California - Child and Family Services Review

System Improvement Plan

2017-2022

KERN COUNTY DEPARTMENT OF HUMAN SERVICES
KERN COUNTY PROBATION DEPARTMENT
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**NT XX**
In Kern County, the Department of Human Services is the primary entity for providing child welfare services to families and children experiencing child abuse and neglect. The Probation Department is responsible for providing services to children and youth involved in the juvenile delinquency system and placed in out of home care. Prevention services funded through the California Department of Social Services, Office of Child Abuse Prevention, are provided by the Kern County Network for Children. As designated by the Kern County Board of Supervisors, the Kern County Network for Children (KCNC) serves as Kern’s Coordinating Council for Child and Family Services; Child Abuse Prevention Council; Kern’s Promoting Safe and Stable Families (PSSF) Collaborative; and, Planning Body for PSSF funds; Community Based Child Abuse Prevention (CBCAP) funds, County Children’s Trust Funds (CCTF); and, Child Abuse Prevention, Intervention and Treatment (CAPIT) funds. The KCNC utilized Kern’s County Self-Assessment (CSA) needs assessment data and valuable information gleaned through Kern’s Child and Family Services Review (CFSR) process of stakeholder meetings to develop the CAPIT/CBCAP/PSSF services provision plan.

The passage of California Assembly Bill 636 (Chapter 678, The Child Welfare System Improvement and Accountability Act of 2001) established the Child Welfare Outcomes and Accountability System to (a) improve child welfare services for children and their families in California and (b) provide a system of accountability for outcome performance in each of the state’s 58 counties. The process for achieving these two objectives is the California Child and Family Services Review (C-CFSR). The C-CFSR includes a County Self-Assessment, as well as the System Improvement Plan. The County Self-Assessment includes a comprehensive review of the county by exploring demographics, child maltreatment indicators, staffing, stakeholders’ participation and both quantitative (outcomes) and qualitative (peer review and case reviews) assessments of a county’s performance. The results of the County Self-Assessment support the development of the System Improvement Plan (SIP) for Kern’s next five-year cycle, 2017-2022, that establishes measurable goals for system improvement and presents strategies for achieving those goals within established timeframes.

The SIP serves as an operational agreement between the county and state outlining how the county will improve its system to provide better outcomes for children, youth and families, while simultaneously supporting the state’s own Program Improvement Plan. The C-CFSR process also includes an annual progress report, which narrates the ongoing monitoring of system improvement efforts using quarterly data reports of extracted information from the Child Welfare Services/Case Management System (CWS/CMS) and regular evaluations of the selected strategies and action steps.

Child Welfare and Probation management reviewed the data outlined in the County Self-Assessment (CSA). This data was presented to participants during focus groups and stakeholder meetings held to gather feedback about service array, community strengths in
helping children and families, and areas of needed growth. Focus groups and stakeholder meetings included participants from community partnering agencies, such as Differential Response, Kern County Superintendent of Schools, Behavioral Health and Recovery Services, amongst many other partners noted in the following section. Also, foster youth, resource families, and birth parents utilizing child welfare and probation systems were engaged in the meetings providing valuable feedback for incorporation into the SIP. Peer social workers and probation officers from other California counties interviewed Kern’s social workers and probation officers and provided findings and recommendations for system improvement. All of the gathered information is the basis for Kern’s SIP 2017-2022.

The Kern County System Improvement Plan 2017-2022 report includes two sections. The first section is the Child Welfare Services and Probation narratives and SIP matrix. The narratives provide the basis for how outcomes targeted for improvement were selected and the rationale for the strategies. The matrix specifically outlines the outcome improvement goals, strategies, specific action steps, timelines and person responsible for the strategy. The second section focuses on community child abuse prevention efforts and includes the CAPIT/CBCAP/PSSF narrative and five year plan to meet the requirements for counties seeking these funds administered through the California Department of Social Services, Office of Child Abuse Prevention.

As required, the Kern County System Improvement Plan 2017-2022 and CAPIT/CBCAP/PSSF five-year plan is being submitted to the Board of Supervisors (BOS) for approval prior to final submission to the California Department of Social Services. Board approval verifies that the public, private and community partners were involved in the development of these reports.

SIP Narrative

C-CFSR Team

A planning committee was assembled to oversee Kern’s C-CFSR process. The team members included consultants from the California Department of Social Services (CDSS) Outcomes and Accountability Bureau and the Office of Child Abuse Prevention, three Human Services Program Specialists from the Department of Human Services, Probation Supervisor from the Probation Department, consultants from Shared Vision Consulting, trainers from the Central California Training Academy, and two Coordinators from Kern County Network for Children. The team initially met monthly beginning June 2016 and later in the process as needed to provide input, and set timelines for the various aspects of the County Self Assessment and System Improvement Plan, including focus groups, stakeholder meetings, the peer review, and strategic planning meetings. The planning team included the following:
<table>
<thead>
<tr>
<th>Name</th>
<th>Agency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Christine Perry</td>
<td>Shared Vision Consulting</td>
</tr>
<tr>
<td>Cindy Friesen</td>
<td>Central California Training Academy</td>
</tr>
<tr>
<td>Emily Stewart</td>
<td>Department of Human Services- Assistant Director’s Office</td>
</tr>
<tr>
<td>Henry Franklin</td>
<td>California Department of Social Services, Outcomes &amp; Accountability Bureau</td>
</tr>
<tr>
<td>Hillary Konrad</td>
<td>California Department of Social Services Office of Child Abuse Prevention</td>
</tr>
<tr>
<td>Jan Viss</td>
<td>Shared Vision Consulting</td>
</tr>
<tr>
<td>Jason Hillis</td>
<td>Probation Department</td>
</tr>
<tr>
<td>Jayme Stuart</td>
<td>Child Abuse Prevention Council; Children’s Trust Fund Commission, County Board of Supervisors designated agency to administer CAPIT/CBCAP/PSSF Programs</td>
</tr>
<tr>
<td>Jonathan Pearson</td>
<td>California Department of Social Services, Outcomes &amp; Accountability Bureau</td>
</tr>
<tr>
<td>Kevin Truelson</td>
<td>Child Abuse Prevention Council; Children’s Trust Fund Commission, County Board of Supervisors designated agency to administer CAPIT/CBCAP/PSSF Programs</td>
</tr>
<tr>
<td>Linda Connor</td>
<td>Department of Human Services- Assistant Director’s Office</td>
</tr>
<tr>
<td>Lisa Molinar</td>
<td>Shared Vision Consulting</td>
</tr>
<tr>
<td>Shahla Craggs</td>
<td>California Department of Social Services, Outcomes &amp; Accountability Bureau</td>
</tr>
<tr>
<td>Soledad Gammage</td>
<td>Central California Training Academy</td>
</tr>
<tr>
<td>Terrie Martinez</td>
<td>Department of Human Services- Assistant Director’s Office</td>
</tr>
<tr>
<td>Vanessa Frando</td>
<td>Department of Human Services- Program Director, Adoptions</td>
</tr>
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**Core Representatives**

