California - Child and Family Services Review

Annual SIP Progress Report

2014-2015

KERN COUNTY DEPARTMENT OF HUMAN SERVICES
KERN COUNTY PROBATION DEPARTMENT

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

County	KERN
SIP Period Dates	07/17/2012 – 07/17/2017
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Introduction

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

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

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

SIP Progress Narrative

STAKEHOLDERS PARTICIPATION

The Kern County Departments of Human Services and Probation value the participation of stakeholders in the implementation and monitoring of Kern's SIP strategies and action steps. Key stakeholders include the following:

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

- **Kern County Network for Children (KCNC):** Kern's Child Abuse Prevention Council, Interagency Coordinating Council, and planning body for: Promoting Safe and Stable Families (PSSF); Child Abuse Prevention, Intervention and Treatment (CAPIT), County Children's Trust Fund (CCTF); and, Community Based Child Abuse Prevention (CBCAP) funds. KCNC Governing Board members include the Directors/Chiefs of the following organizations: Kern County Departments of Mental Health, Public Health, Public Defender's Office; Probation, and Human Services; County Administrative Office; United Way of Kern County; Kern County Superintendent of Schools; Kern High School District; Kern's Child Care Council, Kaiser Permanente; Presiding Juvenile Court Judge; Kern County Board of Supervisors; The Bridge Bible Church; Clinica Sierra Vista; First 5 Kern; Mexican American Opportunity Foundation; Bakersfield Police Department; Kern County Sheriff; the Housing Authority of the County of Kern; and, California Veterans Assistance Foundation.

- **Clinica Sierra Vista**: A community-based organization with offices and clinics located throughout Kern County that provide a continuum of health, mental health, nutrition and social services. Clinica Sierra Vista is the Differential Response (DR) service provider for the following geographic regions of Kern: Indian Wells Valley, South Kern, and Metropolitan Bakersfield.

- **Community Action Partnership of Kern (CAPK)**: A community-based organization with offices and clinics located throughout Kern County that provide Women, Infants and Children (WIC) and food bank nutrition, Head Start child care, 211 community resource and referral, and utility/energy assistance programs. CAPK is the DR service provider for the East Kern region.

- **Kernville Union School District**: An elementary school district that serves as the fiscal agent for the Kern River Valley Family Resource Center, which is the DR service provider for the Kern River Valley region.

- **Richland School District**: An elementary school district that serves as the fiscal agent for the Shafter Healthy Start Family Resource Center, which is the DR service provider for the North region.

- **Taft City School District:** An elementary school district that serves as the fiscal agent for the Westside Community Family Resource Center, which is the DR service provider for the West Kern region.

- **Henrietta Weill Memorial Child Guidance Clinic (HWMCG):** A community-based organization that provides mental health, parent education, and supportive

services for children and families. HWMCGC provides court-ordered parent education and Time-Limited Family Reunification (TLFR) services for families who have experienced child abuse and neglect.

- **The Dream Center:** An innovative resource center for foster youth that serves as an easily accessible, inviting hub for comprehensive, integrated services and unique educational opportunities. The Dream Center assists current and former youth transition to independence and self-sufficiency. Co-located staff from Kern County Probation, Kern High School District, Kern County Mental Health, Kern's Foster Youth Services program, and Kern County Department of Human Services' Independent Living and CalWORKS programs are on-site and available to provide a range of supportive services. Foster youth can also access concrete emergency need items (e.g. clothing, food, and hygiene items); meet with a mental health counselor; utilize a computer bank to create resumes, connect with friends and family members via the internet, and conduct job searches; and, attend workshops on topics ranging from budgeting to applying for college financial aid. Additionally, parenting youth receive information on parenting and child abuse prevention. This one-stop approach reduces the duplication of services, increases service accessibility, and improves outcomes for Kern's foster youth.

- **The Recruitment, Development and Support Committee:** A committee comprised of representatives from local foster family agencies, the local foster parent association, social workers, DHS Group Home Liaison, DHS Educational Liaison, DHS Foster Care Ombudsman, Kinship Supportive Services Program (KSSP), DHS Foster Care Licensing, Bakersfield Community College Foster Care and Kinship Education Program and as well as DHS Adoptions and Family Services Division representatives. The committee meets monthly. Their assigned action steps in the SIP include Strategy 10 A and B, the implementation of training for foster parents on behavioral issues and review of the Special Care Increment Policy.

- **The Group Home Coalition:** Members include local Group Homes, representatives from DHS, Community Care Licensing, Kern County Superintendent of Schools Office/Foster Youth Services, Kern County Mental Health and Probation. Purpose: To discuss, develop and implement coordinated approaches to best meet the needs of Kern's highest need youth and improve education and placement stability outcomes. The group also discusses current laws and trends in foster care. A DHS Program Specialist is assigned as the Group Home Liaison and he attends the Group Home Coalition meetings on a regular basis. DHS' Liaison is the lead on implementing Strategy 10C: Revising the DHS/Group Home Memorandum of Understanding (MOU) to address goals for increasing placement stability for children in their care.

- **The Foster Family Agency (FFA) Consortium:** Members include local FFA staff members, and representatives from DHS and Probation. The group's purpose: The FFA Consortium invite community organizations to present their programs that might be utilized for the foster children in their care. The group also discusses current laws and trends in foster care. DHS Program Specialist is also a liaison for the FFA, and he has been working with FFAs on Strategy 10 C, to update a MOU. The FFA MOU has been completed..

- **Juvenile Agency Meeting (JAM):** Members of the group include Juvenile Court Judges, Public Defenders, County Counsel, Mental Health, Probation, DHS, CASA, IDP Attorneys, various school districts, counseling agencies, as well as Foster Family Agencies to address joint issues that affect all systems that are part of Juvenile Court. Our SIP strategies have been discussed and presented at this forum.

- **Team Decision Making Meetings (TDMs):** TDMs are a strength-based practice that offers several benefits to families and social workers. TDMs facilitate a group decision-making process, provide birth-parents avenues to be involved in critical decisions about their child(ren), send a message of partnership to community partners including Mental Health, Educators, Mentoring Programs, Faith Based Community and Caregivers, and promote more equitable and broad based decisions. TDMs are a strategy to improve placement stability.

- **Garden Pathways:** Comprehensive Mentoring Services (CMS) is a division of Garden Pathways, Inc. Kern County Department of Human Services has a partnership with CMS to provide mentoring services to its families and youth. CMS serves a broad range of at-risk participants in an established program that offers both individual and group mentoring for youth and adults, including therapeutic mentoring services. Garden Pathways' emphasis on the process of engagement deals with the real barriers to success and fosters lasting and long-term changes. Regular meetings are held between the two agencies.

- **Department of Human Services:** The Department of Human Services has been very generous in providing training to the Probation Department on Child Welfare Services/Case Management System, Family Finding Services including the use of the CLEAR program and in eligibility services to assure appropriate paperwork is submitted for payment to Group Homes, FFA etc. In addition, the Probation Department has worked closely with the Independent Living Program Unit within the Department of Human Services to stay apprised of service delivery and program availability for transitional age wards. Lastly, the Independent Living Program has assisted with the NYTD data survey to assure Probation Officers are trained on using the Safe Measures Program in an effort to garnish as many completed NYTD data surveys as possible.

- **Group Homes:** Group Homes have been vital in transitioning youth to self-sufficiency. Because Kern County does not have many foster homes accepting probation youth for placement, probation has historically had to depend on group

homes for probation youth who are Court ordered to reside in out of home placement. With the passage of AB 12 and the focus on "Transitional Age Youth" many group homes have begun specializing in ILP services and have begun tailoring programming to assist with this population. In addition, there have been a handful of "Transitional Age Youth" group homes or SILPs that have worked closely with Probation to assist in housing for this population.

- **Kern Early Start Services**: Kern Regional Center, Kern County Superintendent of Schools Office, the Kern County Consortium SELPA, and Bakersfield City School District SELPA work together to evaluate and provide a full range of services to the infant/toddler and the family with special needs. The agencies participated in the Early Intervention Services (EIS) workgroup and continue to work with EIS to ensure assessments and services of children under the age of three are completed.

CURRENT PERFORMANCE TOWARDS SIP IMPROVEMENT GOALS

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

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

The No Recurrence of Maltreatment safety outcome continues to be a focus for Kern County. During the SIP development, the county's performance was 91.9%, whereas the national standard was 94.6%. Kern's target improvement goal is 93% by 2017. Our current performance is 90.9% as of Quarter 4, 2014 as per the Child Welfare Dynamic Report. The Structured Decision Making (SDM) System in Child Welfare Services report for Kern County for January 1, 2014 through December 31, 2014 was reviewed in April 2015 by the management team. It was determined Kern County is not opening all substantiated cases that are deemed High or Very High Risk according to the SDM tool. Further review and discussion surrounding these findings will be completed to determine if changes are warranted.

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

Another priority for Kern has been to reduce the number of children re-entering foster care following reunification. At the time of the SIP development, Kern's performance was 16.5%. The national standard is 9.9%. The county's goal was a reduction to 12%. The Child Welfare Dynamic Report lists Kern's current performance as of Quarter 4, 2014 is 11.1%. Kern has surpassed our SIP goal, and continues to work on reaching the national standard.

Priority Outcome Measure or Systemic Factor: Placement stability (8 days to 12 months)

The three placement stability outcome measures were selected after thorough reviews as important measures requiring improvement. Kern's performance in this measure at the time the SIP was developed was 69.3%. The national standard is 86%. Kern's SIP goal was to make an improvement by reaching 77.3%. According to the latest Child Welfare Dynamic Report (Quarter 4, 2014), Kern's performance has improved to 76.7%, an improvement of 7.4%. We will continue to increase these outcome measure goals toward the national standard and SIP goal in the upcoming year.

Priority Outcome Measure or Systemic Factor: placement stability (12 months to 24 months)

The second placement stability outcome measure was also in need of improvement. As the SIP was finalized, Kern's performance in this area was 45%, while the national standard was set at 65.4%. The SIP goal for Kern was to increase this placement stability outcome measure to 52.3%. According to the Child Welfare Dynamic Report Quarter 4, 2014, currently Kern's performance has shown improvement to 55.1% surpassing our SIP goal with an overall improvement of 10.1%. Although we have surpassed our SIP goal, we will continue to increase these outcome measure goals toward the national standard in the upcoming year.

Priority Outcome Measure or Systemic Factor: placement stability (at least 24 months)

The national goal for the long term placement stability outcome measure is 41.8%. The report at the time of the SIP finalization, Kern was performing at 23% with a goal of increasing placement stability to 29.8%. According to the Child Welfare Dynamic Report Quarter 4 2014, Kern's current performance stands at 31.9%, which surpasses our SIP goal and is an overall improvement of 8.9%. Although we have surpassed our SIP goal, we will continue to increase these outcome measure goals toward the national standard in the upcoming year.

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

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

Family Search and Engagement
All necessary staff training has been completed and the Family Search and Engagement manual is complete. Deputy Probation Officers now perform Family Finding services on all wards in placement. Thus, this goal from the SIP is too now considered completed.

ILP
The improved coordination and delivery of ILP services was focused on building relationships between Probation Officers and ILP staff and this has proven to be beneficial in the delivery of services to our youth. Increased communication as to the services ILP offers locally and invitations for wards to participate in these services have increased. In looking at the data, 85.7% of Kern Probation wards are participating in ILP services. Still, it is unknown whether this number is due to increased communication and coordination with local ILP services. Considering 90% of the wards are placed out of county, it is difficult to assess whether the improved coordination locally (accomplished through joint meetings quarterly with Probation and ILP Social Workers and joint monthly meetings with the ILP Supervisor and Probation Supervisor) has improved ILP services to wards.

STATUS OF STRATEGIES

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

STRATEGY 1: PROVIDE DIFFERENTIAL RESPONSE (DR) SERVICES TO CHILDREN AND FAMILIES WHO ARE AT RISK FOR EXPERIENCING CHILD ABUSE OR NEGLECT, AND EVALUATE THE IMPACT OF THOSE SERVICES. THIS STRATEGY WAS SELECTED TO IMPROVE SAFETY OUTCOME MEASURE S1.1 NO RECURRENCE OF MALTREATMENT.

ANALYSIS

Kern's rate of no recurrence of maltreatment cited in Kern's 2012 County Self-Assessment serves as baseline data for the long term measure of DR's success. The County Self-Assessment (CSA) baseline data for Kern in 04/2010-03/2011 was at 90.9%. According to the Child Welfare Dynamic Report System for Q4 2014, our County's rate remains 90.9%.

ACTION STEP STATUS

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

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

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

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

C. Evaluate results of this strategy by assessing if DR services have been provided to metro Bakersfield and the NCFAS tool is utilized by providers. The time frame for this action step: September 2012 and quarterly thereafter.

   In the fall of 2012, the Kern County Board of Supervisors approved the first time use of County General Funds towards child abuse prevention. This funding allowed the Metro Bakersfield DR site, previously impacted by Path 2 and 3 referrals, to begin serving Path 1 referrals. From July 1, 2014 to March 31, 2015, a total of **858** Path 1 DR referrals were served, an average of **23** referrals each week,

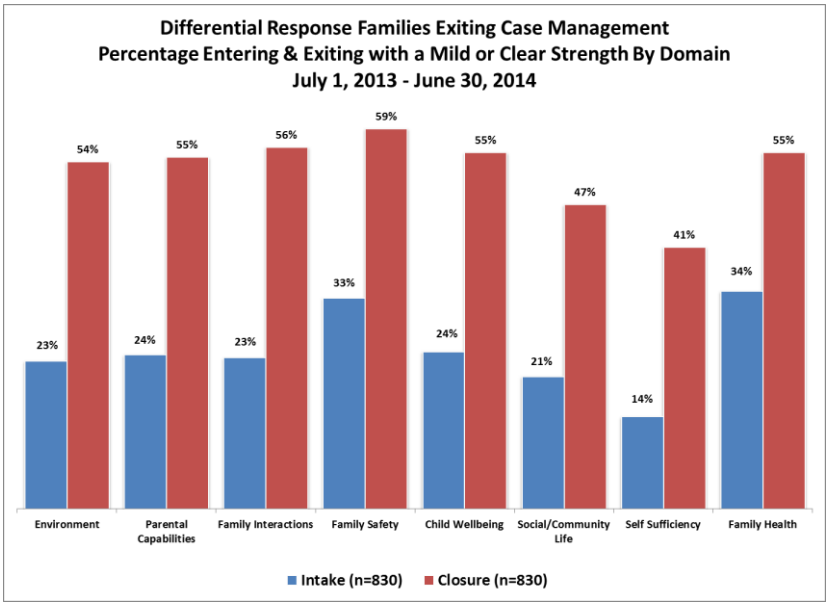
   DR services are available to all Kern County families who are referred with a Path 1, Path 2 or downgraded Path 3 referral. DHS made 3,048 referrals for Kern County families to DR. From July 1, 2014 to March 31, 2015, **1,702** families and **3,737** children received services. Of those, **792** families and their **1,892** children were enrolled in comprehensive case management services. Families who did not receive case management received information, referral(s) for

services, and/or one-time services (e.g. emergency basic needs items, bus passes, etc.), but declined case management. DR services are voluntary.

