedures.

The **Court Writer** unit which consists of 10 Social Workers – 7 dedicated to writing Petitions, Detention and Jurisdiction reports, 1 Social Worker that is part-time Court Writer and attends WIC 241.1 meetings part-time, and 1 Probate/JV180 Social Worker. They team with ER, VFM and FR as they write reports for workers in all of those divisions. They coordinate, clarify and team with all Social Workers/Practitioners that find themselves in a position in which they need to file a petition with the Court to ensure the safety of a child/youth. The Court Writers play an important part of the team as they put forth the legal case to the Court in a thorough and timely manner, never forgetting the children/youth represented in those reports. They are also liaisons to Probation through the WIC 241.1 meetings by helping determine which agency can best help the youth. The Social Worker who is the liaison with Probate Court helps that Court determines when a change in guardianship is warranted.

There are 4 **Nurturing Parenting Program Facilitators**. Through the guidance of the Parenting Facilitators, parents learn about the connection between the trauma they experienced as children with their own parents, and how it affects the way they are currently parenting their own children. The Parenting Facilitators teach and coach parents on how to use nurturing, strength-based skills as alternatives to physically and emotionally abusive child-rearing attitudes and practices. They are partners in supporting the successful reunification of the families we serves.

The 3 Social Workers assigned to the **Independent Living Program** (ILP) are essential to supporting the needs of Transition Age Youth (TAY). They provide direct training and linkage to community resources. They provide emancipation conferences for all of the Probation youth preparing to leave foster care. ILP staff also support youth seeking to re-enter foster care after they are 18 as Non-Minor Dependents (AB12). They support Probation youth, as well as Child Welfare youth that come into the resource center. Sometimes youth are looking for resources and sometimes they are just looking for a friendly ear that will listen to them. ILP staff also run the Best Dressed Kids/Teens Program to support the clothing needs of children/youth newly entering foster care, as well as older youth seeking help and resources. ILP supports work with California Youth Connection, Focus Forward, Economic Opportunities Commission, Probation, Public Health, Educational Employee Credit Union, AspiraNet, The Bridge Program at Fresno City College and the Renaissance Scholars Program at California State University, Fresno (CSUF) and many other education partners. Every year, ILP staff assists in putting on a Graduation event to honor youth graduating from school in collaboration with community partners, the Access to Higher Education event with the collaboration of the Courts and Education partners, and the Holiday party in December in collaboration with FPR and community partners.

3 **SB163/Wraparound** Social Workers/Practitioners support staff and listen to the needs of many of the youth and families that need intensive services. The staff offers innovative solutions to what otherwise seems like overwhelming circumstances. They partner with contracted agencies to advocate for children/youth and families, and do whatever they can do to support family success. They are excellent partners and support their peers in the same manner they support children and

FAMILIES. THEY ARE HELPFUL AND CREATIVE AS THEY ASSIST STAFF IN NAVIGATING THE REFERRAL PROCESS AND HOW TO EXPLAIN THESE SERVICES TO FAMILIES. THE TEAM ALSO RUNS **FAMILY TREATMENT DEPENDENCY COURT** (FTDC). THIS PROGRAM IS A VOLUNTARY PROGRAM TO SUPPORT FAMILIES IN REUNIFICATION THAT HAVE SUBSTANCE ABUSE ISSUES. THIS COURT SEES THE FAMILIES EVERY TWO WEEKS AND MONITORS THEIR PROGRESS, ENCOURAGING THE FAMILIES ALONG THE WAY. THIS NEW PROGRAM HAS SERVED 24 CLIENTS THIS PAST YEAR AND 4 CLIENTS GRADUATED AND HAD THEIR CASE DISMISSED.

THERE ARE A NUMBER OF **SPECIALIZED SOCIAL WORKERS** AT WHO SERVE AS LIAISONS, COORDINATORS AND LEADS. THEY ARE NOT ASSIGNED TO ONE PARTICULAR UNIT, BUT ASSIST CHILD WELFARE STAFF IN A VARIETY OF WAYS. EACH OF THESE WORKERS REPRESENTS THE AGENCY WHEN INTERFACING WITH OTHER MAJOR SYSTEMS (LAW ENFORCEMENT, PUBLIC HEALTH, MENTAL HEALTH, CSUF, IMMIGRATION AND THE MEXICAN CONSULATE, AND MANY, MANY, MORE) AND SEEKS TO SUPPORT PRIMARY STAFF BY ATTENDING 70 MULTI-DISCIPLINARY INTERVIEWS PER YEAR, COORDINATING INITIAL SERVICES FOR 467 NEW COURT CASES (PLUS ADDITIONAL ONGOING COURT AND VOLUNTARY CASES) EACH YEAR, LINKING WITH LAW ENFORCEMENT AND OBTAINING APPROXIMATELY 30 POLICE REPORTS EACH WEEK, SUPPORTING INTERNS IN THEIR PLACEMENT WITH DSS, FINDING MISSING CHILDREN, IDENTIFYING FAMILY MEMBERS TO ENHANCE SUPPORT NETWORKS AND PLACEMENT OPPORTUNITIES, LINKING TO IMMIGRATION SERVICES, FACILITATING TDMS, AND SUPPORTING THEIR PEERS IN ER BY RESPONDING TO APPROXIMATELY 150 REFERRALS EACH YEAR.

THE 3 **EDUCATION LIAISONS** ARE COMMITTED TO ASSISTING FOSTER YOUTH IN SUCCEEDING EDUCATIONALLY AT RATES EQUAL TO OR GREATER THAN THEIR NON FOSTER CARE PEERS. AS YOUTH ENTER THE SYSTEM, THE EDUCATION LIAISONS CONTACT THE SCHOOL DISTRICTS TO OBTAIN RECORDS AND ARRANGE FOR SUPPORTS. THEY PROVIDE CONSULTATION AND ASSISTANCE IN PRESCHOOL ENROLLMENT, SPECIAL EDUCATION, DISCIPLINE ISSUES, EDUCATION RIGHTS, SCHOOL CHANGES AND ANY ISSUE RELATED TO SCHOOL. THEY ALSO TEAM WITH SOCIAL WORKERS/PRACTITIONERS TO DEVELOP EDUCATIONAL PLANS FOR YOUTH IN JUNIOR HIGH AND HIGH SCHOOLS. THE EDUCATION LIAISONS ALSO SERVE AS THE DEPARTMENT'S LINK TO REGIONAL CENTER SERVICES.

FRESNO COUNTY'S TWO **LICENSING SOCIAL WORKERS** HAVE THE DELICATE TASK OF SERVING THE DUAL ROLE OF SOCIAL WORKER AND LICENSING POLICY ANALYSTS WHO'S PRIMARY JOB IS TO MAINTAIN COMPLIANCE THROUGH THE DEPARTMENT'S MEMORANDUM OF UNDERSTANDING WITH THE STATE OF CALIFORNIA LICENSING PROGRAM. THE LICENSING SOCIAL WORKERS BALANCE BETWEEN REGULATING COMPLIANCE AND ASSISTING IN RECRUITMENT OF FRESNO COUNTY LICENSED FOSTER FAMILY HOMES. LICENSING SOCIAL WORKERS COLLABORATE WITH SEVERAL COMMUNITY PARTNERS AS THEY ATTEND MONTHLY MEETINGS PARTNERING WITH JUVENILE PROBATION; FOSTER PARENT RESOURCES, WRAPAROUND STAFF AND EMQ FAMILIES FIRST REGARDING MATRIX FOSTER HOMES. LICENSING SOCIAL WORKERS ALSO CONDUCT MONTHLY FOSTER PARENT ORIENTATIONS IN COLLABORATION WITH FOSTER PARENT RESOURCE UNIT AND ADOPTION UNITS. LICENSING SOCIAL WORKERS ALSO PROCESS LEGAL CASES WITH THE STATE COMMUNITY CARE LICENSING DIVISION AND ATTEND STATE ADMINISTRATIVE HEARINGS ON THE RARE OCCASIONS OF REVOCATIONS OF FOSTER HOME LICENSES.

THERE ARE 13 SOCIAL WORKERS ASSIGNED TO THE **HOME APPROVAL UNIT** (HAU), WHO ASSESS RELATIVES AND NON-RELATIVE EXTENDED FAMILY MEMBERS (NREFMS) FOR POSSIBLE PLACEMENT OF CHILDREN/YOUTH WHO HAVE BEEN REMOVED FROM THEIR HOME. IF POSSIBLE, A RAPID ASSESSMENT IS COMPLETED IN EMERGENCY RESPONSE SO A CHILD/YOUTH CAN IMMEDIATELY BE PLACED WITH A RELATIVE/NREFM. OTHER TYPES OF ASSESSMENTS INCLUDE WHEN AN ADULT MOVES INTO THE HOME, AN ADULT FREQUENTS THE HOME OR BABYSITS THE CHILDREN, WHEN THE

family moves, and the annual reassessments. The HAU Social Worker assesses the adults in the home through a background check and inspects the relative/NREFM home. The family's assigned Social Worker/Practitioner is responsible for assessing the relative/NREFM's protective capabilities and making the final decision on whether or not to place the child/youth with the relative/NREFM.

Continuous Quality Improvement Support

In 2015 with the support of Lucia Hermens, LCSW of Casey Family Programs and Peter Watson of the Cutler Institute for Health and Social Policy USM Muskie School of Public Service, the Fresno County Child Welfare Leadership team is endeavoring to become an agency that embraces the practice of Continuous Quality Improvement (CQI) and in doing so has transitioned the activity of Quality Assurance to Continuous Quality Improvement Support (CQI Support.) The work of CQI is done by every part of the agency as it seeks to identify areas where there are strengths that can be developed and expanded and where there are challenges that can be addressed, all to enhance the outcomes for children and families and develop how or what to do more of or do differently.

The CQI Support unit plays its part by helping to identify those areas as it does case review and the analysis of outcome and process data. CQI Support will be included in the discussion of what to focus on, how to do it, how to measure it and then after implementation has started will come back with information about how the process is working and how it is impacting children and families. This will either confirm that it was a worthwhile change or that modifications are needed or that it does not meet the objective.

In coordination with this transition to a CQI culture , the Children's Bureau (CB) http://www.acf.hhs.gov/programs/cb an office of the Administration for Children & Families (ACF) http://www.acf.hhs.gov has adjusted the process of the Child & Family Services Reviews (CFSR) http://www.acf.hhs.gov/programs/cb/monitoring/child-family-services-reviews for Round 3 to allow states (and in California as directed by CDSS, counties) to do their own case reviews in an ongoing manner, instead of having federal reviewers come in for a full scale week of reviews. The CQI Support unit is being trained and certified to do these case reviews. Beginning in August 2015 there will be 25 (Child Welfare and Probation) cases, both placement and in home, randomly selected each quarter by CDSS for review. Over the course of a 12 month period 100 cases will be reviewed. The review consists of case record review and interviews. The interviews are a big plus as they allow the reviewer to fill in any informational gaps that were not filled through record review. It also can validate or provide an alternate perspective to the information obtained through the case record review as well. For each reviewed case the reviewer will interview social workers, parents, care providers, youth and others as appropriate.

Much like the process for CAPP Fidelity Assessments, the results of the reviews will be aggregated into data as a whole and not be used for worker evaluation. However also like the Fidelity Assessments it can be an opportunity to provide support through system changes or coaching that develops practice in particular areas identified as growth opportunities. Additionally the CQI Support unit can use the opportunity to look for other items not included in the Federal Review tool that would provide a lens on how we are doing in other identified areas.

The CQI Support unit, with the developed skills of case review, also provides reviews of critical incidents or child fatalities. Staff from the unit also holds membership on the Pediatric Death Review Committee (PDRC) and the Suspected Child Abuse network (SCAN) as they work with the community to better understand the needs of children and families and improve collaboration across agencies. Unit staff also provide the case review for administration on cases when there is an appeal of a Child Abuse Central Index (CACI) listing. In support of proper assessment and documentation unit staff review investigations that involve abuse and neglect allegations against substitute care providers.

In 2015 the work of CAPP evaluation and CFSR CSA and SIP activities merged into the unit. CAPP evaluation consists of organizing and processing Fidelity Assessments and working the Federal PII evaluators in the development of the CAPP evaluation report which includes defining the metrics of evaluation. the CAPP evaluation is planned to include a survey of parents in reunification and care providers in permanency and the unit participates in the planning and execution of that activity. This CSA and the subsequent SIP are coordinated by the unit under the direction of the Leadership Team.

The 23 **Office Assistants that support the ER/Court Divisions** greet families and community, answer telephone calls, and direct callers to their assigned Social Worker/Practitioner. The referral clerks online an average of more than 1,100 referrals each month. Office Assistants scan documents, complete statistical reports, deliver the mail, complete court runs, interview parents, make and distribute child folders, and stock and distribute supplies. Office Assistants assigned to the Child Focus Team mail Ages and Stages Questionnaires to care providers, score the returned questionnaires, and scan them into CWS/CMS. They provide requested information to the Public Health Nurses to assist them with their jobs. There are Office Assistants that support the Court Officers by gathering reports and documents that are needed for daily court hearings. They communicate with Social Workers/Practitioners, reminding them when court reports and notices are needed for court. Office Assistants support the Parenting Facilitators and Social Work Aides at the Visitation Center, through scheduling, taking calls, answering questions from the community, and keeping statistics.

The **Office Assistants at the West Fresno Regional Center** are responsible for providing the clerical support to multiple units of court case management staff at the West Fresno Regional Center (WFRC). Some of these duties include processing notices, on-lining minute orders, handling and distribution of bus passes and tokens to clients, car coordination, reception, ordering supplies, delivering court documents to Court, mail disbursement and delivery. They also provide support to two units of CalWORKS staff, responsible for scheduling the WFRC conference rooms and managing the WFRC facility needs.

The **Office Assistants that support programs in the Ongoing Metro division** process over 800 notices and online over 900 minute orders. They are responsible for all of Child Welfare's minor and non-minor credit checks and processing all the DNA requests. They support two reception areas and handle distribution of bus passes and tokens to clients. They are the first voice and faces to greet the families and children we serve. In addition they support multiple Social Work units to distribute cases, mail, and payment renewals. They are safety monitors and ensure staff have the supplies needed.

Office Assistants in Parent Search support staff by accomplishing an average of 90 Due Diligences, monthly. They complete over 200 due diligence letters and update them in CWS/CMS each month. The Parent Search unit completes an average of 95 parent search requests monthly as well as the same number of background checks each month. They send out well over 300 letters every month in search for parents.

Office Assistants in Adoptions and AAP support staff in accomplishing permanency for children. They do noticing, data entry, assist in case closures, redacting, school changes and a myriad of other tasks to support staff on a day to day basis. There are 525 children in the Adoptions area that need clerical support for hearings, publishing/noticing for parents and ensuring the paperwork flows properly and effectively. There are over 2,500 children participating in the Adoption Assistance Program that clerical staff keeps updated in CWS/CMS and current in the files.

The **Office Assistant staff that supports the Child Welfare Mental Health team and the Wraparound team** process referrals, prepare packets and complete data entry. There are over 170 mental health referrals a month and the clerical staff process them, update the data base and are now entering information into CWS/CMS under the HEP. The Child Welfare mental health team is a new program and the staff is learning how to support the needs of the Department on a daily basis.

Social Work Aides serve in a variety of roles that are really a blend of Social Work functions and administrative support. There are 10 Social Work Aides assigned to the Visitation Center, who each supervises an average of 54 visits a month. In 2014, there was an average of 379 visits scheduled at the Visitation Center each month. There are also 2 Social Work Aides that support the Independent Living Program (ILP). The Social Work Aides in ILP work directly with youth, complete NYTD work, support the various ILP events throughout the year, assist with bus passes and service requests, and keep the Best Dressed Kids/Teens program looking sharp. They have great rapport with youth and do a great job keeping ILP going on a daily basis. There are also 10 Social Work Aides who support the Intake area in a variety of ways. They care for the children directly after removal, during teaming meetings, and while awaiting placement, both during the day and into the evening. They supervise the initial and Skype visits while families are being linked to ongoing providers. In addition, they support many behind the scene activities such as service coordination, parent interviews, creating and delivering child folders, gathering and entering health and education information, obtaining police reports, linking to immigration services, visitation, and TDMs, scanning, documenting developmental and mental health screening, and the list goes on.

Average Staffing Caseload Size by Service Component

Fresno County has established the following guidelines regarding caseloads for newly hired Social Workers that allows them time to grow in skill and awareness as the caseload grows in capacity over the first year:

Position	SWI	SWI	SWI	SWI
Experience	0 to 3 months	3 to 6 months	6 to 9 months	9 to 12 months
Permanency Planning	0 to 10 Children	10 to 20 Children	20 to 25 Children	25 Children
Family Reunification	0 to 6 Children	6 to 15 Children	15 to 20 Children	20 Children
Voluntary Family Maintenance	0 to 10 Children	10 to 15 Children	15 to 20 Children	25 Children
Position	SWP	SWP	SWP	SWP
Experience	0 to 3 months	3 to 6 months	6 to 9 months	9 to 12 months
Adoptions/ Assessments	0 to 10 Children	10 to 20 Children	20 to 30 Children	30 Children

FOR STAFF BEYOND THEIR FIRST YEAR SOCIAL WORKER/PRACTITIONER CASELOAD ASSIGNMENTS WITHIN THE FOLLOWING PROGRAM AREAS ARE RECOMMENDED AT:

EMERGENCY RESPONSE

SWS NEW TO THE EMERGENCY RESPONSE TASK AREA WILL BE TRAINED AND BE ASSIGNED NEW REFERRALS ON A GRADUAL BASIS UNTIL THEY ARE FUNCTIONING WITHIN THE RECOMMENDED RANGE. A SWI STAFF PERSON WHO IS NEW TO FRESNO COUNTY SHOULD EXPECT TO BE ON FULL ROTATION NO LATER THAN SIX MONTHS. ALL OTHER CLASSIFICATIONS SHOULD BE ON FULL ROTATION AFTER THREE MONTHS. THIS WILL BE ADJUSTED BASED ON INDIVIDUAL NEEDS AND THE IMPACT OF ONGOING TRAINING SCHEDULES.

TARGETED RANGES:

SWI…….10-13 REFERRALS PER MONTH
SWII……..13-16 REFERRALS PER MONTH
SWIII/SWP…….16-20+ REFERRALS PER MONTH

VOLUNTARY FAMILY MAINTENANCE

SWII……..25-27 CHILDREN PER MONTH (CAP)
SWIII……..27-30 CHILDREN PER MONTH (RANGE)
SWP……30+ CHILDREN PER MONTH (RANGE)

FAMILY REUNIFICATION

SWII……20-22 CHILDREN (CAP)
SWIII……22-25 CHILDREN (RANGE)
SWP……25-28+ CHILDREN (RANGE)

PERMANENCY PLANNING

SWII……25-28 YOUTH (CAP)
SWIII……..28-32 YOUTH (RANGE)
SWP……32-34+ YOUTH (RANGE)

ADOPTIONS/ASSESSMENT

SWIII/SWP…….30 CHILDREN (RANGE)

10 SOCIAL WORKERS ARE ASSIGNED TO FOSTER PARENT RESOURCES (FPR). THE FPR WORKERS HELP LOCATE APPROPRIATE PLACEMENTS BASED ON THE MINORS' NEEDS FOR MORE THAN 1,750 CHILDREN IN OUT OF HOME CARE.

IMPACT OF STAFF TURNOVER

FRESNO COUNTY CHILD WELFARE HAD ABOUT 49 SOCIAL WORKERS OR SUPERVISORS VOLUNTARILY RESIGN IN THE PAST YEAR. THIS CREATES A DYNAMIC WHERE SUPERVISORS PUT A LOT OF ENERGY INTO MANY NEW STAFF WHO ARE ON THE BEGINNING OF THEIR LEARNING CURVE AND GIVEN THAT IT TAKES TIME FOR A NEW WORKER TO BE READY FOR A REGULAR CASELOAD REMAINING STAFF COVER THOSE CASES IN THE INTERIM. THIS OFTEN MEANS FAMILIES EXPERIENCE A CHANGE IN SOCIAL WORKERS NUMEROUS TIMES, WITH THE FAMILIES AND OUTSIDE PROVIDERS AT A DISADVANTAGE WHEN IT COMES TO COMMUNICATION AND COLLABORATION. ON THE POSITIVE SIDE, STAFF WHO START THEIR WORK IN THE DEPARTMENT WITH THE NEW PRACTICE MODEL AND AGENCY CULTURE DO NOT HAVE TO OVERCOME THE CHALLENGE THAT EXISTING STAFF HAVE HAD WHICH IS TO AVOID DRIFTING BACK TO PRIOR WAYS AND PRACTICES.

IN ORDER TO TRY TO LESSEN THE IMPACT OF STAFF TURNOVER, CHILD WELFARE HAS BEEN WORKING WITH PERSONNEL TO IMPROVE THE PACE AND FREQUENCY OF THE HIRING PROCESSES. PREVIOUSLY, THE COUNTY CONDUCTED OPEN RECRUITMENTS FOR SOCIAL WORKER/PRACTITIONER ONCE A YEAR (MAY). THIS CREATED SIGNIFICANT GAPS (9-12+ MONTHS) BETWEEN A POSITION BECOMING VACANT AND THE AVAILABILITY OF A FRESH LIST OF INTERESTED APPLICANTS LEADING TO NEW WORKERS. THE AGENCY OFTEN WAS IN THE POSITION OF CARRYING 20 AND AT TIMES AS HIGH AS 40 VACANCIES. AS A RESULT OF THE CHANGES IN RECRUITING EFFORTS, VACANCIES FROM A FEW MONTHS AGO ARE NOW BEING FILLED AND THE RECRUITING POOL IS BEING REFRESHED WITH MORE REGULARITY. THERE HAVE BEEN 65 NEW SOCIAL WORKERS HIRED IN THE PAST 9 MONTHS AND AS OF TODAY THERE ARE 10 SOCIAL WORKER/PRACTITIONER VACANCIES SOON TO BE FILLED. WITH EACH SUCCEEDING RECRUITMENT, THE DESIRE IS TO COME CLOSER TO BEING FULLY STAFFED AND KEEPING UP WITH THE NATURAL ATTRITION THAT COMES WITH PROMOTIONS, RETIREMENTS AND RESIGNATIONS.

ON APRIL 21, 2015, THE FRESNO COUNTY BOARD OF SUPERVISORS APPROVED CHILD WELFARE'S REQUEST TO ADD 6 SOCIAL WORKERS AND 1 SOCIAL WORK SUPERVISOR POSITION. POSITIONS HAVE NOT BEEN ADDED TO CHILD WELFARE IN WELL OVER A DECADE EVEN WITH INCREASED MANDATES (I.E. AB12, KATIE A., ETC.) AND MORE RECENTLY, INCREASING NUMBERS OF CHILDREN ENTERING CARE. THESE POSITIONS WILL BRING (WHEN AVERAGED) CASELOAD LEVELS IN ER/FM/FR/PP CLOSER TO THE "RECOMMENDED" LEVEL FROM THE SB2030 STUDY. IN THE FUTURE, IF FUNDING ALLOWS, THE DEPARTMENT MAY BE IN A POSITION TO REQUEST ADDITIONAL SW/SWP

POSITIONS THAT WOULD MOVE THE AGENCY CLOSER TO THE "OPTIMAL" STAFFING LEVELS FROM THE 2030 STUDY, BUT THE DEPARTMENT WILL BE THOUGHTFUL IN ITS APPROACH TO BE SURE THAT THE POSITIONS WILL BE SUSTAINED OVER TIME.

ONCE THE DEPARTMENT CUTS DOWN ON VACANCIES, FRESNO COUNTY HAS A PLAN IN PLACE TO HIRE A POOL OF EXTRA HELP SOCIAL WORKERS. THEY WILL BE TRAINED IN THE SAME MANNER AS ANY NEW WORKER BUT WILL FILL IN AS SUPPORTS BEHIND THOSE ON A LEAVE OF ABSENCE (LOA). AT ANY GIVEN TIME THERE ARE ABOUT 15 SOCIAL WORKERS ON LOA. HISTORICALLY, THEIR WORK HAS HAD TO BE CARRIED BY THEIR PEERS IN THEIR RESPECTIVE TASK AREAS. THIS POOL OF EXTRA HELP SOCIAL WORKERS WILL BE ABLE TO ASSIST IN THE REDUCTION OF THAT BURDEN. OVER TIME THIS PROCESS WILL SERVE AS A TRAINING GROUND FOR THE EXTRA HELP STAFF THAT WILL HAVE AN OPPORTUNITY TO BE HIRED ON PERMANENTLY WHEN NEW VACANCIES OCCUR. THIS WILL FURTHER CUT DOWN ON THE GAP BETWEEN VACANCY AND NEW HIRE BEING CASELOAD READY BECAUSE THESE EMPLOYEES WILL ALREADY HAVE COMPLETED ALL OR A GOOD PORTION OF THEIR NEW WORKER TRAINING.

INFORMATION RELATED TO STAFF TURNOVER AND VACANCY RATES

FRESNO COUNTY'S PERSONNEL DEPARTMENT HAS A NEW DATABASE, AND NOT ALL OF THE INFORMATION ABOUT EACH EMPLOYEE HAS BEEN ENTERED. THEREFORE, THE NUMBERS FOR RETIREMENTS, DISMISSALS, AND VOLUNTARY RESIGNATIONS ARE APPROXIMATE FOR THE TIME PERIOD OF APRIL 2014 TO APRIL 2015.

RETIREMENTS – 6 SOCIAL WORKERS/PRACTITIONERS; 1 SOCIAL WORK SUPERVISOR
DISMISSALS – 2 SOCIAL WORKERS/PRACTITIONERS; 0 SOCIAL WORKER SUPERVISORS
VOLUNTARY RESIGNATIONS - 47 SOCIAL WORKERS/PRACTITIONERS; 2 SOCIAL WORKER SUPERVISORS

IN AUGUST 2014, A NEW DIRECTOR OF SOCIAL SERVICES WAS APPOINTED BY THE FRESNO COUNTY BOARD OF SUPERVISORS. ALSO IN AUGUST 2014, FOUR SOCIAL WORKERS/PRACTITIONERS WERE PROMOTED TO SOCIAL WORK SUPERVISORS.

TEN SOCIAL WORK SUPERVISORS MADE LATERAL MOVES FROM ONE AREA OF CHILD WELFARE TO ANOTHER BETWEEN NOVEMBER AND DECEMBER 2014.

IN APRIL 2015, NINE SOCIAL WORKERS/PRACTITIONERS MADE LATERAL MOVES FROM ONE AREA OF CHILD WELFARE TO ANOTHER.

CURRENTLY, ONE CHILD WELFARE PROGRAM MANAGER IS BEING REASSIGNED AS A PRINCIPAL STAFF ANALYST. THEIR REPLACEMENT HAS NOT YET BEEN SELECTED. ANOTHER PROGRAM MANAGER HAS BEEN PROMOTED TO A DEPUTY DIRECTOR POSITION IN ET&A.

SOCIAL WORK SUPERVISORS HAVE BETWEEN 2 TO 13 STAFF ASSIGNED TO THEM. THERE APPEARS TO BE A HIGHER STAFF RATIO ASSIGNED TO THE SPECIALIZED, NON-CASE CARRYING UNITS. THE CASE CARRYING UNITS TEND TO AVERAGE AROUND 6 SOCIAL WORKERS/PRACTITIONERS PER UNIT.

At any given time there are approximately 15 Social Workers/Practitioners on a Leave of Absence.

Impact of Staffing Characteristics on Data Entry into CWS/CMS

Data entry into CWS/CMS competes as a priority with direct client contact and service. Child Welfare staff have very busy schedules even in optimal circumstances and even Social Workers/Practitioners who are great at working with families may not have the ability to create the time and energy to document their work as fully as desired. Most staff do document an adequate level of the information required in CWS/CMS but do not maximize the utility of the system due to the aforementioned limitations created by staffing challenges.

With the impact of staff turnover and the remaining staff taking on other peoples' cases, some information is not entered into CWS/CMS. Other times there is incomplete or delayed information, such as creating a narrative but not immediately entering the full details as to what occurred during the contact. Closing placement episodes and changing service components has also been hindered. Staff do not experience a practical barrier or case status complication in delayed entry of those items so Fresno County Supervisors and CQI Support attempt to monitor and support staff in entering that information in a timely manner.

Bargaining Unit Issues

There are three bargaining units for the staff who work within the Department of Social Services-Child Welfare. These units represent Supervisors, Social Workers and Clerical support staff. Two of the three units are agency shops, which mean that everyone is required to pay some type of service fee. The union does not have input in a worker's unit or case assignment. The various bargaining units have agreements with the county to allow employee representatives to represent union issues within the scope of representation. Thus, some Child Welfare staff might have release time to carry out this task. Union stewards also are used to investigate allegations and thus may be off line to do this task.

The County of Fresno and Service Employees International Union (SEIU) Local 521 have been in negotiations regarding successor Memorandums of Understanding (MOUs) for all three bargaining units since November 14, 2013, as the MOUs all expired on June 4, 2013. On December 6, 2011, the Fresno County Board of Supervisors (BOS) imposed a reduction on the salaries for all staff by 9%. In addition, some Social Workers/Practitioners' and Supervisors' salaries were reduced by another 5%, as the BOS also decided to end differential pay for some staff. On January 23, 2012 Fresno County workers went on strike in response to the imposed pay cuts Some Social Workers/Practitioner and Supervisors left Fresno County after the pay reductions. All of this impacted the early stages of CAPP implementation which persevered due to staff dedication and the ability to see the potential benefits of the practice model. The department continues to compete with staff opportunities to work for more pay or less stress, including in neighboring county child welfare agencies, local school systems, and for area hospitals.

Fresno County and the Union finally reached an agreement and effective July 27, 2015 staff received an increase of 5% in pay and additional smaller increases in subsequent years.

How Staff is Recruited and Selected

According to the Fresno County Personnel Analyst who was in charge of a recent Social Worker and Social Work Practitioner recruitment, information regarding job openings is put on the Fresno County website at: http://agency.governmentjobs.com/fresnoca/default.cfm. The flyers are also sent to the personnel offices of some of the major cities in Fresno County (Fresno and Clovis), as well as the 57 other counties in California. Flyers are not sent to any of the local colleges; however, students are well aware that Fresno County is a major employer of Social Workers/Practitioners. If there is difficulty filling a certain position, Fresno County sometimes advertises in the local newspaper, The Fresno Bee.

Qualified applicants are scheduled to take a written exam. Those who pass the written exam and have the highest scores are invited to an in-person interview, usually conducted by one or more Program Managers. The Program Managers then decide to whom the department will offer a position.

Types of Degrees Held by Child Welfare Staff

Most Child Welfare Program Managers have a Master of Social Work (MSW) degree, as does the Deputy Director.

Social Workers and Social Work Supervisors are required to have at least a Bachelor's degree, and Social Work Practitioners must have a Master's degree.

From the information provided, Fresno County Child Welfare Social Work staff have the following degrees:

Bachelor of Social Work - 91
Bachelor of Psychology - 47
Bachelor of Criminology - 30
Bachelor of Sociology - 21
Bachelor of Human Services - 5
Bachelor of Child Development - 4
Bachelor of Liberal Studies or Arts - 4
Bachelor of Behavioral Services/Science - 2
Bachelor of Education - 2
Bachelor of Home Economics - 2
Bachelor of Social Welfare - 2
Bachelor of Administrative Management - 1

Master of Social Work - 75
Master of Counseling - 6
Master of Public Administration - 6
Master of School Counseling - 3
Master of Business Administration - 2
Master of Criminology - 2
Master of Rehabilitation Counseling - 2
Master of Divinity - 1
Master of English - 1
Master of Human Behavior - 1
Master of Human Science - 1
Master of Psychology - 1

Bachelor of Chicano Latino Studies - 1
Bachelor of Communicative Science - 1
Bachelor of Economics - 1
Bachelor of Health Science - 1
Bachelor of History - 1
Bachelor of Philosophy - 1
Bachelor of Social Ecology - 1
Bachelor of Social Science - 1
Master of Therapeutic Recreation - 1
Marriage and Family Therapy Counseling - 3
PhD in Behavioral Psychology - 1
Law Degree – 1

Demographic Information on Child Welfare Staff

From the information provided, Fresno County currently has 91 Child Welfare staff with a Bachelor of Social Work (BSW), and 75 with a Master of Social Worker (MSW) degree. Seven current staff obtained their BSW through Title IV-E, 51 obtained their MSW, and 9 were Title IV-E but it was unclear if it was their BSW or MSW.

Staff persons obtaining their BSW through Title IV-E are often Eligibility Workers with the Department seeking to advance their careers. Those obtaining their MSW are typically already Social Workers with the Department.

In 2014, four people graduated with their BSW through Title IV-E, one person is scheduled to graduate in 2015, and 4 are scheduled to graduate in 2016. As for MSW graduates through Title IV-E, five graduated in 2013, eight in 2014, eight are scheduled to graduate in 2015, and seven are scheduled to graduate in 2016.

Staff has had the choice of going to school part-time or taking a Leave of Absence while obtaining their degree through Title IV-E. However, with recent staff shortages, the granting of an educational leave has been suspended.

Average Years of Child Welfare Experience

From the information obtained, the amount of experience in Child Welfare ranges from newly hired to 34 years. Approximately one-fifth of the Social Workers/Practitioners in Fresno County have had less than one year experience working in Child Welfare. The median amount of time in Child Welfare is 8 years. The average time is approximately 9 years.

Race/Ethnicity

In 2009, Fresno County participated in the Institutional Analysis in order to help determine why a disproportionate number of African-American children from Fresno were entering care, taking longer to reunify, and leaving foster care without a permanent plan. In 2010, Child Welfare staff

participated in Racial Sobriety training. The whole Department participated in Cultural Awareness training in 2013.

Child Welfare staff is now trained in Safety-Organized Practice (SOP), part of which includes cultural humility. As defined in Fresno County's SOP training:

"A cultural humility perspective challenges us to learn from the people with whom we interact, reserve judgment, and bridge the cultural divide between perspectives in order to facilitate well-being and promote improved quality of life. Such a perspective frees the observer from having to possess expert knowledge in order to maintain knowledge-based power, control, and authority over matters about which diverse populations are far more knowledgeable." (M. Tervalon and J. Murray-Garcia, 1998)

Fresno County has also incorporated the use of Cultural Brokers, who help in responding to referrals, as well as ongoing cases. Fresno County's work with Native Americans is detailed in the section relating to ICWA and Tribal partnerships starting on page 59.

Salaries

Fresno County lists the annual salary for all Fresno County employees at: http://www.co.fresno.ca.us/viewdocument.aspx?id=53230.
Fresno County has nine steps for each job classification. As of July 20, 2015, the monthly salaries are as follows:

Job Classification	Beginning Salary / Top Salary
Social Work Practitioner	4166 / 5330
Social Worker I	3083 / 3941
Social Worker II	3395 / 4344
Social Worker III	3817 / 4881
Social Work Supervisor	4857 / 6214

Position Types
Child Welfare staff is under the job classification of a Social Worker I/II/III or Social Work Practitioner.
Social Workers/Practitioners have the following position types in Child Welfare:

Hotline worker
Emergency Response worker – Crisis
Emergency Response worker – Non-Crisis
Emergency Response worker – Swing Shift
Licensing worker
Court Writer
Immigration Liaison
Education Liaison

Emergency Response worker – Standby
Voluntary Family Maintenance worker
Family Reunification worker
Planned Permanency Living Arrangement worker
Assessment/Adoptions worker
Team Decision Making (TDM) facilitator
Foster Parent Resources worker
Placement Facilitation Team worker
Home Approval worker
Court Officer
Family Finding worker
Wraparound worker
Non-Dependent Legal Guardian worker
Kin-Gap worker
Independent Living Program worker
Law Enforcement Liaison
Nurturing Parenting Program Facilitators
Continuous Quality Improvement Support

Financial/Material Resources

In addition to the regular Child Welfare allocation Fresno has utilized these supplemental funding resources:

- CAPP
- 1991 Realignment – the county continues to contribute 1991 Realignment funding in support of Child Welfare Services
- Stuart Foundation
- SB 163 Reinvestment – to support non-federal billable supportive services to children and families in the child welfare system
- For Mental Health Services related to children and families
- Title XIX – Medi-Cal
- Behavioral Health and Mental Health Realignment
- SB 163 Reinvestment

Child Welfare/Probation Operated Services

Probation Operated Services

Fresno County Probation Department's Juvenile Justice Campus (JJC) operates as two separate divisions, the Detention Facility Division and the Commitment Facility Division. At full capacity, the JJC can house 480 youth, 240 per division; however the Department is only funded to house 390 youth. The current population is significantly lower than the budgeted allocation.

While the youth are detained, they attend the Alice Worsley School, which provides a comprehensive curriculum that allows for maximum continuity with the public school program that includes all courses necessary for graduation from high school. For those youth that meet the requirements for high school graduation while in custody, they are presented a diploma from the Fresno County Office of Education.

YOUTH WHO ARE DETAINED IN THE JJC HAVE MEDICAL, DENTAL, AND MENTAL HEALTH SERVICES AVAILABLE AS NEEDED.

THE FOLLOWING PROGRAMS CAN BE ORDERED BY THE COURT FOR YOUTH SERVING A COMMITMENT:

- FLOYD FARROW SUBSTANCE ABUSE UNIT (SAU) PROGRAM
  THE SAU PROGRAM, ADMINISTERED BY MENTAL HEALTH SYSTEMS, SERVES 30 MALES AND 10 FEMALES IN RESIDENTIAL DUAL DIAGNOSIS TREATMENT PROGRAM. YOUTH REFERRED TO THE PROGRAM ARE IDENTIFIED AS HAVING BOTH SUBSTANCE ABUSE AND MENTAL HEALTH RELATED ISSUES. AFTER COMPLETING THE FOUR-MONTH PROGRAM, THE YOUTH WILL PARTICIPATE IN AFTERCARE FOR UP TO EIGHT MONTHS. INTENSIVE DRUG EDUCATION AND INTERVENTION COUNSELING ARE PART OF THE SAU PROGRAM, WITH WEEKLY FAMILY THERAPY SESSIONS TO AID IN THE RECOGNITION OF ADDICTIVE BEHAVIORS AND TRIGGERS.

- NEW HORIZONS PROGRAM (NHP)
  THE NHP, WHICH IS ADMINISTERED BY MENTAL HEALTH SYSTEMS, IS DESIGNED FOR SERIOUS OR VIOLENT OFFENDERS. THE PROGRAM SERVES 30 MALES IN A RESIDENTIAL, DUAL-DIAGNOSIS TREATMENT PROGRAM. YOUTH PARTICIPATING IN THE PROGRAM MUST HAVE BEEN COMMITTED TO 365 DAYS AND PLACED ON 18 MONTHS OF PROBATION. INTENSIVE TREATMENT SERVICES ARE PROVIDED IN A HIGHLY STRUCTURED SETTING, WHICH INCLUDE ACADEMIC AND VOCATIONAL EDUCATION, ANGER MANAGEMENT, PARENTING CLASS, LIFE SKILLS, PSYCHIATRIC EVALUATIONS, TOXICOLOGY SCREENINGS, SUBSTANCE ABUSE TREATMENT AND 12-STEP MEETINGS. EACH PARTICIPANT RECEIVES AN INDIVIDUALIZED INTER-AGENCY TREATMENT PLAN, INCLUDING DISCHARGE AND COMMUNITY REINTEGRATION PLAN.

- GIRLS TREATMENT PROGRAM
  THIS 63-DAY COMMITMENT PROGRAM PROVIDES TREATMENT FOR GIRLS 13 -18 YEARS OLD. THE PROGRAM PROVIDES INDIVIDUAL, GROUP AND FAMILY THERAPY, AS WELL AS PSYCHO-SOCIAL EDUCATION AND LIFE SKILLS GROUP. YOUTH COMMITTED TO THIS PROGRAM ARE ELIGIBLE TO EARN FURLOUGHS TO AID IN THE TRANSITION BACK INTO THE HOME.

- PRE-ADOLESCENT PROGRAM
  THIS PROGRAM IS FOR BOYS AGES 8 – 14 WHICH IS SPECIALLY DESIGNED TO MEET THE NEEDS OF THE YOUNG MALES THROUGH INDIVIDUAL, GROUP AND FAMILY THERAPY AS WELL AS PSYCHO-SOCIAL EDUCATION AND LIFE SKILLS GROUPS.

  THE FOLLOWING PROGRAMS ARE AVAILABLE TO ALL YOUTH SERVING A GENERAL COMMITMENT:

- THINKING FOR A CHANGE (T4C)
  T4C CURRICULUM IS AN INTEGRATED, COGNITIVE BEHAVIOR CHANGE MODEL FOR YOUTH THAT INCLUDES COGNITIVE RESTRUCTURING, SOCIAL SKILL DEVELOPMENT, AND DEVELOPMENT OF PROBLEM SOLVING SKILLS.

- SIERRA EDUCATION & RESEARCH INSTITUTE (SERI)/BEHAVIORAL HEALTH
  SERI PROVIDES YOUTH WITH LIFE SKILL/PYCHO-EDUCATIONAL GROUPS, INDIVIDUAL COUNSELING, ASSESSMENTS AND EVALUATIONS AS NEEDED. SERI ALSO PROVIDES ADOLESCENT SEXUAL OFFENDER PSYCHO-EDUCATIONAL CURRICULUM.

- Focus Forward

  Focus Forward provides mentoring, with focus in academic assistance, enrichment, recreation, counseling, and civic engagement activities.

- Fresno County Equal Opportunities Commission (EOC) – Incarceration Youth Program (IYP)

  Through a partnership with the Fresno County Probation Department and the Fresno County Office of Education, the IYP provides education, training, and employment services to committed youth with the goal of providing potential long-term employment opportunities, earnings, and occupational skills attainment.

- Faith Based Services

  Community volunteers provide religious services and guidance to minors including weekly individual meetings, group meetings, and special presentations.

- Boys & Girls Club

  This after school program provides social and life skill building, vocational and career development, psycho – educational programming, including character development, leadership, sports leagues, and recreational opportunities.

County Operated Shelter(s)

DSS no longer utilizes an emergency shelter for children entering care. As referenced in the Fresno County 2009 CSA report, DSS utilized an Emergency Children's Shelter, Craycroft Youth Center, for emergency shelter of children entering care. The Craycroft Youth Center was opened in 1994 and closed on June 30, 2010. Currently, DSS utilizes placements such as Relative/Mentor, County Foster Homes, Foster Family Agency (FFA) Certified Foster Homes, and Group Homes for children entering care. Additionally, DSS is in the process of designating County Foster Homes for short term emergency placements. These particular foster parents will be specially trained with an emphasis on trauma based interventions.

County Licensing

DSS currently is working under a Memorandum of Understanding with CDSS (CDSS) Community Care Licensing to conduct licensing activities for foster family homes located in this county. There are two Licensing Program Analysts who license foster homes in Fresno County. General activities of licensing staff include:

- Conducting foster parent/adoptive parent orientations and training jointly with Adoption staff and Foster Parent Recruitment staff; upon necessity, DSS provides a certified Spanish interpreter to assist with Spanish speaking only prospective foster/adoptive parents.
- Completion of pre-licensing tasks, which includes home inspections to ensure that state licensing standards are met

- Investigation of complaints
- Processing change of location applications and random annual reviews of each licensed home
- Processing requests for change of capacity
- Conduct Mappings/Informal meetings to discuss Compliance Plans with foster parents surrounding their licenses.
- A social worker is assigned as the Resource Home Recruitment Coordinator to oversee recruitment activities. Efforts are augmented by the use of a toll free number

DSS contracts with Fresno City College's Foster Kinship Care Education Project to conduct Foster PRIDE (pre-placement training) classes for English and Spanish speaking applicants. However, beginning July 1, 2015, the pre-placement training curriculum will be changing to Trauma Informed; which was developed by the National Child Traumatic Stress Network. These classes comply with all CDSS licensing regulations.

DSS continues to contract with the Specialized Foster Parent Training Project, which provides ongoing continuing education and training to foster parents in the Central Valley and is a joint effort between DSS and the CSU, Fresno's School of Health and Human Services. The topics range from basic training on being a foster parent to intermediate and advanced topics for foster parents. Foster parents are required to complete 20 hours annually or 40 hours if they are caring for the children with special needs. Specifically requested courses that are integrated into compliance plans are also provided. Trainings are presented in English and Spanish

DSS also has a Home Evaluation task area. The responsibility of this unit is to assure the safety of children by evaluating relative and non- relative extended family member caregivers and their homes according to the same health and safety standards established for licensing County Foster Family Homes. Social Workers assigned to Home Approval Unit (HAU) complete relative and non-related extended family member evaluations, but final placement decisions are the responsibility of case-managing social workers. Staff in the HAU also completes annual reviews of approved homes.

County Adoptions

Fresno County Department of Social Services is a licensed full service Adoption Agency. There are 3 units of adoption social workers. In 2014, approximately 200 adoptions were finalized by Fresno County social workers and 50% of those were within 24 months; which is well above the national standard of 36%. Every year, in the month of November (National Adoption Month), Fresno County Adoption social workers collaboratively work with the Dependency Court and local adoption agencies in the Private Adoption Agency Reimbursement Program (PAARP) to organize our Adoption Day event. Recruitment of adoptive parents (and foster parents) is done at local resource fairs, block parties, and special events.

Other County Programs

CalWORKs

The California Work Opportunity and Responsibility to Kids (CalWORKs) program is the state implementation of the Federal Temporary Assistance to Needy Families program (TANF). It provides time-limited cash assistance to families with children. CalWORKs recipients are automatically eligible to Medi-Cal, and may qualify for CalFresh benefits. Cash benefits are based upon the number of individuals in the family, with any other sources of income taken into consideration. Additionally, cash benefits for the entire month are deposited to an Electronic Benefits Transfer (EBT) card during the first 3 days of each month depending on the last number of your case.

Adults in the program are required to participate in a work activity unless determined exempt. Employment services are available to work activity participants including counseling, job preparedness, job development, training, and supportive services such as childcare, transportation, work clothing and tools. Services are also available to address barriers to employment including substance abuse, domestic violence, mental health and legal issues.

Linkages

Linkages is a program in which social work staff and job specialists from Employment and Temporary Assistance (E&TA) work with families that both have in common. Children and families can benefit in the following ways:

- The need for services can be identified which can lead to a reduction in the number of required CWS referrals
- Staff can assist families, provide a safe environment for their children, and gain economic self-sufficiency by coordinating services and eliminating contradictory expectations for success
- Families in court-ordered or Voluntary Family Maintenance may be eligible for additional support, including economic assistance such as cash payments, Employment Services, Medi-Cal or Diversion Services
- Families in the CWS Family Reunification program, where their children have been removed, CalWORKs/WTW can provide a variety of non-cash services (AB 429) to help the family reunify and gain economic self-sufficiency
- After children return home, CalWORKs/WTW can provide post-reunification services, including child care and other safety plan services to decrease the likelihood of abuse reoccurrence
- Transition-age youth (18-24) can routinely be assessed for and linked to services to promote permanency and self-sufficiency

Cal-Learn

Cal-Learn is a cash assistance program for pregnant and parenting teens (up to age 19, if still in school). The teens are required to stay in school and obtain their high school diploma or equivalent. The program is designed to address the unique educational, vocational, training, health and other service needs of teenage parents to help them achieve self-sufficiency. Financial incentives and disincentives are applied depending on attendance and grades.

Adolescent Family Life Program (AFLP)

Teens who do not qualify for Cal-Learn services may receive services through the Adolescent Family Life Program (AFLP). AFLP services are provided jointly by E&TA staff and through contracted services from the Fresno County Economic Opportunities Commission. This voluntary program is aimed at defining, coordinating, and integrating a system of care that supports and assists the pregnant and parenting adolescents and their children. Case management services are provided to enhance health, educational achievement, economic, personal and societal integration and independence. Entry requirements have been established based on eligibility criteria and risk factors. Intervention strategies have been developed to meet the needs of the youth including job training and job readiness.

Public Health

Health Care Program for Children in Foster Care (HCPCFC)

The Health Care Program for Children in Foster Care (HCPCFC) is a public health nursing program located within DSS to provide public health nurse (PHN) expertise in meeting the medical, dental, mental and developmental needs of children and youth in foster care. The goals and objectives of the HCPCFC are common to the health, welfare, and probation departments and are implemented through close collaboration and cooperation among this multi-disciplinary, interdepartmental team. The program has established a process through which PHNs consult and collaborate with the foster care team to promote access to comprehensive preventive health and specialty services.

Through the HCPCFC, public health nurses under the supervision of a supervising public health nurse provide the following services in consultation and collaboration with social workers and probation officers: medical and health care case planning; help foster caregivers to obtain timely comprehensive health assessments and dental examinations; expedite referrals for medical, dental, mental health and developmental services; coordinate health services for children in out of county and out-of-state placements; provide medical education through the interpretation of medical reports and training for foster team members on the special health care needs of children and youth in foster care; and participate in the creation and updating of the Health and Education Passport for every child as required by law.

Pregnant and/or Parenting Teens

A PHN is currently assigned to pregnant and/or parenting foster youth. The PHN, under the supervision of a supervising public health nurse, consults and collaborates with social workers to provide medical and health care case planning; assists pregnant and/or parenting foster youth to obtain timely, comprehensive health assessments and dental examinations; expedites referrals for medical, dental, mental health and developmental services; coordinate health services for youth in out of-county and out-of-state placements; provides medical education through the interpretation of medical reports and training for foster team members on the special health care needs of pregnant and/or parenting youth in foster care.

Emergency Response (ER) and Voluntary Family Maintenance (VFM) PHN

Two PHNs are currently assigned to the ER and VFM CWS units. The PHNs, under the supervision of a supervising public health nurse, consult and collaborate with ER and VFM social workers to assist in:

- obtaining and interpreting medical records
- expediting referrals
- obtaining additional services necessary to educate and/or support parents (or other care providers) in providing for children with special health care needs
- may accompany social workers on in-home visits for medically "at-risk" children

Alcohol and Drug Treatment

Substance Abuse Services

DSS offers a variety of services to families struggling with substance abuse issues. Families are supported by social work staff, as well as, substance abuse specialists (SASs). Social work staff identifies a consumer that may be in need of substance abuse services and then refers them for an Addiction Severity Index (ASI). A SAS performs the ASI through an interview process with the consumer. If treatment is warranted then the SAS will work with the consumer and the social worker in developing a treatment plan that will meet their needs, including identifying a treatment program, making the intake appointment and sending the referral for service provision. Once in treatment, SASs support consumers, social work staff and treatment providers by utilizing collaboration to ensure the best treatment episode and outcomes. SASs provide an expertise in substance abuse and offer consultation to both social work staff and treatment providers on how to best serve DSS consumers.

