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California – Child and Family Services Review Signature Sheet

For submittal of: CSA ☐ SIP ☒ Progress Report ☐

County	Fresno
SIP Period Dates	March 28, 2016 to December 26, 2019
Outcome Data Period	October 2014 to September 2015 2015 Quarter 4 Extract
County Child Welfare Agency Director	
Name	Delfino E. Neira, Director
Signature*	
Phone Number	(559) 600-2302
Mailing Address	2135 Fresno Street, Suite 100 Fresno, CA 93721
County Chief Probation Officer	
Name	Michael L. Elliott, Interim Chief Probation Officer
Signature*	
Phone Number	(559) 600-1294
Mailing Address	3333 E. American Ave, Suite B Fresno, CA 93725
Public Agency Designated to Administer CAPIT and CBCAP	
Name	County of Fresno Department of Social Services Delfino E. Neira, Director
Signature*	
Phone Number	(559) 600-2302
Mailing Address	2135 Fresno Street, Suite 100 Fresno, CA 93721
Board of Supervisors (BOS) Signature	
BOS Approval Date	June 7, 2016
Name	
Signature*	Ernest Buddy Mendes

ATTEST:
BERNICE E. SEIDEL, Clerk
Board of Supervisors
By Susan Bishop Deputy

Mail the original Signature Sheet to:	Children's Services Outcomes and Accountability Bureau Attention: Bureau Chief Children and Family Services Division California Department of Social Services 744 P Street, MS 8-12-91 Sacramento, CA 95814
*Signatures must be in blue ink	

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California - Child and Family Services Review

Fresno County System Improvement Plan

MARCH 28, 2016 TO DECEMBER 26, 2019

CDSS
CALIFORNIA DEPARTMENT OF SOCIAL SERVICES

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Introduction

THE SYSTEM IMPROVEMENT PLAN (SIP) IS THE OPERATIONAL AGREEMENT BETWEEN THE CALIFORNIA DEPARTMENT OF SOCIAL SERVICES (CDSS,) FRESNO'S CHILD WELFARE DEPARTMENT, AND FRESNO'S PROBATION PLACEMENT UNIT. THE SIP PROVIDES AN OUTLINE FOR HOW FRESNO WILL IMPROVE ITS SYSTEM OF CARE FOR CHILDREN AND FAMILIES. WHILE FRESNO WILL HAVE OTHER METHODS FOR IMPROVING ITS OVERALL CHILD WELFARE SYSTEM, THE SIP IS A COMMITMENT TO SPECIFIC MEASURABLE IMPROVEMENTS AND IS NOT INTENDED TO BE THE COUNTY'S COMPREHENSIVE CHILD WELFARE PLAN.

THE SIP INCLUDES A COORDINATED SERVICE PROVISION PLAN FOR HOW THE FRESNO WILL UTILIZE PREVENTION, EARLY INTERVENTION AND TREATMENT FUNDS (CAPIT/CBCAP/PSSF) TO STRENGTHEN AND PRESERVE FAMILIES, AND TO HELP CHILDREN FIND PERMANENT FAMILIES WHEN THEY ARE UNABLE TO RETURN TO THEIR FAMILIES OF ORIGIN. THE SIP IS A FLEXIBLE APPROACH TO PLANNING FOR SYSTEM CHANGE AND MAY BE ADJUSTED TO ADDRESS ONGOING BARRIERS AND CHALLENGES TO COMPLETING STRATEGIES. THE SIP IS UPDATED AS NECESSARY, BUT AT LEAST ANNUALLY, TO IDENTIFY ANY CHANGES THAT ARE MADE TO THE PLAN, TO DOCUMENT COMPLETED ACTIVITIES AND TO DESCRIBE COUNTY SUCCESSES AND BARRIERS IN REACHING PERFORMANCE GOALS.

IN 2013 FRESNO DEVELOPED AND RELEASED ITS 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

"THIS PLAN GREW OUT OF ONGOING CONVERSATIONS WITH THE COMMUNITIES CWS SERVES. INSIGHTS GAINED DURING THESE DIALOGUES INITIATED A YEAR LONG, REFLECTIVE EFFORT TO BRING COMMUNITY-GENERATED IDEAS TOGETHER INTO A COHESIVE WHOLE. AS A RESULT, THE PLAN NOT ONLY SPEAKS TO WHAT THE AGENCY IS COMMITTED TO ACCOMPLISHING, BUT ALSO REFLECTS A SHARED UNDERSTANDING OF WHY THESE IMPROVEMENTS ARE SO CRUCIAL TO THE WELL-BEING OF THE CHILDREN AND FAMILIES OF FRESNO COUNTY."

THE INTEGRATED STRATEGIC PLAN EFFECTIVELY FUNCTIONS AS THE FOUNDATION OF THE 2015 SIP AS IT BOTH ADDRESSED THE SAME OUTCOMES IDENTIFIED IN THE COUNTY SELF ASSESSMENT (CSA) AS WELL AS DESCRIBED THE PATHWAY TO THE DEVELOPMENT OF CONTINUING CYCLES OF IMPROVEMENT. FOR THE SIP THE LEADERSHIP TEAM IN CONJUNCTION WITH THE CONTINUOUS QUALITY IMPROVEMENT SUPPORT UNIT DEVELOPED SOME SPECIFIC STRATEGIES THAT ADDRESSED OUTCOMES TARGETED FOR IMPROVEMENT AS DETERMINED BY THE PERFORMANCE DESCRIBED BY THE DATA INDICATORS.

C-CFSR Team

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

- Wendy Osikafo MSW, Deputy Director
- Shawn Peyvandi MHC, Program Manager
- John Dufresne MSW, Program Manager
- Tricia Gonzalez MPA, 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 SIP which included collaboration with program staff

- 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
- Paul Warren, Staff Analyst/OCAP Liaison
- Kelly Larivee, O&A Consultant
- Robert Bradshaw, OCAP Consultant

Key Advisers:

- 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)

FROM THE INTEGRATED STRATEGIC PLAN *STEPPING INTO THE FUTURE*:

"IN PARTNERSHIP WITH CASEY FAMILY PROGRAMS, OUR STRATEGIC PLANNING PROCESS BEGAN IN LATE 2012 WITH LESLIE ANN HAY OF HAY CONSULTING AS OUR FACILITATOR AND GUIDE. THE MANAGEMENT TEAM PARTICIPATED IN A COLLABORATIVE PROCESS AIMED AT DEVELOPING AN INTEGRATED STRATEGIC PLAN.

THROUGHOUT THE PROCESS, THE TEAM DREW FROM OUR RECENT HISTORY OF HOSTING MEANINGFUL DIALOGUES WITH OUR FOSTER PARENTS, FAMILIES, YOUTH AND COMMUNITY PARTNERS. PROGRAM MANAGERS MET REGULARLY TO DRAFT CORE ELEMENTS OF THE PLAN AND DESIGNED COMMUNICATION METHODS TO INVITE INPUT FROM OTHERS THROUGHOUT THE ORGANIZATION. SUPERVISORS AND SOCIAL WORKERS CONTRIBUTED TO SHAPING CORE ELEMENTS OF THE PLAN OFFERING THEIR INSIGHT AND PERSPECTIVE AS PRACTITIONERS. THE PLAN BECAME A MEANS TO CAPTURE THE ESSENCE OF THE MANY CONVERSATIONS WITH OUR PARTNERS AND COMMUNITY THAT SHAPE OUR VISION FOR THE FUTURE."

PRIORITIZATION OF OUTCOME DATA MEASURES/SYSTEMIC FACTORS AND STRATEGY RATIONALE

FROM THE INTEGRATED STRATEGIC PLAN *STEPPING INTO THE FUTURE*:

APPENDIX A: OUTCOME TARGETS

ENSURE CHILD SAFETY

- REDUCE RECURRENCE: BY 2018 OR SOONER, MEET OR EXCEED THE STATEWIDE STANDARD FOR THE PROPORTION OF CHILDREN WHO HAVE NOT HAD A RECURRENCE OF MALTREATMENT (SUBSTANTIATED REFERRALS) WITHIN 6 MONTHS OF THE ORIGINAL INCIDENT.
- STRENGTHEN PREVENTION: BY 2018, REDUCE BY 5% THE PROPORTION OF FAMILIES WHO HAVE A RECURRENCE OF MALTREATMENT AND HAVE PREVIOUSLY RECEIVED PREVENTION SERVICES (E.G., VOLUNTARY FM OR K-6 PROGRAM).
- TIMELY SAFETY RESPONSE: BY 2018 OR SOONER, FAMILIES REFERRED TO CWS FOR SUSPECTED CHILD MALTREATMENT WILL MEET OR EXCEED THE STATEWIDE STANDARD FOR RECEIVING A TIMELY SAFETY RESPONSE.
- NO HARM IN CARE: OVER EACH OF THE NEXT 5 YEARS, MEET OR EXCEED THE STATEWIDE STANDARD FOR KEEPING CHILDREN & YOUTH SAFE IN CARE.
- MANAGE RE-ENTRY: OVER EACH OF THE NEXT 5 YEARS, MAINTAIN RATE OF RE-ENTRY INTO CARE FOR ALL CHILDREN AT OR BELOW THE STATEWIDE STANDARD.

PROMOTE PERMANENT FAMILY CONNECTIONS

- INCREASE PERMANENCY: BY 2018, INCREASE THE PROPORTION OF CHILDREN & YOUTH ACHIEVING TIMELY, PURPOSEFUL PERMANENCY (REUNIFICATION, ADOPTION & LEGAL GUARDIANSHIP).
- INCREASE PERMANENCY FOR OLDER YOUTH: BY 2018 INCREASE THE PROPORTION OF OLDER YOUTH (14 – 18) ACHIEVING TIMELY, PURPOSEFUL PERMANENCY (REUNIFICATION, ADOPTION, LEGAL GUARDIANSHIP), PLUS SUPPORT FOR INDEPENDENT LIVING SKILLS AND PERMANENT ADULT CONNECTIONS FOR YOUTH OVER 18.

ADVANCE CHILD AND FAMILY WELL-BEING

- UTILIZE RELATIVE PLACEMENTS: BY 2018 INCREASE IDENTIFICATION, UTILIZATION AND LONG-TERM COMMITMENT OF RELATIVES AS PERMANENCY RESOURCES FOR CHILDREN.
- IMPROVE PLACEMENT STABILITY: BY 2018 MEET OR EXCEED THE STATEWIDE STANDARDS FOR PLACEMENT STABILITY.

- Enhance well-being: By 2018 improve capacity to address the well-being needs (e.g., developmental, educational, physical health & mental health) of children & youth receiving services from CWS.
- Enhance well-being for transitioning youth: By 2018, increase the proportion of youth transitioning to adulthood who have achieved the following indicators of well-being:
  - Completed high school or equivalency
  - Obtained employment (for those who are not full-time students)
  - Have housing arrangements
  - Have permanent connection with an adult

Reduce Ethnic Disparity

- Decrease Ethnic Disparity: 2018 or sooner, decrease disparity across ethnic groups in any of the above outcomes.

These same outcomes are generally reflected in the CSA and Data Outcome Indicators that show a more significant need for improvement. Eight outcomes are selected for targeted strategies towards improvement.

- S1: Maltreatment in Foster Care
- S2: Recurrence of Maltreatment.
- P1: Permanency in 12 months for children entering foster care.
- P3: Permanency in 12 months for children in foster care for 24 months or more.
- Disproportionality
- Timely Investigation
- ICWA Placement
- Psychotropic Medications

Rationale for the selection of strategies and linking the strategies chosen and the changes expected in the outcome data measure:

Outcome Measure S1: Maltreatment in Foster Care.

S1 Maltreatment In Foster Care Children in foster care during the year: Rate of Maltreatment per 100,000 Days in Care The national standard for this measure is performance less than or equal to 8.50 per 100,000						
	APR2009-MAR2010	APR2010-MAR2011	APR2011-MAR2012	APR2012-MAR2013	APR2013-MAR2014	APR2014-MAR2015
Days In Foster Care	760,285	703,517	597,031	535,192	548,940	600,158
Instances of substantiated maltreatment	102	71	62	79	62	74
Instances per 100,000 days	13.416	10.092	10.385	14.761	11.294	12.330

Fresno's rate has been generally rising for four years to 12.330 per 100,000 days in care presently with an n=74. This is significantly higher than the National Standard of 8.5 per 100,000 days in care. While the department has a responsibility to all children within the county the responsibility to those directly in the care of the department and its partners is even greater. The revision of what this measure calculates reflects this increased responsibility. It now measures not only those found to be harmed by substitute care providers but also by parents during the period of court supervision. While the underlying goal would be that no children are harmed while in care the stated goal of the national standard is the least of what should be done thus the selection of this outcome is incontrovertible.

The strategy to address this need is twofold but begins with the same activity. Staff in the CQI Support unit review each and every instance identified in CWS/CMS as abuse in care with two objectives. The first is to ensure that the assessment and documentation were accurate. The second is to become aware of any patterns or system gaps that allow for or facilitate situations that lead to an instance of abuse or neglect. Having become aware appropriate interventions and system changes would be developed and deployed in a manner consistent with true Contiguous Quality Improvement.

accurate documentation: For children in the care of substitute care providers there are court orders and care regulations that are more stringent standards than the definitions of abuse and neglect in WIC and Penal Codes. The possibility of confusion could lead staff to identify a licensing violation as substantiated child abuse or neglect. This would mean an over identification of substantiated maltreatment that the review would identify and rectify. Additionally the review would insure that the Substitute Care Provider as the alleged perpetrator was properly designated as such. Having now included instances of abuse or neglect by parents the documentation of the time frame for the abuse or neglect becomes crucial. Generally the timeframe for the allegation defaults to the date of the report unless otherwise specified in the allegation notebook. In the case of an allegation against a parent the incident may have occurred prior to the placement episode and as such would not be included in this measure when documented properly. The review will ensure that the allegation notebook identifies appropriate dates for the incident as well as identify any training needs around proper documentation.

patterns or system gaps: As a part of a CQI process information gathered in case review can inform the CQI system of any predictable situations or dynamics that facilitate an increased possibility for abuse or neglect. With that data the QCI system can develop strategies to bring awareness of and interventions for children in those situations or dynamics.

Target Improvement Goal:

With 600,000 days in foster care, to achieve an 8.5 per 1,000 rate, the number of instances would need to be no more than 51 which is a 31% reduction. In the course of the next 4 years if the number "n" can be reduced by 6 each year, by December of 2019 at the end of the SIP cycle the rate will be at or below the 8.5 per 100,000 National Standard. Significant changes of the Days In Foster Care in either direction will impact the actual number for the "n" goal.

OUTCOME MEASURE: S2: RECURRENCE OF MALTREATMENT.

S2 Recurrence Of Maltreatment Children who were victims of a substantiated maltreatment allegation during a 12-month reporting period, what percent were victims of another substantiated maltreatment allegation within 12 months of their initial report The national standard for this measure is performance less than or equal to 9.1%.						
Recurrence Yes or No	APR2008-MAR2009	APR2009-MAR2010	APR2010-MAR2011	APR2011-MAR2012	APR2012-MAR2013	APR2013-MAR2014
Children with recurrence	132	186	199	211	286	234
Children with no recurrence	1,524	1,872	1,785	1,854	1,789	2,088
Total	1,656	2,058	1,984	2,065	2,075	2,322
Rate	8.0%	9.0%	10.0%	10.2%	13.8%	10.1%

FRESNO'S NUMBER HAS BEEN RISING FOR FIVE YEARS BUT IN APR2013-MAR2014 DROPPED DOWN FROM THE APR2012-MAR2013 PEAK TO 10.1%. THIS IS HIGHER THAN THE NATIONAL STANDARD OF 9.1%.

PATTERNS OR SYSTEM GAPS: AS A PART OF A CQI PROCESS THE INFORMATION GATHERED IN CASE REVIEW CAN INFORM THE CQI SYSTEM OF ANY PREDICTABLE SITUATIONS OR DYNAMICS THAT SEEM TO CORRESPOND WITH AN INCREASED POSSIBILITY FOR A RECURRENCE OF ABUSE OR NEGLECT. WITH THAT DATA THE QCI SYSTEM CAN DEVELOP STRATEGIES TO BRING AWARENESS OF AND INTERVENTIONS FOR CHILDREN IN THOSE SITUATIONS OR DYNAMICS.

THE OCCASION OF A SUBSTANTIATED REFERRAL PROVIDES A WINDOW FOR INTERVENTION WITH A FAMILY. THE MOST INVASIVE INTERVENTION IS THE REMOVAL OF THE CHILD FROM THE FAMILY HOME AND ENTRY INTO FOSTER CARE. THIS OCCURRED 37% OF THE TIME IN 2014. HOWEVER THERE ARE OFTEN LESS TRAUMATIC MEANS TO PROVIDE FUTURE SAFETY FOR CHILDREN OFTEN DONE THROUGH AN INTENTIONALLY DEVELOPED SAFETY PLAN. THOSE PLANS ARE INEVITABLY MORE EFFECTIVE WHEN FAMILIES CAN BE CONNECTED TO CIRCLES OF SUPPORT, BOTH NATURAL (FRIENDS AND FAMILY) AND FORMAL (SUPPORTIVE ORGANIZATIONS AND AGENCIES.) UTILIZATION OF PREVENTION FUNDING WOULD BE EFFECTIVE IN PROVIDING AN EFFECTIVE PATHWAY (IN A FORM OF DIFFERENTIAL RESPONSE) TO A SUPPORTED SAFETY PLAN AS AN INTERVENTION THAT ALLOWS THE CHILD TO REMAIN WITH FAMILY.

THE UTILIZATION OF SAFETY ORGANIZED PRACTICE AND OTHER TOOLS AND TECHNIQUES USED TO BUILD SUPPORTIVE STRUCTURES AROUND FAMILIES WILL STRENGTHEN FAMILIES AND REDUCE THE LIKELIHOOD OF RECURRENCE. ER STAFF

WOULD NOT BE THE SOLE AUDIENCE FOR SUCH TRAINING AND SKILL DEVELOPMENT AS FR AND FM STAFF WOULD UTILIZE THOSE TOOLS AS WELL TO REDUCE RECURRENCE AFTER SERVICE TERMINATE.