All core representatives participated in the self assessment and system improvement plan in various capacities, including participation in the planning team, focus groups, data sharing, stakeholder meetings, and/or strategic planning meetings. Representatives from the following agencies participated:

<table>
<thead>
<tr>
<th>Name/Agency</th>
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</thead>
<tbody>
<tr>
<td>Sabrina Heinze, Alliance Against Family Violence &amp; Sexual Assault</td>
</tr>
<tr>
<td>Josh Finney, Bakersfield Police Department</td>
</tr>
<tr>
<td>Henry Franklin, California Department of Social Services</td>
</tr>
<tr>
<td>Jayme Stuart and Kevin Truelson, Child Abuse Prevention Council; Children’s Trust Fund Commission, County Board of Supervisors designated agency to administer CAPIT/CBCAP/PSSF Programs</td>
</tr>
<tr>
<td>Cindy Friesen, Central California Training Academy</td>
</tr>
</tbody>
</table>
Child Welfare Foster Youth, as required
- Robyn Garcia, Clinica Sierra Vista
- Adriana Salinas, College Community Services
- Elizabeth Giesick, County Counsel’s Office
- Mickey Heppe, Court Appointed Special Advocates
- Marisol Garcia, Differential Response- Representatives from all 7 Service Areas
- Differential Response- Parents receiving services
- Jim VanderZwan, Foster Family Agencies in Kern County
- Kim Hudnall, Group Homes in Kern County
- Linda Hoyle, Henrietta Weill Memorial Child Guidance Clinic
- Jeaniene Reneau, Kern County Adoption Agency
- Vanessa Frando and Terrie Martinez, Kern County Department of Human Services
- Robert Murray, Kern County District Attorney’s Office
- Vija Turjanis, Behavioral Health and Recovery Services
- Teryl Wakeman, Kern County Public Defender’s Office
- Amanda Plugge, Kern County Sheriff’s Office
- Curt Williams, Kern County Superintendent of Schools, Foster Youth Services
- Judicial Officers Ramona Marquez and Louie Vega, Kern County Superior Court- Juvenile Division
- Laura Campos-Hughes, Kern Regional Center
- Parents of Foster Youth, as required
- Parents of Probation Youth, as required
- Jason Hillis, Probation Department
- Probation Youth, as required
- Mesert Springer, Public Health Department
- Terrie Martinez, Resource Family
- Susan Bodnar, Ridgecrest Regional Hospital
- Lisa Molinar, Shared Vision Consulting
- Mark Miller, Taft Police Department
- Carrie Beahm, The Bridge Bible Church

Prioritization of Outcome Data Measures/Systemic Factors and Strategy Rationale
Kern County has selected outcomes related to permanency as priorities for the System Improvement Plan 2017-2022. Child welfare has selected 3-P3 Permanency in 12 Months (in care for 24 months or more) and 3-P4 Re-Entry to Foster Care in 12 Months. Outcome measures 3-P3 and 3-P4 have consistently not met the national standard. Probation has selected 3-P2 Permanency in 12 Months (in care 12-23 Months). The listed permanency outcomes for both departments were the focus of the Peer Review. The Peer Review findings indicated that while there are strengths in the area of permanency, there is still work to be done.
3-P3 Permanency in 12 Months (in care 24 months or more)

The most recent outcome measure data available via the Child Welfare Services System Summary for Kern County shows Kern’s child welfare performance at 18.9% (Quarter 3, 2016). The national standard is 30.3%. While the report indicates in the last year Kern has shown a 3.7% improvement in performance, there is an 11.5% five-year percent change in a negative direction. Prior performance noted in 2015 and 2016 quarterly reports shows fluctuation between 17.8% to 20%. Choosing this focus area supports the permanency outcomes of the Administration for Children and Families: Children have permanency and stability in their living situations; and, the continuity of family relationships and connections is preserved for children. Also as noted in the County Self-Assessment, the Child Welfare Services System Summary for Kern County\(^1\) shows the following data that was reviewed for Kern’s child welfare:

<table>
<thead>
<tr>
<th>Time period</th>
<th>Most recent start and end date</th>
<th>Most recent performance</th>
<th>National or compliance standard</th>
<th>One-year percent change</th>
<th>Five-year percent change</th>
</tr>
</thead>
<tbody>
<tr>
<td>Quarter 3 2015</td>
<td>10/01/14-9/30/15</td>
<td>18.6%  61 of 328 children</td>
<td>30.3%</td>
<td>-28.3%</td>
<td>-13.7%</td>
</tr>
<tr>
<td>Quarter 4 2015</td>
<td>01/01/15-12/31/15</td>
<td>19.7%  65 of 330 children</td>
<td>30.3%</td>
<td>-5.5%</td>
<td>-4.7%</td>
</tr>
<tr>
<td>Quarter 1 2016</td>
<td>04/01/15-03/31/16</td>
<td>17.8%  56 of 314 children</td>
<td>30.3%</td>
<td>-27.9%</td>
<td>-25.1%</td>
</tr>
<tr>
<td>Quarter 2 2016</td>
<td>07/01/15-06/30/16</td>
<td>20%   64 of 320 children</td>
<td>30.3%</td>
<td>-12.3%</td>
<td>-8.9%</td>
</tr>
<tr>
<td>Quarter 3 2016</td>
<td>10/01/15-09/30/16</td>
<td>18.9%  61 of 323 children</td>
<td>30.3%</td>
<td>3.7%</td>
<td>-11.5%</td>
</tr>
</tbody>
</table>

The permanency data for children in care 24 months or longer also indicates that the older the children become, the longer they remain in foster care. The data below illustrates that 87.1% and 88.1% of children ages 11-15 and 16-17, respectively, remain in care whereas younger children in care 24 months or longer exit to permanency more often\(^2\).