Mental Health

Psychiatric Health Facility

Fresno County and the rest of the Central Valley have a new Psychiatric Health Facility (PHF) for adolescents. The program serves youth ages 12-17 that are experiencing an acute psychiatric crisis. The Central Star Youth PHF is a newly remodeled 16-bed facility. The short-term facility is focused on acute care, stabilization, community transition, and aftercare. The Youth PHF will coordinate with families, counties, insurers, and community-based organizations for aftercare and maintaining safety for youth.

The 7,100-square-foot facility has nine double client rooms, its own kitchen, common areas, an outside courtyard with a basketball hoop, as well as many other age appropriate amenities. The remodel of the facility was accomplished through capital building funds from the Mental Health Services Act (MHSA), a state tax on those with incomes above one million dollars approved through Prop 63.

THE CENTRAL STAR YOUTH PHF:

PROVIDES INTENSIVE TREATMENT PROGRAMS WITH INDIVIDUALIZED CARE PLANS FOR UP TO 16 CLIENTS AND THEIR FAMILIES

- OFFERS COUNSELING, PSYCHIATRY, MEDICATION SUPPORT, NURSING, AND REHABILITATION SERVICES INCLUDING THERAPEUTIC GROUP ACTIVITIES AND EXPRESSIVE ARTS
- MOVES CLIENTS THROUGH FIVE PHASES: ADMISSION; ENGAGEMENT; LEARNING; STABILIZATION; AND LINKAGE TO RESOURCES AND AFTERCARE
- WILL PROVIDE SERVICES ON A VOLUNTARY OR INVOLUNTARY BASIS
- WILL ACCEPT FRESNO COUNTY CLIENTS WITH MEDI-CAL AND THOSE WHO ARE IMPOVERISHED
- IS AVAILABLE FOR CONTRACTING WITH CENTRAL VALLEY COUNTIES
- IS LICENSED BY THE CALIFORNIA DEPARTMENT OF HEALTH CARE SERVICES

COURT AUTHORIZATION FOR THE USE OF PSYCHOTROPIC MEDICATIONS

PSYCHOTROPIC MEDICATIONS ARE PRESCRIBED TO YOUTH TO ADDRESS BEHAVIORAL AND/OR HEALTH ISSUES. YOUTH SUFFERING WITH MAJOR DEPRESSION, BI-POLAR, SEIZURE DISORDERS AND/OR ADHD, AND OTHER DIAGNOSED CONDITIONS, MAY BE PRESCRIBED PSYCHOTROPIC MEDICATIONS TO TARGET THEIR SYMPTOMS. PSYCHOTROPIC MEDICATIONS CANNOT BE ADMINISTERED TO MINOR DEPENDENTS WITHOUT COURT APPROVAL. APPROVAL IS SOUGHT THROUGH THE JV220 PROCESS, WHICH UTILIZES PHYSICIAN RECOMMENDATIONS AND OTHER COURT DOCUMENTS TO ESTABLISH THE NEED FOR PSYCHOTROPIC MEDICATIONS, THE TREATMENT PLAN AND DURATION. CURRENTLY, ALL JV220 REQUESTS ARE SCHEDULED FOR A HEARING. ALL PARTIES HAVE AN OPPORTUNITY TO VOICE THEIR SUPPORT OR OBJECTION TO THE PRESCRIBED TREATMENT PLAN, AT WHICH POINT THE JUDGE WILL GRANT OR DENY THE JV220 REQUEST. THE SOCIAL WORKER ASSIGNED TO THIS TASK IS CALLED THE JV220 COORDINATOR AND ACTS AS A LIAISON BETWEEN DSS STAFF, COURT PERSONNEL AND PRESCRIBING PHYSICIANS. THE JV220 COORDINATOR PROVIDES SUPPORT TO THE PROCESS AND FOLLOW UP INFORMATION AS NEEDED TO ASSIST INTERESTED PARTIES IN MAKING THE BEST PLAN FOR A YOUTH.

WRAPAROUND

WRAPAROUND IS AN INTENSIVE PLANNING PROCESS TO DESIGN AND DELIVER STRENGTH-BASED, NEEDS-DRIVEN, INDIVIDUALIZED, COMMUNITY-BASED SERVICES AND SUPPORTS. WRAPAROUND IS DESIGNED TO FOCUS ON CHILDREN AND ADOLESCENTS WHO HAVE SERIOUS EMOTIONAL OR BEHAVIORAL ISSUES AND IS EITHER AT IMMINENT RISK OF OUT-OF-HOME GROUP HOME PLACEMENT OR IS STEPPING DOWN FROM A GROUP HOME OUT-OF-HOME PLACEMENT. WRAPAROUND UTILIZES A CHILD-FOCUSED, FAMILY-CENTERED PRACTICE MODEL AIMED AT ENHANCING FAMILY (E.G., NATURAL, EXTENDED, FOSTER, ADOPTIVE) STRENGTHS AND RESOURCES IN ORDER TO MINIMIZE RISK, ENSURE SAFETY, IMPROVE FUNCTIONING, AND ASSIST AND SUPPORT FAMILIES IN CARING FOR THEIR CHILDREN. EMQ FAMILIESFIRST IS THE SELECTED SERVICE PROVIDER.

AN ELIGIBLE CHILD MEETS THE FOLLOWING CRITERIA:

1. A MINOR WHO HAS BEEN ADJUDICATED AS EITHER A DEPENDENT OR WARD OF THE JUVENILE COURT PURSUANT TO SECTION 300 (CHILD WELFARE), 601, OR 602 (PROBATION) OR;

2. a minor who would be voluntarily placed in out-of-home care pursuant to Section 7572.5 of the Government Code (Mental Health/Education) or;
3. a minor eligible for the Adoption Assistance Program pursuant to Welfare and Institutions Code (WIC) Section 16120 and 16120.1 and;
4. is a minor who is currently, or who would be, placed in a licensed group home at a rate classification level of 10 or higher and;
5. is a minor who has an identified placement family and at least one support person willing to participate in Wraparound with the minor.

The SB163 Wraparound Liaisons are DSS Social Workers who are co-located at the EMQ FamiliesFirst offices as well as having an office at DSS. The Liaisons' duties include the identification of potential participants from multiple areas (CWS, Mental Health and Adoption) and the facilitation of their screening and enrollment. (Probation has assigned two officers for this function as well as for the management of those cases) The Liaison also acts as an intermediary between Case Managers and EMQ FamiliesFirst staff to resolve both minor and major issues that impede progress in the program.

A minor can be identified by their CWS Case Manager, Probation Officer, Therapist or anyone else who is aware of the minor's situation and the availability of the program. The referring person contacts the SB163Liaison for consultation regarding possible participation. If the minor appears to meet the criteria the referring party, the Liaison and a contract agency staff member meets with the minor and parent(s) to complete a prescreening. The minor and the family are provided information regarding the process to allow them to make an informed decision regarding participation. If both the minor and the parent are interested in participating the case is presented at IRPC (Interagency Resource and Placement Committee) which approves or disapproves the minor's participation. The minor is then enrolled by the SB163 Liaison and a service provider begins to work with the family to organize a plan to meet the minor's and family's needs.

The Child and Family Team (CFT) is a group of individuals designated by the family to play formal and informal roles in the family that support and enhance the family's ability to met commonly selected goals including "System Mandates" Required members of the team include a parent, the enrolled minor, the assigned facilitator from the contract agency, the Child Welfare Services (CWS) case manager or Probation Officer. Other members of the CFT are those professional, community and extended friends and family members as designated by the principal family members (parent and minor) The team meets on a regular basis (frequency to be dictated by need) to develop the family's goals, and the steps to meet those goals in the structure of an "Individualized Service Plan." The meetings themselves are often called "CFT's."

The "Individualized Service Plan" outlines the goals, and steps to meet those goals as developed by the "Child and Family Team." The plan is to be presented to and approved by the "SB163 Wrap-Around Community Team" within 90 days from the date the family is referred to the contracted service agency.

The SB 163 Children's Wraparound Community Team, a sub-group of the Early Childhood Help and Outreach Committee (ECHO) a sub-Committee of the Interagency Council for Children and Families, (ICCF) is responsible to ensure that the Wraparound Program is family-based and financially sustainable, by the authorization and approval of SB 163 "Individualized Service Plans."

Multidimensional Treatment Foster Care (MTFC)

MTFC is a service different from Wraparound but in Fresno MTFC is integrated into some of the administrative processes of Wraparound. EMQFamiliesFirst is the provider for MTFC services but their staff that provide those services are different from those who provide the Wraparound services. They do however work cooperatively as at times a youth may need to flow from one program to the other when appropriate. MTFC differs from Wraparound in numerous was the most significant one being that the youth is purposefully first placed with a specially trained and structured foster family where the enrolled youth will be the only placement child in the home. The Foster Parents will work with the youth by providing a structure to the environment that is intended to support the youth's growth in behavior management. The team also works to assist the birth parent or relative who will subsequently take in the youth to carry on with a modified version of the supportive structure for the youth. This process is most appropriate and effective when either the youth or the family (or both) have significant barriers in behavior to being ready to work on those issues in the home.

Comprehensive Youth Services

For more than 40 years, Comprehensive Youth Services (CYS), a 501(c)3 community based nonprofit agency has provided quality mental health interventions and supportive services to underserved, at-risk and/or violence-exposed children, adolescents and families in Fresno and the surrounding communities. The agency's primary goal is to prevent child abuse and neglect, to ensure the well being of every child/youth, and to aid in building stronger, more resilient families.

Services are available to all eligible individuals regardless of race, gender, age, ethnicity, sexual orientation or income level, and are entirely confidential. More than half of the services provided by CYS are delivered in the community – on school campuses, at resource or community centers, and in the homes of consumers.

For many years, the agency has contracted with local, state and federal grantors to provide quality counseling and mental health services to thousands of children, youth and families in Fresno County. Through the experience gained in working with vulnerable populations, CYS understands the many and varied challenges faced by children, youth and families in Fresno County, who are often plagued with many barriers to wellness and recovery including poverty, language, culture, lack of access to needed services, and family instability. More than half of the services provided by CYS are delivered in the community – on school campuses, at neighborhood resource centers, and in the homes of consumers.

Currently CYS contracts with Fresno County to provide the following services:

- Anger Management Classes for Adults
- Anger Management Classes for Teens
- Child Abuse Treatment (CHAT)
- Child Welfare Services
- Family Solutions
- Fatherhood Classes
- Functional Family Therapy (FFT)
- Parent Child Interaction Therapy (PCIT)
- Parenting Classes
- Sanger Family Resource Center (FRC)
- SMART Model of Care
- Student Assistance Program (SAP)
- Supervised Visitation
- Therapeutic Supervised Visitation

Katie A

As of March 2015, Fresno County had approximately 1200 identified Katie A. class members, and over 500 subclass members. In compliance with the Katie A. v Bonta lawsuit, Fresno County trained Child Welfare staff about Katie A. in August 2014. More intense training was held in May and June 2015. Child Welfare and Mental Health staff have been co-located for some time, but recently moved to new offices in order to aid collaboration. Fresno County believes the Katie A. values of engaging a family and having a family team fit well with the CAPP work the department is doing.

Mental Health Screening Tools – one for children ages 0-5 years old, and another for youth ages 5 years to adulthood – were developed and implemented in September 2014. The Screening Tool is completed by the assigned Social Worker for each child/youth who is detained by the Fresno County Juvenile Dependency Court. The Screening Tools are located in the green section of CWS/CMS, so it is easy for staff to enter and save the information in CWS/CMS. The department lists the screening under the Health and Education Passport Screening tab.

The Screening Tool includes behavioral indicators to assist staff in articulating the level of severity in different areas of consideration. The tool is sent to the Child Welfare Mental Health (CWMH) team for prioritization and referral to one of the contracted vendors. The CWMH team triages the referrals and provides consultation to social work staff on mental health questions staff may have related to a youth or family. They also determine the expediency of the referral based on the responses within the Screening Tool. Referral levels are: urgent (within 3 days); priority (within 15 days); and routine (within 30 days).

In the past year, Fresno County changed mental health care service providers. Many initial assessments were left over from the previous mental health provider, and therefore the new provider had several months of playing catch up.

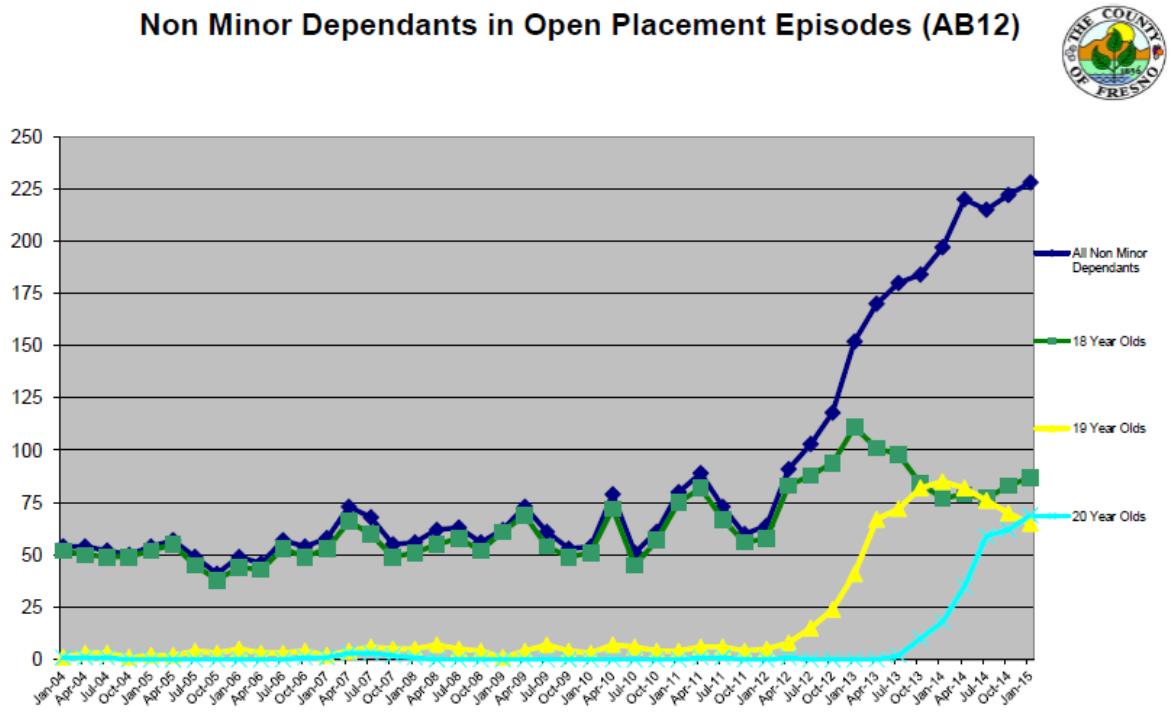
Fresno County has an Interagency Resources and Placement Committee (IRPC) that meets every other Thursday to discuss options for youth who's mental health and/or behavioral problems negatively affect their placement stability. Fresno County also has a monthly collaborative meeting for Child Welfare, Mental Health, and service provider staff to determine what is working well and what improvements are needed.

AB12

Fresno Social Workers are supporting growing numbers of Non Minor Dependents who are electing to stay in care as enabled through AB12. The work assignments are not specialized per se although they are most likely to occur in a permanency planning unit/caseload so the cases are located in the

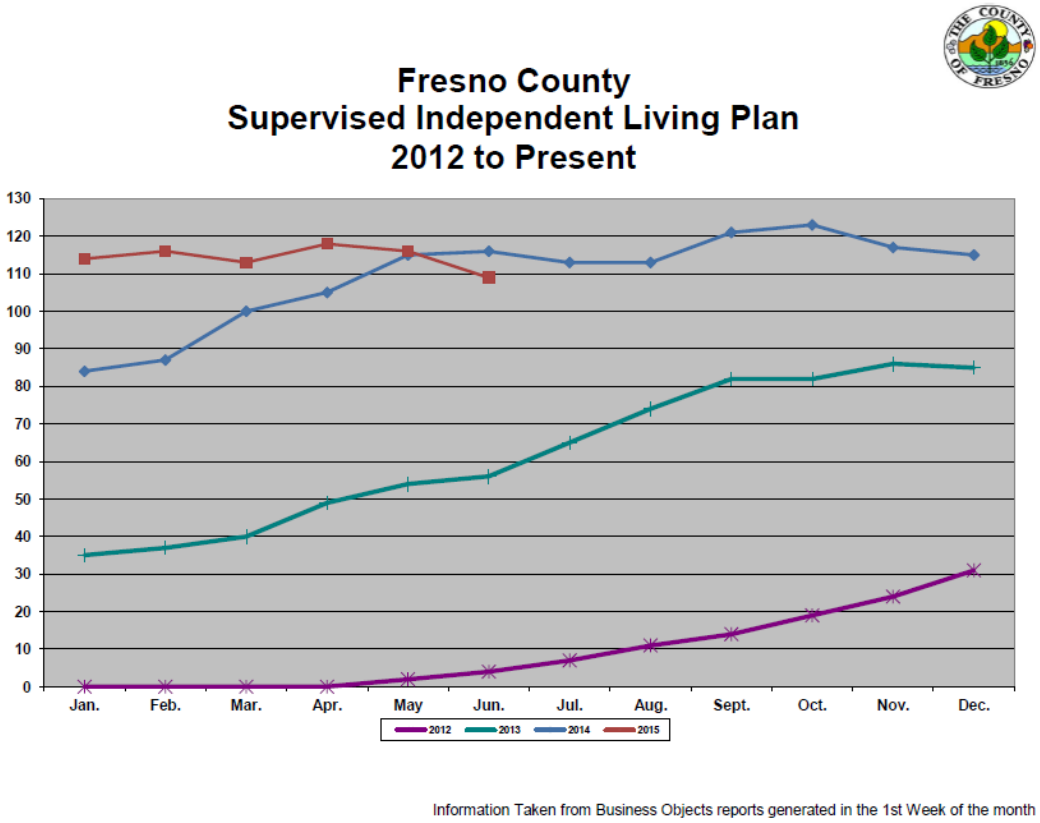
FIVE PERMANENCY PLANNING (NON ADOPTIONS) UNITS. THERE ARE ABOUT 28 WORKERS WHO HAVE ONE OR MORE NON MINOR DEPENDENTS ON THEIR CASELOADS. FOR 16 OF THOSE WORKERS ALMOST ONE THIRD OF THEIR CASELOAD IS NON MINOR DEPENDENTS. WORKING WITH YOUNG ADULTS WHO HAVE A COMPLEX STATUS, LEGALLY ADULT YET UNDER THE SUPERVISION OF THE JUVENILE COURT AND IN THE CARE OF THE DEPARTMENT AND AT TIMES A CARE PROVIDER, IS A NEW EXPERIENCE THAT TAKES FLEXIBILITY, SENSITIVITY AND IMAGINATION. EXPERIENCE HAS BEEN AN EXCELLENT TEACHER.

THE CHART BELOW SHOWS THAT PRIOR TO AB12 THERE HAD TYPICALLY BEEN 50 TO 80 EIGHTEEN YEAR OLDS IN PLACEMENT WHO WERE WORKING THROUGH TRANSITION GOALS SUCH AS HIGH SCHOOL, IMMIGRATION STATUS OR TRANSITION TO A SYSTEM OF CARE FOR DEPENDENT ADULTS. IN JANUARY 2012 THOSE NUMBERS GREW AND PEAKED IN 2013 AT OVER 100. THE NUMBERS MORE RECENTLY HAVE SETTLED AROUND 80. IN 2013 THE EIGHTEEN YEAR OLDS OF AB12 TURNED NINETEEN AND STAYED IN CARE TO A HIGHEST LEVEL OF ABOUT 80. IN 2014 THOSE NINETEEN YEAR OLDS TURNED TWENTY AND THOSE NUMBERS ROSE TO 70. CUMULATIVELY THE TOTAL NUMBER OF NON MINOR DEPENDENTS HAS RISEN STEADILY TO OVER 225. WITH IMPLEMENTATION NOW FULL TO AGE TWENTY-ONE IT IS PREDICTED THAT THE TOTALS SHOULD PLATEAU AND POSSIBLY DECLINE IF THE NUMBERS OF SEVENTEEN YEAR OLDS WITH A PERMANENCY PLANNING SERVICE COMPONENT ARE LOWER THAN IN PREVIOUS YEARS WITH INCREASED SUCCESS IN TIMELY REUNIFICATION AND PERMANENCE. AB12 HOWEVER HAS BEEN AN INCENTIVE FOR SIXTEEN AND SEVENTEEN YEAR OLDS TO STAY IN CARE AND RECEIVE THE ADDITIONAL THREE YEARS OF SUPPORT IN TRANSITIONING INTO ADULTHOOD.



Prior to January 1, 2012, when a youth turned 18 they could stay in care to finish high school or resolve other specified issues. AB12 established eligibility criteria for any youth in care to stay in care until age 21 (phased in)-Q4 2014 data extract

A PLACEMENT OPTION THAT WOULD BE EXPERIENCED BY A YOUNG ADULT AS LESS RESTRICTIVE IS THE SUPERVISED INDEPENDENT LIVING PLAN (SILP.) THE CHART BELOW SHOWS THAT AT THE BEGINNING OF AB12 THE UTILIZATION OF THIS OPTION WAS SLOW TO DEVELOP BUT BY THE MIDDLE OF 2013 WAS BEING USED EXTENSIVELY AND CURRENTLY IS USED ABOUT HALF OF THE TIME.



CONTINUUM OF CARE REFORM

FRESNO COUNTY IS A PART OF THE STATEWIDE CONVERSATION REGARDING THE CONTINUUM OF CARE REFORM AND HAS INCLUDED CONVERSATION WITH THE FOSTER FAMILY AGENCY DIRECTORS' ROUNDTABLE AND INTENDS TO INTEGRATE THE CONTINUUM OF CARE REFORM INTO THE NEXT UPDATE OF THE MASTER AGREEMENT BETWEEN DSS AND THE FOSTER FAMILY AGENCIES.

CALIFORNIA PARTNERS FOR PERMANENCY (CAPP)

AS PREVIOUSLY NOTED FRESNO COUNTY IS ONE OF THE FOUR IDENTIFIED COUNTIES TO DEVELOP AND IMPLEMENT THE CAPP PRACTICE MODEL. WHILE THE FIFTH YEAR OF THE GRANT ENDS IN SEPTEMBER OF 2015 THERE WILL BE A NO COST EXTENSION OF ONE ADDITIONAL YEAR TO CONTINUE WITH THE FEDERAL TA IN THE EVALUATION PROCESS.

Board of Supervisors (BOS) Designated Commission, Board of Bodies

The BOS-Designated Public Agency

The public agency designated by the Fresno County Board of Supervisors to administer the CAPIT/CBCAP/PSSF programs is the Fresno County Department of Social Services (DSS). Administratively DSS is led by the Social Services Director and five Deputy Directors responsible for the management of child welfare and employment/welfare programs.

Child Abuse Prevention Council (CAPC)

Since 1995, the Fresno Council on Child Abuse Prevention (FCCAP) has been is the BOS designated entity serving as the Child Abuse Prevention Council (CAPC) for Fresno County. FCCAP, a non-profit organization, provides services through direct outreach, education training and referrals for children and families who are or may be at risk. FCCAP also provides training to professionals and paraprofessionals on Child Abuse Mandated Reporting and Child Abuse Prevention, and coordinates the Child Death Review Team. Community education and outreach includes local health fairs, agency newsletter, print, video and audio library and by multi-media means, including print, web site, video, and television. (see page 111 for a complete listing of prevention trainings available to the public)

County Children's Trust Fund (CCTF) Commission, Board or Council

The Fresno Council on Child Abuse Prevention (FCCAP) serves as the County's CCTF council. CCTF information as specified in W&I code §18970 (c) is collected and published in the FCCAP's annual report. The annual Community Based Child Abuse Prevention (CBCAP) allocation is administered through the CCTF.

PSSF Collaborative

DSS convenes a committee of community leaders, called the Key Advisors, that serve as an advisory body to the DSS Director, and are designated as the PSSF Collaborative. The Key Advisors review, comment and provide guidance and counsel to the Director in the following areas:

- Implementation of the Child and Family Practice Model
- Implementation of the Child Welfare Integrated Strategic Plan and major initiatives
- Identification of systemic issues that impact services to families
- Input in the Department's contracting process
- Input for PSSF funding and contracts.

Management Information Systems

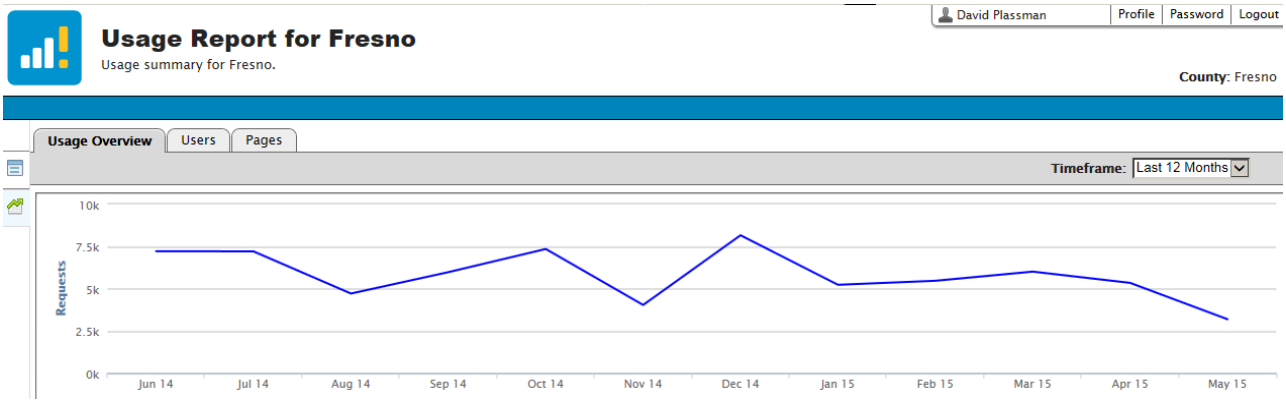
Child Welfares Services/Case Management System (CWS/CMS)

CWS/CMS is the technological system used throughout California for the documentation of child welfare activity in referrals (investigation of allegations) and case services both voluntary and court ordered. The breadth of information that the system has the capacity to record is more extensive than the staff of any county has the capacity to utilize. The goal in Fresno is to support the utilization of as much of that capacity as possible beyond those elements that are required and to identify opportunities to improve in quality and consistency in documentation. While line staff and their supervisors predominantly use the system to record case activity there is an effort to increase their awareness of how the system is used to extract aggregate data for federal reporting as well as outcome measurement.

SafeMeasures

SafeMeasures provides extensive caseload tracking information as well as Federal Outcomes Measures tracking. Data is reflective of the quality of information entered into CWS/CMS. Daily extracts are received from CWS/CMS based on contractual agreement NCCD has with the State. There are numerous caseload-based reports & graphs as well as Federal Outcomes Measures

The reporting system was developed as a result of the lack of user friendly reports available in CWS/CMS itself. It provides a more thorough analysis and presentation of pertinent case related data. SafeMeasures is used by staff, supervisors, managers and administrators (262 individual users) to track activities and outcomes on a daily basis. There are between five and eight thousand data requests per month (around 240 per day,) primarily focused on monthly contacts, case plans and referrals. The CQI Support unit also uses it to track and support data integrity.



Request Summary	
Requests	69831
Individual Reports	264
Individual Users	262
Days w/ Request	286
Average per Day	244.2
Median per Day	237.5

Top 10 Pages	
Page Name	Requests
Face-to-Face Contacts	9481
Open Cases: Case Plan Status	8382
Open Investigations (Referral Date)	4587
Referrals	2838
Primary Assignments by Service Component	2323
Time to Investigation - By Referral	2054
AFCARS Foster Care Data Elements	1611
Open Placements by Placement Facility Type	1600
Time from First Actual Contact to Close - By Referral	1278
Referral Disposition	1228

Structured Decision Making (SDM)

Structured Decision Making facilitates an actuarial assessment of Safety and Risk along the case continuum. Paired with clinical assessment it provides an extended ability to support and assess the quality of decision making in the areas of safety and risk. It is used primarily in the investigation and early stages of a case. SDM has elements to be used in the life and end of the case but that is an area that remains to be utilized due to competing priorities for practice growth.

Business Objects

Business Objects provides the opportunity to extract and analyze data from CWS/CMS for all available data fields. In Fresno the Information Technology staff provides regular and ad hoc reports as requested by administrative staff to support program management needs.

Efforts to Outcomes (ETO)

Efforts to Outcomes is a web based software platform from Social Solutions used by most California counties to record and track various child welfare activities in specified arenas. The software allows for reports and data extractions which provide foundational support and generates information for state or federal oversight. Fresno uses ETO in four areas:

1. Team Decision Making (TDM)-recording TDM Events and results
2. ILP-recording assessments for older youth
3. CAPP- recording CAPP activities for the Decision Making Data System
4. Annual report to the Office of Child Abuse Prevention (OCAP)

County Case Review System

Fresno County Child Welfare and Probation Departments have developed a variety of mechanisms to review cases throughout the dependency or delinquency process to ensure that the County is meeting the needs of the children and families they serve.

County Case Review System-Child Welfare

Court Process

The Fresno County Juvenile Dependency Court conducts periodic hearings for all cases in which a petition has been filed alleging abuse or neglect of a child, and during those hearings, the Court reviews the case information to determine whether the child's needs are being met. If the child is placed in out of home care, the Court will set a Disposition Hearing within 10 days of the Jurisdiction Hearing, and if the child remains in the home with the parents, the Court will set a Disposition Hearing within 30 days of the Jurisdiction Hearing. During the Disposition Hearing, the Court will review the written material and testimony presented by all parties in order to confirm a course of action for the family that best suits the needs of the child and maintains the child in a safe environment. If the child is returned to the parents' care at the Disposition Hearing, the Court will set a review hearing every six months until dismissal to review all case information, determine whether the child's needs continue to be met, and whether sufficient progress has been made toward achieving the case plan goals to dismiss dependency.

If the child is not returned to the parents' care at the Disposition Hearing, and the Court determines that the parents are not entitled to Family Reunification Services, the Court will set a Permanency Hearing within 120 days of the order denying Family Reunification Services in order to confirm an appropriate permanent plan for the child. If the child remains in out of home care at the Disposition Hearing and the parents are entitled to Family Reunification Services, the Court will set a review hearing within six months of the "date of entry into foster care" to review all information and determine whether the child's needs continue to be met. The Court will also determine whether the child can safely be returned to the parents' care, and whether the parent is entitled to additional Family Reunification Services. If the Court determines that the child cannot safety return to the parents' care, the Court will order additional Family Reunification Services, or the Court will terminate Family Reunification Services and confirm an appropriate permanent plan for the child.

If the child remains in out of home care at the Six-Month Review Hearing and the parents are entitled to additional Family Reunification Services, the Court will set another review hearing within twelve months of the "date of entry into foster care" to review all information and determine whether the child's needs continue to be met. In addition, the Court will determine whether the child can safely be returned to the parents' care, or the Court confirms an appropriate permanent plan for the child. If the child is unable to return to the parents' care at the Twelve-Month Review Hearing, but the Court determines that there is a substantial probability that the child will be returned to the custody of the parents within six months, the Court will set another review hearing no later than eighteen

months after the Detention Hearing, and the Court will determine whether the child can safely be returned to the parents' care, or the Court will confirm an appropriate permanent plan for the child.

If the Court terminates Family Reunification Services at the Six-Month, Twelve-Month or Eighteen-Month Review Hearings, the Court will set a Permanency Hearing within 120 days of the order terminating Family Reunification Services in order to confirm an appropriate permanent plan for the child. After the initial Permanency Hearing, the Court will set Post Permanency Planning Review Hearings every six months until the dependency is dismissed to review all case information, determine whether the child's needs continue to be met, and determine whether progress is being made toward the identified permanent plan.

Fresno County strives for permanency from a child's first entry into foster care. Fresno County's primary goal is to achieve permanency by reunifying children with their birth parents. However, during the reunification process, Fresno County Social Workers also work with the family to develop a concurrent plan in the event that the child cannot safely return to the parents' care. At the child's entry into foster care, Fresno County conducts a Family Finding search for relatives that will consider taking placement of the child, prior to assessing non-relatives as permanency options. If the child cannot be reunified with their birth parents within statutory time frames, and there are no relatives available to take placement of the child, Fresno County Social Workers will complete a Risk-Adopt referral to locate an adoptive family. Once the case is set for a Permanency Hearing, the Department assesses the child for the most appropriate permanent plan, with a primary goal of adoption. Fresno County makes every effort to terminate parental rights and establish a plan of adoption prior to the child being in care for 15 months, when no compelling reason exists for prolonged reunification efforts. Fresno County tracks the timeliness of the adoption process by requiring the Social Workers to submit a form indicating when the child came into care and if the child exited the foster care system timely. Additionally, SafeMeasures has a data set that identifies all children that have been in out of home care for 15 of the last 22 months.

If the Department determines that adoption is not in the best interests of the child and termination of parental rights is a detriment to the child, this assessment is documented in the 366.26 court report and sent to court. All supporting evidence indicating that termination of parental rights is a detriment to the child such as observations of supervised visits as well as conversations with the child, birth parents, care providers, and service providers is documented in CWS/CMS. This supporting evidence is articulated in the court report and submitted as discovery to Court.

When sending notice for Court Hearings, all parents, caregivers, tribes (when identified), CASA (when applicable), and youth over 10 years of age are provided with information regarding the hearings based on the California Juvenile Court Guidelines. The process for Court notice is that the case managing Social Worker identifies all applicable parties on an internal document which is provided to clerical staff who send out notice.

The Department of Social Services has implemented a new drug court program through Dependency Court called, Family Treatment Dependency Court (FTDC). FDTC is a voluntary program that assists parents in addressing their substance abuse issues in order to increase the chances of reunification and minimize the time frame of reunification. In addition, Fresno County anticipates that participation in FDTC services will reduce repeat incidents of maltreatment of children and the number of families requiring subsequent Department of Social Services (DSS) and Dependency Court intervention.

The Core FDTC Group consists of the Judicial Officer, the DSS FDTC Liaison, the Court FDTC Coordinator and a DSS Substance Abuse Specialist (SAS). FDTC Hearings are held every other week to hear from parents and to discuss their progress with services and visitation. There are no transcripts or rulings made at the FDTC hearings regarding the family's dependency case; however, the Core FDTC Group may make recommendations to DSS on how to proceed with the dependency case. FDTC may also reward the parent with incentives.

Fresno County works with Court Appointed Special Advocates (CASA) on the mutual goal of preserving the family as a unit when it is in the best interest of the child. When the appointing order is received by the case managing Social Worker indicating a CASA has been appointed by the Court on behalf of the child(ren), the Social Worker will meet with the CASA representative to plan for ongoing communication and collaboration, ensure that CASA receives a copy of all court reports as well as discovery, and to ensure that CASA receives invitations to all meetings concerning the child(ren) in the case. In the event that problems arise involving a Social Worker and CASA representative, Fresno County has a CASA Liaison who intervenes between the two agencies. This arrangement has been mutually beneficial to both agencies.

Current challenges in the relationship between Fresno County and the Juvenile Dependency Court are varied, but they tend to be centered around communication. Large amounts of information need to be relayed to the Judicial Officers, Attorneys, and Court Staff in a clear and concise manner within a short amount of time. A breakdown in communication can cause conflict between all parties which can lead to disagreements regarding timeliness, rulings, and service compliance. Additionally, the adversarial nature of the court process can further enhance those conflicts.

Fresno County is making ongoing efforts to improve communication with the Courts through various meetings with Judges, County Counsel, and Attorneys. Monthly brown bag lunches are held with Department Administrators, Judges, and Attorneys to discuss current concerns in court and brainstorm possible solutions. Additionally, Department Managers meet monthly with the Judges to address specific questions and concerns that they may have. The Department does internal case reviews of court reports and reasons for continuances in order to improve county practice.

Case Planning Process

Case plans are developed at the beginning of both voluntary and court-ordered Child Welfare cases, and they outline the concerns that brought the family to the attention of the Department. Case plans are case specific and are formulated by the case managing Social Worker in conjunction with the parents, Mental Health providers, foster care providers, family support systems, children (when appropriate), and CASA (when appointed). Case plans are reviewed at regular intervals during teaming meetings, involving the aforementioned parties, and updated prior to each court hearing, or every three to six months. Social Work Supervisors monitor case managing Social Workers to ensure that case plans are up to date through utilization of SafeMeasures.

Case Plans are revised at regular intervals and prior to each court hearing. Case managing Social Workers will hold teaming meetings to engage the family, youth, services providers, and family support system to brainstorm and develop the next steps necessary to meet case plan goals. Case plans are updated by the case managing Social Worker and signed by the parents, Social Worker, and Social Work Supervisor. Case plans are updated to reflect the most current case standing. As participants achieve the goals outlined in the case plan, the case plan is updated to reflect those achievements as well as the next steps needed to fulfill the case plan goals. Case plans are monitored by the case managing Supervisor, as well as the Court when applicable. Direct supervision provides support, consultation, direction and coaching through individual conferences with Case Managers regarding caseloads. Supervisors are responsible for reporting outcomes and data on their unit to the Program Manager and the Supervisors receive the similar support, direction and consultation regarding their unit's and individual workers' performance and the outcomes of their unit.

DSS offers a variety of services to individuals and families that are impacted by Mental Health issues. In order to improve the assessment of Mental Health Needs and the delivery of services to children in out of home care, DSS has implemented a screening tool that is completed by the Social Worker at the time of removal. DSS is currently screening every child as they enter into a Child Welfare case, and the screening tool includes behavioral indicators to assist staff in articulating the level of severity in different areas of consideration. The Social Worker then sends the screening tool to the Child Welfare Mental Health (CWMH) Team (co-located Mental Health staff) for prioritization and a referral to one of the contracted vendors. The CWMH Team triages the referrals and provides consultation to Social Work staff regarding Mental Health questions staff may have involving a child or family. The CWMH Team also determines the expediency of the referral based on the responses within the screening tool, and the referral levels are: urgent (within 3 days); priority (within 15 days); routine (within 30 days). The vendor also receives the screening tool, so the information can be used to assist the clinician in understanding the current concerns.

All Mental Health Providers are currently under contract for family-focused services. The vendors utilize evidence-based interventions aimed at attending to trauma and the issues faced by children and families involved in the Child Welfare System. The entire family is referred to the same vendor and that vendor provides community-based services in the home. Vendors also provide medication

support to families in the same agency, which allows for continuity of care, conjoint counseling (as appropriate) and strong communication between the treating parties related to any medication recommendations/prescriptions. Treatment goals are aligned with the issues that brought the family to the attention of the Department, and the Mental Health Provider is involved in teaming meetings with Social Work staff, the family and any other support or service providers to assist in case planning as well as the creation of a comprehensive case plan goal. Consequently, the family has a voice regarding Child Welfare and Mental Health case plan goals, and the Mental Health Providers are able to understand the progression of the family's case plan. During the meetings, any issues or concerns related to Mental Health Services, medications or related case plan goals can be discussed, and the next steps identified, so everyone understands their role in the case plan.

Fresno County has also been focusing on improving the quality of visitation, and DSS is currently implementing a new trauma-informed visitation model, which draws upon the Family Teaming Model and Safety Organized Practice. The visitation model brings the children, parents, care providers and support people together to identify visitation needs and develop a visitation plan that addresses the needs of the family, while providing for safety of the children. The plan is developed through teaming meetings during which all parties share their ideas and identify the roles they will play in the visitation plan. Teaming meetings are held at regular intervals to develop the visitation plan, identify visitation goals and outline visitation roles. Parents, children and Care Providers are encouraged to share their expectations and concerns regarding visits, and visitation plans are developed to minimize trauma and utilize natural family support systems.

The visitation model facilitates a collaborative family-planning process in which visits are designed to maximize the opportunity for parents to demonstrate their ability to keep their children safe throughout all stages of visitation. The visitation model is also designed to ensure that visits are natural, comfortable and planned ahead of time by the parents, children and their team. There are three phases of practice within the model to ensure collaboration. The first stage is the preparation stage in which all parties clarify the safety, permanency and well-being issues, and prepare to work as a team to plan visitation. The second stage is the initial team meeting, which allows the care providers, parents, Social Worker and anyone currently monitoring the visitation, or who could potentially monitor the visits, to meet with each other and create the initial visitation plan. The last stage is the monitoring/adapting stage during which visits are regularly debriefed, giving the parents feedback, and the visits progress along the continuum of safety while the children are in out of home care.

Fresno County has just begun the implementation process of the visitation model, and ongoing Case Management Units have begun using the model. Fresno County anticipates the success of this model, which ensures that parents and care providers have the opportunity to work together to reduce the trauma of separation between the parents and the children. the model should provide clarity regarding what the parents should be doing to ensure that their children are safe during visitation. The team would also be mobilized and ready to respond to conflict, unplanned risk to the children or unforeseen circumstances which affect visitation.

Case planning for Native American families begins once a child has been identified as enrolled and/or eligible to be enrolled in a Native American Tribe. The Social Workers make active efforts to ensure that cultural-based services are being provided to the family and children, and they work actively with a representative of the identified tribe to ensure that the cultural needs of the family are being met. The Department uses the teaming process, which means the Social Worker works diligently with the tribe by including them in all staffings, mappings, Team Decision-Making Meetings and any family group meetings, and tribal participation is always a priority in making decisions for any Native American families. The Department's Emergency Response and Family Reunification Social Workers have established relationships with local Tribal Representatives to ensure that tribal input is obtained from the beginning.

Some challenges in addressing the needs of Native American families have included, ensuring that appropriate cultural-based services are available to the families who identify as Native American, but ICWA is determined to be inapplicable. In addition, more cultural-based services are needed, as there is currently only one Native American Service Provider. To address some of these issues, DSS has established two ICWA Units within two separate Family Reunification Divisions, and each unit has two or more ICWA Social Workers who have been trained in the Indian Child Welfare Act mandates as well as California Partners for Permanency (CAPP). The ICWA Social Workers receive ongoing training and coaching by the ICWA supervisors and Tribal Family Consultants, and the ICWA Social Workers utilize the Tribal Family Consultants to help with the cultural aspects of a case. The Consultants provide feedback to the Social Workers after every mapping, meeting, and/or Team Decision-Making Meeting in order to improve cultural-based service delivery. The Social Workers receive feedback and implement changes to their practice and/or service delivery on a case by case basis.

DSS also created an ICWA Task Force that implemented Listening Sessions, during which Administration listens to the concerns of the Tribes, and the Listening Session Committee now oversees three additional committees – ICWA Practice, ICWA Engagement and ICWA Coaching. These committees meet monthly, and local Tribes have reported that these meetings are beneficial to their relationship with DSS.

In addition to ICWA cases, Fresno County has encountered various challenges involving case planning for all families, some of which include engagement with the parents, designing case plans that are case-specific and guaranteeing that parents have a voice in the goals and services involved in their case plan. Historically, case plans had been standardized to include typical services offered by the Department, and those services were explained to the client without any input from the client or their support system. Case plans were also focused on compliance rather than behavioral change. In addition, Social Workers often struggled with updating case plans timely to ensure that the active case plan accurately reflected the current case status.

Fresno County has strived to improve client engagement by implementing a new practice model. The practice model provides a new way of working with children and families that guides all of the agency's interactions, from Social Workers and Case Aides to Leadership and Administration, in order to ensure that everyone at all levels is listening, learning and working in partnership with

families, communities and tribes to meet the needs of the children. The goal of this practice model is to provide children with the greatest support possible to safely remain with their families, return to their families or live with relatives/mentors with whom they have significant family or Tribal relationships.

Social Workers have participated in trainings to enhance their skills with the tools necessary to better engage clients, and Teaming Meetings are held to ensure that all parties involved in the case can develop partnerships to create the best outcomes for the children and families. DSS continues to monitor the practice model through Fidelity Assessments, during which CAPP-trained staff members engage in direct observation to determine whether the practice model is having the desired impact on children and families. The Fidelity Assessments are designed to measure the progress of DSS rather than individual Social Workers, and the information is reported to Management as well as support staff in order to improve training and practice.

Fresno County is also beginning to implement Continuous Quality Improvement (CQI) to review county practices. CQI is the complete process of indentifying, describing and analyzing strengths and problems, and then testing, implementing, learning from and revising solutions. Based on the implementation of the CQI philosophy, Fresno County case reviews will now be conducted on a continuous basis using the Child and Family Services Reviews tool (CSFR). Information obtained during the CSFR reviews will be provided to DSS Administration and staff to enhance training in areas that need improvement, as well as highlighting areas of strength.

Foster and Adoptive Parent Licensing, Recruitment and Retention

Fresno County's process for maintaining standards for Foster Family Homes and Relative/Non-Related Extended Family Member (NREFM) Homes, which are receiving Title IV-E or IV-B funds, is structured in accordance with the guidelines under California Department of Social Services (CDSS) Title 22 Division 6 Chapter 9.5 Article 1-5 regulations. There are two units that ensure compliance with requirements for criminal record clearances for both Foster Family Homes and Relative/NREFM Homes, and they are the Fresno County Licensing Unit and the Home Approval Unit (HAU). A home cannot be licensed and/or certified unless they have completed a criminal background clearance on all adults residing in the home and/or frequenting the home. Fresno County receives information regarding any subsequent criminal arrests for all individuals who have been cleared to be in the home.

DSS policy requires Child Welfare Staff to comply with the requirements of the Indian Child Welfare Act, Senate Bill (SB) 678, BIA Guidelines and the California Rules of Court 5.480 to 5.487 in all referrals and cases involving Native American children who are, or may be, members of/eligible for membership in a federally recognized Tribe. In addition, Fresno County practices in the spirit of ICWA, which means DSS Child Welfare staff members also work with all non-federally recognized tribes and Native American children who are not eligible for membership in a Tribe.

During the process of obtaining information for a referral, DSS Careline Staff may become aware that a family has, or may have, Native American ancestry, and in such cases, the referral should be assigned to a DSS ICWA Specialist. The primary Social Worker will then submit a Home Approval Referral (HA-R form) to the Home Approval Unit (HAU), and the HAU Social Worker is responsible for completing background clearances as well as any criminal exemptions. However, DSS collaborates with the Native American Tribes, as it is the Tribe's responsibility to complete the home inspection and approve the physical home.

Collaboration between DSS and local Tribes has greatly improved, but there are still challenges involving the process of the Tribes assessing the homes, and the Tribes recognize that more identified tribally-approved homes are needed as a resource for Fresno County. At this time, there are two DSS ICWA Coaches who are trying to identify existing Native American Homes that have already been approved by the County and/or licensed by an FFA in order to remedy this problem. The ICWA Coaches also work with Child Welfare Staff to help them better understand the process, and the Coaches provide assessment guidelines to the Tribes in an effort to increase the number of tribally-approved homes.

Fresno County strives to ensure that available resources are being used to facilitate a timely permanent plan of adoption for children, and if a child is in a foster home and/or relative/NREFM home that is interested in adoption, the Adoption Social Worker can refer the family to one of the local adoption agencies participating in the Private Adoption Agency Reimbursement Program (PAARP) to complete their home study. The Adoption Social Workers will complete the necessary Adoption Placement forms with the adoptive family, and the goal of the PAARP referral program is to expedite the completion of the home study, adoptive placement and finalization paperwork for the child and the family.

In 2011, Fresno County became involved in the Quality Parenting Initiative (QPI), which is an approach to improving the quality of foster care, including kinship care. The core premise is that the primary goal of the Child Welfare System is to ensure that children receive effective and loving parenting. The best way to achieve this goal is to enable the child's own parents to care for him or her. However, if the child is unable to remain in his/her parents' care, the system must ensure that the foster or relative family caring for the child provides the loving, committed and skilled care the child needs, while working effectively with the system to achieve the child's long term goals.

The key elements of the QPI process are:

- To define the expectations of caregivers;
- To clearly articulate these expectations; and then
- To align the system so that those goals can become a reality.

The number of Fresno County foster homes has been decreasing, and as a result, DSS has been planning to utilize the QPI philosophy to address the issue in two ways:

- to support the current foster parents who are currently with the County
- recruit additional County foster homes.

In order to facilitate the establishment of the QPI Process, a Foster Parent Resources (FPR) Social Worker will be assigned to a caseload of foster parents in order to provide them with support. The goal of pairing a particular FPR SW to a group of foster parents is to develop a relationship between the SW and the foster parents, which will consist of monthly telephone calls and in-person contacts every three months. The philosophy behind recruitment is that current foster parents will provide word of mouth referrals to other prospective foster parents as a result of their positive experience being a Fresno County Foster Parent.

Fresno County continues to partner with Fresno City College through the Foster and Kinship Care Education Program to provide educational training opportunities for current and prospective foster parents as well as relative/NREFMs. The classes are designed to meet the training criteria to become a Fresno County Foster Parent and to learn about the emotional, behavioral and developmental needs of the children in the foster care system. Effective July 1, 2015, foster parents and relative/NREFMs will have to complete the same pre-service training in order to be considered a resource family for Fresno County. The eight-week sessions will include information regarding the following topics:

Session1: "Open Your Heart Open Your Home"
Session 2: "Trauma 101"
Session 3: "Understanding Trauma's Effects"
Session 4: "Building a Safe Place"
Session 5: "Dealing with Feelings and Behaviors"
Session 6: "Connections and Healing"
Session 7: "Becoming and Advocate"
Session 8: "Taking Care of Yourself"

Fresno County also has a Foster Family Agency (FFA) Liaison who is in charge of addressing any needs between the Department and FFA agency homes.

