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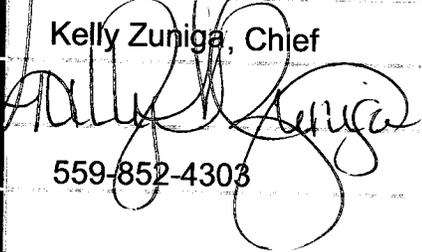
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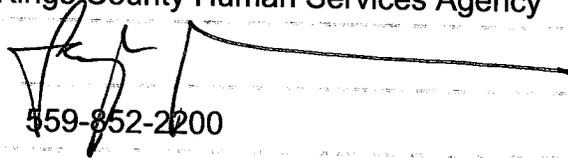
California – Child and Family Services Review Signature Sheet

For submittal of: CSA SIP Progress Report

County	Kings
SIP Period Dates	August 1, 2011 - August 1, 2016
Outcome Data Period	January 1, 2013 - December 31, April 1, 2013 - March 31, 2014
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Board of Supervisors (BOS) Signature	
BOS Approval Date	N/A - SIP Update
Name	
Signature*	

Mail the original Signature Sheet to:

Children's Services Outcomes and Accountability Bureau
 Attention: Bureau Chief
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 California Department of Social Services
 744 P Street, MS 8-12-91
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*Signatures must be in blue ink

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California Child and Family Services Review

2015 Annual SIP Progress Report

[SIP PERIOD: AUGUST 1, 2011 – AUGUST 1, 2016]



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INTRODUCTION

In order to help states achieve positive outcomes for children and families, the U.S. Department of Health and Human Services (HHS)/Children's Bureau monitors state child welfare services through the Child and Family Services Reviews (CFSRs), Title IV-E Foster Care Eligibility Reviews, the Adoption and Foster Care Analysis and Reporting System (AFCARS), and the Statewide Automated Child Welfare Information System (SACWIS) Assessment Reviews.

The primary vehicle for aligning the State of California's child welfare service outcomes with performance standards developed by the federal government was enactment of Assembly Bill 636 (Child Welfare System Improvement and Accountability Act, 2001), requiring establishment of an outcomes-based review system, the California-Children and Family Services Review (C-CFSR). The C-CFSR requires California counties to measure effectiveness of their child welfare services using a research and system improvement planning process. Counties conduct regular Peer Reviews to qualitatively evaluate local practice; comprehensively self-assess their child welfare services based on quantitative data collection and analysis; and developing a System Improvement Plan (SIP) aimed at enhancing the provision of these services.

Utilization of evidence-based research to develop and modify service enhancement plans is the most effective way to assure provision of child welfare services focuses on the safety, permanence and well-being of children. All California counties are required to complete five year cycles of Peer Reviews (PRs), County Self-Assessments (CSAs), and System Improvement Plans (SIPs). Within the five year cycles, counties conduct annual assessments and updates for the California Department of Social Services (CDSS) to monitor performance progress.

Effective June of 2008, counties were required to coordinate all C-CFSR planning and improvement efforts with the Child Abuse Prevention, Intervention and Treatment (CAPIT), Community-Based Child Abuse and Neglect Prevention (CBCAP), and Promoting Safe and Stable Families (PSSF) programs. Addition of these broad-based, county-wide child abuse and neglect prevention and intervention strategies with the C-CFSR will more successfully improve

outcomes for children and families. The Child Abuse Prevention Coordinating Council (CAPCC) has had a more active role in helping improve child welfare services through integration of community-wide assessment of services needed and streamlining programs or activities to support the Child Welfare Services Program System Improvement Plan (SIP).

Kings County is submitting its annual progress report for its 2011-2016 System Improvement Plan.

STAKEHOLDERS PARTICIPATION

Core partners of the CAPIT/CBCAP/CCTF/PSSF/SIP annual planning process included all of the following: Barbara Ricciuti-Colombo, M.S.W., Social Services Consultant III, California Department of Social Services/Outcomes and Accountability Bureau; Irma Munoz, M.S.W., Social Services Consultant III, Child Protection and Family Support Branch/Office of Child Abuse Prevention; Lori Keen, CAPCC Chairperson and Parent Representative; Tim O'Connell, Kings Community Action Organization, CAPCC Chairperson Elect; Tina Garcia, ACSW, Social Services Deputy Director, CAPCC Administrative Liaison; Daniel Surface, Deputy Chief Probation Officer; Kelly Zuniga, Deputy Chief Probation Officer; Margaret Wilhelm, Supervising Probation Officer; Richard Valle, Board of Supervisors Representative; Robert Murietta, CAPCC Champions Recovery Alternative Services, Inc.; Catherine Kemp; Pat Oliver, CHDP Nurse/Health Department; Leah Whitworth, Kings View Counseling Services; Shelly Verboon, CPS Program Manager and CAPCC Social Services Representative; Kathy Cruz, CAPCC Prevention Specialist; Justin Thomas, LCSW, CAPCC Lemoore Naval Air Station's Fleet and Family Services Center Representative; Per Westlund, Hanford Police Department Representative; Marla Seykora, LCSW, CAPCC Kings View Counseling Services Representative; and Shirley Garretson, Office of Education Representative.

On February 17, 2011, a county self-assessment strategic planning session was hosted by the CAPCC, Human Services Agency, and Probation Department, as well as various stakeholders with state oversight provided by the Child Protection and Family Support Branch/Office of Child Abuse Prevention (OCAP) and California Department of Social Services/Outcomes and Accountability Branch. Stakeholder and public input was gathered that helped develop the county's priority goals as follows:

1. Kings County's children and families need to live in safe, healthy environments free from drug and alcohol addictions.

2. Kings County's children need prevention services geared toward protection from serious psychological, behavioral, and physical harm.
3. Kings County's service providers, professionals, organizations, programs, faith-based entities, and others working with at risk children and families shall collaborate and partner to deliver strength-based, culturally sensitive services.
4. Children receiving services shall be given added support and advocacy to take advantage of all opportunities available to them and make a seamless transition to home and/or emancipation.
5. Parents and caretakers need parenting services, ongoing support and case management to enhance family relationships.
6. Kings County professionals and non-professionals need training on child abuse prevention, intervention, and treatment.

The CAPCC, Human Services Agency, Probation Department, Child Protection and Family Support Branch/Office of Child Abuse Prevention, and California Department of Social Services/Outcomes and Accountability Branch assess county goals and SIP strategies regularly through monthly CAPCC meetings, teleconferences, and quarterly reviews.

Throughout the past annual SIP period, there have been multiple discussions between all stakeholders relating to what continues to be a priority, modifications needed in community-based services to meet the SIP goals and strategies, as well as what has been accomplished. The county has made substantial progress with its SIP goals and strategies throughout the past year as a result of collaboration and persistence on behalf of our children and families.

CURRENT PERFORMANCE TOWARDS SIP IMPROVEMENT GOALS

IMPROVEMENT GOAL #1: C2.5 ADOPTION WITHIN 12 MONTHS (LEGALLY FREE)

The county's SIP baseline performance was 47.4% as based on the July 2011 Quarterly Data Report for study timeframe of January 1, 2009 through December 31, 2009. The county's performance was 88.5% as based on the April 2015 Quarterly Data Report for study timeframe of January 1, 2013 through December 31, 2013. The county's SIP goal was to meet the federal outcome standard of 53.7% or higher. The county surpassed the national standard, meeting its goal.

From January 11, 2012 through December 31, 2012, the county finalized 60 adoptions. From January 1, 2013 through December 31, 2013, 44 adoptions were finalized. Thus far, from January 1, 201

4 through July 1, 2014, 32 adoptions were finalized and 11 more are anticipated by the end of September 2014. The county takes great pride in, not only the success of our adoption program, but such a significant improvement in its timely adoption outcomes.

IMPROVEMENT GOAL #2: C1.1 TIMELY REUNIFICATION WITHIN 12 MONTHS (EXIT)

The county's SIP baseline performance was 58.9% as based on the July 2011 Quarterly Data Report for study timeframe of January 1, 2010 through December 31, 2010. The county's performance was 82.8% 62.3% as based on the April 2015 Quarterly Data Report for study timeframe of January 1, 2014 through December 31, 2014. The county's SIP goal was to meet the federal outcome standard of 75.2% or higher. The county has not met this goal. As noted above, The county's SIP baseline performance was 58.9% for the study timeframe of January 1, 2010 through December 31, 2010. Although there is some improvement in "Timely Reunification Within 12 Months", it appears that there is still work to do in this area. The county will consider continuing to work on this improvement goal during our next SIP.

The county included several strategies in its SIP in an effort to improve timely reunification of families including the following: continued implementation and enhancement of the Family Drug Dependency Treatment Court; CAPCC support of the Celebrating Families! program; expansion of the Supportive and Therapeutic Options Program (STOP); utilization of a Multi-Disciplinary Team (MDT) for children and families receiving child welfare services; and expansion of wraparound services in partnership with the Behavioral Health Administration.

The first Family Drug Dependency Treatment Court was implemented on April 1, 2011, in collaboration with the Juvenile Court, Administrative Office of the Courts (AOC), and Kings View Counseling Services. Between January 1, 2013 and December 31, 2013, 29 adults participated in the DDC and 57 children were served. Out of the total number of children served, 31 were 0-5. Ten families were reunified as a result of treatment. Ten families failed to complete treatment, which caused 14 children to enter permanency planning services. The primary barrier for these individuals was failure to engage in treatment and be willing to change their behavior. The treatment team includes a partnership between the Juvenile Court Judge, Kings View Counseling Services, and Child Protective Services, which has been effective in assisting families reunify quicker than they would have without participating in the program.

One Program Manager has been assigned as a liaison between the AOD Liaison coordinating the DDC and Kings View Counseling Services. He is responsible for program oversight to include monitoring outcomes, ensuring adequate resources are provided for operation of the program, and resolution of any issues that arise. The DDC team meets weekly with the Judge to discuss individual DDC cases, as well as any resources needed by the program. The AOD Liaison resigned in 2013; therefore, it was necessary to assign a new coordinator pending hire of a new AOD Liaison. An experienced Social Services Practitioner with a M.S.W. was chosen to coordinate the program. The transition has been seamless due to the team's commitment to continue to the DDC without an interruption in services. Kings View Counseling Services continued to make efforts to recruit a new AOD Liaison throughout the year, which was faced with numerous challenges. This affected our participation rate. We now have the prior AOD Liaison back, which is immensely helpful.

The DDC has expanded to serve children above the ages of 0-5. CPS SSWs refer clients to the DDC ongoing as they are very familiar with the program. This past year, 21 parents participated in the DDC, which was slightly less than the 29 serviced during last year's SIP Progress Report. The county sought to increase the number of children ages 0-5 in the program due to this age group being at higher risk. 49 children were served in 2014, which was slightly less than the 57 served through the DDC in 2013. 18 children under 5 years old were served in 2014 and 31 in 2013. Program participants have received additional visitation, including overnight visitation, as they have progressed in treatment.