<table>
<thead>
<tr>
<th></th>
<th>Under 1</th>
<th>’1-2</th>
<th>’3-5</th>
<th>’6-10</th>
<th>’11-15</th>
<th>16-17</th>
<th>All</th>
</tr>
</thead>
<tbody>
<tr>
<td>Exited to reunification</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>5.2</td>
<td>3</td>
<td>0</td>
<td>2.2</td>
</tr>
<tr>
<td>Exited to adoption</td>
<td>0</td>
<td>73.3</td>
<td>54.5</td>
<td>17.2</td>
<td>2.2</td>
<td>1.2</td>
<td>11.8</td>
</tr>
<tr>
<td>Exited to guardianship</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>3.4</td>
<td>5.2</td>
<td>3.5</td>
<td>3.8</td>
</tr>
<tr>
<td>Exited to non-permanency</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>1.7</td>
<td>1.5</td>
<td>8.2</td>
<td>3.2</td>
</tr>
<tr>
<td>Still in care</td>
<td>0</td>
<td>26.7</td>
<td>45.5</td>
<td>72.4</td>
<td>88.1</td>
<td>87.1</td>
<td>79</td>
</tr>
<tr>
<td>Total</td>
<td>0</td>
<td>100</td>
<td>100</td>
<td>100</td>
<td>100</td>
<td>100</td>
<td>100</td>
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</tbody>
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\(^1\) CWS Outcomes System Summary for Kern County http://cssr.berkeley.edu/ucb_childwelfare
\(^2\) CWS Outcomes System Summary for Kern County http://cssr.berkeley.edu/ucb_childwelfare
3-P4 Re-Entry to Foster Care in 12 Months

Re-Entry to Foster Care includes re-entry within 12 months after reunification and since October 2015, includes re-entry after legal guardianship has been established. The Child Welfare Services System Summary notes Kern County’s most recent performance at 13.9% for this outcome measure (Quarter 3, 2016). The national standard is 8.3%. Kern is 5.6% above the national standard and should be lower. Both the one-year percent change and five-year percent change indicate performance in a negative direction, 18.5% and 36.8% respectively. While permanency for children is a priority, the stability of the permanent home after exiting foster care is also a priority; hence, the county’s focus on improving this outcome measure. The County Self-Assessment notes a slight decrease in 2012 and 2013 of children re-entering foster care within 12 months and gradual increase in 2014 and 2015. Of the 303 children that reached permanency through reunification with at least one parent or legal guardianship established, from October 1, 2013 through September 30, 2014, 42 re-entered foster care within 12 months. The age group with the highest re-entries is the six to ten year old children except in 2012 when three to five year old children had the most subsequent entries. In further analyzing the data, Kern managers found that children re-entering foster care within 12 months were children returning after reunification not legal guardianship. Below is the information reviewed:

2012:
- 188 Children Were Reunified with No Re-entries
- 9 Children re-entered from Reunification
- 0 Children re-entered from Legal Guardianship
  - 3 of 9 (33.3%) children were reunified by the Court contrary to child welfare’s recommendation and subsequently re-entered foster care
  - 1 of 9 (1.11%) children transferred from Kern County to Los Angeles County after the Jurisdiction Hearing. Los Angeles County Court subsequently released the child to a different parent against child welfare’s recommendations and the child subsequently re-entered.
  - 3 of 9 (33.3%) children removed from a different parent in subsequent re-entry.
  - 1 of 9 (1.11%) children were incarcerated and re-entered under the care of Probation
  - 1 of 9 (1.11%) children were removed from the same parent for same allegation

2013:
- 213 Children Were Reunified with No Re-entries
- 35 Children re-entered from Reunification
- 0 Children re-entered from Legal Guardianship
  - 10 of 35 (28.6%) children were reunified by the Court contrary to child welfare’s recommendation and subsequently re-entered foster care
  - 4 of 35 (11.4%) children removed from a different parent in subsequent re-entry
  - 12 of 35 (34.2%) children removed from same parent for a different allegation
  - 9 of 35 (25.7%) children were removed from the same parent for same allegation
2014:
- 282 Children Were Reunified with No Re-entries
- 33 Children re-entered from Reunification
- 0 Families re-entered from Legal Guardianship
  - 11 of 33 (33.3%) children were reunified by the Court contrary to child welfare’s recommendation and subsequently re-entered foster care
  - 5 of 33 (15.1%) children removed from a different parent in subsequent re-entry
  - 8 of 33 (24.2%) children removed from same parent for a different allegation
  - 8 of 33 (24.2%) children were removed from the same parent for same allegation
  - 1 of 33 (3%) children was dismissed as a runaway, then subsequently re-entered

3-P2 Permanency in 12 Months (in care 12-23 months)
Permanency in 12 months is a priority outcome measure for Kern’s Probation Department. The Child Welfare Services System Summary (Quarter 3, 2016) indicates Kern’s probation performance as 20%. The national standard is 43.6%. The one-year percent change is 19.5% in a negative direction. However, the department’s five-year percent change is 133.3% in a positive direction. This outcome measure was probation’s focus area for the Peer Review. As noted above, probation’s selection of this outcome measure to focus upon is aligned with the federal permanency outcomes. As noted in the County Self-Assessment the performance of this permanency outcome measure has fluctuated between 13.3% and 27.1% over the past five years.³

P2- Permanency in 12 months for children in foster care 12-23 months (Probation)