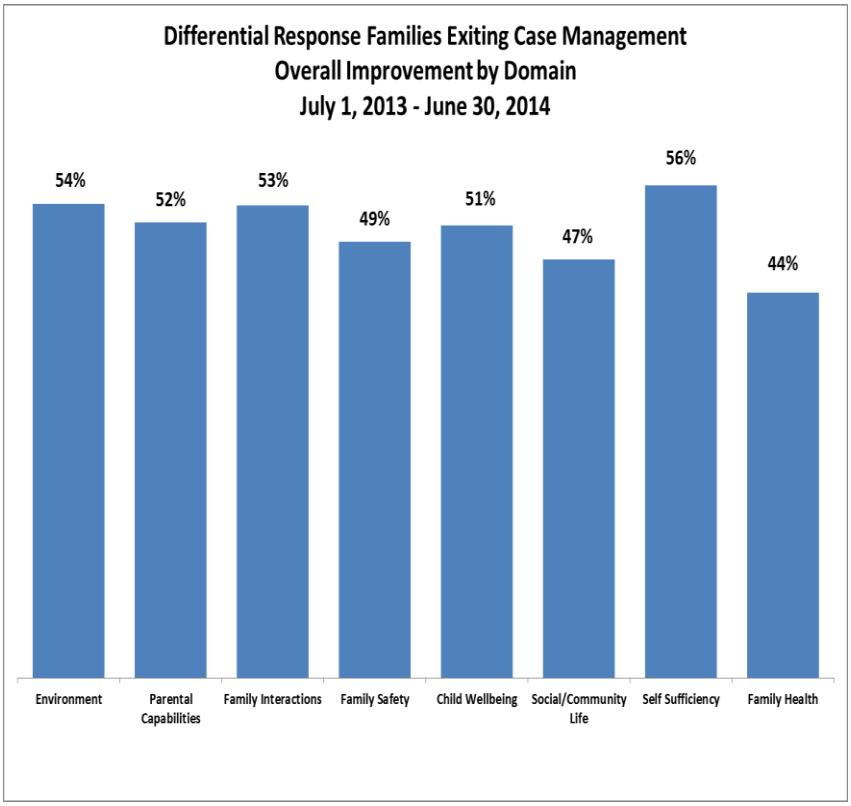
The NCFAS-G is fully utilized countywide by all DR Case Managers and provides assessment ratings of problems and strengths, both at intake and at case closure.

Between July 1, 2013 and June 30, 2014**, 2,076** families and **4,671** children received DR services. Of these, **1,023** families **(59%)** and their **2,508** children received DR case management services. **78%** of case managed families exited DR with completed case plans. **99%** of families were satisfied with DR services provided.

As illustrated in the following chart, during FY 2013-2014, families exiting DR made the largest gains in strengths within the domains of self-sufficiency, environment, family interactions, and parental capabilities.

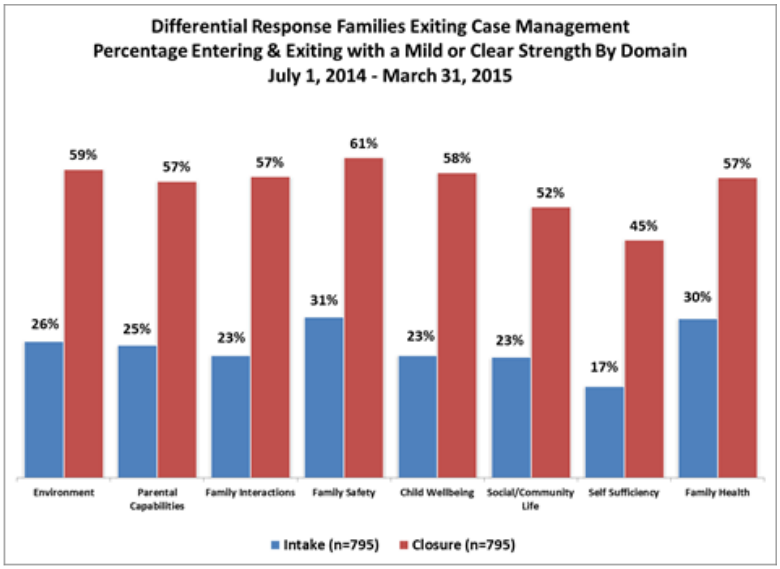


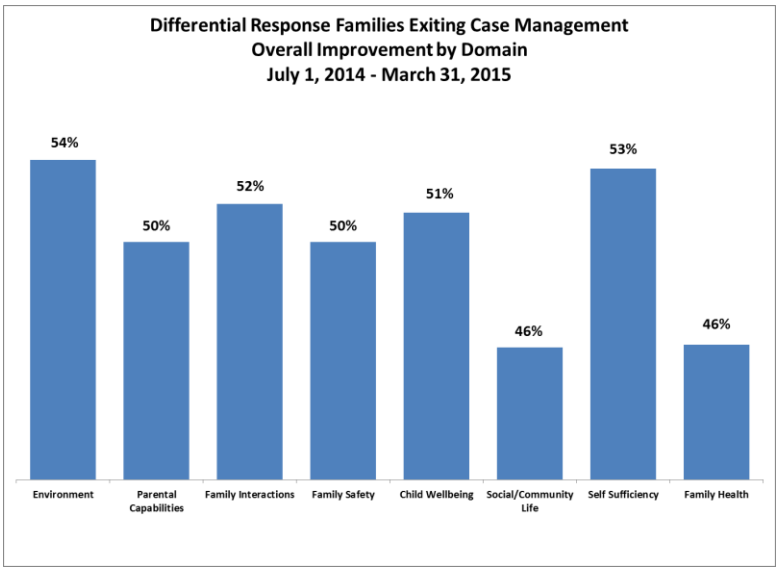
As the next chart illustrates, exiting families showed measureable improvement within each NCFAS-G life domain by an average of **51%**. The largest gains were seen in self-sufficiency (56%), environment (54%), family interactions (53%), and parental capabilities (52%). Overall, **88%** of exiting families showed improvement on one or more domains.



NCFAS-G assessments are conducted at intake, every 90 days and at exit. NCFAS-G scores are used to guide the development of case plans and focus services.

The following NCFAS-G charts for quarters 1 – 3 (July, 2014 – March, 2015) of FY 2014-2015 indicate that families exiting DR during FY 2014-2015 will experience similar, if not better, gains in family functioning than those families who exited during FY 2013-2014:

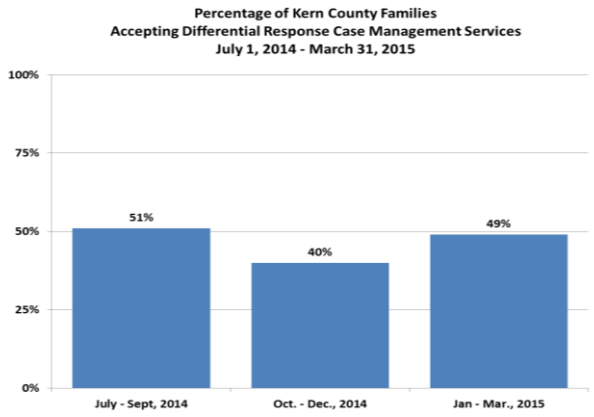




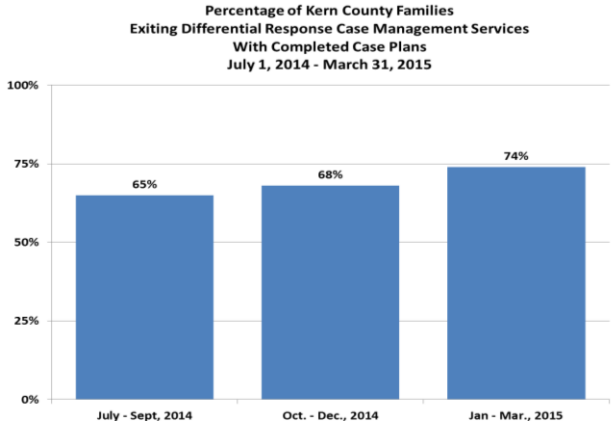
In addition to NCFAS-G data, the following engagement and intermediate outcomes are also tracked quarterly for DR services:

During quarters 1 – 3 (July – March) of FY 2014-2015, DR has received 3,048 referrals. An average of **47%** of families accepted DR case management services each quarter. Families who decline case management services are

provided with information, referral for services, and/or one-time services (e.g. emergency basic need items, bus passes, etc.).



Of the **902** families who have exited DR during quarters 1 – 3 (July – March) of FY 2014-2015, an average of **69%** exited each quarter with successfully completed case plans. **99%** of DR families surveyed have been satisfied with DR services.



D. Develop an internal evaluation process for DR including a comparative group of families that do and do not receive services, and track outcomes across the groups. The time frame for this action step: July 2012 – December 2012.

As previously reported in the 2012-2013 and 2013-14 annual SIP report, the evaluation process was completed and results were noted.

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

The evaluation results for four quarters noted in the 2013-14 annual report illustrate that the families receiving Differential Response Services had an overall lower rate of recurrence of maltreatment than families that do not receive Differential Response Services. Given the quarterly results over a year and the Department's ongoing active involvement with DR, it was determined it is not necessary to continue evaluating DR using the DHS internal evaluation process.

METHOD OF EVALUATION AND/OR MONITORING

DR services were evaluated and monitored, using the following strategies:

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

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

- DR Managers/Supervisors continue to meet every four months for Peer Review meetings to discuss quarterly program outcomes, any necessary practice changes, share successes and barriers to program improved outcomes, and to update any policies and/or procedures.

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

- An annual monitoring visit is conducted for each DR provider by the oversight body, Kern County Network for Children. The DHS Program Specialist assigned to oversee the DR contract also attends the monitoring visits. These visits ensure that DR policies and procedures are being fully complied with, that sound administrative and fiscal policies are procedures are being utilized, and include

the review of case files to ensure that they are complete and up-to-date and quality services are being provided.

- DR providers submit monthly claims for reimbursement of approved expenses. Fiscal oversight and monitoring includes: review and audit of claims before payment is provided; an annual fiscal review is conducted by KCNC staff to ensure that sound fiscal policies and procedures are being utilized, and claimed expenses are tested to ensure that expenses are appropriate and accurately accounted for; and, all agencies must undergo and submit a copy of an annual audit performed by an Independent Certified Public Accountant. If material weaknesses or deficiencies are identified in their annual audit, the agency will be required to immediately remedy them. Thus far, there have been no material weaknesses or deficiencies.

ADDITIONAL STRATEGIES (WHEN APPLICABLE)

Not applicable.

PROGRAM REDUCTION

Not applicable.

STRATEGY 2: IMPLEMENT PRACTICE AND POLICY FOR REFERRING CHILDREN WITH A SUBSTANTIATED CASE OF CHILD ABUSE OR NEGLECT UNDER THE AGE OF THREE TO EARLY INTERVENTION SERVICES (EIS).

ANALYSIS

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

ACTION STEP STATUS

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

   As previously reported in the 2013-14 annual report, other county programs and funding streams were explored, as well as a workgroup to establish procedures for implementation.

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

As previously reported in the 2013-14 annual report, the proposal was approved by the Executive Team and a pilot unit was created. The unit currently includes two permanent social workers, one extra help social worker, and two Master of Social Work interns who have been placed through our partnership with Californian State University, Bakersfield. The Developmental Screening of Children Under Three Years Old policy was published on December 5, 2014.

C. Implement Phase 1 ~~practice~~ and policy, and review on an ongoing basis. The time frame for this action step is July 2016.

The Early Intervention Services (EIS) program was established on August 18, 2014. The first phase of the program includes EIS staff conducting developmental screenings of all children under the age of three entering foster care within 30 days of protective custody. Age adjustments of the ASQ -3 screening tool are made for newborn and premature infants. The EIS staff utilize the Ages & Stages Questionnaire, Third Edition (ASQ-3) to determine if a child is meeting developmental milestones in five areas: Communication, Gross Motor, Fine Motor, Problem Solving, and Personal-Social domains. The ASQ-3 was selected based on the list provided in an All County Letter of evidence-based tools. In addition, most of Kern's partnering agencies, including Public Health Department, Search and Serve, and First 5 Kern utilize the ASQ-3. When a child is determined not to be meeting developmental milestones, the child is referred to Kern Regional Center or Search and Serve for a comprehensive assessment. If the child falls in the Monitoring category, the child is re-screened by an EIS Social Service Worker two months later. The cases of children that are found to be on target for meeting developmental milestones are closed out.

D. Implement Phase 2 (VFM) and review on an ongoing basis. The time frame for this action step is January 2016.

~~There is currently a~~An internal workgroup met to focus~~ing~~ on the second phase of implementation, which involves conducting developmental screenings of all children under the age of three with a substantiated allegation. However, due to current budget planning, which includes step down plans, and current vacancies in mandatory programs, a smaller expansion will be piloted, which includes one additional extra help social worker who will be added to the EIS program to begin screening children under the age of three who are referred to the Voluntary

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Family Services (VFM) program as a result of a substantiated allegation. The hiring of an extra help social worker for this expansion is pending.

E. Implement Phase 3 of expanding developmental screenings to all investigating programs and review on an ongoing basis. The time frame for this action step is July 2016. The time frame for this action step is July 2016.

After establishing the processes needed for ~~this~~ the second phase, it is anticipated a third phase will be implemented to include developmental screenings for all children under the age of three with a substantiated allegation in all investigating programs, including Emergency Response, Court Intake, Crisis Responders, on-call staff~~, including VFM.~~

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METHOD OF EVALUATION AND/OR MONITORING

The EIS Program Specialist maintains a spreadsheet of all children assigned for a developmental screening. In addition, a monthly report is generated, which includes information on the number of cases assigned, children with a positive toxicology, the number of referrals made per agency, and the total scores in each category (On Target, Monitoring, Below Target). In addition, Kern reviews, on a quarterly basis, the outcome measures applicable to this strategy, including No Recurrence of Maltreatment and Re-Entry Following Reunification. Kern also meets with Kern Regional Center managers of Intake and Ongoing Early Start Programs on a quarterly basis to discuss the progress of implementation. The following data has been collected from August 2014 to May 2015:

Cases assigned:	368
Positive Toxicology:	64
Below Target Scores:	91
Monitoring Score:	46
On Target:	132
Referrals to a Regional Center:	82
Referrals to Search and Serve:	18

ADDITIONAL STRATEGIES (WHEN APPLICABLE):

Implementation of developmental screenings of children under the age three with a substantiated allegation of abuse or neglect has been divided into three phases. The first phase (entries into foster care) as noted above has been implemented. Two action steps have been added to this strategy, Phase 2 (expansion to VFM) and Phase 3 (expansion to all investigating programs), both described above and added as action steps.

~~Not applicable.~~

PROGRAM REDUCTION:

Not applicable.

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

ANALYSIS

This strategy was expected to positively impact all five outcome measures. Thus far, four outcome measures have, in fact, improved. Since SIP inception, improvements are as follows: 5.4% improvement for Re-Entry Following Reunification %, and improvements in the three Placement Stability measures by 7.4%, 10.1%, and 8.9% respectively. The No Recurrence of Maltreatment measure has slightly decreased performance since SIP inception by 1%; showing 90.9% according to the Child Welfare Dynamic Report, Quarter 4, 2014.

ACTION STEP STATUS

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

   As previously reported in the 2012-13 annual progress report, the proposal for the Kids Connection Team AKA Family Finding unit was approved and the program established.

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

   As previously reported in the 2012-2013 annual SIP report, the program was established and there are currently two units of social workers conducting family finding duties.