The following efforts have been made by the County in order to address the needs of special populations, such as older children, foster youth with non-dependent children and/or children with special needs, for which placement resources are limited:

Fresno County has continued to participate in Family Finding and Engagement efforts, and in 2011, DSS dedicated two Social Workers to the task of Family Finding and Engagement. At that time, the efforts were focused on children in out-of-home care, who had an ethnic background of African-

American or Native American, were over the age of 14, and/or had been in multiple placements. In 2013, DSS began focusing on all children that enter the Child Welfare System, or who linger in the system due to multiple placements, and the goal is to establish permanence for children through family visits or placement. In addition, DSS began to plan for permanence immediately after the Juvenile Dependency Court detained the child by assisting in locating absent parents, older siblings, extended relatives and any other individuals who had significant involvement in the child's life.

The number of children served as a result of Family Finding efforts during the last five years is as follows:

- 2011: 36 children
- 2012: 222 children
- 2013: 574 children
- 2014: 234 children
- 2015: (January – March) 101 and climbing

It should be noted that DSS currently provides services to youth who have reached the age of majority (18) and request to remain dependents of the Court in foster care. Fresno County also provides services to youth who have reached age of majority, but they no longer wish to be dependents of the Court. The aforementioned services can include, housing contracts, locating housing and/or Case Management Services.

In addition, Fresno County has Whole Family Foster Homes (WFFHs), which are designed to meet the needs of pregnant and parenting teens as well as their children. The WFFH placement option is specifically designed, and the care providers are recruited and trained, to assist the minor parent in developing the skills necessary to provide a safe, stable and permanent home for their child(ren). The purpose of the WFFH placement is to ensure that teen parents in out of home care receive assistance and mentoring from their care providers. A WFFH placement can be an approved relative or non-relative home, an extended family member's home or a certified family home that provides foster care for a minor parent and his or her child(ren). There is currently one Whole Family Foster Care Liaison who works alongside the ongoing Case Manager and the Training Academy. The Liaison obtains referral information from the Case Manager and passes it along to the Whole Family Trainer. Once the care providers have completed orientation, the Liaison will assist the Case Manager with completing the Shared Responsibility Plan between the care provider and teen parent. The Liaison will also complete the Special Care Increments Form and provide it to Foster Parent Recourses, who will update the payments received by the care provider and teen parent.

As a result of Senate Bill 163, DSS has continued to provide services to children and families with complex needs, and Wraparound (Wrap) and MATRIX are the main programs used by Fresno County. Wraparound Services are provided by EMQ Families First as well as Mental Health Systems, and these programs support parents, care providers and children in overcoming the challenges they are facing. The ultimate goal of Wrap is to stabilize children in their current placement and prevent moving them to a higher level of care. MATRIX is another program offered by EMQ Families First, and it is also a community-based alternative for high risk children who are at risk of losing their

placement. The target age range for these programs is 13-17, but children under 13 can receive assistance if their behaviors meet the criteria for this level of service.

Fresno County has also done targeted recruitments, which include the following examples:

A nurse was able to recruit several other registered nurses to take placement of medically fragile children.

A booth was set up at the Gay Central California Spring Fling and the Pride Festival in an effort to recruit families for the LGBTQ youth.

Fresno County has a Family Resource Center Coordinator, and one of the Coordinator's duties involves attending community events in order to recruit foster families and adoptive families for Fresno County. While attending these events, the Coordinator has also been able to provide relatives/NREFMs with information about how to become a resource family for relatives that are in foster care. In addition, the Coordinator attends several block parties throughout the year that are coordinated by the community agency, Bringing Broken Neighborhoods Back to Life (BBNBL). BBNBL is a Police and Community partnership, which combines the efforts of law enforcement and faith-based organizations to provide "Community Outreach" events for at risk children within Fresno City neighborhoods.

County Case Review System-Probation

There are a few routes that may lead a youth to the Placement Unit of the Probation Department. The most frequent route is when a youth comes into the jurisdiction of the Delinquency Court when arrested for a law violation while already under the jurisdiction of Dependency Court.
The other route is when a non-foster youth is arrested and the Court finds it inappropriate or unsafe for the youth to return home if the youth victimized someone in the home, either sexually or violently.

Upon a the Juvenile Court ordering the minor under the care, custody, control and supervision of the Probation Officer for suitable placement pursuant to Welfare and Institution Code 727(a), the case will be transferred to the Placement Unit of the Probation Department.

Staff, Caregiver and Service Provider Training

DSS has worked collaboratively with the CCTA to ensure that Social Workers and Supervisors have the opportunity to complete all CORE requirements within their first twelve months of employment. However, during the past two years, issues such as employee turnover, case coverage and required court appearances have impacted new employees' ability to complete their CORE training within the required timeframe. On April 21, 2015, the Fresno County Board of Supervisors approved a DSS agenda item requesting the addition of six Social Worker positions and one Social Work Supervisor

position to Fresno County Child Welfare. DSS had been unable to add positions to Child Welfare for over a decade despite increased mandates and increased numbers of children entering care. With the addition of these positions, DSS anticipates bringing staffing up to "recommended" levels.

There are several DSS Supervisors, Managers and Administrators who are included in e-mail distribution lists for community partners and/or state-affiliated programs that provide training. Training needs have been identified in several ways, such as new legislation as well as newly posted ACLs and/or ACINs, and self-identified training needs are based on outcomes.

DSS Staff Development recently implemented SABA, a new cloud-based Learning Management System (LMS) to support and bolster training for the Department. SABA enables DSS to retire prior systems and use a well-integrated system that will maintain and track training requirements as well as training records and simplify schedules.

Staff Development and DSS Administration have also been working with the Central California Training Academy, UC Davis and other organizations to provide staff with training regarding trauma. In addition, some staff members have been able to participate in webinars that were made available concerning the subject. Specifically, DSS staff has been able to participate in Trauma Informed Practice with Jaiya John, and some topics that were covered include:

- The Nature of Trauma
- Compassionate Listening
- Hoarding Trauma
- Building Relational Spaces

Fresno County DSS began Sexual Orientation, Gender Identity and Expression (SOGIE) Training in 2014. The interactive training for Child Welfare Social Workers was provided by the Fresno Chapter of the California Youth Connection (CYC), and it discusses the journey each person goes through to explore and embrace their SOGIE. CYC provided similar trainings to care providers in 2014. DSS is currently partnering with the Walter S. Johnson Foundation and Get Real California to determine the next steps in practice in this area.

DSS has identified standard curriculum for both new and experiences Social Workers, which has equipped them to practice according to the CAPP/Fresno Child Welfare Practice Model. Fidelity Assessments supplement the observations and reviews by supervisors to assess the strengths and training/coaching needs of new and experienced staff. As Social Workers conduct their interviews, assessments and interventions with families, they are observed by coaches, community partners and their supervisors to ensure that their Social Work practice has model fidelity. If the observations reveal that they need any further training or coaching, they are then provided with opportunities to strengthen their skills. In the same way, supervisors are able to be observed and then additional training and coaching is provided if necessary. There are opportunities for all Social Workers in the Family Reunification, Concurrent Planning and Permanency Planning Programs to receive coaching and training according to their needs.

THE STANDARD CURRICULUM WHICH HAS BEEN ADOPTED ADDRESSES THE NEEDS OF THE UNDERSERVED POPULATIONS BY TRAINING SOCIAL WORKERS HOW TO BETTER ENGAGE ALL FAMILIES WHO COME TO THE ATTENTION OF FRESNO COUNTY CHILD WELFARE. THE TRAINING PROVIDES INSTRUCTION AND COACHING IN THE AREAS OF APPRECIATIVE INQUIRY, SOLUTION-FOCUSED INTERVIEWING AND COLLABORATIVE ASSESSMENT/PLANNING THROUGH THE INCLUSION AND INVOLVEMENT OF EACH FAMILY'S SUPPORT TEAM. THE TRAINING ALSO PROVIDES INSTRUCTION AND COACHING ON HOW TO IDENTIFY PAST AND CURRENT FAMILY TRAUMA AND HOW TO INTEGRATE THE CHILD'S THOUGHTS AND IDEAS INTO CASE PLANNING. THE TRAINING'S PURPOSE IS TO EQUIP SOCIAL WORKERS TO ENGAGE EACH FAMILY IN A WAY THAT IS MOST HELPFUL, AND WITH THE GOALS OF ENHANCING SAFETY, PERMANENCY AND WELL BEING, AS WELL AS TO REDUCE ANY SYSTEM ISSUES/TRAUMA IMPOSING BARRIERS FOR THAT FAMILY.

STAFF AND SERVICE PROVIDER TRAINING-PROBATION

PROBATION OFFICERS WHO ARE ASSIGNED TO THE PLACEMENT UNIT PARTICIPATE IN PLACEMENT/FOSTER YOUTH SPECIFIC TRAININGS, IN ADDITION TO THE TRAINING REQUIRED TO BECOME AND MAINTAIN PEACE OFFICER STATUS AS A PROBATION OFFICER.

PREDOMINATELY WITHIN THE FIRST YEAR OF BEING ASSIGNED TO THE PLACEMENT UNIT, OFFICERS WILL ATTEND THE JUVENILE PROBATION PLACEMENT CORE TRAINING PROGRAM. THIS NINE-DAY, 63 HOUR COURSE, IS COMPOSED OF THREE MODULES: COMMUNITY AND YOUTH SAFETY, SUPERVISION AND SERVICES, AND PERMANENCY. IN ADDITION TO PLACEMENT CORE, OFFICERS WILL CONTINUE TO RECEIVE A VARIETY OF TRAINING WHILE ASSIGNED TO THE PLACEMENT UNIT. THESE TRAININGS INCLUDE, BUT ARE NOT LIMITED TO FOSTER YOUTH SPECIFIC TRAINING PROVIDED BY THE UC DAVIS EXTENSION. ADDITIONALLY, THE PROBATION DEPARTMENT WILL REACH OUT TO CHILD WELFARE AND REQUEST TRAINING REGARDING TOPICS RELATED TO FOSTER YOUTH.

TO ENSURE THAT INFORMATION IS BEING SHARED WITH EVERYONE WHO IS INVOLVED WITH THE CARE OF OUR FOSTER YOUTH, THE PROBATION DEPARTMENT HOSTS AND/OR PARTICIPATES IN SEVERAL COLLABORATIVE TRAINING AND INFORMATION SHARING EVENTS. THESE INCLUDE, BUT ARE NOT LIMITED TO QUARTERLY GROUP HOME ADVISORY COMMITTEE MEETINGS, PROBATION ADVISORY COMMITTEE MEETINGS, AND CENTRAL CALIFORNIA PLACEMENT COMMITTEE MEETINGS.

TRAINING TO SUBCONTRACTORS INCLUDING FREQUENCY

FCCAP PROVIDES AN ARRAY OF CHILD ABUSE PREVENTION TRAININGS TO MEMBERS OF THE COMMUNITY, PREVENTION PROVIDERS, COMMUNITY-BASED ORGANIZATIONS AND MANDATED REPORTERS. ALL TRAININGS ARE AVAILABLE ON-SITE OR AT THE REQUESTOR'S LOCATION FREE OF CHARGE WITH THE EXCEPTION OF STEWARDS OF CHILDREN WHICH COSTS $10 PER ATTENDEE.

MANDATED REPORTER TRAINING

MANDATED REPORTER TRAINING IS DESIGNED TO ENSURE THAT MANDATED REPORTERS WHO WORK WITH CHILDREN ARE EDUCATED REGARDING WHAT CONSTITUTES CHILD ABUSE, HOW TO IDENTIFY THE FOUR TYPES OF ABUSE (PHYSICAL, SEXUAL, NEGLECT, EMOTIONAL), THE MOST UP-TO-DATE CALIFORNIA LAWS AND, MOST IMPORTANTLY,

how to report suspected abuse. This training is offered to mandated reporters and those who work/volunteer with children and the training is approximately one hour in length. Customized trainings are also available that focus on related topics, such as developmentally disabled children, shaken baby syndrome and others.

Child Abuse Training

Child abuse training is designed to engage parents and concerned family members to help identify the signs of child abuse, the dynamic and impact of this issue, and how to report any suspicions. Community resources are also provided, and this training is approximately one hour in length.

Alternative Discipline

Developed by the American Pediatric Academy, the Alternative Discipline Training provides information regarding non-physical methods to discipline children. The training is designed to teach parents alternatives to corporal punishment with positive and effective behavior management techniques and attitudes. This training is approximately one hour in length.

Stewards of Children

Stewards of Children (SOC) is an award-winning prevention training program that teaches adults how to prevent, recognize and react responsibly to child sexual abuse. SOC is designed for organizations that serve children and for individuals who are concerned about the safety of children. SOC is the only nationally-distributed, evidence-based program proven to increase knowledge, improve attitudes and change child protective behaviors. SOC provides two continuing education units (CEUs) for certified Counselors and Social Workers, and this training is approximately two hours in length.

Alcohol, Anger and Abuse

Alcohol, Anger and Abuse is an innovative community-based training program for parents, which helps parents to understand, intervene in and prevent the perpetuation of child abuse. These five-part, sixty-minute sessions address the following issues:

Session 1 – The Relationship Between Alcohol, Anger and Abuse
Session 2 – Understanding Child Abuse and Alcohol Abuse
Session 3 – The Sexual Abuse of Children
Session 4 – Family Violence, and Alcohol Abuse
Session 5 – Drinking and Emotional Abuse

Internet Safety Risks: Online Predators, Sexting and Cyberbullying

This innovative presentation utilizes the latest statistics, online resources, videos and expert tips to educate, engage and empower parents about their teen's safety both on and offline. This workshop is about understanding and preventing the following online risks:

- Online predators - Myths, predator profile, victim profile, and grooming.
- Posting personal or inappropriate information online - The effects of oversharing personal information online, and how posting personal photos online can affect the future.
- Sexting - Prevalence, why teens are sexting, and the consequences.
- Cyberbullying- Statistics, real-life stories, suicides related to cyberbullying, and signs that a teen is being cyberbullied.

Parents are also given safety tips, including information regarding dangerous apps and technological solutions for monitoring these online safety risks. This program is approximately ninety minutes in length.

First 5 Fresno County

First 5 Fresno County is a public organization that was created in 1998, when California voters passed Proposition 10, known as "The Children and Families Act." First 5 Fresno County is led by a Commission made up of seven individuals appointed by the County Board of Supervisors, and through a series of community meetings, the Commission allows the community to identify problems faced by children 0-5 and their families. The Commission then adopts a strategic plan that addresses these issues and funds programs and services that align with these plans. First 5 Fresno County will be a catalyst for creating an accessible and effective network of quality services for young children (0-5 years old) and their families.

Central to First 5 Fresno County's mission are investments that directly serve children ages 0-5 and their families, and these investments are categorized into three goal areas: Health Promotion, Early Learning and Strong families. F5FC reviewed and confirmed its strategic investment priority areas to guide the Commission's continued work, and the result of this process is a three-tiered investment framework which reflects the three levels that F5FC investments seek to influence:

- Children ages 0-5 and their families
- Community partners
- The early childhood system of care

First 5 Fresno County's desired outcomes and goals, strategies, and indicators for each tier are presented below.

DESIRED OUTCOMES

FIRST 5 FRESNO COUNTY'S INVESTMENTS ARE ALIGNED WITH THE PREDICTIVE FACTORS ASSOCIATED WITH THIRD GRADE LEVEL READING. PREDICTIVE FACTORS FOR CHILDREN READING AT GRADE LEVEL BY THE END OF THIRD GRADE ARE *LARGELY BEING SHAPED IN A CHILD'S FIRST FIVE YEARS OF LIFE*. SOME OF THESE INCLUDE:

- ADEQUATE PRENATAL CARE
- HIGH QUALITY EARLY CHILDHOOD AND EDUCATION PROGRAMS
- CONSISTENT PARENTING AND APPROPRIATE DISCIPLINE
- OPTIMAL LANGUAGE DEVELOPMENT
- SOCIAL-EMOTIONAL DEVELOPMENT

FIRST 5 FRESNO COUNTY WILL CONTINUE TO UTILIZE THIRD GRADE READING PROFICIENCY LEVELS ACROSS THE COUNTY AS THE COMMISSION'S ULTIMATE LONG-RANGE DESIRED OUTCOME. ADDITIONALLY, F5FC WILL EVALUATE THE EXTENT TO WHICH THE FOLLOWING DESIRED OUTCOMES ARE REACHED:

- CHILDREN'S HEALTH AND DEVELOPMENTAL NEEDS ARE IDENTIFIED AND TREATED EARLY
- HIGH QUALITY EARLY CARE AND EDUCATION SERVICES ARE AVAILABLE AND UTILIZED
- CHILDREN HAVE SECURE ATTACHMENTS AND ARE NURTURED BY THEIR FAMILY
- PARENTS AND CAREGIVERS UNDERSTAND, ADEQUATELY SUPPORT AND ADVOCATE FOR THEIR CHILD'S HEALTH AND DEVELOPMENT
- CHILDREN AND THEIR FAMILIES UTILIZE PRIMARY HEALTH CARE SERVICES
- YOUNG CHILDREN AND THEIR FAMILIES ARE PRIORITIZED DURING DECISION-MAKING PROCESSES

CENTRAL VALLEY REGIONAL CENTER

THE CENTRAL VALLEY REGIONAL CENTER IS A PRIVATE, NONPROFIT CORPORATION FUNDED BY THE STATE OF CALIFORNIA TO PROVIDE SERVICES TO PERSONS WITH DEVELOPMENTAL DISABILITIES. ANYONE WHO IS SUSPECTED OF HAVING A DEVELOPMENTAL DELAY OR DISABILITY, OR ANYONE WHO IS AT RISK OF PARENTING A DEVELOPMENTALLY DISABLED CHILD MAY BE ELIGIBLE FOR SERVICES THROUGH THE CENTRAL VALLEY REGIONAL CENTER. REFERRALS MAY BE MADE BY PARENTS, DOCTORS, TEACHERS, RELATIVES, FRIENDS OR INDIVIDUALS THEMSELVES. PARENTS OR GUARDIANS OF MINORS MUST GIVE APPROVAL FOR THE REFERRAL.

THE CENTER PROVIDES DIAGNOSIS, EVALUATION AND CASE MANAGEMENT THROUGH ITS OWN STAFF, AND IT ACTS AS A "COORDINATOR" OF SERVICES, WHICH ARE AVAILABLE TO THE DEVELOPMENTALLY DISABLED FROM OTHER AGENCIES IN THE COMMUNITY. THE CENTER DOES NOT PROVIDE ALL SERVICES, AND MANY SERVICES ARE PURCHASED FROM SPECIALISTS OR AGENCIES IN THE COMMUNITY.

Through one door the Regional Center can provide:

- Case Management
- Client Advocacy
- Diagnosis Evaluation
- Lifetime Planning

Or arrange for:

- Specialized Medical Treatment
- Dental Services
- Psychological Tests or Services
- Physical Therapy
- Infant Development Programs
- Specialized Education
- Vocational Rehabilitation
- Sheltered Workshops
- 24-hour Residential Care
- Respite Care
- Day Care
- Activity Programs
- Genetic Counseling
- Conservatorship
- Developmental Center Admissions
- Independent Living Services
- Support Living Services

Diagnostic and case management services are provided without cost to the family. Families may be asked to reimburse the Regional Center for a portion of all other services according to their ability to pay.

Substance Abuse

Substance Abuse is a major barrier to reunification for parents in the child welfare system in the County of Fresno. Beginning July 1, 2013, DSS formed a substance abuse treatment services master agreement with 18 substance abuse service providers.

- Lujan Recovery Programs, Inc.
- ASI Counseling and Professional Services, Inc.
- Central California Recovery, Inc.
- Comprehensive Addiction Programs
- Delta Care, Inc.
- Dunamis, Inc.
- King of Kings Community Center
- Kings View Corporation
- MedMark Treatment Centers
- Mental Health Systems Fresno First Program
- Panacea Services, Inc.
- Promesa Behavioral Health
- Spirit of Woman of California, Inc.
- Temperance Living Homes Alcohol and Drug Recovery Program
- The Light-House Recovery Program

- Transitions Children's Services
- Turning Point of Central California, Inc.
- Universal Health Network and Systems, Inc.
- WestCare California, Inc.

Providers may apply at any time to be part of the Agreement. A full array of services is available to CalWORKs and CWS clients including detoxification, residential treatment, outpatient treatment and sober living.

Agency Collaboration

Child Welfare and Probation Placement Agencies

Juvenile Probation and DSS attend monthly Juvenile Justice Commission and Group Home Advisory meetings to work in partnership and discuss placements. Both agencies also collaborate with one another regarding placement during WIC §241.1 staffings. Child Welfare and Juvenile Probation agencies utilize a joint staffing process to make recommendations to the Court when a minor appears to meet the criteria for both dependency and delinquency, and the Probation Officer conducts the staffing.

WIC §241.1 staffings include the assigned Probation Officer, the officer's Probation Services Manager (PSM) or designee, the assigned Social Worker and the Social Worker's Supervisor. At times, it is necessary to involve other agencies in the minor's case and to include them in the staffing. Such involvement in the staffing may prove beneficial, although their attendance is not required or mandatory. If other agencies, such as CASA, Central Valley Regional Center (CVRC), educational entities or Children's Mental Health, desire to attend a WIC §241.1 staffing, they should be allowed and encouraged to do so. Other agency input may prove valuable in determining appropriate jurisdiction of the minor's case.

The Probation Officer will provide a copy of the WIC § 241.1 staffing report and all court orders to the Social Worker. All information to be considered at the staffing will be provided by the Social Worker, including the WIC §241.1 information sheet that is requested by the Probation Department. The information provided will be in accordance with the Superior Court of California, County of Fresno Standing Order No: 03-01. The staffing will examine the child's history and current circumstances, the services needed by the child and parents, and which Court System can best meet those needs.

Tribes/Tribal Representative and/or Tribal Service Provider

Local tribes are given the opportunity to participate in joint home calls when an Emergency Response (ER) referral is received regarding a tribal member. tribes are also invited to all Teaming Meetings, and Administration is listening to the concerns of the Tribes/ICWA Coaches. In addition, the PPGs

and ICWA Handbook are continuously updated together. DSS staff and the local tribes recently hosted a joint presentation with Humboldt County at a NIWCA conference (www.nicwa.org), 4/19/2015 to 4/22/2015 in Portland, Oregon.

Several years ago, when DSS had Family to Family Collaboratives, one of the Collaboratives was in the foothills, and DSS became aware of a significant tribal population. After the Institutional Analysis, DSS began focusing on the experiences of African American and Native American families due to their disproportionate numbers. However, the Tribes felt that their issues were different from the African American Community, so an ICWA Task Force was created. The creation of the ICWA Task Force subsequently led to the Listening Sessions, where Administration listened to the concerns of the Tribes, and the Tribes report feeling heard during the Listening Sessions. The Listening Session Committee now oversees three committees – ICWA Practice, ICWA Engagement and ICWA Coaching, and the committees meet monthly.

At this time, there are four committees involving the Tribes: The Listening Session Committee, which oversees three other committees, the ICWA Practice Committee, the Engagement Committee and the Coaching Committee. While there is some overlap, each committee assesses the progress of meeting the needs of Native American families. In addition, SW Core Training is being vetted by the Listening Session Committee.

Linkages and CalWORKs

There are two Eligibility Workers who manage the CalWORKs Linkages Program and the soon to be implemented Approved Relative Care (ARC) Program.

- The Linkages EWs assist families linked to Child Welfare in obtaining CalWORKs assistance as quickly as possible. The CalWorks case may also include cash-based Medi-Cal and categorically eligible CalFresh.
- Effective May 1, 2015, the Board of Supervisors approved the implementation of the ARC Program. The ARC Program uses a mixture of CalWORKs and state funds to pay relatives, whose homes have been approved by DSS and who are caring for dependent children who are not eligible to receive federal foster care payments, a grant equivalent to that of the Foster Care Program.

Employment and Temporary Assistance

Linkages

Linkages began in 2005 in Fresno County, and the focus is on eligible CalWorks/Welfare To Work clients who are involved with Child Welfare. Linkages is a program in which Social Work staff and Job Specialists from Employment and Temporary Assistance (E&TA) work with families that are involved with both programs. Children and families can benefit from Linkages in the following ways:

The need for services can be identified, which can lead to a reduction in the number of required CWS referrals

Staff can assist families in providing a safe environment for their children and gaining economic self-sufficiency by coordinating services and eliminating contradictory expectations for success

Families in court-ordered dependency or Voluntary Family Maintenance may be eligible for additional support, including economic assistance such as cash payments, Employment Services, Medi-Cal or Diversion Services

CalWORKs/WTW can provide a variety of non-cash services (AB 429) to families in the CWS Family Reunification Program in order to help the family reunify and gain economic self-sufficiency

After children return home, CalWORKs/WTW can provide Post-Reunification Services, including child care and other safety plan services to decrease the likelihood of the reoccurrence of abuse Transition-age youth (18-24) can routinely be assessed for, and linked to, services to promote permanency and self-sufficiency

Service Coordination

During the Team Decision-Making (TDM) Meeting, service interventions are identified and recommended. Upon the completion of the meeting, families are seen by the Service Coordinator to set up their services and schedule their visitation, as applicable. Services may include Court Orientation, Parenting, Mental Health Assessment/Treatment, an Addiction Severity Index (ASI), a Domestic Violence Inventory (DVI), Random Drug Testing and scheduling the first two weeks of visitation. The Service Coordinator provides the family with a list of the recommended services and information about the time and location of their appointments. The family is also provided with contact information for the Service Coordinator in case they need assistance or have questions in the future. The Service Coordinator also supports Social Work staff by serving as a bridge while the case is transferred from the Emergency Response Social Worker to the Family Reunification Social Worker.

Katie A. v Bonta

pursuant to the Katie A. v Bonta lawsuit, DSS and other agencies are focusing on collaboration efforts and close engagement to directly work with professionals as a team in developing local Mental Health plans. The goal is for skilled staff, such as Clinicians, Social Workers and Wraparound Staff to coordinate service delivery in a way that produces better outcomes. The Probation Department directly participates in the aforementioned meetings and reports what is running well and what requires improvement in terms of service delivery and program development, while DSS and others do the same. Program Managers as well as Department Heads (clinical) participate in contract meetings where these issues are discussed, and some examples of the discussions include Service Provider complaints, hiring and firing practices, fiscal discussions, system challenges, training etc. The contract meetings occur monthly and the IRPC Meetings (Wraparound

case presentation to the FUSD, DBH, DSS and Probation) occur twice a month at the local DSS Office.

DSS collaborates with the Fresno County Department of Behavioral Health in delivering services pursuant to the Katie A. v. Bonta lawsuit. DSS currently screens every child/youth when they enter into an open Child Welfare case, and the screen includes behavioral indicators to assist staff in articulating the level of severity in different areas of consideration. The screening tool is sent to the Child Welfare Mental Health (CWMH) Team (co-located mental health staff) for prioritization and a referral to one of the contracted Service Providers. The co-located Mental Health staff members are from the Department of Behavioral Health. The CWMH team triages the referrals and provides consultation to Social Work staff regarding Mental Health questions staff may have related to a youth or family. The CWMH Team also determines the expediency of the referral based on the responses within the screening tool, and the referral levels are: urgent (within 3 days), priority (within 15 days) and routine (within 30 days).

DSS currently works with the following Mental Health Service Providers:

- Central Star Behavioral Health
- Mental Health Systems
- California Psychological Institute
- EMQ Families First

Wraparound Services

The Wraparound Program is a planning process that values the engagement of the child and his/her family in a manner that shifts from a problem-focused view of issues to building on individual strengths to improve family and child well-being. The process is used to engage the family as they identify their own needs and create methods and a plan to meet those needs, as well as to assist the family in creating a plan to meet their Child Welfare Services case plan goals. The goal is to provide intensive, individualized services and support to families that will enable a child to grow up in a safe, stable, permanent family environment. The program provides Mental Health and supportive services through a team of caring professionals. These services stabilize children in their current placement and prevent moving them to a higher level of care.

DSS currently meets and collaborates with the Fresno County Probation Department, the Department of Behavioral Health, other community agencies and stakeholders. DSS also routinely meets with the Wraparound Service Providers (Mental Health Systems and EMQ Families First) to provide services to children/youth who are dependents or wards of the Juvenile Dependency/Delinquency Court pursuant to Welfare and Institutions Code §300, 600 or 602. The collaboration is centered on the Mental Health needs of children/youth, which impair their daily functioning. The children/youth can receive services until they reach a maximum age (20.5 years).

EMQ Families First is the contracted Wraparound Provider that attends and collaborates with DSS case-managing Social Workers, Supervisors, CASAs, DSS Wraparound Liaisons (Social Workers) and

THE CURRENT CHILD WELFARE MENTAL HEALTH TEAM. CONSULTATION WITH THE WRAPAROUND TEAM CONSISTS OF PARTICIPATION IN A VARIETY OF MEETINGS, WHICH CONSIST OF THE FOLLOWING: (1) EMQ MONTHLY CONTRACT MEETING FOR SB 163 FAMILIES FIRST VENDOR (2) MENTAL HEALTH SYSTEMS MONTHLY CONTRACT MEETING (3) SYSTEM OF CARE LEADERSHIP COLLABORATIVE MEETING AND INTERAGENCY RESOURCE PLACEMENT COMMITTEE (IRPC) (4) SCREENING MEETINGS (5) TEAM DECISION-MAKING MEETINGS (6) PERMANENCY TEAMING MEETINGS (7) STAFFINGS (8) WRAPAROUND COMMUNITY TEAM MEETING AND (9) MEETINGS REGARDING THE ADOPTION ASSISTANCE PROGRAM (AAP) CLIENTS. THE LEADERSHIP MEETING AND CONTRACT MEETINGS ARE FACILITATED BY THE PROGRAM MANAGER AND THE FISCAL ANALYST FROM DSS.

MENTAL HEALTH SERVICE PROVIDERS

IN ADDITION TO THE SERVICES PURSUANT TO KATIE A. V. BONTA, DSS REFERS CHILDREN, YOUTH AND FAMILIES WHO DO NOT HAVE AN OPEN CASE WITH COURT INVOLVEMENT TO THE FOLLOWING AGENCIES:

- DEPARTMENT OF BEHAVIORAL HEALTH
- COMPREHENSIVE YOUTH SERVICES

THERE ARE A SIGNIFICANT NUMBER OF FOSTER FAMILY AGENCIES THAT OPERATE IN FRESNO COUNTY, AND SOME OF THE FFAS HAVE OFFICES IN MULTIPLE COUNTIES IN THE REGION OR STATEWIDE. MOST FFAS HAVE THE OPTION OF PLACING CHILDREN/YOUTH FROM COUNTIES OTHER THAN FRESNO IN HOMES LOCATED IN FRESNO COUNTY. THE FOLLOWING IS A LIST OF FFAS THAT OPERATE IN FRESNO COUNTY:

- 3 R'S GROUP HOME
- ABRAZO FOSTER FAMILY AGENCY
- ANGELS OF GRACE FOSTER FAMILY AGENCY
- ASPIRANET FOSTER CARE AGENCY
- EMQ FAMILIES FIRST FOSTER FAMILY AGENCY
- ESPERANZA FOSTER FAMILY AGENCY
- FAMILY BUILDERS FOSTER CARE, INC.
- FOSTER FAMILY NETWORK
- GOLDEN STATE FAMILY SERVICES
- KARING 4 KIDS FOSTER FAMILY AGENCY
- KIDS KASA FOSTER CARE, INC.
- KOINONIA FAMILY SERVICES
- KYJO (KEEPING YOUTH JOURNEYING ONWARD)
- NEW ERA FOSTER FAMILY AGENCY
- NORTH STAR FAMILY CENTER
- OPEN HEARTS FOSTER CARE, INC.
- POSITIVE ATTITUDES
- PROMESA BEHAVIORAL HEALTH

- Proteus Foster Family Agency
- Quality Foster Care
- Spectrum Children's Services Foster Family Agency
- Transitions Children's Services
- Valley Teen Ranch

DSS collaborates with various community-based organizations on events as well as ongoing programs throughout the year. The following is a recent example of DSS partnering on an event with a community-based organization.

DSS and community-based organization, WestCare California, Inc., funded a 3-day Native American Cultural Competency training during May 2015 titled, "White Bison," for DSS staff and community organizations. The training addressed grief and trauma in Native American youth, substance abuse and behavioral health problems. The training provided individuals with the skills needed to help decrease behavioral and Mental Health disparities for Native Americans. The 3-day event also brought awareness to the community with the goal of improving child well-being and reducing long term foster care for not just Native Americans, but all children, youth and families.

Family Resource Centers (FRC)

Two FRCs serve Fresno County's at-risk communities located in rural east and west Fresno County, Sanger and Huron. Each FRC is unique to its community and services are offered by multicultural and multilingual staff that reflect the surrounding neighborhoods and families. The community-based organization, Comprehensive Youth Services (CYS), administers the Sanger Family Resource Center, and the Westside Family Preservation Services administers the Huron Family Resource Center.

Substance Abuse

Substance abuse is a major barrier to employment for CalWORKs clients, and for CWS clients, it is a barrier to reunification with their children. DSS provides substance abuse treatment services through a substance abuse master agreement, which includes nineteen local substance abuse treatment Service Providers. Services are available in English, Spanish and Hmong, and Interpreters are used as needed.

Domestic Violence

DSS refers clients to various batterers intervention programs offered by private counseling services, which are approved by the Court System. Domestic violence in reported Child Welfare cases is significant, and efforts to provide coordinated services for victims and their families include many stakeholders in addition to DSS, such as Law Enforcement, the Judiciary, Probation and Domestic Abuse Service Providers.

Service Array

Exceptional Parents Unlimited (EPU) provides the *Learning About Parenting (LAP) Program*. The LAP Program focuses on the prevention of child abuse/neglect and the provision of early intervention for those families who have had unsubstantiated referrals to Child Welfare Services (CWS), but there are significant concerns. LAP is a comprehensive program that includes:

- One Call for Kids: A call line for anyone needing assistance for a child age 0-5.
- Nurturing Parenting Program (Evidenced Based): 15 week parenting program provided in English and Spanish.
- Beyond Trauma: 11 week program for women who have experienced trauma, providing opportunity to heal and reflect on how these experiences impact their relationships with their children.
- Voices: 18 week program based on Beyond Trauma, but adapted for teen mothers.
- Play and Grow: Therapeutic developmentally appropriate play for children with parents attending classes.
- Incredible Years (Evidenced Based): 15 week parenting program.
- Infant Massage: 4 week program for pre-crawling infants and their caregivers. May be provided through in home visits or at EPU's center.
- Social/Emotional Screening: Screens for perinatal mood disorder in mothers served.
- Developmental Screening: Identifies children's developmental needs.
- Community Outreach

Families served by the LAP Program primarily have children from the ages of 0 to 5, and they are referred by Fresno County Public Health Nurses, CWS, substance abuse treatment programs and other Social Service Providers. Families may also self-refer. Families served generally live in high risk zip codes in Fresno County, and approximately 85 unduplicated individuals/families are served annually, with funding through Family Preservation and PSSF Family Support/CAPIT.

Centro La Familia Advocacy Services, Inc., through its *Parents and Children Engaging (PACE)* project, provides child abuse prevention services at primary, secondary and tertiary levels. Their PACE Project utilizes the Nurturing Parenting program to establish the six protective factors in families. In addition to Nurturing Parenting classes, the project includes targeted outreach, community presentations, in-home visits, peer support groups and linkage to Wraparound Services. Nurturing Parenting Program classes include 15 weekly sessions focusing on appropriate parenting, the effects of child abuse/neglect on children and instruction regarding how to establish/maintain healthy peer networks. The sessions are designed to improve the participants' parenting skills, confidence and competence in their parental capacity, and the sessions are provided in each of the following six communities/neighborhoods: Firebaugh, Mendota, Orange Cove, Parlier and two areas in Fresno (zip codes 93702 and 93706).

THE PACE PROJECT TARGETS CHILDREN AND FAMILIES REFERRED BY CHILD WELFARE SERVICES, AS WELL AS PARENTS/CAREGIVERS REFERRED BY OTHER SERVICE PROVIDERS THAT HAVE BEEN IDENTIFIED AS AT RISK OF BECOMING INVOLVED WITH THE CWS SYSTEM. ONE HUNDRED FAMILIES ARE EXPECTED TO BE SERVED BY THE NURTURING PARENTING PROGRAM ANNUALLY, WITH APPROXIMATELY 25% OF THESE FAMILIES RECEIVING AT LEAST ONE IN-HOME VISIT. SERVICES MAY BE FUNDED THROUGH A BLEND OF FAMILY PRESERVATION AND PSSF FAMILY SUPPORT FUNDING.

THE **CALIFORNIA HEALTH COLLABORATIVE** MANAGES AND COORDINATES THE *TEAM DECISION-MAKING (TDM) COMMUNITY REPRESENTATIVE PROGRAM*, AND SERVICES INCLUDE THE RECRUITMENT, COORDINATION, TRAINING AND SUPPORT OF COMMUNITY MEMBERS (COMMUNITY REPRESENTATIVES) TO ACTIVELY PARTICIPATE IN DSS TDM MEETINGS. SUCH PARTICIPATION IMPROVES THE ENGAGEMENT AND PRESERVATION OF FAMILIES. NEW COMMUNITY REPRESENTATIVES ARE RECRUITED FROM HIGH-RISK COMMUNITIES THROUGH A VARIETY OF RECRUITMENT ACTIVITIES, SUCH AS COMMUNITY EVENTS, OUTREACH SERVICES AND DSS REFERRALS. COMMUNITY REPRESENTATIVES ARE PROVIDED WITH CULTURALLY APPROPRIATE TRAINING AND SUPPORT IN ORDER TO ENSURE THAT HIGH-RISK FAMILIES HAVE A STRONG, KNOWLEDGEABLE ADVOCATE AND RESOURCE. THE TARGET POPULATION IS FAMILIES INVOLVED WITH CHILD WELFARE SERVICES, WITH A FOCUS ON THOSE FROM STATISTICALLY HIGH-RISK NEIGHBORHOODS – ZIP CODES IN SOUTHEAST AND SOUTHWEST FRESNO – AS WELL AS AFRICAN-AMERICAN AND NATIVE AMERICAN FAMILIES. THE PROJECT ANTICIPATES SERVING AN AVERAGE OF 42 UNDUPLICATED CLIENTS/FAMILIES PER MONTH, OR A MINIMUM OF APPROXIMATELY 500 UNDUPLICATED CLIENTS/FAMILIES PER YEAR. SERVICES MAY BE FUNDED THROUGH A BLEND OF FAMILY PRESERVATION AND PSSF FAMILY SUPPORT FUNDING.

COMPREHENSIVE YOUTH SERVICES OF FRESNO, INC. *FAMILY SOLUTIONS PROGRAM* PROVIDES CHILD ABUSE PREVENTION, INTERVENTION AND TREATMENT SERVICES UNDER THE FAMILY SOLUTIONS PROGRAM. THE GOALS OF THE PROGRAM ARE TO STRENGTHEN INDIVIDUAL AND FAMILY SKILLS AND BEHAVIORS IN ORDER TO KEEP CHILDREN AND FAMILIES TOGETHER BY HELPING THEM HEAL AND GROW, TO KEEP CHILDREN SAFE FROM ABUSE OR NEGLECT, TO PROTECT THEM FROM INVOLVEMENT IN RISKY OR DANGEROUS BEHAVIORS AND TO BREAK THE DESTRUCTIVE CYCLE OF CHILD ABUSE AND FAMILY VIOLENCE. SERVICES INCLUDE CASE MANAGEMENT, INFORMATION AND REFERRALS TO LOCAL RESOURCES, ANGER MANAGEMENT CLASSES, PARENTING CLASSES, FATHERHOOD CLASSES, SUPERVISED VISITATION, THERAPEUTIC SUPERVISED VISITATION, INDIVIDUAL/FAMILY THERAPY AND PARENT SUPPORT GROUPS.

THE **FAMILY SOLUTIONS PROGRAM** SERVES CHILDREN AND FAMILIES REFERRED BY DSS, FAMILY COURT AND OTHER COMMUNITY-BASED ORGANIZATIONS. THE PROGRAM TARGETS CHILDREN FROM BIRTH TO 18 YEARS OF AGE WHO ARE AT-RISK OR WHO HAVE BEEN VICTIMS OF ABUSE AND NEGLECT, AS WELL AS THEIR PARENTS AND CARE PROVIDERS. APPROXIMATELY 1,524 INDIVIDUALS WILL BE SERVED ANNUALLY, AND SERVICES MAY BE FUNDED THROUGH A BLEND OF FAMILY PRESERVATION AND PSSF FAMILY SUPPORT/CAPIT/CBCAP FUNDING.

COMPREHENSIVE YOUTH SERVICES OF FRESNO, INC. *SANGER FAMILY RESOURCE CENTER* PROVIDES CHILD ABUSE PREVENTION AND INTERVENTION SERVICES THROUGH THE SANGER FAMILY RESOURCE CENTER (FRC), LOCATED IN SANGER, AND THROUGH SERVICES TO BE OFFERED IN THE COMMUNITY OF DEL REY. THE SANGER FRC PROJECT IS INTENDED TO STRENGTHEN INDIVIDUAL AND FAMILY SKILLS AND BEHAVIORS IN ORDER TO KEEP CHILDREN AND THEIR FAMILIES TOGETHER BY HELPING THEM HEAL AND GROW, TO KEEP CHILDREN SAFE FROM ABUSE OR NEGLECT, TO PROTECT THEM FROM INVOLVEMENT IN RISKY OR DANGEROUS BEHAVIORS AND TO HELP BREAK THE DESTRUCTIVE

cycle of child abuse and family violence. The project's services also support the goal of reuniting families involved in the Child Welfare System. Specific services provided include, Case Management, classes on parenting, health, parent-school engagement and life skills through "Sanger Parent University," parent support and leadership groups, a middle-school leadership and tutoring project, school readiness activities, information and referrals, and support for families in crisis with obtaining basic needs such as food, housing, health care, and other assistance for vulnerable families. Services are offered at Jefferson Elementary School in Sanger, and Del Rey Elementary School in Del Rey.

The majority of clients served at the Sanger FRC are Hispanic/Latino residents, most of whom are monolingual Spanish-speaking immigrants from Mexico. Children ages 0 to 18 and their parents and families will be served. The FRC anticipates serving 2,640 unduplicated clients/families annually, Services may be funded through a blend of Family Preservation and PSSF Family Support funding.

The **Westside Family Preservation Services Network** *Huron Family Resource Center (FRC)* provides a wide variety of services to residents of the City of Huron and the surrounding rural area. The focus of these services is to support high-risk families in the prevention and mitigation of child abuse and neglect. Anticipated outcomes of this project include: increased family resilience, development of healthy behaviors, prevention of child abuse and neglect, prevention and/or reduction of negative effects on children from exposure to family violence, increased financial stability, prevention of children who have suffered from abuse from experiencing further abuse and strengthening the family, so that children are nurtured and protected within their family, community and culture. Specific services provided include:

- Peer Counseling
- Emergency food distribution
- Toys for Tots
- Community events
- Assistance with unemployment applications, Workers Compensation issues, resumes, U-Visas, housing applications, social and human services applications and referrals
- Adult education: English and Spanish classes
- Parenting classes and support groups
- Victims of violence classes
- Family Reunification assistance
- Home visits to high-risk families
- Client transportation to receive services
- Assistance with issues related to child sexual assault, child neglect, domestic violence, human trafficking, and children picked up by Immigration.

The Huron FRC serves children and families experiencing at-risk factors for abuse or neglect that live in Huron and the surrounding rural area. The three most common risk factors experienced by this population include stress caused by extreme poverty and unemployment, geographical and/or

cultural isolation and generational cycles of violence. Huron FRC estimates that 15% of families served are homeless, and the majority of those served must address housing insecurity on a regular basis. The FRC anticipates serving 1,440 families annually, and services may be funded through a blend of Family Preservation and PSSF Family Support/CAPIT funding.

Court Appointed Special Advocates (CASA) of Fresno & Madera Counties advocate for the best interests of abused and neglected children in Fresno County. CASA addresses prevention, intervention, and treatment of child abuse and neglect by providing awareness to the general public of the effects of abuse and neglect on children. Once cases are assigned to an Advocate, CASA works to: provide accurate and up to date information to assist Dependency Court Judges in making decisions for children, promote pro-active planning and preparation for children's health and successful futures, assist with problem-solving by working with the Social Worker, foster parents and children's attorneys, assess the safety and well-being of the children through regular home visits and serve as a mentor to the children. CASA's strategies are focused on ensuring child safety and preventing unnecessary separation of families by obtaining all information relevant to the children's/families' situation and quickly returning the child to permanency. First priority is given to reunification, followed by adoption and then legal guardianship, if reunification is not a possibility. CASA Advocates are available to travel for home visits and encourage use of neighborhood-based resources. Services may be funded through a blend of Family Preservation and PSSF Family Support/CAPIT funding.

PSSF Services

The Family Support and Family Preservation Services components of PSSF fund two FRCs, parent education, TDMs, home visits, counseling, basic needs, and concrete supports provided through subcontracts with seven local community-based organizations.

PSSF Services

The Family Support and Family Preservation services components of PSSF fund two FRCs, parent education, TDMs, home visits, counseling and basic needs and concrete supports provided through subcontracts with seven local community based organizations.

- Exceptional Parents Unlimited
- Centro La Familia Advocacy Services, Inc.
- California Health Collaborative
- Comprehensive Youth Services of Fresno, Inc.
- Westside Family Preservation Services Network
- Court Appointed Special Advocates (CASA) of Fresno & Madera Counties
- Quality Group Homes

The Time-Limited Family Reunification component supports family-supervised visitation services for children/parents involved in Child Welfare Services through contracts with two community vendors, Quality Group Homes and CYS.

Adoption Promotion and Support Services are currently supporting DSS Adoption Staff in the provision of Pre and Post-Adoption Services, as well as other activities, in order to expedite the adoption process and support adoptive families. DSS will continue to provide PSSF-funded Pre and Post-Adoption Services.

Quality Assurance System

Family Preservation and PSSF Family Support/CAPIT/CBCAP-funded services are monitored by DSS Staff Analysts. Contracted Service Providers submit monthly statistical reports to DSS that include numbers of families/clients served by language (English, Spanish or Vietnamese), total hours of direct services provided, etc. County staff meets as needed with Family Preservation and PSSF Family Support/CAPIT/CBCAP-contracted Service Providers to ensure the quality of services in addition to addressing any concerns.

Fiscal oversight for Family Preservation and PSSF Family Support/CAPIT/CBCAP-funded programs is done at the contract administration level. The budget for funded contracts restricts appropriations of respective funding sources to the services approved by the State Office of Child Abuse Prevention, and any discrepancies are discussed with the contractor prior to the invoice being submitted for approval by a Staff Analyst.

Contracted Service Providers are contractually obligated to submit copies of their financial audit, and/or an organization-wide audit, in compliance with the Federal Office of Management and Budget Circular A-133.

Critical Incident Review Process

Incident reports are sent to the CQI Support Unit (formerly known as DSS Quality Assurance (QA)) in accordance with Policy and Procedure Guide (PPG) 03-11-001, Incident Reporting and Investigation. Examples of incidents needing to be reported include death of a minor, minor receiving critical care/in the Intensive Care Unit (over 24 hours), allegations of abuse or neglect of Fresno County dependents by a care giver, severe injury (broken bones, burns, requires hospitalization, Shaken Baby, Hematoma)

All incident reports are saved electronically to the Child Welfare QA folder, logged in the QA database, and reviewed in accordance with DSS PPG 03-11-04, Quality Assurance Incident Review. The reports are reviewed for safety factors, reporting needs, minors 'not interviewed but impacted', need for immediate services, current case/referral status and disclosure issues.

The Fresno County (DSS) PPG 03-01-09 Child Death Investigations provides staff with the standardized process and procedure of investigating child deaths where there is an open child welfare case, including Voluntary Family Maintenance (VFM), and/or a new referral investigation. Although, Emergency Response (ER) staff is primarily responsible for the investigation of said referrals, CQI Support staff are responsible for the systemic review of all child deaths, specifically all child deaths involving children and families with prior or current Child Welfare referral and case history. CQI Support will begin said reviews by reviewing all available information regarding the death. In addition CQI Support will review case and referral history for the minor/family. CQI Support will prepare a Child Death briefing, (with no case identifiers), to be provided to the DSS Director for submittal to the County Administrative Officer (CAO), Board of Supervisors (BOS) and Oversight Committee Chairman within 48 hours of notification of the incident.

Once the referral investigation has been completed by ER staff, if it is determined that the child fatality and/or near fatality was a result of abuse or neglect CQI Support staff will submit the State of California Department of Social Services (CDSS), Child Fatality/Near Fatality County Statement of Findings and Information (SOC 826) to CDSS within 10 days of final determination. Also within 10 working days an initial draft investigation report with concerns shall be submitted to DSS administration. CQI Support maintains an electronic file with information regarding all child death/near fatality investigations, documentation and reporting completed.

CQI Support staff attends the monthly Fresno County Pediatric Death Review Committee (PDRC) meeting. PDRC is a multi-disciplinary review committee that is attended by several child abuse prevention agencies and participation is documented in the committee minutes. One week prior to the meeting CQI Support is provided with a list of the cases to be discussed. CQI Support staff review for prior Child Protective Services (CPS) referral and case history of all deceased minors and prior CPS referral and case history of their parent(s). At times the names of the parents are unavailable and/or not enough information is provided, (i.e. dates of birth) to complete a CWS/CMS search.

DSS IS ABLE TO RECONCILE CHILD DEATHS THAT OCCURRED IN FRESNO COUNTY THAT WERE NOT PREVIOUSLY REPORTED TO DSS BY LAW ENFORCEMENT AND OR THE CORONER'S OFFICE VIA THE PDRC MEETING.

ESTHER FRANCO, MBA THE EXECUTIVE DIRECTOR OF FCCAP PROVIDES THE FOLLOWING INFORMATION AS TO WHAT FCCCAP HAS DONE WITH PDRC OVER THE PAST FIVE YEARS. ATTACHMENT E PROVIDES THE ADAM'S PROJECT BROCHURE AND CRIB/HANGERS WHICH WERE REVISED AS A RESULT OF FINDINGS FROM THE PDRC, I.E. SAFE SLEEPING & SIDS INFO.