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Over the last ten years, Kern County has implemented strategies and dedicated funds to address the rate of recurrence of maltreatment with varying degrees of impact. The S2 measure is defined as “Of all children with a substantiated allegation during the 12-month period, what percent had another substantiated allegation within 12 months?” Kern continues to measure higher than the National Standard of 9.1%. The most recent performance, 2016 Quarter 3, is 15.3%. Despite this continued challenge, Kern is opting not to add more specific strategies to the SIP to address this measure. Rather we will focus our energies in improving P3- Permanency and P4 – Re-entry into Foster Care, the later of which will also improve outcomes for Recurrence of Maltreatment. Kern’s plan to focus efforts in the area of building teams around reunifying families will strengthen the family’s ability to set and meet self-imposed family goals, nurture family supports and involve needed community services. This will promote long term stability, which ultimately will reduce the need for Child Welfare involvement and will improve the Recurrence of Maltreatment outcome measure.

As noted in the County Self Assessment (CSA), Kern has struggled in this area given the demographics and budgetary constraints impacting staffing and resources. In 2015, managers reviewed referrals to determine reasons for recurrence of maltreatment. In reading referral narratives, the managers found social workers followed best practices by contacting collaterals, providing resources to families, pursued non-custody petitions and protective warrants when needed. The review also revealed that several subsequent referrals were not on the biological parent the child(ren) was originally removed from, but on the other “non-offending” parent. In addition, referrals involving domestic violence seemed to be more prone to recurrence of maltreatment. Overall, subsequent referrals were for a different allegation(s) of abuse or neglect than the initial referral. There also appeared to be many subsequent referrals in which the families were homeless or had an unstable home. By taking a closer look at referral narratives, CPS supervisors and managers can monitor the quality of investigations and ensure efforts to provide appropriate preventative services, in an effort to reduce recurrence of maltreatment.

The most notable and comprehensive strategy that has positively improved lives of children and families is the implementation of Differential Response. First, in child welfare’s evaluation of the Differential Response program, it was found that children whose families received Differential Response services experienced less recurrence of maltreatment than families that declined the services or were not referred. We will continue to support the Differential Response program and expect that it will continue to have a positive impact on our families. Second, Children Now, a nonpartisan, independent voice for children that is based in California, report in their 2016 County Score Card of Child Well-being that Kern County has increased the no recurrence of maltreatment rate among children ages 0 to 3 from 89% in 2014 to 91% in 2016. This data demonstrates that Kern’s child abuse prevention strategies are measurably improving the safety of Kern children.

As a result of this positive momentum, and the need to address more pressing outcomes in our SIP, we will continue to fund Differential Response and monitor the outcomes for these families. We will also monitor Child Guidance, one of our partner agencies, as they are in the process of becoming an adult mental health provider. Child Guidance will be
providing substance abuse and mental health services to clients. This will make it possible for Child Guidance to be a one-stop center for families. Families can access visit coaching, which is someone giving hands-on guidance to parents during actual visits to improve parent/child relationships, bonding and parenting skills, parenting classes, substance abuse and mental health counseling, and receive referrals for children to be in counseling.

And finally, one of the strategies in the proposed SIP is that of implementing Child and Family Teams (CFT). This strategy will be utilized in part to decrease the number of children who re-enter foster care after reunification to assist families during this tremendous period of transition by promoting open communication skills, family support building and community resource development. Similarly, the CFT will be used with families in the referral phase and it is believed that CFTs will create a collaborative environment, with the various family and community partners involved, to ensure families are linked with the resources they need in order to not be re-referred for alleged abuse against the children.

We believe that these above strategies (continued DR, Child Guidance mental health expansion, and CFT strategy) will positively impact our families throughout the life of the CPS case.

**Child Welfare Strategies**

**Strategy 1:** To improve the discussion of permanency options amongst staff and with families for youth who have been in care longer than 2 years.

**Justification Rationale.**

At the start of the research and planning for the County Self-Assessment, data analysis was conducted to determine areas for system improvement. In looking at Kern’s child welfare data, the first two outcome measures regarding permanency in 12 months, children entering foster care and children in foster care 12-23 months, show Kern consistently at or above the national standard. However, as previously noted, Kern has not been successful in reaching the national outcome standard measure of permanency in 12 months for children in care two years or more.

The Peer Review findings, noted in the County Self-Assessment, indicate the need for Kern child welfare staff to improve concurrent planning efforts during the life of a case. Such concurrent planning efforts can be key to offering permanency options to a child that are well planned and executed, and involve engaging the family in the whole process. Currently, Kern does concurrent planning during the onset of a case, but does not consistently maintain focus on the concurrent plan until the primary plan of reunification has proven unsuccessful. It was clear to Kern’s peers during the Peer Review that Kern needed to strengthen permanency planning efforts by improving communication between Family Services and Adoption programs, specifically at the onset of the case and then throughout. Additionally, the peer review found
that advanced permanency training is needed to help social workers understand the necessity of improved concurrent planning efforts and communication throughout the life of a case.

The law requires child welfare staff to conduct concurrent planning; however, the quality and extent of the concurrent planning is often left to individual counties and front line staff to complete. Research shows that concurrent planning is associated with “positive findings including higher permanency rates after one year, less time spent in foster care, fewer placement changes, lower costs and improved parental outcomes.” Improving the discussion of concurrent planning is expected to improve permanency for Kern’s children in care. Recommendations for concurrent planning indicate child welfare’s “reinvestment in the key components of concurrent planning (early assessment, intense services), development of a strategy to address the knowledge gap for social workers via training and clear policy, and a plan to engage in collaboration and coordination” with key partners. The action steps selected will educate social workers through advanced permanency training on the importance of early concurrent planning for permanency, reunification, adoption or guardianship, as well as the benefits of each. The selected action steps will translate into more meaningful conversations with resource caregivers on the benefits of permanency options and ensure that resource families have the support and knowledge to commit to permanency for children and youth.