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

   Each quarter as the Child Welfare Dynamic Report is made available, Kern reviews the performance associated with this strategy, including the three

placement stability outcome measures, No Recurrence of Maltreatment, and Re-Entry following Reunification., are reviewed as associated with this strategy.
In addition to the five outcome measures specified in our SIP, other related measures are also reviewed quarterly including least restrictive placements and permanency outcomes. Measure 4B Least Restrictive (Entries First Placement: Relatives) and Least Restrictive (Point in Time Placement: Relative) were reviewed. Over the past year, the results for the two 4B outcome measures are as follows:

4B Least Restrictive (Entries First Placement: Relatives)

Q1 2014	7.8%
Q2 2014	8.1%
Q3 2014	7.7%
Q4 2014	7.4%

4B Least Restrictive (PIT Placement: Relative)

Q1 2014	26.6%
Q2 2014	27.4%
Q3 2014	26.8%
Q4 2014	27.8%

Permanency outcomes associated with this strategy are also monitored. While the Point in Time (PIT) data above indicates placements with relatives are stagnant, this data does not provide an accurate representation of the number of children being placed with relatives during the year who have obtained permanent status. A comparison of exits to permanency (reunification, adoption, or guardianship) based on placement type, Kin Home versus Foster Family Agency Home, was conducted and found children placed with kin exit to permanency at a higher rate than children placed in FFA certified homes. The data found is as follows:

Fiscal Year	Kin Placement	FFA Certified Home	% difference of exits to permanency based on placement type
2011-12	51% (n=256)	45% (n=45%)	6%
2012-13	60% (n=293)	40% (n=268)	20%
2013-14	54% (n=238)	40% (n=224)	14%

In addition, it was found that children placed with relatives are much more likely to exit to a plan of adoption than children placed in FFA homes. Adoption data indicates almost half (49%) of all children adopted in the 2013-14 fiscal year were adopted by a relative or non-related extended family member. A review of exits to adoption during the year by placement type was reviewed and the following was found:

Fiscal Year	Kin Home	Foster Home	FFA Certified Home
2011-12	34%	17%	49%
2012-13	40%	19%	38%
2013-14	49%	14%	37%

METHOD OF EVALUATION AND/OR MONITORING

The Department has established an Immediate Assessment Process (IAP) and Expedited Assessment (EA) Process for placing children with appropriate relatives as soon as possible after they are taken into protective custody. Data is maintained to determine the impact of Family Finding. Providing family finding services through the Family Finding has proven beneficial in that the team has located 15,225 relatives of children in foster care in 2013. Kern's data shows an increase in placements with relatives, including first placements with relatives. Additionally there has been increased performance in the three placement stability outcome measures.

In June of 2014, the Family Finding units began to screen all applications for placement to identify those applicants that qualified for the Immediate Assessment Process. Additionally, the Family Finding units began to assess and complete the entire relative application and approval process for relatives and non-related extended family members that filled out placement applications and were subsequently screened as appropriate for the IAP process mentioned above. At the same time, the Department created a new policy and procedure which allowed the Department to take advantage of an option in the law which provides for Temporarily Approved Placements (TAP). In short, a child can be placed in the home of an applicant that has screened as appropriate for IAP, and whose home has been inspected and has been found free of deficiencies prior to the final approval of the applicant and home. Since implementation of the above new procedures, the Family Finding units have seen an 85.6% successful placement rate in approved homes (sample size 111 children). The average number of days between the initial approval of the applicant and TAP placement was 4.33 days. And the average number of days between the assignment of the case to a Family Finding worker and final approval of placement was 12.62 days (sample size 109 children). In fact, when looking at the average number of days between the final

approval and the actual placement date, the number is a negative number (-3.34) because so many children have been placed in the home on a TAP prior to final approval (sample size 92). The Department has decreased the time by more than half the average number of days since implementing the above changes in comparison to past years.

ADDITIONAL STRATEGIES (WHEN APPLICABLE):

Not applicable.

PROGRAM REDUCTION:

Not applicable.

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

ANALYSIS

This strategy is expected to positively impact the three placement stability outcome measures for Kern's children in out of home care.

ACTION STEP STATUS

A. Propose Crisis Responder Unit to Executive Team, seek approval, develop policy, meet and confer with the union. The timeframe for this action step is July 2015.

   Management has met with the employee union for a Meet and Confer session to inform them that staff assigned to the Crisis Responders Unit will have an alternate work schedule from 11:00 a.m. to 8:00 p.m. In addition, the proposal was presented to the Executive Team and was approved. Crisis Responders staff is following draft protocols to ensure the processes developed are effective before formalizing a policy. The Crisis Responders policy ~~is pending, but expected to be published by July 2015.~~was published on June 1, 2015.

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

   The Crisis Responders Unit was established in October 2014. Currently, there are five staff members assigned to the program, including one permanent

supervisor, three permanent social workers, and one extra help aide. There are five additional permanent Social Workers and four extra help social workers allocated for this unit; however, these staff have not yet been hired. Crisis Responders has partnered with the metropolitan division of the Kern County Sheriff's Office to respond to law enforcement officials' request for assistance. In addition, the Program Director has expanded services to the Narcotics Division of the Kern County Sheriff's Department. The Crisis Responders team will respond when law enforcement officials conduct drug raids in which children are involved.

Program expansion is anticipated to include a partnership with Bakersfield Police Department (BPD). Introductory information about the Crisis Responders Unit was given to a BPD Sex Crimes representative. It is expected that DHS and BPD will begin discussions and planning for the expansion of the Crisis Responders Unit as soon as the additional staff are hired..

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

The goal of Crisis Responders is to have a positive effect on the three placement stability measures. While Crisis Responders is a relatively new program established in October 2014 and its effects are yet to be determined, the three placement stability outcomes are reviewed quarterly. Thus far, all three placement stability outcomes have improved since the start of the SIP. It is expected that Crisis Responders will have further positive impact on the measures over time.

METHOD OF EVALUATION AND/OR MONITORING

In addition to the quarterly reviews of the three placement stability measures from the Child Welfare Dynamic Report, the Crisis Responders Supervisor maintains a spreadsheet, which includes identifying client information, as well the removal zip code, law enforcement agency involved, and the result of the investigation by Crisis Responders staff. As of June 18, 2015, Crisis Responders have worked with 50 children and kept 70% of those children from coming into care. The outcomes were as follows:

Outcome	# of Children
Voluntary Family Maintenance	2
Situation stabilized, referral closed	31
Protective custody, petition filed	15
Referred to Differential Response	2

The initial reported calls received came in from Kern County Sheriff's Office, Bakersfield Fire Department, and the District Attorney's Office. Positive feedback has been received by the Crisis Responders staff from law enforcement officials. In addition, the Supervisor receives calls from the Kern County Sheriff's Office seeking information and/or clarification, thus, improving working relationships and communication between departments.

The Crisis Responders Supervisor also maintains a Law Enforcement Agency Spreadsheet. The supervisor reported that since August 2014 through March 2015, law enforcement officials brought into protective custody a total of 360 children. Petitions were filed on behalf of 235 children (65.2% of those brought into custody) and DHS released 125 children (34.7% of those brought into protective custody). These evaluation and monitoring reviews will allow for identification and guidance in program changes, as needed, and expansion of the program. While the program staff is currently working with the metropolitan and narcotics division of the Kern County Sheriff's Office, program expansion is anticipated to include a partnership with Bakersfield Police Department.

ADDITIONAL STRATEGIES (WHEN APPLICABLE):

Not applicable.

PROGRAM REDUCTION:

Not applicable.

STRATEGY 5: INCREASE ENGAGEMENT WITH FAMILIES AND CHILDREN THROUGH THE USE OF TEAM DECISION MEETINGS (TDM).

ANALYSIS

Strategy 5 was expected to positively impact four outcome measures in Kern. Thus far, the four outcome measures have, in fact, improved over the past year. Since SIP inception improvements have been made in Re-Entry Following Reunification by 5.2%, and the three Placement Stability measures by 7.4%, 10.1%, and 8.9% respectively.

ACTION STEP STATUS

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

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

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

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

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

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

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

   As previously reported in the 2013-14 annual SIP report, this action step has been completed.

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

   Between September 2014 and February 2015, there have been reunification and dismissal TDMs for 28 children. The response from families has been positive. The extended family members and informal support systems have taken active roles in identifying needs and creating solutions for the families. In April 2015, DHS will add a second full time TDM facilitator to begin the process of rolling these TDMs out to all of the Family Services units. Four units in Family Services rolled out on April 20, 2015 and four additional units will roll out on May 20, 2015.

METHOD OF EVALUATION AND/OR MONITORING

DHS tracks the number of placement moves and TDMs held each month to monitor compliance with the TDM policy. The monthly reports indicate the following:

a) In June 2014, there were 93 placement moves and 45 TDMs involving 59 children. Staff compliance was 100%. There were 26 placements maintained, 24 children moved to a lower level of care, nine children

moved to the same level of care, and no children were moved to a higher level of care.

b) In July 2014, there were 119 placement moves and 32 TDMs involving 52 children. Staff compliance was 100%. There were 13 placements maintained, 23 children moved to a lower level of care, 15 children moved to the same level of care, and one child moved to a higher level of care.

c) In August 2014, there were 109 placement moves and 28 TDMs involving 53 children. Staff compliance was 100%. There were 12 placements maintained, 29 children moved to a lower level of care, 12 children moved to the same level of care, and no children moved to a higher level of care.

d) In September 2014, there were 88 placement moves and 30 TDMs involving 48 children. Staff compliance was 100%. There were 18 placements maintained, 14 children moved to a lower level of care, 12 children moved to the same level of care, and three children moved to a higher level of care.

e) In October 2014, there were 85 placement moves and 33 TDMs involving 45 children. Staff compliance was 99%. There were 10 placements maintained, 20 children moved to a lower level of care, eight children moved to the same level of care, and seven children moved to a higher level of care.

f) In November 2014, there were 71 placement moves and 25 TDMs involving 38 children. Staff compliance was 85%. There were 10 placements maintained, 18 children moved to a lower level of care, five children moved to the same level of care, and five children moved to a higher level of care.

g) In December 2014, there were 82 placement moves and 32 TDMs involving 58 children. Staff compliance was 88%. There were 21 placements maintained, 21 children moved to a lower level of care, 16 children moved to the same level of care, and none moved to a higher level of care.

h) In January 2015, there were 70 placement moves and 32 TDMs involving 44 children. Staff compliance was 73%. There were 22 placements maintained, eight children moved to a lower level of care, 13 to the same level of care and one to a higher level of care.

i) In February 2015, there were 84 placement moves and 25 TDMs held involving 39 children. Staff compliance was 74%. There were 18 placements maintained, 15 children moved a lower level of care, five moved the same level of care, and one moved to a higher level of care.

j) In March 2015, there were 83 placement moves and 25 TDMs held involving 46 children. Staff compliance was 69%. There were 18 placements maintained, 17 children moved a lower level of care, 11 moved the same level of care, and none moved to a higher level of care.

k) In April 2015, there were 87 placement moves and 38 TDMs held involving 66 children. Staff compliance was 90%. There were 33 placements maintained, 27 children moved a lower level of care, six moved the same level of care, and none moved to a higher level of care.

~~k)~~

l) In May 2015, there were 84 placement moves and 32 TDMs held involving 59 children. Staff compliance was 95%. There were 31 placements maintained, 24 children moved a lower level of care, four moved the same level of care, and none moved to a higher level of care.

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There has been a significant decrease in TDM compliance since November 2014. This was due to staff promotions and movement. One SSS, who was assigned the responsibility of sending out reminders to all units about submitting exception memos was transferred to another area; therefore, reminders did not go out. Had exemption memos been processed, the compliance would have yielded better results.

The number of transitional TDMs (reunification and dismissal) is also monitored. These numbers are expected to increase as eight more units roll out the use of transitional TDMs over the next couple of months. The following are the monthly data from September 2014 through May 2015:

Total number of Transitional TDMs: 28
Total number of Children involved: 46

Month/Year	Total # of TDMs	Total # of Children	Type of TDM
September 2014	1	1	1 FR to FM
October 2014	4	14	13 FR to FM; 1 dismissal
November 2014	2	5	5 dismissals
December 2014	3	4	2 FR to FM; 2 dismissals
January 2015	2	2	2 FR to FM

February 2015	1	4	4 FR to FM
March 2015	2	3	3 dismissals
April 2015	8	8	5 FR to FM; 3 dismissals
May 2015	5	5	5 FR to FM

ADDITIONAL STRATEGIES (WHEN APPLICABLE)

Not applicable.

PROGRAM REDUCTION

Not applicable.

STRATEGY 6: PROVIDE MENTOR SERVICES TO FAMILIES RECEIVING FAMILY MAINTENANCE

ANALYSIS

Strategy 6 was selected to positively impact outcome measure C1.4 Re-Entry Following Reunification (Exit Cohort). Since the SIP was submitted in 2012, this outcome measure has improved by 5.2%, currently at 11.1%.

ACTION STEP STATUS

A. Develop and publish Request For Proposal for mentor services. The time frame for this action step: July 2012 – July 2013.

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

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

Also previously reported, Kern County selected Garden Pathways to provide mentoring services; the contract was implemented on July 1, 2012 through June 30, 2015.

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

As previously reported in the 2013-14 annual report, DHS began referring clients to Garden Pathways upon establishment of the contract in July 2012. Flyers of the services available are posted throughout the agency. Electronic mail is sent to staff on a monthly basis to update them on the upcoming orientation sessions and workshops available.

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

The contract with Garden Pathways ends this fiscal year. The contract was~~is being~~ re-evaluated and DHS- Child Protective Services Bureau– will not be renewing the contract.~~is looking at renegotiating the contract for services and funding~~. The assigned Program Specialist overseeing this contract has met with Garden Pathways to request follow up for child welfare clients that do not attend scheduled services in an effort to determine the barriers to attendance, such as lack of interest, transportation, childcare, or other barriers. However, despite efforts by DHS and Garden Pathways, clients are not taking advantage of the services, as the life skills classes and mentoring program are not court ordered or case plan components.

METHOD OF EVALUATION AND/OR MONITORING

All referrals to Garden Pathways are submitted to the assigned Program Specialist for tracking purposes. There was a transition period in staff assigned to oversight and in a couple of months, data was not tracked. As of April 9, 2015, the assigned Program Specialist has provided the following report:

Four Day Life Skills – 6 months (August, 2014 – January, 2015)

- 9 workshops offered
    - 16 CPS referrals
    - 5 attended

Friday Workshops – 5 months (August, 2014 – January, 2015)

- 42 workshops offered
    - 59 CPS referrals
    - 20 attended

November Youth Workshop

- 4 CPS referrals
- 2 attended

Mentoring – 4 months (October 2014 – January 2015)

- Adults
    - 4 referred
    - 2 declined

    - 2 pending
- Youth
    - 3 referred
    - 9 declined
    - 1 accepted
    - 2 pending

Month	Referrals	4 day workshop adult	4 day workshop youth	Friday workshop	Mentor
April 2014	15	5	n/a	0	5
May	18	0	0	13	0
June	17	0	n/a	2	2
July	2	0	5	0	1
August	15	2	n/a	4	unknown
Sept	14	3	unknown	2	unknown
Oct	18	2	n/a	2	0
Nov	10	0	2	1	0
Dec	5	0	n/a	0	1
Jan 2015	14	0	2	4	0
Feb	22	4	n/a	5	0

ADDITIONAL STRATEGIES (WHEN APPLICABLE)

Not applicable.

PROGRAM REDUCTION

The contract term expires on June 30, 2015. The contract was ~~is under~~ reviewed and will not be renewed due to the low use by clients. The assigned Program Specialist overseeing this contract has met with Garden Pathways to request follow up for child welfare clients that do not attend scheduled services in an effort to determine the barriers to attendance, such as lack of interest, transportation, childcare, or other barriers. However, despite efforts by DHS and Garden Pathways, clients are not taking advantage of the services, as the life skills classes and mentoring program are not court ordered or a case plan component. At this time, a new strategy will not be added to the SIP. The Re-Entry Following Reunification outcome this strategy was to positively impact has, in fact, improved through the other strategies in the SIP.~~for renegotiation of services and funding. It is anticipated that funding and services will decrease for CPS and increase for Employment and Financial Services Bureau, since they have more leverage and success with welfare to work participants.~~

STRATEGY 7: IMPLEMENT POST-DETENTION FAMILY PERMANENCY TEAM AKA BACK-END FAMILY FINDING TEAM OF SSWS IN THE FAMILY SERVICES PROGRAM TO CENTRALIZE THE PLACEMENT PROCESS BY UTILIZING A CENTRAL PLACEMENT UNIT THAT SERVES TO IDENTIFY THE BEST AND LEAST RESTRICTIVE PLACEMENT OPTIONS TO IMPROVE STABILITY OF OUT-OF-HOME PLACEMENTS.