HISTORY: *IN SEPTEMBER 2010, FCCAP COORDINATED A PEDIATRIC DEATH REVIEW COMMITTEE (PDRC) LUNCHEON FEATURING DR. STEPHEN WIRTZ, THE CHIEF VIOLENT INJURY SURVEILLANCE UNIT FROM THE CALIFORNIA DEPT. OF PUBLIC HEALTH, TO FACILITATE TRAINING OF THE CHILD DEATH REVIEW TEAM CONCEPT AND THE ROLES AND RESPONSIBILITIES OF EACH OF THE CORE TEAM MEMBERS WHICH ARE; LAW ENFORCEMENT; CHILD PROTECTIVE SERVICES; DISTRICT ATTORNEY; PUBLIC HEALTH; PEDIATRICIANS; AND EMERGENCY MEDICAL SERVICES. AT THIS LUNCHEON THE PDRC AGREED TO HAVE FCCAP ASSIST THE CORONER'S OFFICE WITH THE FACILITATION OF CHILD DEATH REVIEWS, INCLUDING TAKING MINUTES, ENSURING THE TEAM KEEPS CONFIDENTIALITY AND DATA COLLECTION. IN ADDITION, FCCAP FACILITATES MEMBERSHIP INCLUDING ADDITIONAL AND AD HOC MEMBERS FROM OTHER AGENCIES, PROVIDERS AND PROFESSIONS INVOLVED IN PROTECTING CHILDREN'S SAFETY AND HEALTH ON A CASE APPROPRIATE BASIS. FOR EXAMPLE, PROFESSIONALS WITH PARTICULAR EXPERTISE MAY PARTICIPATE IN A SPECIFIC CASE REVIEW OR TO BRIEF THE TEAM MEMBERS ON THE SUBJECT OF THEIR EXPERTISE SUCH AS POST-PARTUM DEPRESSION, YOUTH SUICIDE OR GANG RELATED ACTIVITY. AD HOC MEMBERS CAN HELP THE TEAM WHEN THOUGHTFULLY INCLUDED AND EACH INDIVIDUAL IS ORIENTED TO THE CHILD DEATH REVIEW (CDR) PROCESS AND OUR CONFIDENTIALITY PROVISIONS. FCCAP KEEPS THE CALENDAR OF MEETINGS & SENDS OUT MONTHLY REMINDERS AND A LIST OF THE PENDING & NEW CASE SUMMARIES ONE WEEK PRIOR TO THE MEETING DATE. FCCAP RECEIVES NO FUNDING OR SUPPORT FOR THIS PROGRAM AND THESE ADMINISTRATIVE SERVICES ARE VOLUNTEERED BY THE FCCAP OFFICE MANAGER & EXECUTIVE DIRECTOR. IN JANUARY 2015 THE SHERIFF'S OFFICE TOOK OVER ADMINISTRATION OF THE CORONER'S OFFICE & FCCAP MET WITH SHERIFF MIMS & LT. JOHN GOLDEN TO EXPLAIN THE CDR PROCESS & HOW FCCAP UTILIZES THE NATIONAL CHILD DEATH REVIEW PROCESS AS RECOMMENDED BY DR. STEPHEN WIRTZ WHO CONTINUES TO CONSULT THE FRESNO PDRC. IT NEEDS TO BE NOTED THAT CDR IS NOT MANDATED, THEREFORE THE PDRC CONVENES VOLUNTARILY. HOWEVER, FCCAP IS MANDATED TO PARTICIPATE IN THE CDR PROCESS & COMMUNICATE FINDINGS.*

MISSION: *IT IS THE MISSION OF THE FRESNO COUNTY PEDIATRIC DEATH REVIEW COMMITTEE (PDRC) TO REVIEW AND INVESTIGATE THE CIRCUMSTANCES SURROUNDING THE DEATHS OF CHILDREN THAT OCCUR IN FRESNO COUNTY. THE REVIEW IS CONDUCTED THROUGH A PROCESS OF INTERAGENCY COLLABORATION AND DISCUSSION. THE OBJECTIVES OF THIS INQUIRY ARE TO DISCOVER WAYS TO IMPROVE CHILDREN'S LIVES, AND TO PREVENT SERIOUS CHILDHOOD INJURY AND DEATHS IN THE FUTURE. THE PDRC'S REVIEW IS NOT INTENDED TO ASSESS FAULT BY ANY PARTICULAR AGENCY OR CHILD CARE PROFESSIONAL.*

PURPOSE: *THE PURPOSE OF THE MULTIDISCIPLINARY PEDIATRIC DEATH REVIEW COMMITTEE IS TO:*

- *ENSURE THAT ALL CHILD ABUSE-RELATED FATALITIES ARE IDENTIFIED;*
- *ENHANCE THE INVESTIGATION OF ALL CHILD DEATHS THROUGH MULTI-AGENCY REVIEW;*

- *Develop a statistical description of all child deaths as an overall indicator of the status of children; and*
- *Develop recommendations for the prevention and response to child deaths based on said reviews and statistical information.*

***GOAL**: Every child death is tragic, however, for every child that succumbs from a disease or dies from a severe injury, there are many more children who suffer the same disease or injury that do not die. Hence, a clear understanding of the trends in child death in our community becomes a marker for the general health of our pediatric population. And, any health policies or programs that are successfully implemented in our community to reduce child death would not only prevent the death of a handful of children, but would improve the health and well-being of many more children. Therefore the main goal of the PDRC is to create an annual report to report any trends, findings and recommendations for programs or policy changes to the leadership of Fresno County. The report will serve as one indicator of the status of children in Fresno County and will be one base of information for a response to identified problems. Because FCCAP receives no funding, we do not have the staff resources to conduct an Annual Report ourselves but were able to procure the services of Alliant University through Dr. Debra Bekerian. I've attached a copy of the Annual Report which is being revised to add mental health histories, but our findings and recommendations are clearly stated in the Executive Summary which indicates significant findings in non-coroner cases that the youngest decedents were most likely to die from natural causes especially Perinatal conditions and Congenital abnormalities. In coroner cases, SUIDS was the most common category for cause of death of younger decedents. Injury-related causes were most common in Coroner cases, especially for decedents in older childhood. In addition, certain zip codes were overly represented, given the population statistics. For example, 93701 had a disproportionate number of deaths, given the population statistics for that area. These findings suggest there may be certain areas of Fresno County that pose general risk factors for pediatric deaths. Other findings and recommendations have been adopted informally through the team such as SIDS & Safe Sleeping programs and trainings by Public Health & FCCAP. Also there have been a significant number of teen suicides so FCCAP connects with Fresno Survivors of Suicide Loss for input on case reviews. Dr. Bekerian is currently working on a 10-year study (2002-2012) of child deaths.*

National Resource Center (NRC) Training and Technical Assistance

Fresno County does not receive any technical assistance from the NCR, Western Pacific Implementation Center, or Quality Improvement Centers/TA and does not intend to pursue such at this time.

FOCUS AREA-CHILD WELFARE

IN THE WORK OF EVALUATING THE CAPP PRACTICE MODEL THE CAPP EVALUATION TEAM, CONSISTING OF COUNTY CAPP EVALUATION LIAISONS ALONG WITH LOCAL (INCLUDING COMMUNITY), STATE AND FEDERAL (PII) PARTNERS CONSIDERED A NUMBER OF STRATEGIES INCLUDING DIRECT OBSERVATION. IT WAS DETERMINED THAT A STRUCTURED AND GUIDED OBSERVATION WOULD PROVIDE BOTH AN OPPORTUNITY TO SEE THE PROXIMAL IMPACT OF THE USE OF THE PRACTICE MODEL AS WELL AS THE ABILITY TO MONITOR IN AN ONGOING MANNER THE LEVEL OF FIDELITY TO THE MODEL THAT IS MAINTAINED.

CONSISTENT WITH CAPP VALUES AND PRACTICE THE VOICE OF THE COMMUNITY LIFTED ITSELF TO MAKE CLEAR THAT THEIR VOICE SHOULD NOT END AT THE DEVELOPMENT OF THE PROCESS BUT THAT THEY SHOULD HAVE AN ONGOING ROLE IN THE PROCESS. TOGETHER THE CAPP EVALUATION TEAM THEN DEVELOPED A PROCESS FOR MEASURING THE FIDELITY OF THE AGENCY TO THE PRACTICE MODEL BY HAVING A DUO OF OBSERVERS, A CAPP COACH AND A COMMUNITY PARTNER, ROUTINELY OBSERVE TEAM MEETINGS AND USE AN EVALUATION TOOL TO SCORE THE EXPERIENCE OF THE FAMILY AS THEY ENGAGE WITH THE AGENCY. IT WAS COMMUNICATED TO THE CAPP EVALUATION TEAM BY A NUMBER OF THE FEDERAL TECHNICAL ASSISTANCE PARTNERS FOR PII THAT THE USE OF COMMUNITY IN FIDELITY OBSERVATION WAS RARE IF NOT UNPRECEDENTED. THEREFORE THE PROCESS OF FIDELITY ASSESSMENT BECAME IN FACT AN ONGOING COMMUNITY ENGAGED "PEER" REVIEW OF THE WORK OF CHILD WELFARE IN FRESNO COUNTY. IN MEETINGS WITH CDSS PARTNERS FROM OUTCOMES AND ACCOUNTABILITY IT WAS AGREED THAT THE VALUE OF THIS WORK PARALLELED THE "PEER REVIEW" AND COULD STAND IN THIS ROTATION FOR THE PEER REVIEW. THERE HAVE BEEN TWO "FIDELITY OBSERVATION CHECK INS" WHERE THERE WAS DIALOGUE AROUND WHAT THE DATA WAS INDICATING AS WELL AS WHAT THE OBSERVERS WERE SEEING ANECDOTALLY. IN ADDING ANOTHER LEVEL TO THE "PEER" PERSPECTIVE IT WAS AGREED THAT FRESNO WOULD INVITE FIDELITY OBSERVERS FROM THE OTHER CAPP COUNTIES AS THE COMMUNITY OBSERVER TO PROVIDE A CROSS COUNTY "PEER" PERSPECTIVE.
THUS THE FOCUS OF THE FRESNO CHILD WELFARE PEER REVIEW WAS TO BE THE CAPP PRACTICE MODEL, SPECIFICALLY AROUND PERMANENCY AS FACILITATED BY ENGAGEMENT, TEAMING, RESPECTING CULTURE AND RECOGNIZING THE IMPACTS OF TRAUMA.

METHOD

FOR FIDELITY ASSESSMENT, ONE CASE PER PRACTICING CAPP CASEWORKER WILL BE SELECTED AND OBSERVATION OF A MEETING WILL OCCUR ON THIS ONE CASE 6 AND 12 MONTHS AFTER INITIAL SW CAPP TRAINING, AND THEN ANNUALLY.

A CASE IS RANDOMLY SELECTED FROM THE CASES ON A CAPP CASEWORKER'S CASELOAD THAT MEET THE FOLLOWING CRITERIA ARE IDENTIFIED WITH A PREFERENCE THAT THE CHILD IS AFRICAN AMERICAN OR AMERICAN INDIAN WHEN POSSIBLE:

1. The case is assigned to a caseworker that has been trained in CAPP and is receiving coaching in implementing the CAPP Child and Family Practice Model.
2. The case has been with that caseworker at least 45 days. If the caseworker does not have any cases for at least 45 days, then include all cases.
3. The case is currently in Family Reunification or Permanent Placement.
4. The case/family has not previously been part of a CAPP Fidelity Assessment for this worker.

The Fidelity Assessment Team advises the Social Worker which child/family case has been selected and coordinates with the Social Worker to identify an upcoming meeting between the Social Worker and the family on the selected case that can be observed.

Fidelity Assessment Team members will be prepared to act as independent observers and will have received training on the observation process. When a meeting time is set for the selected case, identify the Fidelity Assessment Team composed of:

1. One Implementation Team Member, Coach, or Supervisor
2. One Parent or Community Partner
    a. Parent or Community Partner receives a stipend for their time.
    b. Parent or Community Partner recuse themselves if they have prior history with the family or involvement in the case situation that would prevent them from being objective in conducting the Fidelity Assessment.

During the meeting each Fidelity Assessment Team member observes the meeting independently while taking notes and completing the Observation Tool (OB-1). After the meeting the Fidelity Assessment Team meets together to discuss their findings from the observation. The Implementation Team Member or Coach on the Fidelity Assessment Team is responsible for following up with the Social Worker and the Social Worker's Supervisor to debrief the team meeting provide validation and support to the Social Worker for participating in the Fidelity Assessment process and assist the Social Worker and Supervisor to identify next steps.

THE OBSERVATION QUESTIONS THAT ARE SCORED ON A SCALE OF 1 TO 5 ARE:

1. TO WHAT EXTENT HAVE YOU OBSERVED THE FAMILY AND THEIR TEAM DEMONSTRATING UNDERSTANDING OF OR COMMUNICATING CLEARLY ABOUT THE SAFETY AND PERMANENCY ISSUE TO BE ADDRESSED?

2. TO WHAT EXTENT HAVE YOU OBSERVED THE FAMILY AND THEIR TEAM DISCUSS SUPPORTING AND SUSTAINING RELATIONSHIPS WITH PEOPLE THE CHILD HAS SHARED ARE IMPORTANT TO HIM/HER OR THAT OTHERS ARE AWARE ARE IMPORTANT TO THE CHILD?

3. TO WHAT EXTENT HAVE YOU OBSERVED THE SOCIAL WORKER ENGAGING THE FAMILY AND THEIR TEAM IN DISCUSSIONS ABOUT WHAT'S WORKING WELL, NOT WORKING WELL, AND WHAT NEEDS TO HAPPEN TO SERVE AND SUPPORT THE FAMILY?

4. TO WHAT EXTENT HAVE YOU OBSERVED THE SOCIAL WORKER CONSIDERING THE FAMILY'S CULTURE, VALUES, BELIEFS AND TRADITIONS IN THE PLAN FOR THE FAMILY'S SUPPORTS AND SERVICES?

5. TO WHAT EXTENT HAVE YOU OBSERVED THE SOCIAL WORKER ENCOURAGING THE FAMILY'S CIRCLE OF SUPPORT TO PARTICIPATE ON THE CHILD AND FAMILY TEAM OR PLAY A SUPPORTIVE ROLE IN HELPING THE FAMILY?

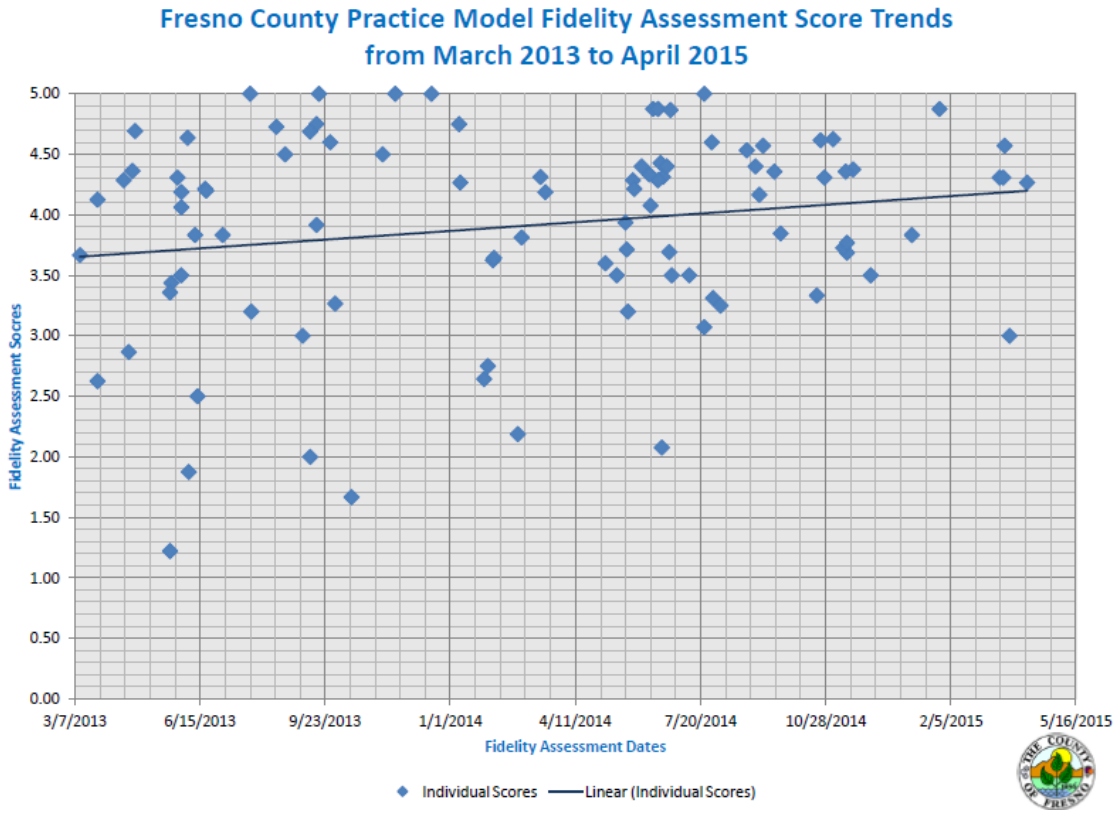
6. TO WHAT EXTENT HAVE YOU OBSERVED THE SOCIAL WORKER SEEKING TO LEARN ABOUT AND UNDERSTAND THE THINGS THAT HAVE HAD A MAJOR IMPACT IN THE FAMILY'S LIFE?

7. TO WHAT EXTENT HAVE YOU OBSERVED THE SOCIAL WORKER SEEKING TO LEARN ABOUT AND UNDERSTAND PAINFUL EXPERIENCES IN THE FAMILY AND THE FAMILY'S HISTORY THAT MAY BE IMPACTING THEM RIGHT NOW?

8. FOR CASES THAT MAY BE WITHIN 1-6 MONTHS OF CASE CLOSURE: TO WHAT EXTENT HAVE YOU OBSERVED THE FAMILY AND THEIR TEAM TALKING ABOUT OR DEMONSTRATING UNDERSTANDING OF THEIR CONTINUING ROLE IN SUPPORTING THE FAMILY AND THE CHILD'S SAFETY AND PERMANENCY AFTER THE CASE IS CLOSED?

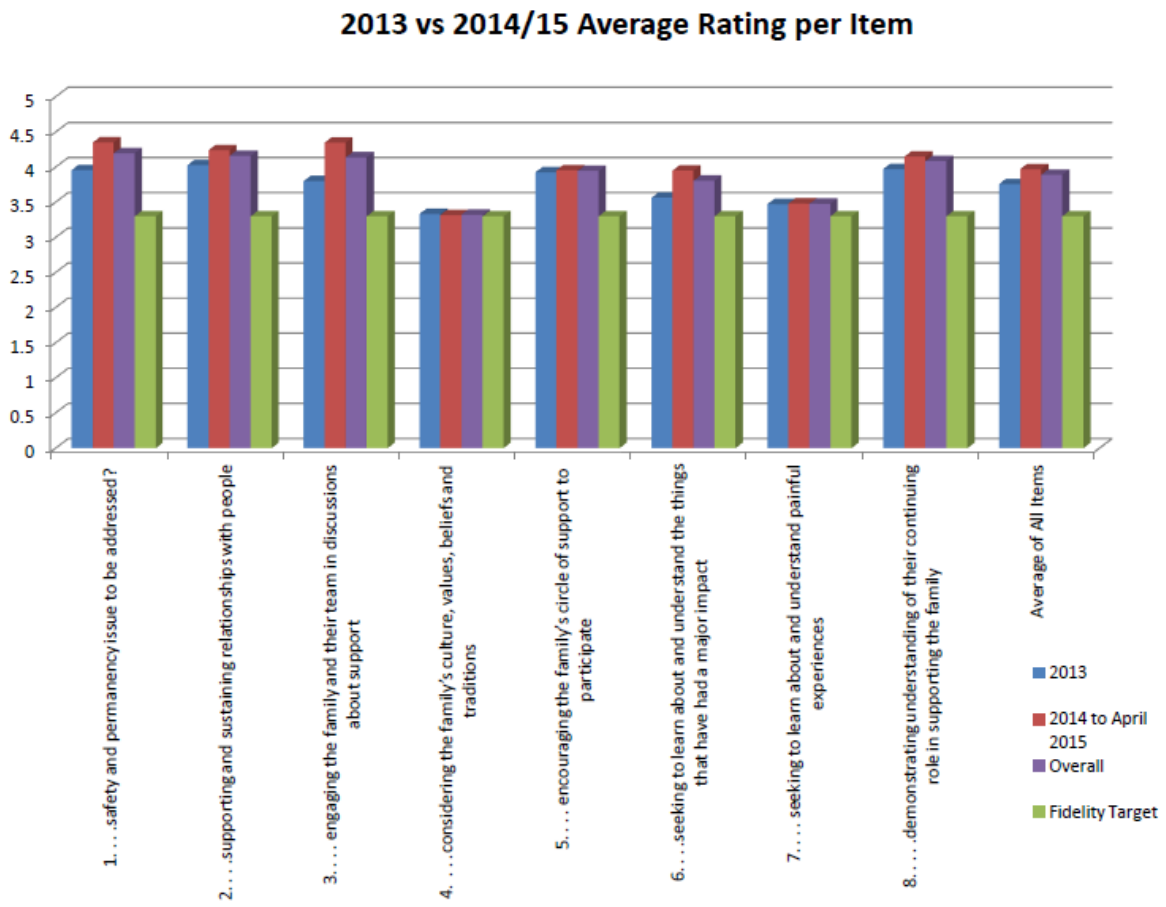
Summary of Findings

The CAPP Evaluation Team established an aggregate score target of 3.3 to mark where the line of fidelity is determined. Because this evaluation of fidelity is about the agency and not about individual workers the analysis of the data should focus on aggregate numbers for the most part. The depiction of individual scores below in a scatter plot with the trend line in fact assesses the agency using the disparate scores of individual workers.



The scores of 96 Fidelity Assessments occurring between March 7, 2013 and April 30, 2015 are displayed on this scatter plot with an associated trend line. The scores are the calculated average of the eight observation items by both of the observers. This method illustrates the degree of correlation between the two variables of Fidelity Assessment Date and Fidelity Assessment Score. It accounts for the extent of variance between scores in a proximal time frame.

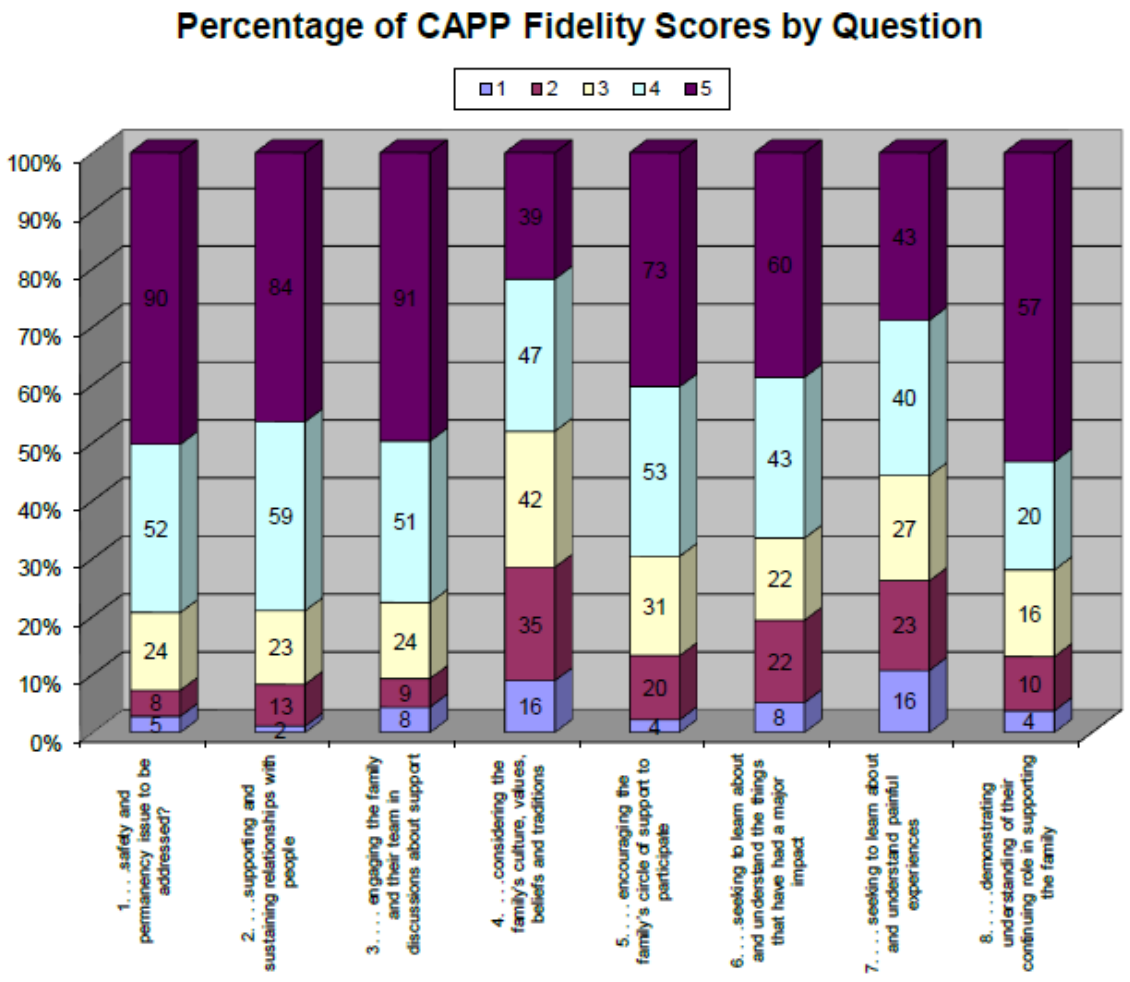
Not only does this graph indicate a positive trend upward from about 3.6 to 4.2 it also illustrates that the variance is decreasing. As this is a measure of the agency, an expectation of progress would be that over time not only would scores increase but that the Practice Model would be deepening in the agency culture and that would impact consistency between staff as much as individual training and coaching does.



THIS CHART SHOWS THE AGGREGATE AVERAGE SCORE OF ALL FIDELITY ASSESSMENT EVENTS BY ITEM. IT ILLUSTRATES THAT FOR EVERY ITEM THE SCORES BY YEAR AND OVERALL ARE ABOVE THE FIDELITY TARGET OF 3.3. FOR QUESTIONS:

1) (SAFETY AND PERMANENCE) THERE WAS NOTICEABLE UPWARD MOVEMENT FROM 2013
2) (CIRCLE OF SUPPORT) THERE WAS NOTICEABLE UPWARD MOVEMENT FROM 2013
3) (TEAMING) THERE WAS NOTICEABLE UPWARD MOVEMENT FROM 2013
4) (CULTURE) WHILE BEING SLIGHTLY ABOVE THE TARGET, SHOWED NO CHANGE
5) (CIRCLE OF SUPPORT/TEAMING) DID NOT HAVE MUCH MOVEMENT BUT IS WELL ABOVE THE TARGET
6) (INQUIRY) AND THERE WAS NOTICEABLE UPWARD MOVEMENT FROM 2013
7) (TRAUMA) WHILE BEING SLIGHTLY ABOVE THE TARGET, SHOWED NO CHANGE
8) (POST PERMANENCY TEAMS) THERE WAS NOTICEABLE UPWARD MOVEMENT FROM 2013

ITEMS 4 (CULTURE) AND 7 (TRAUMA) THEREFORE ARE IDENTIFIED FOR EMPHASIS IN COACHING AND SYSTEM SUPPORT.



THIS CHART SHOWS THE DISTRIBUTION OF SCORES IN ALL FIDELITY ASSESSMENT EVENTS BY ITEM. SOME ITEMS WERE NOT RATED IN SOME FIDELITY ASSESSMENTS AS THEY WERE NOT APPLICABLE OR NOT NATURALLY OBSERVED. FOR QUESTIONS:

1) (SAFETY AND PERMANENCE) HALF OF THE SCORES WERE A 5 AND 79% WERE >4
2) (CIRCLE OF SUPPORT) 46% OF THE SCORES WERE A 5 AND 79% WERE >4
3) (TEAMING) HALF OF THE SCORES WERE A 5 AND 78% WERE >4
4) (CULTURE) 22% OF THE SCORES WERE A 5 AND 48% WERE >4, 29% WERE <3
5) (CIRCLE OF SUPPORT/TEAMING) 40% OF THE SCORES WERE A 5 AND 69% WERE >4
6) (INQUIRY) 39% OF THE SCORES WERE A 5 AND 67% WERE >4
7) (TRAUMA) 29% OF THE SCORES WERE A 5 AND 56% WERE >4, 26% WERE <3
8) (POST PERMANENCY TEAMS) 53% OF THE SCORES WERE A 5 AND 72% WERE >4

Items 4 (culture) and 7 (trauma) are again identified as area of need and opportunity for growth with the smallest rate of 4s and 5s and the highest rate of 1s and 2s confirming the earlier analysis

Peer Promising Practices

On July 18, 2014 a meeting was held with Fidelity Observers (Coaches and Community) as primary participants. Also in attendance were Program Managers, Social Work Supervisors, State CAPP Team support, Federal CAPP Partners, CDSS Observers and others.

Persons shared their perceptions of the experience of observation as well as some of the stronger and weaker executions of the Practice Model. Having gone over as a group the data to that point in the same format as presented here on the previous pages, experience confirmed the challenges in bringing in issues of culture and responding to trauma.

There was significant agreement that the process that includes the community not only in observation but also in feedback and input continues to be a significant element in support of transparent evaluation as well as for ongoing improvement.

Cross County Observation

Mark Lapiz, MSW Management Analysis Program Manager II/CAPP Project Manager for Santa Clara County joined a CAPP coach to observe two meetings as the Community Fidelity Assessor. As someone who has a role in the same process in Santa Clara County, his participation provides a more traditionally defined peer perspective. His participation was debriefed with David Plassman on December 4, 2014 using structured questions as follows with the responses:

1) In the observation process:
   a) What worked well?
      i) The process of a pre-meeting, the observation and post meeting debrief are consistent with the process in Santa Clara
      ii) Coaches checking in with social workers on the four questions that provide a context for the case and the meeting
      iii) Observers sitting off to the side so as to not become a part of the meeting and truly observe
      iv) The post-meeting debrief/coaching provided the social worker with support and ideas and insights for improvement
      v) Teamwork with the staff that includes the supervisor who was present in the meeting according the Fresno policy for Team Meetings. Santa Clara does not have that policy.
   b) What needs work?
      i) In one of the meetings it appeared as if the decision might have already been made. This made it difficult to achieve exploration and engagement with the family.

2) In what was observed:
   a) In what areas did the staff/department/team show Practice Model strengths?
      i) Issues related to family supports were highlighted in the meeting
      ii) In the meeting there was an understanding of trauma
      iii) Engaged well with the family and showed how to team with teens
      iv) Checking in with teens to clarify and understand how they felt and what they needed
      v) The person used to translate was strong in their translation
      vi) The discussion was attentive to resources that the family needed
   b) In what areas did the staff/department/team show Practice Model needs for growth?
      i) Missed opportunities in Timeline for history of protection: making a case instead of exploring
      ii) Develop connecting to church as a support ongoing
      iii) Use of natural resources and supports
3) Suggestions for Practice Model coaching emphasis/technique
   a) A better perspective on who the parents/family really are, is gained from reviewing their history of protection. This also can inform goals and plans moving forward
4) What surprised you?
   a) The case being reviewed was to determine if reunification services would be denied and move straight into another Permanent Plan. This is a challenging place to execute engaged practice and yet the best place to see how well the Practice Model can work.
   b) An interpreter was used because not everyone in the room spoke the same language.
5) What are things learned/observed in Santa Clara that could possibly be good ideas for Fresno to explore?
   a) The Fidelity Observation process can be sustained beyond the existing funding sources by using supervisors as assessors

Focus Area-Probation

Peer Review Results

In reaching a decision to determine what outcomes should be measured, the Probation Services Manager as well as the lead officers in the unit examined the list of potential target areas to measure. The committee identified an area that they believed the Probation Department was deficient in order to capture what services could be improved upon in order to provide essential services to the foster youth served. The Probation Department elected to measure Timely Family Reunification to identify how many families were successfully reunified within a twelve month period, and if the family was not reunified within this time frame; identifying the obstacles and methods to overcome in order to be successful in the future.

An integral part of family reunification consists of the youth developing meaningful engagements, assessment and case planning, service delivery, proximity between the youth and the family, and visitation. In order to measure the areas of strength and areas that needed improvement, an assessment tool recommended by CDSS was utilized. A private vendor, Central California Training Academy, was hired to facilitate the peer review and prepare documentation regarding the outcome measures.

Foster Youth and Family Member Focus Groups

During the evening of February 23, 2015, a randomly selected group of foster youth and parents were selected and asked a series of questions relating to the effectiveness of the services received. Specifically, the series of questions related to engagement, support, services offered, and extracurricular activities. The families were given the opportunity to make suggestions as to what improvements they recommended in order to enhance the experience received with the Probation Department. In addition, the families were asked what services/experiences were most beneficial. This information will be utilized in order to enrich the current services and make improvements in the areas that the families identified as challenges.

The outcome of this focus group revealed that the parents and minors were not aware of the community based services offered in their areas. Although the resources were available, probation officers did not communicate to families what was available nor were the families provided any literature of how to access services. Immediately following the peer review, this issue was rectified. A resource brochure was developed and disseminated to families at the time of the minor's release and during family contacts, identifying what resources were available in their immediate areas. This resource guide contains information such as housing assistance, mental health services, transportation, utility assistance, medical information, parenting resources, legal services, food and clothing assistance, employment assistance, Native American resources, domestic violence assistance, and substance abuse treatment.

Several other issues were raised during following the outcome of this discussion. It appeared that there was a substantial length of time that a youth remained in custody due while awaiting wraparound services. One participant noted that it took 84 days. Although sometimes there are complications with obtaining the Live Scan records from the Department of Justice in order to approve a family and maintain foster care guidelines when certifying a placement, it appears that this is an issue that needs to be examined. In some instances, there is a great delay in the records being returned, such as in one instance, a family member needed to submit Live Scans on three separate occasions as the prints were unreadable due to a previous burn injury to the participant's hands.

Additionally, during this rating period, the placement unit experienced staffing issues due to several medical leaves of absences within the unit at the same time as well as departmental vacancies. In order to be approved to receive wraparound services, a family's case must be presented at Interagency Resource and Placement Committee (IRPC) which meets the first and third Thursday of

every month. This is a collaborative committee with representation from the Office of Education, Department of Behavioral Health, the Department of Social Services and the Probation Department. The probation officer is unable to proceed with the wraparound screening unless the case is presented and accepted at IRPC. When the officer does not have the time to gather the needed information to present the case due to staffing issues, a two to three week delay is inevitable. When fully staffed, this is a mute issue as this circumstance rarely occurs.

Another issue raised was the ability to access services while in custody. Although the Juvenile Justice Campus offers in custody treatment programs, these programs are Court ordered. Youth serving a general commitment do not have access to formalized programming, such as New Horizons and the Floyd Farrow Substance Abuse Unit. Youth that were ordered into treatment programs appeared to generate more positive responses as these services incorporated family member's participation thus promoting family reunification.

Lastly, a common theme causing disruption to the reunification process was the youth's connection with the probation officer. Some youth noted that they felt that some of the probation officers in the placement unit did not listen, they lacked quality interaction time, or they did not connect with the probation officer. One youth noted that they wished the probation officer did not directly communicate with their teacher at school as after this communication, they were stereotyped and treated different. Although the last issue appears to be a training issue within the education system, the previous issues appear to be a lack of engagement and issues that could be addressed in training. During the next training year, the placement unit supervisor will seek out training specifically related to improving engagement with youth.

Despite the barriers that were identified in these areas, many of the strengths of the Probation Department were highlighted. Parents (or reunifying family member) were asked questions a series of questions regarding engagement, service delivery and reunification services. One question was asked was "On a scale of one to five, (five being the highest), how helpful was your youth's probation officer been in helping with reunification?" All six family members involved rated their services as a five. Some of the comments included that the probation officer was very responsive, returns phone calls (within one hour), very flexible, keeps appointments, considers feelings, and respond quickly with information and resources.

Some of the additional optimistic feedback included that the family members felt that they could communicate with the probation officer and that their feelings were taken into consideration. Families felt that there was an open line of communication with the probation officer and that the probation officer was there to support the family through the reunification process. Several noted that the probation officer worked to identify other potential family members for placement in the event that they were not successful with the youth thus noting a strength area of concurrent planning that was not being evaluated during the review process.

PEER REVIEW

ON FEBRUARY 25, 2015 THROUGH FEBRUARY 27, 2015, ONE PROBATION PLACEMENT OFFICER FROM MADERA, MERCED, SAN LUIS OBISPO AND SAN BERNARDINO COUNTY, AND TWO SOCIAL WORKERS FROM FRESNO COUNTY DEPARTMENT OF SOCIAL SERVICES CONVENED FROM AT THE PICCADILLY INN LOCATED AT 5115 E. MCKINLEY AVE., FRESNO, CA 93727 FOR THE PEER REVIEW. THIS WAS A UNIQUE PEER REVIEW IN THAT; IT WAS THE FIRST TIME A PEER REVIEW WAS CONDUCTED SOLELY BY THE PROBATION DEPARTMENT WITHOUT THE COUNTY'S RESPECTIVE CHILD WELFARE SERVICES AGENCY'S INVOLVEMENT. DUE TO THE CAPP PROJECT, FRESNO COUNTY DSS WAS NOT REQUIRED TO PARTAKE IN THE 2015 PEER REVIEW.

EIGHT CASES WERE RANDOMLY SELECTED TO BE EVALUATED DURING THE PEER REVIEW. SOME OF THE CASES REUNIFIED WITHIN A TWELVE MONTH PERIOD, ALTHOUGH MOST DID NOT. THE ITINERARY FOR THE WEEK CONSISTED OF A FOUR AND A HALF HOUR TRAINING BLOCK AND OVERVIEW OF THE EXPECTATIONS FOR EVALUATION AND PURPOSE OF THE PEER REVIEW FOR THE PARTICIPANTS. AFTER THE DEBRIEFING, THE PEERS WERE DIVIDED INTO TWO TEAMS AND THE INTERVIEWS OF FIRST TWO CASES COMMENCED. FOLLOWING THE AFOREMENTIONED INTERVIEWS, FEEDBACK AND GUIDANCE WAS PROVIDED BY THE FACILITATORS. SUBSEQUENTLY, THE REMAINING SIX CASES WERE REVIEWED OVER THE COURSE OF THE NEXT DAY AND A HALF. THE INTERVIEWS UTILIZED A REUNIFICATION TOOL TO MEASURE THE TIMELINESS AND EFFECTIVENESS OF THE FAMILY REUNIFICATION SERVICES FOR THE PROBATION DEPARTMENT.

THE PROBATION DEPARTMENT FACES SYSTEMIC CHALLENGES IN REGARDS TO FOSTER YOUTH THAT ARE UNIQUE IN COMPARISON TO FOSTER YOUTH FROM DSS. SPECIFICALLY, WHEN LOCATING AND SECURING AN APPROPRIATE PLACEMENT, THE LEAST RESTRICTIVE ENVIRONMENT IS SOUGHT THAT WILL MEET THE YOUTH'S EMOTIONAL, SOCIAL AND PHYSICAL NEEDS, THE PROBATION OFFICER ALSO NEEDS TO CONSIDER THE MINOR'S CRIMINOGENIC NEEDS, AS WELL AS SAFETY TO THE COMMUNITY. SOME OFFENSES, PREDOMINANTLY OFFENSES THAT ARE SEXUAL IN NATURE, THE YOUTH IS REQUIRED TO COMPLETE AN EIGHTEEN MONTH SEX OFFENDER TREATMENT PROGRAM. TYPICALLY THESE YOUTH ARE GIVEN A CUSTODIAL COMMITMENT CONSEQUENTLY MAKING IT UNFEASIBLE FOR THE YOUTH TO REUNIFY WITH A FAMILY MEMBER WITHIN THE TWELVE MONTH PARAMETERS.

- **BACKGROUND PROMISING PRACTICES**

AS A RESULT OF THE PEER REVIEW, CONSTRUCTIVE FEEDBACK WAS PROVIDED AS TO THE STRENGTHS WITHIN THE PROBATION PLACEMENT UNIT. COLLECTIVELY, IT WAS NOTED THAT THE PROBATION DEPARTMENT HAD A POSITIVE WORKING RELATIONSHIP WITH THE COURT, AND SEVERAL NOTATIONS WERE MADE REGARDING THE WEALTH OF EXPERIENCE WITH THE PROBATION OFFICERS AND THE SIGNIFICANT AMOUNT OF TRAINING THE OFFICERS RECEIVED. QUITE A FEW PEERS NOTED THAT THE PROBATION DEPARTMENT ASSISTED WITH TRAVEL SUCH AS TRANSPORTING PARENTS AND PURCHASING AIRLINE TICKETS IN ORDER FOR MINORS TO SUCCESSFULLY REUNIFY WITH THEIR FAMILIES. NUMEROUS PEERS NOTED THAT THERE WERE INCREASED FREQUENCY OF THE CONTACTS OTHER THAN THE MANDATED MONTHLY CONTACT AND THAT THERE WAS A SMOOTH TRANSITION AND ADEQUATE NOTIFICATION FOR ALL PARTIES WHEN THERE WAS A CHANGE IN THE ASSIGNED OFFICER. IT WAS ALSO NOTED THAT THERE WAS A SIGNIFICANT EFFORT

BY THE PLACING PROBATION OFFICERS IN THAT THEY ATTEMPTED LOWER LEVELS OF CARE PRIOR SEEKING TO A GROUP HOME PLACEMENT.

- **BACKGROUND BARRIERS**

DESPITE THE POSITIVE EFFORTS BY THE PLACEMENT PROBATION OFFICERS, THERE WERE SOME BARRIERS THAT CONTRIBUTED TO BACKGROUND BARRIERS SUCH AS THE LENGTH OF TIME THE MINOR WAS IN PLACEMENT, THE NUMBER OF PROBATION OFFICERS THAT A MINOR WAS ASSIGNED DURING THE DURATION OF HIS/HER PLACEMENT, THE NUMBER OF PLACEMENT CHANGES, THE PARENT'S LACK OF TRANSPORTATION, PARENTS SUFFERING FROM THEIR OWN MENTAL HEALTH DISORDERS OR ADDICTION, THE YOUTH RECEIVED A PLACEMENT OFFICER THAT WAS NEW TO THE UNIT, THE CASE WAS NOT ASSIGNED TO AN OFFICER, THE CASE WAS ASSIGNED ON A "ROTATIONAL" CASE THUS THE YOUTH HAD A TOTAL OF NINE DIFFERENT PROBATION OFFICERS, ONE YOUTH EXPERIENCED A SIGNIFICANT DELAY IN SERVICES, THE PARENT WAS FREQUENTLY INCARCERATED AND THE USE OF AN OUT OF STATE PLACEMENT.

MOST OF THE AFOREMENTIONED CIRCUMSTANCES WERE UNAVOIDABLE; ALTHOUGH SOME OF THESE ISSUES COULD HAVE BEEN RECTIFIED. DUE TO THE STAFF SHORTAGES, SOME CASELOADS DUTIES WERE DIVIDED AMONG THE UNIT TO INCLUDE THE MANDATED FACE TO FACE CONTACTS THUS SOME YOUTH WERE NOT ABLE TO DEVELOP A POSITIVE RELATIONSHIP WITH ONE ASSIGNED OFFICER. ANOTHER CHALLENGE IS THE LACK OF AVAILABLE LEVEL 14 PLACEMENTS FOR YOUTH WHO SUFFER FROM SIGNIFICANT MENTAL HEALTH ISSUES. CURRENTLY, PLACEMENT OFFICER CAN ONLY PLACE MINORS WHO ARE CERTIFIED FOR LEVEL 14 PLACEMENTS WITH PROGRAMS WHICH ARE CONTRACTED AND CERTIFIED BY FRESNO COUNTY DEPARTMENT OF BEHAVIORAL HEALTH. FOR THE LAST YEAR, THE PROBATION DEPARTMENT HAS ONLY BEEN ABLE SCREEN FOR PLACEMENT AT SIX DIFFERENT LEVEL 14 PROVIDERS. IN THE EVENT THAT THE YOUTH IS DENIED FOR PLACEMENT, THE ONLY VIABLE OPTION TO PLACE A MINOR IN A FACILITY THAT CAN PROVIDE THE EQUIVALENT OF A LEVEL 14 SERVICE, AN OUT OF STATE PLACEMENT IS SOUGHT AND SECURED. BY NATURE, THIS POSES VISITATION ISSUES AND PLAYS A ROLE IN THE ABILITY FOR THE YOUTH TO MAINTAIN CONNECTIONS.

- **MAINTAINING CONNECTIONS PROMISING PRACTICES**

PROMISING PRACTICES OUTLINED IN THE CASE MANAGEMENT AREA OF MAINTAINING CONNECTIONS WAS THE CONSISTENT CONTACT BETWEEN THE PARENT AND THE YOUTH. THE PROBATION OFFICER INVOLVED BOTH PARENTS AND THE YOUTH WHEN SEEKING OUT RELATIVES OR MENTORS FOR POTENTIAL PLACEMENT. DURING THIS PROCESS WHILE RELATIVES WERE SCREENED, LOCAL PLACEMENTS WERE SOUGHT IN ORDER TO FOSTER VISITS AND MAINTAIN CONNECTIONS. ANOTHER AREA HIGHLIGHTED WAS THE PROGRESSION OF VISITS FROM ON SITE TO UNSUPERVISED TO OVERNIGHT.

- **MAINTAINING CONNECTIONS BARRIERS**

SOME OF THE BARRIERS HIGHLIGHTED IN THE AREA OF MAINTAINING CONNECTIONS INCLUDED THE LACK OF AVAILABILITY OF SKYPE IN THE DETENTION FACILITY, THE FAMILIES LACK OF TRANSPORTATION FOR IN CUSTODY VISITS AS THE JUVENILE JUSTICE CAMPUS IS LOCATED IN A QUASI-REMOTE AREA WITH A LACK OF AVAILABLE PUBLIC TRANSIT, COURT ORDERS PREVENTING CONTACT WITH FAMILY MEMBERS, PARTICULARLY CHILDREN, WHEN THE OFFENSE WAS

SEXUAL IN NATURE, AND ALLEGATIONS OF INAPPROPRIATE SEXUAL CONDUCT BETWEEN ADULT FAMILY MEMBERS AND CHILDREN THUS PREVENTING PLACEMENT IN THOSE HOMES. IT WAS ALSO MENTIONED THAT THE LACK OF AVAILABLE FAMILY MEMBERS SPECIFICALLY RELATIVES LIVING OUTSIDE THE UNITED STATES, OR RELATIVES THAT WERE DECEASED OR NOT LOCATED ALSO PLAYED A SIGNIFICANT ROLE IN CHALLENGES FACED WITH MAINTAINING CONNECTIONS.

- **ENGAGEMENT PROMISING PRACTICES:**

VARIOUS PRACTICES WERE OUTLINED AS STRENGTHS IN REGARDS TO THE MINORS' ENGAGEMENT TO INCLUDE, STAFFING WITH THE COURT AND ALL ATTORNEYS INVOLVED WHEN THERE WAS A SPECIFIC OR UNIQUE ISSUE AND A PROPOSED SOLUTION. IN ADDITION, ALL PARTICIPANTS WERE INCLUDED IN THE YOUTH'S CASE PLAN, THE MAJORITY OF THE FACE TO FACE CONTACTS WERE IN THE HOME AND MORE FREQUENT THAN ONCE A MONTH. IT WAS ALSO NOTED THAT DURING ALL CONTACTS, THE MINOR'S SAFETY AND WELL-BEING WERE ADDRESSED, THE PLACEMENT OFFICER VERIFIED AND ASSESSED THE PLACEMENT, APPROPRIATE SERVICES WERE PROVIDED TO THE MINOR, AND THE PROBATION OFFICER HAD A VESTED INVOLVEMENT IN THE MINORS EDUCATION, SPECIFICALLY WITH MINORS WITH INDIVIDUALIZED EDUCATION PLANS (IEP'S).

- **ENGAGEMENT BARRIERS:**

SOME OF THE BARRIERS TO ENGAGEMENT INCLUDED THE LACK OF DESIRE ON BEHALF OF THE MINOR AND IN SOME CASES THE PARENTS, TO PARTICIPATE IN THE CASE PLAN, THE PARENT'S TRANSIENT STATUS AND LACK OF INVOLVEMENT, THE EXTENSIVE HISTORY WITH THE DEPARTMENT OF SOCIAL SERVICES PRIOR TO PROBATION INTERVENTION, AND IN ONE CASE A PRIVATE ATTORNEY ADVOCATED FOR THE MINOR TO BE PLACED IN A GROUP HOME THAT WAS NOT ABLE TO MEET THE MINOR'S TREATMENT NEEDS. IN ONE CASE A MINOR HAD NINE DIFFERENT OFFICERS (DUE TO "ROTATION"), THUS THEY LACKED THE ABILITY TO DEVELOP A GOOD RAPPORT WITH THE OFFICER. ALSO THE LACK OF PARENTING SKILLS WAS ADDRESSED.

- **REUNIFICATION PROMISING PRACTICES:**

AN ARRAY OF STRENGTHS WERE IDENTIFIED IN RELATION TO REUNIFICATION TO INCLUDE THE PARENT WAS SOUGHT OUT, LOCATED AND WILLING TO REUNIFY WITH THE MINOR, AND THE MINOR WAS MOTIVATED TO SUCCEED. IT WAS NOTED THAT THERE WAS CONSISTENT COURT STAFF THROUGHOUT THE MINOR'S CASE AS THE MINOR ATTENDS THE SAME COURTROOM FOR ALL HEARINGS. OTHER CONTRIBUTING FACTORS INCLUDED THE INVOLVEMENT OF EXTENDED FAMILY MEMBERS, THE COURT'S AGREEMENT WITH THE PACE OF THE MINOR'S REUNIFICATION PLAN, AND THE FREQUENCY OF COURT HEARINGS WAS MORE THAN THE MANDATED SIX MONTH REVIEW TO ADDRESS A MINOR'S SPECIFIC NEEDS.