Kings County's CASA filed its Articles of Incorporation in May of 2013 and received them in July of 2013. After additional paperwork was filed, Kings County CASA became a non-profit entity on October 15, 2013. CASA swore in 14 advocates in 2013 and 5 advocates thus far in 2014. Currently, 15 children have CASA advocates. The Child Protective Services Division provided CASA with three training sessions at no charge to the organization on the following topics: Identifying Child Abuse and Neglect Signs/Mandated Reporting; Strength-Based Family Casework; and Court Rules and Operations/Court Report Writing. CPS has conducted child welfare background checks on the first round of volunteers, partnering with CASA to ensure volunteers do not have adverse backgrounds that may pose a risk to children. The Human Services Agency and CASA have thus far maintained a very positive, cooperative relationship. CASA's biggest challenges this past year has been a lack of funding to hire staff in order to grow

and maintain the program. However, the advocates are strongly committed to Kings County's foster children, have great passion for the work they are doing, and were instrumental in recruiting a strong CASA Board of Directors. CASA has done community outreach and fundraising. It raised \$30,000 last year this amount is correct.

Celebrating Families (CF) provides services to Child Protective Services (CPS) clients. Prior to each 16 week session, flyers are distributed to CPS and all community partners to ensure full enrollment to all families in need of parenting classes in Kings County. CF has a pre-enrollment program and has continued to grow in numbers of participants.

Program surveys are completed by clients at the beginning and end of each session. Adults, teens and children, also report many areas of improvement in their knowledge of the skills required to be a healthy person/family in the future. Client's expressed in their satisfaction surveys the importance of this all-family group and their new understanding of what it means to be a healthy family in recovery. They also report their desire to re-enroll or return as Parent Co-Leaders in following sessions to ensure their continued growth. We have utilized these past program participants with great success as they have inspired new parents to devote themselves to completing this parenting program. This year, CF has also had the advantage of West Hills College Interns which has expanded our volunteers. These interns have made a great contribution to CF and to the community.

In 2014, 119 parents were enrolled and 82 successfully completed the CF program, equating to 69% completion. In addition, 59 children attended CF groups with their families. In total, 41 children were reunited with their parents while 78 have not. Many of these families have re-enrolled to continue their parenting program and expect reunification in the next calendar year. Champion's CF staff attends CAPCC, CPS and MDT meetings providing updates of the program. CF also provides continued progress on clients enrolled in the program. While parents are in their parenting group, CF also provides their children ages 4 to 17 their own developmentally designed prevention groups in order to stop the generational cycle of substance abuse and support the development of healthy families. Child care is also provided to families in CF.

There is one Program Manager assigned as a liaison between CPS and Kings View Counseling Services to determine client eligibility for the STOP. STOP services include mental

health and AOD treatment due to cuts made in the AOD budget. An increase in client share of cost requirements, a decrease in AOD funded services, and greater client base contributed to significant STOP expenditures. Communication between management in both departments has been consistent and positive. It was decided to use additional CWS funding to increase the total contract budget for fiscal years 2013/2014 and 2014/2015 to \$95,000 each year whereas in previous years, it had remained steady at \$65,000 per year. This is a total increase of \$30,000 per year, evidencing a great need for STOP services on behalf of CWS children and families.

IMPROVEMENT GOAL #3: C4.3 PLACEMENT STABILITY (AT LEAST 24 MONTHS IN CARE)

The county's SIP baseline performance was 37% as based on the July 2011 Quarterly Data Report for study timeframe of January 1, 2010 through December 31, 2010. The county's performance was as 38.9% based on the April 2015 Quarterly Data Report for study timeframe of January 1, 2014 through December 31, 2014. The county's SIP goal has was not meet the federal outcome standard of 41.8% or higher. . As noted above, the county's SIP baseline performance was 37% for the study timeframe of January 1, 2010 through December 31, 2010. Although there is some improvement in "Placement Stability", it appears that there is still work to do in this area. The county will consider continuing to work on this improvement goal during our next SIP.

The county included several strategies to improve its foster care placement stability outcome including the following: continued enhancement and expansion of its wraparound program; ensuring all children 3 years of age or older receive mental health screenings and immediate access to mental health services, if needed; and efforts to maintain placements in FFAs.

Kings County developed and implemented a wraparound program using Mental Health Services Act (MHSA) funding April 28, 2010. This is a collaborative program between the Human Services Agency, Behavioral Health Administration, and Kings View Counseling Services, which was recently enhanced due to stipulations of the Katie A. vs. Bonta Lawsuit Settlement Agreement. The wraparound program is currently serving 13 children. Four of the children have been in care 24 months or longer and have remained in their current placement for one year or longer and appear to be stable in placement. A total of 12 children had been served in the program and had their cases closed. The wraparound team meets bi-weekly to discuss

progress and stability of the child's behavior and placement, as well as ways to improve service provision and/or the referral process. Due to referrals decreasing, training was coordinated between CPS, Kings View Counseling Services, and the Behavioral Health Administration for CPS staff. Topics included mental health screening, wraparound policies and procedures, eligibility requirements, and the referral process. Training has been successful increasing the referrals from CPS staff.

The Katie A., et al., vs. Diana Bontà, et al. lawsuit initiated statewide improvements to the provision of mental health services for foster children. The plaintiffs filed a class action suit on July 18, 2002, alleging violations of federal Medicaid laws, the American with Disabilities Act, Section 504 of the Rehabilitation Act, and California Government Code Section 11135. The suit sought to improve the provision of mental health and supportive services for children and youth in, or at imminent risk of placement in, foster care in California. On December 2, 2011, Federal District Court Judge A. Howard Matz issued an order approving a proposed settlement of the case, which was finalized this year. Guides were issued to counties on March 1, 2013, on how to best implement provisions of the settlement agreement. The settlement agreement seeks to accomplish systemic change for mental health services to children and youth within the Katie A. Subclass by promoting, adopting, and endorsing three new service array approaches for existing Medicaid covered services. These are children and youth who have significant needs and by receiving Intensive Care Coordination (ICC) and Intensive Home Based Services (IHBS) in their own home, family setting or the most homelike setting that will be most likely improve their safety, permanence and well-being.

Kings County submitted its service delivery assessment and plan to CDSS on May 1, 2013 and its most recent quarterly progress report in October of 2014; a Katie A. implementation team was formed to develop policies, procedures, and processes to provide intensive, specialized mental health services to the local Katie A. Subclass population. The team, consisting of the Human Services Agency/CPS Division, Behavioral Health Administration, and Kings View Counseling Services, attended several trainings, convenings, and conferences to help prepare itself for the planning and implementation stages. Meetings have been on-going to discuss rollout of services within the county. Personnel from First 5, Behavioral Health Administration, Human Services Agency, Kings View Counseling Services, and Kings Community Action Organization were trained in June of 2013 on using the Ages and Stages Questionnaires to assess

the developmental service needs of infants ages 0-3. These services are an addition to the wraparound, therapeutic behavioral services (TBS), mental health screening for children ages 3 and older, and other services delivered on behalf of children in the child welfare system pursuant to the lawsuit settlement agreement.

Kings County contracts with Family Builders Foster Care, Inc to provide wraparound services to Kings County children. Kings County made the decision to expand WRAP services to include specialty mental health services to Katie A subclass members. Family Builders, 2013-2014 Scope of Work (SOW) was amended to include all of the services, values and principles as articulated in the Core Practice Model. The yearly budget was increased to enable Family Builders to hire dedicated staff to provide WRAP services. 1 full time WRAP Supervisor (waivered or licensed clinician) to serve as the ICC, 3 full-time and 1 part-time WRAP counselors to provide IHBS, 1 full-time administrative assistant and a .33 FTE licensed therapist. The licensed therapist was added to the WRAP program to enhance quality assurance of services and Medi-cal billing.

Tina Garcia, ACSW, Deputy Director of Social Services, is on the California Child Welfare Services Core Practice Model Design Committee and Communication Subcommittee, which are developing a best practice guide for child welfare departments throughout the state on how to enhance services and outcomes for children served by child welfare departments. Along with working toward a best practice model for child welfare services, which includes the Katie A. work done to date, she has been emphasizing outreach to various stakeholders, including mental health and behavioral health professionals. A convening was held in Long Beach, California, during which stakeholders were invited and present to participate in further refinement of this model. Tina Garcia co-facilitated the Central Valley Region's breakout sessions with John Mauro, Tulare County Deputy Director, for two days while others from the communication team facilitated the other regional breakout sessions to gather feedback from all county departments on the theoretical framework, core practice elements, values and philosophies, and outreach strategies. The convening results were taken back to the design team for further refinement and discussion on how to best engage all stakeholders involved in providing services to children and families served by the child welfare system. Tina Garcia prepared a draft proposal to present the California Child Welfare Services Core Practice Model being developed at the 2014 CMHACY Conference at the Asilomar in May of 2014, which was finalized by the communications subcommittee with input from CWDA and the Child and Family Policy Institute of California (CFPIC) who lead the design team. The team presented at the 2014 CMHACY Conference in an effort to further

educate and conduct outreach to stakeholders, especially those in the mental health and behavioral health fields.

The foster care PHN attends bi-weekly wraparound team meetings to contribute pertinent medical information regarding the children. The PHN participates actively. She provides medical and birth history, current and potential conditions that may arise regarding the children's health. The PHN arranges for services on behalf of the children if needed. She also provides training and information needed to assist caretakers. The PHN ensures follow up is completed with medical providers. She also provides training to foster parents, probation, and other providers, to ensure support is provided on behalf of the children.

Policies and procedures have been developed to assist CPS staff with the mental health screening referral process, including all necessary forms and consent to treatment. The policies and procedures have been finalized. The policies and procedures have been printed and incorporated into a user friendly binder for each unit to access quickly. All staff have been trained on the process. All children 3 years and older are completing a mental health screening at Kings View Counseling Services. Children are admitted to mental health counseling if a need for services is determined. Admission is timely.

Staff are actively working toward having meetings on all 7 day notices to move children. Implementation has been inconsistent with some staff holding the meetings and others are not. The FR Supervisors will be making more efforts to strive toward consistent implementation. The PP staff are more consistent in efforts to save placements, but the PP Supervisor will also be more diligent in implementation on a consistent basis. Management will also be contacting FFAs used most frequently to advise them these meetings need to be held, as well as more creative methods to preserve the placements. MOUs are being developed with FFAs the county frequently places children with in an effort to ensure placements are preserved whenever possible.