Another component to ensuring the elimination of barriers to the permanency planning process will include monitoring pre and post adoption services provided by contracted community agencies, including Koinonia Family Services and Kern Bridges Youth Home. In the past, Kern’s child welfare department developed no formal method of evaluating services being provided to families during pre and post adoptive periods. In order to determine if services are appropriately eliminating barriers to Adoption, Kern is committed to implementing a monitoring and evaluation system. Kern will use this service evaluation process to make adjustments to services, as needed.

Based on the data and information gathered through the County Self-Assessment process, Kern will begin concurrent planning with the family, including the resource family, at the onset of each case, followed by consistent discussions about concurrent planning through the life of the case. Having ongoing discussions about the concurrent plan will make implementation of a secondary permanent plan smoother, if it is eventually needed. Kern child welfare developed action steps to improve the discussion of concurrent planning and this

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outcome measure, thus reaching permanency for more children in care 24 months or more are as follows:

- Through discussion and exploration with social workers, caregivers and youth, child welfare staff will identify, reassess, reconsider parents, relatives or extended family for possible transition to permanency.
- Promote Quality Parenting Initiative (QPI) activities to all staff, which may include training during All Staff Meetings; partnerships through CFT; and staff and resource families attending trainings and support events together.
- Develop a workgroup to address youth in Permanent Placement. The workgroup is to develop priorities, which include focusing on youth under the age of 16 years and exploring conjoint home calls between Adoptions and Family Services social workers to discuss permanency options with the Resource Family. Some topics that workgroup will dedicate time to are: photo listing, Older Youth Adoption, and Heart Gallery;
- Plan and convene training to all social work staff, including the Adoption social worker, to ensure cohesive teamwork between programs in developing, discussing and implementing concurrent case planning. This will occur during SW Induction Training and annual trainings;
- Monitor referrals to the contracted agency for pre and post adoption services and the satisfaction surveys completed by the families to ensure the quality of the services, as these services will help families overcome barriers to permanency;
- Develop strategies to promote and educate on the options and benefits of permanency to caregivers;
- Implement strategies to promote and educate on the options and benefits of permanency to caregivers

**Evaluation.**

Kern child welfare will evaluate the outcome of this strategy for effectiveness on the targeted outcome of permanency within 12 months (in care 24 months or more) by the following methods:

- Workgroup outcomes will be reviewed for effectiveness and modified at least quarterly.
- Review Training Reports via Staff Development to ensure staff is appropriately trained.
- Review of quarterly Child Welfare Services Outcomes System Summary for Kern County for progress on permanency in 12 months (in care for 24 months or more)
- Monitor Post Adoption Supportive Services Contract for compliance of outcomes and services

Describe systemic changes needed to be addressed that support that improvement plan goal.

All levels of child welfare services personnel will support concurrent planning. There will be improved working relationships and teaming between Adoption and Family Services social workers, supervisors and managers.

Describe educational/training needs (including technical assistance) to achieve the goals.
Kern’s Staff Development Program will provide training or coordinate training with University of California, Davis or Central California Training Academy on advanced permanency to all child welfare staff assigned to Adoptions and Family Services Programs.

Identify roles of the other partners in achieving the improvement goals.
Child welfare will continue to collaborate with community partners, including Bakersfield College, resource families, Foster Family Agencies, Group Homes and Short-Term Residential Treatment Programs to train resource caregivers on the importance of permanency and helping to mitigate any obstacles in achieving permanency for children and youth. Kern will implement an evaluation process with the local contracted agency providing pre and post Adoption services, and together we will make adjustments to services as needed.

Describe the technical assistance received from NRC.
None identified at this time.

Strategy 2: Implement Child and Family Teams (CFT) to improve permanency and reduce re-entry rates.

Justification Rationale.
As noted in the recently approved County Self-Assessment for the County of Kern, the percentage of children in Kern County’s foster care that have reached permanency through reunification with a parent or legal guardianship after being in care 24 months or longer (Outcome Measure P3) is 18.9%, whereas, the national standard is 30.3% (Quarter 3, 2016). Kern does not meet the national standard by 11.4%. Despite slight fluctuations in Kern’s performance, overall, the performance has shown negative trends. California’s average is 29% (Quarter 3, 2016) showing positive trends in one-year and five-year percent changes.

The Peer Review findings outlined in the County Self-Assessment also found that fathers are not always located or engaged, there is a lack family finding and engagement throughout the life of the case, assigned staff are not conducting team meetings for permanency, and there is a lack teaming and communication between social workers. Also noted in the CSA from the focus group findings as an area for improvement is the lack of consistent teaming and collaboration among the department, service providers, schools and resource caregivers.

In addition to Kern’s findings, child welfare agencies are “increasingly rely[ing] on youth and family engagement and teaming processes as effective methods to support children, youth, and families and include system partners in the planning, delivery, and management of necessary services.” Kern’s child welfare staff are not new to the idea of teaming practices, as

Wraparound Child and Family Team meetings and Team Decision Making meetings are practices used to meet the needs of children and youth, as well as to help guide placement decision making. Research supports teaming practices as teams build agreements despite differing views, appreciation of strengths, cultural humility, considering multiple alternatives before making final decisions, and all members’ input is valued.  

In addition to improving Permanency through reunification for children in care 24 months or more, Child and Family Teams will improve the goal of reducing re-entry to foster care (Outcome Measure P4) The goal of every CFT will be to identify child and family supports and services for the purpose of helping each child achieve stability and permanency. CFTs will occur a minimum of every six months, which will allow the family and supports to engage in a process of developing action plans to assist a child in living in the least restrictive family setting possible. CFTs will be used to address plans for reunification that are specific to each family and child. Consistently occurring CFTs will promote skills, including ongoing communication, support and service development to be utilized by a family both during and after child welfare involvement. CFTs will be regularly conducted at the point of court dismissal when a family may undergo a tremendous transition period after lengthy periods of court supervision and accountability. Final CFTs will assist the family in developing a long-term plan to help them maintain a safe home environment when they no longer are court accountable. Further, CFTs will assist a family in confirming their family supports and needed community resources to assist in their ability to continue being self-reliant. Holding CFTs at dismissal for the purposes of establishing family plans will assist in maintaining stability and reduce the likelihood of re-entry for these families.