TARGET IMPROVEMENT GOAL:

WITH 2,200 CHILDREN WITH AN INITIAL SUBSTANTIATED ALLEGATION, TO ACHIEVE A 9.1% RATE, THE NUMBER OF INSTANCES WOULD NEED TO BE NO MORE THAN 200 WHICH IS A 15% REDUCTION. IN THE COURSE OF THE NEXT 4 YEARS IF THE NUMBER "N" CAN BE REDUCED BY 9 EACH YEAR, BY DECEMBER OF 2019 AT THE END OF THE SIP CYCLE THE RATE WILL BE AT OR BELOW THE 9.1 NATIONAL STANDARD. SIGNIFICANT CHANGES IN THE NUMBER OF CHILDREN WITH AN INITIAL SUBSTANTIATED ALLEGATION IN EITHER DIRECTION WILL IMPACT THE ACTUAL NUMBER FOR THE "N" GOAL.

OUTCOME MEASURE: P1: PERMANENCY IN 12 MONTHS FOR CHILDREN ENTERING FOSTER CARE.

P1 Permanency in 12 months for children entering foster care Children who entered foster care during 12-month period: Exit status at 12 months The national standard for this measure is performance greater than or equal to 40.5%						
	APR2008-MAR2009	APR2009-MAR2010	APR2010-MAR2011	APR2011-MAR2012	APR2012-MAR2013	APR2013-MAR2014
Rate	**17.2%**	**18.3%**	**19.7%**	**24.7%**	**31.0%**	**25.0%**
Reunified	110	128	110	127	193	199
Adopted	5	9	2	10	15	16
Guardianship	7	3	10	22	13	11
Emancipated	12	11	9	0	3	4
Other	10	9	11	10	4	7
Still In Care	567	605	478	474	486	667
Total	711	765	620	643	714	904

FRESNO'S NUMBER HAS BEEN RISING FOR FIVE YEARS BUT IN APR2013-MAR2014 DROPPED DOWN FROM THE APR2012-MAR2013 (31.9%) PEAK TO 25.0% CURRENTLY. EXITS TO PERMANENCE IN THE FIRST YEAR IN CARE

ARE MOST LIKELY TO BE REUNIFICATIONS WHICH MEANS THAT FACILITATING AN INCREASE IN THAT MANNER OF EXIT WOULD BE THE ACHIEVEMENT FOCUS FOR THIS IMPROVEMENT ITEM.

IT IS BELIEVED THAT THE IMPROVEMENTS IN THIS AREA THAT HAVE COME IN THE LAST THREE YEARS CAN BE AT LEAST PARTIALLY IF NOT CONSIDERABLY ATTRIBUTED TO THE IMPLEMENTATION FOR THE CAPP PRACTICE MODEL (NOW KNOWN AS THE CHILD AND FAMILY PRACTICE MODEL CFPM.) THE CONTINUED SUPPORT BY COACHES AND SUPERVISORS OF STAFF, NEW AND OLD, IN THE PRACTICE BEHAVIORS AND TOOLS WILL ENHANCE THE IMPACT THAT THE CFPM HAS ON CHILDREN IN THEIR PATH TO PERMANENCE.

ONE OF THE MOST SIGNIFICANT FACTORS THAT CAN BE A DRAG ON THE TIMELINESS OF REUNIFICATION CAN BE DELAYS IN THE PROGRESSION OF VISITATION FROM SUPERVISED ALL THE WAY TO EXTENDED VISITS. THE VISITATION MODEL HAS BEEN DEVELOPED TO SUPPORT THOUGHTFUL ENGAGED PLANNING FOR VISITATION AND AS A SIP ITEM THE SPREAD OF THIS MODEL BEYOND THE EARLY IMPLEMENTATION GROUP WILL MEAN THAT FEWER CHILDREN WILL HAVE DELAYS TO REUNIFICATION DUE TO BARRIERS WITH VISITATION PROGRESSION.

ANOTHER FACTOR IS THE BUILDING OF CIRCLES OF SUPPORT AND USING THE TEAM TO SUPPORT THE FAMILY DURING AND AFTER THE REUNIFICATION PERIOD. FAMILIES WHO HAVE SUPPORT ARE MORE LIKELY TO ETHER REUNIFY IN A MORE TIMELY FASHION OR HAVE CHILDREN THAT ACHIEVE OTHER FORMS OF PERMANENCE. ADDITIONALLY WITHIN THOSE TEAMS SOCIAL WORKERS NEED SUPPORT IN BEING ABLE TO NAVIGATE THE SENSITIVE PROCESS OF BUILDING AND COMMUNICATING A CLEAR AND SOLID CONCURRENT PLAN SIMULTANEOUS TO A COMMITMENT TO REUNIFICATION.

TARGET IMPROVEMENT GOAL:

WITH 900 CHILDREN ENTERING CARE IN A YEAR, TO ACHIEVE A 40.5% RATE, THE NUMBER OF EXITS TO PERMANENCE WOULD NEED TO BE MORE THAN 365 WHICH IS A 62% INCREASE. IN THE COURSE OF THE NEXT 4 YEARS IF THE NUMBER "N" CAN BE INCREASED BY 20 EACH YEAR, BY DECEMBER OF 2019 AT THE END OF THE SIP CYCLE THE RATE WILL BE AT 34% STILL BELOW THE 40.5% NATIONAL STANDARD BUT SHOWING SUBSTANTIAL PROGRESS IN THE RIGHT DIRECTION WHICH IF MAINTAINED WOULD REACH THE GOAL IN THE NEXT SIP CYCLE. SIGNIFICANT CHANGES IN THE NUMBER OF CHILDREN ENTERING CARE IN EITHER DIRECTION WILL IMPACT THE ACTUAL NUMBER FOR THE "N" GOAL.

OUTCOME MEASURE: P3: PERMANENCY IN 12 MONTHS FOR CHILDREN IN FOSTER CARE FOR 24 MONTHS OR MORE.

P3 Permanency in 12 months for children in foster care first day of 12-month period and Time in Care: 24 months or longer

Children in foster care first day of 12-month period: Exit status at 12 months

The national standard for this measure is performance greater than or equal to 30.3%.

	APR2009-MAR2010	APR2010-MAR2011	APR2011-MAR2012	APR2012-MAR2013	APR2013-MAR2014	APR2014-MAR2015
Rate	20.5%	27.4%	25.7%	28.8%	28.0%	24.2%
Exited to reunification	47	75	41	28	16	13
Exited to adoption	116	132	107	97	77	62

Exited to guardianship	49	62	49	54	42	19
Exited to non-permanency	73	67	49	30	30	21
Still In Care	750	644	522	413	317	274
Total	1,035	980	768	622	482	389

FRESNO'S NUMBER HAS BEEN RISING BUT IN APR2013-MAR2014 BEGAN TO DROP AND IN APR2014-MAR2015 IS DOWN TO 24.2%. IT IS IMPORTANT TO NOTE THAT THE TOTAL NUMBER OF THIS GROUP HAS DROPPED DRAMATICALLY (MORE THAN 100 PER YEAR) WHICH IS REFLECTED IN THE NUMBER STILL IN CARE AT THE END OF THE YEAR. IN 2010 IT WAS 750 BUT IN 2015 IT WAS 274. THE SIZE OF THE "CARRY OVER" GROUP IS SHRINKING AND IT IS PROBABLE THAT IT CONTAINS A LARGER PROPORTION OF CHILDREN WITH MORE SIGNIFICANT PERMANENCY CHALLENGES.

ONLY A VERY SMALL NUMBER OF CHILDREN, IF ANY, WHO HAVE BEEN IN CARE FOR 24 MONTHS WILL STILL BE ON THEIR INITIAL REUNIFICATION TRAJECTORY. THE MOST LIKELY EXITS ARE TO ADOPTION OR GUARDIANSHIP. THE STRATEGIES TO FIND PERMANENCE FOR CHILDREN IN CARE 24 MONTH AND LONGER OFTEN ARE DIFFERENT IF THEY ARE CLOSER TO THE 24 MONTHS THAN TO A SIGNIFICANTLY LONGER STAY. ADDITIONALLY THE CLOSER THEY ARE TO TURNING 18 THE MORE LIKELY CONSIDERATIONS RELATED TO AB12 MAY INFLUENCE CONSIDERATIONS FOR STAYING IN CARE. FOR THOSE WHO HAVE BEEN IN CARE FOR ONLY A LITTLE MORE THAN 24 MONTHS WHO ARE ON A PATH TO ADOPTION OR GUARDIANSHIP JUST NEED TO COMPLETE THAT PROCESS. IT IS THOSE WHO HAVE BEEN IN CARE MUCH LONGER OR THOSE WHO DO NOT HAVE A VIABLE PLAN FOR PERMANENCE WHO NEED ADDITIONAL SYSTEMIC AND INDIVIDUAL EFFORTS.

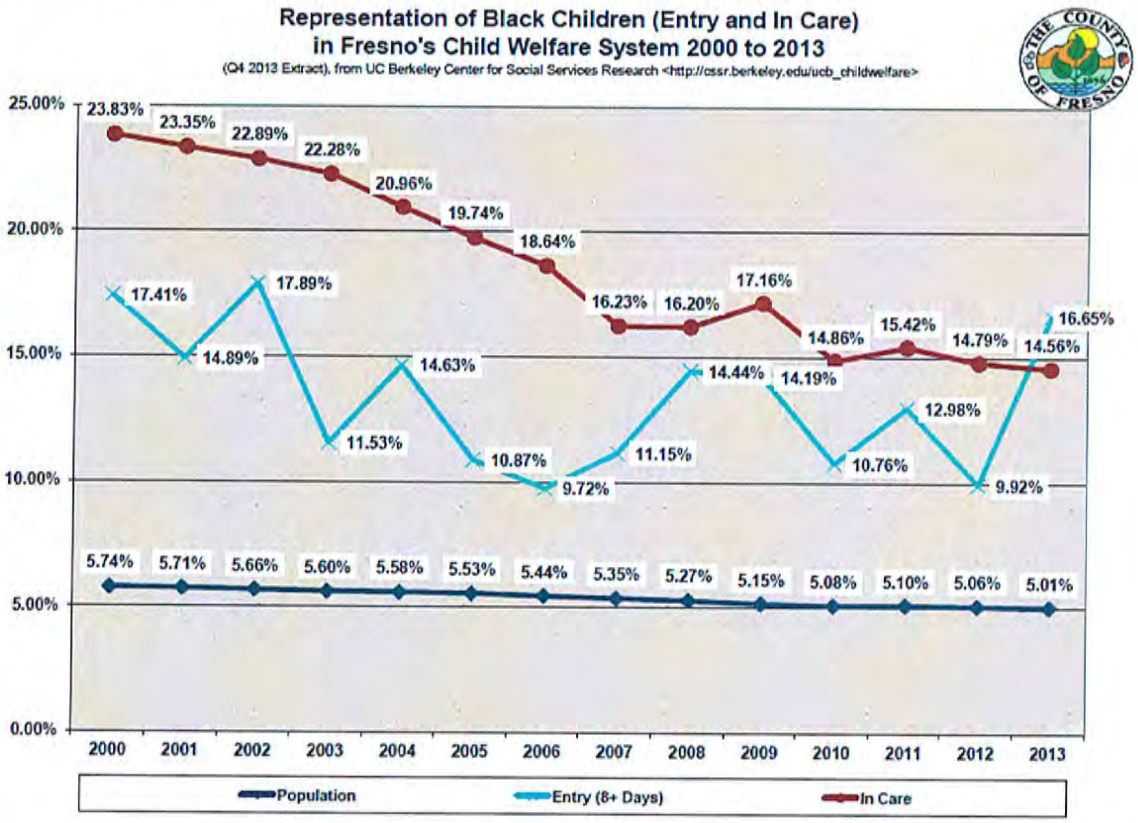
IT IS BELIEVED THAT THE IMPROVEMENTS IN THIS AREA WILL COME FROM THE EFFECTIVE USE OF THE CFPM. THE CONTINUED SUPPORT BY COACHES AND SUPERVISORS OF STAFF, NEW AND OLD, IN THE PRACTICE BEHAVIORS AND TOOLS WILL ENHANCE THE IMPACT OF THE CFPM FOR CHILDREN EXPERIENCING MORE SIGNIFICANT CHALLENGES IN THEIR PATH TO PERMANENCE. IF THE CHILD NEEDS A MORE EXTENSIVE CIRCLE OF SUPPORT THE USE OF WORK OF THE FAMILY FINDING STAFF WILL OFTEN REVEAL MANY PEOPLE WHO CARE FOR THE CHILD. SOME MAY BE PLACEMENT OPTIONS BUT EVEN FOR THOSE WHO ARE NOT THE DEVELOPMENT OF PERMANENT CONNECTIONS CAN CREATE STABLE ELEMENTS IN THE CHILD'S LIFE THAT SUPPORT STABILITY AND LONGEVITY IN A FOSTER FAMILY HOME. WHILE THE FAMILY FINDING UNIT HAS GREAT SKILL IN FINDING AND ENGAGING FAMILY THE CHALLENGING WORK OF REINTEGRATING PEOPLE INTO THE CHILD'S LIFE NEEDS ADDITIONAL COACHING AND SUPPORT. THAT MIGHT INCLUDE HAVING FOUND A PARENT WHO SINCE THE END OF REUNIFICATION EFFORTS HAD LOST CONTACT BUT HAD TURNED THEIR LIFE AROUND AND CAN NOW BE CONSIDERED FOR A "SECONDARY" REUNIFICATION EFFORT.

TARGET IMPROVEMENT GOAL

THE "STILL IN CARE" GROUP FROM ONE YEAR BECOMES PART OF THE BASIS FOR THE NEXT YEAR'S GROUP AWAITING AN EXIT TO PERMANENCY JOINED BY THOSE REMAINING IN CARE THAT FOR THE FIRST TIME ARE IN THE CATEGORY OF HAVING BEEN IN CARE FOR MORE THAN 24 MONTHS. WHILE THE TOTAL NUMBER OF THIS GROUP HAS DROPPED DRAMATICALLY IT SEEMS TO BE LEVELING OFF AT SLIGHTLY BELOW 400. THE MIX HOWEVER BETWEEN THE VARIOUS TIME FRAMES IS SHIFTING TOWARDS THE SHORTER STAYS. THOSE WHO HAD BEEN IN CARE SIX OR MORE YEARS HAD

MADE UP MORE THAN 43% OF THIS GROUP BUT IN 2015 WILL BE 34%. THE INVERSE IS TRUE FOR THOSE HAVING BEEN IN CARE FOR 24 TO 35 MONTHS (IN THE COUNT FOR THE FIRST TIME) CHANGING FORM NO MORE THAN 30% TO ALMOST 42%. THE IMPLICATIONS MAY BE THAT OPPORTUNITIES FOR SUCCESS ARE INCREASED IF IN FACT THOSE IN CARE THE LONGEST ARE THE MOST CHALLENGING TO FIND PERMANENCE FOR. IF THE TOTAL GROUP IS 400 TO ACHIEVE 30.3% N=122 MUST EXIT TO PERMANENCE. IN THIS LAST PERIOD THE N=94. IF IN EACH OF THE NEXT FOUR YEARS THE NUMBER CAN INCREASE BY 7 THE NUMBER WILL BE 122 AND THE RATE 30.3%. SIGNIFICANT CHANGES IN THE "400" NUMBER IN EITHER DIRECTION WILL IMPACT THE ACTUAL NUMBER FOR THE "N" GOAL.

OUTCOME MEASURE: 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.

THE INTENT OF THE PRACTICE MODEL IS TO CREATE A WAY OF DOING THE WORK THAT WILL CUSTOMIZE TO THE DYNAMICS OF ANY FAMILY INCLUDING THE DYNAMICS RELATED TO RACE AND ETHNICITY. IT ALSO IS DESIGNED TO CONFLICT WITH THE WAYS THAT THE SYSTEM OPERATES THAT DO NOT RESPECT THE PARTICULAR REALITIES OF FAMILIES, PARTICULARLY FAMILIES OF COLOR. AS BOTH INDIVIDUALS AND THE SYSTEM AS A WHOLE GROW INTO THE PRACTICE MODEL FAMILIES WILL BE MORE ABLE TO HAVE AN EQUITABLE EXPERIENCE WITH THE FRESNO CHILD WELFARE SYSTEM

OUTCOME MEASURE: TIMELY INVESTIGATION. IN ADDITION TO MEASURING IF AN INVESTIGATION WAS INITIATED TIMELY (AT LEAST AN ATTEMPTED CONTACT) THE ACHIEVEMENT OF A TIMELY ACTUAL IN PERSON CONTACT IS BEING MEASURED

Child Abuse and Neglect Referrals by Time to Investigation Non Crisis Response Type						
Quarter	**APR2010-JUN2010**	**APR2011-JUN2011**	**APR2012-JUN2012**	**APR2013-JUN2013**	**APR2014-JUN2014**	**APR2015-JUN2015**
Total Referrals	1,293	1,388	1,397	1,517	1,234	1,227
Timely Response (at minimum a contact attempted)						
Timely Response	1,138	1,298	987	1,270	1,052	1,075
Rate	88.0%	93.5%	70.7%	83.7%	85.3%	87.6%
No Timely Response	155	90	410	247	182	152
Timely Contact (face to face contact achieved)						
Timely Contact	707	831	561	723	622	695
Rate	54.7%	59.9%	40.2%	47.7%	50.4%	56.6%
No Timely Contact	586	557	836	794	612	532

FOR NON CRISIS REFERRALS THE ATTEMPTS ARE BETWEEN 70% AND 87% (AS AN UPWARD TREND) AND THE ACTUAL CONTACTS ARE BETWEEN 40% AND 55%. CRISIS RESPONSE AND INVESTIGATION HAS A LITTLE ROOM FOR IMPROVEMENT BUT IS GENERALLY ACCEPTABLE HOWEVER THE NON CRISIS RESPONSE AND INVESTIGATION NEEDS SIGNIFICANT IMPROVEMENT.