IMPROVEMENT GOAL #4: EMANCIPATION FOR PROBATION YOUTH

From July 1, 2014 until June 30, 2015, the probation department placed 21 youth into various forms of foster care placement. Three (3) youth emancipated or reunified with a family member or were transferred to a transitional jurisdictional case through court proceedings. The Kings County Probation Department complies with Welfare and Institutions Code Sections, 450,

451 and 452 regarding Transitional Jurisdiction cases. There are several requirements the youth must fulfill to maintain eligibility for Transitional Jurisdiction. The youth does not remain a Ward under the Juvenile Court. However, at which time termination of jurisdiction is being considered, the court may, as an alternative to termination, modify its order of jurisdiction and assume Transitional Jurisdiction of the ward pursuant to Section 450 of the Welfare and Institutions Code. A minor or a nonminor who is subject to the court's Transition Jurisdiction shall not be subject to any terms or conditions of probation and his or her case shall be managed as a dependent child of the court or as a nonminor dependent of the court. The nonminor dependent is able to reside in a supervised independent living plan (SILP) as approved by the probation officer.

The passage of AB12 and subsequent clean up legislation greatly expanded a youth's access to services though age 21; however, we still encounter many youth exiting foster care that decline additional services; instead choosing complete freedom from court and probation supervision.. During the previous fiscal year, three probation youth have transferred to transitional jurisdiction. The probation department has developed protocols to ensure each youth with a Transitional Independent Living Program (TILP) is informed of their rights under AB12. In addition to probation staff explaining a youth's rights, the youth are provided JV forms 464, 466 and 468, which clearly outline the youth's right to request additional services.

Transitional housing (THP Plus) is available in Kings County, which also serves probation youth. There is one probation youth in the program who is preparing to exit this year. This youth was in placement for 24 months before turning 18. She transferred to transitional jurisdictional and participated in extended foster care for 19 months. She will exit in December 2015 when she turns 21. . The probation department has, nonetheless worked with each youth to assist them in aftercare services, even if they have declined services through AB12 or have not chosen to participate in transitional housing services. Youth exiting foster care armed with their exit plan, have worked with the probation officer and group home staff toward means of achieving the goals set forth in their case plans. For those youth who have not achieved the goals of placement, but have refused AB12 services, they may be continued on 602 W&I wardship for the purpose of ensuring access to available services. These AB12 benefits are also available to those minors who are 18 and terminated from placement and who remain a ward of the court due to failure to complete rehabilitative goals.

The probation department has strived to increase access to mental health and substance abuse counseling through collaboration with Kings View. Using Youthful Offender Block Grant (YOBG) funds, the probation department has contracted with Kings View for one full time mental health therapist and one part-time therapist to work specifically with probation youth. Additionally, utilizing the same funding mechanism, YOBG, the probation department has contracted for one part-time AOD (Alcohol and Other Drug) counselor to increase access to substance abuse treatment for our youth. These services can also be made available to returning foster care youth if they are maintained on wardship.

Finally, the probation department has implemented a Placement Review Committee (PRC) that acts as a form of wrap around services for returning Division of Juvenile Facilities (DJF) youth. The committee consists of representatives from the probation department, Human Services ILP coordinator, Kings County Office of Education, and Kings View organizations. This committee can easily be adopted to meet the challenge of returning foster care youth as these same committee members have a vested interest in the success of returning youth. To date, the PRC is still being utilized for returning DJF youth; however, it is conceivable that during the current fiscal year (FY 14/15) the committee could be expanded to bolster aftercare services for returning foster care youth since this did not occur in the past year.

PROBATION STRATEGIES STATUS

Strategy 1.1 – Coordinate with the Juvenile Court, District Attorney, and Minors’ Advocate’s Office to extend wardship for 6 months, if warranted, to probation youth due to exit the foster care system through aging out or emancipation. The full implementation of AB12 allows youth to be transferred to a transitional jurisdictional caseload, permitting youth access to foster care services until age 21. The probation department is just beginning to see a change in the desire of youth to access services. This year four minors have chosen to utilize services. To date, the probation department has not experienced the anticipated increase in youth exiting foster care that desire access to these services. The probation department actively works with youth who do choose these services. For those youth emancipating or reunifying, we have found it unnecessary to extend their wardship for an additional six (6) months. Youth desiring services can access them via AB12 and those who have not met their goals are, in some (most) cases, maintained on wardship until age 19. We have had the cooperation of each partner in the Juvenile Justice System in this goal.

Strategy 1.2 – Improve communication between the probation department and Kings County ILP Coordinator. Reach out to other county placement ILP Coordinators. Kings County has a long history of incorporating this partnership into the management of foster care youth. Probation and CWS enjoy a positive and mutually beneficial relationship that has increased with each year. Our placement officer works closely with the County ILP Coordinator and they communicate on a regular basis. In that probation also uses CWS/CMS case management system, our records are transparent which has allowed for a free flow of information between our agencies. We do not have any probation officers teaching ILP classes at the current time; although information and classes are reinforced and monitored, if necessary, by probation staff.

Strategy 1.3 – The probation department will access existing mentoring programs offered through the Kings County Office of Education and will seek out community-based organizations to potentially collaborate on developing mentoring programs for returning foster care youth. An in-house mentoring program has not been established due in part to the low number of youth and the difficulty in maintaining mentors when there are no youth to be mentored. As stated in our previous annual report, this strategy will be problematic to achieve given the current population of returning foster care youth, resources and organizational structure. Minor availing themselves of AB12 services have a mechanism in place to provide pro-social support that can fill the gap of an active, in-house mentoring program.

BARRIERS TO IMPLEMENTATION

The county has met one (1) out of three (3) of its SIP Goals. The county continues to strive to meet the goals of Timely Reunification Within 12 Months (exit) and Placement Stability (at least 24 months in care). The county will analyze and consider new strategies in order to meet the federal standards.

OTHER SUCCESSES/PROMISING PRACTICES

In January of 2013, the Human Services Agency implemented a clinical social work and psychotherapy program within the Social Services Division via a Contract with Kings View Counseling Services for LCSW supervision of its five ACSWs. The ACSWs serve anyone in the community needing mental health services who cannot be served by Kings View Counseling Services or the Behavioral Health Administration due to eligibility for services requiring consumers to meet medical

necessity or severe medical necessity for acceptance into those programs. The ACSWs assist with Ages and Stages Questionnaire (ASQ) developmental screenings if there is a backlog with other departments of CPS children. They also provide therapeutic services to open CPS cases, as well as co-facilitate groups to assist in family reunification, maintenance, and placement stability.

The ACSWs have been trained on Dialectical Behavioral Training (DBT), Infant Mental Health Interventions, Ages and Stages Questionnaires, including the Social-Emotional Developmental Screenings, Cognitive-Behavioral Therapy, Anger Management Skills, Domestic Violence Treatment Methods, Dual Diagnosis Treatment, Maternal Depression and Infant-Parent Relationships, Impact of Trauma on Brain Development, Neurorelational Frameworks, Awareness of Self as a Cultural Being, the Effects of Toxic Stress on Young Children, DSM V, Systems and Services Change Coordination and Advocacy, Sensory Profiles and Impact on Relationships, Autism Spectrum Disorder, Interdisciplinary/Multidisciplinary Collaboration, Mental Health Status Exams, and the DSM V.

Implementation of CASA, Family Drug Dependency Treatment Court, and Celebrating Families! have assisted with improving our timely family reunification rate. Continued improvement of the wraparound program with the Behavioral Health Administration and Kings View Counseling Services, as well as enhancement of this program due to the Katie A. vs. Bonta settlement agreement, will continue to assist in stabilizing our placement outcomes. Without a positive, close working relationship amongst departments, none of our goals and objectives relating to the SIP could be accomplished. One of this county's strongest promising practices are the partnerships that exist between the Human Services Agency, Probation Department, Behavioral Health Administration, Kings View Counseling Services, and community-based organizations such as CASA and Champions Recovery Alternative Services.

Welfare and Institutions Code Section 16519.5 requires the California Department of Social Services (CDSS), in consultation with county child welfare agencies, foster parent associations, and other interested community parties, to implement a unified, family friendly, and child-centered resource family approval process to replace the existing multiple processes for licensing foster family homes, approving relatives and non-related extended family members as foster care providers, and approving adoptive families.

The Kings County Human Services Agency is one of five counties in the Resource Family Approval (RFA) Program, which is streamlining the prior, multiple processes to license foster family

homes, approve relative and NREFM homes, approve adoptions, and establish legal guardianships into one child-centered, family-friendly, approval process. This new program requires the highest standards of assessment, training, and psycho-social clinical studies on anyone wishing to provide care to a foster child, which we are hoping will have positive outcomes for the Katie A. subclass relating to placement stability, reunification, well-being, safety, and permanency. Kings County has continued to present at numerous convenings, conferences, and gatherings/meetings along with San Luis Obispo County, Santa Barbara County, CWDA, and CDSS.

The Quality Parenting Initiative (QPI) began in 2009 as a collaborative effort with CDSS, the County Welfare Directors Association (CWDA) and the Youth Law Center with support from the Stuart, Walter S Johnson and David B. Gold Foundations. The goal of the initiative, formerly known as the Caregiver Recruitment and Retention Pilot, is to develop a statewide approach to recruiting and retaining high-quality caregivers to provide excellent care to children in California's Child Welfare System. Kings County began developing and implementing its QPI program in 2012. It was temporarily on hold due to being chosen for the RFA pilot, but our QPI efforts have started up again with modifications to incorporate the RFA plan and objectives. Each can build upon one another to recruit and retain quality resource families with the newly created RFA Program policies and procedures.

The Human Services Agency is implementing the Quality Parenting Initiative (QPI) in tandem with the RFA Program. The QPI is focused on recruitment and retention of high quality caregivers for foster children, which will further aid in maintaining placement stability, enhancement of family reunification and maintenance, and more permanency on behalf of children. The Kings County QPI Team consists of prior foster youth, individuals who have adopted, previously licensed foster parents, and relatives. These stakeholders are vital in providing the county with feedback on what is important for foster children to have a safe, family-centered, supportive foster care setting.

The Kings County Blue Ribbon Commission's mission, as directed by the Judicial Branch of the California Courts' Resolution in August of 2013, is to "keep kids in school and out of court." The Presiding Juvenile Court Judge appointed members to the 2014 Blue Ribbon Commission to begin developing a strategic plan on how to prevent entries for moderate to high risk youth into the juvenile justice system, reduce recidivism, enhance their

educational services, and reintegrate them into, not only their community, but school district of origin. This commission is comprised of the Juvenile Court Judges, Probation Department, CPS, Behavioral Health Administration, Office of Education, Job Training Office, a local leader with a lifetime of public service experience, and Kings Community Action Organization.