- **REUNIFICATION BARRIERS:**

AN ASSORTMENT OF BARRIERS WERE IDENTIFIED TO INCLUDE THE UNKNOWN WHEREABOUTS OF THE PARENTS, THE MINOR'S BEHAVIOR TO INCLUDE RUNNING AWAY AND COMMITTING NEW OFFENSES, THE YOUTH OR PARENT'S UNWILLINGNESS TO COOPERATE WITH REUNIFICATION EFFORTS, AND THE PARENT'S FEAR OF THE MINOR AND HIS/HER BEHAVIOR. IT WAS ALSO NOTED THAT PROBATION OFTEN RECEIVES A CASE IN POST PERMANENCY AND SOMETIMES THE DEPARTMENT OF SOCIAL SERVICES HAS ALREADY TERMINATED PARENTAL RIGHTS.

- **PLACEMENT MATCHING PROMISING PRACTICES**

SOME OF THE IDENTIFIED PROMISING PRACTICES IN REGARDS TO PLACEMENT MATCHING INCLUDED THE AVAILABILITY OF LOCAL PLACEMENTS, THE SUPPORT RECEIVED FROM THE GROUP HOME PROVIDERS, PROBATION'S EFFORTS TO MAINTAIN CONTACT WITH THE FAMILY, AND THE FOCUS ON SEEKING OUT THE LOWEST LEVEL OF CARE THAT WILL MEET THE MINORS' NEEDS. IT WAS ALSO NOTED WRAPAROUND SERVICES PROVIDED TO THE FAMILY PROVIDED NEEDED SUPPORT AS WELL AS UTILIZING COMMUNITY RESOURCES WHEN AVAILABLE. ONE OF THE NOTED STRENGTHS WAS PROBATIONS ASSISTANCE WITH TRANSPORTATION FOR THE FAMILY.

- **PLACEMENT MATCHING PROMISING BARRIERS**

SOME OF THE BARRIERS THAT WERE RECOGNIZED IN REGARDS TO PLACEMENT MATCHING INCLUDED THE LACK OF AVAILABLE LEVEL 14 PLACEMENTS (ONLY SIX), THE MINOR'S UNWILLINGNESS TO PARTICIPATE IN SERVICES, AND THE DISTANCE BETWEEN THE PARENT AND THE PLACEMENT PROVIDER.

- **ASSESSMENT/SERVICES PROMISING PRACTICES**

IN RELATION TO THE ASSESSMENT/SERVICES PROVIDED TO FAMILIES, SOME OF THE PROMISING PRACTICES INCLUDED THE INTENSIVE MENTAL HEALTH TREATMENT WHILE THE MINOR WAS IN CUSTODY, THE COMMUNICATION WITH THE WRAPAROUND TEAMS, ILP SERVICES OFFERED, THE ACCESS TO FAMILY THERAPY WHILE PLACED IN THE GROUP HOME, AND THE TRANSITION BINDER PROVIDED TO THE YOUTH WHEN THE YOUTH TRANSITIONED OUT OF CARE. THE TRANSITION BINDER WAS FEATURED AND OTHER COUNTIES INDICATED THAT THEY WOULD IMPLEMENT THE SAME PRACTICES. IT INCLUDES A BIRTH CERTIFICATE, CALIFORNIA IDENTIFICATION CARD, SOCIAL SECURITY CARD, SCHOOL AND MEDICAL RECORDS, HOW TO ACCESS SERVICES AS AN ADULT, APPLICATIONS FOR SSI, INFORMATION OF HOW TO ACCESS OF MEDI-CAL, AB 12 INFORMATION AND HOW TO ACCESS PUBLIC TRANSPORTATION.

- **ASSESSMENT/SERVICES PROMISING BARRIERS**

SOME OF THE CHALLENGES FACED INCLUDED THE MINOR OR FAMILY'S UNWILLINGNESS TO COMPLY, RELAPSE ISSUES PRIOR TO REUNIFICATION, AND THE LACK OF COMMUNICATION TO THE FAMILIES REGARDING AVAILABLE RESOURCES.

TRAINING RECOMMENDATIONS

AT THE CONCLUSION OF THE REVIEW, THE PEERS SUGGESTED THAT THE PLACEMENT OFFICERS WERE PROVIDED ADDITIONAL TRAINING IN THE AREAS OF FAMILY FINDING, CALIFORNIA DEPARTMENT OF SOCIAL SERVICES REGULATIONS, CASE PLAN DEVELOPMENT, CROSS TRAINING WITH THE DEPARTMENT OF SOCIAL SERVICES, AND TRANSITION TRAINING.

RESOURCE RECOMMENDATIONS

THE PEERS SUGGESTED EXPANSION OF THE LEVEL 14 PROVIDERS AND ADDING ADDITIONAL STAFF TO INCLUDE LEAD OFFICERS. IT WAS ALSO SUGGESTED THAT A PARENT SUPPORT GROUP BE DEVELOPED AND IMPLEMENTED. FURTHER, IT WAS RECOMMENDED THAT RESOURCES WERE IDENTIFIED AND MADE AVAILABLE TO PARENTS AS WELL AS TRANSPORTATION TO THE JUVENILE JUSTICE CAMPUS TO BE MADE AVAILABLE TO FAMILIES.

Systemic Policies and Procedure Recommendations

During the peer review, it was recommended that the Probation Department implement a cap on the caseloads and increase staffing to include having more experienced officers assigned to the placement unit. It was suggested that a minor remain with the same officer during the entire duration of his/her case. Additional training was recommended in regards to implementing policies and procedures for placement.

Stakeholders Focus Group

A Focus Group Forum for community stakeholders and service providers was held on March 10, 2015, from 8:30 a.m. to 10:30 a.m. at the Juvenile Justice Campus Courthouse. The community based partners included representatives from the local school districts, group home providers, SB163 wraparound providers, and the Department of Social Services.

Strategies to Implement for Improvement

Based on the findings and recommendations of the peer review, various new practices will be implemented. Family finding practices were an identified weakness. To rectify this, the placement unit has reached out to the DSS family finding unit and requested cross training. It is anticipated that this will occur in late 2015, early 2016. In addition, additional training will be sought out specific to this issue. Also, DSS will be conducting cross training in regards to WIC 300 holds, abuse in care and a general overview of their department in late 2015, early 2016. The goal is to have all the placement officers including the Probation Services Manager to attend these trainings.

It appears that engagement training would enhance the experiences of foster youth in care. Some of the identified barriers appear to be a lack of proper training in how to engage and communicate with the youth. The placement unit will seek out potential engagement trainings and it is hoped that localized training will be available in the near future.

One of the other challenges identified appears to be the lack of knowledge and/or communication to families regarding specialized services and community based organizations in order to access services. As previously indicated, a community resource guide was immediately developed in order to bring awareness to this issue. The placement unit is in the process of devising a plan on how to disseminate this information to ensure that families are provided needed information.

A common theme throughout the state since the AB 109 Public Safety Realignment Act was enacted in October 2011, appears to be staffing. Due to the immediate need to create and fill a division with probation officers to supervise this population, officers were drawn from various task areas to include placement officers. As of July 24, 2015, Fresno County Probation had 23 deputy probation officer vacancies. Despite the active recruitment for qualified candidates, the vacancy rate has remained high since this time. Additionally, probation officers assigned to the placement unit require specialized training in child welfare, thus when officers are moved into this assignment, staffing

ISSUES OCCUR DUE TO THE AMOUNT OF TRAINING THE NEW PLACEMENT OFFICERS ATTEND. THIS COUPLED WITH THE MEDICAL LEAVES OF ABSENCE IN THE UNIT HAVE CONTRIBUTED TO SOME OF THE BARRIERS. THE PROBATION DEPARTMENT PERSONNEL UNIT HAS BEEN DILIGENTLY WORKING TO FILL THE VACANT POSITIONS.

Outcome Data Measures

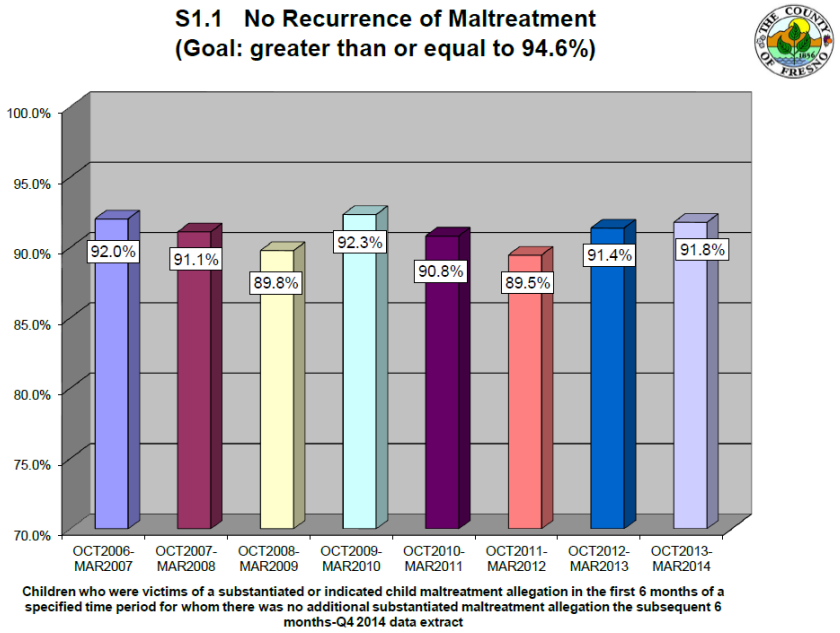
In light of the new Statewide Data Indicators and National Standards for Child and Family Services Reviews (CFSR) from the Children's Bureau (CB) and the Administration for Children and Families (ACF) which were published in the Federal register in October 2014 (http://www.gpo.gov/fdsys/pkg/FR-2014-10-10/pdf/2014-24204.pdf) Fresno is making adjustments in its use of the data used quarterly that is created from the outcome data published by CDSS and UC Berkeley as a transition from the old data sets to the new. In this CSA the data used will come from the existing data published sets with the exception of those data sets that will not be a part of the CFSR data, specifically exit cohorts and other data sets that were likely to be misinterpreted. Additionally the presentation of the C1.3 Reunification Data is expanded to include longer time frames and other Permanency exit types.

The Extract Date identifies the most recent quarter with data available for the various data sets. Because of local delays in data entry and the timeframe of the extraction being closer to the last date for data reporting, the historical experience is that the data for the most recent quarter would be subject to significant adjustment. Thus for this CSA the most recent data is from the 2014 Quarter 4 Extract. The last three months of data coinciding with the this extract (October 2014 to December 2014) is available from the UC Berkeley CCWIP web page but will not be included in most of the reports. Instead of reporting on the 12 month period of January to December, the 12 month period of October to September will be used where 12 month time frames are reported and other time frames are adjusted in a similar manner. The exceptions are the population and participation charts at the beginning that will include all of 2014 with the understanding that those numbers may adjust in the subsequent quarter.

The **Fresno County DSS Child Welfare Self Evaluation Home Page** has links to a number of Fresno data pages including a **CWS Outcomes & Accountability Data Summary** that mirrors the CDSS quarterly data report and **CWS Outcomes & Accountability Charts** that provide a view over time (using the same quarterly time frames) of the **CWS Outcomes & Accountability Data Summary**.

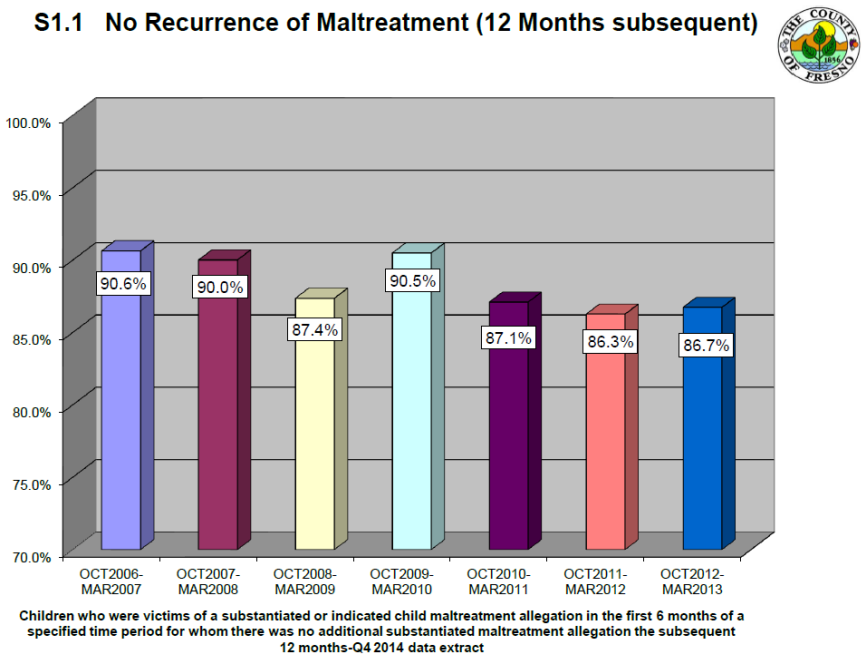
Fresno County DSS Child Welfare Self Evaluation Home Page
http://www.co.fresno.ca.us/SelfEval
CWS Outcomes & Accountability Data Summary
http://www.co.fresno.ca.us/SelfEvalOutcomes
CWS Outcomes & Accountability Charts
http://www.co.fresno.ca.us/SelfEvalCharts

S1.1 No Recurrence of Maltreatment

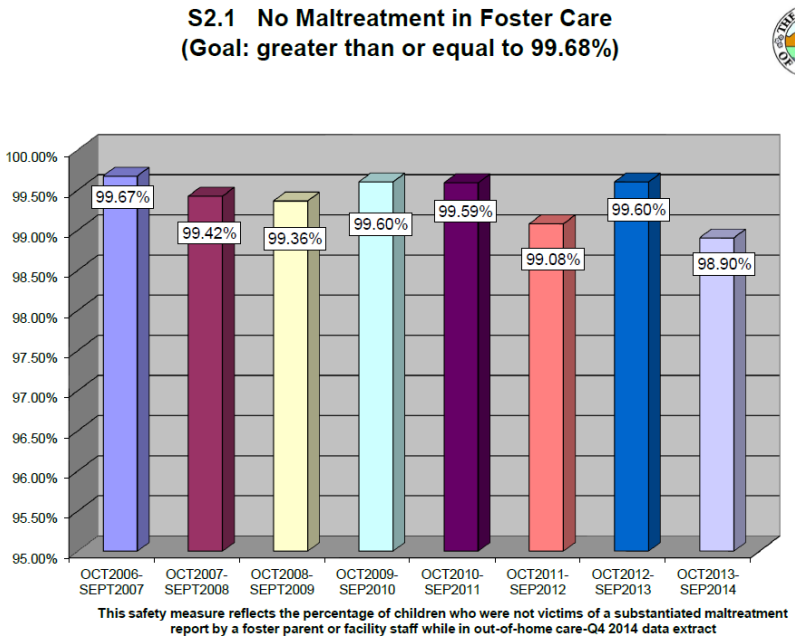


Analysis

The rate of non recurrence of children with substantiated allegations in Fresno has fluctuated over the last eight years but has always remained somewhat below the goal of 94.6% and is increasing in the last three years. The new data framework will extend the timeframe for this data to 12 months which predictably will decrease the rate. The National Standard for 12 months is 90.9%. The impact of the implementation of the **Practice Model** and **Safety Organized Practice** in the front end of the system is expected to have the desired effects of improved assessment and planning even for investigations that do not progress into open cases. This would reduce the amount of recurrence.



S2.1 No Maltreatment in Foster Care



Analysis

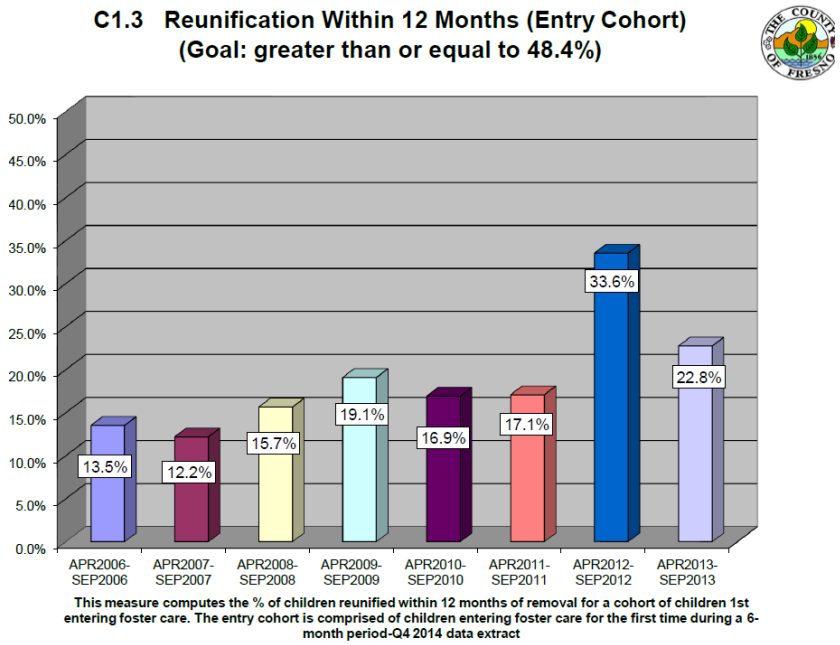
The rate of No Maltreatment In Foster Care in Fresno has fluctuated over the last eight years but has always remained somewhat below the goal of 99.68%. Fresno has been diligent to ensure that these occurrences are documented properly in CWS/CMS and are reviewed for patterns and an understanding of severity. Of the 37 children identified in 21 referrals in the period of review 27 were for General Neglect, 7 were for at risk (siblings) 3 for Sexual or Physical Abuse. 19 were in an FFA placement, 17 were with a Relative or NREFM and 1 was in a Group Home. 23 are known to have led to a placement change.

Each incident led to a Critical Incident Report that was reviewed by management in order to ensure that proper steps were taken and to identify any structural or procedural changes that might be indicated.

The new version of this outcome measure will reflect the number of days in care as the denominator, and the number of substantiated maltreatment reports as the numerator. It will also include all maltreatment while a child is in foster care even if the substitute care provider is not the perpetrator. It will be important to properly date the incident so that incidents that occurred prior to placement but were reported and investigated after the beginning of the placement episode are not misidentified as having occurred during the placement.

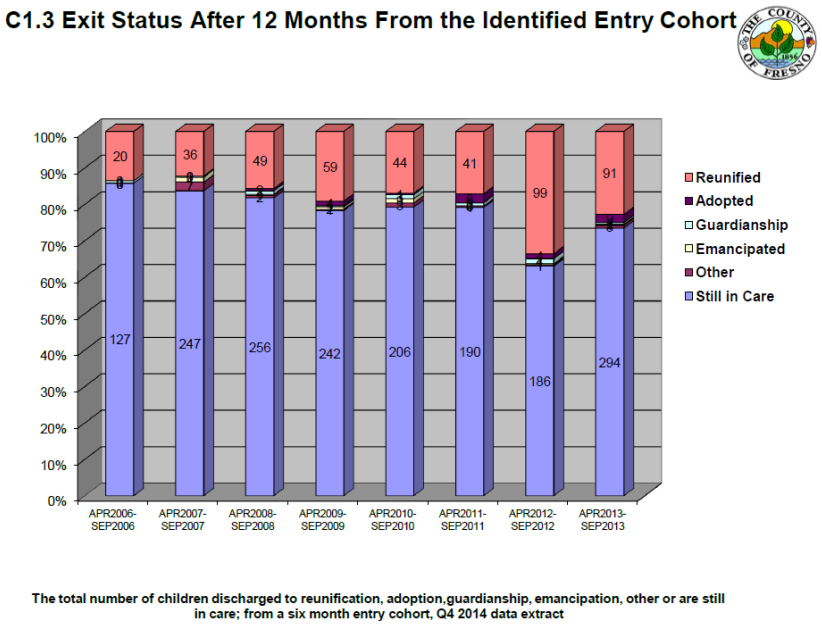
As noted in the beginning of the outcome data measures section exit cohorts such as **C1.1 Reunification within 12 Months** and **C1.2 Median Time of Reunification** will no longer be a part of the Federal data measures and as such are not included here.

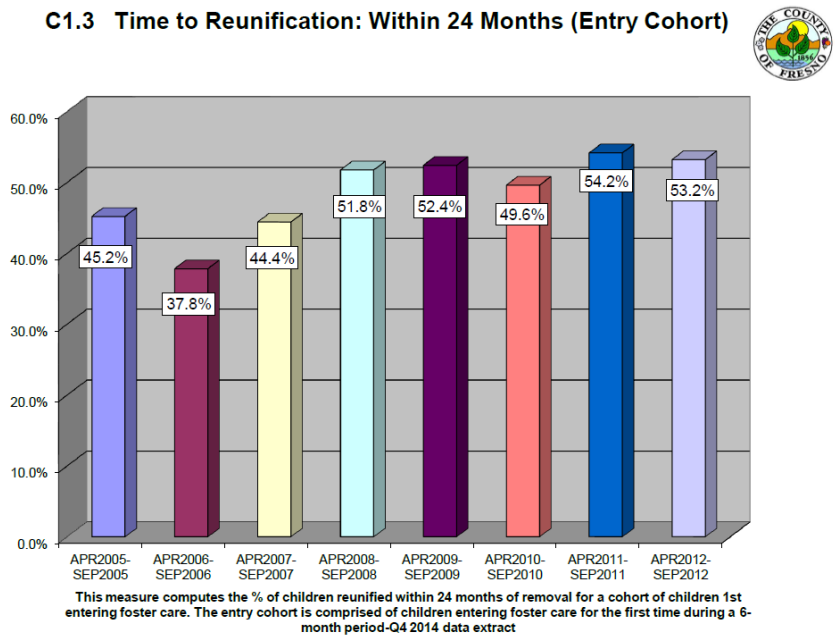
C1.3 Reunification within 12 Months (Entry Cohort)



Analysis

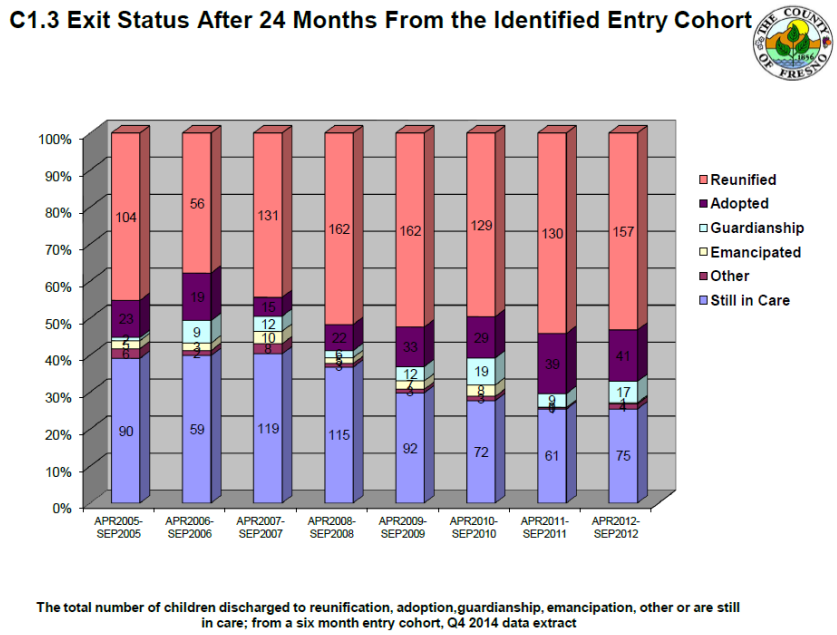
In the last eight years the trend for Reunification Within 12 Months is upward. In fact the last two years were much better with 2012 being abnormally high. The rates are typically only half of the National Standard. The work of the Practice Model is intended to continue to facilitate more timeliness when appropriate for reunification. The new version of the measure will use a 12 month cohort and include all permanency routes as well as exits to non permanency or remaining in care.

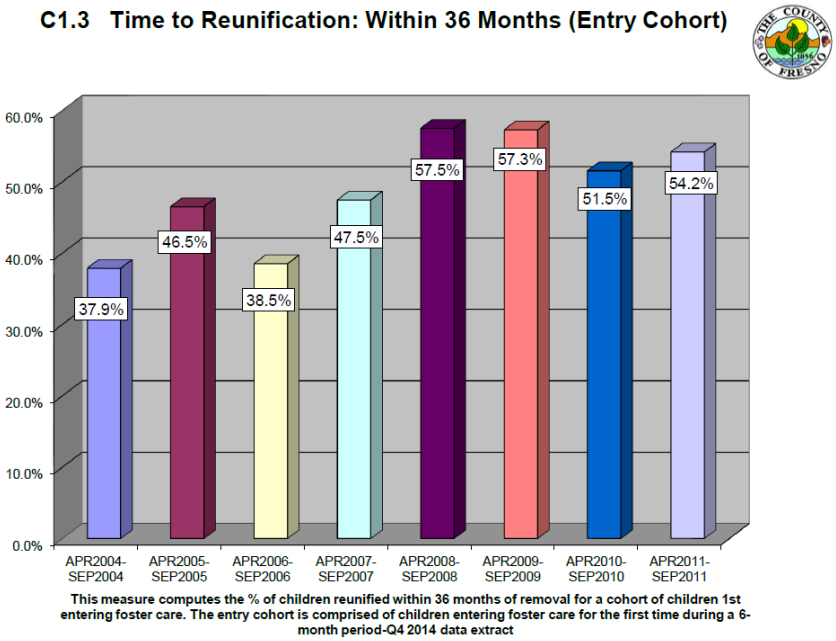




ANALYSIS

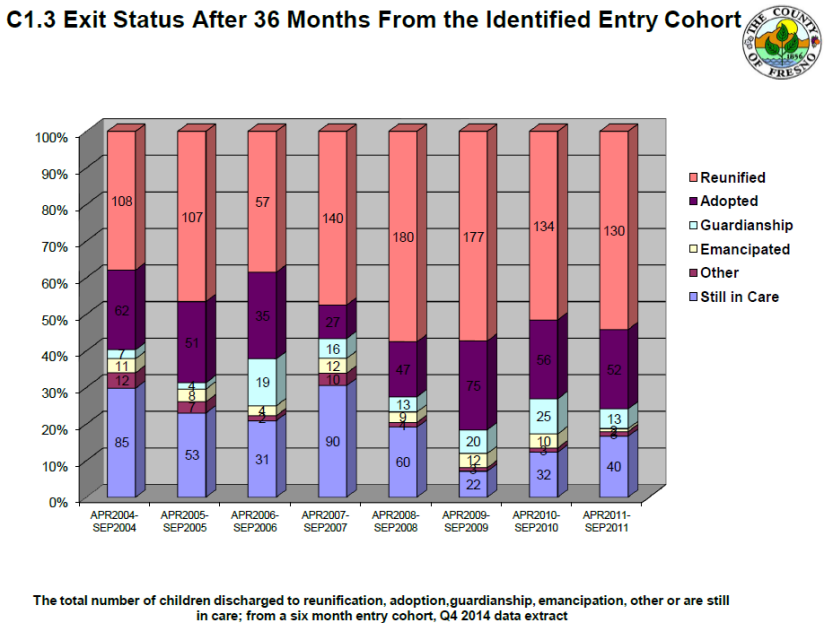
THE NEW VERSION WILL ALSO LOOK AT PROGRESS IN LONGER TIME FRAMES SUCH AS 24 MONTHS. CHILDREN IN THE FRESNO CHILD WELFARE SYSTEM HAVE EXPERIENCED A FAIRLY CONSISTENT OUTCOME IN THE 24 MONTH TIME FRAME WITH AROUND 50% OF THEM REUNIFYING. THIS WOULD SEEM TO INDICATE THAT WITH THE CIRCUMSTANCES THAT BRING CHILDREN INTO THE SYSTEM IN FRESNO THAT ONLY A LITTLE MORE THAN HALF COULD REUNIFY WITHIN 12 MONTHS BUT ONLY HALF OF THEM DO BUT AFTER 12 MONTHS PERMANENCY OPTIONS OF ADOPTION AND GUARDIANSHIP BEGIN TO OCCUR. THE PRACTICE MODEL INCLUDES WORKING ON SYSTEMIC BARRIERS SUCH AS VISITATION AND WITH IMPROVEMENTS IN VISITATION PANNING AND SUPPORTS WILL ALLOW MANY CHILDREN WHO OTHERWISE WOULD HAVE TAKEN MORE THAN 12 MONTHS TO REUNIFY TO BE ABLE TO DO SO BEFORE 12 MONTHS.

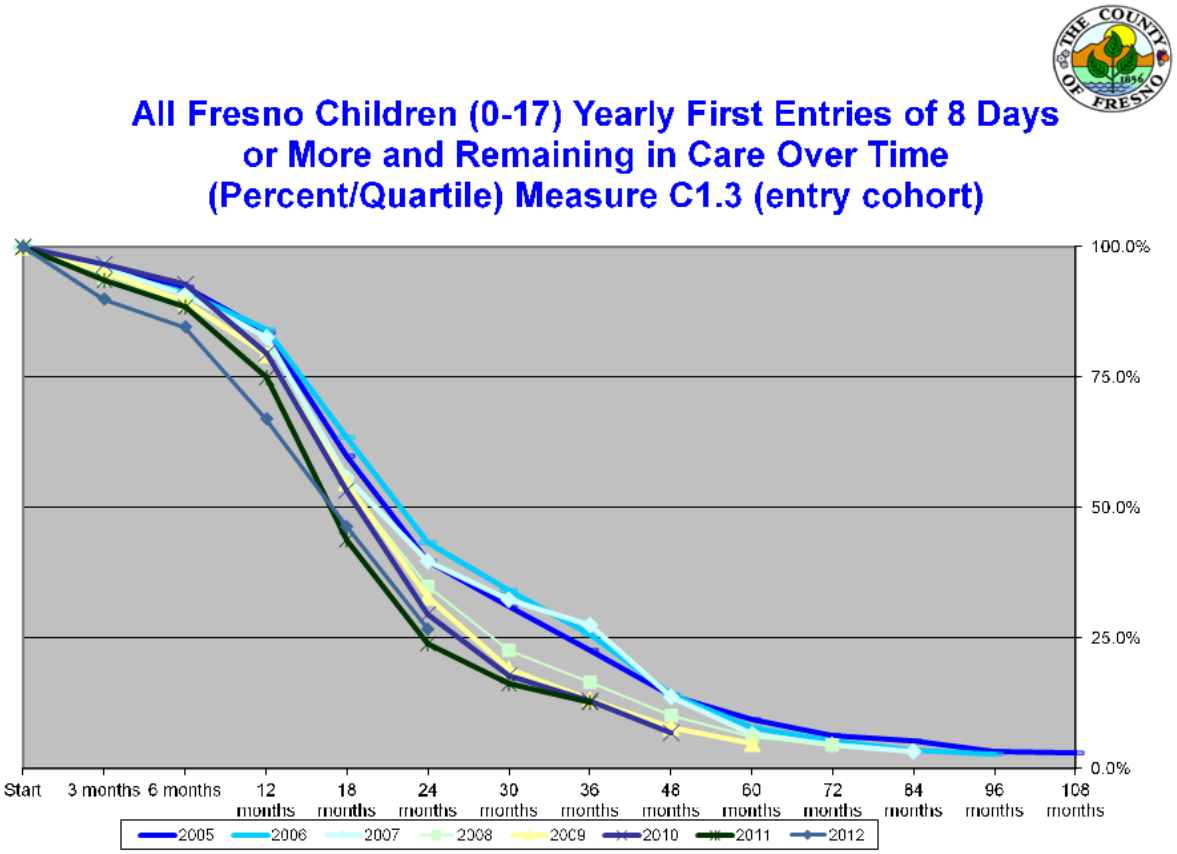




ANALYSIS

THE NEW VERSION WILL ALSO LOOK AT PROGRESS IN 24 MONTHS AND LONGER BUT HERE REPORTED AS WITHIN 36 MONTHS. THE OUTCOMES OF PERMANENCE IN THE 36 MONTH TIME FRAME ARE ONLY SLIGHTLY LARGER THAN 24 MONTHS AND HAVE NOT GONE BEYOND 60% OF THEM REUNIFYING. SINCE FEWER THAN 20% ARE REMAINING IN CARE THE REMAINING OTHER EXITS ARE BY EMANCIPATION (WHICH INCLUDES TURNING 18 EVEN IF THEY REMAIN IN CARE AS A NON MINOR DEPENDENT,) OR OTHER NON PERMANENCE MEANS SUCH AS JUVENILE DETENTION.





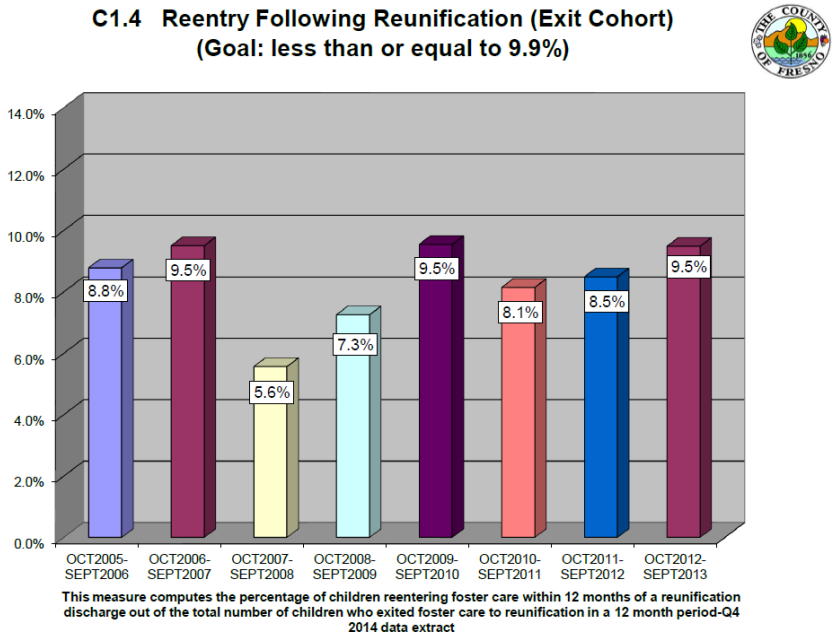
Webster, D., et. al (2015). Child Welfare Services Reports for California. Retrieved 7/7/2015, from U.C. Berkeley Center for Social Services Research website. URL: <http://cssr.berkeley.edu/ucb_childwelfare> Q1 2015 Extract

ANALYSIS

USING THE DATA IN C 1.3 IN A SLIGHTLY DIFFERENT WAY ALLOWS FOR THE ILLUSTRATION OF THE EXTENT AND PACE OF LEAVING CARE IN THE RETENTION CURVES ABOVE. IN THAT THE SYSTEM IMPROVEMENT PLAN AND CAPP FOCUSED PRIMARILY ON THE TIMELINESS OF REUNIFICATION OR OTHER PERMANENCE THIS CHART BECOMES THE CLEAREST WAY TO MEASURE PROGRESS IN THAT EFFORT. THE FURTHER DOWN THE DATA POINT IS WHEN IT IS AT THE MONTH MARK THE GREATER PERCENT OF CHILDREN WHO HAVE LEFT CARE FROM THE ENTRY COHORT OF THE IDENTIFIED YEAR. THIS ILLUSTRATES CLEAR PROGRESS AS THE LINES AT THE 12 MONTH MARK THE 2011 POINT IS AT THE 75% REMAINING LINE AND 2012 POINT IS WELL BELOW. AT 24 MONTHS THERE HAS BEEN CONTINUAL PROGRESS IN THE DESIRED DIRECTION WHERE IN 2011 AND 2012 ONLY 25% REMAIN.

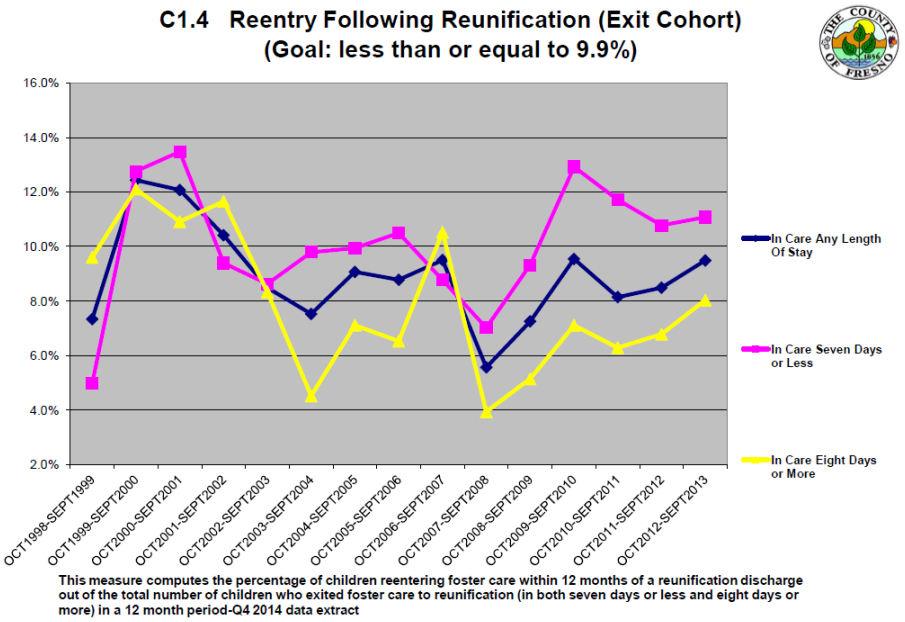
THE 2007 ENTRY COHORT ILLUSTRATES A POSITIVE IMPACT AT 48 AND 6 MONTHS AS THE HIGH RETENTION RATES AT 36 MONTHS (OVER 25%) DROP SIGNIFICANTLY TO LEVELS SIMILAR TO THE YEARS THAT HAD BETTER RESULTS EARLIER. THE TIMING OF THE ACTIVITY THAT ENGAGED THOSE IMPROVEMENTS WOULD HAVE BEEN IN 2010 AND 2011 (48 AND 60 MONTHS AFTER 2007.) THE SIP/CAPP ACTIVITIES ARE HAVING THE DESIRED EFFECT ON BOTH THE MORE RECENT ENTRIES AND ON CHILDREN WHO HAD BEEN IN CARE FOR A FEW YEARS ALREADY AND HAD NOT BEEN ABLE TO EXIT CARE.

C1.4 Reentry Following Reunification



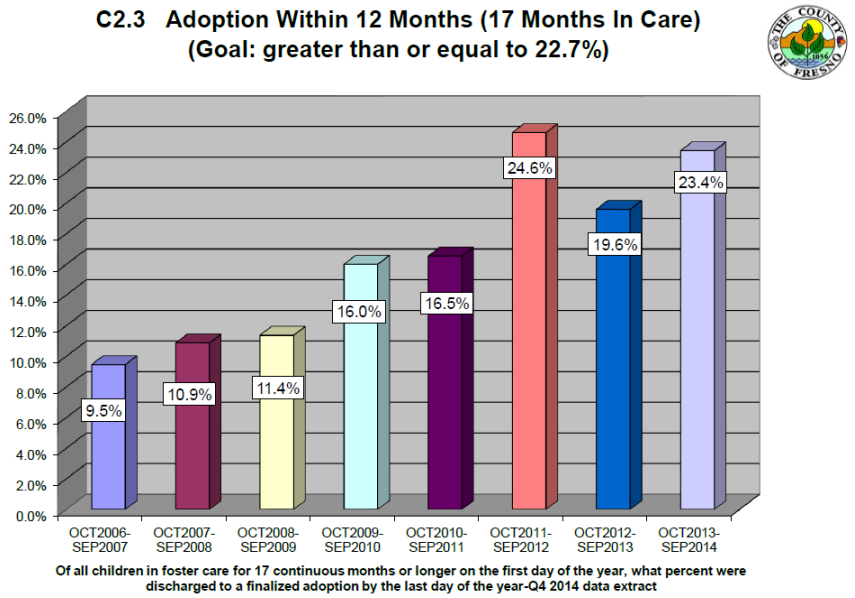
Analysis

The reentry rate has always been below the goal of 9.9% or less which can at times be linked to lower reunification rates. When there is less "risk tolerance" in returning children then it is a normal outcome to have lower reentry. The above reentry rates are for stays of seven days or less and eight days or more. Below they are separated and not surprisingly the rates for seven days or less are higher given that they have not received the extensive reunification services that those returning after court supervised family reunification services had received. For those the N=20 to 30.



As noted in the beginning of the outcome data measures section exit cohorts such as C2.1 Adoption within 24 months and C2.2 Median Time to Adoption (Exit Cohort) will no longer be a part of the Federal data measures and as such are not included here. In fact the Federal data measures do not include adoption measures isolated from the general idea of timely permanence so additionally C2.4 Legally Free within 6 Months (17 months in care) and C2.5 Adoption within 12 Months (Legally Free) are not included. While not an entry cohort C2.3 Adoption within 12 Months (17 months in care) is at least analysis of a group from a starting point and focuses on a group most likely to be a candidate for the consideration of adoption.

C2.3 Adoption within 12 Months (17 months in care)

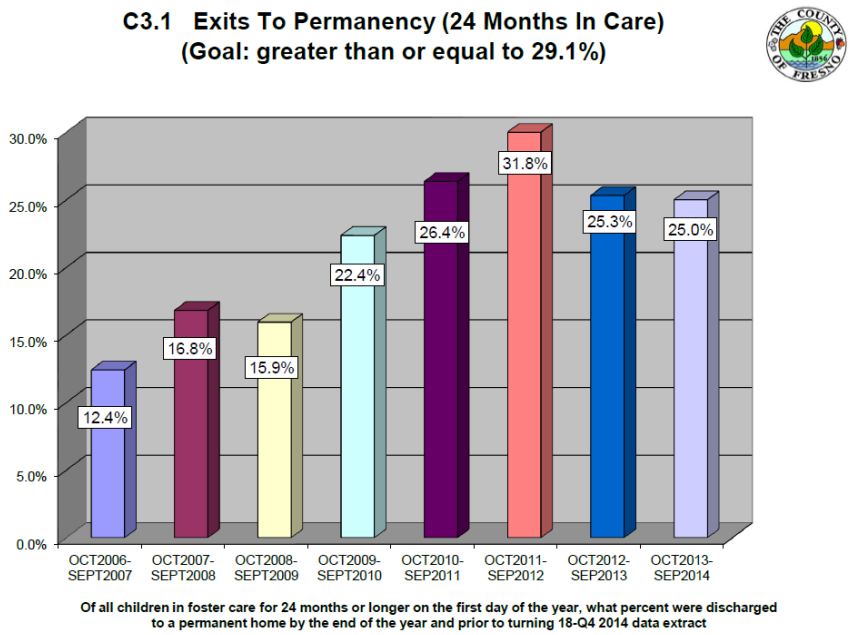


Analysis

For children who have been in care for 17 months or more at the beginning of the period this is the percentage who has been adopted within that year (12 months.) The goal is 22.7% and recently Fresno has exceeded that goal showing a consistent growth in that area. One factor that might be contributing to this outcome improvement may relate to the general decrease in children in care for lengthy periods of time. When there are a large number of children who have been in care for an extended period and who have not found permanency they are counted in the denominator but are not as easily transitioned to adoptive options. It is now more likely that those children in this cohort have only been in care for a few years and are more likely to be in or a candidate for the process of adoption.

As noted in the beginning of the outcome data measures section measures such as **C3.2 Exits to Permanency (Legally Free at Exit)** and **C3.3 In Care 3 Years or Longer (Emancipation/Age 18)** will no longer be a part of the Federal data measures and as such are not included here. While not an entry cohort **C3.1 Exit to Permanency (24 Months in Care)** is at least analysis of a group from a starting point and focuses on the group the greatest concern when it comes to experiencing permanency within the measured year.

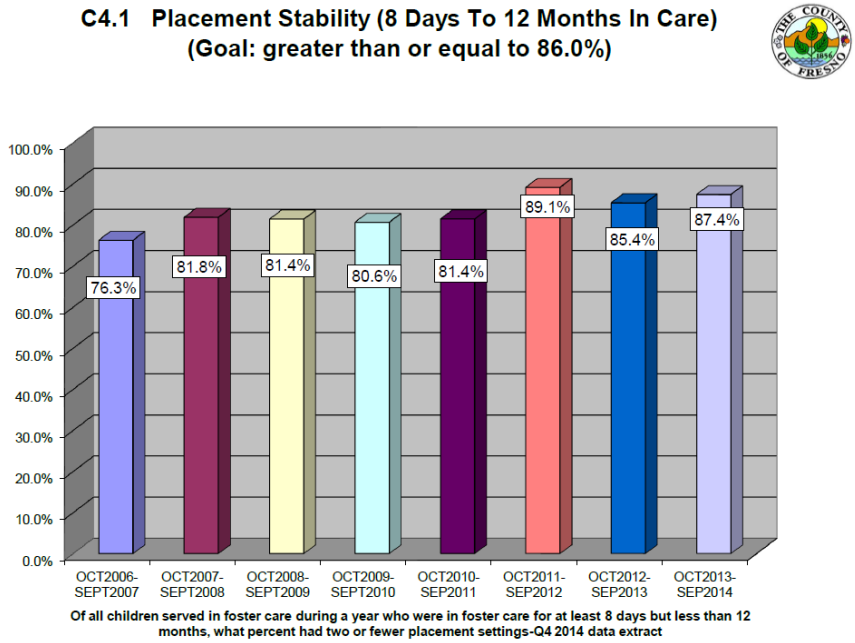
C3.1 Exit to Permanency (24 Months in Care)



Analysis

For children who have been in care for 24 months or more at the beginning of the period this is the percentage who experienced permanency within that year (12 months.) The goal is 29.1% and Fresno has exceeded that goal three years ago and is generally showing growth in that area. As with adoption above it may relate to the general decrease in children in care for lengthy periods of time. When there are a large number of children who have been in care for an extended period and who have not found permanency they are counted in the denominator but are not as easily transitioned to permanency. It is now more likely that those children in this cohort have only been in care for a few years and are more likely to be in or a candidate for the process of adoption or guardianship.

C4.1 Placement Stability (8 Days to 12 Months in Care)



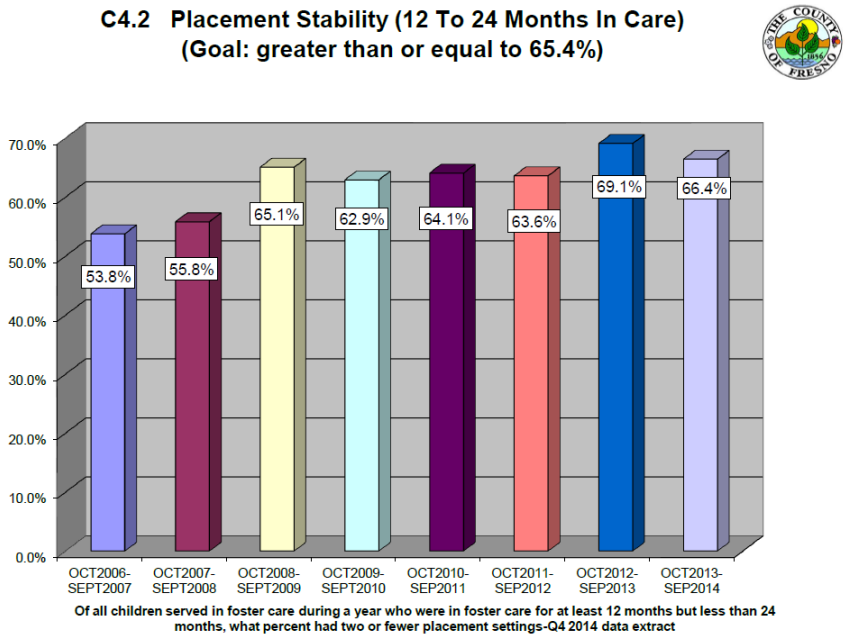
Analysis

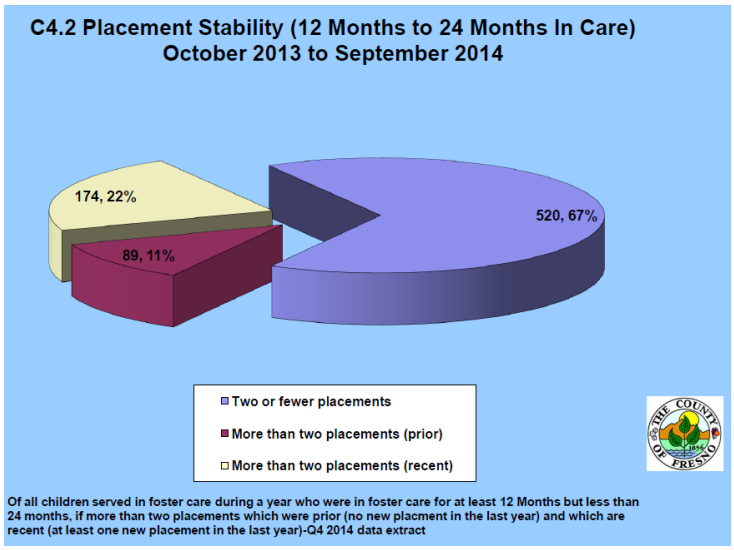
For children who have been in care for 8 days to 12 months there has been an improvement over the last eight years to where the rate of those with placement stability (two or fewer placements, one move if any) is above the 86% goal. This is the easiest group to show improvement with because they do not carry forward those with multiple moves from prior years as do the next two groups.

Finding the balance in placement goals can be challenging. Placement with relatives is considered the lowest level of care. It is important to have sibling groups together. Children are less traumatized when they can continue in their school and remain in their neighborhood. Cultural considerations may be important and for Native Americans are required by ICWA. Being able to achieve these goals and not have more than one placement move takes planning, resources, and a dedication to the relative approval process. The work of Fresno's Foster parent Resources unit and the Home Approval Unit are significant factors in the ability to achieve purposeful placement as early on as possible.

The new version of this outcome measure will be: of all children who enter foster care in a 12-month period, what is the rate of placement moves per day of foster care? Where the denominator is the total number of days children were in foster care as of the end of the 12-month period. And the numerator is the total number of placement moves during the 12-month period. Performance for this measure is the numerator divided by the denominator, expressed as a rate per 1,000 days. The rate is multiplied by 1,000 to produce a whole number which is easier to interpret. A decrease in the rate per 1,000 days indicates an improvement in performance.