ANALYSIS

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

ACTION STEP STATUS

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

The proposal for this strategy was not approved for additional allocated staff; therefore, a different approach is being sought. Our CASA partners have been issued a grant for family finding. Currently, they have 20 CASA family finder volunteers who will receive referrals for youth who are placed in a group home with the purpose of locating family members to make connections or possible placement alternatives for these youth. Back end family finding requires extensive case mining and excellent engagement skills with the youth and family members.

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

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

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

METHOD OF EVALUATION AND/OR MONITORING

Not applicable.

ADDITIONAL STRATEGIES (WHEN APPLICABLE)

Not applicable.

PROGRAM REDUCTION

Not applicable.

STRATEGY 8: STREAMLINE RELATIVE APPROVAL PROCESS.

ANALYSIS

Strategy 8 was selected to have a positive effect on outcome measure C4.1 Placement Stability (8 days to 12 months in care). Since the SIP development in 2012, this outcome measure has improved by 7.4% to 76.7%.

ACTION STEP STATUS

A. Form a workgroup to develop policy and practice for assessing relatives in the field and review current policy to determine if it can be streamlined. The time frame for this action step: July 2012- July 2013.

As reported in the 2012-2013 annual report, the workgroup was established and continues to work together.

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

After further review of policies and monitoring, it was determined a few placement policies were in need of revision. The following policies have been revised: Assessment of Potential Relative and NREFM Homes (published March 31, 2015), Relative/NFREM Placements (published March 20, 2015), Immediate and Expedite Assessment Processes (IAP & EAP) – Temporary Approval (published March 31, 2015), and Immediate and Expedite Assessment Processes (IAP & EAP) – Temporary Placement (published March 31, 2015). The workgroup has determined there is a need of an Extended Visit for Children policy that addresses children visiting family members or NREFMs during holidays and/or weekends. The workgroup is working on finalizing this new policy.

In 2014, the Immediate and Expedited Assessment Processes continued to grow, making possible the temporary placement of more children with relatives in 2014 instead of placement in emergency foster homes. For the twelve months in

2014, 127 immediate applications requesting placement of 205 children were processed to grant temporary approval within 48 hours of receiving emergency clearance results. Another 157 expedited relative/kinship applications requesting placement of 305 children were processed in 21 days or less to ensure the most expedient home approval process possible when applicants resided out of county, required an exemption for less serious convictions, or needed time to prepare their home or correct buildings and grounds deficiencies preventing immediate approval.

Growth from calendar year 2013 to 2014 was realized in the areas of Immediate Assessments, Expedited Assessments and All Assessments Received, for both applications received and children requested for placement. The data is as follows:

- Immediate Assessment applications grew 38%, from 92 in 2013 to 127 in 2014.
- Number of children requested in immediate applications grew 45%, from 141 in 2013 to 205 in 2014.
- Expedited Assessment applications grew 65%, from 95 to 157.
- Number of children requested in expedited applications grew 85%, from 165 in 2013 to 305 in 2014.
- Total assessments received grew 6%, from 1,122 to 1,194.
- Number of children requested in total assessments received grew 9%, from 1,839 in 2013 to 2,000 in 2014.
- Excluding requests for annual reassessment, 30% (284 of 960) of applications were processed as immediate or expedited assessments in 2014, as compared to 21% (187 of 881) in 2013.

2014 Data for Children Placed with Relatives and Ratio of Applications Approved-to- Denied-to-Withdrawn

- In January 2014, 79 relative/NREFM homes were approved for placement. Of the 134 applications completed requesting 231 children (134/231), 79/129 (59%) were approved, 4/4 (3%) were denied and 51/98 (38%) were withdrawn.

- In February 2014, 47 relative/NREFM homes were approved for placement. Of the 73 applications completed requesting 122 children (73/122), 47/77 (64%) were approved, 3/3 (4%) were denied and 23/42 (32%) were withdrawn.

- In March 2014, 56 relative/NREFM homes were approved for placement. Of the 93 applications completed requesting 136 children (93/136), 56/75 (60%) were approved, 3/3(3%) were denied and 34/58 (37%) were withdrawn.

- In April 2014, 43 relative/NREFM homes were approved for placement. Of the 82 applications completed requesting 133 children (82/133), 43/63 (52%) were approved, 4/6 (5%) were denied and 35/64 (43%) were withdrawn.

- In May 2014, 64 relative/NREFM homes were approved for placement. Of the 99 applications completed requesting 157 children, 64/100 (65%) were approved, zero (0%) were denied and 35/57 (35%) were withdrawn.

- In June 2014, 40 relative/NREFM homes were approved for placement. Of the 64 applications completed requesting 100 children (64/100), 40/62 (63%) were approved, 3/5 (5%) were denied and 21/33 (32%) were withdrawn.

- In July 2014, of the 54 relative/NREFM homes approved for placement. Of the 98 applications completed requesting 171 children (98/171), 54/93 (55%) were approved, 2/3 (2%) were denied and 42/75 (43%) were withdrawn.

- In August 2014, 53 relative/NREFM homes were approved for placement. Of the 100 applications completed requesting 169 children (100/169), 53/87(53%) were approved, 7/14 (7%) were denied and 40/68 (40%) were withdrawn.

- In September 2014, 52 relative/NREFM homes were approved for placement. Of the 93 applications completed requesting 165 children (93/165), 52/85 (56%) were approved, 7/14 (8%) were denied and 34/66 (36%) were withdrawn.

- In October 2014, relative/NREFM homes were approved for placement. Of the 89 applications completed requesting 156 children (89/156) processed, 51/81(57%) were approved, 3/5 (3%) were denied and 35/70 (40%) were withdrawn.

- In November 2014, 50 relative/NREFM homes were approved for placement. Of the 81 applications completed requesting 154 children, 50/90 (62%) were approved, 2/4 (2%) were denied and 29/60 (36%) were withdrawn.

- In December 2014, 50 relative/NREFM homes were approved for placement. Of the 73 applications completed requesting 135 children (73/135), 50/91 (68%) were approved, 2/6 (3%) were denied and 21/38 (29%) were withdrawn.

METHOD OF EVALUATION AND/OR MONITORING

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

4B Least Restrictive (Entries First Placement: Relatives)

Q1 2014	7.8%
Q2 2014	8.1%
Q3 2014	7.7%
Q4 2014	7.4%

4B Least Restrictive (PIT Placement: Relative)

Q1 2014	26.6%
Q2 2014	27.4%
Q3 2014	26.8%
Q4 2014	27.8%

ADDITIONAL STRATEGIES (WHEN APPLICABLE)

Not applicable.

PROGRAM REDUCTION

Not applicable.

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

ANALYSIS

This strategy was selected to help improve outcome measure C4.1 Placement Stability (8 days to 12 months). Since SIP inception, the outcome measure has improved by 7.4%.

ACTION STEP STATUS

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

As previously reported in the 2013-14 annual progress report, this action step was completed.

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

As previously reported in the 2013-14 annual progress report, this action step was completed. The Executive Team decided not to go forward with converting Jamison Children's Center (JCC) to a 23-hour assessment center. However, in light of the Continuum of Care Reform (CCR) report recently published and pending legislation (Assembly Bill 403), the Department is reviewing the CCR recommendations and is~~will be~~ following impending legislation on the subject matter. In order to be prepared for the upcoming changes, DHS is working on creating a placement unit and an on-call placement specialist that will work out of JCC to expedite placements.

METHOD OF EVALUATION AND/OR MONITORING

Not applicable.

ADDITIONAL STRATEGIES (WHEN APPLICABLE)

Not applicable.

PROGRAM REDUCTION

Not applicable.

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

ANALYSIS

This strategy was selected to improve three outcome measures, including C4.2 Placement Stability (12 to 24 months), C4.3 Placement Stability (at least 24 months in care), and C1.4 Re-Entry Following Reunification. Since the SIP was approved, these three outcome measures have, indeed, improved. C4.2 improved by 10.1%, C4.3 by 8.9%, and C1.4 by 5.4%.

ACTION STEP STATUS

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

   As previously reported in the 2013-14 annual progress report, this action step has been completed. The training has been implemented and is ongoing through a contract with Bakersfield College.

B. Review SCI policy and add a required training component for foster parents who are requesting a SCI for behavior issues, prior to approving the SCI; monitor for compliance. The time frame for this action step is July 2012 – July 2015.

   As previously reported in the 2013-14 annual progress report, the SCI policy was published and monitoring for compliance has continued. The assigned Program Specialist receives monthly updates and continues to monitor compliance based on the monthly reports. Currently, there is a pending review from November 1, 2013 through October 31, 2014. For cases with questionable compliance or non-compliance, the Program Specialist will meet with the assigned Supervisor to determine if the case can be brought into compliance or if termination of the SCI is warranted.

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

   As previously reported in the 2013-14 annual progress report, the Foster Family Agencies Memorandum of Understanding (MOU) was effective June 4, 2013 – December 31, 2016. Subsequently, an amendment to the MOU was needed and was approved as well. The MOU with Group Homes has been finalized and was approved by the Board of Supervisors on April 14, 2015.

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

   As previously reported in the 2013-14 annual progress report, this action step has been completed. However, WRAP services continue to be monitored for effectiveness as noted in the section below.

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

METHOD OF EVALUATION AND/OR MONITORING

The Program Specialist assigned to provide oversight of SCI funding also monitors for compliance. As of April 9, 2015, the following data was provided:

- 38 cases were identified for review for the timeframe of November 1, 2013 through November 30, 2014
- 24 of the 38 have been reviewed on the Child Welfare Services/Case Management System
- 16 of the 38 were ruled out for a physical review of the file for the reasons specified below
- 1 was a finalized adoption (total duration of SCI was four months)
- 7 were probation cases
- 1 is now in a GH (total SCI duration was one month)
- 1 was a guardianship
- 1 MTFC
- 1 WRAP
- 2 are currently in FM (total duration of SCI was six weeks)
- 2 Out of county (one of those was an adoption placement)
- 10 case folders have been requested
- 8 have been received (all eight had documentation in CMS)
- 1 had documentation of SCI training
- 2 had MTFC training
- 1 had no training or agreement (SCI has been stopped)
- 1 was exempt (SCI from 2006)
- 1 had documentation of Family Therapy (no agreement and no training cert)
- 1 had pre-certification training but no agreement (can't verify training was for SCI)
- 1 alleges completion of training out of county, cannot produce certification (out of county placement)
- 12 cases need to be reviewed for physical review of the case folders (these SCI's have all ended)

New SCIs

- November 2014:No new cases to review
- December 2014: Two cases need to be reviewed
- January 2015: One case needs to be reviewed

A Quality Assurance (QA) review of Wraparound services was conducted for years 2011-2014. The primary purpose of this QA was to evaluate the outcomes of cases in which Wraparound services were provided. Specifically, the following questions were asked: Did children who received Wraparound services experience a placement change to a group home during or subsequent to receiving Wraparound services? Did children who received Wraparound services experience a placement change to a higher level of care compared to the level of care at time they entered Wraparound services?

Cases were selected with start dates from 2011-2014; there were 98 cases read for the QA. The two wraparound providers are Aspiranet and Family Preservation. In summary, the following was found:

- Number of cases read: 98
- Cases were selected with start dates from 2011-2014 as follows:

2011: 26 Cases	Aspiranet 23 cases	Family Preservation 3 cases
2012: 8 Cases	Aspiranet 4 cases	Family Preservation 4 cases
2013: 25 Cases	Aspiranet 19 cases	Family Preservation 6 cases
2014: 39 cases	Aspiranet 21 cases	Family Preservation 18 cases

<u>The following general data was compared to the corresponding 2005-2010 QA data.</u>

- 43% of the children were teenagers when Wraparound services began as compared to 54% in the 2005-2010 read.
    - Aspiranet had 79%.
    - Family Preservation had 21%.

- 47% of the cases had a service component of Permanent Placement as compared to 75% in 2005-2010 read.
    - Aspiranet had 78% of the Permanent Placement cases.
    - Family Preservation had 22%.

- The average length of time the children received Wraparound services was 10.5 months compared to 11.8 in 2005-2010 read.
    - Average time for Aspiranet was 11.0 Months.
    - Average time for Family Preservation 9.4 Months.

- 74% of the children were placed in a foster home or relative/Non-Related Extended Family Member (NREFM) home at the time services began as compared to 78% in 2005-2010 read.

- Aspiranet had 51% of the children placed in a foster home or Relative/NREFM home.
- Family Preservation had 23% of the children placed in a foster home or Relative/NREFM home.

- 3% of the children were placed in group homes as compared to 9% in 2005-2010 read.

- 23% of the children were placed with their parents at the time services began as compared to 13% in 2005-2010 read.
  - Aspiranet had 12% of the children placed with a parent.
  - Family Preservation had 11% of the children placed with a parent.

For children who received Wraparound Services

- 19% of the children **not** placed in a group home at the time Wraparound services began, ended up in a group home either during the time Wraparound services were provided or after as compared to 25% in 2005-2010 read.
  - Aspiranet: 12% of the total cases read ended up in a group home or 18% of the children served by Aspiranet.
  - Family Preservation: 8% of the total cases read ended up in a group home or 26% of the children served by Family Preservation.

- 26% of the children experienced a placement change to a higher level of care either while receiving wraparound services or after receiving services, as compared to 40% in 2005-2010 read.
  - Aspiranet: 21% of the total cases read or 31% of the children served by Aspiranet.
  - Family Preservation: 5% of the total cases read or 16% of children served by Family Preservation.

- 10% of the children experienced a placement change to a lower level of care; this was not measured in 2005-2010 read.
  - Aspiranet: 4% of the total cases read or 6% of the children served by Aspiranet.
  - Family Preservation: 6% of the total cases read or 19% of the children served by Family Preservation.

- 64% of the children remained in the same level of care as compared to 40% in 2005-2010 read.

- Aspiranet: 41% of the total cases read or 61% of the children served by Aspiranet.
- Family Preservation: 23% of the total cases read or 74% of children served by Family Preservation.

- 0.79 was the average number of placement changes experienced as compared to 1.76 in 2005-2010 read.
  - 48 children experienced 0 placement changes while receiving Wraparound services; this was not measured for 2005-2010 read.
  - 17 children experienced only 1 placement change while receiving Wraparound services this was not measured for 2005-2010 read.
  - 23 children experienced 2 or more placement changes while receiving Wraparound services this was not measured for 2005-2010 read.

Permanency Outcomes

- 2% of the children were adopted as compared to 6% in 2005-2010 read.
  - Aspiranet: 1% of the total cases read or 1.5% of the children served by Aspiranet.
  - Family Preservation: 1% of the total cases read or 3% of children served by Family Preservation.

- 5% of the children were appointed a legal guardian as compared to 1% in 2005-2010 read.
  - Aspiranet: 4%of the total cases read or 17% of the children served by Aspiranet.
  - Family Preservation: 1% of the total cases read or 3 % of children served by Family Preservation.

- 26% of the children were successfully competed Family Services and the petitions were dismissed as compared to 8% in 2005-2010 read.
  - Aspiranet: 17% of the total cases read or 25% of children served by Aspiranet.
  - Family Preservation: 9% of total cases read and 29% of children served by Family Preservation.