Based on the data and information gathered through the County Self-Assessment process, Kern child welfare developed action steps to improve permanency for more children in care 24 months or more and reducing re-entry to foster care are as follows:

- Plan and convene CFT training for all CPS social worker staff, except Hotline staff
- CFT workgroup to develop priorities, policies, and implementation of CFTs
- Progressively roll out CFTs to Family Services, Court Intake, and Adoptions, until fully implemented. CFTs will occur at least every 6 months and specifically prior to court dismissal with a biological family, for the purpose of identifying supports and services needed to achieve stability and permanency in the least restrictive family setting.
- Educate community partners and caregivers on CFT purpose and process

**Evaluation.**

Kern child welfare will evaluate the outcome of this strategy for effectiveness on the targeted outcome of permanency and re-entry into foster care by the following methods:

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7 Child and Family Teaming Overview, UC Davis Extension, Center for Human Services, [www.humanservices.ucdavis.edu/resources](http://www.humanservices.ucdavis.edu/resources)
- Review of quarterly Child Welfare Services Outcomes System Summary for Kern County for progress on permanency in 12 months (in care for 24 months or more) and re-entry to foster care
- Training Reports via Staff Development
- CFT workgroup minutes
- Internal Business Object reports to monitor compliance of CFT meetings

Describe systemic changes needed to be addressed that support that improvement plan goal.
While social workers in Family Services and Adoptions are accustomed to teaming meetings (formerly used Team Decision Making meetings), there will be a shift to implementing CFT meetings at the front end to Court Intake social workers. In addition, TDMs were formerly used to primarily make placement decisions, while CFTs is a process by which all team members will have a voice in all decision-making.

Describe educational/training needs (including technical assistance) to achieve the goals.
Kern’s Staff Development Program will provide training or coordinate training with University of California, Davis or Central California Training Academy on teaming to all child welfare staff.

Identify roles of the other partners in achieving the improvement goals.
Implementation of Child and Family Teams will require the collaboration and partnerships with various community agencies involved with child welfare, including youth, birth family, extended family members, mentors, resource families, as well as staff from Foster Family Agencies, STRTPs, schools, behavioral health, public health nurses, and child welfare social workers to ensure the needs of the children and youth are met through all systems affecting their lives.

Describe the technical assistance received from NRC.
None identified at this time.

Strategy 3: Develop transition plans for youth before stepping them down from group homes.

Justification Rationale.
AB 403, Continuum of Care Reform (CCR) is a comprehensive reform effort to make sure that youth in foster care have their day-to-day physical, mental, and emotional needs met; that they have the greatest chance to grow up in permanent and supportive homes; and that they have the opportunity to grow into self-sufficient, successful adults. In light of the CCR, Kern has been looking at various areas for improvement, including stepping youth down from group home placements and increasing permanency outcomes. As stated in the AB403 Factsheet, AB403 (Stone): Foster Youth: Continuum of Care Reform; [http://www.cdss.ca.gov/cdssweb/entres/pdf/AB403_FactSheet.pdf](http://www.cdss.ca.gov/cdssweb/entres/pdf/AB403_FactSheet.pdf)
“Foster youth who live in congregate care settings are more likely than those who live with families to suffer a variety of negative short- and long-term outcomes. Such placements are associated with the creation of lifelong institutionalized behaviors, an increased likelihood of being involved with the juvenile justice system and the adult correctional system, and low educational attainment levels. Further, children who leave congregate care to return to live with their families are more likely than those who were placed in family-based care to return to the foster system”. As a strategy for minimizing re-entry into the system for these children, step down plans will specifically identify supports and services needed for a child to transition into a family home, whether that be with a parent or a caregiver. Historically, the majority of Kern’s children re-entering foster care are children who reunified with one or both parents, versus those who left foster care because legal guardianship with a caretaker was established. Thus, Kern will focus step-down efforts in the area of parent/child reunification. The individualized transition plan developed at the time of any parent/child reunification will help guide and stabilize the family through this period of change.

As cited in the County Self-Assessment, the CWS Outcomes System Summary for Kern County shows the county’s low performance in permanency for youth in care 24 months or longer and re-entry to foster care in 12 months. The one-percent and five-percent changes for both outcome measures show negative trends over time.

Based on the data and information gathered through the County Self-Assessment process, Kern child welfare developed action steps to improve permanency for more children in care 24 months or more and reducing re-entry to foster care are as follows:

- RFA Outreach Workgroup to develop strategy for creating more respite homes to support families;
- Review and update guidelines/policy for using respite homes and train staff;
- Assess, for all youth in care 24 months or more, the youth and family’s readiness to step
- Implement step down plans, if appropriate, to promote youths transitioning from group homes/STRTPs to homes with a parent or caregiver that includes all identified supports and services needed.
- Develop workgroup to explore developing a Caregiver Mentor Program

**Evaluation**

Kern child welfare will evaluate the outcome of Strategy 4 for effectiveness on the targeted outcome of permanency within 12 months (in care 24 months or more) and re-entry to foster care by the following methods:

- Review of quarterly Child Welfare Services Outcomes System Summary for Kern County for progress on permanency in 12 months (in care for 24 months or more) and re-entry to foster care, as well as outcome measure 4C Congregate Care Placements: One Year or More;
- Review CIV and Business Objects reports to determine the number of youth receiving respite care and the number of respite care homes;
The workgroups will maintain written minutes of the progress in creating more respite homes and exploring the Caregiver Mentor Program;
- Staff Development Training Reports will be used to ensure all placement staff attend respite care training;
- Safe Measures reports will be used to monitor the number and length of group home placements, specifically to assist in monitoring/evaluating step down plans for foster youth.

**Describe systemic changes needed to be addressed that support that improvement plan goal.**

While social workers in Family Services and Adoptions are accustomed to participating in Team Decision Making meetings for placement decisions, there will be a shift to utilize CFTs as a similar process by which all team members will have a voice in all decision-making.