C4.2 Placement Stability (12 Months to 24 Months in Care)



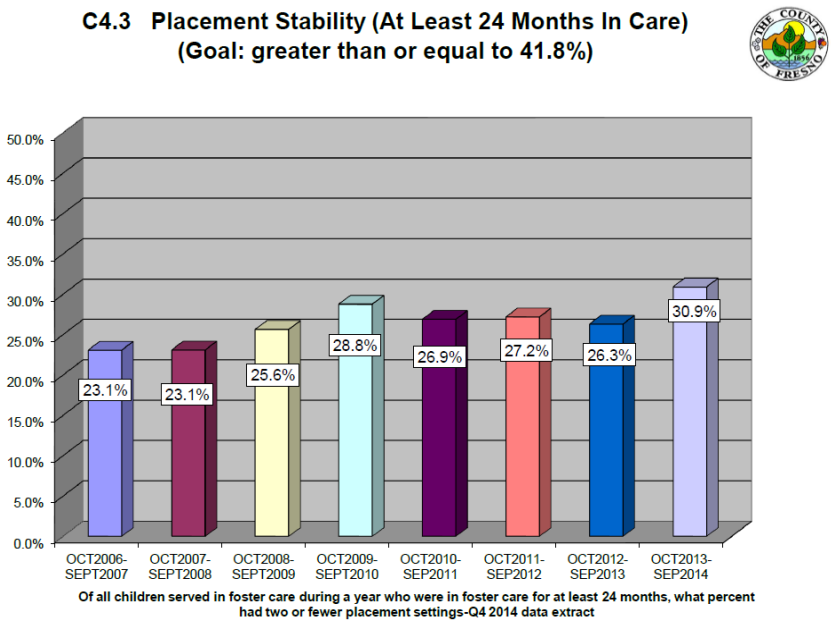


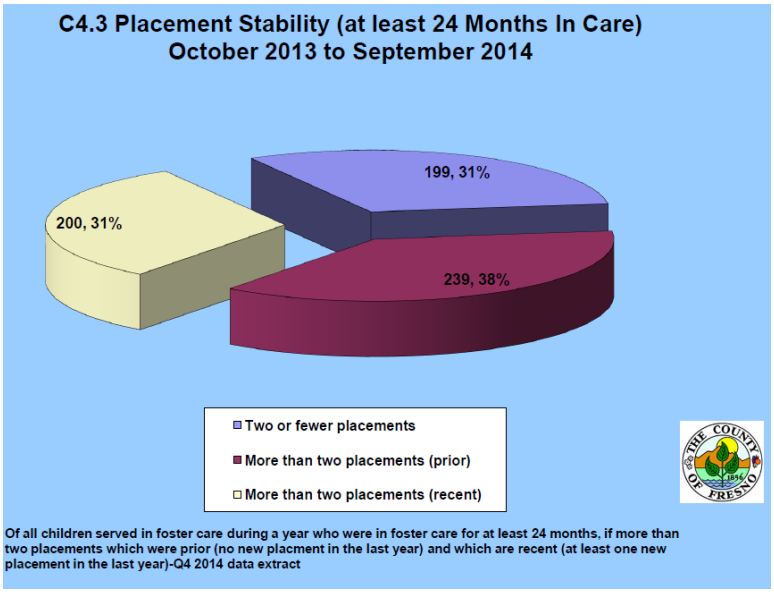
Analysis

The current measures include this item of children in their second year of placement and carries over any placement count from their prior year so the rate will be requisitely lower. Fresno has been steadily and around the goal of 65.4%. The second graph sheds a little more clarity on the recent experience to show that in that second year the portion of the children who are indicated as unstable in placement had their most recent placement move in the current year under review, in the case of this cohort of children that being 22%.

The new version of this outcome measure will look at all children who enter foster care in a 12-month period. The total number of placement moves during the 12-month period will be expressed as a rate per 1,000 days of the total number of days these children were in foster care as of the end of the 12-month period.

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

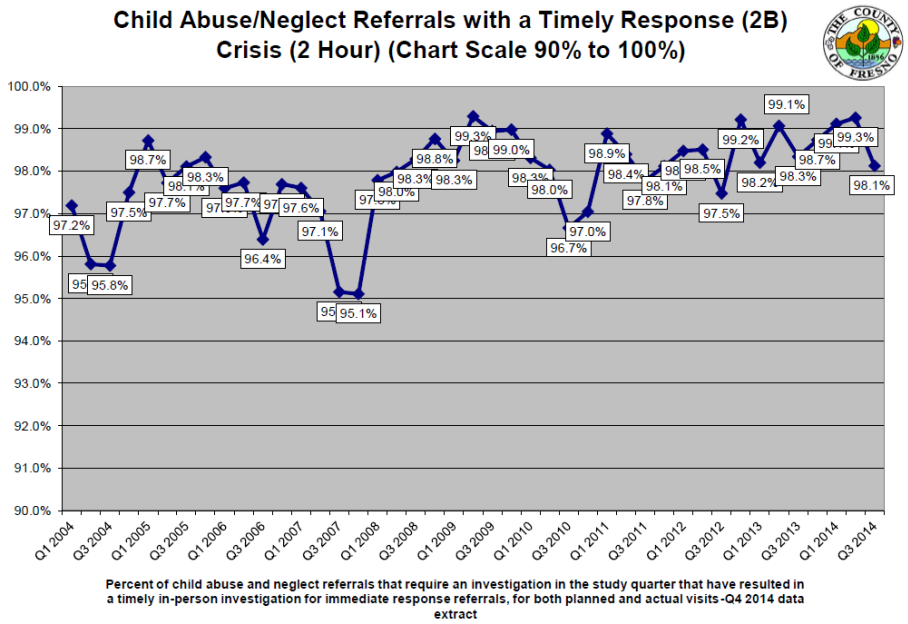




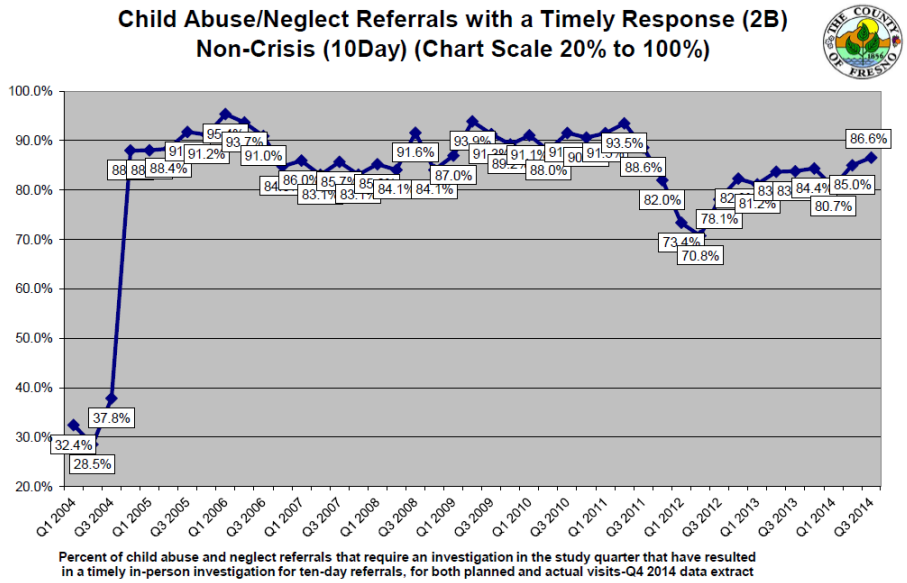
Analysis

The current measures include this item of children who are past their second year of placement and carries over any placement count from their prior years so the rate will be requisitely even lower. Fresno has been persistently under the goal of 41.8%. The second graph sheds a little more clarity on the recent experience to show that in that most recent year the portion of the children who are indicated as unstable in placement had their most recent placement move in the current year under review, in the case of this cohort of children that being 31%.

2B Percent of Child Abuse/Neglect Referrals with a Timely Response



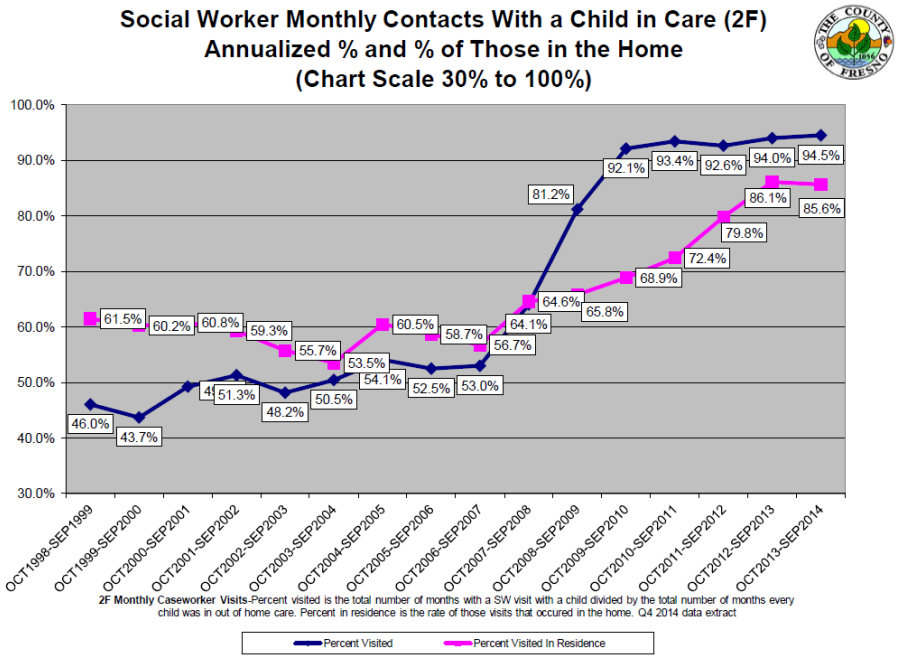
2B Percent of Child Abuse/Neglect Referrals with a Timely Response



Analysis

These measures identify compliance with a timely response as indicated by a recorded attempt at contacting one of the children alleged to have been abused or neglected that is within the time frame of 24 hours or 10 days as assigned to that particular referral. This will soon change as only the first contact that is successful in achieving a face to face encounter will satisfy the contact requirement. Fresno has, and under the new measure continue to, done/do well with 24 hour referrals and need improvement in 10 day referrals. This is mostly a function of staffing and work is being done to be able to recruit and retain an adequate number of staff to achieve this and other case management goals impacted by caseload challenges.

2F Timely Caseworker Visits with Children (In Out of Home Placement)

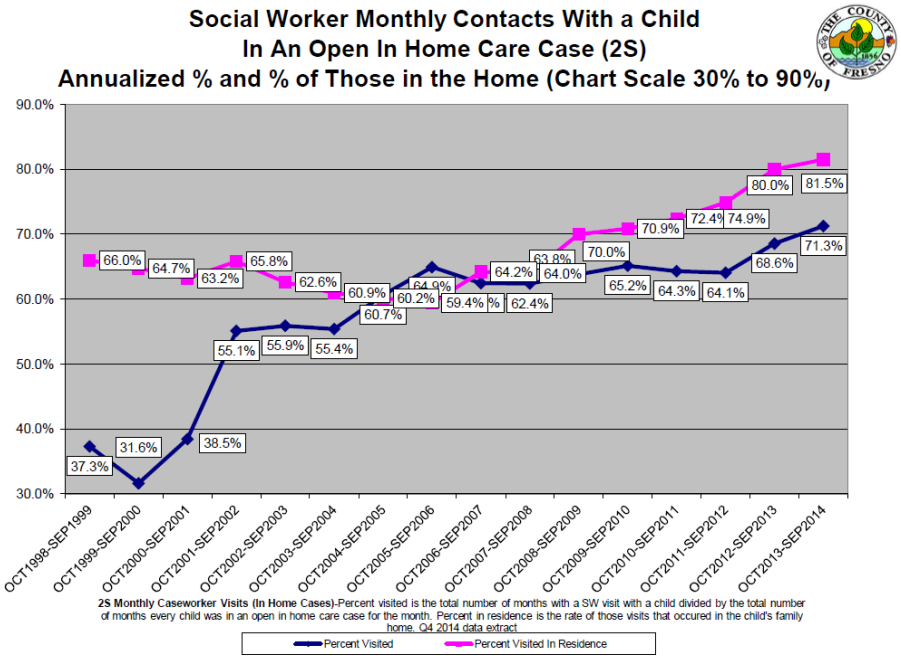


Analysis

This measure identifies the number of months children have been in placement in the quarter and the number of months those children had an in person contact with a social worker. It further identifies the number of those in person contacts occurred in the placement home. This methodology is a recent and welcome change in the measurement methodology but the analysis is applied retrospectively. Efforts implemented in 2009 and 2010 improved this outcome in the prior methods of measurement and are here shown to improve the measurement with this methodology as well in regards to the monthly contact expectation. Also impacting the change is that six month contact exceptions are no longer allowed so the measurement standards of today are being applied to the experience from 7 or more years ago when the standards were different. The recent focus on contacts being in the home is reflected in the improvements in those rates in the last two years.

For the last five years the contact rate has been above 92% and is now at 94.5%. There is room to improve but the current performance is positive. The rate of the contacts being in the home in the last two years has risen to above 85% and shows a good response by staff to the direction and emphasis to see the children in their placement home when that had not been emphasized previously.

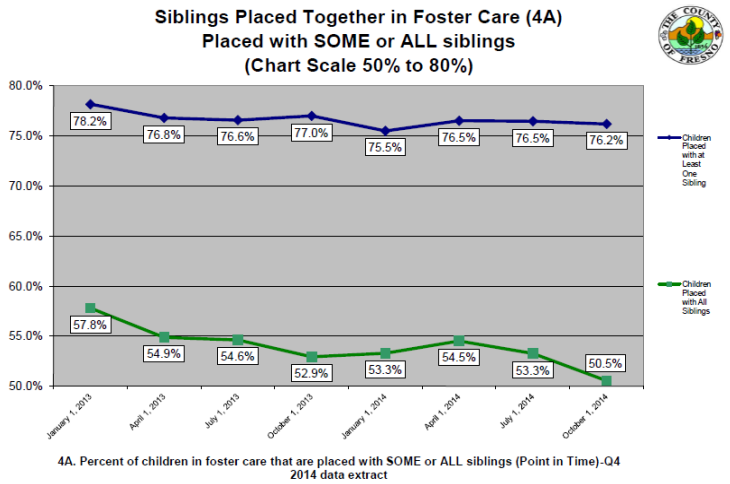
2S Timely Caseworker Visits with Children (In an Open In Home Care Case)



Analysis

This measure identifies the number of months children have been in an open in home case in the quarter and the number of months those children had an in person contact with a social worker. It further identifies the number of those in person contacts occurred in the home. The measurement of this population separate from the out of home children is recent but the measurement is applied and observed retroactively. The last two years show a notable increase in the contact rate that had been in the mid 60% range for many years which is now 71%. There is room to improve but some families become unavailable and if out of caution with further attempts at contact or engagement, cases are not closed right away for the refusal of services there may be a number of months of no contact. The last nine years show a steady and persistent increase in the contact rate that occurs in the home which is now above 80%.

4A Siblings Placed Together in Foster Care



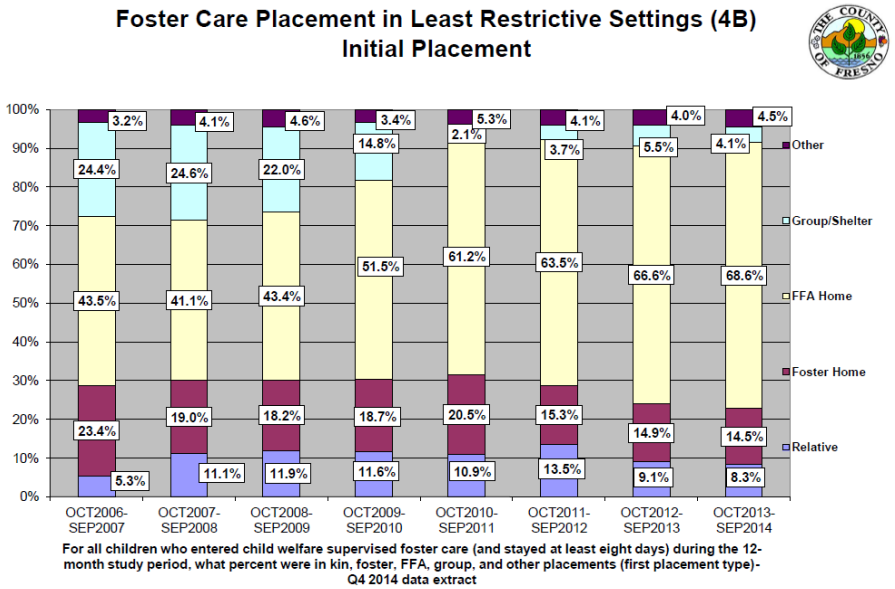
Analysis

This measure identifies the percent of children with siblings in placement who have either all of their siblings placed with them or at least one of their siblings placed with them. The reasons that siblings are not placed together are diverse and at times complex. Placement priorities include placement with relatives and in families that include half or step siblings relatives may not choose or have connection to the children that they are not more directly related to. Some children may have specialized placement needs such as a medical condition that indicate a specialized placement. Children in group home placement are typically not with siblings. Home capacity can be a factor for large sibling groups especially the very large groups which exceed statutorily imposed bed capacity maximums in homes. The larger the sibling group the more likely they will be placed with at least one sibling and the less likely they will be placed with all siblings. The experience in the last two years of more than 50% with all siblings and more than 75% with one or more siblings is a flattening out of a longer trend upward.

Siblings in Child Welfare Supervised Foster Care on October 1, 2014
California Child Welfare Indicators Project (CCWIP)

Ethnicity	Number of Siblings in Family	Number of Instances	Placements with All Siblings		Placements All or Some	
			n	%	n	%
	2+ Children Total*	1,411	713	50.5	1,075	76.2
	2	520	340	65.4	340	65.4
	3	359	225	62.7	289	80.5
	4	203	92	45.3	171	84.2
	5	161	50	31.1	137	85.1
	6+	168	6	3.6	138	82.1

4B Least Restrictive Placement (Entries First Placement)

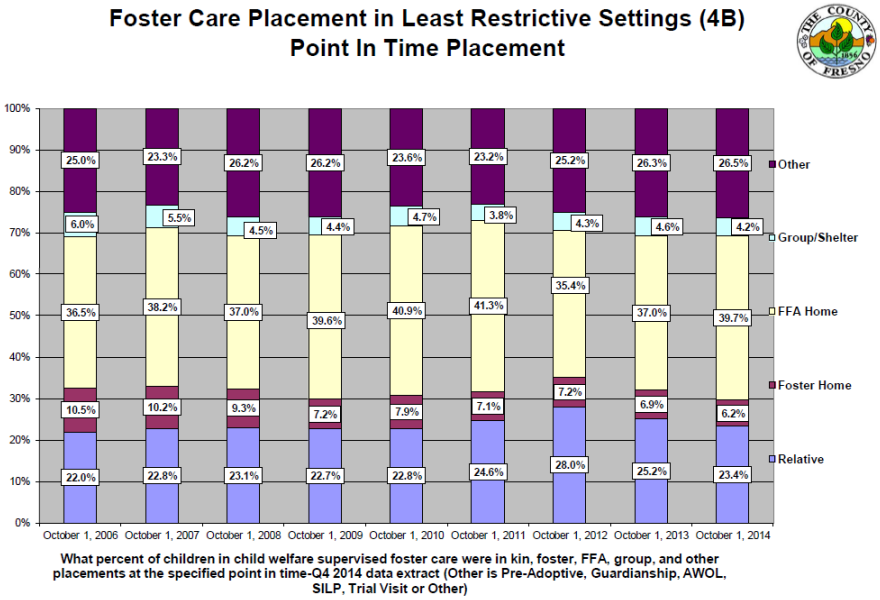


Analysis

This measure identifies the recorded first placement type for all children with an open placement episode of eight days or more in a twelve month period. The placement type of Other includes Pre-Adoptive, Guardianship, AWOL, SILP, Trial Visit or Other. In most cases the preferred placement type is relative. The expectation that a placement relative meet the standards of a licensed foster home has made it difficult to place a child in that type of home immediately upon removal as in most instances the removal event comes with little warning. The Home Approval Unit has the capacity to do a preliminary expedited approval. The criminal clearance or home arrangement can be a barrier to immediate placement for some relatives. In some instances at the time of removal parents are reluctant to identify their relatives because doing so would disclose to their family the situation that they are in. With the recent law requiring relative notification a social worker can explain the inevitability of such notification and help the parent overcome their reluctance.

The most likely placement is with a Foster Family Agency (FFA) home. The largest and most diverse capacity is held within the numerous FFA entities in the county. They have the capacity to keep siblings together, keep children in their neighborhood or school, meet language needs etc. and can do so with short notice. County foster homes do not have this capacity. Children who are initially removed are not likely to be well known enough to determine that there are no family homes able to take them and thus go to a group home. Occasionally a youth might re enter care or come from a probation status where that is the case.

4B Least Restrictive Placement (Point in Time)



Analysis

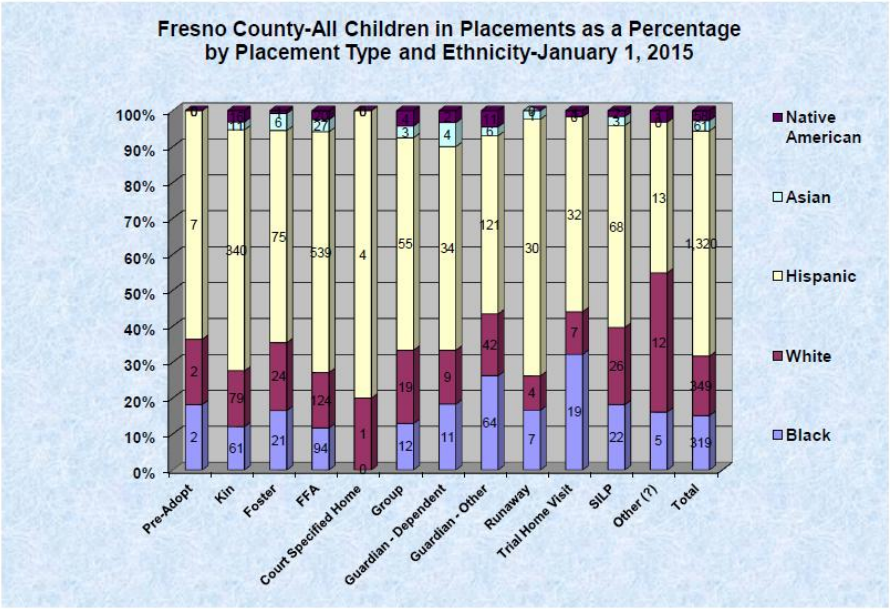
This measure identifies the recorded point in time placement type for all children with an open placement episode of eight days or more. The placement type of Other includes Pre-Adoptive, Guardianship, AWOL, SILP, Trial Visit or Other. Because it is a point in time the "other" category is more than a quarter of all placement episodes as many youth are back home in a trial visit or in guardianship which count in the "other" category. In the last few years children in a SILP have been added to this group. While the preferred placement type is relative it is also hoped that such a placement will facilitate more rapid permanency and as such there would be a greater loss of numbers of children placed with relatives as they leave to permanency. Somewhere around a quarter of all placements are with relatives.

The most likely placement is with a Foster Family Agency (FFA) home. The largest and most diverse capacity is held within the numerous FFA entities in the county. They have the capacity to keep siblings together, keep children in their neighborhood or school and meet language needs. County foster homes do not have this capacity. Placements in Group Homes have reduced from more than 5% to around 4%.

Point in Time/Children in Foster Care

The data in this section is from a more recent extract, Q1 2015 as the extract updated July 1, 2015 during the creation of the CSA and this data was processed and analyzed after that date. This data looks at the dynamics of foster youth (0-20) who were in an open Placement Episode on January 1, 2015. As with any point in time data it overemphasizes the experience of those who are in the system for longer times but it does provide an opportunity to see what metrics might be associated with a particular groups age, gender or ethnicity. The differences in percentages related to Native Americans is impacted by their small numbers (a low "N") as well as reduced clarity in identification.

Children in an Open Placement Episode on January 1, 2015 by Placement Type and Ethnicity

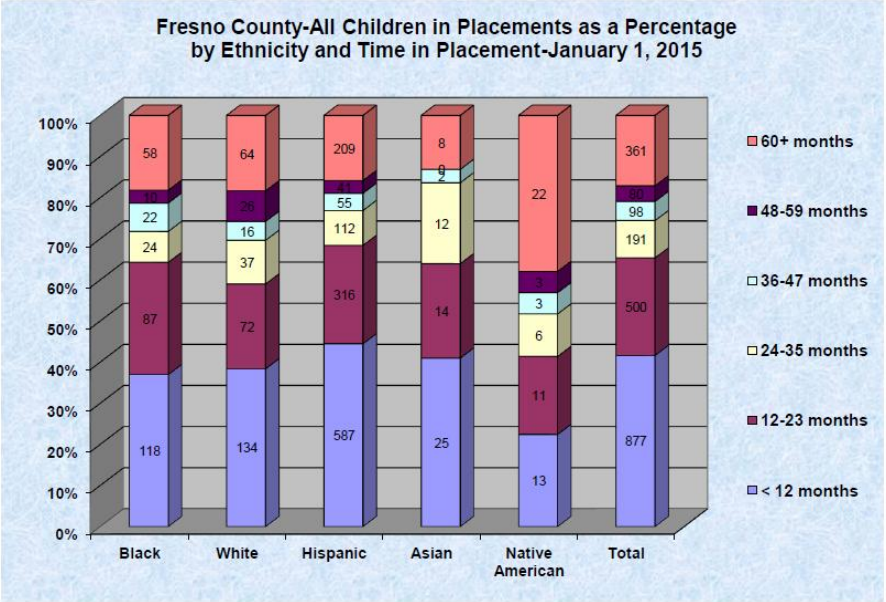


CWS Reports for California. Retrieved 7/8/15, from URL: <http://cssr.berkeley.edu/ucb_childwelfare>

Analysis

This data illustrates that black children have a high representation for placement with a guardian (non dependent) or are on a trial home visit, more than other options. Conversely they have low representation for relative and group home placements. At first the reaction might be that it is good that the group home representation is low but bad that relative placement is low. It is however likely that the appropriate transition of a relative placement to a permanent option such reunification adoption or guardianship is more timely because of the benefits that come with a relative placement. This could then account for the higher representation in guardianship and trial home visit. This is supported by the fact that of the 61 black children placed with relatives, 51 are in the first two years of their placement episode and only 5 have been in placement for more than 3 years. The hope for a placement with a relative is that they leave to permanence not that they remain in the system with that relative long term.

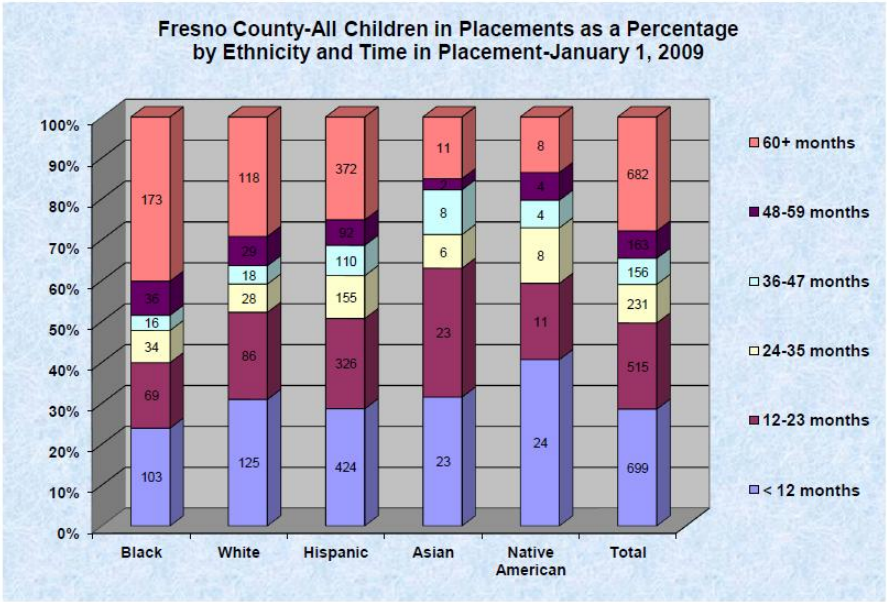
CHILDREN IN AN OPEN PLACEMENT EPISODE ON JANUARY 1, 2015 BY ETHNICITY AND TIME IN PLACEMENT



CWS Reports for California. Retrieved 7/8/15, from URL: <http://cssr.berkeley.edu/ucb_childwelfare>

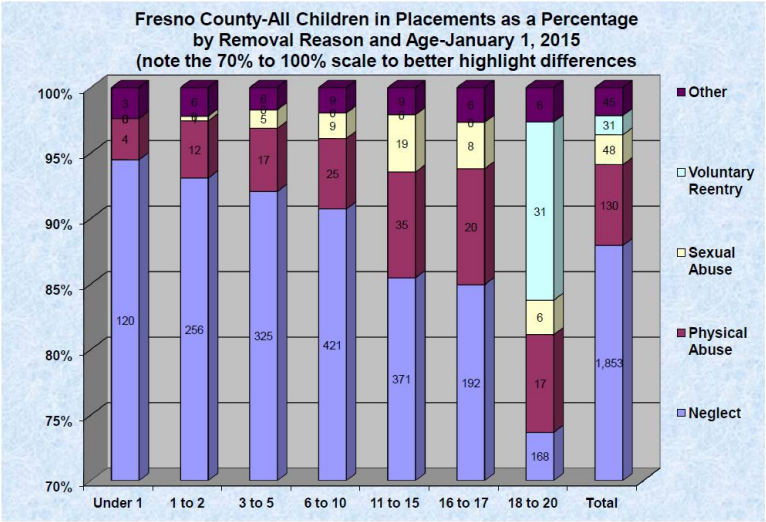
ANALYSIS

THIS DATA ILLUSTRATES THAT BLACK CHILDREN ON JANUARY 1, 2015 HAVE BEEN IN THEIR PLACEMENT EPISODES IN TIME FRAMES SIMILAR TO THE TOTAL POPULATION. NATIVE AMERICAN CHILDREN ARE MORE LIKELY TO HAVE BEEN IN PLACEMENT LONGER BUT AS NOTED IT IS UNCLEAR HOW MUCH THAT IS IMPACTED BY A LOW "N" BUT SHOULD CONTINUE TO BE MONITORED. THE CHART BELOW SHOWS THAT ON JANUARY 1, 2009 BLACK CHILDREN WERE SIGNIFICANTLY MORE LIKELY TO HAVE BEEN IN PLACEMENT LONGER AND THIS WAS THE DATA THAT INFORMED THE DIRECTION OF THE INSTITUTIONAL ANALYSIS AND THE CAPP FOCUS. THIS IS A SIGNIFICANT IMPROVEMENT.



CWS Reports for California. Retrieved 7/8/15, from URL: <http://cssr.berkeley.edu/ucb_childwelfare>

CHILDREN IN AN OPEN PLACEMENT EPISODE ON JANUARY 1, 2015 BY REMOVAL REASON AND AGE

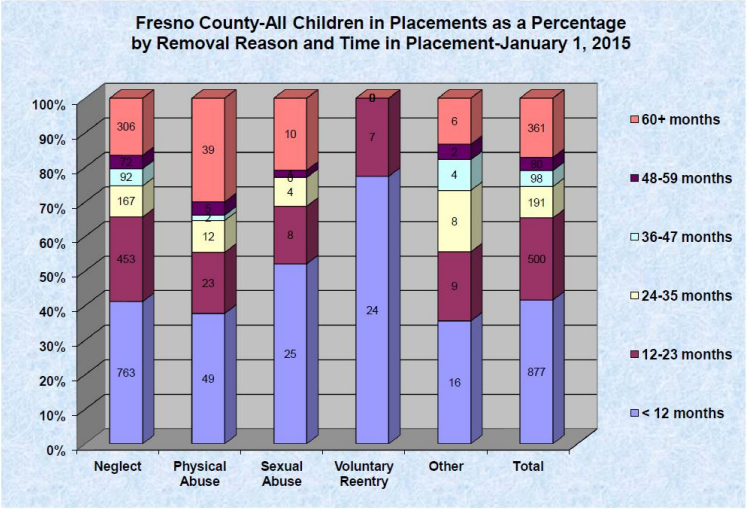


CWS Reports for California. Retrieved 7/8/15, from URL: <http://cssr.berkeley.edu/ucb_childwelfare>

ANALYSIS

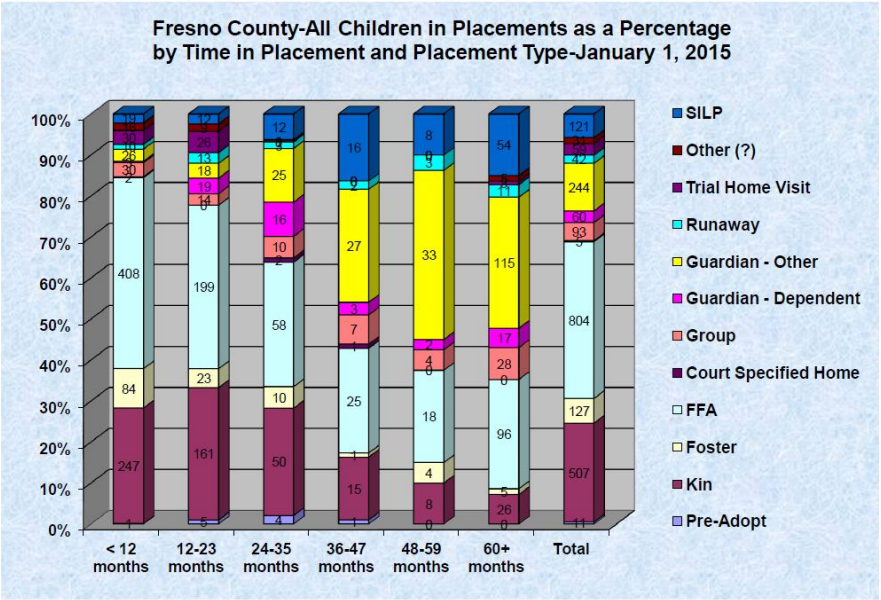
THIS DATA ILLUSTRATES THAT ALMOST 90% OF ALL CHILDREN WHO ARE REMOVED DUE TO NEGLECT. THERE IS NOT ACCURATE DATA TO DETERMINE THE ISSUES BEHIND THE NEGLECT BUT FIRSTHAND KNOWLEDGE OF CASES MAKE IT CLEAR THAT SUBSTANCE ABUSE IS THE LARGEST CONTRIBUTOR ALONG WITH DOMESTIC VIOLENCE EITHER ASSOCIATED WITH SUBSTANCE ABUSE OR ON ITS OWN. THE REASONS OF PHYSICAL AND SEXUAL ABUSE BECOME LARGER FACTORS WITH OLDER CHILDREN THAN WITH YOUNGER CHILDREN. THE CHART DISPLAYS ONLY FOR 70% TO 100% SO IT NEEDS TO BE NOTED, THAT WHILE IT APPEARS THAT NEGLECT IS NOT LARGELY SIGNIFICANT FOR OLDER CHILDREN, IN FACT IT CONTINUES TO BE MORE THAN 75%. SINCE THE INDICATED AGE IS, AS OF THE POINT IN TIME AND NOT THE ENTRY DATE, IT DOES NOT DIRECTLY SHOW A CORRELATION BETWEEN AGE AND ABUSE TYPE BUT IT MAY BE REFLECTIVE OF THE CHALLENGES ASSOCIATED WITH THOSE REASONS AS CHILDREN IN CARE WHO WERE REMOVED FOR PHYSICAL ABUSE HAVE STAYED IN CARE FOR LONGER LENGTHS OF TIME AS ILLUSTRATED IN THE CHART BELOW.

CHILDREN IN AN OPEN PLACEMENT EPISODE ON JANUARY 1, 2015 BY REMOVAL REASON AND TIME IN PLACEMENT



CWS Reports for California. Retrieved 7/8/15, from URL: <http://cssr.berkeley.edu/ucb_childwelfare>

CHILDREN IN AN OPEN PLACEMENT EPISODE ON JANUARY 1, 2015 BY TIME IN CARE AND PLACEMENT TYPE

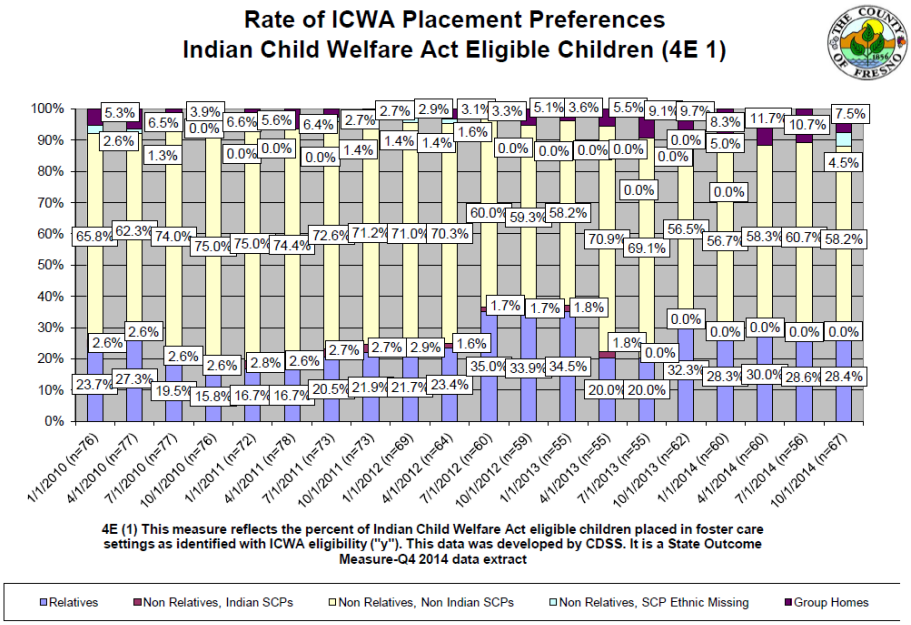


CWS Reports for California. Retrieved 7/8/15, from URL: <http://cssr.berkeley.edu/ucb_childwelfare>

ANALYSIS

THIS DATA ILLUSTRATES THAT AS NOTED EARLIER, KIN PLACEMENTS ARE MORE LIKELY IN THE FIRST THREE YEARS IN PLACEMENT THAN AFTER THAT. THE APPROPRIATE TRANSITION OF A RELATIVE PLACEMENT IS TO A PERMANENT OPTION AND THEREFORE REUNIFICATION, ADOPTION OR GUARDIANSHIP MAY BE TIMELIER BECAUSE OF THE BENEFITS THAT COME WITH A RELATIVE PLACEMENT. THIS COULD THEN ACCOUNT FOR THE HIGHER REPRESENTATION IN GUARDIANSHIP AND TRIAL HOME VISIT. THE HOPE FOR A PLACEMENT WITH A RELATIVE IS THAT THEY LEAVE TO PERMANENCE NOT THAT THEY REMAIN IN THE SYSTEM WITH THAT RELATIVE LONG TERM. IN YEARS, 4 AND ON, THE STATUS OF PLACEMENT WITH A NON DEPENDENT GUARDIAN (IDENTIFIED AS OTHER) BECOMES MORE PREVALENT AND VERY FEW A WITH RELATIVES. THAT IS NOT TO DIMINISH THE VALUE OF FINDING PLACEMENT WITH RELATIVES FOR THOSE WHO HAVE BEEN IN CARE FOR YEARS, ONLY THAT A SUCCESS WITH THE GOALS OF PERMANENCE ASSOCIATED WITH RELATIVE PLACEMENT WILL MEAN THAT IN A POINT IN TIME THOSE PLACEMENTS WILL BY DEFINITION BE LEFT OUT OF THE DATA. THIS MAY ALSO BE TRUE TO SOME EXTENT FOR FFA AND FOSTER HOMES AS THEY BECOME GUARDIANS OR ADOPT. THE DATA IN THE CHART SUGGESTS THAT THIS MIGHT BE VERY MUCH THE SITUATION WITH FOSTER HOME PLACEMENTS AS THERE ARE ONLY 10 CHILDREN IN FOSTER HOMES WHO HAVE BEEN IN PLACEMENT MORE THAN 3 YEARS

4E ICWA & Multi-Ethnic Placement Status (ICWA Eligible Children)



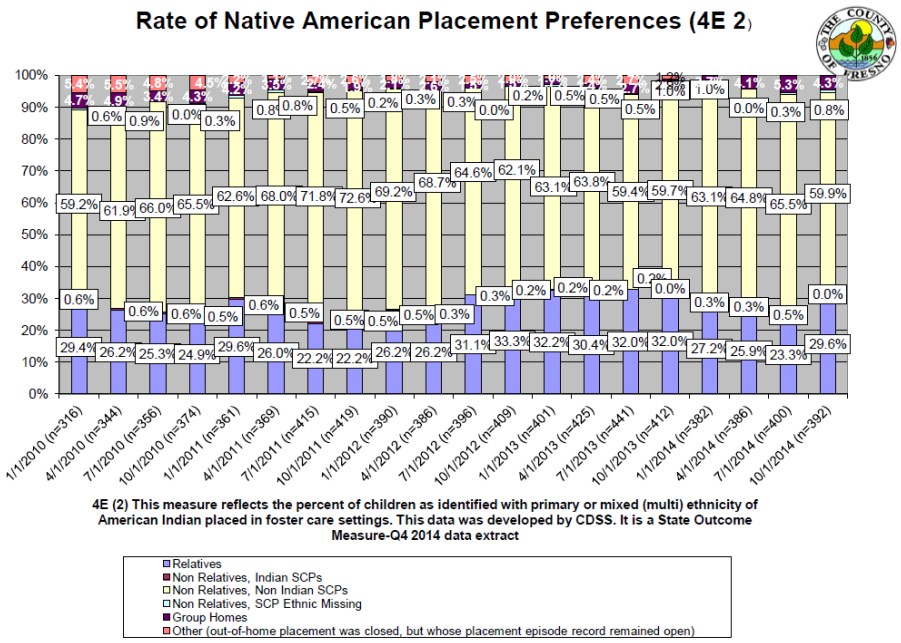
Analysis

This measure identifies the recorded point in time placement type for all children identified as having being ICWA eligible with an open placement episode of eight days or more. It identifies the nature of the placement as it relates to ICWA placement preferences. Children placed with relatives or non relatives who are Native American are generally considered to be placed consistent with ICWA. Children placed with any non relative who is not Native American, including in a group home are generally considered to be placed contrary to ICWA.

While somewhat less than a third is placed with relatives most are placed with non relative non native American care providers. There is some need of better documentation of those care providers ethnicities as some may have mixed ethnicities and the Native American is not documented. For non relatives this documentation is done by persons in licensing both at the local and state level.

Working with the tribes and the newly engaged tribal coaches there are efforts to support the work of family teams to consider ICWA both in placement and in case planning.

4E ICWA & Multi-Ethnic Placement Status (American Indian Ethnicity primary or other)



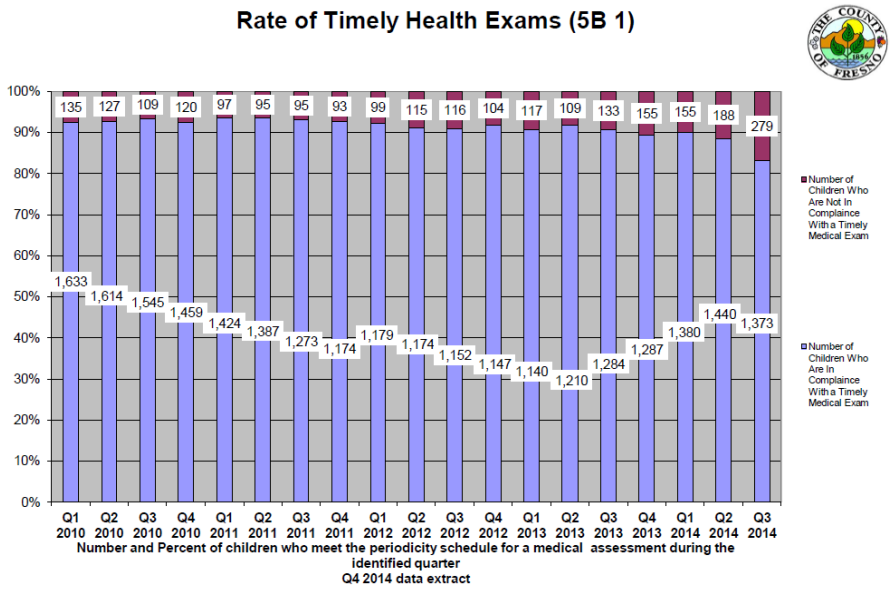
Analysis

This measure identifies the recorded point in time placement type for all children identified as having a Native American ethnicity as primary or other with an open placement episode of eight days or more. It identifies the nature of the placement as it relates to ICWA placement preferences. It is best practice to consider the spirit of ICWA for families who identify as Native American even if they are not a member of a federally recognized tribe. The identification of Native American children in CWS/CMS may be inexact in either direction. They would be undercounted if no inquiry was made and over documented if further inquiry was not made after an affirmative answer to an ancestry of Native American was not followed up with a question about personal self identification. At times without that inquiry a person is identified as Native American because of their ancestry even when they would not identify themselves in that manner. It is not likely that there are 400 children in placement who are truly Native American although it is probably a better side to err on than to under identify. Children placed with relatives or non relatives who are Native American are generally considered to be placed consistent with ICWA. Children placed with any non relative who is not Native American, including in a group home are generally considered to be placed contrary to ICWA.

While somewhat less than a third is placed with relatives most are placed with non relative non native American care providers. There is some need of better documentation of those care providers ethnicities as some may have mixed ethnicities and the Native American is not documented. For non relatives this documentation is done by persons in licensing both at the local and state level.

Working with the tribes and the newly engaged tribal coaches there are efforts to support the work of family teams to consider ICWA both in placement and in case planning.

5B (1) Rate of Timely Health Exams

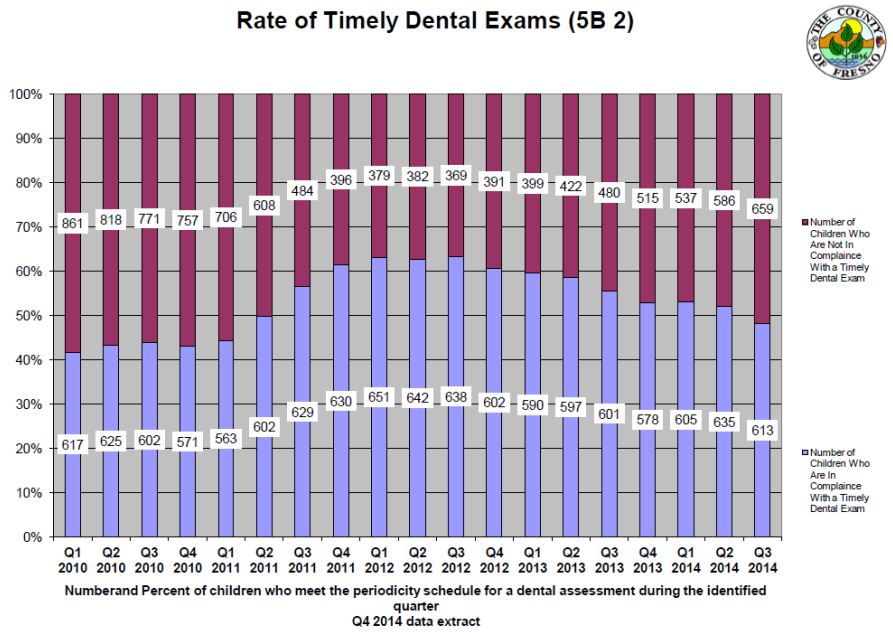


Analysis

This measure identifies the number and percent of children in a quarter who are documented to have had their medical exam in a timely manner (meeting the schedule for Child Health and Disability Prevention.) The rate has generally been around 90% but has tapered off in recent quarters. This is possibly a function of delayed data entry into CWS/CMS. Later extracts will offer clarification on this however this is a pattern that has been previously observed and SafeMeasures indicates that this will be the case.

With a CHDP medical exam there is paperwork attached to billing that alerts the department to the execution of the exam which then can be recorded by the PHN staff co-located in the department. Information regarding medical exams is expected in court reports and as such the court is a quality control mechanism in support of the exams being completed. In addition to the paperwork in preparing the court report the social worker gets the information from the care provider and in some cases the medical provider. The social worker works with the care provider or the team to address any items in need of treatment in team meetings or individual contacts.

5B (2) Rate of Timely Dental Exams

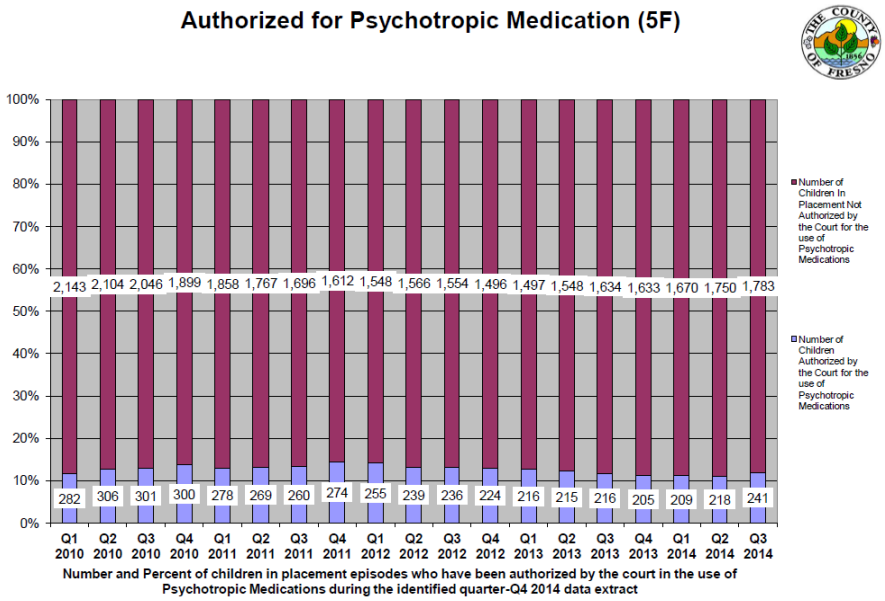


Analysis

This measure identifies the number and percent of children in a quarter who are documented to have had their dental exam in a timely manner (once per year ages three and up.) The rate had increased in 2012 and 2013 but is now tapering off. This is likely to be more of a function of data entry into CWS/CMS than the lack of actual exams although there is inevitably some improvement available there as well.