The Kings County Probation Department seeks to utilize the local Blue Ribbon Commission as its juvenile reentry task force to develop and finalize a comprehensive reentry strategic plan to accomplish the following goals and objectives: 1) To reform its current system to develop and implement a Juvenile Day Reporting Center Program (JDRC) that provides high quality educational services, substance abuse treatment and education, individual and group mental health therapy, case management, crisis intervention, social work, and any other services identified through a standardized, research-based, client-centered assessment tool; 2) To develop a system to identify and refer moderate to high risk youth to the JDRC; 3) To develop improved policies and practices aimed at prevention of entries into the juvenile justice system, as well as reduce reentry recidivism rates; 4) To develop a wraparound approach, utilizing, a network of services and supports for pre-release planning and ensure youth receive post-release services; 5) To develop and enhance an outcome and accountability quality assurance system for program assessment, monitoring, analysis, and continuous quality improvement; and 6) To ensure youth achieve positive outcomes from the program for reintegration into the community and school districts of origin without reentry.

The moderate to high risk youth entering and reentering the local justice system include those served by the Probation Department and Child Protective Services. The target population for this project are youth falling within the definitions of wardship and/or dependency that have criminal histories including multiple citations, arrests, convictions, and either enter or reenter the Juvenile Hall. These youth have long-term problems that affect their quality of life including substance abuse, mental health problems, lack of education, homelessness, unemployment, and incarceration as adults. It is anticipated this project will significantly alleviate these concerns, resulting in positive outcomes when they integrate into their communities, including not reentering the juvenile or adult justice system, attaining

employment, locating housing, graduating from high school and transitioning to higher education, abstaining from the use of substances, and resolving any mental health concerns.

Kings County was one of six national awards for the Second Chance Act Juvenile Reentry System Reform grants last year. Much work has been done to develop a strategic design plan for implementation of a JDRC and the county is applying for implementation funding this year. The county also received SB 81 funding to improve the Juvenile Hall and two awards for the Preventing Recidivism and Incidences of Delinquency through Education (PRIDE) project. One was from the Kings Partnership for Prevention and the other given by the California Attorney General.

OUTCOME MEASURES NOT MEETING STATE/NATIONAL STANDARDS

C1.1 “Timely Reunification Within 12 Months (exit)”

The county’s SIP baseline performance was 58.9% for the study timeframe of January 1, 2010 through December 31, 2010. The county’s performance measure was 62.3% as based on the April 2015 Quarterly Data Report for study timeframe of January 1, 2014 through December 31, 2014. The county’s SIP goal was to meet the federal outcome standard of 75.2% or higher. Although there is some improvement in Timely Reunification Within 12 Months, it appears that there is still work to do in this area.

Kings County’s SIP strategies included the implementation of the Drug Dependency Court (DDC), to offer enhanced services for high risk substance abusers with children ages 0-5 years old; Celebrating Families, which is a parenting class targeting substance abusing parents and their children; and the Supportive and Therapeutic Options Program (STOP), which provides therapeutic mental health and drug and alcohol services to clients receiving Family Reunification (FR) services. All of these strategies have been implemented and are still currently building a support system for clients. The county would like to continue to make the effort to improve its performance to meet the national standard over the next SIP period using the above strategies. The county will consider new strategies as well as continuing to work on previous improvement goals during our next SIP timeframe.

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

The county's SIP baseline performance was 37% for the study timeframe of January 1, 2010 through December 31, 2010. The county's performance was 38.9% based on the April 2015 Quarterly Data Report for study timeframe of January 1, 2014 through December 31, 2014. Although there is some improvement in Placement Stability it appears that there is still work to do in this area.

Kings County's strategies included the implementation of and enhancement of the wraparound program, providing services to youth in care over 24 months. In addition, All children will receive a mental health screening and those recommended to receive mental health services, shall receive said services. Furthermore, the implementation of CASA should aid placement stability, especially for the children and youth who need more intensive services and support. The county has implemented all of these strategies and would like to continue to make the effort to improve its performance to meet the national standard over the next SIP period. The county will also consider new strategies for improvement goals during our next SIP timeframe.

State and Federally Mandated Child Welfare/Probation Initiatives

The California Foster Connections to Success Act (Assembly Bill 12) became effective on January 1, 2012, allowing youth to voluntarily remain in foster care as dependents of the court up to the age of 21 if they meet certain eligibility requirements. The purpose of AB 12 is to assist youth with their transition to adulthood. Youth who participate in this program continue to receive full scope social work services to help support them with any educational, vocational, and independent living goals they have. Kings County has fully implemented its AB 12 program in accordance with the law. The county has 28 youth in the AB 12 program at this time with 3 pending reentry.

The THP-Plus is an optional, county-certified, provider-based transitional housing placement option for former foster youth, including those formerly supervised by probation, ages 18 to 25 who exited foster care at or after age 18. The program's goal is to provide a safe living environment, for up to 36 months (change in regulations was issued via ACIN I-40-15), while

assisting the youth in developing the life skills necessary to be successful living independently. The program provides supervised transitional living housing and supportive services based on a Transitional Independent Living Plan (TILP), which is developed by the young adult, the county Independent Living Program (ILP) coordinator, and other supportive persons. The TILP details the goals and objectives he/she will achieve while working toward self-sufficiency. Kings County implemented its THP-Plus program via a contract with Aspiranet in January of 2011. Youth have numerous living arrangement options to afford them with as much flexibility as possible to transition toward independence. Originally, the contract was limited to three beds, but we found the program to be more highly desired than anticipated. The contract now covers six beds. Five are filled. This # is correct.

The foundational philosophy of the new Child Welfare Services Core Practice Model is implementation of the new Federal Continuous Quality Improvement ideology and processes, a standardized statewide approach to ensure children and families are provided with the most comprehensive and highest level of quality services that ensure their safety, protection, and well-being. This model will shift California's child welfare practice from sole quality assurance to one that focuses on continual learning and improving practice through true partnership with all child welfare staff in agencies, as well as children, youth, families, and stakeholders invested in making decisions and providing services to this high risk population. It is crucially important within this model to promote proactive organizational cultures that are open to engagement of all stakeholders and inclusion of these key partners to identify, describe, and analyze strengths, as well as areas of concern, and then test, implement, learn from, and modify practice to enhance programs and initiatives on a continuous basis. This process depends upon building relationships, clear and consistent communication, and empowerment of everyone involved with children and families served by the child welfare system of care. It relies upon clearly articulated and defined values, ethics, and principles to guide practice, as well as enhanced training to build capacity for system change. It is a transparent practice model that aims to further efforts to improve child welfare practice outcomes and initiatives utilizing truly best practices that are family-focused, child-centered, and strength-based. California's implementation of this new practice model will result in the promotion of social and emotional well-being of children and families, more timely permanency, and enhanced safety practices while honoring the individual diversity, cultural perspectives, and values of families we serve.

Work has been ongoing over the past year to include production of an outreach DVD and tools; statewide focus groups to obtain input from a vast array of stakeholders; convenings to engage and get feedback from county Directors and Deputy Directors; and ongoing meetings to further refine the various aspects of the developing Child Welfare Services Core Practice Model. Another convening is planned for November of 2015 to engage supervisors and social workers in the process relating to implementation methodology.

Group home reform has been a consistent theme in child welfare in California for the past 15 years, through a combination of legislation, legal actions, and private initiatives. Pursuant to a court order issued on February 23, 2010, in the case of the *California Alliance of Child and Family Services v. Cliff Allenby, et al.*, the State increased rates paid to group homes under the Rate Classification Level (RCL) system by roughly 32 percent, and provided that these rates be adjusted annually for inflation. Following this substantial rate increase, the California Department of Social Services (CDSS) in partnership with the County Welfare Director's Association (CWDA) and counties began an effort to ensure that children and youth placed in high-cost group homes experience improved outcomes, appropriate services and quality care. In order to accomplish this, it was recognized that the full continuum of care placements, specifically family-based settings, would need to be reformed as well to ensure children who are in, at risk of, or are stepping down from group care are provided the services and supports necessary to be successful. To this end, the Legislature authorized the Continuum of Care Reform (CCR) through Senate Bill (SB) 1013 (Chapter 35, Statutes of 2012). Added was Welfare and Institutions Code Section 11461.2 requiring CDSS to consult with a number of stakeholder organizations to develop recommendations for revisions to the State's current rate setting system, services and programs serving children and families across the continuum of Aid to Families with Dependent Children–Foster Care (AFDC-FC) placement settings. Recognizing the interrelationships across all of the existing placement settings, the group did not limit its work to only congregate care or foster family agencies, opting to develop a framework that supports all children, youth and families involved with the child welfare system.

As the work of CCR has developed, greater emphasis is being placed upon the need to move children out of restrictive environments to live with their families and in their communities. Through the restructuring of services, offerings and collaborations with public and private agencies, children and youth will no longer need to be rotated between programs and

placements to obtain their needed services. Rather, children, youth and families will be supported in the least restrictive setting possible with their services wrapped to them. The CCR work has continued throughout the past year, making modifications in state, regional, and local practices surrounding group homes and placement criteria. Discussion is ongoing relating to utilization of standardized assessment tools and paying FFAs and group homes based on the needs of children based on assessment results versus flat rates. A group home Moratorium has been established, making rate setting at the discretion of CDSS.

The California Social Work Education Center (CalSWEC) has been developing a new Common Core 3.0 curriculum to be implemented statewide due to evolution of the field, a need for classroom opportunities to be utilized in the field, and the importance of field based supervision being enhanced. In addition there have been multiple new programs, projects, and initiatives implemented in the state that staff require training on, as well as new technology learning methods. In order to address these concerns, Common Core 3.0 will:

1. Align training and curriculum to foster critical practice skills
2. Be consistent with the emerging statewide practice model
3. Emphasize evidence-based and promising practices
4. Train streamlined content organized by practice areas
5. Expand in-service training through field-based coaching to bridge knowledge and skills
6. Maximize use of available technology and diverse training modalities based on county resources and appropriateness of course content
7. Identify methods to support development of existing staff

During the past year, CalSWEC has continued to refine and pilot Common Core 3.0, as well as offered training and webinars for staff. It also conducted a survey to determine resource needs of counties for implementation.

The Central Valley Regional CWDA Children's Subcommittee (Kings, Tulare, Fresno, Calaveras, Madera, San Joaquin, Kern, San Luis Obispo, Santa Barbara, Merced, Mariposa, and Stanislaus) has partnered with the California Central Training Regional Academy (CCRTA) and Case Family Programs to conduct research on the central region's outcomes and assist in improving the top three identified by the region as priority focuses. These outcome and goals are as follows: To Reduce the Entry Rate; To Increase Kinship Placement; and To Increase

Reunification Within 12 Months. It is anticipated those counties possessing strengths in these areas can contribute strategies to assist lower performing counties and vice versa.