**Describe educational/training needs (including technical assistance) to achieve the goals.**

A program specialist will work with Staff Development to create a training on the updated respite care guidelines and policy.

**Identify roles of the other partners in achieving the improvement goals.**

Child welfare will partner with resource families to explore the development of a mentor program. In order to implement successful step down plans, child welfare staff will continue partnering with Child and Family Teams for each individual child to ensure all his/her needs are met.

**Describe the technical assistance received from NRC.**

None identified at this time.

**Strategy 4: Implement Court Data Reviews to Identify Trends.**

**Justification Rationale**

Continuous Quality Improvement (CQI) is the complete process of identifying, describing, and analyzing strengths and problems and then testing, implementing, learning from, and revising solutions and to ensure that you are making the most effective use of your resources. Having a CQI system is important to consistently improve services and supports for children and families. The California Department of Social Services (CDSS) encourages counties to “critically examine the quality of service delivery through analysis of administrative data, quantitative date and qualitative data…” Kern utilized a qualitative review of data in reviewing the outcome measure for re-entry into foster care. As noted in the County Self-

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9 https://www.childwelfare.gov/topics/management/reform/soc/communicate/initiative/ntaec/socoolkits/continuous-quality-improvement/#phase=pre-planning
10 California Guidelines for Continuous Quality Improvement in Child Welfare Service Delivery (December 2016) ACIN-1-84-16
Assessment, Kern is not attaining the national standard. 760 cases of children that exited foster care in 2012, 2013, and 2014 were reviewed. It was found that all the children that re-entered foster care in those respective years, which totaled 77, were after reunification with a parent. No children during that three year period re-entered the foster care system after legal guardianship was established. Of the 77 children who re-entered, 41 were female and 36 were male. Additionally, 50 who re-entered were 5 years and under and 27 were older than 5. Finally, the majority of the 77 children re-entering foster care were either Caucasian or Latino and most were part of a sibling set.

It also found that in the majority of those 77 cases, children were ordered by the court returned to birth parents against the recommendations of child welfare. Court services staff and managers will begin regularly reviewing and tracking current and past cases to determine why court decisions differ from child welfare recommendations. In the specific cases in which there is a discrepancy between the recommendation and the order, court services staff intend on reviewing practices of court report writing to ensure proper evidence, including Structured Decision Making Risk Assessment information and language are utilized to better support the recommendations.

Based on the data and information gathered through the County Self-Assessment process, Kern child welfare developed a plan to delve deeper into the analysis of qualitative data in order to give the county a “window into practice” in real-time. As the CDSS guidelines\(^\text{11}\) (p. 14) share “At a fundamental level, unit level supervisors/managers are the keystone to ensuring quality of practice.” Specifically, action steps to reduce re-entry to foster care are as follows:

- Track and review current and past cases to determine if the court decision differed from child welfare recommendations.
- Review and consider language in court reports from SDM tool. Determine what SDM concepts and language to adopt in court reports and develop guidelines
- Discuss identified trends in re-entry rates with County Counsel during County Counsel and child welfare bi-monthly meetings. Work with County Counsel to develop ways for Child Welfare to better communicate with the Court.
- Implement and train staff on court report language guidelines for Court Intake staff
- Implement and train staff on court report language guidelines for Court Review and Adoption Court staff
- Track cases where the Juvenile Court Orders Family Maintenance and petition dismissal and analyze re-entry rates

**Evaluation** (method for evaluating and monitoring of strategies, data reviews)

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\(^{11}\) California Guidelines for Continuous Quality Improvement in Child Welfare Service Delivery (December 2016) ACIN-1-84-16
Kern child welfare will evaluate the outcome of this strategy for effectiveness on the targeted outcome of Re-Entry to Foster Care by the following methods:

- Review of quarterly Child Welfare Services Outcomes System Summary for Kern County for progress on permanency in 12 months (in care for 24 months or more) and re-entry to foster care
- Utilize Supervisor Case Reading Tools to ensure staff incorporate SDM language to court reports
- Utilization of Safe Measures CFSR 3 Measures for a listing of children who re-entered foster care within 12 months; case reads will be conducted to determine trends

**Describe systemic changes needed to be addressed that support that improvement plan goal.**

All Court Services social workers and supervisors will support the SDM language utilized in court reports.

**Describe educational/training needs (including technical assistance) to achieve the goals.**

A court supervisor will be working with Staff Development personnel to create court report training that incorporates the results and language of Structured Decision Making tools.

**Identify roles of the other partners in achieving the improvement goals.**

The Court Services managers will be working closely with County Counsel discussing child welfare’s performance on re-entry to foster care outcome measure. The child welfare management team will seek guidance from County Counsel, during their bi-monthly meetings, in developing communication avenues with the Court to address re-entry rates. One of those avenues may be to have open discussions with the judicial officers and attorney at Judicial Advisory Meetings (JAM).

**Describe the technical assistance received from NRC.**

None identified at this time.

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**PROBATION STRATEGIES**

**Strategy 1:** Increase Relative/Extended Family Placements and Resource Family Homes.

**Justification Rationale.**

RFA was enacted by legislation sponsored by CWDA in 2007 and expanded through Senate Bill 1013 (Chapter 35, Statutes of 2012). The statute requires the California Department of Social Services (CDSS), in consultation with county child welfare agencies, including Juvenile Probation, to implement a unified, family friendly and child-centered resource family approval process. RFA is a new family friendly and child-centered caregiver approval process that combines elements of the current foster parent licensing, relative approval and approvals for
adoption and guardianship and replaces those processes\textsuperscript{12}. The focus on increasing relative/extended family placements and resource family homes within the context of RFA will improve permanency for Probation youth who have been in foster care for 12 to 23 months. Providing a larger pool of placement options in a family setting will create timely permanency for youth unable to reunify with their families. Increasing the number of relative placements will also connect parents and youth with extended family support which may increase a parent(s) ability to reunify with their child. Relative/extended family placements will also connect parents and youth with extended family support.