AN IMPROVEMENT IN THE TIMELINESS OF ACTUAL CONTACT MAY SUPPORT AN IMPROVEMENT IN TIMELINESS OF INVESTIGATION INITIATION IN THAT THE ACHIEVEMENT OF A TIMELY CONTACT WILL OFTEN REQUIRE MULTIPLE

ATTEMPTS AND THEREFORE THE INITIAL ATTEMPT MUST BE NOT ONLY ON OR PRIOR TO THE TENTH DAY IT NEEDS TO BE MUCH EARLIER. IF THE INITIAL ATTEMPT IS WITHIN THE FIFTH DAY AND DOES NOT LEAD TO CONTACT THERE IS TIME FOR SUBSEQUENT ATTEMPTS AND LOCATION STRATEGIES. THE MINDSET THAT AN ATTEMPT "STOPS THE CLOCK" AND THE URGENCY FOR CONTACT IS REMOVED NO LONGER APPLIES. WHEN A REFERRAL IS ASSIGNED/RECEIVED BY A SOCIAL WORKER THE DISCUSSIONS BETWEEN SUPERVISORS AND SOCIAL WORKERS NEEDS TO BE CENTERED AROUND "WHAT AM I GOING TO DO TO MAKE CONTACT BY THE IDENTIFIED 10TH DAY."

TARGET IMPROVEMENT GOAL: WHILE THE GOAL FOR TIMELY RESPONSE HAS BEEN GENERALLY SET AT 90%, AS A NEW WAY OF MEASURING, TIMELY CONTACT GOALS ARE MORE CHALLENGING TO DETERMINE. THE DEPARTMENT HAS NO CONTROL ON THE ACCESSIBILITY OF CHILDREN ONLY ON THE EXTENT OF THEIR EFFORTS TO LOCATE THEM AND INITIATE CONTACT. SOME PERCENTAGE OF CHILDREN AND FAMILIES ARE DIFFICULT TO LOCATE FOR A VARIETY OF REASONS AND FOR REFERRALS WITH A 10 DAY RESPONSE TIME THEY CAN BE EVEN MORE DIFFICULT TO CONNECT WITH DUE TO THE LONGER TIME PROXIMITY BETWEEN THE REPORT AND THE ATTEMPT TO CONTACT. WITH AN IMMEDIATE RESPONSE THE REPORTER TENDS TO KNOW WHERE THE CHILDREN ARE AND MAY EVEN BE PRESENT WITH THEM. WITH 1,200 REFERRALS WITH AN N=1,080 WOULD ACHIEVE A 90% RESPONSE RATE AND N=960 WOULD ACHIEVE AN 80% CONTACT RATE. OVER THE NEXT FOUR YEARS, ANNUALLY INCREASING THE RESPONSES BY 35 PER QUARTER AND THE CONTACTS BY 70 PER QUARTER WOULD ACHIEVE THOSE GOALS.

OUTCOME MEASURE: ICWA PLACEMENT. ICWA DIRECTS THAT NATIVE AMERICAN CHILDREN BE PLACED WITH EITHER NATIVE AMERICAN FAMILIES OR WITH RELATIVES. FOR ICWA ELIGIBLE CHILDREN ON ABOUT 28% ARE PLACED WITH RELATIVES AND 1% WITH NATIVE AMERICAN CARE PROVIDERS. FOR CHILDREN WITH PRIMARY OR MULTI ETHNICITY OF NATIVE AMERICAN AGAIN ABOUT 28% ARE PLACED WITH RELATIVES AND 1% WITH NATIVE AMERICAN CARE PROVIDERS. THERE ARE ALMOST 400 CHILDREN WITH THIS ETHNIC DESIGNATION AND IT IS PROBABLE THAT THERE IS SOME INSTANCES OF OVER IDENTIFICATION BASED ON ONLY USING THE CRITERIA OF HAVING ANY NATIVE AMERICAN ANCESTRY

NATIONAL STANDARD: ICWA DIRECTS THAT NATIVE AMERICAN CHILDREN BE PLACED WITH EITHER NATIVE AMERICAN FAMILIES OR WITH RELATIVES.

4E(1) - Placement status for children with ICWA eligibility

	April 1, 2010	April 1, 2011	April 1, 2012	April 1, 2013	April 1, 2014	April 1, 2015
Placement Status	**n**	**n**	**n**	**n**	**n**	**n**
Relatives	21	13	15	11	18	15
Non Relatives, Indian SCPs	2	2	1	1	0	1
Non Relatives, Non Indian SCPs	48	58	46	39	36	37
Non Relatives, SCP Ethnic Missing	1	0	1	0	0	3
Group Homes	5	5	2	3	7	5
Missing	0	0	0	1	0	1
Total	77	78	65	55	61	62

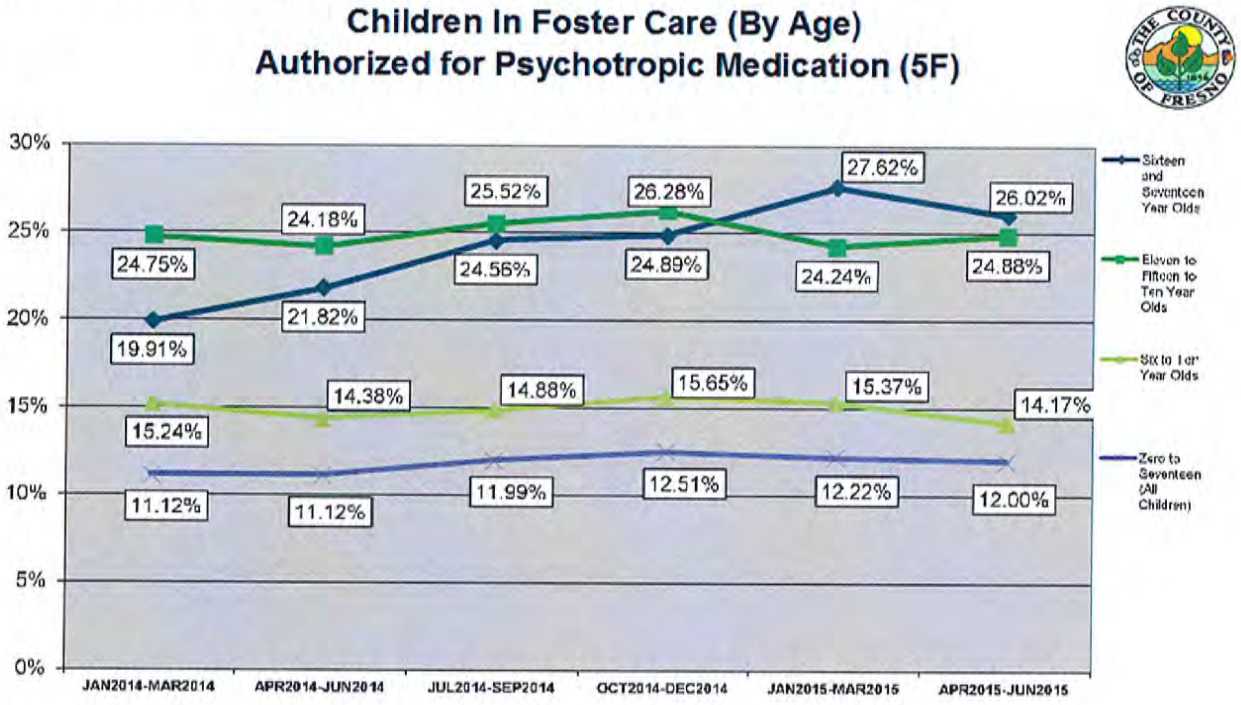
THE ICWA PRACTICE COMMITTEE WILL CONTINUE TO MEET REGULARLY AND WILL BENEFIT FROM THE COMMUNITY AND TRIBAL VOICE AS PRACTICE PROCESSES AND SOCIAL WORKER PRACTICE ARE SUPPORTED AND DEVELOPED COLLABORATIVELY. THE ICWA UNITS IN INTAKE AND ONGOING WILL CONTINUE IN THEIR DEVELOPMENT TO

EFFECTIVELY WORK COLLABORATIVELY WITH NATIVE AMERICAN FAMILIES AND THEIR TRIBAL AFFILIATIONS AND SUPPORTS. THE ICWA COACHES WILL CONTINUE TO WORK WITH STAFF IN SUPPORT OF EFFECTIVE ENGAGEMENT WITH NATIVE AMERICAN FAMILIES. THE AGENCY AND STAFF WILL GROW IN THE ABILITY TO WORK WITH FAMILIES WHO ARE NATIVE AMERICAN BUT DO NOT QUALIFY AS ICWA IN A MANNER THAT IS CONSISTENT WITH THE SPIRIT OF ICWA. THE HOME APPROVAL UNIT WILL WORK WITH THE ICWA PRACTICE COMMITTEE TO ESTABLISH PROCESSES AND PROCEDURES TO FACILITATE PLACEMENT WITH NATIVE AMERICAN FAMILIES AND THE DOCUMENTATION OF THE SAME.

TARGET IMPROVEMENT GOAL:

THE GROUPS THAT ARE CANDIDATES FOR A CHANGE IN PLACEMENT STATUS ARE FROM THOSE PLACED WITH NON RELATIVES WHO ARE NOT NATIVE AMERICAN OR IN GROUP HOMES. IN SOME INSTANCE THERE MAY BE COMPELLING COMPETING INTERESTS THAT HAVE MEANT THEY WERE NOT PLACED WITH NATIVE AMERICAN FAMILIES OR WITH RELATIVES BUT THIS SHOULD BE CAREFULLY CONSIDERED AS ICWA EXPECTS SUCH PLACEMENT TO BE THE NORM. OVER THE NEXT FOUR YEARS INCREASING THE ICWA COMPLIANT PLACEMENTS ABOUT 10 PER YEAR WOULD ACHIEVE THOSE GOALS. SIGNIFICANT CHANGES IN THE NUMBER OF ICWA ELIGIBLE CHILDREN IN EITHER DIRECTION WILL IMPACT THE ACTUAL NUMBER FOR THE "N" GOAL.

OUTCOME MEASURE: AUTHORIZATION FOR PSYCHOTROPIC DRUGS



Percent of children in placement episodes who have been authorized by the court in the use of Psychotropic Medications during the identified quarter, by Age Group. Q2 2015 data extract

NATIONAL STANDARD: NOT IDENTIFIED, ALTHOUGH THIS STUDY INDICATES THAT "APPROXIMATELY 6.0% OF U.S. ADOLESCENTS AGED 12-19 REPORTED PSYCHOTROPIC DRUG USE IN THE PAST MONTH." HTTP://WWW.CDC.GOV/NCHS/DATA/DATABRIEFS/DB135.PDF

On a child level, the goal would be that any child truly in need of treatment utilizing psychotropic medication would receive it and no child would receive the medication unless it was the least invasive method to address their emotional and/or behavioral needs. While the rates of utilization in the 25% range are substantially higher than the general population, children in foster care are likely to have significantly different needs from both the trauma that may have occurred leading up to their foster care stay as well as the trauma of entering the foster care system. The number of children eleven to seventeen authorized for psychotropic medications in APR2015-JUN2015 was 158 out of 626 in care (25.2%.) Improvement efforts would impact this number but it is too early to determine to what extent the rate should change. A foundational element for improvement would be to study and support the decision making processes to ensure that the goal stated above is met.
Three recent pieces of legislation are becoming effective and developing practice and structures to comply with those laws will enhance the care of children in relationship to the utilization (or not) of psychotropic medications.

- **SB 238** In preparation for the rules of court *that the child or ward and his or her caregiver and court-appointed special advocate, if any, have an opportunity to provide input on the medications being prescribed*, develop and enact procedures to facilitate and document such input.

- **SB 484** DSS will ensure that for youth placed in group homes that the facility has the proper information to ensure that *psychotropic medications may be used at a group home ... only in accordance with the written directions of the physician prescribing the medication and as authorized by the juvenile court.*

- **SB 484** DSS will develop processes and procedures to support and ensure that the *group home ...maintain in the child's records specified information regarding the administration of those medications.*

- **SB 319** DSS will develop and enact procedures to enable and ensure that the Child Welfare PHNs are able to *monitor and oversee the child's use of psychotropic medications* ... and *to assist a non minor dependent to make informed decisions about his or her health care.*

A universal unit of system improvement will be the continued development of the CQI System and Process for Fresno County. That can be seen in some of the area selected for improvement where it is indicated that CQI Support staff to meet at least every six months with staff from appropriate units to discuss outcome data and the progress of any existing strategies as well as identifying system barrier and new intervention strategies.

It is also systematically outlined in many of the steps of the Strategic Plan who's goals are outlined below and the action steps outlined later in the SIP chart. System Improvement in Fresno will not be a cyclical series of events or tasks but an ongoing, evolving process that continually learns from outcome assessments, evaluation of efforts and strategies and their impacts and the input from all sectors within the process.

System Change or Development Goals (As Identified in the Strategic Plan)

- Goal 1: Improve Outcome Evaluation
  - Policy, practice and partnerships will be grounded in a coordinated system of evaluation that measures the results of our efforts
- Goal 2: Enhance Practice
  - Fresno County's child welfare service community will operate under a shared practice model that honors families' lived experience, prevents system trauma and fully engages youth and families in determining their own future
- Goal 3: Strengthen Partnerships
  - CWS will establish and maintain strong alliances among our teams, with our community and agency partners and with every family and youth we serve.
- Goal 4: Promote Workforce Excellence
  - CWS will ensure that its workforce is continually prepared and supported to perform high-quality work that contributes to improving the lives of children and families.
- Goal 5: Achieve System Alignment
  - Agency-wide operational and administrative systems will be aligned to complement the philosophy and values of CWS, creating a consistent environment in which to serve children and families.

Measures Not Selected:

- P2: Permanency in 12 months for children in foster care for 12 to 23 months at the beginning of the year.
  - The National standard is 43.6% and for the last five 12 month periods the rate for Fresno has been at 50% or higher.
- P4: Reentry Following Exit to Reunification or Guardianship.
  - The National standard is 8.3% and for four of the last five 12 month periods the rate for Fresno has been at 8.3% or higher.
- P5 Placement Stability for a 12 Month Entry Cohort
  - The National standard is 4.12 per 1,000 days and for the last four 12 month periods the rate for Fresno has been at 4.418 per 1,000 or lower.
- 2B & 2D Timely Response Crisis
  - For the last four years the rate of timely initiation of the investigation has been at 97.1% or higher and the rate of timely face to face contact has been at 89.8% or higher
- 2F Social Worker Contacts With a Child in Care
  - For the last five years the rate of monthly contact has been at 92.7% or higher (currently 94.6%) and the rate of those contacts being in home has been at 71.5% or higher (currently 86.7%)
- 2S Social Worker Contacts With a Child in an In Home Case
  - For the last five years the rate of monthly contact has been at 71.3% or higher (currently 79.5%) and the rate of those contacts being in the residence has been at 64.4% or higher (currently 71.9%)
- 4A Siblings Placed Together in Foster Care

- Since 2013 the rate of children placed with at least one sibling has been at 75.6% or higher and placed with all siblings at 48.8% or higher

- 4B Foster Care Placement in Least restrictive Settings-Initial Placement
  - For the last five years the rate of various placement types has been:
    - Relative has been between 9.0% and 11.0%
    - Foster Home has been between 13.9% and 18.9%
    - FFA Home has been between 59.5% and 67.0%
    - Group/Shelter has been between 2.0% and 5.4%
    - Other has been between 3.6% and 5.9%
- 4B Foster Care Placement in Least restrictive Settings-point In Time Placement
  - For the last five years the rate of various placement types has been:
    - Relative has been between 24.1.0% and 26.8%
    - Foster Home has been between 5.0% and 7.7%
    - FFA Home has been between 36.9% and 40.2%
    - Group/Shelter has been between 4.0% and 4.8%
    - Other has been between 21.3% and 26.4%
- 6B Individualized Education Plan (IEP)
  - For the last five years the rate school aged children with an IEP has been between 6.0% and 11.95%

Probation

Introduction

When preparing the County Self-Assessment (CSA), feedback was received, both positive and negative, from a variety of sources including Peer Reviews, Foster Youth and Family Member Focus Groups, Group Home Advisory meetings, and Federal Data Measures. Upon reviewing the information received, it was determined that Probation can make the most improvement by focusing on improving Permanency in 12 Months for Children Entering Care and Permanency in 12 Months for Children in Care for more than 24 months.

Prioritization of Outcome Data Measures/Systemic Factors and Strategy Rational

Permanency in 12 Months for Children Entering Care and Permanency in 12 Months for Children in Care for more than 24 months were selected as it is believed that these are important measures to improve upon and it appears to be a realistic goal. According to the CFSR Federal Data Measures during the fourth quarter of 2014, April 1, 2014 – March 31, 2015, Probation scored well below the National Standard in both measures. Regarding Permanency in 12 Months for Children Entering Care, the National Standard was 40.5% and Probation had a measure of 0.0%. For Permanency in 12 months for Children in Care for 24 months, the National Standard was 30.3% and again, Probation had a measure of 0.0%. Therefore, improvement must be achieved.

Improvement in these two Permanency categories will be achieved by Probation expanding its family finding attempts and supporting improved relationships between the foster youth and family. One

WAY THAT PROBATION HAS RECENTLY IMPROVED THIS PROCESS IS TO INCREASE THE UTILIZATION OF SB163 WRAPAROUND SERVICES. WHEN A YOUTH IS ORDERED INTO A PLACEMENT BY THE DELINQUENCY COURT, PROBATION IMMEDIATELY BEGINS THE FAMILY FINDING PROCESS AS IT IS UNDERSTOOD THAT PLACING YOUTH IN THE LEAST RESTRICTIVE, MOST FAMILY-LIKE ENVIRONMENT WILL RESULT IN BETTER OUTCOMES, INCLUDING IMPROVED PERMANENCY TIMELINES.