Effective January 1, 2015, the Approved Relative Caregiver Funding (ARC) Program went into effect. Kings County opted in and began implementation on June 1, 2015. This program will greatly benefit children placed with relatives who are determined to be non-federally eligible for Title IV-E funding. Previously, the relatives applied for non-needy relative funding versus AFDC-FC, which was a lower rate than AFDC-FC. Now they will receive the same rate as children eligible for federal funding through a mixture of CalWORKS and CWS Realignment funding.

In the 2014 Budget Act, and consistent with trailer bill SB 855, the county opt-in Commercially Sexually Exploited Children (CSEC) program was established to develop protocols on how to handle CSEC cases, train social workers and out-of-home caregivers, and educate children and youth on how to avoid exploitation. The FY 14/15 state budget included \$5 million for this program; however, since then, new federal HR 4980 legislation went into effect for CSEC mandated training. CDSS is working on how to address the federal mandate and overlap with the SB 855 mandates.

The Children's Bureau of the Administration for Children and Families (ACF) issued Information Memorandum (IM) ACYF-CB-IM-12-07 in 2014 with the goal of strengthening the State's quality assurance processes through a model of Continuous Quality Improvement (CQI). ACF issued additional Bulletins providing instructions and guidance regarding its expectations that states conduct case file reviews as part of their quality assurance process. CDSS, CalSWEC, and Regional Training Academies (RTAs) developed a training curriculum for county reviewers, preparing for statewide implementation no later than August 31, 2015. Kings County has two (2) non-CWS staff trained and certified to conduct the case reviews pending hiring newly created CPS Compliance Officer positions to assume this role in late Fall 2015. CDSS has already begun assisting Kings County with technical assistance on our case review process and will continue to be supporting us in this process.

5 – Year SIP Chart

Priority Outcome Measure or Systemic Factor: C2.5 Adoption Within 12 Months (Legally Free)

National Standard: 53.7% or higher

County's SIP Baseline Performance: 47.4% (as based on the July 2011 Quarterly Data Report for study timeframe of January 1, 2009 through December 31, 2009).

Current Performance: 88.5% based on the April 2015 Quarterly Data Report for study timeframe of January 1, 2013 through December 31, 2013. The county's SIP goal was to meet the federal outcome standard of 53.7% or higher. The county surpassed the national standard, meeting its goal.

Target Improvement Goal: The county's has met its goal. However, will continue to improve its performance as we develop the next SIP in 2016.

Priority Outcome Measure or Systemic Factor: C1.1 Timely Reunification Within 12 Months (Exit)

National Standard: 75.2% or higher

County's SIP Baseline Performance: 58.9% (July 2011 Quarterly Data Report for Study Time Frame January 1, 2009 – December 31, 2009)

Current Performance: 62.3% on the April 2015 Quarterly Data Report for study timeframe of January 1, 2014 through December 31, 2014. The county has not met this goal.

Target Improvement Goal: The county's goal is to improve its performance as we develop the next SIP in 2016.

Priority Outcome Measure or Systemic Factor: C4.3 Placement Stability (At Least 24 Months in Care)

National Standard: 41.8% or higher.

County's Baseline SIP Performance: 37% (July 2011 Quarterly Data Report for Study Time Frame January 1, 2009 – December 31, 2009)

Current Performance: 38.9% based on the April 2015 Quarterly Data Report for study timeframe of January 1, 2014 through December 31, 2014. The county has not met goal.

Target Improvement Goal: The county's goal is to improve its performance as we develop the next SIP in 2016.

Priority Outcome Measure or Systemic Factor: (Probation Emancipation)

Increase the number of Youth participating in transitional jurisdiction by 50%

National Standard: N/A

Probation was able to retrieve any statistical information prior to 2012, specifically related to Probation youth transitioning from 602 W&I Wardship into Transitional Jurisdiction (450 W&I).

Current Performance: In fiscal year 2014-2015, 60% Youth transitioned from 602 W&I Wardship to Transitional Jurisdiction (450 W&I), Probation had 5 terminate from probation (total), 3 of which transitioned to transitional jurisdiction compared to previous fiscal year 2012-2013, 30%, of Youth transitioned from 602 W&I Wardship to Transitional Jurisdiction (450 W&I), an increase of 30% meeting Probations target goal of 10% per fiscal year 2014.

Target Improvement Goal: 10% increase for each of the next 3 years. Probation has met its goal for fiscal year 2014-2015, by an increase of 30%.

Strategy 1: Develop and Implement a Court Appointed Special Advocate Program (CASA)	<input checked="" type="checkbox"/> CAPIT	Applicable Outcome Measure(s) and/or Systemic Factor(s): C2.5 Adoption Within 12 Months (Legally Free) SIP Strategy 1 Update: Kings County's CASA filed its Articles of Incorporation in May of 2013 and received them in July of 2013. CASA became a non-profit entity on October 15, 2013. It is now an independent entity with a Board of Directors.
	<input type="checkbox"/> CBCAP	
	<input type="checkbox"/> PSSF	
	<input checked="" type="checkbox"/> CTF	
Action Steps:	Timeframe:	Person Responsible:
A. The CAPCC, CPS, and Probation will support the CASA Advisory Board by assigning members to participate in board meetings and subcommittees.	N/A	Since CASA became a non-profit entity and has a Board of Directors, the National CASA Advisory Corporation directed CASA not to have any representatives from CPS or Probation on the Board or present at any meetings due to their feelings it was a conflict of interest.
B. The CASA Advisory Board will meet regularly to develop and implement program policies and procedures.	N/A	CASA has implemented policies and procedures, but there is now a Board of Directors.
C. The CASA Advisory Board will develop an Agreement with the Court Administrative Office to implement a CASA program.	Goal Completed	Champions Recovery Alternative Program, Inc. did this initially, which does not have to be updated. It was only for initial implementation and now it is a non-profit.

D. CPS and Probation will support the CASA Advisory Board's desire to apply for non-profit standing.	Goal Completed	CPS and Probation
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Strategy 2: Implement a mandated training program for CASA volunteers, including concurrent planning and the adoption process and requirements.	<input checked="" type="checkbox"/> CAPIT	Applicable Outcome Measure(s) and/or Systemic Factor(s): C2.5 Adoption Within 12 Months (Exit) SIP Strategy 2 Update: CASA has a standardized training curriculum that includes concurrent planning and adoption. CASA swore in 14 advocates in 2013 and 5 thus far in 2014. All were trained prior to being sworn in.
	<input type="checkbox"/> CBCAP	
	<input type="checkbox"/> PSSF	
	<input checked="" type="checkbox"/> CTF	
Action Steps:	Timeframe:	Person Responsible:
A. A standardized training program curriculum will be developed, addressing, in part, the adoption process, regulations, and requirements.	Goal Completed	Champions Recovery Alternative Program, Inc. & CPS
B. CASA volunteers will provide foster children with advocacy to finalize their adoptions timely.	March of 2016	CASA of Kings County
C. CASA volunteers will be trained on concurrent planning policies and procedures and monitor progress for foster children on their caseloads.	March of 2016	CASA of Kings County

Strategy 3: Recruit, screen, and retain CASA volunteers to work with foster children assigned by the Juvenile Court.	<input checked="" type="checkbox"/> CAPIT	Applicable Outcome Measure(s) and/or Systemic Factor(s): C2.5 Adoption Within 12 Months (Legally Free) SIP Strategy 3 Update: CASA had a new director in 2013 and was applying for non-profit status, as well as lacked staff to assist in recruitment, screening, and retaining CASA volunteers. Since becoming a non-profit and hiring staff, it is more stable and has been recruiting more volunteers. It swore in 19 since our last progress report update.
	<input type="checkbox"/> CBCAP	
	<input type="checkbox"/> PSSF	
	<input checked="" type="checkbox"/> CTF	
Action Steps:	Timeframe:	Person Responsible:
A. CASA volunteers will be recruited from various sections of the community.	March 2016	CASA of Kings County
B. CASA volunteers will be screened to ensure their criminal and CPS backgrounds do not pose a danger to the safety of children.	March 2016	CASA of Kings County
C. CASA volunteers will be retained for a child appointed by the Juvenile Court for a time period at least during his/her Juvenile Court Jurisdiction.	March 2016	CASA of Kings County

Strategy 4: Develop an adoption services proposal for the county to assume program and fiscal oversight of adoption services on behalf of foster children within its jurisdiction.	<input checked="" type="checkbox"/> CAPIT	Applicable Outcome Measure(s) and/or Systemic Factor(s): C2.5 Adoption Within 12 Months (Legally Free) SIP Strategy 4 Update: Kings County developed and submitted an Adoption Program Proposal to CDSS. CDSS provided technical assistance. This goal was met. Kings County fully implemented its adoption program January 11, 2012.
	<input type="checkbox"/> CBCAP	
	<input type="checkbox"/> PSSF	
	<input type="checkbox"/> CTF	
Action Steps:	Timeframe:	Person Responsible:
A. Request Technical Assistance from CDSS for developing the proposal.	Goal Completed	Human Services Agency Director
B. Work closely with CDSS to develop a proposal draft for adoption service provision.	Goal Completed	Human Services Agency Deputy Director
C. Finalize an adoption service proposal with CDSS approval.	Goal Completed	Human Services Agency Deputy Director

Strategy 5: Analyze and assess current CPS organizational structure for incorporation of adoption services.	<input checked="" type="checkbox"/> CAPIT	Applicable Outcome Measure(s) and/or Systemic Factor(s): C2.5 Adoption Within 12 Months (Legally Free) SIP Strategy 5 Update: The Kings County Adoption Program was successfully implemented. The organizational structure was assessed for appropriate placement of the program within the Social Services Division umbrella. Additional resources needed have been provided such as CWS/CMS workstations, desks, locking file cabinets, and adoption policy and procedure manuals. Kings County fully implemented its adoption program January 11, 2012.
	<input type="checkbox"/> CBCAP	
	<input type="checkbox"/> PSSF	
	<input type="checkbox"/> CTF	
Action Steps:	Timeframe:	Person Responsible:
A. Assess where adoption services will fall within the current organizational structure of the CPS Division.	Goal Completed	Human Services Agency Director
B. Decide what additional resources, if any, the organization will require to implement its own adoption services.	Goal Completed	Human Services Agency Deputy Director
C. Ensure the necessary resources are available to implement adoption services	Goal Completed	Human Services Agency Deputy Director