Other outcomes

- 4 Children went into a Supervised Independent Living Plan (SILP) after Wraparound services.
- 1 child emancipated while in Wraparound services.

- 4 children were pending a 366.26 hearing after Wraparound Services.
- 1 child became a ward after Wraparound services.

Discussion

There appears to be an overall upward trend in regard to placement stability. Comparing the outcome data, the average number of placement changes has decreased by 50 percent from 1.76 to .79. Additionally, successful completion of Family Services and petition dismissal has also increased significantly from 8% to 26%. In addition, 10% of the children experienced a placement change to a lower level of care, although this was not compared to the 2005-2010 data, it is a statistically significant outcome.

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

ADDITIONAL STRATEGIES (WHEN APPLICABLE)

Not applicable.

PROGRAM REDUCTION

Not applicable.

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

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

ANALYSIS

Data has been entered into the Child Welfare Services/Case Management System. In April 2013 a second support person was hired to assist with updating the data and at the same time the Safe Measures system was activated. Safe Measures is used to audit all the Probation Officers' caseloads monthly. Then, data points that are missing in CWS/CMS are updated accordingly. Considering nearly 100% of the required data entries are now entered into CWS/CMS by Probation staff, this goal in the SIP is considered completed. Though probation was providing services to ensure the well being of wards in foster care were being met (this included face to face visits, ensuring appropriate placement based on assessment of criminogenic needs and referrals for

services including ILP and mental health) it was not being documented correctly in CWS/CMS. Because of this improvement, tracking the progress of Strategy 1 is now sound.

The Family Finding procedure manual from DHS was provided to Probation and was incorporated into the Probation Placement Manual. Officers were trained as to the procedures and have implemented this into their supervision practice. According to the data, these efforts have been successful. Probation has shown a 19% increase in reunification within 12 months and a 105.9% increase in least restrictive relative placements. The research is evident that building and sustaining life long bonds for foster youth not only reduces their propensity towards future delinquency but also assists in their transition towards self-sufficiency. Thus, this change and improvement in service delivery has helped us meet Strategy 1.

ACTION STEP STATUS

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

   This action step has been completed.

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

   This action step has been completed.

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

   This action step has been completed.

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

   This action step is completed.

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

   This action step is pending.

METHOD OF EVALUATION AND/OR MONITORING

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

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

Through monthly caseload audits, officers will be encouraged to continue to provide family finding and engagement services to wards on their caseload. Implementation of these services have been successful for Probation has shown a 19% increase in reunification within 12 months and a 105.9% increase in least restrictive relative placements. Thus, success with Strategy 1 is self-evident.

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ADDITIONAL STRATEGIES (WHEN APPLICABLE)

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

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

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

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

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

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

PROGRAM REDUCTION

During the last SIP summary, the Probation Department was running with two vacancies in the Placement unit. I am proud to say these vacancies have been filled and will be of great assistance in keeping caseloads manageable.

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

ANALYSIS

Meetings transpired between the Probation Division Director, Probation Placement Supervisor, Department of Human Services Program Specialist, and ILP Supervisor on a bi-monthly basis for approximately one year. These meetings were beneficial and eventually included line staff with the goal of educating staff and building relationships between our teams. Quarterly meetings between Probation and ILP staff continue to assure this healthy relationship.

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

Action step C needs to be replaced as funding for ILP is controlled through the Department of Human Services. In lieu of contracting out ILP services, we have begun placing youth in group homes that specialize in the delivery of ILP services. With the passage of AB12 and the focus of “Transitional Age Youth” there are group homes that have become specialized in ILP services and have tailored programming to meet the needs of this population. Over 95% of all wards have chosen to participate in transitional services through AB12 and with the assistance of group homes in finding transitional housing for AB12 youth, this improvement has been beneficial for our youth. It should be noted, prior to AB12 and transitional assistance through the group homes, a significant portion of our youth were delivered to the homeless shelter upon emancipation.

Laptop computers for “Skyping” capability were purchased and provided for all Probation Officers who have out of county caseloads to increase communication between the wards and their Probation Officers and also to increase communication between wards and family members during Probation Officers' visits. Though there was some difficulty initially with the software in implementing this action step, I am glad to say these technical difficulties have been worked out and Probation Officers now have the ability to utilize the software.

ACTION STEP STATUS

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

This action step has been completed.

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

   This action step has been implemented. Because of the vacancies in the Placement unit over the past few years, completing this action step to the fullest has been difficult. The Probation Officer assigned to go to the Dream Center has been unable to consistently go there due to case load size, field duties, training etc. However, I am proud to say our vacancies have been filled and I anticipate this action step to be completed over the next year.

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

   This action step needs to be replaced.

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

   This action step is completed.

METHOD OF EVALUATION AND/OR MONITORING

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

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

ADDITIONAL STRATEGIES (WHEN APPLICABLE)

Not applicable.

PROGRAM REDUCTION

Not applicable.

OBSTACLES AND BARRIERS TO FUTURE IMPLEMENTATION

Kern County is committed to improving performance on the state and federal outcome measures and has selected strategies for implementation that are best practice and have shown to help improve measures and benefit children and families. The County's budget planning for fiscal year 2015-16 is underway. While budget planning continues, funding for development of the SIP strategies could create delays to future implementation and/or sustainability for non-mandated program, such as Crisis Responders, Kids Connection Team, and Early Intervention Services.

As for Kern County Probation Department's strategy 2, action step C, in lieu of contracting out ILP services, Probation has begun placing youth in group homes that specialize in ILP services. With the passage of AB 12 and the focus on transitional age youth, many group homes have begun specializing in ILP services and tailoring programs to assist this population. The Probation department has responded by being more selective about placement options and focusing on placing age appropriate wards in group home placements that would benefit from services in these specialized placements. Currently there are approximately fifteen group homes (this number is growing by the day) used by Probation that are focusing specifically on ILP services for transitional age youth. Many of the group homes actually offer structured classes that train youth in such areas as how to dress for job interviews, how to complete job applications, and interview techniques, etc. Group homes are assisting youth in finding work experience programs, volunteering opportunities, internships, and vocational training. Since the passage of AB12, many of these same group homes are preparing the youth to enter AB12 by assisting them in securing a job and/or enrolling in school. Assistance is also given with transitional housing through a SILP. This has made the transition from group home placement to AB12 placement successful and made the youth less fearful about reaching the age of 18. Because more probation youth are entering AB12 than expected, placement of wards in specialized group homes will occur on a more regular basis. Specifically if a youth does not have a family member to reunify with, the Placement Officer focuses on placement in a group home that specializes in emancipation services.

PROMISING PRACTICES/ OTHER SUCCESSES

Kern's performance in the adoption outcome measures is higher than the national goals. Even so, the Adoption Program staff is committed to making further improvements. Currently, the Adoption Program has contracts with three Foster Family Agencies to conduct adoption home studies. In anticipation of the Resource Family Approval process being implemented statewide by January 2017, the newest contract with the Foster Family Agencies reduced the time frame for completion of an adoption home study from six months to four months. In addition, Foster Family Agencies will all be expected to provide post adoption training to families, an emergency fund for families who need financial support to complete home study requirements, such as fingerprinting, tuberculosis testing, and must reimburse families for Live Scan incurred charges. In addition, if a home study is not completed within the required time period,

the Foster Family Agency will be expected to provide our agency with written justification for non-compliance. There will be an established error rate (percentage of late home studies). If an agency is non-compliant, our agency will provide the FFA with a letter of correction and if the non-compliance with the error rate continues, our agency may terminate the contract with the specific Foster Family Agency.

In addition to begin to work on the RFA process, in May 2013, staff from the Licensing and Relative Assessment units attended the Safe Home Study training along with Adoption social workers. Since the adoption and licensing processes will merge, Kern wants to ensure staff has an understanding of the requirements for each process. In addition, Kern staff has established a workgroup to begin discussion amongst affected programs and to complete the Readiness Assessment/Early Implementation tool. The workgroup will continue to meet to establish the groundwork necessary for successful implementation.

Another of Kern's promising practices includes working diligently on sustaining DHS performance on outcome measures 2F Timely Monthly Caseworker Visits (requirement 95%) and 2F Timely Monthly Caseworker Visits in Residence (requirement 50%). Monthly data reports for both measures are generated, sent out to child welfare managers and followed up to determine non-compliance reasons with monthly visits. The reports have proven successful. According to the Child Welfare Dynamic Report, Kern has increased and sustained performance in these measures as follows:

Quarter/Year	**2F Timely Monthly Caseworker Visits (2015 goal is 95%)**	**2F Timely Monthly Caseworker Visits in Residence (Current state goal is 50%)**
Q1 2014	96.3%	94.5%
Q2 2014	96.9%	95%
Q3 2014	97.3%	95%
Q4 2014	97.7%	94.9%

DHS continues to remain committed to consolidating and refining our service delivery models to provide more effective and efficient service delivery. Technology upgrades allow Social Workers in the field to access the Child Welfare Services/Case Management System and other desktop electronic data and to input information to case files by issuing iPads to all Social Service Workers, Human Service Aides, and Paralegals. Additionally, all field staff has been given the opportunity to be issued an iPhone so they can confer with their supervisors from the field regarding sensitive cases, thus saving valuable social worker time currently used to return to the office in between child visits. The provisioning of the mobile devices began in October of 2014 and for the most part, all devices were deployed by the end of December 2014.

According to Safe Measures, as of January 2015, 70.4% of contacts for open cases were entered into CWS/CMS within seven days of the actual contact. In December of 2014, 59.0% of contacts for open cases were entered within seven days of the actual contact. In one month after full deployment there has been an increase of 11.4% in contacts being entered within seven days of the contact for open cases. In fact, in looking back over time as far back as August of 2013, there has never been a time when our staff reached the threshold of 70% of contacts being entered within seven days of contact. It is clear that having mobile devices is, at a minimum, assisting staff in entering contacts more timely a greater percentage of the time.

DHS is committed to serving the commercially sexually exploited children (CSEC) population. Kern has opted in to receiving state funding for protocol development and foster youth training. Two workgroups have been established. The internal DHS CSEC workgroup consists of social workers, supervisors and managers working together to determine the agency's needs in preventing, identifying, and servicing CSEC victims. The external CSEC Multidisciplinary Workgroup consists of partnering agencies assisting to provide services for this population, including representatives from County Counsel, Public Health Department, Mental Health Department, a Foster Family Agency, Probation Department, educational liaisons from the Kern County Superintendent of Schools and Kern High School District, a foster youth specialist, a Probation Supervisor, and a representative from the non-profit agency, Global Family Care Network. The external workgroup is led by DHS and is newly formed. The Central Training Academy has been scheduled to provide CSEC training to all child welfare social workers, aides, shelter staff, and Foster Family Agencies' social workers between April and June 2015. In addition, a contract has been approved for CSEC prevention training to foster youth, including probation wards, ages 11 and older. Partnering agencies have agreed to process referrals for CSEC more quickly. For instance, Kern County Mental Health has agreed to conduct mental health assessments for CSEC identified youth within one week or less of identification. Kern County Public Health Department has also agreed to provide testing for sexually transmitted diseases within 48 hours of CSEC identification. DHS staff from Child Welfare, CalWORKS, and Outreach are also active members of the local grassroots organization, Kern Coalition Against Human Trafficking (KCAHT). KCAHT has provided some prevention training for youth at the Dream Center, foster parents at Bakersfield College, and DHS staff.

In 2006, the Leadership Institute was formed by bringing together a group of leaders within the community with the goal of working toward a collaborative process in which the needs of Kern County foster youth could be met. The need to develop a multi-disciplinary approach to evaluating at-risk children by all agencies responsible for assessing these children was identified. As a result, the Kern County - Child Assessment Team was formed to coordinate and conduct the clinical assessments for

Kern County foster children, from two years nine months of age to five years of age, who are evidencing developmental and behavioral delays or issues that may require early intervention and refer to appropriate local services.

The Kern County Departments of Human Services, Mental Health Services, and Public Health Services has requested the Board of Supervisors approval of the Interagency Agreement, Kern County - Child Assessment Team (KC-CAT) for Early Intervention Services between the County and the Kern County Superintendent of Schools Division of Special Education Services (KCSOS-SES), Kern County Consortium Special Education Local Plan Area (SELPA), and Kern Regional Center (KRC) for a coordinated approach to evaluating foster children's needs and linking to the appropriate array of services.

The agreement outlines specific roles and responsibilities of each agency and the goals to ensure assessments for foster youth are conducted and efforts coordinated to reduce duplication; increase coordination of necessary physical health, mental health, special education and KRC services; and perform comprehensive early diagnosis and follow-up on treatment referrals to promote child well-being and educational success.

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

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

Family Search and Engagement Training Guide
The Department of Human Services provided training to the Probation Department, which assisted in utilization of a tool that will increase relative placements and with transitioning wards out of foster care.

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

OUTCOME MEASURES NOT MEETING STATE/NATIONAL STANDARDS

Kern has made big strides in performance in outcome measures over the past year. However, there remain outcome measures that continue to need improvement, particularly the reunification measures. The family reunification outcome measures are not meeting the national goals. Outcome measure C1.1 Reunification Within 12 months

(Exit Cohort) measure of all children discharged from foster care to reunification during the year who had been in foster care for eight days or longer, the percentage of children reunified in less than 12 months from the date of the latest removal from home. The national goal is 75.2%. According the Child Welfare Dynamic System, Kern's most recent performance (Q4 2014) is 63.6%, whereas the state is also at 63.6%.

Outcome measure C1.2 Median Time to Reunification (Exit Cohort) shows of all children discharged from foster care to reunification during the year who had been in foster care for eight days or longer, the median length of stay (in months) from the date of the latest removal from home until the date of discharge to reunification. The national goal is 5.4 months, whereas Kern's current performance, according to the Child Welfare Dynamic System in Quarter 4, 2104 is 8.9 months and the state is 8.8 months.

The third reunification outcome measure not meeting national goal s is C1.3 Reunification Within 12 Months (Entry Cohort), which measures of all children entering foster care for the first time in the six-month period who remained for eight days or longer, the percentage of children discharged from foster care in less than 12 months from the date of latest removal from home. The national standard for C1.3 is 48.4%. Kern's latest performance (Q4 2013) is 33.8%, whereas the state is at 35.5%.

Although the three aforementioned outcome measures are not meeting national standards, it is worth noting that Kern's performance has improved in these three outcome measures over the last year, as reported in the 2013-14 annual report. The performance of the reunification measures listed above are all interrelated. Only the most high risk cases fall under the jurisdiction of the juvenile court; therefore, it is more difficult to reunify these families who have multifaceted problems, including chronic substance abuse, sometimes generational, and mental health problems. If children are reunified with their parents before the parents have a solid foundation of recovery or change, problems will resurface that bring the family back to the attention of DHS. Kern County's performance in these areas suggests that social workers are taking more time with families and they are experiencing fewer problems that lead them back into the system. Furthermore, the judicial system is taking longer to retain jurisdiction due to court continuances, in some cases taking up to six months. Parents do not want to enroll in recommended counseling unless it is court ordered, therefore, these continuances delay the parents from enrolling in recommended counseling until the court orders the counseling at the Dispositional Hearing, which is also frequently continued several times for various reasons including, parent's or child's attorney request, parents' whereabouts unknown, change of attorneys, late reports, insufficient notice, no report, request of the social worker, and incarcerated parent not transported to court.

The Family Services Program Director reviewed reunification cases and found the following information: There were 117 youth who reunified outside of 12 months. Some were sibling sets. The Program Director read 30 unrelated (non-sibling) cases.