UNFORTUNATELY, FAMILY OR POTENTIAL CAREGIVERS ARE NOT ALWAYS INITIALLY IDENTIFIED, AND YOUTH ARE THEN PLACED INTO A GROUP HOME THAT IS DETERMINED TO MEET THEIR INDIVIDUAL NEEDS. WHEN THIS OCCURS, FAMILY FINDING IS A CONTINUOUS PROCESS AND IF A FAMILY MEMBER OR POTENTIAL CARE-GIVER IS IDENTIFIED, PROBATION WILL ENCOURAGE THE DEVELOPMENT OF A RELATIONSHIP THROUGH VISITS, FAMILY COUNSELING, AND WHEN SUITABLE, FURLOUGHS TO HELP THE PROCESS OF FOSTERING A LIFE-LONG RELATIONSHIP.

IF AND WHEN THIS PROCESS IS SUCCESSFUL AND A BOND IS CREATED, PROBATION WILL RECOMMEND POSSIBLE PLACEMENT WITH THAT POTENTIAL CARE-GIVER WITH THE SUPPORT OF WRAPAROUND SERVICES. 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 AND THE ULTIMATE GOAL OF PERMANENCY.

IN ADDITION TO THE FAMILY FINDING EFFORTS ALREADY TAKING PLACE, THE PROBATION OFFICERS WHO ARE SUPERVISING FOSTER YOUTH WILL BE PROVIDED ADDITIONAL TRAINING REGARDING LOCATING AND ENGAGING FAMILY MEMBERS WITH THE GOAL OF CREATING LIFE-LONG, PERMANENT CONNECTIONS. PROBATION WILL ALSO UTILIZE FRESNO COUNTY DEPARTMENT OF SOCIAL SERVICES CHILD WELFARE FOR SUGGESTIONS AND TO ASSIST WITH LINKING TO ADDITIONAL TRAINING OPPORTUNITIES.

ANOTHER EFFORT THAT PROBATION CAN IMPROVE PERMANENCY IS TO ENCOURAGE AND ADVOCATE FOR LONG-TERM CARE PROVIDERS TO SEEK GUARDIANSHIP AND TO ALSO PROMOTE ADOPTIONS. NEITHER OF THESE STRATEGIES ARE CURRENTLY BEING UTILIZED, BUT WITH APPROPRIATE TRAINING AND AWARENESS IT IS HOPED THAT THESE COULD BECOME REALISTIC AND VIABLE OPTIONS FOR OUR FOSTER YOUTH IN THE CARE OF PROBATION.

INITIALLY, PROBATION WILL COORDINATE WITH CHILD WELFARE TO PROVIDE AN OVERVIEW REGARDING THE BENEFITS AND PROCESS FOR FAMILIES TO SEEK GUARDIANSHIP OF FOSTER YOUTH IN THEIR CARE. FOR THOSE FAMILIES THAT EXPRESS INTEREST OF SEEKING GUARDIANSHIP OF FOSTER YOUTH IN THEIR CARE, IT WILL BE RECOMMENDED THAT THEY ATTEND THE GUARDIANSHIP BASICS WORKSHOP PROVIDED BY THE COURT'S PROBATE DIVISION.

BEYOND GUARDIANSHIP, IT IS HOPED THAT ADOPTIONS OF FOSTER YOUTH ON PROBATION CAN BECOME AN ACHIEVABLE GOAL. IN ORDER FOR THIS TO OCCUR, THE OFFICERS RESPONSIBLE FOR FOSTER YOUTH ON PROBATION MUST BE EDUCATED ON THE PROCESS AND BENEFITS OF ADOPTION. THEREFORE, PROBATION WILL REACH OUT TO LOCAL CHILD WELFARE OR TO THE CALIFORNIA DEPARTMENT OF SOCIAL SERVICES OFFICE TO PROVIDE INFORMATION AND/OR TRAINING REGARDING THE ADOPTION PROCESS.

UPON THE PROBATION OFFICERS HAVING A GOOD UNDERSTANDING OF BOTH GUARDIANSHIPS AND ADOPTIONS, THEY CAN BEGIN ADVOCATING AND ENCOURAGING SUITABLE CARE PROVIDERS OF THESE OPTIONS TO PROVIDE LONG-TERM, PERMANENT CONNECTIONS OF THE YOUTH IN THEIR CARE.

Prioritization of Direct Service Needs

To meet needs identified in our 2009 CSA, the County of Fresno issued a Request for Proposal (RFP) which resulted in contracts with eight community based vendors to provide prevention services which are funded with CAPIT/CBCAP/PSSF funds through June 30, 2017. (See program descriptions) These programs provide strong prevention services to children and families within Fresno County with the greatest risk of maltreatment as established in the CSA. Based on analysis and discussion, community input and data review during the 2015 CSA process, the County will consider what direct services should be funded through CAPIT/CBCAP/PSSF for the remainder of the current SIP cycle (July 1, 2017 – December 26, 2019). The County will conduct an RFP process to select community based vendors to provide support services to families which can support a family on a path towards healthy functioning. Support services may include a comprehensive differential response structure, NRCs and other services which can support a family on a path towards healthy functioning. In addition, the Department will continue to support the Department's Adoption and Adoption Assistance Program with PSSF Adoptions funds.

Child Welfare/Probation Placement Initiatives

Fresno is a CAPP county and CAPP is in a sixth year no cost extension that is specifically intended to work with the Federal Evaluation Team on the evaluation of CAPP. CAPP does live on however in the continued use and growth of the rebranded Child and Family Practice Model. This allows a structure in which all new mandates and program improvements will be considered and integrated. The teaming foundation and practice of tailoring supports to underlying needs allowed for implementation of the Katie A. mandates within existing practices with adjustments to ensure linkage and partnership with children's mental health providers. The journey of integrating the Child and Family Practice Model and Katie A. implementation has provided insight into the considerations necessary to engage the care giver and placement agencies through the developing system changes of the Continuum of Care Reform and the Resource Family Approval program. Specifically, the elements of exploring relationships and demonstrating respect to caregivers while normalizing needs and healing trauma will be essential in an environment of regulation updates. As we get to know both our families and caregivers better from the onset of the relationship and provide timely response and linkage to appropriate resources, we expect to increase our ability to exit stronger families to permanency.

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 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 REFERALS AND PROVIDES CONSULTATION TO SOCIAL WORK STAFF ON MENTAL HEALTH QUESTIONS STAFF MAY HAVE RELATED TO A YOUTH OF FAMILY. THEY ALSO DETERMINE THE EXPEDIENCY OF THE REFERRAL BASED ON RESPONSES WITHIN THE SCREENING TOOL. REFERRAL LEVELS ARE: URGENT (WITHIN 3 DAYS); PRIORITY (WITHIN 15 DAYS); AND ROUTINE (WITHIN 30 DAYS).

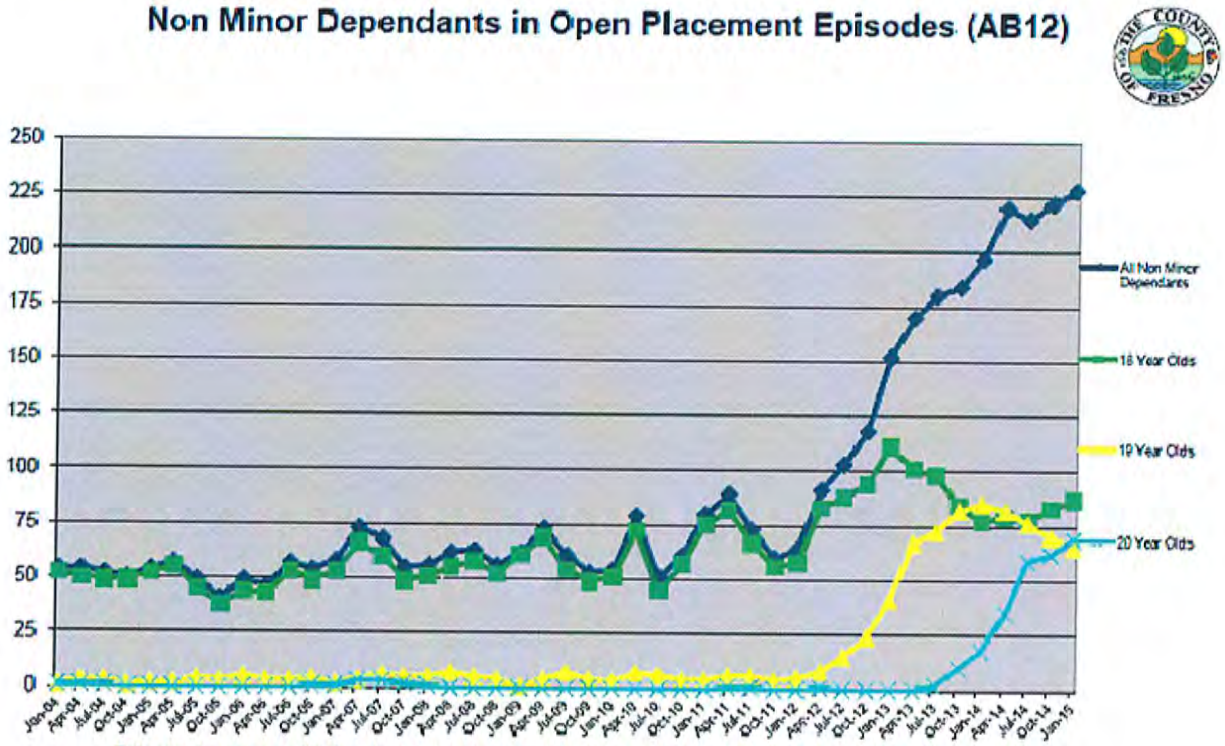
FRESNO COUNTY HAS AN INTERAGENCY RESOURCES AND PLACEMENT COMMITTEE (IRPC) THAT MEETS EVERY OTHER THURSDAY TO DISCUSS OPTIONS FOR YOUTH WHO'S MENTAL HEALTH AND/OR BEHAVIORAL PROBLEMS NEGATIVELY AFFECT THEIR PLACEMENT STABILITY. FRESNO COUNTY ALSO HAS A MONTHLY COLLABORATIVE MEETING FOR CHILD WELFARE, MENTAL HEALTH, AND SERVICE PROVIDER STAFF TO DETERMINE WHAT IS WORKING WELL AND WHAT IMPROVEMENTS ARE NEEDED.

AB 12

FRESNO SOCIAL WORKERS ARE SUPPORT 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, AS WELL AS TIMES WITH A CAREPROVIDER, 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 BEEN TYPICALLY 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 TO 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

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 DIRECTOR'S 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.

OUTCOME EVALUATION

PRACTICE IS CONTINUOUSLY ASSESSED AND ADJUSTED THROUGH SEVERAL MECHANISMS. EACH WEEK THE DSS EXECUTIVE TEAM MEETS WITH THE DIRECTOR TO FACILITATE DISCUSSION ON OVERALL DEPARTMENTAL FUNCTIONS. THIS IS FOLLOWED BY WEEKLY MEETINGS OF THE CHILD WELFARE LEADERSHIP TEAM, CONSISTING OF THE DEPUTY DIRECTOR AND ALL CHILD WELFARE PROGRAM MANAGERS. THIS VENUE IS UTILIZED TO REVIEW DATA, COORDINATE WORKPLANS, AND STRATEGIZE THE WORK ACROSS CHILD WELFARE PROGRAMS. CONTINUOUS QUALITY IMPROVEMENT IS ALSO A SPECIFIC TOPIC DISCUSSED QUARTERLY. WE ARE ALSO WORKING WITH CASEY FAMILY PROGRAMS TO ASSIST IN COMMUNICATION STRATEGIES, INDENTIFYING TRAINING NEEDS AND OPPORTUNITIES, AND BRINGING IN EXPERT

CONSULTATION. THIS WILL ASSIST IN TRANSITIONING FROM THE TECHNICAL ASSISTANCE RECEIVED THROUGH CAPP IMPLEMENTATION.

THE OVERALL STRATEGY TO IMPROVE PERFORMANCE IS INDIVIDUAL COACHING BY THE IMMEDIATE SUPERVISOR AT ALL LEVELS. COACHING CONSISTS OF SETTING GOALS, TRYING TOOLS AND BEHAVIORS, REVIEWING THE OUTCOMES, AND STRATEGIZING ON FUTURE SITUATIONS.

ANOTHER VENUE FOR EVALUATING OUTCOMES IS THE FOSTER CARE STANDARDS AND OVERSIGHT COMMITTEE. THE FOSTER CARE STANDARDS AND OVERSIGHT COMMITTEE CONSISTS OF APPOINTEES FROM THE FRESNO COUNTY BOARD OF SUPERVISORS. THERE ARE SEVERAL SUBCOMMITTEES CONSISTING OF DSS STAFF AND STAKEHOLDERS WHO MEET MONTHLY TO WORK ON SPECIFIC AREAS. SUBCOMMITTEE TOPICS ARE SELECTED BASED ON OVERALL SYSTEM CHANGES AND IMPACT NEEDED, OR AS A SPECIFIC AREA NEEDING FOCUSED IMPROVEMENT ARISES THAT REQUIRES MORE THAN DSS OVERSIGHT. THE CHAIR OF THE SUBCOMMITTEE IS A COMMUNITY MEMBER AND IS PAIRED WITH A DSS DEPARTMENT LEAD. OFTEN, THERE ARE STRONG PARTNERS ASSISTING IN COORDINATING WORKPLANS. THE CURRENT SUBCOMMITTEES ARE:

- MENTAL HEALTH: CHARGED WITH THE OVERSIGHT OF KATIE A IMPLEMENTATION; COMMUNITY PARTNER; MENTAL HEALTH BOARD.
- EDUCATION: INCREASING SCHOOL STABILITY AND INCORPORATING WELL-BEING INTO CASE PLANNING; COMMUNITY PARTNER: EDUCATION EQUALS PARTNERSHIP OF THE STUART FOUNDATION.
- RECRUITMENT, DEVELOPMENT AND SUPPORT/QUALITY PARENTING INITIATIVE: RECRUITING AND SUPPORTING CAREGIVERS AS FULL TEAM MEMBERS; COMMUNITY PARTNER: QPI CALIFORNIA
- CCR: NEWLY ESTABLISHED TO COORDINATE THE IMPLEMENTATION OF CCR AND RFA; COMMUNITY PARTNER: PROBATION, MENTAL HEALTH, AND FOSTER FAMILY AGENCIES.

IN ADDITION, SPECIFIC WORKGROUPS ARE FORMED TO IMPLEMENT ADDITIONAL LARGE UNDERTAKINGS. THE DSS RECENTLY CREATED A STEERING COMMITTEE DEDICATED TO CSEC. THIS STEERING COMMITTEE GUIDES A MULTIDISCIPLINARY TEAM CONSISTING OF DSS, PROBATION, JUVENILE COURT, MENTAL HEALTH, PUBLIC HEALTH, LAW ENFORCEMENT, SCHOOL DISTRICTS AND COMMUNITY SERVICE PROVIDERS.

5 – YEAR SIP CHART

Priority Outcome Measure or Systemic Factor: S1: Maltreatment in Foster Care.

National Standard: 8.5 Per 100,000.

CSA Baseline Performance:

S1 Maltreatment In Foster Care

Children in foster care during the year April 1, 2104 to March 31, 2015: Rate of Maltreatment per 100,000 Days in Care

The national standard for this measure is performance less than or equal to 8.50 per 100,000

	Black	White	Hispanic	Asian	Native American	Total
Days In Foster Care	83,793	90,318	394,316	16,915	14,816	600,158
Instances of substantiated maltreatment	12	5	57	0	0	74
Instances per 100,000 days	14.321	5.536	14.455	0.000	0.000	12.330

Fresno's rate has been generally rising for four years to 12.330 presently with an n=74.

Target Improvement Goal:

With 600,000 days in foster care, to achieve an 8.5 per 1,000 rate, the number of instances would need to be no more than 51 which is a 31% reduction. In the course of the next 4 years if the number "n" can be reduced by 6 each year, by December of 2019 at the end of the SIP cycle the rate will be at or below the 8.5 per 100,000 National Standard. Significant changes of the Days In Foster Care in either direction will impact the actual number for the "n" goal.

Priority Outcome Measure or Systemic Factor: S2: Recurrence of Maltreatment.

National Standard: 9.1%.

CSA Baseline Performance:

S2 Recurrence Of Maltreatment

Children who were victims of a substantiated maltreatment allegation during a 12-month reporting period Aril 1, 2013 to March 31, 2014, what percent were victims of another substantiated maltreatment allegation within 12 months of their initial report

The national standard for this measure is performance less than or equal to 9.1%.

Recurrence Yes or No	Black	White	Hispanic	Asian	Native American	Missing	Total
Children with recurrence	34	39	147	6	7	1	234
Children with no recurrence	270	341	1,356	74	12	35	2,088
Total	304	380	1,503	80	19	36	2,322
Rate	11.2%	10.3%	9.8%	7.5%	36.8%	2.8%	10.1%

Fresno's number has been rising for five years but in APR2013-MAR2014 dropped down from the APR2012-MAR2013 peak to 10.1%.

Target Improvement Goal:

With 2,200 children with an initial substantiated allegation, to achieve a 9.1% rate, the number of instances would need to be no more than 200 which is a 15% reduction. In the course of the next 4 years if the number "n" can be reduced by 9 each year, by December of 2019 at the end of the SIP cycle the rate will be at or below the 9.1 National Standard. Significant changes in the number of children with an initial substantiated allegation in either direction will impact the actual number for the "n" goal.

Priority Outcome Measure or Systemic Factor: P1: Permanency in 12 months for children entering foster care.

National Standard: 40.5%.