Unlike medical exams there is no paperwork attached to billing that alerts the department to the execution of the exam which then can be recorded. It is however, like medical exams, expected in court reports that a child's status for this exam be documented and as such the court is a quality control mechanism in support of the exams being completed. Most often the social worker gets the information from the care provider.

5F Psychotropic Medications

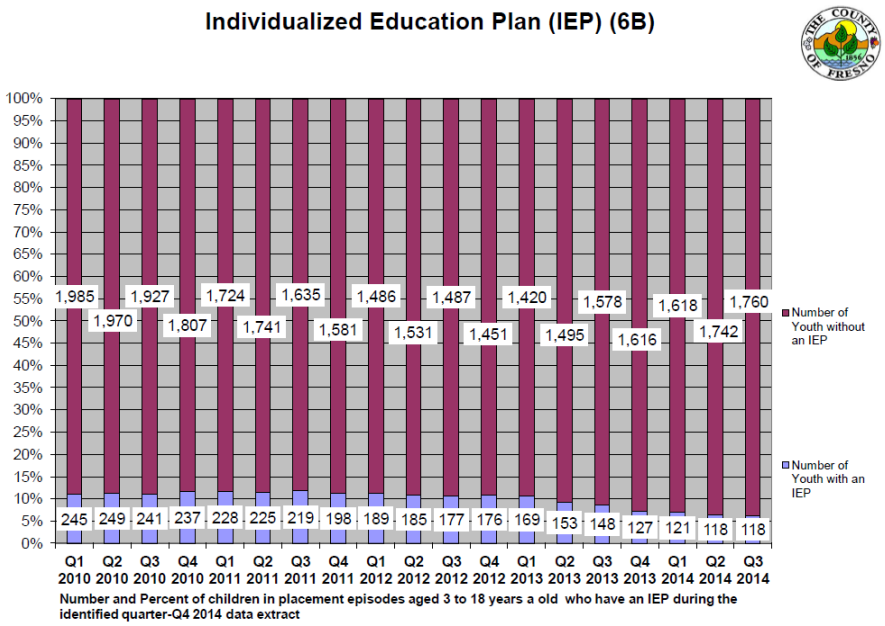


Analysis

This measure identifies the number and percent of children in a quarter who are documented to have court authorization for the use of Psychotropic medications to address a diagnosed mental health condition. The rate had been generally steady since 2010 while the number was falling commensurate with the decrease in overall placement numbers. It is unclear if it can be said that a particular participation rate or direction is preferable.

The goal is that every child in need of a medication will have access, while at the same time no child who did not need them or could have instead benefited from an alternate treatment or response is medicated. There is in fact a voice from the youth themselves through the California Youth Connection along with advocacy groups expressing significant concern about the over reliance on medication for youth especially when parties that seek their use have as a primary goal behavior control and not the resolution of trauma and the emotional impacts of traumatic experiences. Current legislation and state policy will further bring attention and strategies intended to benefit children in need of a proper mental health response. In Fresno the CAPP Practice Model focus on trauma and the dynamic of contracting (and therefore being able to set standards) for mental health services along with the assessment, evaluation and treatment tracking spurred on through Katie A will mean that more youth will have proper treatment of their mental health needs.

6B Individualized Education Plan



Analysis

This measure identifies the number and percent of school aged children in a quarter who are documented to have an Individualized Education Plan (IEP) with their school. The rate had been quite steady since 2010 while the number was falling commensurate with the decrease in overall placement numbers. In the last six quarters the numbers have fallen more dramatically. It is difficult to tell just looking at numbers if this is a positive or negative direction.

The goal is that every child in need of an IEP will have one. At the same time the goal is to support children in school in such a way that controllable factors such as continuity in school placement will not create or add to the educational challenges that a child faces. With a legal and structural emphasis on school continuity fewer children face the additional challenge of inconsistency in school environments. Additionally other early identification, interventions and supports are facilitated by the Child Focus Team and the School Liaisons.

Outcome Data Measures-Probation

There has been a significant reduction in the number of youth that Probation has in placement compared to youth in placement during the previous CSA in 2009. In February 2009, Probation had 141 youth in placement compared to 79 youth in placement in February 2015. This reduction was the direct result on how Probation screened and accepted cases for placement. Youth are no longer accepted for placement services for punitive reasons. When a case is presented to the Placement Unit for screening, all known relatives must be contacted as a possible plan of care for the youth. Only after all known relatives are contacted, will the case be considered for recommended placement orders by the Court.

When the Delinquency Court orders a youth into placement for situations where it unsuitable or unsafe for the youth to return home, such as when an immediate family member is the victim, the placement officers will always consider the least restrictive most family-like option of care first.

Quarter 4 2014, UC Berkeley Data Report:

S2.1 – No Maltreatment in Foster Care

Probation was able to exceed the National Standard of 99.68% in this category with a score of 100%. Probation prides itself of holding our identified Foster Care providers at the highest level expectations with constant and continued monitoring. Every visit of the youth in the residence is also an opportunity to ensure that the identified caregiver is maintaining an appropriate environment for the youth and meeting the expectations of Probation. Frequent visits in the residence and ongoing communication with the youth and the caregiver has been a factor in preventing maltreatment in foster care during this rating period.

C1.1- Reunification within 12 Months (Exit Cohort)

Probation struggled to achieve compliance in this measure as it was far below the National Standard of 75.2% with a score of 0.0%. This is will continue to be a challenge due to the unique set of circumstances that foster youth on probation face. Some of these challenges include Court ordered days in custody, and/or Court ordered completion of a program. An example of this is when the Court orders the minor to complete a Sex Offender Program, which often takes a minimum of one year to complete. Probation remains mindful of the reunification expectations, but also is obligated to hold the foster youth accountable for completion of their terms and conditions of probation as ordered by the Court.

One possible way to improve the timeline in regards to reunification is to reduce the amount of time that a youth remains in custody awaiting appropriate placement. As previously mentioned when discussing the outcomes of the peer review and focus groups, it was not uncommon for a youth to remain in custody an extended amount of time. Reduced staffing due to vacancies and leaves of absence directly affects the timeliness of identifying an appropriate placement for our foster youth.

C1.2 - Median Time to Reunification (Exit Cohort)

Probation did not meet the National Standard of 5.4% for this measure with a rate of 24.7%. As with all of the reunification categories, Probation will struggle to meet the National Standards as there are other factors increasing the time of reunification for Probation youth.

In order to expedite the reunification process, there needs to be active involvement and participation with all those involved, the youth, their parent(s) or identified caregiver, and the probation officer. A common challenge that Probation faces when attempting reunification is lack of participation and motivation with the youth and/or the parent(s)/identified caregiver. The youth that are in the care of Probation are also *on* probation, and therefore have criminogenic behavior and often times came

FROM A FAMILY WITH CRIMINOGENIC BEHAVIOR AND/OR SUBSTANTIAL SUBSTANCE ABUSE ISSUES. IN THESE SITUATIONS IT IS OFTEN DIFFICULT TO IDENTIFY SOMEONE FOR THE YOUTH TO REUNIFY WITH AND IF SOMEONE IS IDENTIFIED, IT IS OFTEN A CHALLENGE TO HAVE THE REUNIFYING PARTY COOPERATE AND PARTICIPATE WITH THE CASE PLAN.

IN AN EFFORT TO IMPROVE THIS, PROBATION WILL CONTINUE TO SEEK TRAINING AND GUIDANCE WITH FAMILY FINDING TO INCREASE THE PROBABILITY OF FINDING SOMEONE SUITABLE TO REUNIFY WITH.

C1.3 – REUNIFICATION WITHIN 12 MONTHS (ENTRY COHORT)

AGAIN, PROBATION STRUGGLED TO ACHIEVE THE NATIONAL STANDARD OF 48.4% FOR THIS MEASURE WITH A RATE OF 0.0%. AS PREVIOUSLY MENTIONED, PROBATION HAS CHALLENGES REGARDING REUNIFICATION IN A TIMELY MANNER AND WILL MAKE EFFORTS TO IMPROVE THIS MEASURE.

C1.4 – REENTRY FOLLOWING REUNIFICATION

PROBATION EXCEEDED THE NATIONAL STANDARD OF 9.9% FOR THIS MEASURE WITH A RATE OF 0.0%. PROBATION HAS BEEN SUCCESSFUL WITH YOUTH NOT RETURNING TO THEIR CARE UPON SUCCESSFUL REUNIFICATION. PROBATION'S SUCCESSFUL REUNIFICATIONS ARE DUE TO THE UTILIZATION OF SB163 WRAPAROUND SERVICES WHEN TRANSITIONING THE YOUTH TO A PARENT OR IDENTIFIED CARETAKER.

IF A YOUTH IS COURT ORDERED TO COMPLETE A GROUP HOME PROGRAM, AND REUNIFICATION IS PLANNED WITH A PARENT OR IDENTIFIED CAREGIVER, WRAPAROUND SERVICES ARE ROUTINELY OFFERED TO THAT FAMILY. WRAPAROUND SERVICES EMPHASIZE THE STRENGTHS OF THE CHILD AND FAMILY AND INCLUDES THE DELIVERY OF COORDINATED, HIGHLY INDIVIDUALIZED UNCONDITIONAL SERVICES TO ADDRESS THE NEEDS AND INTENT TO ACHIEVE POSITIVE OUTCOMES WITH REUNIFICATION.

IF A PARENT OR POTENTIAL CAREGIVER IS IDENTIFIED AT THE TIME THAT PROBATION RECEIVES THE YOUTH FOR PLACEMENT, WRAPAROUND SERVICES WILL ALWAYS BE CONSIDERED BEFORE A GROUP HOME PLACEMENT. PROBATION UNDERSTANDS THE IMPORTANCE OF PLACING A YOUTH IN THE LEAST RESTRICTIVE MOST FAMILY-LIKE ENVIRONMENT AND ONLY PLACES YOUTH IN A GROUP HOME WHEN THERE IS NO OTHER OPTION.

THE SUPPORT PROVIDED BY THE WRAPAROUND TEAM HAS PROVEN TO BE A GREAT ASSET DURING REUNIFICATION.

C2.1 – C2.5 – ADOPTION

AT THE TIME OF THIS REPORT, PROBATION DID NOT HAVE ADOPTION PLANS. IT WILL BE RECOMMENDED THAT PROBATION RECEIVE TRAINING REGARDING ADOPTION. UPON BEING MORE KNOWLEDGEABLE, THIS OPTION COULD BE CONSIDERED FOR THOSE YOUTH AS A PERMANENT PLAN.

C3.1 – EXITS TO PERMANENCY (24 MONTHS IN CARE)

PROBATION DID NOT MEET THE NATIONAL STANDARD FOR THIS MEASURE OF 29.1% WITH A SCORE OF 6.7%. PROBATION IS GOING TO CONTINUE TO BE CHALLENGED MEETING THE NATIONAL STANDARD REGARDING THE PERMANENCY MEASURES. THE YOUTH UNDER THE CARE OF PROBATION OFTEN LACK FAMILIAL AND COMMUNITY SUPPORT AND/OR LACK THE WILLINGNESS/ABILITY TO COMPLY WITH THEIR TERMS AND CONDITIONS OF PROBATION

which may affect this measure. If these youth abscond from a placement, which results in an arrest, followed by time in custody pending placement, this may result in a negative outcome regarding their ability to exit to permanency. This is only one example as to why foster youth on probation may to meet the National Standard for this measure.

C3.2 – Exits to Permanency (Legally Free at Exit)

Probation did not meet the National Standard for this measure of 98% as Probation scored 0.0%. Again, those youth on probation face a unique set of circumstances that the youth under the care of Child Welfare may not face. If a caregiver is identified at any stage of the youth's care with Probation, reunification will be the goal. Unfortunately, a large portion of the foster youth with Probation may not have someone to reunify with. Therefore, due to the benefits of extended foster care, offered by AB-12, many youth will elect to remain under the care of Probation. This may result in a negative measure, but it provides these youth the opportunity to transition to independence with the support provided by AB-12.

C3.3 – In Care 3 Years or Longer (Emancipation Youth)

Probation did not meet the National Standard of 37.5% for this measure, but scored a respectable 22.7%. The factors related to the outcome of this measure are similar to the factors presented in C3.2 If there is an identified caregiver and the youth complied with the terms and conditions of their Probation, it is likely that reunification would have occurred prior to 3 years in care. Therefore, the youth in care for more than 3 years are likely to have factors that prevented them to reunify and elected to remain in care to take advantage of the benefits available through AB-12, extended foster care.

2F – Both Timely Monthly Caseworker Visits and Timely Monthly Caseworker Visits in Residence

Probation did not meet the National Standard for Timely Monthly Caseworker Visits of 90% as Probation achieved a measure of 80.2% in this category. Regarding Timely Monthly Caseworker Visits in the residence, Probation scored 91.2% with the National Standard at 50.0%. Probation fared well in this category, but improvements still need to be made to meet the National Standard. One factor that negatively affects this measure are those youth that abscond from their placement and due to their whereabouts being unknown, Probation is unable to have contact with the youth. Even though Probation makes at least monthly attempts to locate the youth, the inability to have contact negatively affects the data.

Regarding monthly visits in the residence, Probation continues to make it a priority to have visits with the youth in the residence versus outside of the residence. In residence visits allows for a true assessment of the youth's well-being and the level of care provided by the approved caretaker.

C4.1 – Placement Stability (8 days – 12 months in Care)

PROBATION DID NOT MEET THE NATIONAL STANDARD OF 86% IN THIS MEASURE WITH A RATE OF 54.8%. FOSTER YOUTH UNDER THE CARE OF PROBATION HAVE UNIQUE CIRCUMSTANCES THAT MAY CONTRIBUTE TO THEIR PLACEMENT INSTABILITY. THESE YOUTH OFTEN COME FROM UNSTABLE AND VOLATILE ENVIRONMENTS COMPOUNDED WITH THEIR DELINQUENT BEHAVIOR, RANGING FROM SUBSTANCE ABUSE TO GANG INVOLVEMENT. THESE FACTORS INCREASE THE PROBABILITY OF THE YOUTH BEING TERMINATED FROM A PLACEMENT DUE TO THEIR BEHAVIOR OR ABSCONDING FROM PLACEMENT, THEREFORE AFFECTING PLACEMENT STABILITY.

C4.2 – PLACEMENT STABILITY (12 TO 24 MONTHS IN CARE)

PROBATION DID NOT MEET THE NATIONAL STANDARD OF 65.4% IN THIS MEASURE WITH A RATE OF 24.1%. AS MENTIONED ABOVE, THERE ARE MANY REASONS AS TO WHY A FOSTER YOUTH MAY STRUGGLE WITH PLACEMENT STABILITY. ANOTHER FACTOR THAT MAY AFFECT THE MEASURES IS THE USE OF SB163 WRAPAROUND SERVICES AS A RESOURCE TO ASSIST WITH REUNIFICATION. WHEN A YOUTH IS TRANSITIONED FROM A GROUP HOME TO SB163 WRAPAROUND SERVICES IT IS TECHNICALLY ANOTHER PLACEMENT AND THE DATA DOES NOT DIFFERENTIATE BETWEEN THE TYPES OF PLACEMENTS.

C4.3 – PLACEMENT STABILITY (AT LEAST 24 MONTHS IN CARE)

PROBATION DID NOT MEET THE NATIONAL STANDARD OF 41.8% IN THIS MEASURE WITH A RATE OF 4.5%. YOUTH THAT REMAIN UNDER THE CARE OF PROBATION FOR 24 MONTHS OR MORE ARE LIKELY TO HAVE BARRIERS THAT PREVENT THEM FROM PLACEMENT STABILITY. THESE BARRIERS MAY INCLUDE LACK OF FAMILIAL/COMMUNITY SUPPORT AND/OR MENTAL HEALTH ISSUES THAT REQUIRE A CONTINUED HIGHER LEVEL OF TREATMENT.

Summary of Findings

Child Welfare

In the midst of the daunting challenges of a high incidence of concentrated poverty, widespread substance abuse and a transitioning workforce Fresno County Child Welfare finds itself well positioned to meet those challenges. Over the last decade the agency has transformed into a learning organization that is able to courageously look at its challenges and deficits and celebrate and expand upon its strengths. Starting with the Institutional Analysis that opened eyes to changes that were necessary to work effectively, the CAPP practice model built the foundation for those changes. Moreover the introduction to and use of Implementation Science in the installation of the practice model is a valuable asset in any and all future practice changes. In becoming a Continuous Quality Improvement organization the experience of CAPP and using Implementation Science creates a foundation upon which an effective CQI process can be built that includes but is not defined by, the developing work of the CQI Support unit.

Clearly the populations most at risk and in need of sensitive and effective interventions are those impacted by poverty and/or substance abuse. Data indicate that persons of color experience that impact at disproportionate rates specifically for Black and Native American children. In that nearly two thirds of the child population at large is Hispanic in absolute numbers Hispanic children are the largest population to be served. the significance of the values and behaviors of the CAPP Practice Model is that it is about inquiry and respect (and so much more) which can be a force against personal or institutional dispositions that might without justification evaluate children to be unsafe when in fact they are not or disregard progress that parents have made to become safe.

One area of noted concern is the timeliness for response for non crisis referrals. As the method of measurement changes from an initiation of a contact (that counted attempts as meeting compliance standards) to the expectation of a successful face to face contact work to improve in this area is even more essential. The hoped for increase in staffing is only the first layer of responding to this need, the effective use and guidance to staff is just as important.

The 2010 SIP focused on Timely Reunification, Timely Permanence, and a reduction in Disproportionality. While some progress was made in these areas challenges persist. The initial formulation of that SIP focused mainly on tasks and procedures and compliance to them by staff. As the SIP transitioned to CAPP work it became clear that it was not just expecting staff to work harder and better but that the system needed to transform as well. In fact a part of that system transformation was how to better support and foster growth in the work of the staff beyond just training and then having staff shoulder the responsibility of implementing. Early indicators, as illustrated in the retention curve graphic on page 152 are that permanence is occurring more often

and faster. As the CAPP practice model and its offshoots are more fully implemented such progress is expected to continue and extend. One such offshoot is a method for the planning and execution of child/parent visits that uses CAPP behaviors and practice tools to provide a more intentional framework to the visitation plan.

As a QCI and Learning organization in 2013 the Leadership Team developed an Integrated Strategic Plan that guides and supports a continuing and evolving evaluation of progress and developing of strategies within a CQI system and process. The 2015 SIP will be guided and informed by that work as it was done and continues presently to develop.

Summary of Findings-Probation

Upon conclusion of the self-assessment, and review of the information collected, probation now has a clear understanding of what is working well and what can be improved to enhance the overall care of the foster youth that we serve. Probation's support from the stakeholders involved in the foster youth's lives will only enhance the ultimate goal of timely reunification.

Areas that were identified for improvement, including capping caseload sizes and remaining with the same officer while under the care of probation, will continue to be a challenge. The Placement Unit is one of many units in the Probation Department and there will always be reassignments, promotions, leaves of absence, and retirements, which will result in staff coming and going from the unit. The continued movement of staff also makes it difficult to cap caseload sizes as officers often have to take on more when a vacancy occurs in the unit. During the period of the self-assessment, the Placement Unit was dealing with multiple leaves of absence, which resulted in some of the identified struggles. When the unit is fully staffed, the caseloads will become more manageable and some of the identified barriers will improve.

Regardless of the staffing issues, probation will ensure that the youth and caregiver(s) are active participants during the development of case plans. Having a say over one's future is empowering for the youth and will provide the caregiver clear direction of what is expected of them while the youth is under the care of probation.

Also, improved communication and collaboration with community partners and stakeholders will enhance the overall care and opportunities for the foster youth under the care of Probation.
Of the identified outcomes, Probation plans to focus on improving Reunification within 12 Months and Exits to Permanency (24 months in care). Due to the data, the feedback received during the peer review and focus groups, Probation plans to implement strategies to improve the measures in these categories during the next 5 years. It is believed that this is an achievable goal and will provide the youth under the care of Probation the opportunity to achieve permanency and to move forward with the support they need to be successful in the future.

Attachments

ATTACHMENT A-STAKEHOLDER SURVEY QUESTIONS

County of Fresno Child Welfare Services County Self-Assessment Survey

Please select a box below that best describes you?

- Community Based Agency
- Other Public Agency
- Education worker
- Consumer
- Other

What are the most effective services you think prevents children from entering the Child Welfare Services (CWS) system? (Rank in order of importance: select up to 4)

- In-home support, home visits
- Parental education, support group
- Wraparound services
- Substance abuse programs/drug court
- Domestic violence counseling
- Neighborhood (Family) Resource Center
- Individual/family therapy/counseling
- Recreational programs
- School-based programs
- Job training & assistance
- Assistance for stable housing
- Child Advocacy
- Family Meetings (e.g. TDMs)
- Father-focused services
- Respite Care
- Other (please specify)

Which Community-Based Prevention Services have you used or referred a family to? (Check all that apply)

- In-home support, home visits
- Parental education, support group
- Wraparound services
- Substance abuse programs/drug court
- Domestic violence counseling
- Neighborhood (Family) Resource Center
- Individual/family therapy/counseling
- Recreational programs
- School-based programs
- Job training & assistance
- Assistance for stable housing
- Child Advocacy
- Family Meetings (e.g. TDMs)
- Father-focused services
- Respite Care
- Other (please specify)

Which Community-Based Prevention Services do you feel are missing/lacking in the County of Fresno? (Rank in order of importance: select up to 4)

- In-home support, home visits
- Parental education, support group
- Wraparound services
- Substance abuse programs/drug court
- Domestic violence counseling
- Neighborhood (Family) Resource Center
- Individual/family therapy/counseling
- Recreational programs
- School-based programs
- Job training & assistance
- Assistance for stable housing
- Child Advocacy
- Family Meetings (e.g. TDMs)
- Father-focused services
- Rural Services
- Respite Care
- Other (please specify)

Which of the following areas present the greatest challenges for parents in the County of Fresno that may be at risk of child abuse and neglect, and/or of entry into CWS? (Rank in order of importance: select up to 4)

- Affordable (quality) child care
- Transportation
- Cultural Competency
- Crime and violence
- Domestic violence
- Mental Health/Behavioral Health
- Physical Health
- Substance Abuse
- Financial barriers (Unemployment, poverty)
- Geographical location (Isolation)
- Disparities in access to services/resources
- Lack of quality child education
- Other (please specify)

What CWS practices do you see as strengths? (Rank in order of importance: select up to 4)

- Placement practices
- Referral to services
- Services provided in a timely manner
- Timely response to requests
- Accessibility to management
- Support and resources for youth
- Support and resources for caretakers
- Support and resources for birth parents
- Other (please specify)

When children are placed into foster care, what do you think parents need to help them reunite with their children? (Rank in order of importance: select up to 4)

- Individual, group, and family counseling
- Inpatient, residential, or outpatient substance abuse treatment services
- Mental health services
- Assistance to address domestic violence
- Temporary child care and therapeutic services for families, including crisis nurseries
- Peer-to-peer mentoring and support groups for parents and primary caregivers
- Services/activities that facilitate access to and visitation of children by parents and siblings
- Transportation to or from any of the services and activities described above
- Other (please specify)

After a family has been reunited, what kinds of support do you think parents need so their children are not removed again? (Rank in order of importance: select up to 4)

- Programs to reinforce parental resilience
- Access to 24 hour crisis services
- Child drop-off centers so parents can take breaks
- In-home support, home visits
- Parental education that strengthens knowledge and understanding of child development
- Wraparound services
- Substance abuse programs/drug court
- Domestic violence counseling
- Neighborhood (Family) Resource Center
- Individual/family therapy/counseling
- Services that promote the social-emotional competence of children
- Recreational programs
- Support groups and/or other services that increase supportive social connections
- School-based programs
- Job training & assistance
- Concrete supports (housing, food, transportation, healthcare, legal)
- Child Advocacy
- Family Meetings (e.g. TDMs)
- Father-focused services
- Rural Services
- Respite Care
- Other (please specify)

Which do you think are the most effective services to increase placement stability for children in out of home care? (Rank in order of importance: select up to 4)

- Foster parent training and support
- In-home support
- Wraparound services
- Parent child visitation
- Early engagement and collaboration between birth and foster parents (Ice Breakers)
- Family meetings (TDMs)
- Schedule Team Decision Making (TDM) meetings for all placement changes
- Child care
- Special care rates
- Kinship training and support
- Recreational activities
- Relative search/family finding

- Sibling contact/visitation
- Respite
- Behavioral/mental health services
- Supportive educational setting
- Assessments of child's needs
- Accessibility and timeliness of services/resources
- Appropriately planned transition into placement
- Consistent social worker assignment
- Adequate pre and post placement support
- 24 hour access to crises intervention services
- Other (please specify)

What can the community providers do to prevent child abuse and neglect? (Rank in order of importance: select up to 4)

- Provide assistance for parents experiencing stress (hotlines and/or counselors, emotional, spiritual support)
- Classes/supports to help improve increase knowledge and understanding of child development and parenting
- Training for service providers (teachers, nurses, doctors) to identify signs of family stress, abuse/neglect, and appropriate referral practices
- Information (ads, brochures) to inform public about child abuse/neglect in English and other languages
- Provider early intervention services to children and families at risk of child abuse/neglect
- Youth programs
- Neighborhood (Family) Resource Center
- Early childhood services that promote the social and emotional competence of children
- Domestic violence services
- Behavioral/mental health services
- Substance abuse services
- Develop and/or increase access to concrete supports
- Other (please specify)

Thank you for your participation in the CWS County Self-Assessment Survey. Please provide any other comments that you feel may assist to improve the community response to prevent child abuse and neglect and for increased family resiliency.

ATTACHMENT B-JUDICIAL COUNCIL OF CALIFORNIA-THE SPIRIT OF ICWA

JUDICIAL COUNCIL
OF CALIFORNIA
OPERATIONS AND PROGRAMS DIVISION
CENTER FOR FAMILIES, CHILDREN & THE COURTS

Following The Spirit of the Indian Child Welfare Act (ICWA)

A guide to understanding the benefits of providing culturally appropriate services to Native American families from non–federally recognized tribes within the juvenile dependency and delinquency systems[1]

In an effort to ensure proper inquiry and noticing and to reduce the number of ICWA-related appeals in child welfare cases, this handout is intended to help social workers and others respond when they encounter children and families that report American Indian or Alaska Native ancestry yet find they are not from a federally recognized tribe. What is good social work practice in these cases, and how can courts support culturally centered practice that results in positive outcomes?

How to Provide "Spirit of the Law" ICWA Services

- Find out which tribes and Native American resources are in your area.
- Visit and establish connections with local tribes and Native American resources regardless of federal recognition status.
- Request ICWA training from tribal resources, California Department of Social Services training academies, or the Administrative Office of the Courts.
- Conduct a proper inquiry of possible Native American ancestry in every case at the front end and throughout the duration of the case if family members provide additional lineage information.
- Connect a child and family with their tribe and local Native American resources regardless of tribal affiliation.
- Assist the child or family with the tribal enrollment process but understand it is up to the tribe to determine who is or is not eligible for enrollment.
- Conduct placements consistent with ICWA placement preferences even though not technically required. In the case of non–federally recognized tribes, tribal members would likely meet requirements as nonrelated extended family members because tribal communities tend to be related or close-knit communities.
- Consider the child's tribal members as viable options for holiday visits, tutors, mentors, Court Appointed Special Advocates, etc.

[1] This document was developed with the Fresno County Department of Social Services, Child Welfare Services, and Placer County System of Care as part of the American Indian Enhancement of the Casey Family Programs/Child and Family Policy Institute of the California Breakthrough Series on addressing disproportionality 2009–2010 in collaboration with the American Indian Caucus of the California ICWA Workgroup, Child and Family Policy Institute of California, Stuart Foundation, and Tribal STAR.

The Benefits of Providing "Spirit of the Law" ICWA Services

- If the child's tribe is seeking federal recognition and is granted such recognition, formal ICWA case services, such as active efforts to prevent the breakup of the Indian family, will be required. If ICWA active efforts are attempted before the federal recognition, it is less disruptive for the child than having to change services and placement to make them in accordance with ICWA.
- Welfare and Institutions Code section 306.6 leaves the determination of services to individuals of non-recognized tribes to the discretion of the court that has jurisdiction.
- Even if individuals are not associated with a federally recognized tribe, they can still be part of an Indian community, which can serve as a strength and provide resources that enhance resilience factors for youth.
- Native American agencies that serve youth regardless of their tribe's status can have youth groups that provide mental health and substance abuse services as well as fun trips, at no cost to the county.
- Many resources available to Native Americans do not require status in a federally recognized tribe (such as tribal Temporary Assistance for Needy Families (TANF), Native American health centers, and title VII Indian education programs).
- Some Native American health centers can access funding for residential treatment in and out of the state for children who are from non–federally recognized tribes.
- When culturally centered practice is provided as early as possible, it can result in positive outcomes for tribal youth.
- Linking a child to cultural resources that support his or her development into a healthy self-reliant adult can reduce the number of times the person may enter public systems.
- Culturally centered practice provided at the front end and throughout the lifespan of the case, regardless of the recognition status of the tribe, can reduce the public burden of cost over time.

Historical Background

- In 1848, gold was discovered in Coloma, California.
- In 1851 and 1852, representatives of the United States entered into 18 treaties with tribes throughout California that would have provided for more than 7.5 million acres of reserve land for the tribes' use. These treaties were rejected by the U.S. Senate in secret session. The affected tribes were given no notice of the rejection for more than 50 years, and the promised reserve lands were never provided.
- In 1928, a census was conducted to determine the number of American Indians in California, resulting in the establishment of the 1933 California Indian Rolls (also referred to as the California Judgment Rolls). The purpose of the census and the rolls was

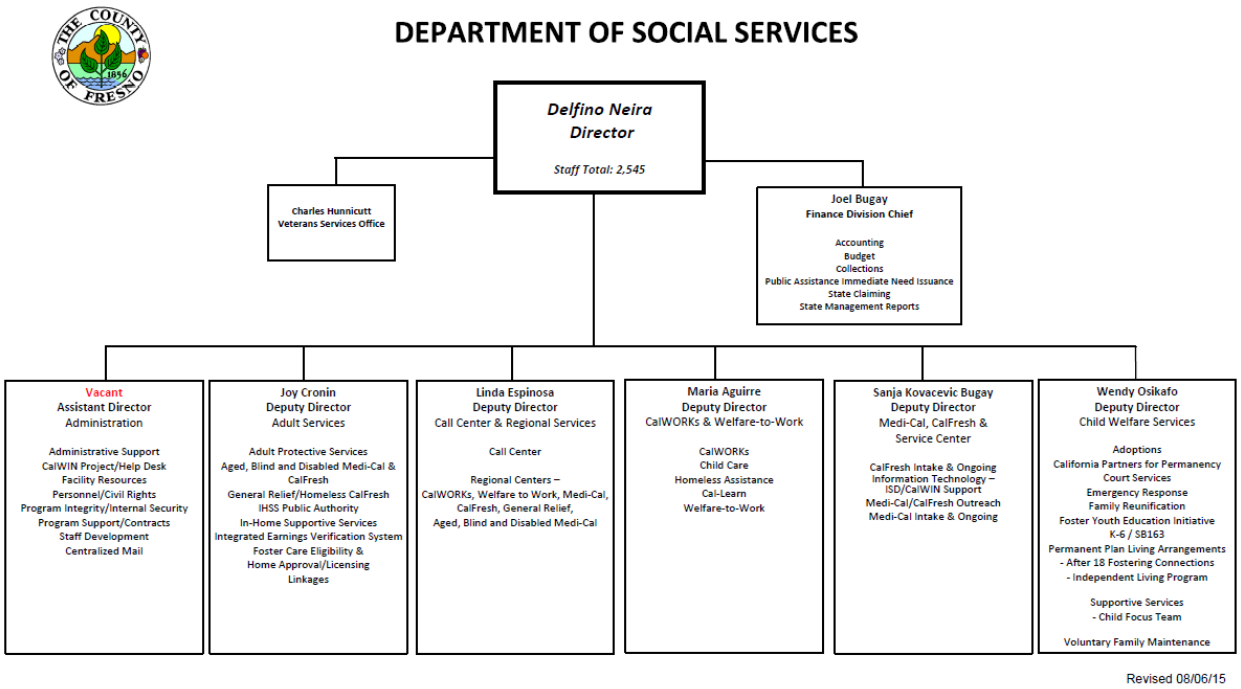
to determine the number of Indians in California who had families alive in 1851–1852, when treaties were signed by the original Californians.

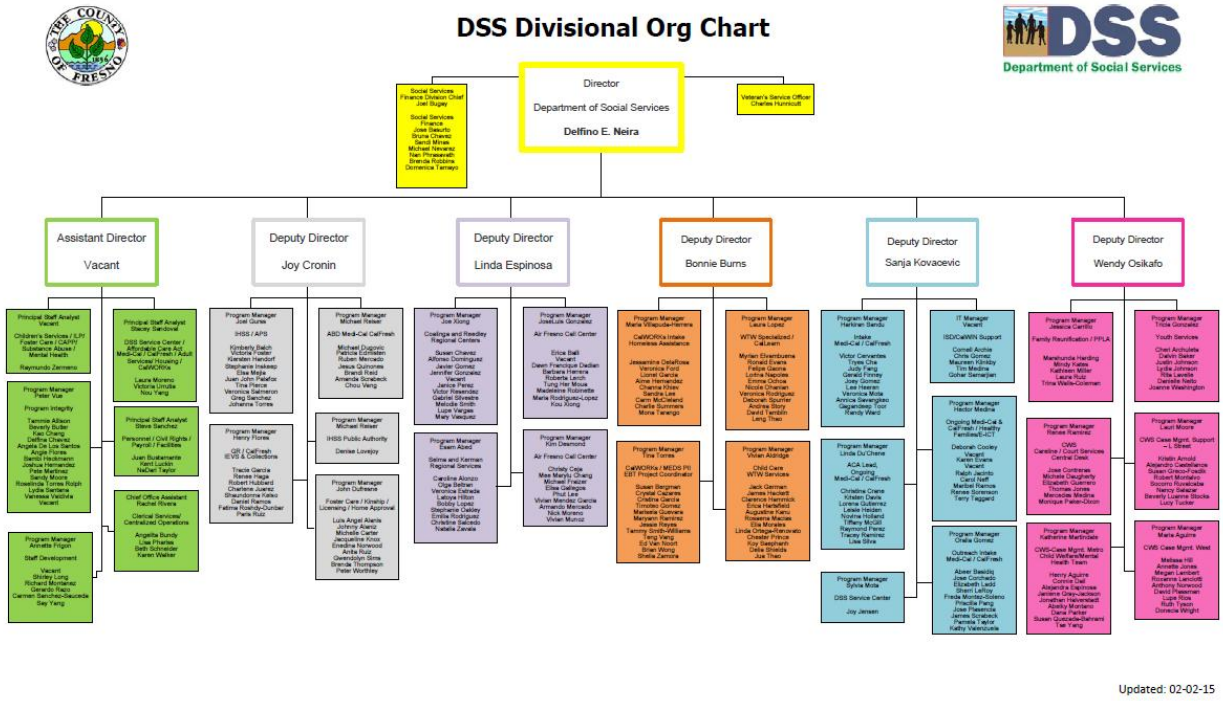
- From 1953 to 1964, called the "Termination Era," the U.S. Congress terminated the federal recognition status of more than 40 California tribes. These tribes were deemed as not federally or state recognized, though previously descendants of these tribes were federally recognized.
- Many tribes that were terminated are currently seeking federal recognition by the U.S. government.
- Tribal communities throughout California are active and thriving, whether or not they have federal recognition.
- Descendants of family members listed on the California Judgment Rolls can use this documentation of Native American ancestry to provide information as to tribal affiliation. *Note:* Finding an ancestor on the roll does not mean an individual is an enrolled member in that particular tribe. Only one tribe can be listed on this document, and it is possible to descend from more than one tribe.
- Senate Bill 678, passed in 2006 by the California Legislature, allows participation of non–federally recognized tribes, on request and at the discretion of the judge in the dependency matter. This expands the option and availability of culturally appropriate services to children from non-recognized tribes.

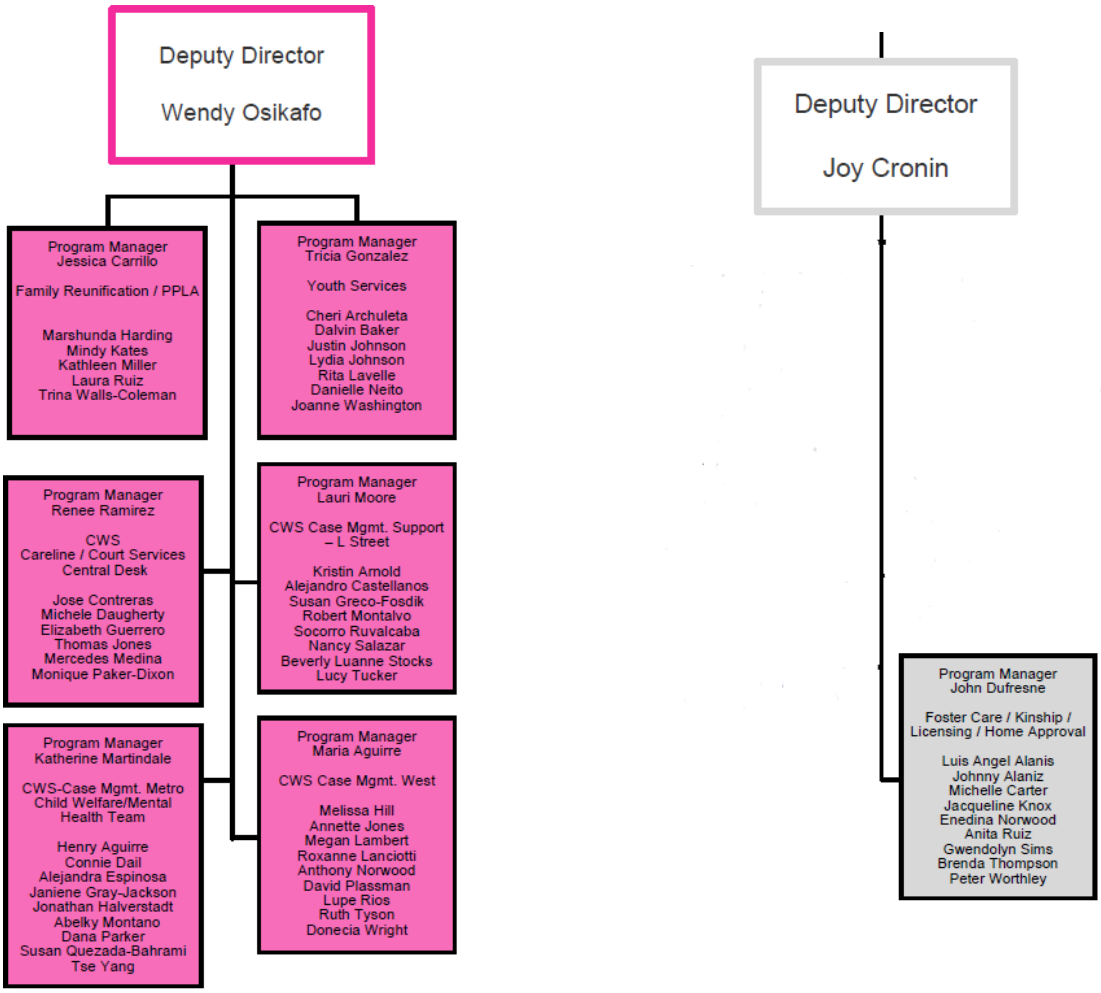
Additional Tips for Practice

- Some tribes include descendants as members, not only those who are enrolled.
- Best practices will vary depending on the location, available resources, and tribe.
- If you are having challenges in working with the family, local Native American agencies or tribes can assist.
- If the family requests additional resource information to trace its lineage, you can provide the following resource information:
  - The tribe;
  - Mission church records;
  - Mormon genealogical records;
  - Historical societies and museums;
  - Genealogical Web sites; and
  - Historical statistical information and documents in the county of the family's origin.

ATTACHMENT C-DSS ORGANIZATIONAL CHARTS






Deputy Director
Wendy Osikafo
Program Manager
Jessica Carrillo
Family Reunification / PPLA
Marshunda Harding
Mindy Kates
Kathleen Miller
Laura Ruiz
Trina Walls-Coleman
Program Manager
Tricia Gonzalez
Youth Services
Cheri Archuleta
Dalvin Baker
Justin Johnson
Lydia Johnson
Rita Lavelle
Danielle Neito
Joanne Washington
Program Manager
Renee Ramirez
CWS
Careline / Court Services
Central Desk
Jose Contreras
Michele Daugherty
Elizabeth Guerrero
Thomas Jones
Mercedes Medina
Monique Paker-Dixon
Program Manager
Lauri Moore
CWS Case Mgmt. Support – L Street
Kristin Arnold
Alejandro Castellanos
Susan Greco-Fosdik
Robert Montalvo
Socorro Ruvalcaba
Nancy Salazar
Beverly Luanne Stocks
Lucy Tucker
Program Manager
Katherine Martindale
CWS-Case Mgmt. Metro
Child Welfare/Mental Health Team
Henry Aguirre
Connie Dail
Alejandra Espinosa
Janiene Gray-Jackson
Jonathan Halverstadt
Abelky Montano
Dana Parker
Susan Quezada-Bahrami
Tse Yang
Program Manager
Maria Aguirre
CWS Case Mgmt. West
Melissa Hill
Annette Jones
Megan Lambert
Roxanne Lanciotti
Anthony Norwood
David Plassman
Lupe Rios
Ruth Tyson
Donecia Wright
Deputy Director
Joy Cronin
Program Manager
John Dufresne
Foster Care / Kinship / Licensing / Home Approval
Luis Angel Alanis
Johnny Alaniz
Michelle Carter
Jacqueline Knox
Enedina Norwood
Anita Ruiz
Gwendolyn Sims
Brenda Thompson
Peter Worthley

ATTACHMENT D-MENTAL HEALTH SCREENING TOOLS

FRESNO COUNTY CHILD WELFARE
MENTAL HEALTH SCREENING TOOL (CHILD AGE 0-5 YEARS)

SW:	**SW PHONE:**	**Date Placed/Opened:**
SWS:	**SWS PHONE:**	**UNIT:**
Case Status: ☐ **Voluntary** ☐ **Court Ordered**	**Type of Screening:** ☐ **Initial** ☐ **Re-Screen** ☐ **Annual**	
CASE NAME:	**CASE NUMBER:**	
CHILD'S NAME:	**DATE OF BIRTH:**	
CHILD'S CURRENT RESIDENCE	☐ **Home with Parent(s)** ☐ **Relative/Mentor** ☐ **County Foster Home** ☐ **Treatment Foster Care (TFC)** ☐ **Group Home (Specify):** ☐ **FFA (Specify):** ☐ **Other (Specify):**	
CURRENT CAREGIVER/CONTACT NAME:		**PHONE:**
CHILD'S CURRENT ADDRESS: , ,		
Child's Primary Language:	**Caregiver Primary Language:**	
Regional Center Client: ☐ **Yes** ☐ **No** ☐ **Unknown**	**IEP Services:** ☐ **Yes** ☐ **No** ☐ **Unknown**	☐ **Known Health Condition:** ☐ **Yes** ☐ **No** **Specify:**
Current MENTAL HEALTH SERVICES? ☐ **Yes** ☐ **No**	**TYPE:** ☐ **Individual/Family** ☐ **Wraparound** ☐ **TBS** ☐ **TFC**	
County Where Receiving Services:	**Agency Providing Services:**	
NUMBER OF PLACEMENT CHANGES IN PAST 24 MONTHS:		

INSTRUCTIONS: *Please check applicable boxes for each item. Following each item there are examples of behaviors or problems that would require a scored response. This list is not exhaustive, however and there may be other behaviors of a similar nature that would help with your overall scoring of the item. For each item, circle the number (0, 1, 2 or 3) that best describes what is known about this child and his/her family and the suspected intensity of these concerns. There is a comment section at the end of each section to address any other concerns you may have or to clarify scoring decision.*

Within past 24 hours	Within Past 30 days	More than 30 days	RISK HISTORY: CHILD 0-5 YEARS	
☐	☐	☐	**1. PHYSICAL/SEXUAL ABUSE OR EXPOSED TO VIOLENCE IN HOME:** *Child subjected to or witnessed physical abuse, sexual abuse, domestic violence, or sexual exploitation in home of caretaker*	
Specify type of exposure: ☐ Physical Abuse ☐ Sexual Abuse ☐ Domestic Violence ☐ Sexual Exploitation ☐ Other:			☐ 0	No known exposure to physical/sexual abuse or domestic violence
			☐ 1	History of exposure to abuse/violence, but without recent exposure (past 120 days) and currently in a safe environment
			☐ 2	Recent exposure to moderate or severe acts of family violence toward self/others and current living situation has continued risk or questionable safety
			☐ 3	Subjected to repeated, severe physical abuse, sexual abuse or witnessed repeated and severe episodes of domestic violence, which required medical intervention for injury
☐	☐	☐	**2. SUBSTANCE EXPOSURE:** *child exposed to substance use and abuse of parent/caregiver, both before and after birth*	
Specify type of exposure: ☐ Methamphetamine ☐ Alcohol ☐ Cannabis ☐ Heroin ☐ Prescription Drugs ☐ Other:			☐ 0	Child had no in utero exposure to alcohol or drugs and there is no current exposure in the home
			☐ 1	Child has either mild in utero exposure **or** there is current alcohol/drug use in the home
			☐ 2	Child was exposed to significant drugs/alcohol in utero. ANY ingestion of illegal drugs during pregnancy or significant use of alcohol or tobacco MUST be rated here or higher
			☐ 3	Child was exposed to alcohol or drugs in utero and continues to be exposed in the home of the parent/caregiver

Within past 24 hours	Within Past 30 days	More than 30 days	RISK HISTORY: CHILD 0-5 YEARS (Continued)

☐	☐	☐	**3. NEGLECT, EMOTIONAL ABUSE, ABANDONMENT, SIGNIFICANT LOSS:** *Access to adequate food, shelter, clothing, safe environment, general medical treatment, supervision by caretaker not consistently provided; caretaker willfully endangered child health and safety, child witnessed or experienced abduction or abandonment, witnessed or subjected to verbal and emotional abuse; child experienced loss of significant family member or friend*

Specify:		
☐ Neglect ☐ Emotional Abuse ☐ Verbal Abuse ☐ Abduction ☐ Abandonment ☐ Significant Loss ☐ Other:	☐ 0	No evidence of neglect, emotional abuse, abandonment of significant loss
	☐ 1	History of mild to moderate neglect, without recent exposure (past 120 days) and child is currently receiving adequate care and supervision
	☐ 2	Moderate to severe neglect, emotional abuse, abandonment or loss within past 60 days
	☐ 3	Persistent, chronic and severe neglect by caretaker that left child malnourished, unsupervised, ill or injured, without adequate shelter or supervision, poor attachment and exposure to danger. Neglect occurred repeatedly over a significant period of time, even if not currently occurring.

TOTAL SCORE: RISK ASSESSMENT (QUESTIONS 1-3):
COMMENTS:

Within past 24 hours	Within Past 30 days	More than 30 days	IDENTIFIED BEHAVIORAL RISK: CHILD 0-5 YEARS

☐	☐	☐	**4. CHILD HAS BEHAVIOR THAT IS UNUSUAL OR UNCONTROLLABLE** ***Infants to 18 months*** *may display crying that is excessive in intensity or duration, persistent arching, floppiness or stiffening when held or touched, cannot be consoled by caregiver, cannot initiate or maintain sleep without assistance (in absence of noise or illness).* ***Children 18 months to 3 years*** *may also exhibit extremely destructive, dangerous or violent behavior, excessive or frequent tantrums, persistent and intentional aggression despite reasonable adult intervention; excessive or repetitive self-injurious behavior (head banging) or self-stimulating behavior (rocking, masturbation); and appear to have no awareness of danger, fear or pain* ***Children 3 to 5*** *may also exhibit frequent night terrors, excessive preoccupation with routine, objects or actions (hand washing, touching things repetitively), extreme hyperactivity; may be excessively accident-prone, persistently cruel to animals, have severe problems in toileting (fecal smearing, intentional elimination in inappropriate places) and aggression (biting, kicking, property destruction)*

Specify:		
☐ Excessive Crying ☐ Arching/Stiffening ☐ Can't be Consoled ☐ Sleep problems ☐ Dangerous behavior ☐ Severe Tantrums ☐ Self-injury ☐ Self Stimulation ☐ Nightmares ☐ Hyperactivity ☐ Cruel to Animals ☐ Toileting Problems ☐ Aggression ☐ No awareness of pain ☐ Other:	☐ 0	Child does not exhibit any of the above behaviors
	☐ 1	Child exhibits some of the above behaviors but not so excessive, severe or frequent that caregiver is unable to manage them;
	☐ 2	Moderate or multiple expressions of behaviors, like those above, that occur almost daily and cause significant disruption in the living environment or risk to child
	☐ 3	Persistent and severe behavior that is frequent and disabling, puts child in danger, or interferes with ability to be contained in the current environment.