Eighteen youth had continuances between the Detention and Dispositional Hearings. The span in between these hearings ranged from two to eight months. The average time from the Detention to Dispositional Hearing for the 18 youth was 4.75 months. These continuances put DHS at a disadvantage for the median time to reunify. Eight youth did have Dispositional Hearings within four to six weeks of the Detention Hearing. Three of the cases had continuances at the 366.21(e) Review and/or 366.21(f) Review hearings. One youth had the 366.21(e) Review Hearing continued five times. Two cases had 387 Petition Hearings, which speak to the seriousness of the parents' problems. Three of youth had 366.22 Hearings, which also speaks to the seriousness of their problems, including mental health, substance abuse and domestic violence. Four of the cases were transferred in from other counties with multiple continuances for all types of hearings. Seventeen of the youth had continuances at the 366.21(e) Review Hearings ranging from two to five times. The average number of continuances was 2.8 times. Nine of the youth had continuances at the 366.21(f) Review Hearing with an average of 2.3 times. Continuances play a significant role in reunification outcomes. Also, 30% (nine youth that went to a .22 hearing) of the cases also have serious mental health, domestic violence, and substance abuse issues that cause a delay in reunification.

In order to address reunification, the Kern County Network for Children, administrative agent for Kern's Child Abuse Prevention, Intervention and Treatment Program, and Promoting Safe and Stable Families (PSSF) program funds, has contracted with Henrietta Weill Memorial Child Guidance Clinic (HWMCGC) to provide comprehensive parent education and PSSF Time Limited Family Reunification services. The agency provides supportive services for families who are receiving Child Welfare Services' Family Reunification services. The following services were implemented during quarters 1 – 3 (July – March) of FY 2014-2015:

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

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

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

Learning to Protect – Through research-based approaches, parents learn how protect their children from physical abuse, neglect, and/or sexual abuse.
Triple Positive Parenting Program (Triple P) – An evidence-based curriculum focused on parents with children ages 4 – 16 who have developmental difficulties such as autism.

Physical Abuse as a Perpetrator – Through research-based approaches, parents learn to parent their children without using physical discipline.

Aggression Replacement Training – Through this evidence-based curriculum, parents learn to effective manage and control their anger, build social skills, improve moral reasoning, and reduce aggressive behavior.

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

Incredible Years - An evidence-based program focused on strengthening parenting competencies and fostering parent involvement in children's school experiences, to promote children's academic, social and emotional skills and reduce conduct problems.

Parent Project Loving Solutions- A parenting course addressing the needs of young children ages 6-11, that is based on the evidence based "Parent Project."

From July 1, 2013 to June 30, 2014, **188** parents received court ordered parenting instruction. During this period, **82%** of court ordered parents completed parenting classes. Parents completing court ordered classes averaged a **28%** improvement in knowledge of parenting skills, as measured by pre and post-tests.

From July 1, 2014 to March 31, 2015, 221 parents received court ordered parenting instruction. During this period, **72%** of court ordered parents completed parenting classes. Parents completing court ordered classes averaged a **23%** improvement in knowledge of parenting skills, as measured by pre and post-tests.

Since families typically have multiple needs, all families are assessed prior to enrollment to ensure they are placed in the class that will best meet their needs, and to identify any barriers that may make it difficult for the parent to fully participate, attend regular, and complete services. Parent education program staff provides parents with the following

types of services outside of class: bus passes; emergency food and basic needs items; information and referral services; and, support, advocacy, and follow-up. Pre and post tests are utilized for each class to measure increases in knowledge among participants. Surveys are utilized to measure client satisfaction.

Parents who completed one or more parenting classes during the first three quarters of the FY 2014-15 reported a **100%** satisfaction rate.

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

Parent support groups are also provided for parents participating in education classes. These groups are designed to help parents build social connections. The Center for the Study of Social Policy states that "Several research studies have demonstrated that—for both mothers and fathers—high levels of emotional, informational, instrumental or spiritual support is associated with positive parental mood; positive perceptions of and responsiveness to one's children; parental satisfaction, well-being and sense of competence; and lower levels of anger, anxiety and depression."

Time Limited Family Reunification (TLFR) Services.
Visit coaching, mental health, and a range of intensive, support services are provided to families whose children are in out-of-home placement due to abuse or neglect, and they have been court ordered to receive Family Reunification services.

The following are among the direct services that TLFR staff provide: mental health assessment and counseling; support and advocacy; information and referral; transportation; home visiting; teaching and demonstration; emergency funds for basic need items (e.g. rent deposits, beds, basic appliances, work clothing, etc.); assistance with building protective factors (e.g. parental resilience, concrete support in times of need, social connections, knowledge of parenting and child development, and social and emotional competence of children) and visit coaching. TLFR services evolve into post-reunification services when families reunify. The number/percentage of children and families that successfully reunify is tracked, and surveys are administered to measure client satisfaction.

Visit Coaching services are provided in a unique setting that includes a kitchenette area, private bathroom, and outside play area for families. Visit Coaches help parents plan their upcoming visits to ensure that: age-appropriate activities, games, etc. are planned; parents are comfortable practicing the new skills they are learning in their parenting

classes; parents will be able to identify and appropriately respond to their children's needs; and that healthy snacks/meals are prepared. At the conclusion of each visit, the coach talks with the parents about aspects that went really well, commending the parent's use of new skills, as well as aspects that can be improved during the next visit. A scale designed to measure parent/child interactions during visits is utilized at the conclusion of visits as a tool to measure progress.

HWMCGC is a Kern County Mental Health Children's System of Care provider for counseling services. With parental consent, TLFR staff ensure that services are coordinated with the mental health treatment services that TLFR child(ren) are receiving while in placement. TLFR staff can also facilitate mental health treatment services for post-reunification families, when needed, to assist them with the transition and reduce re-entry. Surveys are administered at the conclusion of counseling services to measure client satisfaction.

During FY 2013-2014, **40** parents participated in time-limited reunification (TLFR) services, and **35** families with court ordered supervised visits received Visit Coaching services to improve parent/child interaction. Parents receiving Visit Coaching services demonstrated an average **21%** improvement in parenting behavior during visits with their children. **32** parents received counseling services. **21** parent completing TLFR services and their **47** children reunified – a **82%** child reunification rate among exiting TLFR families.

From July 1, 2014 to March 31, 2015, 44 parents participated in time-limited reunification services. A total of 17 parents completing TLFR services and their 41 children were reunified — a 69% child reunification rate. Parents exiting TLFR services during the first three quarters of the FY 2014-15 reported a 99% satisfaction rate.

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

During FY 2013-2014, **35** families with court ordered supervised visits received Visit Coaching services to improve parent/child interactions. Parents receiving Visit

Coaching services demonstrated an average **21%** improvement in parenting behavior during visits with their children.

During the period July 1, 2014 and March 31, 2015, **33** families with court ordered supervised visits received Visit Coaching services to improve parent/child interaction. Parents who received Visit Coaching services demonstrated an average **28%** improvement in parenting behavior during visits with their children.

From July 1, 2014 to March 31, 2015, 65 parents received counseling services. Parents exiting counseling services during the first three quarters of the FY 2014-15 reported a 99% satisfaction rate with services.

Support group services are also available for TLFR families that reunify. From July 1, 2014 to March 31, 2015, 26 parents had participated in support group activities.

The long--term care outcome measures are also not meeting national standards. Outcome measure C3.1 Exit to Permanency (24 Months In Care) focuses on measuring of all children in foster care for 24 months or longer on the first day of the year, the percentage of children discharged to a permanent home by the end of the year and prior to turning 18. The national goal is 29.1% and Kern's current performance is 20.5%, whereas the state is at 25.4%, per the Child Welfare Dynamic Report, Quarter 4, 2014. The second long term care outcome measure not meeting national standards is C3.3 In Care 3 Years Or Longer (Emancipated/Age 18), which focuses on all children in foster care during the year who were either discharged to emancipation or turned 18 while still in care, and who had been in foster care for three years or longer. The national standard is 37.5%, the state is 48.6%, and Kern's most recent performance, according to the Child Welfare Dynamic Report Q4, 2014, is 66.2%.

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In reviewing the outcome C3.1 Exits to Permanency (24 Months in Care), cases of children in foster care for two years or more on the first day of the 12-month period between January 1, 2014 and December 31, 2014 were reviewed. Using Safe Measures, there were 68 children (19%) that exited to permanency during the selected time period and 290 children noted as the not exiting to permanency (81%). Of those 290 children, 32 children subsequently exited to permanency, however, not by the end of the 12-month period. In addition, 10% of the 290 cases were reviewed in which permanency was not achieved. Of the 29 cases reviewed, the placements were as follows: two in county foster homes for three to four years, nine in relative/NREFM homes ranging from five months to five years, seven in Foster Family Agency certified homes ranging from two months to five years, four in group home placements ranging from three months to one and half years, five in Supervised Independent Living Plans ranging from two months to one year, and two became incarcerated. It should be noted that of the 29 cases reviewed, one child is pending adoption and one child is pending legal guardianship. Two children established legal guardianship after the 12-month period. The cases reviewed also showed there were seven children with a mental health

diagnosis and on psychotropic medication, eight caregivers were not committed to a permanency plan other than long term foster care despite the children not exhibiting behavioral or medical problems, seven children had behavioral problems, two had medical problems, and two were teen parents.

The Family Services Program Director reviewed cases related to these outcomes. In terms of the In Care Measure, there were 35 youth for this time frame. The Program Director reviewed 23 of the 35 cases (65%). The following information was found: 10 (43%) of the youth have behavioral/mental health problems; six youth (26%) are with family/non-related extended family members, including grandparents. Four of those six youth had no noted behavioral, emotional, or physical problems that prevented them from permanency; it is often the case that relatives may not want to adopt hoping the birth parents will someday reunify with the children. Some of the kids had been in the same placement for years. One child was on runaway status since 2012. One youth is placed through an Interstate Compact for Placement of Children so guardianship does not transfer states. Another child had to remain a dependent to get citizenship.

While national standards are not currently being met, it is anticipated positive impact will be made through the implementation of back end family finding scheduled to begin planning in July 2015. As family is located for youth in long-term foster care, connections, placement, and permanency for the youth are expected. In addition, there has been an adoption social worker assigned to conduct case mining of long term foster care cases to identify youth to participate in the Heart Gallery and work with the Heart Gallery team to find adoptive homes for children. The Heart Gallery is a traveling photographic and audio exhibit created to find forever families for children in foster care. The Heart Gallery of America is a collaborative project of over 120 Heart Galleries across the United States designed to increase the number of adoptive families for children needing homes in our community.

In reviewing the outcome C2.4 Legally Free Within 6 Months (17 Months in Care), cases extracted from Safe Measures of children in foster care for 17 continuous months or longer and not legally free for adoption on the first day of the selected six-month period between July 1, 2014 and December 31, 2014 were reviewed. Ten children (3.1%) became legally free within the following six months while 314 children (96.9%) were not legally free within six months. However, of the 314 children not legally free within six months, 24 children were subsequently legally free. Further research was conducted on 10% of the 314 children's cases that were not legally free. Of the 31 cases reviewed, the placement types were as follows: two children became incarcerated, six were placed in group homes, 18 in Foster Family Agency certified homes, four were placed with relatives or non-related extended family members, and one was in a Supervised Independent Living Plan. Of the 31 cases reviewed, most children had behavioral and mental health issues. There were two children whose cases were pending guardianship orders and one case in which the adoption was pending. Ten children were exhibiting concerning behaviors and eight had mental health

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diagnosis and on psychotropic medications, who had multiple placements and some too new to commit to permanency. In addition, there were eight caregivers not willing to commit to a permanent plan other than long term foster care despite the stability of the placement and no mental health or behavioral issues noted. Further, there were two children that refused permanency; one adoption and one legal guardianship.

Measure C2.3 Adoption Within 12 Months (17 Months in Care) was also reviewed for the period of January 1, 2014 through December 31, 2014. According to Safe Measures, there were 101 children (22.3%) were adopted within 12 months while 351 children (77.7%) were not adopted within 12 months. While the performance was only slightly below the national standard of 22.7%, the cases were worth reviewing. Of the 351 children not adopted within 12 months, there were 47 subsequently adopted after the desired time period. Also, it should be noted that 27 children were receiving WrapAround services indicating the children had difficult behaviors for caregivers to manage. In addition, 10% of the 351 cases in which children were not adopted with 12 months were reviewed. The placement types of the 35 cases were as follows: three were incarcerated, 10 were placed in Foster Family Agency certified homes, seven in group homes, 10 in relative/NREFM homes, one in legal guardianship beyond the time period, three in a Supervised Independent Living Plan (SILP), and one in Transitional Housing Program + Foster Care (THP+FC). Further review illustrated various reasons for a lack of adoption within 12 months including the following: four cases were granted guardianship, ten caregivers were not committed to a legal permanent plan despite no behavioral or medical issues, six children had behavioral problems, one child refused legal guardianship, three had behaviors that warranted incarceration, six children had mental health services and were prescribed psychotropic medication, and an additional five children had behaviors that warranted mental health services.

The difficult behaviors, mental health issues, some warranting psychotropic medications make placements unstable and caregivers unwilling to commit to a permanent plan for the child. It is anticipated that through the changes that will come about with the implementation of the Resource Family Approval process, caregivers will be required to attend pre-licensing courses that will help them understand the need for permanency. In addition, the implementation of back end family finding will assist in locating family members that over time may be more committed to placement and a permanent plan for related children in care. While more relatives are adopting related children, there will continue to be some relatives that hope that the birth parents of the related children will ~~some day~~someday regain custody.

Measure 2S Monthly Visits (In Home) has not met the state standard of 95%. As of Quarter 4, 2014, Kern's performance is noted at 64.3% while the state's performance is 82.1%. While the methodology was reviewed and cases were extracted to review compliance, it was discovered cases of children in out of home care receiving

reunification services, long term foster care services, and emergency response services were listed in addition to children with in home services. Further review of cases and discussion is warranted. In addition, reports will be generated on a monthly basis and sent to program managers for a thorough review.

Kern's performance for the Rate of Timely Health and Dental Exams were reviewed. Per Q4 2014 data, Kern's most recent performance for health exams was 90.3% and 76.8% for dental exams. The Program Directors for placement programs, including Family Services and Adoptions, reviewed cases for these two exam types.

In December 2014, Kern had 175 foster youth who were not current on their CHDP Dental Exams. In reviewing the case information, 48% of the youth were ages 14 and above. Thirty-four percent of the youth were non-minor dependents (NMDs). The range for which the exams were overdue was vast. For example, a 7 year old had an exam that was one day overdue and a 19 year old had an exam that was 1299 days overdue. For purposes of this review, the Family Services Program Director looked at cases in which exams were overdue 60 days and longer. Ten percent of the late exams were for children ages eight through 13; 29.5% of the late exams were for children four through seven years old, and 60.5% of the late exams were for youth 14 and above. Based on this information, Kern will need to concentrate more efforts on having discussions with our older youth, including NMDs, about oral health and the importance of regular check-ups. Kern will also put more effort into discussing oral health with resource families caring for our children in the four through seven year old range.

In December 2014, Kern had 126 foster youth who were not current on their CHDP Physical Exams. In reviewing the case information, 79.4% of the children were ages zero through seven. The range for which the exams were overdue varied greatly. For example, the Family Services (FS) Program Director noted a six year old child whose exam was one day overdue and a 15 year old whose exam was overdue 1267 days. It should be noted, however, that in the case of the 15 year old, the CHDP exam was entered in a November 2014 contact narrative, but not in the health notebook. For purposes of this review, the FS Program Director looked at cases in which exams were overdue 60 days and longer. Twelve percent of the late exams were for youth ages 14 and up; 14% of the late exams were for children ages eight through 13, and 74% of the late exams were for children ages zero through seven. Based on this information, Kern will need to focus efforts to help resource families to understand the importance of getting preventive care for our youngest children and to ensure that they receive the services they need.