CSA Baseline Performance:

P1 Permanency in 12 months for children entering foster care Children who entered foster care during 12-month period of April 1, 2013 to March 31, 2014: Exit status at 12 months The national standard for this measure is performance greater than or equal to 40.5%						
	Black	White	Hispanic	Asian	Native American	Total
Rate	24.7%	21.3%	26.4%	10.0%	30.8%	25.0%
Reunified	33	27	134	2	3	199
Adopted	1	3	11	0	1	16
Guardianship	2	0	9	0	0	11
Emancipated	0	2	1	0	1	4
Other	1	2	4	0	0	7
Still In Care	109	107	425	18	8	667
Total	146	141	584	20	13	904

Fresno's number has been rising for five years but in APR2013-MAR2014 dropped down from the APR2012-MAR2013 (31.9%) peak to 25.0%.

Target Improvement Goal: With 900 children entering care in a year, to achieve a 40.5% rate, the number of exits to permanence would need to be more than 365 which is a 62% increase. In the course of the next 4 years if the number "n" can be increased by 20 each year, by December of 2019 at the end of the SIP cycle the rate will be at 34% still below the 40.5% National Standard but showing substantial progress in the right direction which if maintained would reach the goal in the next SIP cycle. Significant changes in the number of children entering care in either direction will impact the actual number for the "n" goal.

Priority Outcome Measure or Systemic Factor: P3: Permanency in 12 months for children in foster care for 24 months or more.
National Standard: 30.3%.

CSA Baseline Performance:

P3 Permanency in 12 months for children in foster care first day of 12-month period and Time in Care: 24 months or longer Children in foster care first day of 12-month period of April 1, 2014 to March 31, 2015: Exit status at 12 months The national standard for this measure is performance greater than or equal to 30.3%.						
	Black	White	Hispanic	Asian	Native American	Total
Rate	33.9%	19.4%	23.7%	40.0%	9.5%	24.2%
Exited to reunification	3	0	9	1	0	13
Exited to adoption	13	12	34	3	0	62
Exited to guardianship	5	2	10	0	2	19
Exited to non-permanency	3	6	11	0	1	21
Still In Care	38	52	160	6	18	274
Total	62	72	224	10	21	389

Fresno's number has been rising but in APR2013-MAR2014 began to drop and in APR2014-MAR2015 is down to 24.2%. It is important to note that the total number of this group has dropped dramatically (more than 100 per year) which is reflected in the number Still In Care at the end of the year. In 2010 it was 750 but in 2015 it was 274. The size of the "carry over" group is shrinking and it is probable that it contains a larger proportion of children with more significant permanency challenges.

Target Improvement Goal:

The "Still In Care" group from one year becomes part of the basis for the next year's group awaiting an exit to permanency joined by those remaining in care that for the first time are in the category of having been in care for more than 24 months. While the total number of this group has dropped dramatically it seems to be leveling off at slightly below 400. The mix however between the various time frames is shifting towards the shorter stays. Those who had been in care six or more years had made up more than 43% of this group but in 2015 will be 34%. The inverse is true for those having been in care for 24 to 35 months (in the count for the first time) changing form no more than 30% to almost 42%. The implications may be that opportunities for success are increased if in fact those in care the longest are the most challenging to find permanence for. If the total group is 400 to achieve 30.3% n=122 must exit to permanence. In this last period the n=94. If in each of the next four years the number can increase by 7 the number will be 122 and the rate 30.3%. Significant changes in the "400" number in either direction will impact the actual number for the "n" goal.

Priority Outcome Measure or Systemic Factor: Timely Investigation. In addition to measuring if an investigation was initiated timely (at least an attempted contact) the achievement of a timely actual in person contact is being measured.
National Standard: Not identified

CSA Baseline Performance:

Child Abuse and Neglect Referrals by Time to Investigation Non Crisis Response Type							
APR2015-JUN2015	Black	White	Hispanic	Asian	Native American	Missing	Total
Total Referrals	148	212	753	36	8	70	1,227
2B Timely Response (at minimum a contact attempted)							
Timely Response	130	182	658	35	8	62	1,075
Rate	87.8%	85.8%	87.4%	97.2%	100.0%	88.6%	87.6%
No Timely Response	18	30	95	1	0	8	152
2D Timely Contact (face to face contact achieved)							
Timely Contact	77	121	442	21	3	31	695
Rate	52.0%	57.1%	58.7%	58.3%	37.5%	44.3%	56.6%
No Timely Contact	71	91	311	15	5	39	532

For Non Crisis referrals the attempts are between 70% and 87% (as an upward trend) and the actual contacts are between 40% and 55%. Crisis response and investigation has a little room for improvement but is generally acceptable however the Non Crisis response and investigation needs significant improvement.

Target Improvement Goal:
While the goal for timely response has been generally set at 90%, as a new way of measuring, timely contact goals are more challenging to determine. The department has no control on the accessibility of children only on the extent of their efforts to locate them and initiate contact. Some percentage of children and families are difficult to locate for a variety of reasons and for referrals with a 10 day response time they can be even more difficult to connect with due to the longer time proximity between the report and the attempt to contact. With an immediate response the reporter tends to know where the children are and may even be present with them. With 1,200 referrals with an n=1,080 would achieve a 90% response rate and n=960 would achieve an 80% contact rate. Over the next four years increasing the responses by 35 per year and the contacts by 70 per year would achieve those goals.

Priority Outcome Measure or Systemic Factor: ICWA Placement. ICWA directs that Native American children be placed with either Native American families or with relatives. For ICWA eligible children on about 28% are placed with relatives and 1% with Native American care providers. For children with primary or multi ethnicity of Native American again about 28% are placed with relatives and 1% with Native American care providers. There are almost 400 children with this ethnic designation and it is probable that there is some instances of over identification based on only using the criteria of having any Native American ancestry

National Standard: ICWA directs that Native American children be placed with either Native American families or with relatives.

CSA Baseline Performance:

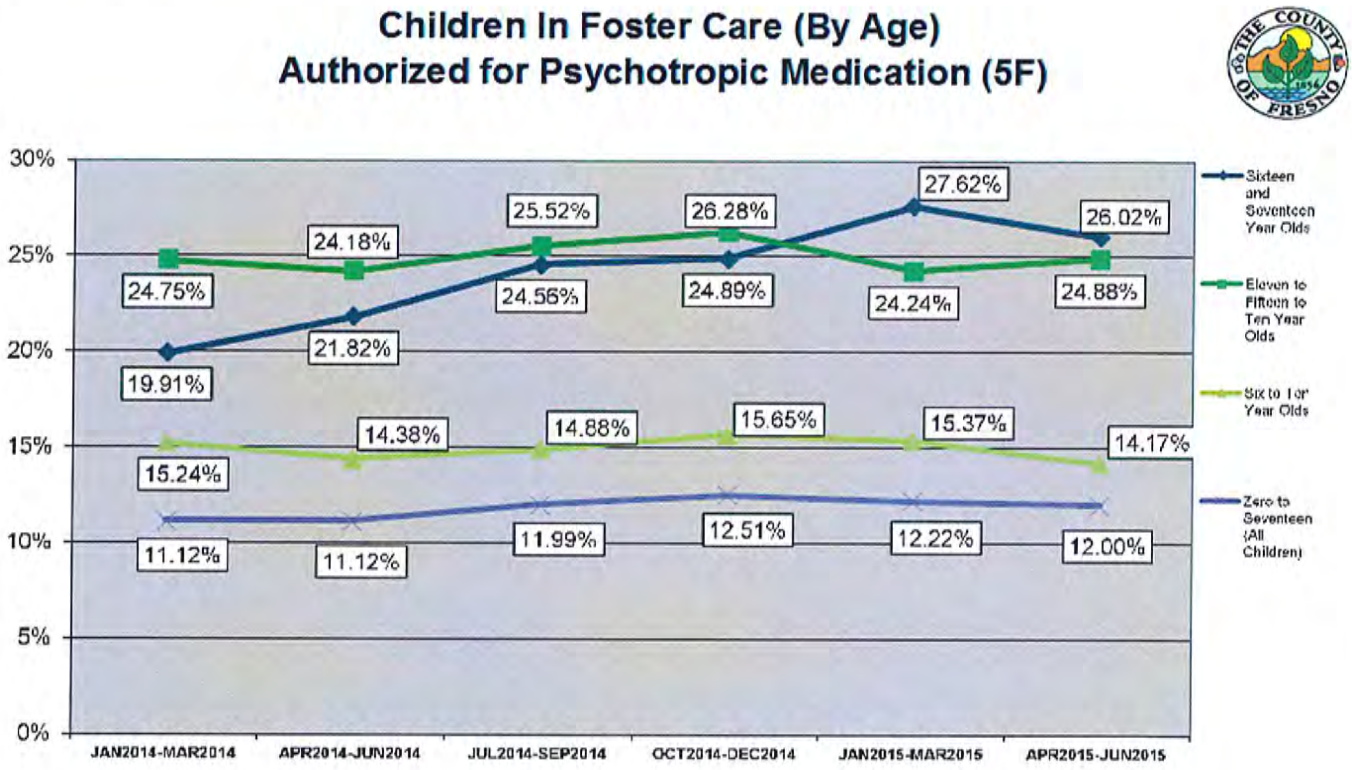
4E(1) - Placement status for children with ICWA eligibility						
	April 1, 2010	April 1, 2011	April 1, 2012	April 1, 2013	April 1, 2014	April 1, 2015
Placement Status	n	n	n	n	n	n
Relatives	21	13	15	11	18	15
Non Relatives, Indian SCPs	2	2	1	1	0	1
Non Relatives, Non Indian SCPs	48	58	46	39	36	37
Non Relatives, SCP Ethnic Missing	1	0	1	0	0	3
Group Homes	5	5	2	3	7	5
Missing	0	0	0	1	0	1
Total	77	78	65	55	61	62

Target Improvement Goal:
The groups that are candidates for a change in placement status are from those placed with Non relatives who are not Native American on in Group Homes. In some instance there may be compelling competing interests that have meant they were not placed with Native American families or with relatives but this should be carefully considered as ICWA expects such placement to be the norm. Over the next four years increasing the ICWA compliant placements about 10 per year would achieve those goals. Significant changes in the number of ICWA eligible children in either direction will impact the actual number for the "n" goal.

Priority Outcome Measure or Systemic Factor: Authorization for Psychotropic Drugs.

National Standard: Not identified, although this study indicates that "Approximately 6.0% of U.S. adolescents aged 12-19 reported psychotropic drug use in the past month."
http://www.cdc.gov/nchs/data/databriefs/db135.pdf

CSA Baseline Performance:



Percent of children in placement episodes who have been authorized by the court in the use of Psychotropic Medications during the identified quarter, by Age Group. Q2 2015 data extract

Target Improvement Goal:

On a child level, the goal would be that any child truly in need of treatment utilizing psychotropic medication would receive it and no child would receive the medication unless it was the least invasive method to address their emotional and/or behavioral needs. While the rates of utilization in the 25% range are substantially higher than the general population, children in foster care are likely to have significantly different needs from both the trauma that may have occurred leading up to their foster care stay as well as the trauma of entering the foster care system. The number of children eleven to seventeen authorized for psychotropic medications in APR2015-JUN2015 was 158 out of 626 in care (25.2%.) Improvement efforts would impact this number but it is too early to determine to what extent the rate should change. A foundational element for improvement would be to study and support the decision making processes to ensure that the goal stated above is met.

Probation:

Priority Outcome Measure or Systemic Factor: P1: Permanency in 12 Months for Children Entering Care. **National Standard: 40.5%** **CSA Baseline Performance: 0.00%** **Target Improvement Goal: 40.5%**
Priority Outcome Measure or Systemic Factor: P3: Permanency in 12 Months for Children in Care for 24 + Months **National Standard: 30.3%** **CSA Baseline Performance: 0.00%** **Target Improvement Goal: 30.3%**

Strategy 1: Ensure proper assessment and documentation and understand patterns that identify systemic child vulnerabilities	☐ CAPIT ☐ CBCAP ☐ PSSF ☐ N/A	Applicable Outcome Measure(s) and/or Systemic Factor(s): **S1: Maltreatment in Foster Care** ☐ Title IV-E Child Welfare Waiver Demonstration Capped Allocation Project	
Action Steps:	Implementation Date:	Completion Date:	Person Responsible:
1A: All referrals with substantiated allegations relating to children in non voluntary open cases are reviewed for proper assessment and documentation. Use finding to support continued training of ER and Dependency Investigation Unit staff.	January 2016	February 2016	CQI Support Staff DIU SWS
1B: All referrals with substantiated allegations relating to children in non voluntary open cases are reviewed for observable systemic dynamics that may have contributed to the child's vulnerability to abuse. Identified patterns are reviewed with the Leadership Team for the consideration of systemic interventions and training in Placement, Family Reunification, and Permanency Panning divisions.	January 2016	June 2016	CQI Support Staff Leadership Team
1C: CQI Support staff to meet at least every six months with staff from appropriate units to discuss outcome data and the progress of any existing strategies as well as identifying system barrier and new intervention strategies.	January 2016	June 2016	CQI Support Staff Managers, Supervisors and Social Workers

Strategy 2: Ensure that families are properly positioned with support to reduce the risk of subsequent incidents.	☒ CAPIT ☒ CBCAP ☒ PSSF ☐ N/A	Applicable Outcome Measure(s) and/or Systemic Factor(s): **S2: Recurrence of Maltreatment** ☐ Title IV-E Child Welfare Waiver Demonstration Capped Allocation Project	
Action Steps:	Implementation Date:	Completion Date:	Person Responsible:
2A: Develop a differential response structure that includes NRCS and other family support services. The County will conduct an RFP process to select vendors to provide these services to support families on a path towards healthy functioning.	June 2016	March 2017	Leadership Team Key Advisors Staff Analyst Contract Unit
2B: Continuous training and coaching on Safety Organized Practice and other tools and techniques used to build supportive structures around families. FR and FM staff is included in such skill development as **S2 Recurrence** could occur after short term FR or FM services.	January 2016	September 2016	Leadership Team In House and Contracted Trainers and Coaches
2C: CQI Support staff to meet at least every six months with staff from appropriate units to discuss outcome data and the progress of any existing strategies as well as identifying system barrier and new intervention strategies.	January 2016	June 2016	CQI Support Staff ER, FM, and FR Managers, Supervisors, and Social Workers

Strategy 3: Ensure that staff is properly positioned to not only initiate response but also make initial contact in a timely manner with children alleged to have been abused.	☐ CAPIT ☐ CBCAP ☐ PSSF ☐ N/A	Applicable Outcome Measure(s) and/or Systemic Factor(s): **Timely Investigation** ☐ Title IV-E Child Welfare Waiver Demonstration Capped Allocation Project	
Action Steps:	Implementation Date:	Completion Date:	Person Responsible:
3A: Revise the process for distribution of non crisis referrals to social workers in order that they are assigned by the next business day.	January 2016	March 2016	ER Referral Clerks, Social Workers, Social work Supervisors, and Program Managers
3B: Clarify response guidelines related to contacting children at school in response to *Camreta v. Greene* so that social workers are aware of the proper circumstance and method for in school contact.	January 2016	March 2016	ER Social Workers, Social Work Supervisors, and Program Managers
3C: Social Workers and their Supervisors engage in discussions as to how often timely contact is successful utilizing SafeMeasures. Working together to identify "what am I going to need to do" to not only initiate response but also make initial contact in a timely manner.	January 2016	March 2016	ER Social Workers, Social Work Supervisors, and Program Managers
3D: CQI Support staff to meet at least every six months with staff from appropriate units to discuss outcome data and the progress of any existing strategies as well as identifying system barrier and new intervention	January 2016	June 2016	CQI Support Staff ER Managers, Supervisors, and Social Workers

strategies.			
Strategy 4: Staff is supported in effective practices to advance permanence from the inception of the case and throughout.	☐ CAPIT ☐ CBCAP ☐ PSSF ☐ N/A	Applicable Outcome Measure(s) and/or Systemic Factor(s): **P1: Permanency in 12 months for children entering foster care** ☐ Title IV-E Child Welfare Waiver Demonstration Capped Allocation Project	
Action Steps:	Implementation Date:	Completion Date:	Person Responsible:
4A: Staff are trained, coached, and supported in the execution of the Visitation Planning Model as they plan and strategize with the parent(s) as a part of a permanency team for the family.	June 2016	December 2017 full implementation	Visitation Task Force FR Managers, Supervisors and Social Workers
4B: Staff are trained, coached and supported in the building of Circles of Support and using the team to support the family during and after the reunification period.	July 2017	June 2018 full implementation	Trainers, Coaches, and FR Managers, Supervisors and Social Workers
4C: Staff are trained, coached and supported in the sensitive process of building and communicating a clear and solid concurrent plan simultaneous to a commitment to reunification.	July 2017	June 2018 full implementation	Trainers, Coaches, and FR Managers, Supervisors and Social Workers

4D: CQI Support staff to meet at least every six months with staff from appropriate units to discuss outcome data and the progress of any existing strategies as well as identifying system barrier and new intervention strategies.	January 2016	June 2016	CQI Support Staff FR Managers, Supervisors, and Social Workers

Strategy 5: Staff is supported in effective practices to advance permanence for youth who did not reunify and for whom even other permanence has been difficult to achieve.	☐ CAPIT ☐ CBCAP ☐ PSSF ☐ N/A	Applicable Outcome Measure(s) and/or Systemic Factor(s): **P3: Permanency in 12 months for children in foster care for 24 months or more** ☐ Title IV-E Child Welfare Waiver Demonstration Capped Allocation Project	
Action Steps:	Implementation Date:	Completion Date:	Person Responsible:
5A: The successful results of family finding are enhanced through the expansion of the Visitation Planning Model as connections are built through strategic visitation.	June 2017	December 2018 full implementation	Visitation Task Force and FR Managers, Supervisors and Social Workers
5B: Staff are trained, coached and supported in communicating permanency options and addressing concerns children and families may have starting with how to communicate about the meaning and implications of the termination of reunification services	June 2017	July 2018 full implementation	Trainers, Coaches, and FR Managers, Supervisors and Social Workers
5C: Consider the development of a monthly prospective Guardianship orientation to address issues and concerns that often arise in making a guardianship decision.	June 2017	July 2018 full implementation	Trainers, Coaches, and FR Managers, Supervisors and Social Workers