Within past 24 hours	Within Past 30 days	More than 30 days	IDENTIFIED BEHAVIORAL RISK: CHILD 0-5 YEARS (Continued)

☐	☐	☐	**5. ATTACHMENT BEHAVIOR:** *Relationship security between parent and parent or primary caregiver and child; how child responds to caregiving relationships*	
Specify below: ☐ Resists touch ☐ Anxious/Clingy ☐ Separation difficulty ☐ Poor Boundaries ☐ Caregiver disconnected ☐ Developmental Issues ☐ Avoids caregivers ☐ Does not seek caregiver to meet basic needs ☐ Overly friendly with unfamiliar adults/strangers			☐ 0	No evidence of problems with attachment. Attachment appears secure and parent/child appear to be well connected and bonded
			☐ 1	Mild problems with attachment: infants appear uncomfortable with caregivers, may resist touch or appear anxious and clingy at times. Caregiver feels disconnected to child. Oder child may be overly reactive to separation or seem preoccupied with parent. Boundaries with others may seem inappropriate
			☐ 2	Moderate problems with attachment are present. Infant may fail to demonstrate stranger anxiety or have extreme reactions to separation resulting in interference with development. Older children may have ongoing problems with separation, may consistently avoid caregivers and have inappropriate boundaries with others that put them at risk.
			☐ 3	Severe problems with attachment are present. Infant is unable to use caregivers to meet needs for safety and security. Infants may be withdrawn from seeking need gratification; older children present with either indiscriminate attachment pattern or a withdrawn, inhibited attachment pattern. **CHILD WHO MEETS DSM-V REQUIREMENTS FOR REACTIVE ATTACHMENT DISORDER WOULD BE RATED HERE.**

☐	☐	☐	**6. MOOD AND AFFECTIVE BEHAVIOR:** *Child seems disconnected, depressed, excessively passive or withdrawn, anxious or with hyper-arousal symptoms.* ***Infants to 18 months*** *may not vocalize (coo), smile or cry, may not respond to caregiver (turns away from face, no eye contact, interaction with others does not appear pleasing; may not respond to environment (motion, sound, light, activity); excessive eating problems* ***Children 18 months to 3 years*** *may also fail to initiate interaction or share attention with others whom s/he is familiar, seems unaware or uninvolved with surroundings; does not explore or play; does not seek caregiver to meet needs (solace, play, object attainment); few or no words, fails to respond to verbal cues.* ***Children 3-5 years*** *also do not use sentences of 3 words or more, speech unintelligible, may be excessively withdrawn, not interact with peers, exhibit poor coordination of movement, unusual eating patterns (refusal, overeating, eats non-food items); clear and significant loss of previously attainted skills (no longer talks, toileting)*	
Specify: ☐ Doesn't Vocalize/Coo ☐ Response to Setting ☐ Excessively Passive ☐ Poor Eye Contact ☐ Turns Face Away ☐ Eating Problems ☐ Doesn't Initiate ☐ Uninvolved ☐ Doesn't Explore ☐ Speech Delay ☐ Loss of Skills ☐ Withdrawn ☐ Little Peer Interaction or Interest in Playing ☐ Doesn't seek comfort from caregiver ☐ High Arousal ☐ Anxious ☐ Appears Sad ☐ Other:			☐ 0	Child does not exhibit any of the above behaviors
			☐ 1	Child exhibits some of the above behaviors but not so excessive, severe or frequent that caregiver is unable to manage them;
			☐ 2	Moderate or multiple expressions of behaviors, like those above, that occur almost daily and cause significant disruption in the living environment or risk to child
			☐ 3	Persistent and severe behavior that is frequent and disabling, puts child in danger, or interferes with ability to be contained in the current environment.

Within past 24 hours	Within Past 30 days	More than 30 day	IDENTIFIED BEHAVIORAL RISK: 0-5 YEARS (Continued)
☐	☐	☐	**7. SIGNIFICANT DEVELOPMENTAL IMPAIRMENT:** *developmental delay or intellectual impairments, speech delay, lagging motor skills, social behavior not consistent with actual age. Autism spectrum disorder suspected. All developmental disabilities occur on a continuum. Child may be designated 0-1-2-3 depending on significance of the disability and severity of impairment in overall social, intellectual, emotional or behavioral functioning.*

Specify:		
☐ Developmental D/O ☐ Intellectual (IQ) ☐ Speech delay ☐ Other:	☐ 0	Child has no known developmental/behavioral impairments or known delays
	☐ 1	Child has some trouble with physical maturity and developmental delays are suspected.
	☐ 2	Child has known developmental delays and/or mild intellectual impairment which requires special education intervention

☐	☐	☐	**8. REGULATORY: BODY AND EMOTIONAL CONTROL.** *Refers to child's ability to control bodily functions such as eating, sleeping and elimination as well as activity level/intensity and sensitivity to external stimulation. The child's ability to control, modulate and manage intense emotions is also rated here*

Specify below:		
☐ Eating ☐ Sleeping ☐ Elimination/Toileting ☐ Difficult to Console ☐ Emotional Regulation ☐ Sensory Sensitivity ☐ Transition Problems ☐ Overstimulation ☐ Other:	☐ 0	No evidence of regulatory control problems
	☐ 1	Some problems with regulation are present. Infants may have unpredictable patterns and be difficult to console. Older children may require a great deal of structure and need more support than other children in coping with frustration and difficult emotions
	☐ 2	Moderate problems with regulation are present. Infants may have significant difficulties with transitions and irritability such that excessive adult attention is required. Older children may exhibit severe reactions to sensory stimuli and emotions that interfere with their functioning and ability to progress developmentally. Older children may demonstrate such unpredictable patterns in eating and sleeping routines that family life is disrupted.
	☐ 3	Profound problems with regulation are present that place the child's safety, well-being and/or development is at risk. Placement is also at serious risk.

TOTAL SCORE: IDENTIFIED BEHAVIORAL RISK (QUESTIONS 4-8):

COMMENTS:

Within past 24 hours	Within Past 30 days	More than 30 days	PARENT/CAREGIVER IDENTIFIED RISK: CHILD 0-5 YEARS

	9. PARENT/CAREGIVER SUBSTANCE ABUSE: *History or current use of alcohol or drugs by parent/caregiver.* ***SUBSTANCE RELATED DISORDERS MUST BE RATED A 2 OR 3 UNLESS THE INDIVIDUAL IS CURRENTLY IN RECOVERY FOR A PERIOD OF NOT LESS THAN 9 MONTHS***	
Specify if known: ☐ Alcohol ☐ Methamphetamine ☐ Heroin ☐ Cannabis ☐ Other:	☐ 0	Parent/Caregiver is not known to have problematic use of alcohol or other drugs
	☐ 1	Parent/Caregiver is have a history of drug/alcohol abuse but is currently in recovery
	☐ 2	Parent/Caregiver has moderate substance abuse issues that interfere with their capacity to parent or provide necessary supervision and support on a regular basis
	☐ 3	Parent has current, severe substance abuse; significantly impairs their ability to parent at this time; neglect of child safety, health, supervision, and provision of basic needs evident
☐ ☐ ☐	**10. PARENT/CAREGIVER MENTAL HEALTH:** *Presence of mental health issues, such as depression, anxiety, PTSD, emotional instability, history of psychotic behavior, use of psychiatric medication or history of treatment or hospitalization for mental health problems that impair parental functioning*	
Specify if known: ☐ Depression ☐ Bipolar Disorder ☐ Schizophrenia ☐ Anxiety ☐ PTSD ☐ Other:	☐ 0	Parent/Caregiver is not known to have mental health problems
	☐ 1	Parent/Caregiver has history of treatment for mental health problems, but appears to have adequate mental health functioning at this time
	☐ 2	Parent/Caregiver has mild to moderate mental health issues that sometimes interferes with their capacity to parent adequately
	☐ 3	Parent/Caregiver has persistent and serious mental health issues that significantly impacts ability to parent or provide for child health, safety, supervision and well-being at this time
☐ ☐ ☐	**11. MARITAL/PARTNER VIOLENCE IN THE HOME:** *Degree and/or difficulty of partner conflict within the home and impact on parenting and childcare; includes physical, emotional and verbal violence or intimidation between partners to control one or the other in the relationship*	
Specify type of violence: ☐ Verbal aggression ☐ Emotional abuse ☐ Physical violence ☐ Intimidation ☐ Mutual combat ☐ Other:	☐ 0	No evidence of notable conflict in the parenting relationship. Disagreements appear to be handled in atmosphere of mutual respect and shared power. Conflict is not dealt with in a hostile manner
	☐ 1	Mild to moderate level of partner conflict and arguments. Parents appear able to keep arguments and conflict to a minimum when children are present. No known violence between partners
	☐ 2	Significant level of escalated conflict and arguments; the use of verbal aggression by one or both partners to control another, significant destruction of property to which child is frequently a witness.
	☐ 3	Profound level of partner violence that often escalates to the use of physical aggression by one or both partners to control the other; child is present or sees the aftermath of violence; puts child at greater risk.
☐ ☐ ☐	**12. DEVELOPMENTAL STATUS:** *developmental status in terms of parent/caregiver low intellectual functioning, autism or other developmental disabilities and impact of these conditions on ability to care for child*	
Specify if known: ☐ Intellectual Disability ☐ Autism Spectrum ☐ Other:	☐ 0	Parent/caregiver has no known developmental or intellectual disabilities
	☐ 1	Parent/caregiver has mild developmental challenges, but they do not currently interfere with parenting
	☐ 2	Parent/caregiver has moderate developmental challenges that in some areas interfere with their capacity to parent
	☐ 3	Parent/caregiver has severe developmental challenges that make it impossible to safely parent at this time

TOTAL CAREGIVER IDENTIFIED RISK (QUESTIONS 9-12):
TOTAL SCREENING SCORE (ALL DOMAINS):
ADDITIONAL COMMENTS:

SOCIAL WORKER SIGNATURE:	DATE COMPLETED:
SW SUPERVISOR SIGNATURE:	DATE REVIEWED:

DSS MENTAL HEALTH TEAM REVIEW AND RECOMMENDATIONS		
☐ CHILD NOT REFERRED	REASON NOT REFERRED (MUST specify clearly):	
☐ RECOMMEND RE-SCREENING IN MONTHS		
☐ STANDARD REFERRAL *(within 30 days)*	☐ PRIORITY REFERRAL *(within 10 days)*	☐ CRISIS REFERRAL *(No later than 3 business days)*
CLINICIAN SIGNATURE		DATE REVIEWED:

REFERRAL DISPOSITON (To be completed by Mental Health Case Manager)	
☐ CHILD REFERRED TO:	DATE LINKAGE MADE:
SPECIFY LINKAGE CONTACTS AND ACTIVITIES:	
CASE MANAGER SIGNATURE:	

PROVIDER USE ONLY Referral Disposition
Provider will note disposition of the referral below and return copy of entire instrument to DSS Mental Health Coordinator within 30 days of receipt of referral. The original shall remain in the provider's files. If there are problems completing the assessment, provider is to consult with DSS Mental Health Team and Social Worker as soon as possible

DATE OF ASSESSMENT:	ASSESSING CLINICIAN:	
DISPOSITION:	Meets Medical Necessity ☐ YES ☐ NO Reason If "NO" :	
	☐ OPENED TO ONGOING SERVICES	CLINICIAN ASSIGNED:	PHONE:
	☐ CASE CLOSED WITHOUT ONGOING SERVICES: *Note reason below*: ☐ No-Show Assessment (after successive attempts ☐ Declined Further Services ☐ Other:	

FRESNO COUNTY CHILD WELFARE
MENTAL HEALTH SCREENING TOOL (ZERO TO FIVE)
SCORING FORM

NAME	DOB	CASE NUMBER

SCORING CRITERIA
0 = no evidence
1 = history of/not recent/watch & prevent
2 = moderate/recent/action advised
3 = severe/ongoing/dangerous/acute/action needed

KATIE A SUBCLASS CRITERIA
☐ Wraparound
☐ Therapeutic Foster Care
☐ Group Home
☐ 5150/Inpatient Psychiatric Facility
☐ Specialized Care Rate
☐ 3 or more Placement Changes in 24 mth

RISK HISTORY (Questions 1-3)	0	1	2	3
1. Physical/Sexual Abuse	☐	☐	☐	☐
2. Substance Exposure	☐	☐	☐	☐
3. Neglect/Emotional Abuse	☐	☐	☐	☐
TOTAL SCORE				

CAREGIVER RISK (Questions 9-12)	0	1	2	3
9. Substance Abuse	☐	☐	☐	☐
10. Mental Health	☐	☐	☐	☐
11. Partner Violence	☐	☐	☐	☐
12.Development	☐	☐	☐	☐
TOTAL SCORE:				

IDENTIFIED BEHAVIORAL RISK (Questions 4-8)	0	1	2	3
4. Unusual/Uncontrollable	☐	☐	☐	☐
5. Attachment Behavior	☐	☐	☐	☐
6. Mood/Affective Behavior	☐	☐	☐	☐
7. Development Impairment	☐	☐	☐	☐
8. Regulatory Control	☐	☐	☐	☐
TOTAL SCORE				

NOTES

TOTAL SCREENING SCORE (Questions 1-17)

Data Entry Name	Date Entered

FRESNO COUNTY CHILD WELFARE
MENTAL HEALTH SCREENING TOOL (CHILD AGE 5 TO ADULT)

SW:	**SW PHONE:**	**Date Placed/Opened:**
SWS:	**SWS PHONE:**	**UNIT:**
Case Status: ☐ **Voluntary** ☐ **Court Ordered**	**Type of Screening:** ☐ **Initial** ☐ **Re-Screen** ☐ **Annual**	
CASE NAME:	**CASE NUMBER:**	
CHILD'S NAME:	**DATE OF BIRTH:**	
CHILD'S CURRENT RESIDENCE	☐ **Home with Parent(s)** ☐ **Relative/Mentor** ☐ **County Foster Home** ☐ **Treatment Foster Care (TFC)** ☐ **Group Home (Specify):** ☐ **FFA (Specify):** ☐ **Other (Specify):**	
CURRENT CAREGIVER/CONTACT NAME:		**PHONE:**
CHILD'S CURRENT ADDRESS: , ,		
Child's Primary Language:	**Caregiver Primary Language:**	
Regional Center Client: ☐ **Yes** ☐ **No**	**IEP Services:** ☐ **Yes** ☐ **No**	☐ **Known Health Condition:** ☐ **Yes** ☐ **No** **Specify:**
Current MENTAL HEALTH SERVICES? ☐ **Yes** ☐ **No**	**TYPE:** ☐ **Individual/Family Tx** ☐ **Wrap** ☐ **TBS** ☐ **TFC**	
County Where Receiving Services:	**Agency Providing Services:**	
NUMBER OF PLACEMENT CHANGES PAST 24 MONTHS:		

INSTRUCTIONS: *Please check applicable boxes for each item. Following each item there are examples of behaviors or problems that would require a scored response. This list is not exhaustive, however and there may be other behaviors of a similar nature that would help with your overall scoring of the item. For each item, circle the number (0, 1, 2 or 3) that best describes what is known about this child and his/her family and the suspected intensity of these concerns. There is a comment section at the end of each section to address any other concerns you may have or to clarify scoring choice.*

Within past 24 hours	Within Past 30 days	More than 30 days	IDENTIFIED RISK: CHILD 5-ADULT	
☐	☐	☐	**1. DANGER TO SELF/OTHERS:** *Attempted suicide, suicidal gestures, expressed suicidal ideation, assaultive/aggressive to others, reckless, puts self in dangerous situations, attempts to or has sexually assaulted/molested other children, has engaged in cutting or other non-suicidal self-injury*	
Note type of harm below: ☐ Suicidal ☐ Self-Mutilation/Injury ☐ Aggression ☐ Sexual Aggression ☐ Excessive Risk-Taking			☐ 0	No evidence or known history of danger to self/others
			☐ 1	History of, but without recent acts or ideation of harm to self or others (past 120 days)
			☐ 2	Engaged in behavior that placed him/her in danger of physical harm but not in past 30 days
			☐ 3	Engaged in behavior that places him/her/others at immediate risk of harm or injury within past 30 days. ***ANY EXPRESSION OF CURRENT SUICIDAL OR HOMICIDAL IDEATION REQUIRES IMMEDIATE REFERRAL FOR MENTAL HEALTH ASSESSMENT.***
☐	☐	☐	**2. PHYSICAL/SEXUAL ABUSE OR EXPOSED TO VIOLENCE IN HOME:** *Child subjected to or witnessed physical abuse, sexual abuse, domestic violence, or sexual exploitation in home of caretaker*	
Specify type of exposure: ☐ Physical Abuse ☐ Sexual Abuse ☐ Domestic Violence ☐ Sexual Exploitation ☐ Other:			☐ 0	No known exposure to physical/sexual abuse or domestic violence
			☐ 1	History of exposure to abuse/violence, but without recent exposure (past 120 days) and currently in a safe environment
			☐ 2	Recent exposure to moderate or severe acts of family violence toward self/others and current living situation has continued risk or questionable safety
			☐ 3	Subjected to repeated, severe physical abuse, sexual abuse or witnessed repeated and severe episodes of domestic violence, and/or which required medical intervention for injury

Within past 24 hours	Within Past 30 days	More than 30 days	IDENTIFIED RISK: CHILD 5-ADULT (Continued)

☐	☐	☐	**3. NEGLECT, EMOTIONAL ABUSE, ABANDONMENT, SIGNIFICANT LOSS:** *Access to adequate food, shelter, clothing, safe environment, general medical treatment, supervision by caretaker not consistently provided; caretaker willfully endangered child health and safety, child witnessed or experienced abduction or abandonment, witnessed or subjected to verbal and emotional abuse; child experienced loss of significant family member or friend*

Specify: ☐ Neglect ☐ Emotional Abuse ☐ Verbal Abuse ☐ Abduction ☐ Abandonment ☐ Significant Loss ☐ Other:	☐ 0	No evidence of neglect, emotional abuse, abandonment of significant loss
	☐ 1	History of mild to moderate neglect, without recent exposure (past 120 days) and child is currently receiving adequate care and supervision
	☐ 2	Moderate to severe neglect, emotional abuse, abandonment or loss within past 60 days
	☐ 3	Persistent, chronic and severe neglect by caretaker that left child malnourished, unsupervised, ill or injured, without adequate shelter or supervision, poor attachment and exposure to danger. Neglect occurred repeatedly over a significant period of time, even if not currently occurring.

☐	☐	☐	**4. CHILD BEHAVIOR CONCERNS THAT PUT CURRENT LIVING SITUATION AT RISK:** *chaotic, impulsive or disruptive behaviors, verbal outbursts, aggressive acting-out, excessive non-compliance, requires constant redirection and supervision, challenging of caregiver authority, disruptive levels of activity, fails to respond to limit setting, requires excessive attention from caregiver, excessive tantrums*

Specify: ☐ Aggression ☐ Verbal Outbursts ☐ Impulsive ☐ Non-Compliant ☐ Attention Seeking ☐ Tantrums ☐ Other:	☐ 0	Child does not exhibit behaviors, like those above, that threaten current living situation
	☐ 1	Child exhibits some of the above behaviors but not of sufficient severity to threaten current living situation; caregiver appears to adequately manage behaviors
	☐ 2	Child exhibits persistent and multiple expressions of behavior, like those above, that are viewed by caretaker as serious and unmanageable.
	☐ 3	Severe, persistent behavior on a daily basis that threatens living situation and is accompanied by potential physical danger to self or others

☐	☐	☐	**5. CHILD BEHAVIOR THAT IS UNUSUAL OR BIZARRE:** *Appears to hear voices or respond to other internal stimuli, repetitive body motions (e.g. head banging, rocking, tics), mute, inappropriate vocalizations, facial tics, non-responsive to social interaction, cruelty to animals, smearing feces, food hoarding, eating inedible material, appears to be dissociating.*

Specify: ☐ Voices ☐ Head Banging ☐ Rocking ☐ Tics (Motor or Vocal) ☐ Toileting Issues ☐ Food Hoarding ☐ Mute ☐ Non-responsive	☐ 0	No evidence of behaviors like those listed above
	☐ 1	Child exhibits some of the above behaviors but not so excessive, severe or frequent that caregiver is unable to manage them;
	☐ 2	Moderate or multiple expressions of behaviors, like those above, that occur almost daily and cause significant disruption in the living environment or risk to child
	☐ 3	Persistent and severe behavior that is frequent and disabling, puts child in danger, or interferes with ability to be contained in the current environment. ***ANY EXPRESSION OF PSYCHOTIC SYMPTOMS (voices, hallucinations, bizarre verbalizations) REQUIRES IMMEDIATE REFERRAL FOR MENTAL HEALTH ASSESSMENT.***

TOTAL SCORE IDENTIFIED RISK (Questions 1-5):

COMMENTS:

Within past 24 hours	Within Past 30 days	More than 30 days	RISK ASSESSMENT: CHILD 5-ADULT
☐	☐	☐	**6. PROBLEMS WITH SOCIAL ADJUSTMENT/CONDUCT:** *involvement in physical fighting with peers, verbally threatens people, damages possessions of others, truant, runs away, intrusiveness and problem with boundaries, gets into trouble at school, bullying of others, lying, stealing, defiant of authority figures, does not appear to have remorse for misbehavior, arrest or legal difficulties*

Specify:		
☐ Fighting ☐ Truant ☐ Runs away ☐ Bullies others ☐ Lying ☐ Stealing ☐ School behavior ☐ Property damage ☐ Argues with authority ☐ Lacks remorse ☐ Arrest/Legal issues ☐ Other:	☐ 0	No evidence of problematic social behavior. Does not engage in behavior that forces adults to intervene or sanction him/her.
	☐ 1	Mild level of problematic social behavior. This might include occasional inappropriate comments or actions that forces adults to intervene. Occasional inappropriate comments to strangers or unusual behavior in social situations. Some problem with boundaries but not overly intrusive, occasional non-aggressive bullying behavior, no legal involvement
	☐ 2	Moderate level of problematic social behavior; child is intentionally engaging in behavior that is causing problems at home/school or in community and needs frequent intervention, redirection or sanctions
	☐ 3	Severe level of problematic social behavior; child intentionally and frequently engaging in behaviors that forces serious sanctions or intervention by adults or are sufficiently severe to place child at risk of expulsion, removal from community, placement change and other children at risk.

☐	☐	☐	**7. PROBLEMS MAKING AND MAINTAING HEALTHY RELATIONSHIPS:** *Unable to form positive relationships with peers, provokes or victimizes other children, difficulty making friends, isolated and withdrawn, does not engage in social interaction freely, does not form a bond with caregiver, has negative peers only, conflicts with adults and children, limited pro-social behavior*

Specify:		
☐ Can't make friends ☐ Bonding with caretaker ☐ Negative Peers ☐ Provokes others ☐ Social Interaction ☐ Other:	☐ 0	Child has positive social relationships
	☐ 1	Child is having some minor problems in social relationships, has a few close friends and is mostly cooperative with adults, minor conflicts infrequently with peers and/or adults
	☐ 2	Child has moderate difficulties in social relationships; frequent problems in peer interaction but not dangerous or causing serious impairments in daily functioning
	☐ 3	Child has severe disruptions in his social relationships such that it interferes with most aspects of daily functioning at home/school and in the community

☐	☐	☐	**8. PROBLEMS WITH PERSONAL CARE:** *Poor hygiene, wets or soils self (subject to age of child), eating problems (refusing to eat, binging/purging, hoarding, eating non-food items), does not have age appropriate skills for dressing, bathing, toileting, sleep regulation*

Specify below:		
☐ Hygiene ☐ Grooming ☐ Toileting ☐ Eating ☐ Dressing ☐ Sleep ☐ Other:	☐ 0	Child has normal functioning in areas of self-care
	☐ 1	Child has mild problems of concern to caregivers in areas of self-care, but child responds to coaching and redirection when prompted
	☐ 2	Child has moderate or multiple problems of concern in areas of self-care that occur on a frequent basis as to cause some disruption in routines at home/school/community
	☐ 3	Child has severe problems in areas of self-care that occur on a daily basis and are seriously disruptive to routines and/or offensive to others at home/school and in the community

☐	☐	☐	**9. SIGNIFICANT DEVELOPMENTAL IMPAIRMENT:** *developmental delay or intellectual impairments, speech delay, lagging motor skills, behavior inconsistent with actual age, autism spectrum suspected*

Specify:		
☐ Development Delay ☐ Intellectual (IQ) ☐ Speech delay ☐ Other:	☐ 0	Child has no known developmental/behavioral impairments or known delays
	☐ 1	Child has some trouble with physical maturity and developmental delays are suspected
	☐ 2	Child has known developmental delays and/or mild intellectual impairment which requires special education intervention
	☐ 3	Child has severe/profound/pervasive developmental delays or intellectual impairments and is receiving regional center services and/or intensive special education services

Within past 24 hours	Within Past 30 days	More than 30 days	RISK ASSESSMENT: CHILD 5-ADULT (Continued)

☐	☐	☐	**10. SIGNIFICANT PROBLEMS MANAGING FEELINGS:** *Severe tantrums, screams uncontrollably, cries often, poor anger management, difficult to console, whines or pouts excessively, worries excessively, preoccupied with minor annoyances, expresses feelings of worthlessness or inferiority, frequently appears sad or depressed, restless or overactive, expresses feelings that others are out to get him/her, withdrawn and uninvolved with others, does not seem to experience pleasure*

Specify below:		
☐ Severe Tantrums ☐ Excessive Crying ☐ Difficult to Console ☐ Worried/Anxious ☐ Worthlessness ☐ Restless/Overactive ☐ Withdrawn/Sad ☐ Other:	☐ 0	No evidence of difficulty managing feelings; regularly identifies feeling states accurately
	☐ 1	Mild problems managing feelings, occasional tantrums, negative verbalizations about self or others, occasionally withdrawn, but evidence of pleasurable responses, and can identify some feelings with accuracy
	☐ 2	Moderate difficulty managing feelings; frequent outbursts of complaining, tantrums, crying or sad/anxious affect, etc. that requires adult intervention to control or soothe and is regularly disruptive to others at home/school and in the community
	☐ 3	Severe and persistent problems with managing feelings that occur daily and are of sufficient severity to create serious disruption to routines or danger to others

☐	☐	☐	**11. IMPULSIVITY/HYPERACTIVITY:** *impulsive, distractible or hyperactive behavior, always moving, clumsy, irrepressible energy, "bouncing off the walls," can't sit still, restless, poor attention span*

Specify below:		
☐ Impulsive ☐ Distractible ☐ Hyperactivity ☐ Poor Attention Span ☐ Restless ☐ Other:	☐ 0	No evidence of impulsive, distractible, hyperactive behavior
	☐ 1	Some problems with impulsive, distractible and hyperactive behavior that places child at risk of functioning difficulties at home/school and In the community. Can be redirected
	☐ 2	Clear evidence of problems with impulsive, distractible and hyperactive behavior that interferes with child's ability to function in at least one life domain (school, work, relationships, placement stability, community)
	☐ 3	Severe and dangerous level of impulsive behavior that can place child or others at risk of physical harm and/or child at risk of placement failure

☐	☐	☐	**12. SUBSTANCE ABUSE:** *use and/or abuse of illegal drugs, alcohol or prescription medications*

Specify:		
☐ Cannabis ☐ Alcohol ☐ Methamphetamine ☐ Prescription drugs ☐ Heroin ☐ Cocaine ☐ Other:	☐ 0	No evidence or suspicion of substance use or abuse
	☐ 1	Known history of substance abuse and/or current suspicion of substance use without clear evidence. MUST REFER FOR SCREENING
	☐ 2	Clear evidence of substance abuse that interferes with functioning in at least one life domain (school, work, relationships, placement stability, community) **ASSESSMENT REQUIRED**
	☐ 3	Child requires detoxification OR is addicted to alcohol and/or drugs. Include here any child/youth intoxicated or under the influence when meeting with screener as well. **MUST REFER FOR IMMEDIATE ASSESSMENT AND SERVICES**

☐	☐	☐	**13. HISTORY OF PSYCHIATRIC CARE, HOSPITALIZATION AND/OR PRESCRIBED MEDICATION:** *inpatient or outpatient psychiatric care, including crisis or 5150, or is taking psychotropic medication*

Specify if known:		
☐ Name of medication: ☐ Date of last hospitalization:	☐ 0	No history of psychiatric care, hospitalization or medication
	☐ 1	Previously prescribed psychotropic medication or hospitalized, but not in past 12 months
	☐ 2	Previously prescribed psychotropic medication or hospitalized within past 12 months
	☐ 3	Current use of psychotropic medication and/or psychiatric hospitalization in past 3 months. **ANY CURRENT USE OF MEDICATION OR HOSPITALIZATION IN PAST 3 MONTHS REQUIRES AN IMMEDIATE REFERRAL FOR MENTAL HEALTH ASSESSMENT**

TOTAL SCORE: RISK ASSESSMENT (QUESTIONS 6-13):
COMMENTS:

Within past 24 hours	Within Past 30 days	More than 30 days	PARENT/CAREGIVER IDENTIFIED RISK	
☐	☐	☐	**14. PARENT/CAREGIVER SUBSTANCE ABUSE:** *History or current use of alcohol or drugs by parent/caregiver.* ***SUBSTANCE RELATED DISORDERS MUST BE RATED A 2 OR 3 UNLESS THE INDIVIDUAL IS CURRENTLY IN RECOVERY FOR A PERIOD OF NOT LESS THAN 9 MONTHS***	
Specify if known: ☐ Methamphetamine ☐ Cannabis ☐ Heroin ☐ Alcohol ☐ Cocaine ☐ Prescription Drugs ☐ Other			☐ 0	Parent/Caregiver is not known to have problematic use of alcohol or other drugs
			☐ 1	Parent/Caregiver has a history of drug/alcohol abuse but is currently in recovery
			☐ 2	Parent/Caregiver has moderate substance abuse issues that interfere with capacity to parent or provide necessary supervision and support on a regular basis
			☐ 3	Parent has current, severe substance abuse that significantly impairs ability to parent at this time; neglect of child safety, health, supervision, and provision of basic needs is evident.
☐	☐	☐	**15. PARENT/CAREGIVER MENTAL HEALTH:** *Presence of mental health issues, such as depression, anxiety, PTSD, emotional instability, history of psychotic behavior, use of psychiatric medication or history of treatment or hospitalization for mental health problems that impair parental functioning*	
Specify if known: ☐ Depression ☐ Bipolar Disorder ☐ Schizophrenia ☐ Anxiety ☐ PTSD ☐ Other:			☐ 0	Parent/Caregiver is not known to have mental health problems
			☐ 1	Parent/Caregiver has history of treatment for mental health problems, but appears to have adequate mental health functioning at this time
			☐ 2	Parent/Caregiver has mild to moderate mental health issues that sometimes interferes with their capacity to parent adequately
			☐ 3	Parent/Caregiver has persistent and serious mental health issues that significantly impacts ability to parent or provide for child health, safety, supervision and well-being at this time
☐	☐	☐	**16. MARITAL/PARTNER VIOLENCE IN THE HOME:** *Degree and/or difficulty of partner conflict within the home and impact on parenting and childcare; includes physical, emotional and verbal violence or intimidation between partners to control one or the other in the relationship*	
Specify type of violence: ☐ Verbal aggression ☐ Emotional abuse ☐ Physical violence ☐ Intimidation ☐ Mutual combat ☐ Other:			☐ 0	No evidence of notable conflict in the parenting relationship. Disagreements appear to be handled in atmosphere of mutual respect and shared power. Conflict is not dealt with in a hostile manner
			☐ 1	Mild to moderate level of partner conflict and arguments. Parents appear able to keep arguments and conflict to a minimum when children are present. No known violence between partners
			☐ 2	Significant level of escalated conflict and arguments; the use of verbal aggression by one or both partners to control another, significant destruction of property to which child is frequently a witness.
			☐ 3	Profound level of partner violence that often escalates to the use of physical aggression by one or both partners to control the other; child is present or sees the aftermath of violence; puts child at greater risk.
☐	☐	☐	**17. DEVELOPMENTAL STATUS:** *developmental status in terms of parent/caregiver low intellectual functioning, autism or other developmental disabilities and impact of these conditions on ability to care for child*	
Specify if known ☐ Intellectual disability ☐ Autism spectrum ☐ Other			☐ 0	Parent/caregiver has no known developmental or intellectual disabilities
			☐ 1	Parent/caregiver has mild developmental challenges, but they do not currently interfere with parenting
			☐ 2	Parent/caregiver has moderate developmental challenges that in some areas interfere with their capacity to parent
			☐ 3	Parent/caregiver has severe developmental challenges that make it impossible to safely parent at this time
TOTAL SCORE CAREGIVER IDENTIFIED RISK (QUESTIONS 14-17):				

TOTAL SCREENING SCORE (ALL DOMAINS):	
ADDITIONAL COMMENTS:	

SOCIAL WORKER SIGNATURE:	DATE COMPLETED:
SW SUPERVISOR SIGNATURE:	DATE REVIEWED:

DSS MENTAL HEALTH TEAM REVIEW AND RECOMMENDATIONS		
☐ CHILD NOT REFERRED	REASON NOT REFERRED (MUST specify clearly):	
☐ RECOMMEND RE-SCREENING IN MONTHS		
☐ STANDARD REFERRAL *(within 30 days)*	☐ PRIORITY REFERRAL *(within 10 days)*	☐ CRISIS REFERRAL *(No later than 3 business days)*
CLINICIAN SIGNATURE		DATE REVIEWED:

REFERRAL DISPOSITON (To be completed by Mental Health Case Manager)	
☐ CHILD REFERRED TO:	DATE LINKAGE MADE:
SPECIFY LINKAGE CONTACTS AND ACTIVITIES:	
CASE MANAGER SIGNATURE:	

PROVIDER USE ONLY Referral Disposition
Provider will note disposition of the referral below and return copy of entire instrument to DSS Mental Health Coordinator within 30 days of receipt of referral. The original shall remain in the provider's files. If there are problems completing the assessment, provider is to consult with DSS Mental Health Team and Social Worker as soon as possible

DATE OF ASSESSMENT:	ASSESSING CLINICIAN:	
DISPOSITION:	Meets Medical Necessity ☐ YES ☐ NO Reason If "NO" :	
	☐ OPENED TO ONGOING SERVICES	CLINICIAN ASSIGNED:	PHONE:
	☐ CASE CLOSED WITHOUT ONGOING SERVICES: *Note reason below*: ☐ No-Show Assessment (after successive attempts ☐ Declined Further Services ☐ Other:	

FRESNO COUNTY CHILD WELFARE
MENTAL HEALTH SCREENING TOOL (CHILD 5 TO ADULT)
SCORING FORM

NAME	DOB	CASE NUMBER

SCORING CRITERIA
0 = no evidence
1 = history of/not recent/watch & prevent
2 = moderate/recent/action advised
3 = severe/ongoing/dangerous/acute/action needed

KATIE A SUBCLASS CRITERIA
☐ Wraparound
☐ Therapeutic Foster Care
☐ Group Home
☐ 5150/Inpatient Psychiatric Facility
☐ Specialized Care Rate
☐ 3 or more Placement Changes in 24 mth

IDENTIFIED RISK (Questions 1-5)	0	1	2	3
1. Danger to Self/Others	☐	☐	☐	☐
2. Physical/Sexual Abuse	☐	☐	☐	☐
3. Neglect/Emotional Abuse	☐	☐	☐	☐
4. Placement Risk Behavior	☐	☐	☐	☐
5. Unusual/Bizarre Behavior	☐	☐	☐	☐
TOTAL SCORE				

CAREGIVER RISK (Questions 14-17)	0	1	2	3
14. Substance Abuse	☐	☐	☐	☐
15. Mental Health	☐	☐	☐	☐
16. Partner Violence	☐	☐	☐	☐
17. Developmental	☐	☐	☐	☐
TOTAL SCORE:				

RISK ASSESSMENT (Questions 6-13)	0	1	2	3
6. Social Adjustment/Conduct	☐	☐	☐	☐
7. Maintaining Relationships	☐	☐	☐	☐
8. Personal Care	☐	☐	☐	☐
9. Development Impairment	☐	☐	☐	☐
10. Managing Feelings	☐	☐	☐	☐
11. Impulsive/Hyperactive	☐	☐	☐	☐
12. Substance Abuse	☐	☐	☐	☐
13. History Psychiatric Care	☐	☐	☐	☐
TOTAL SCORE				

NOTES

TOTAL SCREENING SCORE (Questions 1-17)

Data Entry Name	Date Entered

ATTACHMENT E- ADAM'S PROJECT CRIB HANGERS AND BROCHURE

Me Amas cuando me proteges

En los últimos 9 meses he estado calientito y protegido dentro de mi mami. Ahora que estoy afuera de mi mami, necesito mantenerme seguro y saludable y los doctores y enfermeras dicen que esto es muy sencillo:

- **Protégeme** en contra de infecciones dándome tus antibióticos naturales que significa que necesito que mi mami me de leche materna.
- **Protégeme** en mi asiento de carro (porta bebé) en medio del asiento de atrás. Lo más seguro para mi es que me coloques mirando la parte trasera del carro.
- **Protégeme** del síndrome de muerte súbita infantil (SIDS por sus siglas en inglés) poniéndome **boca arriba en mi cuna**- ¡nunca me pongas boca abajo y tampoco en el sofá! Nunca me pongas en un cuarto muy caliente o cerca de almohadas, juguetes y cobijas o cercas de humo del cigarrillo. También me gusta estar cerca de mi mami para que me amamante pero cuando termine, regrésame a mi cuna para dormir.
- **Protégeme** mi piel delicada revisando la temperatura del agua más caliente con la parte debajo de tu muñeca y poniendo el calentón de agua a 48.9º C (120ºF).
- **Protégeme** de violencia familiar, yo puedo escuchar cuando gritas y peleas. Esto me da miedo y hace que mi desarrollo cerebral cambie. El vivir en un lugar así puede ser considerado abuso infantil o negligencia. Podrás pensar que no sé lo que está pasando pero la realidad es que me está dañando. Por favor infórmate sobre el desarrollo infantil para que crezca saludable y mira el video de First Impressions que está en la página de internet de FCCAP.

COMMUNITY REGIONAL MEDICAL CENTER — FCCAP

www.CommunityRegional.org www.fccap.org

Love Me By Protecting Me!

For the last 9 months, I have been warm, snuggly and safe inside my mom. Now that I am in the outside world, I need to stay safe and healthy, and the doctors and nurses say it's pretty simple:

- **Protect me** against infections by giving me your antibodies (natural "antibiotics"), which means I need my mom to **breast-feed me.**
- **Protect me in a car seat** in the middle of the back seat facing the back of the car – which is the safest place for me.
- **Protect me** against SIDS (Sudden Infant Death Syndrome) by placing me **face up in a crib with no pillows, toys and no blankets!** Never on my tummy and never on a sofa. Never in an overheated room and never near cigarette smoke. I also like to be right next to mom so I can be **breastfed!** Then place me back to sleep in my crib.
- **Protect my delicate skin** by checking the water temperature with the inside of your wrist under the hottest water from the faucet and by setting the hot water heater to below 120° F.
- **Protect me** from family violence, I can hear you yelling and fighting. This scares me and fear changes my brain development. Living in a scary environment is a form of child abuse or neglect. You may think I don't know what's going on when you fight, but I do and it hurts me! Please read about child development so I can grow up healthy! Go to the FCCAP website and view the First Impressions video.

COMMUNITY REGIONAL MEDICAL CENTER — FCCAP

www.CommunityRegional.org www.fccap.org

Abrázame, Acurrucame y Arrullame

Mi manera de hacerte saber que necesito algo es cuando lloro, y algunos bebes necesitan más que otros. Mi llanto puede ser irritante, así que por favor toma en cuenta lo siguiente:

- Asegúrate que yo no tenga la temperatura muy alta o muy baja y que mi pañal no esté sucio. Si es necesario, cámbiame y **acurrúca-me.**

- Si tengo hambre dame leche materna y después **acurrúcame** de nuevo.
- Si estoy solo, **levántame** y **acurrúcame**. Me gusta cuando me **arrullas**- cuando me dices o cantas las mismas palabras una y otra vez.
- Si sigo llorando, báñame y **arrúllame**. Acuérdate que en los últimos 9 meses estuve calientito en tu vientre escuchando tu voz y el latido de tu corazón.

Si no paro de llorar, ponme en un lugar seguro y toma un pequeño descanso. Si mi llanto te frustra y necesitas ayuda, háblale a alguien en quien confíes, que sea paciente y que no se enoje fácilmente y pídeles que me cuiden. ¡Si aún no paro de llorar, llévame a que me revise el doctor! **Recuerda que no hay límite de cuanto me puedes consentir y abrazar… Pero sobre todo, ¡NUNCA ME SACUDAS!** Lee la historia de Adam.

INFORMACIÓN PARA LA NIÑERA:

Numero de celular de padres:_____

En caso de una emergencia, lleve al niño a la sala de emergencia o llame al 911.

Otro contacto_____

Alergias _____

Medicamentos _____

Carry, Cuddle and Coo!

Crying is how I tell you I need something. *Some of us babies are needier that others!* My crying can be very irritating, so please check these things first:

- If I am too warm, too cold, or have a wet diaper, please change me and then **cuddle me.**
- If I am hungry, please breast-feed me and then **cuddle me again.**

- If I am lonely, pick me up, **carry me** and **cuddle me some more**. I also like it when you **"coo"** – say or sing the same words over to me.
- If I'm still crying, try giving me a **gentle bath and "coo"** to me. Remember I just spent 9 months in a warm and cozy place listening to your voice and heartbeat as your "wombmate"!

If I don't stop crying, please put me down in a safe place for a few minutes and take a short break. Ask a friend or family member to help watch me but make sure the person that helps is trustworthy, patient, and does not get angry easily. If I still won't stop crying, have me checked by a doctor right away! **Remember you cannot spoil me or hold me too much…but NEVER EVER SHAKE ME. Read Adam's Story!**

Babysitting Safety Checklist:

Parents' Cell Phone_____

In case of an emergency, take the baby to the local emergency room or call 911.

Other Contact Info_____

_____

Allergies_____

Medications_____

Adam's Project

A Promise to Love and Protect

ADAM CARBAJAL, 2004

Sponsored by:

COMMUNITY REGIONAL MEDICAL CENTER

www.CommunityRegional.org

Proyecto Adam

Una promesa de amor y protección

ADAM CARBAJAL, 2004

A Prevention Program Administered By

FCCAP

Fresno Council on Child Abuse Prevention

ADMINISTERED BY

FCCAP

Fresno Council on Child Abuse Prevention

ACKNOWLEDGMENTS

Susan Alday, Director of Perinatal Services – Adventist Medical Center – Reedley
Maria Alvarez-Garcia & Adam Carajal, SBS Survivor
Maryann Baird, RN – Birthing Center, Kaiser Permanente
Linda Chagnon, RN – St. Agnes Medical Center
Kristi Hartway, Director of Women and Children's Services – Community Regional Medical Center
Mittie Hinz, MBA, MSN, Service Line Administrator, Women and Children's Services – Community Regional Medical Center
Esther Franco, Executive Director – Fresno Council on Child abuse Prevention
Monica Malsom, BSN, RN, Manager of Womens Services – Adventist Medical Center – Selma
Amy Parks, LCSW – UCSF Fresno Center for Medical Education
Jodi Presutti, RN – Clovis Community Medical Center
John Scholefield, MD – UCSF Pediatrics

OTHER HELPFUL RESOURCES

shakenbaby.com
The Shaken Baby Alliance

aboutshakenbaby.com

PREVENTION PLUS
sbsplus.com

National Center on
Shaken Baby Syndrome
dontshake.org

PATROCINADO POR

ASSEMBLYWOMAN LINDA HALDERMAN, M.D.

WELLS FARGO

RECONOCIMIENTOS

Susan Alday, Director of Perinatal Services – Adventist Medical Center – Reedley
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OTROS RECURSOS ÚTILES

shakenbaby.com
The Shaken Baby Alliance

aboutshakenbaby.com

PREVENTION PLUS
sbsplus.com

National Center on
Shaken Baby Syndrome
dontshake.org

Never ever shake a baby!

BABIES CRY! All healthy babies cry, especially when they are tired, hungry, uncomfortable, bored, lonely, or overstimulated.

WHAT YOU CAN DO. It is important to respond quickly when your baby cries by checking for a diaper change? Hungry? Too hot or cold? Check for fever? If your baby is still crying after you check these areas, try comforting your baby by:

- Hold your baby and talk or sing to them in a quiet soothing voice or play soft music & use a rattle or toy to get their attention.
- Gently stroke your baby's back, arms, legs and feet using long strokes or try gently rocking your baby.
- Give your baby a pacifier or take your baby for a ride in a stroller or car.

IF NOTHING SEEMS TO WORK. If your baby continues to cry, there might be a medical condition, so you need to talk to your family doctor/pediatrician. Until you see a doctor, learn to be patient, because your baby's cries will be very frustrating! If you feel too tired or you can't calmly care for your baby, or have trouble controlling your anger, follow these tips:

- Lay your baby on their back, in their crib with the sides up, and walk away. Sit down, close your eyes and take deep breaths.
- Call a family member or friend to talk or ask them to come over to give you a break.

DON'T BE AFRAID TO ASK FOR HELP. Caring for your baby can be very difficult and there are many organizations available to help you. But always remember, no matter how tired or angry you feel, **NEVER SHAKE YOUR BABY TO STOP THEIR CRYING!** *The neck muscles in infants & young children are weak & cannot support their heads, so if you shake a baby, the motion causes the baby's fragile brain to slam against the skull wall, causing blindness, permanent brain damage or death!*

No baby has ever died from crying, but too many have died from being shaken.

Maria Alvarez-Garcia is sharing the story about how her grandson, Adam Carbajal, was a victim of Shaken Baby Syndrome.

Please read their story because ***it could save your baby's life!***

LIKE MOST FIRST BIRTHDAYS, Adam's first birthday was a wonderful celebration. However, the very next day, Maria received a frantic call from Adam's mother (her daughter), saying that Adam was at Children's Hospital due to injuries from a fall. Test results were devastating because Adam had severe bleeding of the brain and retinal hemorrhaging and given only a 5% chance of living!

Maria's family began to question how could Adam be hurt so badly just from a fall? After surgery, the medical staff at Children's informed Adam's family that his injuries were non-accidental and that they believed Adam was violently shaken. These suspicions were confirmed when Adam's babysitter (his mother's boyfriend at the time) finally confessed that he lost his temper when Adam wouldn't stop crying and violently shook him. Unfortunately this is a common scenario for Shaken Baby Syndrome (SBS) victims like Adam and many lives are devastated because of one careless act by a frustrated parent or babysitter.

Adam still suffers from seizures and will never walk. Maria wishes her family had been informed of the dangers of SBS, and that is why she shares Adam's story with new parents. Please watch the DVD **"Adams Project — A Promise to Love & Protect"** which is available from the nursing staff at this hospital and be sure to share this information with your family, friends and anyone else in your baby's life.

For more information on SBS or other dangers to infants, contact FCCAP at 559-268-1118.

Don't ever be afraid to ask for help!

¡Nunca sacuda a un bebé!

¡LOS BEBÉS LLORAN! Todos los bebés sanos lloran, especialmente cuando están cansados, hambrientos, incómodos, aburridos, solitarios o sobre estimulados.

LO QUE PUEDE HACER. Es importante responder rápidamente cuando su bebé llora. ¿Tiene el pañal mojado o sucio? ¿Tiene hambre? ¿Está demasiado caliente o frío? ¿Tiene fiebre? Si su bebé todavía está llorando después de revisar estas áreas, consuele a su bebé:

- Sosteniéndolo, y hablándole o cantándole en una voz tranquila y relajante o tocándole música suave utilizando un sonajero o un juguete para llamar su atención.
- Frotándole suavemente la espalda, los brazos, piernas y pies de su bebé o meciéndolo suavemente.
- Dándole un chupón o mamila o llevándolo de paseo en un cochecito o un coche.

SI NADA PARECE TRABAJAR. Si su bebé continúa llorando, puede que su bebé esté sintiendo un malestar. Usted necesita hablar con su médico/pediatra. Mientras usted no vea a un doctor, aprenda a ser paciente porque los gritos de su bebé serán muy frustrantes. Si usted se siente demasiado cansado o no puede cuidar a su bebé tranquilamente, o se siente fuera de control, siga estas sugerencias:

- Acueste a su bebé de espalda en la cuna con los lados de la cuna para arriba; salga del cuarto. Siéntese, cierre los ojos y respire profundamente.
- Llame a un familiar o a un amigo para hablar simplemente con ellos o pedirles ayuda, si están disponibles, tome un descanso.

NO TENGA MIEDO DE PEDIR AYUDA. Cuidar a su bebé puede ser muy difícil. Hay organizaciones disponibles para ayudarle. ¡Recuerde siempre, no importa que tan cansado o enojado se sienta usted,

NUNCA SACUDA A SU BEBÉ! *Los músculos del cuello en niños recién nacidos y pequeños son débiles y no pueden sostener sus cabezas. Si usted sacude a un bebé, el movimiento causa que el cerebro frágil se golpee contra la pared del cráneo causando la pérdida de visión, daño cerebral permanente o muerte.*

Ningún bebé ha muerto de tanto llorar, pero demasiados han muerto al ser sacudidos.

María Álvarez-García está compartiendo la historia sobre cómo su nieto, Adam Carbajal, fue víctima del síndrome de bebé sacudido. ¡Por favor lea la historia porque podría salvar la vida de su bebé!

COMO LA MAYORÍA DE LOS PRIMEROS CUMPLEAÑOS, el cumpleaños de Adam fue una celebración maravillosa. Sin embargo, al día siguiente, María recibió una llamada frenética de la madre de Adam (su hija) diciendo que Adam estaba en Children's Hospital debido a las heridas de una caída. Los resultados de los estudios eran devastadores porque Adam tenía una hemorragia severa del cerebro y una hemorragia retiniana. ¡Adam únicamente tenía un 5% de probabilidad de vivir!

La familia de María comenzó a preguntarse como Adam podía estar lastimado tan gravemente debido a una caída. Después de una cirugía, el personal médico de Children's Hospital le informó a la familia de Adam que sus lesiones eran no-accidentales y que creían que Adam había sido sacudido violentamente. Estas sospechas fueron confirmadas cuando el niñero de Adam (que al momento era el novio de su madre) confesó que perdió su genio cuando Adam no paraba de llorar y lo sacudió violentamente. Desafortunadamente, este es un caso común para las víctimas del síndrome de bebé sacudido (SBS por sus siglas en inglés) como Adam. Muchas vidas son devastadas debido a un acto descuidado por un padre, o una niñera o niñero frustrado.

Adam todavía sufre de ataques y nunca caminará. María desea que le hubieran informado a su familia de los peligros de SBS, y por eso ella ahora comparte la historia de Adam con nuevos padres. Por favor, mire el DVD "Adam's Proyecto-Una promesa de amor y protección", lo cual está disponible en el personal de enfermería de este hospital. Asegúrese de compartir esta información con su familia, amigos y cualquier otra persona que esta en la vida de su bebé.

Para obtener mas información sobre SBS u otros peligros para los recién nacidos, póngase en contacto con FCCAP al 559-268-1118.

¡Nunca tenga miedo de pedir ayuda!