The Adoptions Program Director reviewed cases for May 2015 Physical Exams and found the Adoptions had nine out of compliance exams listed on the report. One was a legal guardianship case, which we do not track CHDP exams for. Also, exams for legal

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guardianship cases are no longer tracked in Safe Measures. Six of the cases were 31 days or less overdue. For May 2015 Dental Exams, Adoptions had 10 out of compliance on report. Six cases were 43 days or less out of compliance. Cases were also reviewed for December 2014. Seven Physical Exams in the Adoption were out of compliance. This data varied from two days late to 351 days late. For the same time period, Adoptions had two cases out of compliance for Dental Exams.

Ongoing monitoring of staff compliance will be done. Adoption Supervisors print Safe Measures, including physical and dental exams and review with staff monthly. Adoption staff have an expectation of 95% compliance rate for the exams.

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

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Outcome Measure	National Standard	Kern County Probation
Reunification within 12 months	75.2%	16.7%
Time to Reunification	5.4 months	20.1 months
Exits to Permanency	29.1%	4.7%
Placement Stability	41.8%	28.3%

Analysis of measures that fall below the national standard:

In reviewing the national standards for dependent children for Q4 2014 of the Child Welfare Dynamic Report, it is noted probation in Kern County falls below the national standard. Data in particular that falls below the national average include median time to reunification, reunification within 12 months, and exits to permanency along with placement stability particularly after 24 months in care. Analysis as to why Kern County Probation falls short of the national average is both broad and specific. On the broad scale, comparing dependents to wards is comparing apples and oranges and should be avoided. Still, it appears these are the only numbers we have to work with thus, below is specific analysis as to the deficiency:

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

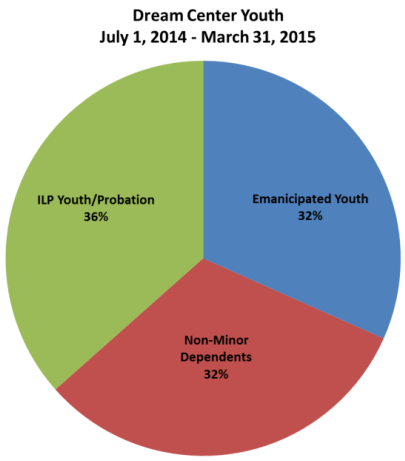
4. Considering successful adoption takes approximately 18 months, if not longer, to complete, beginning adoptive services on any ward that is 16 years or older appears to be a futile would put the youth near or past the age of majority.

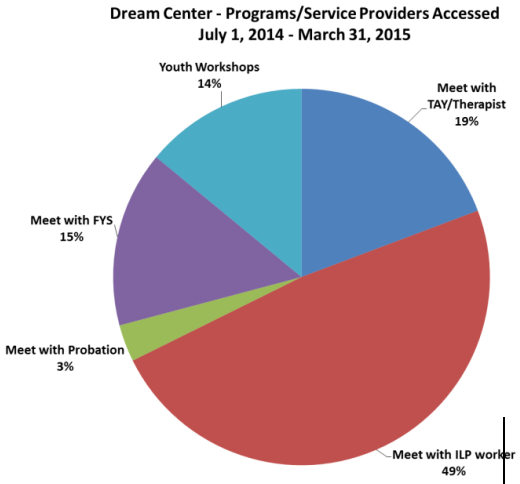
Though Kern County Probation continues to strive towards permanency within 12-24 months, considering the aforementioned issues, in most cases, independent living is the goal and not reunification. If successful transitional services can be offered to these wards, most of which have literally no family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

State and Federally Mandated Child Welfare/Probation Initiatives

A key partner to Kern's Fostering Connections After 18 Program is the Kern County Network for Children's Dream Center. The Dream Center is a unique "one-stop" resource center that provides critical transitional and educational support services for current and emancipated youth. Youth can apply for AB 12 and/or meet with their Independent Living Skills Social Worker, a CalWORKS program Human Services Technician, Probation Officer, Educational Liaison, or a Mental Health professional; receive information and referral services; pick up emergency food, clothing, and hygiene items; access and utilize computers or a phone; gain employment assistance with employment, housing and transportation; pick up bus passes, baby items, parent education/child safety information, school supplies, and donated items (ranging from blankets to household items to bicycles); receive assistance applying to, enrolling in, and accessing financial aid for college; attend workshops on essential life skills; receive educational support, advocacy and tutoring services; and, spend time in a safe, comfortable environment that allows them to connect with others. Some youth make appointments and visit regularly, others drop in just to access needed items.

The following charts represent the number of transition aged and emancipated youth served by the Dream Center from July 1, 2014 to March 31, 2015, and identify the programs housed at the Dream Center accessed by youth:





Dream Center onsite agency partners include Kern County Network for Children, Foster Youth Services, Kern County Department of Human Services' Independent Living Skills and CalWORKS programs, Kern County Mental Health Department's Transition Aged Youth Program (TAY), the Kern High School District's Career Services Program, and a Kern County Probation Department Placement Officer.

From July 1, 2014 to March 31, 2015, the number of youth accessing the Dream Center has expanded to an average of 108 youth each week. Their needs have also been broader, more intense, and more immediate. As a result, the Dream Center expanded its menu of services in five key areas: education, employment assistance, mental health, life skills, and basic needs support. During the 2014-15 funding year, the number of Dream Center staff has been increased to include the following additional co-located professionals: Department of Human Services' CalWORKS Eligibility Worker, an additional full time Independent Living Skills Program Social Worker, a Mental Health Transition Aged Youth program Clinician who provides therapy on-site.

The Dream Center provides linkages and referrals to partnering programs that provide independent living skills training and mentoring; assistance to youth who are completing applications for higher education, vocational training programs, financial aid programs/scholarships, housing, social service, and/or employment applications; transportation and food referrals; career exploration services; and workshops that assist youth with building life skills and preparing for emancipation.

Educational Services

Housed at the Dream Center, Kern's Foster Youth Services (FYS) program, funded by the California Department of Education, is committed to supporting the educational well-being and the specific needs of all youth involved in the Child Welfare System and Probation to ensure that youth ages 16 through 24 successfully transition to adulthood. FYS offers a range of programs and services to support educational success, increase graduation rates, and increase participation in post-secondary education. In compliance with EC 42921(d), all FYS youth receive the following services: prompt FYS evaluation; referrals/linkages to tutoring/mentoring, counseling, transitional, and emancipation services; facilitation of timely individualized education programs (in accordance with the Individuals with Disabilities Education Act (20 U.S.C. Sec. 1400 et seq.) and all of special education services; and, the efficient and expeditious transfer of health and education records and the health and education passport.

FYS supports academic achievement for foster youth students at Kern County's 18 court and community school sites and for those residing in juvenile detention facilities. The FYS program services are designed to build student assets, strengthen permanent relationships, and increase connections to school.

Additionally, FYS youth who are considered "high risk" receive individualized school-based educational case management services until their status moves to "medium/low risk." To ensure that the educational needs of medium/low risk students are being met, FYS provides a range of supportive services and monitoring for Kern County Superintendent of Schools Office alternative education program students who are foster youth. FYS staff also attends AB 12 meetings, to ensure that their ILP and education plans are coordinated and that youth are preparing for transition.

FYS provides college and/or vocation training program information, financial aid and application assistance to all case managed youth in the 11th and 12th grades who are enrolled in alternative education programs. All students in 11th and 12th grades are also referred by FYS to their transition counselor located at their school site. Students also receive educational planning services and encouragement via support and incentives to attend FYS sponsored workshops that will help them with building life skills, academic success, and preparing for emancipation and college enrollment.

FYS provides individualized tutoring to current and former foster youth at the Dream Center twice a week. During the period of July 1, 2014 and March 31, 2015, 10 youth received tutoring services in the areas of mathematics and preparation for the CAHSEE and GED preparation.

From July 1, 2014 to March 31, 2015, FYS referred 12 alternative education students to the Youth 2 Leaders Academy (Y2L) to provide students with the knowledge to be able

to make an informed decision about their plans after high school. Each FYS student will apply to at least two institutions of post-secondary education, complete the FAFSA (Free Application for Federal Student Aid), apply to at least two scholarship programs, enroll in a post-secondary program (2-year, 4-year, Vocational, Military) and engage in at least one community service orientated program or event.

FYS staff coordinated College Day on January 7, 2015 for foster youth and probation students from 18 community/court school sites to receive information on college admissions and other career opportunities in the community. The FYS program and the Dream Center were joined by California State University at Bakersfield, Bakersfield College, Career Services Center and Kern Schools Federal Credit Union.

In addition, FYS students are strongly encouraged to participate in Kern's Independent City and Leaders in Life conference that help build life skills and inspire achievement. Youth attending California State University at Bakersfield are linked to the Guardian Scholars Program.

FYS also identifies youth with money owed to school districts and works with their placement officer or social worker and the school district's liaison to reduce, forgive or pay any amount owed for lost books, so that the youth can receive grades and/or graduate.

Employment Assistance

Dream Center youth who are over the age of 16 and would like assistance with creating resumes and applying for jobs are referred to Kern High School District's (KHSD) Career Resource Department. The Dream Center has two (2) on-site KHSD Career Assistants who provide employment assistance to in-care and out-of-care foster youth in need of career exploration, resume building, online job searching, career assessments, and linkages to training. Youth participating in the program also receive case management and other job related assistance.

In addition, during the 2014-15 funding year, five (5) Dream Center youth took part in training through the United Way of Kern County to be part of the Volunteer Income Tax Assistance (VITA) Tax Preparation Services program and to be a census taker for the Kern County 2015 Homeless Census. In February, 2015, 17 FYS youth began Community Action Partnership of Kern's 10-Week Pre-Employment Resource Program (PREP) to help with job skill identification, career development, resume building, interview preparation, financial literacy, and short-term internships.

The Dream Center's Career Clothing Closet provides hygiene and clothing donated by the community to youth to help them prepare for job interviews, start new employment,

or attend job training. Youth also can receive coaching from staff at the Dream Center on what to wear to interviews and on the job.

Leadership Development & Advocacy

The Dream Center is the home of the Kern County's California Youth Connection (CYC). CYC builds the capacity for current and former foster youth to share their stories, connect, inspire and advocate on behalf of fellow foster youth. Through CYC, youth develop professional leadership and advocacy skills by participating in networking experiences, public speaking opportunities and in child welfare improvement projects with county agency representatives.

Dream Center onsite partners are also available to provide professional development on topics related to the educational and transitional needs of foster youth for school site staff, care providers, social workers, probation officers, service providers and others in the community. In the 2014-15 funding year, FYS staff became part of the Domestic Violence Advisory Committee and the Kern County Human Trafficking Coalition.

Mental Health & Wellness

Kern County Mental Health (KCMH) Children's System of Care Clinicians and KCMH TAY Case Managers are prominent partners co-located at the Dream Center. KCMH staff are available to triage the behavioral health needs of youth and provide a range of crisis, goal oriented counseling, linkages to psychiatric services, and comprehensive case management services that range from transportation to mentoring to life skills coaching to housing assistance. The Dream Center's full-time on-site therapist and two TAY case managers are helpful allies in reducing behavioral problems commonly associated with the trauma of abuse and neglect that many foster youth have experienced.

The Dream Center hosts a number of activities and social functions designed to help youth build healthy social connections and relationships with peers and adults. From July 1, 2014 to March 31, 2015, special events provided to support youth included a chess tournament, Halloween movie marathon, a Thanksgiving dinner celebration and a spring barbecue.

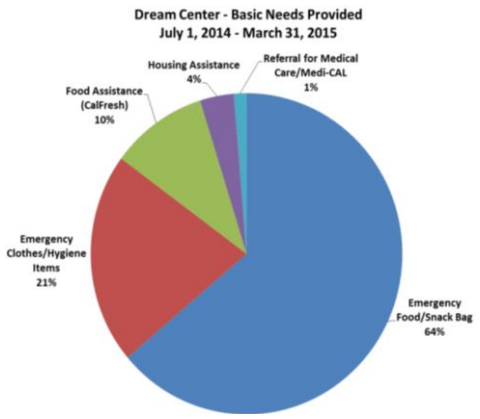
During the December holiday season, the Dream Center hosted its first annual "12 Days of Christmas," which included a themed event each of the 12 days to model holiday traditions and create a community during the holidays among the 89 youth who attended. For example, youth decorated cookies and gingerbread houses, made low-cost gifts, wrote holiday cards, performed holiday karaoke, received free haircuts from local stylists, had holiday portraits taken by a professional photographer, and enjoyed a holiday meal together.

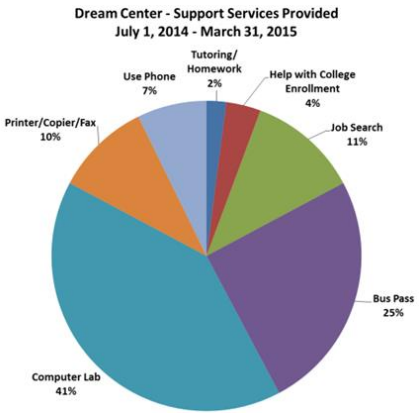
Workshops at the Dream Center also provide youth with valuable opportunities to build peer relationships and participate in shared learning opportunities.

Life Skills Workshops

FYS sponsors monthly workshops that incorporate key elements of academic, individual, and vocational/career exploration mentoring types of services. Workshops are provided through a collaborative partnership with the Department of Human Services' Independent Living Skills Program, community organizations and private community partners. Workshop topics range from applying for financial aid (how to complete the FAFSA), preparing for college enrollment, welding programs, dress to impress for interviews, budgeting, and time management.

The Independent Living Program (ILP) and the Kern High School District's Career Resource Department, co-located with Dream the Center, also partners with FYS to provide Independent Living Skills classes to identified alternative education foster students, group home youth, AB12 youth and emancipated youth. Workshop topics for the period of July 1, 2014 and March 31, 2015 included the following: healthy breakfast cooking class, money management, creative writing, driver license study guide, healthy relationships, understand the rental process, substance abuse, human trafficking awareness and sexual health. In addition, Dream Center youth receive resources and mentorship on practical matters such as renting, menu planning, budgeting, and avoiding financial emergencies.





Many of the foster youth visiting the Dream Center are in the process of becoming self-sufficient or may be homeless. The Dream Center offers all youth help with such basics

as non-perishable food, hygiene items, clothing and housing assistance. Youth also have access to computers, printers, mail, and a telephone.

FYS and ILP staff meets with youth to identify and deliver needed services to help them stabilize their situation. Youth can also meet with a Department of Human Services eligibility worker regarding their CalFresh and Medi-Cal benefits, or other CalWORKS programs.

Housing is a major need for emancipated foster youth, many of whom experience unstable housing or homelessness in the years immediately following their exit from foster care. ILP and TAY staff at the Dream Center offer referrals to safe and stable housing programs through Covenant Community Services and Transitional Housing Program (THP-Plus) in addition to providing case management. Beginning in January, 2015, the Homeless Youth Choice Program operated by the Housing Authority of Kern authorized the Dream Center to refer 25 youth who were not eligible for AB12 and THP housing services. As of March 31, 2015, four (4) applications have been approved for a Section 8 voucher and 21 are pending. All 25 applicants will receive 24 months of case management by FYS staff.

The Dream Center's Resource Room includes small household items such as cooking equipment, cleaning supplies and bedding. The Resource Room also holds a Clothing Closet for youth and their children with new and gently used clothing.

The Dream Center's ability to assist youth with their basic needs benefits from the generous donations from a wide range of community donors and agency partners during the period of July 1, 2015 and March 31, 2015. For example, the Dream Center has received personal male and female hygiene kits, socks, clothing, blankets, hand knitted wool caps and scarves, baby items and portable cribs from local churches in addition to phones, electronics, gift cards and bikes from the Bakersfield Police Department Property Room.