5D: CQI Support staff to meet at least every six months with staff from appropriate units to discuss outcome data and the progress of any existing strategies as well as identifying system barrier and new intervention strategies.	January 2016	June 2016	CQI Support Staff FR Managers, Supervisors, and Social Workers

Strategy 6: Continue to work with Tribal partners and coaches to improve and support agency and social worker practice with Native American children and families especially but not exclusively focused on placements that are in accordance with ICWA.	☐ CAPIT ☐ CBCAP ☐ PSSF ☐ N/A	Applicable Outcome Measure(s) and/or Systemic Factor(s): **ICWA Placement** ☐ Title IV-E Child Welfare Waiver Demonstration Capped Allocation Project	
Action Steps:	Implementation Date:	Completion Date:	Person Responsible:
6A: The ICWA Practice Committee will continue to meet regularly and will benefit from the community and tribal voice as practice processes and social worker practice are supported and developed collaboratively.	January 1, 2016	March 2016	ICWA Practice Committee
6B: The ICWA Coaches will continue to work with staff in support of effective engagement with Native American families	January 1, 2016	March 2016	ICWA Practice Committee ICWA Coaches

6C: The agency and staff will grow in the ability to work with families who are Native American but do not qualify as ICWA in a manner that is consistent with the Spirit of ICWA.	July 1, 2016	June 2016	ICWA Practice Committee ICWA Coaches Leadership Team
6D: The Home Approval Unit will work with the ICWA Practice Committee to establish processes and procedures to facilitate placement with Native American families and the documentation of the same.	July 1, 2016	September 2016	ICWA Practice Committee Home Approval Unit Leadership Team

Strategy 7: Procedures and processes are developed to enact requirements from legislation that impacts the dynamics of the administration of psychotropic medications to youth in foster care.	☐ CAPIT ☐ CBCAP ☐ PSSF ☐ N/A	Applicable Outcome Measure(s) and/or Systemic Factor(s): **Authorization for Psychotropic Drugs** ☐ Title IV-E Child Welfare Waiver Demonstration Capped Allocation Project	
Action Steps:	Implementation Date:	Completion Date:	Person Responsible:
7A: SB 238 In preparation for the rules of court that the child or ward and his or her caregiver and court-appointed special advocate, if any, have an opportunity to provide input on the medications being prescribed, develop and enact procedures to facilitate and document such input.	March 1, 2016	July 1, 2016	Leadership Team JV220 Court Officer
7B: SB 484 DSS will ensure that for youth placed in group homes that the facility has the proper information to ensure that psychotropic medications may be used at a group home only in accordance with the	March 1, 2016	July 1, 2016	Leadership Team JV220 Court Officer

written directions of the physician prescribing the medication and as authorized by the juvenile court.			
7C: SB 484 DSS will develop processes and procedures to support and ensure that the group home maintain in the child's records specified information regarding the administration of those medications.	March 1, 2016	July 1, 2016	Leadership Team JV220 Court Officer
7D: SB 319 DSS will develop and enact procedures to enable and ensure that the Child Welfare PHNs are able to monitor and oversee the child's use of psychotropic medications and to assist a nonminor dependent to make informed decisions about his or her health care.	March 1, 2016	July 1, 2016	Leadership Team Public Health Nurses JV220 Court Officer
7E: DSS will develop or modify Policy and Procedure Guides to support the care of youth in a manner consistent with the guidelines provided to Group Homes by CDSS as outlined in the CCL Advocacy and Technical Support Resource Guide TSP 2015-01 *http://ccld.ca.gov/res/pdf/GroupHomesMedication.pdf*	January 2016	March 1, 2016	Placement Manager Placement Staff PPG Writer

The next five Goals are taken directly from the Strategic Plan and are globally systemic in nature and do not specifically correlate to any particular outcome data set although their successful achievement will impact structure and practice so as to influence many or all data sets in a positive manner.

Goal 1: Improve Outcome Evaluation Policy, practice and partnerships will be grounded in a coordinated system of evaluation that measures the results of our efforts.

Goal 2: Enhance Practice Fresno County's child welfare service community will operate under a shared practice model that honors families' lived experience, prevents system trauma and fully engages youth and families in determining their own future.

Goal 3: Strengthen Partnerships CWS will establish and maintain strong alliances among our teams, with our community and agency partners and with every family and youth we serve.

Goal 4: Promote Workforce Excellence CWS will ensure that its workforce is continually prepared and supported to perform high-quality work that contributes to improving the lives of children and families.

Goal 5: Achieve System Alignment Agency-wide operational and administrative systems will be aligned to complement the philosophy and values of CWS, creating a consistent environment in which to serve children and families.

Strategy 8: **8A: Set Evaluation Standards** Create a comprehensive, integrated system of qualitative and quantitative measures to determine how our work contributes to desired outcomes for the children and families we serve. **8B: Evaluate Success** Develop and implement a system of Continuous Quality Improvement to regularly monitor and understand the impact of our work on outcomes for children and families. **8C: Partner for Results** Build collective capacity to create shared accountability for contributing to outcome achievement for the CWS families we jointly serve.	☐ CAPIT ☐ CBCAP ☐ PSSF ☐ N/A	Applicable Outcome Measure(s) and/or Systemic Factor(s): **Goal 1: Improve Outcome Evaluation** Policy, practice and partnerships will be grounded in a coordinated system of evaluation that measures the results of our efforts. ☐ Title IV-E Child Welfare Waiver Demonstration Capped Allocation Project

Action Steps:	Implementation Date:	Completion Date:	Person Responsible:
8A1: Develop an outcome evaluation protocol that defines the data sources; methods of collection, analysis and interpretation; and feedback process to improve practice based on evaluation findings.	March 2016	December 2016	Leadership Team CQI Support Unit IT CWS Liaison
8A2: Develop a process to continually assess and analyze relevance of data used to measure success (e.g., quality of data entered into CMS, validity of data, alignment of new data needs with system changes).	March 2016	December 2016	Leadership Team CQI Support Unit IT CWS Liaison
8B1: Ensure practice innovations are fully implemented with accuracy and consistency across CWS.	January 2017	December 2017	Leadership Team CQI Support Unit IT CWS Liaison
8B2: Evaluate how effectively practice innovations contribute to positive child and family outcomes.	January 2017	December 2017	Leadership Team CQI Support Unit IT CWS Liaison
8B3: Determine adjustments to practice innovations that maximize or sustain positive child and family outcomes.	January 2017	December 2017	Leadership Team CQI Support Unit IT CWS Liaison
8C1: Partner with foster parents, service providers and other partners to use data for measuring collaborative efforts to achieve common outcomes.	January 2017	December 2017	Leadership Team CQI Support Unit IT CWS Liaison

			Foster Parent resource Unit
8C2: Fully implement performance-based contract agreements with all service partners to share responsibility for achieving child & family outcomes.	January 2017	December 2017	Leadership Team CQI Support Unit IT CWS Liaison Staff Analyst Contract Unit

Strategy 9: **9A: Fully Implement Practice Model** Infuse the values, principles and practice behaviors embedded in the Practice Model across all program areas. **9B: Align with Partners** Revise partnership agreements to align the expectations of caregivers and community service providers with the Practice Model. **9C: Evolve Practices –** Regularly seek and incorporate input that improves practice from all perspectives involved with service delivery: youth and families, staff, caregivers and community partners.	☐ CAPIT ☐ CBCAP ☐ PSSF	Applicable Outcome Measure(s) and/or Systemic Factor(s): **Goal 2: Enhance Practice** Fresno County's child welfare service community will operate under a shared practice model that honors families' lived experience, prevents system trauma and fully engages youth and families in determining their own future.
	☐ N/A	☐ Title IV-E Child Welfare Waiver Demonstration Capped Allocation Project

Action Steps:	Implementation Date:	Completion Date:	Person Responsible:
9A1: Operationalize the Practice Model within the context of each program area (ER, FM, FR, PP, Placement, Support, etc.).	January 2016	September 2016	Leadership Team CQI Support Unit Coaching and Training Partners
9A2: Operate case decision-making, partnerships, management oversight and teamwork in concert with the Practice Model.	July 2016	January 2017	Leadership Team CQI Support Unit Coaching and Training Partners
9A3: Apply reflective supervision and coaching methods to reinforce implementation of the Practice Model.	July 2016	January 2017	Leadership Team CQI Support Unit Coaching and Training Partners
9B1: Articulate expectations for inclusion in revised partnership agreements.	July 2016	January 2017	Leadership Team CQI Support Unit Staff Analyst Contract Unit
9B2: Update all partnership agreements to reflect philosophy of Practice Model.	July 2016	July 2017	Leadership Team CQI Support Unit Staff Analyst Contract Unit
9C1: Use data as a source of input to improve practice.	July 2016	December 2016	Leadership Team CQI Support Unit Coaching and Training Partners

9C2: Use client experience and community feedback as input sources to improve practice.	July 2017	December 2017	Leadership Team CQI Support Unit Coaching and Training Partners Parent Partners Key Advisors Community Partners
9C3: Use staff and service partner experiences as input sources to improve practice.	July 2017	December 2017	Leadership Team CQI Support Unit Coaching and Training Partners Service Delivery Partners

Strategy 10: **10A: Set the Foundation for Teaming** Enhance collaboration within CWS and across DSS to improve teamwork, service coordination, resource management and outcome achievement. **10B: Improve Partnership Relations** Improve working relationships with public, private, community and Tribal partners to emphasize teamwork, service coordination, resource management and outcome achievement.	☐ CAPIT ☐ CBCAP ☐ PSSF	Applicable Outcome Measure(s) and/or Systemic Factor(s): **Goal 3: Strengthen Partnerships** CWS will establish and maintain strong alliances among our teams, with our community and agency partners and with every family and youth we serve.
	☐ N/A	☐ Title IV-E Child Welfare Waiver Demonstration Capped Allocation Project

Action Steps:	Implementation Date:	Completion Date:	Person Responsible:
10A1: Improve communication across the agency about the implications of systemic changes, new initiatives, strategic priorities and other agency-wide issues.	January 2017	December 2017	Leadership Team CQI Support Unit Coaching and Training Partners
10A2: Expand relationship-building to facilitate stronger alliances among CWS divisions as well as between CWS.	January 2017	December 2017	Leadership Team CQI Support Unit Coaching and Training Partners
10A3: Enhance the utilization of family-centered teams to create individualized plans, improve coordinated service and provide support for children and youth in care.	July 2016	December 2017	Leadership Team CQI Support Unit Coaching and Training Partners
10B1: Strengthen working relationships with caregivers.	July 2016	December 2017	Leadership Team CQI Support Unit Coaching and Training Partners Foster Parent Resources Unit
10B2: Strengthen working relationships with service delivery partner. Including but not limited to Mental Health, Substance Abuse, Domestic Violence, Visitation Support, Schools, Regional Center.	January 2017	December 2017	Leadership Team CQI Support Unit Service Delivery Partners
10B3: Strengthen alliances with public, private, community & Tribal partners.	January 2017	December 2017	Leadership Team CQI Support Unit ICWA Coaches Tribal Partners

Strategy 11: **11A: Support Continuous Learning** Build the skills, abilities and confidence of all members of the workforce to perform their role with compassion and competence. **11B: Provide Support & Guidance** Build the capacity of *supervisors* to effectively support practitioners within a dynamic, evolving practice environment. **11C: Cultivate Leadership** Build leadership capacity throughout the organization to support succession planning and shared responsibility for achieving the goals and priorities of the organization.	☐ CAPIT ☐ CBCAP ☐ PSSF ☐ N/A	Applicable Outcome Measure(s) and/or Systemic Factor(s): **Goal 4: Promote Workforce Excellence** CWS will ensure that its workforce is continually prepared and supported to perform high-quality work that contributes to improving the lives of children and families. ☐ Title IV-E Child Welfare Waiver Demonstration Capped Allocation Project	
Action Steps:	Implementation Date:	Completion Date:	Person Responsible:
11A1: Build the capacity of each level of the organization to champion the CWS strategic direction, model agency values and carry out their respective roles.	January 2018	December 2018	Leadership Team CQI Support Unit Coaching and Training Partners
11A2: Prepare and support each level of the organization to carry out the standards of practice inherent in their respective roles in the Practice Model.	January 2018	December 2018	Leadership Team CQI Support Unit Coaching and Training Partners

11A3: Gather and incorporate feedback on staff learning, and adjust the staff development and training plan accordingly.	January 2018	December 2018	Leadership Team CQI Support Unit Coaching and Training Partners
11B1: Integrate coaching and reflective supervision into CWS operations to provide objective case consultation, relate outcomes to intervention decisions and reinforce behavioral expectations of staff.	January 2018	December 2018	Leadership Team CQI Support Unit Coaching and Training Partners
11B2: Provide essential support and resources for self-care of a workforce engaging in trauma-informed practice.	January 2018	December 2018	Leadership Team CQI Support Unit Coaching and Training Partners
11C1: Establish recognized developmental pathways within which personnel can develop desired leadership skills & behaviors.	January 2018	December 2018	Leadership Team CQI Support Unit Coaching and Training Partners
11C2: Create opportunities for personnel to exercise initiative and advocate for practice innovation aimed at improving outcomes.	January 2018	December 2018	Leadership Team CQI Support Unit Coaching and Training Partners

Strategy 12: **12A: Re-negotiate Interdepartmental Alignment** Child Welfare Services hosts an interdepartmental dialogue aimed at aligning efforts, maximizing cooperation and encourage collaboration with its DSS counterparts. **12B: Integrate Practice Innovation** Regularly monitor both new and existing system-wide practice innovations to ensure integration with the Practice Model and relevance to agency priorities.	☐ CAPIT ☐ CBCAP ☐ PSSF ☐ N/A	Applicable Outcome Measure(s) and/or Systemic Factor(s): **Goal 5: Achieve System Alignment** Agency-wide operational and administrative systems will be aligned to complement the philosophy and values of CWS, creating a consistent environment in which to serve children and families. ☐ Title IV-E Child Welfare Waiver Demonstration Capped Allocation Project	
Action Steps:	Implementation Date:	Completion Date:	Person Responsible:
12A1: Align systems of recruitment, assessment, hiring, development, advancement and retention, balancing the needs of DSS with the needs of CWS to more effectively serve children and families.	January 2018	December 2018	Leadership Team CQI Support Unit Personnel Partners Training Partners
12A2: Align quality assurance activities and processes to promote achievement of child and family outcomes.	January 2018	December 2018	Leadership Team CQI Support Unit Coaching and Training Partners
12A3: Create an integrated approach to staff development and training that is aligned with agency values, regulatory mandates, CWS' Practice Model and strategic direction for the future.	January 2018	December 2018	Leadership Team CQI Support Unit Coaching and Training Partners

12A4: Align facility resources and information technology services to meet growing organizational needs.	January 2018	December 2018	Leadership Team Facilities Information Technology Division
12A5: Align processes to implement a system of performance-based contract management for CWS providers.	January 2018	December 2018	Leadership Team Staff Analyst Contract Unit
12B1: Utilize a decision-making protocol (Innovation Cycle) that advances practice innovations from promising ideas to accomplishing results.	January 2018	December 2018	Leadership Team CQI Support Unit
12B2: Integrate all existing standalone initiatives as enhancements to the Practice Model or create a plan to terminate the effort.	January 2017	December 2018	Leadership Team CQI Support Unit Coaching and Training Partners

Probation:

Strategy 1: Improve Family Finding Locate long-term, caring, permanent connections to re-connect foster youth with family members.	☐ CAPIT ☐ CBCAP ☐ PSSF ☐ N/A	Applicable Outcome Measure(s) and/or Systemic Factor(s): **P1: Permanency in 12 Months for Children Entering Care** ☐ Title IV-E Child Welfare Waiver Demonstration Capped Allocation Project	
Action Steps:	Implementation Date:	Completion Date:	Person Responsible:
1A. Provide training to the Placement Officers to improve Family Finding. Enroll officers in training provided by UC Davis Extension Resource Center for Family-Focused Practice regarding Family Finding.	April 2016	December 2016	Probation Services Manager, Training Unit
1B. Utilize Fresno County Department of Social Service Child Welfare for suggestions and to assist with linking to further training. Use the opportunity to learn what works from Child Welfare and be receptive to suggestions and further training opportunities.	June 2016	December 2016	Probation Services Manager

1C. Utilize wraparound services to support the youth and care provider. The services provided by wraparound can provide the foundation for a successful long-term relationship between the youth and care provider.	April 2016	June 2018	Deputy Probation Officers, SB163 Wraparound Providers
1D. Ongoing Family Finding while the youth is in the care of Probation. Officers will continue to actively look for those that can provide long-term connections to foster youth even if not initially located.	April 2016	June 2017	Deputy Probation Officers
1E. Probation Services Manager will meet with officers individually on a quarterly basis to discuss family finding efforts to ensure that these efforts remain continuous.	June 2016	June 2018	Probation Services Manager, Deputy Probation Officers

Strategy 2: Advocate for Guardianship for Identified Long-Term Care Providers	☐ CAPIT ☐ CBCAP ☐ PSSF ☐ N/A	Applicable Outcome Measure(s) and/or Systemic Factor(s): **P1: Permanency in 12 Months for Children Entering Care** ☐ Title IV-E Child Welfare Waiver Demonstration Capped Allocation Project	
Action Steps:	Implementation Date:	Completion Date:	Person Responsible:
2A. Provide training to the Placement Officers regarding the legal process of obtaining guardianship. Coordinate with Child Welfare to provide an overview to the Placement Unit Officers of the guardianship process. Upon the officers understanding the process and benefits of guardianship, they can begin educating and advocating for guardianship for the foster youth that have identified long-term care providers.	June 2016	June 2018	Probation Services Manager Training Unit
2B. Educate Long-Term Care Providers about the process to obtain legal guardianship. Refer care providers that are interested in Guardianship to the Guardianship Basics	August 2016	June 2018	Probation Services Manager Deputy Probation Officers