Strategy 6: Research county-driven adoption services to assist in determining the best model to pursue for Kings County’s foster children.	<input checked="" type="checkbox"/> CAPIT	Applicable Outcome Measure(s) and/or Systemic Factor(s): C2.5 Adoption Within 12 Months (Legally Free) SIP 6 Update: Some research was conducted on peer county adoption programs. Policies and procedures were reviewed from Tulare County. An experienced Tulare County Adoption Worker met with our Adoption Program Supervisor to review their home study process. Since Kings County was the first to assume responsibility for adoptions since Tulare County (10 years), it had to do a great deal of the work from scratch. When researching adoption regulations, it became clear the state regulations were seriously out of date, thus causing more in depth research to occur in order to implement the program. Kings County has provided information, training, and documents to peer counties to assist them in their efforts since implementation of its adoption program January 11, 2012.
	<input type="checkbox"/> CBCAP	
	<input type="checkbox"/> PSSF	
	<input type="checkbox"/> CTF	
Action Steps:	Timeframe:	Person Responsible:
A. Inquire for adoption service proposals, policies, and procedures from other counties to review.	Goal Completed	Human Services Agency Director
B. Communicate with counties providing their own adoption services to receive feedback on what works for them and what does not.	Goal Completed	Human Services Agency Deputy Director
C. Conduct site visits with peer counties to learn how their adoption services work.	Goal Completed	Human Services Agency Deputy Director

Strategy 7: Training shall be arranged for all CPS staff and the FPSB SSW to further aid pre-adoptive parents in completing the adoption process timely.	<input checked="" type="checkbox"/> CAPIT	Applicable Outcome Measure(s) and/or Systemic Factor(s): C2.5 Adoption Within 12 Months (Legally Free) SIP Strategy 7 Update: This strategy was not implemented due to the agency assuming total oversight for adoption services on January 11, 2012.
	<input type="checkbox"/> CBCAP	
	<input type="checkbox"/> PSSF	
	<input type="checkbox"/> CTF	
Action Steps:	Timeframe:	Person Responsible:
A. The CDSS Adoptions Branch will be asked to provide training on the adoption process and requirements to finalize an adoption.	Goal Completed	Human Services Agency Director
B. A trainer will be identified to provide information on the concurrent planning model, as well as foundation for its use.	Goal Completed	Human Services Agency Deputy Director
C. A training will be successfully completed with CPS staff and the FPSB SSW.	Goal Completed	Human Services Agency Training Supervisor

Strategy 8: Agency Concurrent Planning and Adoption Referral Policies and Procedures shall be reviewed with all CPS staff.	<input checked="" type="checkbox"/> CAPIT	Applicable Outcome Measure(s) and/or Systemic Factor(s): C2.5 Adoption Within 12 Months (Legally Free) SIP Strategy 8 Update: Staff continue to be trained on adoption policies and procedures ongoing.
	<input type="checkbox"/> CBCAP	
	<input type="checkbox"/> PSSF	
	<input type="checkbox"/> CTF	
Action Steps:	Timeframe:	Person Responsible:
A. A complete Policy and Procedure Operating Manual will be printed and placed in each unit within CPS.	Goal Completed	Social Services Division Office Supervisor
B. Each CPS Supervisor will train their staff on the Adoption Referral P&P.	Goal Completed	All CPS Supervisors
C. Supervisors shall have all staff trained sign in on a Staff Development Form.	Goal Completed	All CPS Supervisors

Strategy 9: The county is implementing permanency mediation specialist services to assist with expediting adoptions.	<input checked="" type="checkbox"/> CAPIT	Applicable Outcome Measure(s) and/or Systemic Factor(s): C2.5 Adoption Within 12 Months (Legally Free) Strategy 9 Update: The county has decided not to contract with a permanency mediation specialist. Instead, it implemented a Team Decision Making (TDM) Committee to make placement and concurrent planning decisions from the point of intake. This has been more successful ensuring the resource family approval/denial, placement, and concurrent planning processes are aligned and streamlined so that a checks and balances system is in place on behalf of foster children.
	<input type="checkbox"/> CBCAP	
	<input type="checkbox"/> PSSF	
	<input type="checkbox"/> CTF	
Action Steps:	Timeframe:	Person Responsible:
A. The county will be developing policies and procedures for permanency mediation, which staff will be trained with.	N/A	N/A
B. The county will also send the specialist to permanency mediation training, which will assist her in providing concurrent planning training to pre-adoptive parents and staff.	N/A	N/A

Strategy 10: Continued Implementation and Enhancement of the County Drug Dependency Court.	<input checked="" type="checkbox"/> CAPIT	Applicable Outcome Measure(s) and/or Systemic Factor(s): C1.1 Timely Reunification Within 12 Months (Exit) SIP Strategy 10 Update: The first Family Drug Treatment Dependency was implemented on April 1, 2011, in collaboration with the Juvenile Court, Administrative Office of the Courts (AOC), and Kings View Counseling Services. One Program Manager has been assigned as a liaison between the AOD Liaison coordinating the DDC and Kings View Counseling Services. He is responsible for program oversight to include monitoring outcomes, ensuring adequate resources are provided for operation of the program, and resolution of any issues that arise. The DDC team meets weekly with the Judge to discuss individual DDC cases, as well as any resources needed by the program. The AOD Liaison resigned in 2013; therefore, it was necessary to assign a new coordinator pending hire of a new AOD Liaison. An experienced Social Services Practitioner with a M.S.W. was chosen to coordinate the program. The transition has been seamless due to the team's commitment to continue the DDC without an interruption in services. Kings View Counseling Services continued to make efforts to recruit a new AOD Liaison throughout the year, which was faced with numerous challenges. This affected our participation rate. We now have the prior AOD Liaison back, which is immensely helpful.
	<input type="checkbox"/> CBCAP	
	<input type="checkbox"/> PSSF	
	<input type="checkbox"/> CTF	
Action Steps:	Timeframe:	Person Responsible:
A. The DDC Team will assess effectiveness of the treatment program.	March 2016	Kings View Counseling Services' AOD Liaison

<p>B. As new treatment and resource needs are identified by the DDC Team, the AOD Liaison will discuss with management how to enhance the program.</p>	<p>March 2016</p>	<p>Kings View Counseling Services' AOD Liaison</p>
<p>C. Management will meet with the AOD Liaison to decide how to provide additional resources as needed by the DDC and with the Judge to monitor program success.</p>	<p>March 2016</p>	<p>Kings View Counseling Services' AOD Liaison</p>

Strategy 11: The DDC will expand to serve more clients, especially high risk substance abusers with children ages 0-5.	<input checked="" type="checkbox"/> CAPIT	Applicable Outcome Measure(s) and/or Systemic Factor(s): C1.1 Timely Reunification Within 12 Months (Exit) SIP Strategy 11 Update: The DDC has expanded to serve children above the ages of 0-5. CPS SSWs refer clients to the DDC ongoing as they are very familiar with the program. This past year, 21 parents participated in the DDC, which was slightly less than the 29 serviced during last year's SIP Progress Report. The county sought to increase the number of children ages 0-5 in the program due to this age group being at higher risk. 49 children were served in 2014, which was slightly less than the 57 served through the DDC in 2013. 18 children under 5 years old were served in 2014 and 31 in 2013. Program participants have received additional visitation, including overnight visitation, as they have progressed in treatment.
	<input type="checkbox"/> CBCAP	
	<input type="checkbox"/> PSSF	
	<input type="checkbox"/> CTF	
Action Steps:	Timeframe:	Person Responsible:
1.2.1: The DDC will serve at least 25 clients (current clients enrolled are 16).	March 2016	Kings View Counseling Services' AOD Liaison
1.2.2: Referrals to the DDC by CPS SSWs will increase due to consistent education, information, and outreach efforts to explain the benefits of the program.	March 2016	Kings View Counseling Services' AOD Liaison

1.2.3: Training will be arranged for newly hired staff to explain the program, referral process, and benefits for clients.	March 2016	Kings View Counseling Services' AOD Liaison
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<p>Strategy 12: Clients participating in the program will reunify timely.</p>	<input checked="" type="checkbox"/> CAPIT	<p>Applicable Outcome Measure(s) and/or Systemic Factor(s): C1.1 Timely Reunification Within 12 Months (Exit)</p> <p>SIP Strategy 12 Update: Between January 1, 2013 and December 31, 2013, 29 adults participated in the DDC and 57 children were served. Out of the total number of children served, 31 were 0-5. Ten families were reunified as a result of treatment. Ten families failed to complete treatment, which caused 14 children to enter permanency planning services. The primary barrier for these individuals was failure to engage in treatment and be willing to change their behavior. The treatment team includes a partnership between the Juvenile Court Judge, Kings View Counseling Services, and Child Protective Services, which has been effective in assisting families reunify quicker than they would have without participating in the program.</p> <p>Between January 1, 2014 to December 31, 2014, 21 adults participated in the Drug Dependency Court and 49 children were served. Out of the 49 children served, 18 were 0-5, and 31 were 6 years old or older. There were a total of 10 families who successfully completed the Drug Dependency Program and the reunification process. There were 12, adults who were discharged/drop outs and 2, adults carried over in to fiscal year 2015.</p>
	<input type="checkbox"/> CBCAP	
	<input type="checkbox"/> PSSF	
	<input type="checkbox"/> CTF	
<p>Action Steps:</p>	<p>Timeframe:</p>	<p>Person Responsible:</p>

<p>A. Program participants will be provided with additional visitation as they progress in their program.</p>	<p>March 2016</p>	<p>Kings View Counseling Services' AOD Liaison & Assigned CPS SSW (Changes in Visitation & Reunification Requires Approval of the Supervisor and/or Manager)</p>
<p>B. Program participants will be provided with overnight visitation after their sobriety is consistent for longer periods of time.</p>	<p>March 2016</p>	<p>Kings View Counseling Services' AOD Liaison & Assigned CPS SSW (Changes in Visitation & Reunification Requires Approval of the Supervisor and/or Manager)</p>
<p>C. Program participants will successfully graduate the program.</p>	<p>March 2016</p>	<p>Kings View Counseling Services' AOD Liaison & Assigned CPS SSW (Changes in Visitation & Reunification Requires Approval of the Supervisor and/or Manager)</p>

Strategy 13: Celebrating Families! will provide services to families with CPS intervention aimed toward prevention of substance abuse relapse and recurrence of child abuse or neglect.	<input checked="" type="checkbox"/> CAPIT	Applicable Outcome Measure(s) and/or Systemic Factor(s): C1.1 Timely Reunification Within 12 Months (Exit) SIP Strategy 13 Update: Program surveys are completed by clients at the beginning and end of each session. Adults, teens and children, also report many areas of improvement in their knowledge of the skills required to be a healthy person/family in the future. Client's expressed in their satisfaction surveys the importance of this all-family group and their new understanding of what it means to be a healthy family in recovery. They also report their desire to re-enroll or return as Parent Co-Leaders in following sessions to ensure their continued growth. We have utilized these past program participants with great success as they have inspired new parents to devote themselves to completing this parenting program. This year, CF has also had the advantage of West Hills College Interns which has expanded our volunteers. These interns have made a great contribution to CF and to the community.
	<input type="checkbox"/> CBCAP	
	<input type="checkbox"/> PSSF	
	<input type="checkbox"/> CTF	
Action Steps:	Timeframe:	Person Responsible:
A. Celebrating Families! will assist families in completing the program; at least 60% of families enrolling in services will successfully complete them.	March 2016	Champions Recovery Alternative Program, Inc.
B. Celebrating Families! will conduct outreach to ensure families receiving Family Reunification Services receive referrals to the program, updating CPS prior to new sessions beginning, so that each session is full.	March 2016	Champions Recovery Alternative Program, Inc.