Katie A.: Kern has continued to work on Katie A. The most recent Katie A. Semi Annual Progress Report was submitted in March 2015. The report indicated during this reporting period there were 914 potential subclass members. There were 709 of 914 potential subclass members opened to Mental Health. Approximately 335 of the 914 were under the age of five. There were 178 of these 335 children were under the age of five and were screened and assessed. Typically Kern County Mental Health (KCMH) begins screenings for children who are three and above. Approximately, 183 of the potential sub class list were under the age of three years old. In cross referencing the DHS potential subclass list to the KCMH data, 26 youth did not meet medical necessity. Over the last year, DHS worked to implement the draft All County Letter on "Recording

Mental Health Screening, Referral, and Plan Intervention Information in the Child Welfare Services/Case Management." During the first quarter of 2014, staff recorded 45 youth who had received a mental health screening and 15 youth whose referrals had been accepted by mental health. In the fourth quarter of 2014, staff recorded 237 youth who had been screened for mental health and 39 whose referrals had been accepted by MH. DHS has made progress in recording the initial screening and referrals but has work to do on entering follow up information as to assessments/or plan interventions. Staff has been provided with All County Letter 15-11, Recording Mental Health Screening, Referral, and Plan Intervention Information in the Child Welfare Services/Case Management" which was released on March 24, 2015. Staff Development will incorporate these instructions for all new social workers. DHS will also run business objects reports quarterly to ensure future compliance with documentation of screenings and interventions. With that said, however, based on the fact that mental health has opened services to 709 of the 914 potential subclass members, it appears that the collaboration between DHS and KMCH to ensure that foster youth are referred to mental health and receiving the needed services is working well. During this reporting period Intensive Care Coordination (ICC) was provided to 70 individuals. Of the 150 identified subclass members, 34 youth resided in group homes and were not eligible for ICC services. There are approximately 25 newer referrals that are pending action and scheduling of ICC. Kern has continued to work on strengthening the process of identifying youth that would benefit from In Home Based Services (IHBS). As youth are referred for sub-class eligibility in the weekly Specialized Multi-Agency Resource Team (SMART) meeting, they are also reviewed for treatment needs, which may include IHBS. As a result of this, Kern has increased IHBS services from the last semi-annual report from 12 youth to 31 youth receiving IHBS. Kern County continues to work on increasing numbers of both ICC and IHBS. During this next fiscal year KCMH will include measurable goals for ICC and IHBS within provider contracts in order to continue to shape and increase both ICC and IHBS services to sub-class members.

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

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

As indicated earlier in this report and in previous annual reports, Kern's Differential Response has shown that families receiving DR services have lower recurrence of maltreatment through the provision of earlier and more comprehensive intervention. Families and children are provided voluntary services to remedy issues before they become so serious that the children will likely enter foster care. DR can provide services

in a more flexible manner to reports of child abuse or neglect. DR utilizes an evidence-based tool, North Carolina Family Assessment Tool (NCFAS) to ensure the family's priority needs are addressed and to measure the family's improvement upon exit of DR services.

Kern's improvement in the three placement stability measures have also contributed to the state's overall improvement. While the placement stability measures have not yet reached the national standard, there has been noted improvement in all three measures ranging from 7.4% to 10.1%. These improvements have come about since the implementation of the Kids Connection Team, increase in the use of Team Decision Making Meetings, placements with relatives and improved permanency for those children, and the streamlining of the relative assessment process. In addition the Re-Entry Following Reunification outcome has also shown a 5.2% improvement since the SIP inception. DHS expects to see further improvements in outcome measures over time due the most recently implemented programs, including Crisis Responders Team and Early Intervention Services.

Strategy 1: Provide Differential Response (DR) Services to children and families who are at risk for experiencing child abuse or neglect, and evaluate the impact of those services.	☐ **CAPIT** ☐ **CBCAP** ☒ **PSSF** ☐ **N/A**	**Applicable Outcome Measure(s) and/or Systemic Factor(s):** S1.1 No Recurrence of Maltreatment

Action Steps:	**Timeframe:**	**Person Responsible:**
A. Develop Differential Response Providers trained and skilled in utilizing the Evidence Based NCFAS (North Carolina Family Assessment Tool) assessment tool.	July 2012 Completed.	Jayme Stuart, Kern County Network for Children Implemented by Kern County Network for Children.
B. Implement the use of NCFAS assessment tool with all Differential Response Providers	August 2012 Completed.	Jayme Stuart, Kern County Network for Children Implemented by Kern County Network for Children.
C. Evaluate results of this strategy by assessing if DR services have been provided to metro Bakersfield and the NCFAS tool is utilized by providers.	September 2012 and quarterly there after Completed.	Jayme Stuart, Kern County Network for Children Implemented by Kern County Network for Children.

D. Develop an internal evaluation process for DR including a comparative group of families that do and don't receive services, and track outcomes across the groups.	~~July 2012 – December 2012~~ March 2013-April 2013 Completed.	Kristy Powers-Stacy, Court Services PS & Vanessa Frando, Program Specialist assigned to Assistant Director's Office
E. Utilize the ongoing results from the evaluation process to update procedural and practice policies.	~~January 2013~~ and quarterly thereafter May 2013 Completed.	Kristy Powers-Stacy, Court Services PS

Strategy 2: Implement practice and policy for referring children with a substantiated case of child abuse or neglect "under age 3" to early intervention services.	☐ **CAPIT** ☐ **CBCAP** ☐ **PSSF** ☒ **N/A**	**Applicable Outcome Measure(s) and/or Systemic Factor(s):** S1.1 No Recurrence of Maltreatment C1.4 Re-Entry Following Reunification (Exit Cohort)
Action Steps:	**Timeframe:**	**Person Responsible:**
A. Explore other county programs and possible funding streams	July 2014 Completed.	~~Maria Bermudez,~~ Vanessa Frando, PS assigned to AD office
B. Propose to Executive Team, Seek Approval, develop policy	JANUARY 2015 Completed.	Antanette ~~Jones~~ Reed, AD
C. Implement Phase I (children entering foster care) practice and policy, and review on an on-going basis.	August 2014~~July 2016~~ Ongoing	~~Maria Bermudez~~ Vanessa Frando, PS assigned to AD office
D. Implement Phase 2 practice (VFM) and review on an ongoing basis	January 2016	Vanessa Frando, PS assigned to AD office
E. Implement Phase 3 practice (all investigating programs) and review on an ongoing basis	July 2016	Vanessa Frando, PS assigned to AD office
Strategy 3:	☐ **CAPIT**	**Applicable Outcome Measure(s) and/or Systemic Factor(s):**

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Create two pre-detention/pre-dispo Kid's Connection Teams AKA Family Finding units of SSW's for the Emergency Response and Court Intake Divisions, for preparation of the new tasks of conducting family finding UP FRONT, relative assessment, -and placement matching when child brought into protective custody by Crisis Responder.	☐ **CBCAP** ☐ **PSSF** ☒ **N/A**	S1.1 No Recurrence of Maltreatment C1.4 Re-Entry Following Reunification (Exit Cohort) C4.1 Placement Stability Outcome: Placement Stability (8 days to 12 Months in Care) C4.2 Placement Stability Outcome: Placement Stability (12 to 24 Months in Care) C4.3 Placement Stability Outcome: Placement Stability (At Least 24 Months in Care)

Action Steps:	**Timeframe:**	**Person Responsible:**
A. Propose to Executive Team, Seek Approval, develop policy	July 2012 – July 2013 Completed.	Jill/Monique Kristy Powers-Stacy, Court Services PS
B. Recruit and train	July 2013 – July 2014 Completed.	Human Resources Sheri Redding, Staff Development
C. Monitor data, Review quarterly reports from Berkeley Web Site	July 2013 – ongoing Ongoing.	Kristy Powers-Stacy, Court Services PS ~~Marti Garrett, Emergency Response PS~~ ~~Terrie Martinez, Emergency Response PS~~

Strategy 4:	☐ **CAPIT**	**Applicable Outcome Measure(s) and/or Systemic Factor(s):**

Implement Crisis Responder Units in Emergency Response to immediately respond to Law Enforcement calls.	☐ **CBCAP** ☐ **PSSF** ☒ **N/A**	C4.1 Placement Stability Outcome: Placement Stability (8 days to 12 Months in Care) C4.2 Placement Stability Outcome: Placement Stability (12 to 24 Months in Care) C4.3 Placement Stability Outcome: Placement Stability (At Least 24 Months in Care)
Action Steps:	**Timeframe:**	**Person Responsible:**
A. Propose to Executive Team, Seek approval, develop policy, meet and confer with the union	July 2015 Completed.	Antanette ~~Jones~~ Reed, AD
B. Recruit, train staff, implement	January 2016 Completed.	Human Resources Sheri Redding, Staff Development Kristy Powers-Stacy, Court Services PS
C. Monitor data, Review quarterly reports	July 2016 to ongoing	Kristy Powers-Stacy, Court Services PS ~~Marti Garrett, Emergency Response PS~~ ~~Terrie Martinez, Emergency Response PS~~

Strategy 5: Increase engagement with families and children through the use of TDMs.	☐ **CAPIT** ☐ **CBCAP** ☐ **PSSF** ☒ **N/A**	**Applicable Outcome Measure(s) and/or Systemic Factor(s):** C1.4: Re-Entry Following Reunification (Exit Cohort) C4.1 Placement Stability Outcome: Placement Stability (8 days to 12 Months in Care) C4.2 Placement Stability Outcome: Placement Stability (12 to 24 Months in Care) C4.3 Placement Stability Outcome: Placement Stability (At Least 24 Months in Care)

Action Steps:	**Timeframe:**	**Person Responsible:**
A. Evaluate current process and update TDM policy to reduce the number of exemptions.	July 2013 Completed.	TDM Supervisor: Sheri Redding Family Services PS Steve Cecil ~~and Ray Gomez~~
B. Pilot the policy in Family Services	July 2013 – July 2015 Completed.	Jeaniene Reneau, Family Services Program Director
C. Identify staffing needs and train staff	July 2013 – July 2014 Completed.	~~Jeaniene Reneau,~~ ~~Family Services Program Director~~ Vanessa Frando, Program Specialist Sheri Redding, Program Specialist

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

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

B. Select agency to provide mentor services and create contract.	July 2013 – July 2014 Completed.	Jeaniene Reneau, Family Services PD ~~Martha Garcia, Contracts~~
C. Refer parents to mentor services at the point of reunification and/or at 3 months prior to dismissal of case.	July 2014 – July 2015 Completed.~~Ongoing.~~	Jeaniene Reneau, Family Services PD ~~Martha Garcia, Contracts~~ Emily Thomasy, Family Services Program Specialist
D. Evaluate mentoring program and make any needed programmatic changes	July 2015 – July 2017 Completed. Contract expired June 30, 2015; will not be renewed.~~Ongoing.~~	Jeaniene Reneau, Family Services PD

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

A. Propose to Executive Team, seek approval, develop policy	July 2015 – January 2016	Antanette ~~Jones~~ Reed, AD
B. Recruit staff and train	January 2016	FS PSs Steve Cecil and Ray Gomez Human Resources Sheri Redding, Staff Development
C. Monitor data, review quarterly reports from Child Welfare Dynamic Reporting System	January 2016 – July 2016	~~Tim Stevens, Permanency Team SSS and Kristy Esquivel, Family Finding SSW~~ ~~FS PSs Steve Cecil and Ray Gomez~~ Darla Munoz, Program Specialist
D. Develop and maintain placement matching database.	July 2016	~~Cathy Magadaleno TIM STEVENS, Permanency Team SSS and Kristy Esquivel, Family Finding SSW~~ Stephanie Soza, Supervisor Kristy Powers-Stacy, Court Services PS Staff Development, Sheri Redding ~~Miriam O'Campo, Family Services Supervisor~~
E. Develop and implement procedures for matching, tracking and monitoring placements; and tracking placement disruptions	January 2016- July 2016	~~Cathy Magadaleno TIM STEVENS, Permanency Team SSS and Kristy Esquivel, Family Finding SSW~~

		Kristy Powers-Stacy, Program Specialist Stephanie Soza, Supervisor Staff Development, Sheri Redding ~~Miriam O'Campo and Gilbert Garcia, Family Services Supervisors~~

Strategy 8: Streamline Relative Approval Process.	☐ **CAPIT** ☐ **CBCAP** ☐ **PSSF** ☒ **N/A**	**Applicable Outcome Measure(s) and/or Systemic Factor(s):** C4.1: Placement Stability Outcome: Placement Stability (8 days to 12 months)
Action Steps:	**Timeframe:**	**Person Responsible:**
A. Form a workgroup to develop policy and practice for assessing relatives in the field and review current policy to determine if it can be streamlined	July 2012 – July 2013 Completed.	~~Tim Stevens~~ Cathy Magdaleno, Kid's Connection Permanency TEAM SSS, April Adams, Licensing/Relative Assessment Program Specialist, ~~Kristy Powers-Stacy, Court Services PS.~~ Maria Bermudez, Program Director
B. Implement new policy, monitor for implementation/compliance	July 2013 – July 2017 Ongoing.	~~Jeff Mendoza, Program Support Services Supervisor~~ April Adams, Licensing/Relative Assessment Program Specialist

Strategy 9: Explore making Jamison Children's Center a 23 hour facility.	☐ **CAPIT** ☐ **CBCAP** ☐ **PSSF** ☒ **N/A**	**Applicable Outcome Measure(s) and/or Systemic Factor(s):** C4.1: Placement Stability Outcome: Placement Stability (8 days to 12 months)

Action Steps:	**Timeframe:**	**Person Responsible:**
Form work group to research other County practice	July 2014 Completed.	~~Carl Guilford, Jamison Center PD~~ ~~Hal Lockey, Jamison Center PS~~ Joy Johnson, Program Specialist
B. Workgroup to evaluate results of research and present to Executive Team	July 2015 Completed.	~~Carl Guilford, Jamison Center PD~~ ~~Hal Lockey, Jamison Center PS~~ Joy Johnson, Program Specialist

Strategy 10: Enhance supportive services for children in out of home care exhibiting emotional and behavioral problems.	☐ **CAPIT** ☐ **CBCAP** ☐ **PSSF** ☒ **N/A**	**Applicable Outcome Measure(s) and/or Systemic Factor(s):** C4.2: Placement Stability Outcome: Placement Stability (12 to 24 Months in Care) C4.3: Placement Stability Outcome: Placement Stability (At Least 24 Months In Care) C1.4 Re-Entry Following Reunification (Exit Cohort)

Action Steps:	**Timeframe:**	**Person Responsible:**
A. Implement training for foster parents on behavioral issues and how placement moves affects children and youth and their placement stability	July 2012 – ongoing Completed.	April Adams, Licensing Unit ~~Maria Bermudez, PS assigned to AD office~~ Margarita Soza, Program Specialist
B. Review SCI policy and add a required training component for foster parents who are requesting a SCI for behavior issues, prior to approving the SCI; monitor for compliance	July 2012 – July 2015 ~~Ongoing monitoring.~~Completed.	Jeaniene Reneau, Family Services Pd ~~Maria Bermudez, PS assigned to AD office~~ Margarita Soza, Program Specialist Darla Munoz, ~~Family Services Administrative Coordinator~~ Program Specialist assigned to the AD's office

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

System Improvement Plan for Kern County Probation

Strategy 1: Improve policies and processes to ensure that the well-being of wards in foster care is being met.	☐ **CAPIT** ☐ **CBCAP** ☐ **PSSF** ☒ **N/A**	Measure 8A. Children Transition to Self-Sufficient Adulthood
Action Steps:	**Timeframe:**	**Person Responsible:**

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

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

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