Workshop provided by the Court's Probate Division.			
2C. Provide literature regarding the benefits of legal guardianship. Utilize "Giving A Child A Permanent Home – Choices For Relatives" provided by the State of California Health and Human Services Agency as resource to provide care-givers to explain the benefits and differences between guardianship and adoption.	June 2016	June 2018	Probation Services Manager Deputy Probation Officers
2D. During monthly Unit Meetings solicit feedback from the officers regarding their caseloads and potential care givers that may be good candidates to seek guardianship. The continued conversation and encouragement of obtaining permanency will remain in the forefront of the unit's mission.	May 2016	June 2018	Probation Services Manager Deputy Probation Officers

Strategy 3: Advocate for Adoption for Identified Long-Term Care Providers	☐ CAPIT ☐ CBCAP ☐ PSSF ☐ N/A	Applicable Outcome Measure(s) and/or Systemic Factor(s): **P1: Permanency in 12 Months for Children Entering Care** ☐ Title IV-E Child Welfare Waiver Demonstration Capped Allocation Project	
Action Steps:	Implementation Date:	Completion Date:	Person Responsible:
3A. Provide training to the Placement Officers regarding legal process of completing an adoption. Coordinate with Child Welfare to provide an overview to the Placement Unit Officers of the adoption process. Upon the officers' understanding of the process and benefits of adoption, they can begin educating and advocating for adoption for the foster youth that have an identified long-term care provider.	January 2017	June 2018	Probation Services Manager Training Unit
3B. Educate Long-Term Care Providers about the process to complete adoption. Refer those interested in adoption to the California Department of Social Services	March 2017	June 2018	Probation Services Manager Deputy Probation Officers

local Field Office to schedule an information meeting which will provide an overview of the adoption process.			
3C. Provide literature regarding the benefits of adoption. Utilize "Giving A Child A Permanent Home – Choices For Relatives" provided by the State of California Health and Human Services Agency as resource to provide care-givers to explain the benefits and differences between guardianship and adoption.	March 2017	June 2018	Probation Service Manager Deputy Probation Officers

CAPIT/CBCAP/PSSF Expenditure Workbook
Proposed Expenditures
Worksheet 1

ATTACHMENT B: CAPIT/CBCAP/PSSF Expenditure Workbook

(1) DATE SUBMITTED: 2/22/16

(2) DATES FOR THIS WORKBOOK 10/1/14 thru 6/30/17

(3) DATE APPROVED BY OCAP
Internal Use Only

(4) COUNTY: Fresno

(5) PERIOD OF SIP: 3/28/16 thru 12/26/19

(6) YEARS: 5

(7) ALLOCATION (Use the latest Fiscal or All County Information Notice for Allocation): CAPIT: $331,526 (realigned) CBCAP: $44,314 PSSF: $1,135,468 PSSF & CBCAP FY 15-16

No.	Program Name	Applies to CBCAP Programs Only	Name of Service Provider	Service Provider is Unknown, Date Revised Workbook to be Submitted to OCAP	CAPIT: Dollar amount to be spent on CAPIT Programs	CAPIT: CAPIT is used for Administration	CBCAP: Dollar amount to be spent on CBCAP Programs	CBCAP: CBCAP is used for Administration	PSSF: Dollar amount to be spent on Family Preservation	PSSF: Dollar amount to be spent on Family Support	PSSF: Dollar amount to be spent on Time Limited Reunification	PSSF: Dollar amount to be spent on Adoption Promotion & Support	PSSF: Dollar amount of PSSF allocation to be spent on PSSF activities (Sum of columns G1-G4)	PSSF: PSSF is used for Administration	OTHER SOURCES: Dollar amount from other sources	NAME OF OTHER: List the name(s) of the other funding source(s)	TOTAL: Total dollar amount to be spent on this Program (Sum of Columns E, F, G5)
A	B	C	D1	D2	E1	E2	F1	F2	G1	G2	G3	G4	G5	G6	H1	H2	I
1	Parents and Children Engaging*		Centro La Familia*		$0		$0		$28,125	$28,125	$0	$0	$56,250		$0		$56,250
2	Learning About Parenting*		Exceptional Parents Unlimited*		$88,215		$0		$16,642	$16,643	$0	$0	$33,285		$0		$121,500
3	Child Advocacy*		Court Appointed Special Adovocates*		$105,099	X	$0		$44,542	$44,542	$0	$0	$89,084		$0		$194,183
4	Sanger Family Resource Center*		Comprehensive Youth Services		$0		$0		$71,750	$71,750	$0	$0	$143,500		$0		$143,500
5	Family Solutions*	Direct Service	Comprehensive Youth Services*		$57,133		$44,314		$24,863	$24,862	$0	$0	$49,725		$0		$151,172
6	Huron Neighborhood Resource Center*		Westside Family Preservation Services		$81,079		$0		$50,712	$50,712	$0	$0	$101,424		$0		$182,503
7	Team Decision Making Community Representatives*		California Health Collaborative*		$0		$0		$48,706	$48,706	$0	$0	$97,412		$0		$97,412
8	Adoption Promotion and Support		County of Fresno Department of Social Services*		$0		$0		$0	$0		$245,118	$245,118		$0		$245,118
9	Supervised Visitation Services*		Comprehensive Youth Services*		$0		$0		$0	$0	$178,439	$0	$178,439		$0		$178,439
10	Supervised Visitation Services*		Quality Group Homes*		$0		$0		$0	$0	$141,231	$0	$141,231		$0		$141,231
11					$0		$0		$0	$0	$0	$0	$0		$0		$0
12					$0		$0		$0	$0	$0	$0	$0		$0		$0
13					$0		$0		$0	$0	$0	$0	$0		$0		$0
14					$0		$0		$0	$0	$0	$0	$0		$0		$0
15					$0		$0		$0	$0	$0	$0	$0		$0		$0
	Totals				$331,526		$44,314		$285,340	$285,340	$319,670	$245,118	$1,135,468		$0		$1,511,308
									25%	25%	28%	22%	100%				

*All Contracts expires 6/30/2017. The County will issue an RFP to determine which vendors provide CAPIT/PSSF/CBCAP funded service for the 7/1/2017 - 12/26/2019 period. All Program Descriptions will be reviewed and approved by OCAP prior to implementation.

CAPIT/CBCAP/PSSF
PROGRAM AND EVALUATION DESCRIPTION

PROGRAM DESCRIPTION TEMPLATE

[REFERENCE PAGE 51-53 OF THE INSTRUCTION MANUAL]

PROGRAM NAME

Advocacy for Abused and Neglected Children

SERVICE PROVIDER

Court Appointed Special Advocates of Fresno & Madera Counties

PROGRAM DESCRIPTION

Court Appointed Special Advocates (CASA) of Fresno & Madera Counties will advocate for the best interests of abused and neglected children in Fresno County. 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 future; 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 by being a mentor to the children.

CASA advocates are available to travel for home visits and encourage use of neighborhood based resources. CASA partners with Fresno Unified School District to serve African American Foster Youth to address issues related to attendance and expulsion rates. CASA maintains 6 African American volunteers and all advocates receive training through the Racial Sobriety Program. CASA provides program services in English and Spanish.

The CASA supervisors' primary roles will be to focus on retention, recruitment, case management and training of the CASA Advocates who are unpaid volunteers that provide direct services. One supervisor is required for every 35 volunteers. The supervisors also may include training the volunteers on early developmental assessments, peer to peer mentoring to the parents/caregivers, participating in court hearings, Team Decision Meetings, multidisciplinary meetings, and school meetings (such as SST's, IEP's, etc.) and administrative services.

FUNDING SOURCES

SOURCE	LIST FUNDED ACTIVITIES
PSSF Family Preservation & PSSF Family Support	1. Team Decision Making 2. Youth Programs
CAPIT	1. Team Decision Making 2. Youth Programs
Other Source(s): (specify)	Fundraising/Donations - $240,250 First 5 Fresno County - Journey of Hope for Ages 0-5 - $142,092 Judicial Council of CA - General CASA funding - $85,250 EECU - Journey of Hope - $5,000 Madera County DSS - Sole Source Funding - $10,000

Identify Priority Need Outlined in CSA

- The integrated CSA indicates on Page 54 that African-American children are disproportionately represented in the Fresno County foster care system. Data suggests that addressing institutional biases by increased community involvement helps contribute to the reduction of African-American children in care.
- Highest child welfare participation: 93706, 93722, 93727, 93705, and 93726 as indicated on Pages 35 and 46-47.

Target Population

First priority is given to reunification, followed by adoption and then legal guardianship if reunification is not a possibility. Advocacy services are provided for children and youth who have been removed from their home and placed in foster care with emphasis on African American foster children who are students of Fresno Unified School District.

Target Geographic Area

CASA's services are available to all urban and rural areas of Fresno County, but especially those zip codes where there is the highest child welfare participation: 93706, 93722, 93727, 93705, and 93726.

Timeline

October 1, 2014 to June 30, 2017 (contract), 10/1/14 thru 12/28/15 (SIP Cycle); For the remainder of the SIP Cycle (July 1, 2017 – December 26, 2019) the Department will issue an RFP to contract with vendors for CAPIT/PSSF/CBCAP funded prevention services. OCAP will be notified of all changes.

Evaluation

Program Outcome(s) and Measurement & Quality Assurance (QA) Monitoring

Desired Outcome	Indicator	Source of Measure	Frequency
African American children served through FUSD will achieve improved educational outcomes. • 80% of African American children participating will maintain an 85% attendance rate • Only 20% of African American children participating will have been suspended	Children will experience two or less placements while being assigned an advocate per year.	Monthly Activity Reports submitted to CFSDD. Demographic data, age and unduplicated African American children served. Outcome numbers and number of PSSF/CAPIT services providedData gathered will be reported in the OCAP Annual Report and also used to evaluate performance.	Advocates rate the child's overall safety, education, health, and permanence on a monthly basis.

• 70% of African-American children participating will maintain a 2.5 GPA or above			

CLIENT SATISFACTION

Method or Tool	Frequency	Utilization	Action
Satisfaction Survey	Completed by Advocates, Attorneys, DSS Social Workers and children 10 years and older on an annual basis.	Surveys reviewed when received and entered into an online database.	Problem areas addressed by staff, as appropriate to resolve issues and ensure continuous quality improvement

CAPIT/CBCAP/PSSF
PROGRAM AND EVALUATION DESCRIPTION

PROGRAM DESCRIPTION TEMPLATE

[REFERENCE PAGE 51-53 OF THE INSTRUCTION MANUAL]

PROGRAM NAME

TDM Community Representative Services

SERVICE PROVIDER

California Health Collaborative

PROGRAM DESCRIPTION

California Health Collaborative will manage and coordinate the Team Decision Making (TDM) Community Representative Program. Services include the recruitment, coordination, training and support of community members (Community Representatives) to actively participate in the Department of Social Services' (DSS) TDM meetings. Such participation improves the engagement and preservation of families. New Community Representatives will be recruited from high-risk communities through a variety of recruitment activities such as community events, outreach services and DSS referrals. Community Representatives will be provided culturally appropriate training and support in order to ensure high-risk families have a strong, knowledgeable advocate and resource. Services are available in English and Spanish.

FUNDING SOURCES

SOURCE	LIST FUNDED ACTIVITIES
PSSF Family Preservation	1. Team Decision Making 2. Transportation
PSSF Family Support	1. Team Decision Making 2. Transportation
Other Source(s): (specify)	No other funding

IDENTIFY PRIORITY NEED OUTLINED IN CSA

On page 63 of the CSA, statistics show that children who enter the CWS system and receive a TDM early are more likely to reunify. Out of the total number of the exiting group 60% were those who returned home at the point of the initial TDM and 40% were those who received court ordered reunification services. According to the CSA of page 22, the 93702 and 93726 zip codes have the highest TDM child participation in the County of Fresno.

TARGET POPULATION

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 - and 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. Approximately 378 clients/families are expected to be served during the first nine month term.

Demographics of these respective areas indicate a significant portion of the population is living below the poverty line (between 29% and 42%), is significantly Hispanic (63% to 99%) and has a higher than average rate of unemployment (13% to 20%). Enrollment priority for the TDM project will be given to

parents/caregivers referred by Child Welfare Services (CWS). We accept non-CWS parents/caregivers walk-ins or referrals by other service providers that have been identified as at risk of becoming involved with the CWS system.

Target Geographic Area

The target population is families involved or at risk with Child Welfare Services with a focus on those from statistically high-risk neighborhoods – 93702 and 93726 zip codes in southeast and southwest Fresno - and African-American and Native American families.

Timeline

October 1, 2014 to June 30, 2017 (contract), 10/1/14 thru 12/28/15 (SIP Cycle); For the remainder of the SIP Cycle (July 1, 2017 – December 26, 2019) the Department will issue an RFP to contract with vendors for CAPIT/PSSF/CBCAP funded prevention services. OCAP will be notified of all changes.

Evaluation

Program Outcome(s) and measurement & Quality Assurance (QA) Monitoring

Desired Outcome	Indicator	Source of Measure	Frequency
TDM Community Representatives (CR) will provide knowledgeable, effective and culturally diverse/representation to families.	85% of the families that receive TDM (with a TDM CR present) will demonstrate increased knowledge and understanding of the information provided to them by the TDM CR.	Paper-based Post Parent TDM Survey. Monthly Activity Reports submitted to CFDSS. Data gathered will be reported in the OCAP Annual Report and also used to evaluate performance.	Completed by participants post TDM

Client Satisfaction

Method or Tool	Frequency	Utilization	Action
Satisfaction Survey	Completed by participants after TDM	Surveys reviewed after each TDM	Problem areas addressed by staff, as appropriate to resolve issues and ensure continuous quality improvement

CAPIT/CBCAP/PSSF
PROGRAM AND EVALUATION DESCRIPTION

PROGRAM DESCRIPTION TEMPLATE

[REFERENCE PAGE 51-53 OF THE INSTRUCTION MANUAL]

PROGRAM NAME

Parents and Children Engaging (PACE)

SERVICE PROVIDER

Centro La Familia Advocacy Services, Inc.

PROGRAM DESCRIPTION

Through its *Parents and Children Engaging* (PACE) project, Centro La Familia will provide child abuse prevention services at primary, secondary, and tertiary levels. The PACE project will utilize the Nurturing Parenting (NP) program and the six protective factors framework when working with the families. In addition to NP classes, the project also targets outreach, community presentations, in-home visits, peer support groups and linkage to wraparound services. NP classes include 15 weekly sessions focus on appropriate parenting, effects of child abuse and neglect on children, and instruction on how to establish/maintain healthy peer networks. All program activities will be provided at days and times appropriate to the target population: daytime, evenings, and weekends. Services are available in Spanish, English and Hmong.

FUNDING SOURCES

SOURCE	LIST FUNDED ACTIVITIES
PSSF Family Preservation & PSSF Family Support	1. Parent Education
Other Source(s): (specify)	First 5 Fresno County – Parent Education - $123,000

IDENTIFY PRIORITY NEED OUTLINED IN CSA

- The integrated CSA indicates on page 7 that children in unserved and underserved low to moderate income families frequently experience high exposure to violence, abuse, neglect, and substance abuse.
- Demographics of these respective areas indicate a significant portion of the population is living below the poverty line (between 29% and 42%), is significantly Hispanic (63% to 99%) and has a higher than average rate of unemployment (13% to 20%).
- Highest child welfare participation: 93702

TARGET POPULATION

The PACE project will target children and families. Enrollment priority for the PACE project will be given to parents/caregivers referred by Child Welfare Services (CWS), as well as parents/caregivers referred by Centro La Familia and other service providers, that have been identified as at risk of becoming involved with the CWS system.

TARGET GEOGRAPHIC AREA

Fresno County, with special focus on serving those living in the rural communities in each of the following six communities/neighborhoods: Firebaugh, Mendota, Orange Cove, Parlier, and two areas in Fresno (zip codes 93702 and 93706).

TIMELINE

October 1, 2014 to June 30, 2017 (contract), 10/1/14 thru 12/28/15 (SIP Cycle); For the remainder of the SIP Cycle (July 1, 2017 – December 26, 2019) the Department will issue an RFP to contract with vendors for CAPIT/PSSF/CBCAP funded prevention services. OCAP will be notified of all changes.

EVALUATION

PROGRAM OUTCOME(S) AND MEASUREMENT & QUALITY ASSURANCE (QA) MONITORING

Desired Outcome	Indicator	Source of Measure	Frequency
Parents will increase knowledge regarding family functioning topics (parenting, nurturing, behavior, and expressing anger).	80% of families who complete the Nurturing Parenting program will demonstrate improved skills in their family functioning.	1. FDM 2. Paper-based Pre & Post Parent Survey	FDM Needs assessment completed by participants on 'day 1', 7-weeks and at exit.

CLIENT SATISFACTION

Method or Tool	Frequency	Utilization	Action
Satisfaction Survey	Completed by participants mid-way and at the end of the program	Surveys reviewed after mid-way and at the end of the program	Problem areas addressed by staff, as appropriate to resolve issues and ensure continuous quality improvement

CAPIT/CBCAP/PSSF
PROGRAM AND EVALUATION DESCRIPTION

PROGRAM DESCRIPTION TEMPLATE

[REFERENCE PAGE 51-53 OF THE INSTRUCTION MANUAL]

PROGRAM NAME

Sanger Family Resource Center (FRC)

SERVICE PROVIDER

Comprehensive Youth Services of Fresno, Inc.

PROGRAM DESCRIPTION

Sanger FRC will provide child abuse prevention and intervention services. 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 will also support the goal to reunite 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 and school readiness activities. Case management services include supports for families in crisis with obtaining basic needs such as food, housing, health care, and other assistance for vulnerable families. Parenting class curriculum include Nurturing Parenting, Anger Management, Parenting Styles and Positive Discipline. Services will be offered at Jefferson Elementary School in Sanger and Del Rey Elementary School in Del Rey. Many services are offered during evenings and Saturdays. All services are available in Spanish and English.