C. Celebrating Families! will inquire on its exit survey why the client is terminating the program, if prior to program completion.	March 2016	Champions Recovery Alternative Program, Inc.
D. Celebrating Families! will assess results of the surveys and make program adjustments if needed to increase the program completion rate.	March 2016	Champions Recovery Alternative Program, Inc.

Strategy 14: Celebrating Families! will assist families to reunify within 12 months.	<input checked="" type="checkbox"/> CAPIT	Applicable Outcome Measure(s) and/or Systemic Factor(s): C1.1 Timely Reunification Within 12 Months (Exit) SIP Strategy 14 Update: In 2014, 119 parents were enrolled and 82 successfully completed the CF program, equating to 69% completion. In addition, 59 children attended CF groups with their families. In total, 41 children were reunited with their parents while 78 have not. Many of these families have re-enrolled to continue their parenting program and expect reunification in the next calendar year. Champion's CF staff attends CAPCC, CPS and MDT meetings providing updates of the program. CF also provides continued progress on clients enrolled in the program. While parents are in their parenting group, CF also provides their children ages 4 to 17 their own developmentally designed prevention groups in order to stop the generational cycle of substance abuse and support the development of healthy families. Child care is also provided to families in CF.
	<input type="checkbox"/> CBCAP	
	<input type="checkbox"/> PSSF	
	<input type="checkbox"/> CTF	
Action Steps:	Timeframe:	Person Responsible:
A. Celebrating Families! will participate in the CPS MDT meetings to provide information and referrals to services offered by its own program or Champions Recovery Alternative Services, Inc.	March 2016	Champions Recovery Alternative Program, Inc.

<p>B. Celebrating Families! will, through provision of its services, help parents abstain from substance abuse and stabilize so they may reunify earlier.</p>	<p>March 2016</p>	<p>Champions Recovery Alternative Program, Inc.</p>
<p>C. Celebrating Families! will assist with child supervision during services if approved by CPS so that the parents and children can fully participate in services from the beginning of CPS intervention.</p>	<p>March 2016</p>	<p>Champions Recovery Alternative Program, Inc.</p>

Strategy 15: Case Plan Services will be coordinated to ensure clients are receiving needed resources, but not overwhelmed.	<input checked="" type="checkbox"/> CAPIT	Applicable Outcome Measure(s) and/or Systemic Factor(s): C1.1 Timely Reunification Within 12 Months (Exit) SIP Strategy 15 Update: CPS and Celebrating Families! have been communicating and meeting to better coordinate case plans. Thus far, resolutions have resulted in streamlined case plans on behalf of families.
	<input type="checkbox"/> CBCAP	
	<input type="checkbox"/> PSSF	
	<input type="checkbox"/> CTF	
Action Steps:	Timeframe:	
A. Clients will receive strength-based, client-centered case planning services.	March 2016	Champions Recovery Alternative Program, Inc. & CPS
B. Case Plans will be flexible, allowing for changes, depending on client needs.	March 2016	Champions Recovery Alternative Program, Inc. & CPS
C. Parties will communicate and collaborate when preparing case plans with clients.	March 2016	Champions Recovery Alternative Program, Inc. & CPS

Strategy 16: Clients receiving Family Reunification Services who do not meet medical necessity or cannot afford share of costs for substance abuse treatment will receive therapeutic and AOD services.	<input checked="" type="checkbox"/> CAPIT	Applicable Outcome Measure(s) and/or Systemic Factor(s): C1.1 Timely Reunification Within 12 Months (Exit) SIP Strategy 16 Update: There is one Program Manager assigned as a liaison between CPS and Kings View Counseling Services to determine client eligibility for the STOP. STOP services include mental health and AOD due to cuts made in the AOD budget. The STOP contract was exhausted by the 3rd quarter this fiscal year. An increase in client share of cost requirements, a decrease in AOD funded services, and greater client base contributed to significant STOP expenditures. Communication between management in both departments has been consistent and positive. When the STOP contract was exhausted management in both departments discussed alternatives. It was decided to use additional realignment funding to ensure clients in the program were able to continue receiving services and to increase the contract budget for fiscal years 2015/2016 and 2016/2017 to \$125,000 each year whereas in previous years, it had remained steady at \$65,000 per year and then \$95,000 the past two years.
	<input type="checkbox"/> CBCAP	
	<input type="checkbox"/> PSSF	
	<input type="checkbox"/> CTF	
Action Steps:	Timeframe:	Person Responsible:
A. Clients needing these services will be referred and screened for the program.	March 2016	Kings View Counseling Services & CPS
B. Referrals will be monitored closely to ensure funding is available for the most financially needy clients.	March 2016	Kings View Counseling Services & CPS

<p>C. Barriers identified will be discussed and resolved timely.</p>	<p>March 2016</p>	<p>Kings View Counseling Services & CPS</p>
<p>D. Clients requiring AOD treatment services without adequate financial resources to fully fund treatment will be given priority for STOP referrals and funding.</p>	<p>March 2016</p>	<p>Kings View Counseling Services & CPS</p>
<p>E. Referrals will be closely monitored to ensure funding is available for the most financially needy clients.</p>	<p>March 2016</p>	<p>Kings View Counseling Services & CPS</p>
<p>F. Barriers identified will be discussed and resolved timely.</p>	<p>March 2016</p>	<p>Kings View Counseling Services & CPS</p>

<p>Strategy 17: The Family Preservation and Support Program will provide in-home and classroom setting parenting education, instruction, and guidance to assist parents with acquisition of knowledge, skills, and abilities to properly parent their children.</p> <p>The FPSP will provide intensive, in-home social work services aimed at preserving, supporting, and assisting families. The FPSP will also assist with CPS cases related to family reunification.</p>	<input checked="" type="checkbox"/> CAPIT <input type="checkbox"/> CBCAP <input checked="" type="checkbox"/> PSSF <input type="checkbox"/> CTF	<p>Applicable Outcome Measure(s) and/or Systemic Factor(s): C1.1 Timely Reunification Within 12 Months (Exit)</p> <p>Strategy 17 Update: Parenting classes were provided by the FPSP Social Worker until October 1, 2012. The original intent of the FPSP was to provide early intervention services for children and families at risk of entering the child welfare or probation systems through intensive in-home practices. When parenting classes began to be offered by the FPSP, in-home social work services were still offered. However, over time, parenting classes was all that ended up being offered, thus the social work objectives of the FPSP were not being met overall. Therefore, the county is deleting this strategy as it believes the most effective utilization of this program is to provide the intensive in-home based social work services for early prevention and supportive services, assistance with family reunification in CPS cases, and expediting adoptions. This strategy has been added.</p>
<p>Action Steps:</p>	<p>Timeframe:</p>	
<p>A. The FPSP will enhance its outreach efforts to educate CPS staff about new parenting class openings by e-mail and flyers.</p>	<p>Strategy Deleted</p>	<p>FPSP</p>
<p>B. The FPSP will provide CPS SSWs with regular progress reports on how clients are participating and learning new information.</p>	<p>Strategy Deleted</p>	<p>FPSP</p>
<p>C. The Family Preservation and Support Program will participate in CPS MDT meetings to provide information, service referrals, and community resources to families.</p>	<p>March 2016</p>	<p>FPSP</p>

<p>D. The FPSP will coordinate closely with the CPS SSW to ensure families access and utilize the services.</p>	<p>March 2016</p>	<p>FPSP</p>
<p>E. The Family Preservation and Support Program will train and oversee interns from the B.S.W. and M.S.W. programs at Fresno State University to provide services to families receiving Family Reunification Services.</p>	<p>March 2016</p>	<p>FPSP</p>
<p>F. Transportation services for clients will assist them with accessing and utilizing services in their case plans.</p>	<p>March 2016</p>	<p>FPSP</p>
<p>G. Added case Management services will increase the support needed for families to reunify more timely.</p>	<p>March 2016</p>	<p>FPSP</p>
<p>H. Client satisfaction surveys will be completed to ensure program goals are being achieved.</p>	<p>March 2016</p>	<p>FPSP</p>

Strategy 18: Kings View Counseling Services shall participate in the CPS MDT meetings to provide information and referrals to services, in collaboration with the CPS SSW, to assist families with reunification.	<input checked="" type="checkbox"/> CAPIT	Applicable Outcome Measure(s) and/or Systemic Factor(s): C1.1 Timely Reunification Within 12 Months (Exit) Strategy 18 Update: Kings View Counseling Services has consistently sent a representative to attend the CPS MDT meetings, providing a wealth of information, services, and referrals for mental health counseling options on behalf of children and their families served by CPS.
	<input type="checkbox"/> CBCAP	
	<input type="checkbox"/> PSSF	
	<input type="checkbox"/> CTF	
Action Steps:	Timeframe:	
A. A Kings View Counseling Services representative will participate actively in the MDT process monthly.	March 2016	Kings View Counseling Services
B. Services, information, and referrals shall be given to clients directly and followed up on to ensure clients accessed the services and they were helpful.	March 2016	Kings View Counseling Services
C. Clients will complete feedback surveys to assist with enhancement of the MDTs, specifying whether the services provided were helpful.	March 2016	CPS

<p>Strategy 19: The Kings County Wraparound Program will continue to expand with collaboration between the Behavioral Health Administration and CPS to include children who have been in foster care 24 months or longer.</p>	<input checked="" type="checkbox"/> CAPIT	<p>Applicable Outcome Measure(s) and/or Systemic Factor(s): C 4.3 Placement Stability (At Least 24 Months in Care) SIP Strategy 19 Update: Kings County developed and implemented a wraparound program using Mental Health Services Act (MHSA) funding April 28, 2010. This is a collaborative program between the Human Services Agency, Behavioral Health Administration, and Kings View Counseling Services, which was recently enhanced due to stipulations of the Katie A. vs. Bonta Lawsuit Settlement Agreement. During the period between January 1, 2014, through December 31, 2014. The wraparound program served 17 children. Six of the children have been in care 12- 24 months or longer and have remained in their current placement for one year or longer and appear to be stable in placement. A total of 12 children had been served in the program and had their cases closed. The wraparound team meets bi-weekly to discuss progress and stability of the child's behavior and placement, as well as ways to improve service provision, support and/or the referral process. Referrals have increase 27%, as continued training coordinated between CPS, Kings View Counseling Services, and the Behavioral Health Administration for CPS staff. Topics included mental health screening, wraparound policies and procedures, eligibility requirements, and the referral process. Training has been successful increasing referrals from CPS. The wraparound team meets bi-weekly to discuss progress and stability of the child's behavior and placement, as well as ways to improve service provision and/or the referral process. The foster care PHN attends bi-weekly wraparound team meetings to contribute pertinent medial information regarding the children. The PHN participates actively. She provides medical and birth history, current and potential conditions that may arise regarding the children's health. The PHN arranges for services on behalf of the children if needed. She also provides training and information needed to assist caretakers. The PHN ensures follow up is completed with medical providers. She also provides one on one training to foster parents, probation, and other providers, to ensure support is provided on behalf of the children.</p>
	<input type="checkbox"/> CBCAP	
	<input type="checkbox"/> PSSF	
	<input type="checkbox"/> CTF	