FUNDING SOURCES

SOURCE	LIST FUNDED ACTIVITIES
PSSF Family Preservation **PSSF Family Support**	1. Family Resource Center
Other Source(s): (specify)	CYS-Sanger Family Resource Center 1. DSS (PSSF) – Promoting $214,650 2. S. H. Cowell Foundation – Parent Education/Engagement - $159,875

IDENTIFY PRIORITY NEED OUTLINED IN CSA

- The integrated CSA indicates on Page 35 and 46-47 that children in unserved and underserved low to moderate income families frequently experience high exposure to violence, abuse, neglect, and substance abuse.
- Low to moderate income at-risk families in 93657 zip code

TARGET POPULATION

The majority of clients served at the Sanger FRC are Hispanic/Latino residents, most of whom are monolingual Spanish speaking immigrants from Mexico. Further, the majority of visitors to the FRC are women between the ages of 27 and 45 with three to five children who attend Sanger Unified schools. Children ages 0 to 18 and their parents and families will be served. The FRC anticipates serving 2,640 unduplicated clients/families annually. This is estimated at 1,980 unduplicated clients/families for the first 9 month term.

TARGET GEOGRAPHIC AREA

93657 Zip codes and surrounding rural communities.

TIMELINE

October 1, 2014 to June 30, 2017 (contract), 10/1/14 thru 12/28/15 (SIP Cycle); For the remainder of the SIP Cycle (July 1, 2017 – December 26, 2019) the Department will issue an RFP to contract with vendors for CAPIT/PSSF/CBCAP funded prevention services. OCAP will be notified of all changes.

EVALUATION

PROGRAM OUTCOME(S) AND MEASUREMENT & QUALITY ASSURANCE (QA) MONITORING

Desired Outcome	Indicator	Source of Measure	Frequency
Increase parental resilience, knowledge of parenting and child development, social connections, and concrete support.	75% of families will demonstrate increase knowledge in parental resilance, parenting and child development, social connections and concrete support.	Paper-based Pre & Post Parent Survey. FDM Matrix Tool Monthly Activity Reports submitted to CFDSS. Data gathered will be reported in the OCAP Annual Report and also used to evaluate performance.	Completed by participants at program entry & exit. Reports (Monthly)

CLIENT SATISFACTION

Method or Tool	Frequency	Utilization	Action
Satisfaction Survey	Completed by participants after each service is provided	Surveys reviewed after each session	Problem areas addressed by staff, as appropriate to resolve issues and ensure continuous quality improvement

CAPIT/CBCAP/PSSF
PROGRAM AND EVALUATION DESCRIPTION

PROGRAM DESCRIPTION TEMPLATE

[REFERENCE PAGE 51-53 OF THE INSTRUCTION MANUAL]

PROGRAM NAME

Supervised Visitation Program

SERVICE PROVIDER

Comprehensive Youth Services of Fresno, Inc.

PROGRAM DESCRIPTION

Services include providing visitation to children and their families as often as two times per week or as few as one time per month. One supervised visit is defined as 60 minutes, though visits may be extended longer than one hour. Professional providers serve to keep the child safe, supported and free from unnecessary stress during the child's visit with the family. The provider is to be present at all times and may direct the parents, as deemed appropriate, for the purpose of enhancing their parenting skills including the following topics and concepts: Ins and outs of infant care; day-to-day activities of motherhood/fatherhood; approaches to raising children; understanding the source of a child's behavior; helping children build healthy self-esteem; and resolving family conflicts. Services include supervised visitation and therapeutic supervised visitation. Services are available in English and Spanish.

FUNDING SOURCES

SOURCE	LIST FUNDED ACTIVITIES
PSSF TIME LIMITED FAMILY REUNIFICATION	1. Parent/Sibling Visitation 2. Transportation
Other Source(s): (specify)	none

IDENTIFY PRIORITY NEED OUTLINED IN CSA

- The integrated CSA indicates that a delay in reunification for avoidable reasons indicates a need for strategic interventions to support parents in their quest to reunify and ensure that the system does not work against them. (Page 150)
- County of Fresno areas of highest removal rates (zip code areas 93701, 93702, 93706 and 93726) where services will be provided.

TARGET POPULATION

Comprehensive Youth Services (CYS) will serve any child who is referred by the Department of Social Services (DSS) for Supervised Visitation Services (SVS). The children/youth involved with Child Welfare Services come under the jurisdiction of the Juvenile Dependency Court. Parents or primary caregiver of such a child, in order to facilitate the reunification of the child, safely, appropriately and in a timely fashion, but only during the 15-month period that begins on the date the child is considered to have entered foster care.

Target Geographic Area

CYS will provide services in neighborhood locations in targeted zip code areas: 1) CYS Main Office and Clinical Facility (3795 E. Shields, 93726); 2) Santa Ana House (3654 E. Santa Ana, Fresno CA 93726.)

Timeline

October 1, 2014 to June 30, 2017 (contract), 10/1/14 thru 12/28/15 (SIP Cycle); For the remainder of the SIP Cycle (July 1, 2017 – December 26, 2019) the Department will issue an RFP to contract with vendors for CAPIT/PSSF/CBCAP funded prevention services. OCAP will be notified of all changes.

Evaluation

Program Outcome(s) and Measurement & Quality Assurance (QA) Monitoring

Desired Outcome	Indicator	Source of Measure	Frequency
Improved parent-child attachment and interaction	90% of the parents will improve skills in positive interaction and attachment to their children.	Scheduling reports which list names, dates and times of each scheduled visit. Observation and reports by CYS Staff. Monthly Activity Reports submitted to DSS. Data gathered will be reported in the OCAP Annual Report and also used to evaluate performance.	Completed by CYS Staff at the time of scheduled visit Reports (monthly)

Client Satisfaction (Example* provided below)

Method or Tool	Frequency	Utilization	Action
Satisfaction Survey	Completed by participants after each service is delivered.	Surveys reviewed after each session	Problem areas addressed by staff, as appropriate to resolve issues and ensure continuous quality improvement

CAPIT/CBCAP/PSSF
PROGRAM AND EVALUATION DESCRIPTION

PROGRAM DESCRIPTION TEMPLATE

[REFERENCE PAGE 51-53 OF THE INSTRUCTION MANUAL]

PROGRAM NAME
Adoption Support Services

SERVICE PROVIDER
County of Fresno Department of Social Services

PROGRAM DESCRIPTION
Range of services provided by DSS Adoption staff to expedite the adoption of special needs children. Services are designed to encourage and support adoptions out of the foster care system, when adoption is in the best interest of the child. Services may include Adoption Assistance Program, pre-placement preparation, placement stability activities, and post placement/finalization services.

FUNDING SOURCES

SOURCE	LIST FUNDED ACTIVITIES
PSSF Adoption Promotion and Support	Case management services
Other Source(s): (specify)	FY 14/15 Adoptons Case Management $2,937,189 AAP Eligibilty $3,600,981

IDENTIFY PRIORITY NEED OUTLINED IN CSA
To increase timely and successful adoptions of children as noted on Page 154

TARGET POPULATION
Children involved in Child Welfare Services who are unable to reunify with their birth parent(s) and adoption is deemed the most appropriate permanent plan, including post adoptive families. In addition, children who reside in and out of county with their adoptive families that require pre and post adoptive services.

TARGET GEOGRAPHIC AREA
County of Fresno and out of county.

TIMELINE
October 1, 2014 to June 30, 2017 (contract), 10/1/14 thru 12/26/17 (SIP Cycle)

EVALUATION

PROGRAM OUTCOME(S) AND MEASUREMENT & QUALITY ASSURANCE (QA) MONITORING

Desired Outcome	Indicator	Source of Measure	Frequency
Increase timely and successful adoptions of children	Increased percentage of adoptions completed within 12 months by 5% over the next 5 years	CWS/CMS data	Monthly

CLIENT SATISFACTION

Method or Tool	Frequency	Utilization	Action
Child Welfare Social Worker receives verbal feedback from the adoptive families	Every adoptive family that receives services	By CWS Management	Used for program improvement and training.

CAPIT/CBCAP/PSSF
PROGRAM AND EVALUATION DESCRIPTION

PROGRAM DESCRIPTION TEMPLATE

[REFERENCE PAGE 51-53 OF THE INSTRUCTION MANUAL]

PROGRAM NAME

Learning About Parenting Program

SERVICE PROVIDER

Exceptional Parents Unlimited, Inc.

PROGRAM DESCRIPTION

The focus of the Learning About Parenting (LAP) program is on the prevention of child abuse and neglect and the provision of early intervention for those families who have had unsubstantiated referrals to Child Welfare Services (CWS), but in which there are significant concerns. Unless otherwise identified, the listed services will be provided through in home visits only. Services to be provided include:

- One Call for Kids: A call line for anyone needing assistance for a child age 0-5. Call line is located at EPU's Center.
- Nurturing Parenting Program: 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: 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 (not funded by CAPIT or PSSF)
- All services available in Spanish and English

Funding Sources

source	list funded activities
CAPIT	1. Home Visits (voluntary; parents with children ages 0-5)
PSSF Family Preservation PSSF Family Support	1. Home Visits (voluntary; parents with children ages 0-5)
Other Source(s): (specify)	Exceptional Parenting Unlimited-LAP 1. DSS (Community Based Intensive

	Home Visitation) - $420,000 2. First 5 Fresno County (Home Visitation) - $418,750 3. First 5 Fresno County (Parent Education) -$162,500 4. Private Foundation (Whitney Foundation) - $75,000 5. Agency Fundraising & Donations - 30,000

Identify Priority Need Outlined in CSA

The CSA indicates on Page 35 and 46-47 that children in unserved and underserved low to moderate income families frequently experience high exposure to violence, abuse, neglect, and substance abuse. Resulting in:

- Higher number of CPS referrals
- Higher number of Domestic Violence referrals
- Higher incidents of Substance Abuse referrals

Target Population

Families to be served primarily have children ages 0-5 who are referred by Fresno County public health nurses, CWS, substance abuse treatment programs and other social service providers. Families may also self-refer. The target population is primarily DSS referrals but families who self-refer are always welcome.

Target Geographic Area

Families served generally live in high risk zip codes in Fresno County. 50% of families served by the Learning About Parenting program reside in 93706, 93722, 93727, 93705, 93726 and 93702 Zip Codes identified by the CSA on page 46 and 47 as impoverished and a higher risk of CWS involvement.

Timeline

October 1, 2014 to June 30, 2017 (contract), 10/1/14 thru 12/28/15 (SIP Cycle); For the remainder of the SIP Cycle (July 1, 2017 – December 26, 2019) the Department will issue an RFP to contract with vendors for CAPIT/PSSF/CBCAP funded prevention services. OCAP will be notified of all changes.

Evaluation

Program Outcome(s) and measurement & Quality Assurance (QA) Monitoring

Desired Outcome	Indicator	Source of Measure	Frequency
Children are protected from abuse and neglect, and safely maintained in their homes whenever possible.	60% of families beginning the LAP Home Visitation Program will remain engaged for 12 months with no reports of child abuse.	AAPI-2 Monthly Activity Reports submitted to CFSS Data gathered will be reported in the OCAP Annual Report and also used to evaluate performance.	Completed by participants at program entry, 6-month intervals & exit Reports (monthly)

Client Satisfaction

Method or Tool	Frequency	Utilization	Action
Satisfaction Survey	Completed by participants after each service delivery.	Surveys reviewed after each session	Problem areas addressed by staff, as appropriate to resolve issues and ensure continuous quality improvement

CAPIT/CBCAP/PSSF
PROGRAM AND EVALUATION DESCRIPTION

PROGRAM DESCRIPTION TEMPLATE

[REFERENCE PAGE 51-53 OF THE INSTRUCTION MANUAL]

PROGRAM NAME
Huron Family Resource Center

SERVICE PROVIDER
Westside Family Preservation Services

PROGRAM DESCRIPTION
The 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 and prevention and/or reduction of negative effects on children from exposure to family violence; increased financial stability; protect children who have suffered from abuse from experiencing further abuse; and strengthen the family such that children are nurtured and protected within their family, community, and culture. Services are provided in English and Spanish. Specific case management services include peer counseling, parent education, referrals, parent support groups and immigration assistance. Other services include basic concrete support and employment assistance. The service model is based on The Pathways Mapping Initiative's Prevention of Child Abuse and Neglect and The Council for Children and Families Protective Factor Framework.

FUNDING SOURCES

SOURCE	LIST FUNDED ACTIVITIES
CAPIT	1. FRC
PSSF Family Preservation & PSSF Family Support	1. FRC
Other Source(s): (specify)	Westside-Huron 1. First 5 Fresno County – Parent Education - $200,000

IDENTIFY PRIORITY NEED OUTLINED IN CSA
The integrated CSA indicates on Page 10 and 15 that Huron has the highest percentage of Hispanic residents in California (98%) and is an area of concentrated generational poverty due to the historic commoditization of labor resources by the agricultural industry. Huron has the second highest unemployment rate in the county with a high school drop-out rate of 88%. Bilingual illiteracy is higher than average and the majority of children live in poverty.

TARGET POPULATION

The Huron FRC will serve 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.

Families to be served primarily have children ages 0-14 who are referred by Fresno County public health nurses, CWS, substance abuse treatment programs and other social service providers. Families may also self-refer. The target population is primarily DSS referrals but families who self-refer are always welcome.

Target Geographic Area

Rural Fresno County, Huron.

Timeline

October 1, 2014 to June 30, 2017 (contract), 10/1/14 thru 12/28/15 (SIP Cycle); For the remainder of the SIP Cycle (July 1, 2017 – December 26, 2019) the Department will issue an RFP to contract with vendors for CAPIT/PSSF/CBCAP funded prevention services. OCAP will be notified of all changes.

Evaluation

Program Outcome(s) and measurement & Quality Assurance (QA) Monitoring

Desired Outcome	Indicator	Source of Measure	Frequency
Increase parental resilience, knowledge of parenting and child development, social connections, and concrete support.	75% of families will demonstrate increase knowledge in parental resilance, parenting and child development, social connections and concrete support.	Paper-based Pre & Post Parent Survey. FDM Matrix Tool Monthly Activity Reports submitted to CFDSS. Data gathered will be reported in the OCAP Annual Repot and also used to evaluate performance.	Completed by participants at program entry & exit. Reports (Monthly)

Client Satisfaction

Method or Tool	Frequency	Utilization	Action
Satisfaction Survey	Completed by participants after each service delivery	Completed by participants after each parenting class & at end of session	Problem areas addressed by staff, as appropriate to resolve issues and ensure continuous quality improvement

CAPIT/CBCAP/PSSF
PROGRAM AND EVALUATION DESCRIPTION

PROGRAM DESCRIPTION TEMPLATE

[REFERENCE PAGE 51-53 OF THE INSTRUCTION MANUAL]

PROGRAM NAME

Supervised Visitation Services Program

SERVICE PROVIDER

Quality Group Homes

PROGRAM DESCRIPTION

Quality Group Home provides the supervised visitation services (SVS) program for children and their parents, siblings and relatives. The children and youth referred will have been removed from their parents/caretakers by the Child Welfare Services System (CWS), placed in out-of-home care and are generally under Juvenile Court Order to have supervised visitation. The SVS program will use supervised visitation to provide parenting direction/coaching structure designed to help parents better interact with their children and promote reunification. These interventions are designed to prevent or repair damage to the child-parent relationship. A monitor supervises all of the visits and addresses issues to strengthen the child-parent relationship. Visits will generally one hour long; however, visits may be extended to several hours. Services will be provided in the same building as the current Supervised Visitation Program operated by QGH. Our QSVS has now and will continue to offer flexible operation hours including afternoons, evenings, weekends. Services and forms are provided in Hmong, Spanish and English.

FUNDING SOURCES

SOURCE	LIST FUNDED ACTIVITIES
PSSF Time-Limited Family Reunification	Supervised visitation Transportation
Other Source(s): (specify)	No other funding

IDENTIFY PRIORITY NEED OUTLINED IN CSA

- Support parents in their quest to reunify and ensure that the system does not work against them. (CSA Page 150)
- Location is accessible to families, especially children placed in foster care out of the top four zip codes (93701, 93701, 93706, and 93726).
- Children placed in foster care in County of Fresno especially in 93701, 93706 and 93726 area codes which have the highest incident of Child Welfare Services referrals

TARGET POPULATION

Children placed in foster care in County of Fresno especially in 93701, 93706 and 93726 area codes which have the highest incident of Child Welfare Services referrals. Parents or primary caregiver of such a child, in order to facilitate the reunification of the child, safely, appropriately and in a timely fashion, but only during the 15-month period that begins on the date the child is considered to have entered foster care.

Target Geographic Area

The County of Fresno -- this location, situated in the 93726 zip code, is conveniently located by the Fresno Airport, is on a major transportation line, and is adjacent to other DSS services. This location is accessible to families, especially children placed in foster care out of the top four zip codes (93701, 93701, 93706, and 93726).

Timeline

October 1, 2014 to June 30, 2017 (contract), 10/1/14 thru 12/28/15 (SIP Cycle); For the remainder of the SIP Cycle (July 1, 2017 – December 26, 2019) the Department will issue an RFP to contract with vendors for CAPIT/PSSF/CBCAP funded prevention services. OCAP will be notified of all changes.

Evaluation

Program Outcome(s) and measurement & Quality Assurance (QA) Monitoring

Desired Outcome	Indicator	Source of Measure	Frequency
Improved parent-child attachment and interaction.	90% of the parents will improve skills in positive interaction and attachment to their children.	Scheduling reports which list names, dates and times of each scheduled visit. Observation and reports by QGH Staff. Monthly Activity Reports submitted to CFDSS. Data gathered will be reported in the OCAP Annual Report and also used to evaluate performance.	Completed by Quality Group Homes Staff at the time of scheduled visit Reports (monthly)

Client Satisfaction

Method or Tool	Frequency	Utilization	Action
Satisfaction Survey	Completed by participants after each visit	Surveys reviewed after each session	Problem areas addressed by staff, as appropriate to resolve issues and ensure continuous quality improvement