Action Steps:	Timeframe:	Person Responsible:
A. All clients participating in the program since conception will be assessed to determine their placement stability throughout CPS involvement while participating in wraparound services.	March 2016	Behavioral Health Administration & CPS
B. The wraparound team will meet to discuss whether there are any ways to improve the referral process and/or service provision.	March 2016	Behavioral Health Administration & CPS
C. Management will meet to discuss the assessment results.	March 2016	Behavioral Health Administration & CPS
D. Referrals for children in foster care 24 months or longer will be a targeted goal.	March 2016	Behavioral Health Administration & CPS
E. Management will meet to discuss whether modifications have improved the number of these referrals and outcomes for these children.	March 2016	Behavioral Health Administration & CPS
F. For any child participating in wraparound services, the PHN will participate in any team meetings.	March 2016	Behavioral Health Administration & CPS

<p>G. The PHN will provide information, referrals, services, and training as needed.</p>	<p>March 2016</p>	<p>Behavioral Health Administration & CPS</p>
<p>H. The PHN will work closely with the treatment providers and foster parent to support their efforts on behalf of the children.</p>	<p>March 2016</p>	<p>Behavioral Health Administration & CPS</p>

<p>Strategy 20: All children receiving CPS services except those 0-3 years of age, upon intake, will participate in a mental health screening.</p>	<p><input checked="" type="checkbox"/> CAPIT <input type="checkbox"/> CBCAP <input type="checkbox"/> PSSF <input type="checkbox"/> CTF</p>	<p>Applicable Outcome Measure(s) and/or Systemic Factor(s): C 4.3 Placement Stability (At Least 24 Months in Care)</p> <p>SIP Strategy 20 Update: Policies and procedures have been developed to assist CPS staff with the mental health screening referral process, including all necessary forms and consent to treatment. The policies and procedures have been finalized. The policies and procedures have been printed and incorporated into a user friendly binder for each unit to access quickly. All staff have been trained on the process. All children 3 years and older are completing a mental health screening at Kings View Counseling Services. Children are admitted to mental health counseling if a need for services is determined. Admission is timely.</p>
<p>Action Steps:</p>	<p>Timeframe:</p>	<p>Person Responsible:</p>
<p>A. Policies and Procedures will be developed to assist CPS SSWs with the referral process.</p>	<p>Goal Completed</p>	<p>CPS & Kings View Counseling Services</p>

<p>B. Training will be completed, providing staff with the P&P and answering any questions they may have.</p>	<p>Goal Completed</p>	<p>CPS & Kings View Counseling Services</p>
<p>C. As issues arise or concerns need to be addressed, management will discuss and modify the P&P as needed.</p>	<p>Goal Completed</p>	<p>CPS & Kings View Counseling Services</p>
<p>D. All children, as a result of the mental health screenings, are recommended to receive mental health services, shall receive said services.</p>	<p>Goal Completed</p>	<p>CPS & Kings View Counseling Services</p>
<p>E. Program evaluation shall be conducted on Katie A. services to determine whether all children referred for mental health screening are screened, whether they are recommended to receive mental health services, and whether they received services.</p>	<p>Goal Completed</p>	<p>CPS & Kings View Counseling Services</p>

<p>Strategy 21: Extraordinary efforts shall be made to provide services to maintain placements.</p>	<input checked="" type="checkbox"/> CAPIT <input type="checkbox"/> CBCAP <input type="checkbox"/> PSSF <input type="checkbox"/> CTF	<p>Applicable Outcome Measure(s) and/or Systemic Factor(s): C 4.3 Placement Stability (At Least 24 Months in Care)</p> <p>SIP Strategy 21 Update: Staff are actively working toward having meetings on all 7 day notices to move children. Implementation has been inconsistent with some staff holding the meetings and others are not. The FR Supervisor will be making more efforts to strive toward consistent implementation. The PP staff are more consistent in efforts to save placements, but the PP Supervisor will also be more diligent in implementation on a consistent basis. Management will also be contacting FFAs used most frequently to advise them these meetings need to be held, as well as more creative methods to preserve the placements. MOUs have been developed with FFAs the county frequently places children with in an effort to ensure placements are preserved whenever possible.</p>
Action Steps:	Timeframe:	Person Responsible:
<p>A. When 7 day notices to move foster children are given, a team meeting shall be convened between the foster parent, SSW, and child, if the child is old enough to participate. If the placement facility is an FFA or Group Home, personnel shall also be present.</p>	<p>March 2016</p>	<p>All Parties</p>
<p>B. Upon receiving a 7 day notice to move a foster child, a team meeting will be held within 2 days in an effort to preserve the placement.</p>	<p>March 2016</p>	<p>CPS will arrange the meeting.</p>
<p>C. Resources and services shall be explored to help preserve the placement.</p>	<p>March 2016</p>	<p>CPS shall explore attainment of any resources needed to preserve the placement with management approval.</p>

<p>D. If needed, written agreements shall be developed between the CPS SSW, foster parents, and any other party to enhance communication, behavior modification, incentives, etc. to maintain the placement.</p>	<p>March 2016</p>	<p>All parties</p>
<p>E. Management will meet to discuss whether modifications have improved the number of these referrals and outcomes for these children.</p>	<p>March 2016</p>	<p>Behavioral Health Administration & CPS</p>
<p>F. For any child participating in wraparound services, the PHN will participate in any team meetings.</p>	<p>March 2016</p>	<p>Behavioral Health Administration & CPS</p>
<p>G. The PHN will provide information, referrals, services, and training as needed.</p>	<p>March 2016</p>	<p>Behavioral Health Administration & CPS</p>
<p>H. The PHN will work closely with the treatment providers and foster parent to support their efforts on behalf of the children.</p>	<p>March 2016</p>	<p>Behavioral Health Administration & CPS</p>

<p>Strategy 22: Coordinate with the Juvenile Court, District Attorney and Minor’s Advocate Office to extend Wardship for 6 months to Probation youth due to exit the Foster Care system through aging out or emancipation.</p>	<input checked="" type="checkbox"/> CAPIT <input type="checkbox"/> CBCAP <input type="checkbox"/> PSSF <input type="checkbox"/> CTF	<p>SIP Strategy 22 Update: Since passage of AB12, the probation department has ensured eligible youth receive aid through the applicable programs pursuant to 450 W&I. Youth are provided JV 464, 466 and 468 and are also informed of the documents content by a deputy probation officer. All attempts are made to ensure the youth fully understand their access to continued service. The placement officer continues supervision of the youth during the transitional jurisdiction period. To date, Kings County does not maintain Wardship; however, we supervise the youth as a non-minor dependent providing guidance and serve as a conduit for service providers. In the previous year, we provided supervision to two (2) youth on transitional jurisdiction.</p>
Action Steps:	Timeframe:	Person Responsible:
<p>A. Establish internal policies on how youth will be supervised past their release from group home or foster care placement..</p>	<p>Ongoing</p>	<p>Probation, Human Services, Courts, Minor’s Advocates Office</p>
<p>B. Meet with the Juvenile Court Judge to obtain approval for the additional 6 months of Wardship.</p>	<p>Goal completed</p>	<p>Probation, Juvenile Court Judge.</p>
<p>C. Meet with the District Attorney’s Office to create support with full implementation due shortly thereafter</p>	<p>Goal completed</p>	<p>Probation Department</p>

<p>Strategy 23: Improve the communication between the Probation Department and Kings County ILP Coordinator. Reach out to County of Placement and that county's ILP Coordinators.</p>	<input checked="" type="checkbox"/> CAPIT <input type="checkbox"/> CBCAP <input type="checkbox"/> PSSF <input type="checkbox"/> CTF	<p>SIP Strategy 23 Update: The SIP Strategy continues to be strong as Probation and CPS still work closely together to ensure ILP services are being provided to every eligible foster care youth. The probation department placement officer speaks regularly with ILP Coordinators in this, and other counties. They coordinate activities for returning foster care youth and ensure that TILP's (Transitional Independent living Plans) are prepared pursuant to Division 31 regulations. A terminal is available at the probation department placement unit and is available to the County ILP Coordinator for access to CMS/CWS.</p>
Action Steps:	Timeframe:	Person Responsible:
<p>A. Weekly visitation by the Kings County ILP Coordinator to be reinforced by making a desk and workspace available at the Probation Department's Placement/intake Unit.</p>	<p>Goal completed</p>	<p>Probation, Human Services</p>
<p>B. The Kings County ILP Coordinator to work with the Probation Department's Juvenile Probation Manager to train Probation officers to teach ILP classes.</p>	<p>Ongoing</p>	<p>Probation, Human Services</p>
<p>C. TILP Coordinator will provide training to certain probation staff as to the appropriate way to enter ILP information into the CWS/CMS system to ensure accuracy for the required NYTD information.</p>	<p>Goal completed</p>	<p>Probation Department</p>

<p>Strategy 24:The Probation Department will access existing mentoring programs offered through the Department of Education and will seek out Community Based Organizations to potentially collaborate on developing mentoring programs for returning foster care youth.</p>	<input checked="" type="checkbox"/> CAPIT <input type="checkbox"/> CBCAP <input type="checkbox"/> PSSF <input type="checkbox"/> CTF	<p>SIP Strategy 24 Update: This strategy remains incomplete at this time. Securing mentors with such a small audience has proved extremely difficult. We are able to provide many traditional mentor services through our placement officer that maintains supervision of the non-minor dependents.</p>
Action Steps:	Timeframe:	Person Responsible:
<p>A. The Kings County Probation Department will meet with the Kings County Department of Education to establish a new referral method to ensure each existing foster care youth have access to a mentor.</p>	<p>Ongoing</p>	<p>Probation, Superintendent of Schools</p>
<p>B. The probation department will work with existing Community Based Organizations to explore the feasibility of creating a mentoring program targeted at exiting foster care youth.</p>	<p>Ongoing</p>	<p>Probation Department</p>
<p>C. The probation department will form a committee to explore and compete for grants administered by the Kings County Child Abuse Council (CAPCC) for the purpose of developing and implementing a mentoring program for returning foster care youth.</p>	<p>Ongoing</p>	<p>Probation Department</p>