The action steps for strategy 1 that will improve the permanency outcome for youth in care 12 to 23 months include the following:

\begin{itemize}
\item Probation will develop guidelines around the recruitment of relative/extended family placements and resource family homes. Probation will communicate with early Resource Family Approval implementing counties and select programmatic pieces that will work for Kern County. Probation Officers at intake will make diligent efforts to identify, locate and maintain family connections with bio, relative, NREFM and resource families to increase permanency options,
\item Training will be developed for staff on how to engage and implement these guidelines. There will be a focus on increasing guardianship placements with relatives. Train Probation Officers at intake to identify, locate and maintain family connections with bio, relative, NREFM and resource families to increase permanency options
\item Probation will also attend Resource Family orientations to increase the number of care providers willing to accept probation placements.
\item Lastly, family finding has only been completed at the beginning of the case but into the future, family finding will be completed once a year in an effort to possibly find relatives or other family members to which youth can at least build a lifelong bond or possibly work towards permanency.
\end{itemize}

Kern County Probation intends to dedicate staff and resources, initiate contracts with outside agencies, and remove financial barriers for potential Resource Families in order to reduce the number of youth in congregate care and increase the number of youth placed in home-like settings. This includes recruitment efforts with relatives and non-related extended family members already associated with the youth, and from within the community.

A Deputy Probation Officer II from our Investigations unit (front end) will begin family finding and case mining activities as these potential placement youth are identified, prior to adjudication. Once/if identified, these potential Resource Families can begin the Resource Family Approval (RFA) process.

\textsuperscript{12}\url{http://calswec.berkeley.edu/sites/default/files/uploads/rfa_overview_7.21_16.pdf}
A Deputy Probation Officer III from our Placement unit will be dedicated to the task of auditing, case mining, and family finding for youth who are already in out of home care and assigned throughout the unit. Similarly, as families are found, they can begin the RFA process.

Probation will also contract with Kern County Department of Human Services for a Social Service Worker who will, in part, assist with these recruitment activities and also serve as a conduit of information between both agencies, linking community based recruitment activities when applicable. Recruitment activities in our community would potentially include giving presentations regarding becoming a caregiver to local churches, community organizations, as well as at hospitals and other health care settings to target homes for medically fragile youth or youth with mental illness, partnering with our local Department of Human Services to purchase billboard space to advertise for caretakers, assist in filming a Public Service Announcement (PSA) which could be shown at events, on local newscasts, and local Kern County government channel (KGOV) and also in other recruitment activities. These efforts would also be accomplished in outlying areas of Kern County and in both English and Spanish as Kern County has a significant population of people who have at least one potential caretaker that is primarily Spanish speaking.

Evaluation.
To evaluate the effectiveness of this strategy, we will monitor federal outcome P2. Additionally, we will measure Timely Permanency specifically through increased utilization of relative/extended family placements and licensed foster homes. Probation will provide training reports through staff development and will review quarterly Child Welfare Services Outcomes System Summary for Kern County for progress on permanency.

Describe systemic changes needed to be addressed that support that improvement plan goal.
Continued Family Finding and concurrent planning will need to be stressed to the Placement Officers and will be supported throughout the chain of command. The Peer Review findings, noted in the County Self-Assessment, indicated Kern Probation Placement Officers need to improve concurrent planning efforts. Specifically, the peer review found that advanced permanency training is needed. Thus, focus on improving Permanency will require Placement Probation Officers to be better educated through advanced permanency training on the importance of early concurrent planning for permanency- reunification or guardianship, as well as the benefits of each.

Describe educational/training needs (including technical assistance) to achieve the goals.
Kern’s Department of Human Services Staff Development Program provides training or coordinates training with University of California, Davis or Central California Training Academy on advanced permanency to all child welfare staff assigned to Adoptions and Family Services Programs. It is hoped Kern Probation Officers can also attend this training and FRRPS monies could be used to reimburse the Department of Human Services if needed.

Identify roles of the other partners in achieving the improvement goals.
Probation will continue to collaborate with resource families, Foster Family Agencies, Group Homes and Short-Term Residential Treatment Programs to train resource caregivers on the importance of permanency and helping to mitigate any obstacles in achieving permanency for youth.

Describe the technical assistance received from NRC.
None identified at this time.

Strategy 2: Increase the number of Wraparound Slots

Justification Rationale.
A fundamental principle of CCR is:

*The goal for all children in foster care is normalcy in development while establishing permanent life-long family relationships. Therefore, children should not remain in a group living environment for long periods of time.*

Youth who reside in group home settings have a difficult time achieving permanency. According to the California Evidence Based Clearinghouse, “Wraparound is a team-based planning process intended to provide individualized and coordinated family-driven care. Wraparound is designed to meet the complex needs of children who are involved with several child and family-serving systems (e.g., mental health, child welfare, juvenile justice, special education, etc.), who are at risk of placement in institutional settings, and who experience emotional, behavioral, or mental health difficulties.”

By increasing the number of Wrap Around slots, youth will be able to receive additional supports to assist them in transitioning to a family like setting, thus supporting another CCR principle that states “All children deserve to live with a committed, nurturing and permanent family that prepares youth for a successful transition into adulthood”. By providing Wrap Around services within a group home setting, to a Resource Family or to a family who has a ward in their home who is at imminent risk of being removed, the agency and service providers collaborate on behalf of the youth’s needs, thus minimizing the need to navigate multiple agencies.

Wraparound services may also reduce time in the group home and help with a smooth transition to permanency with relative/extended family members or other resource families. Wraparound further supports CCR principles as it provides services within the home setting so a youth does not need to move placements to receive services.

Additionally, avoiding the removal of a youth from the home altogether also supports permanency and thus referral to WRAP for those youth who have been identified as imminent risk of being removed and are currently on a Title IV-E case plan needs to improve.

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14 [http://www.cebc4cw.org/program/wraparound/](http://www.cebc4cw.org/program/wraparound/)

The Probation Department will take the following action steps to improve permanency outcomes:

- Convene a workgroup to develop/update the Wraparound protocols.
- We will coordinate with Child Welfare to increase the number of Wraparound Slots. We will also engage our local group home providers and Resource Families and educate them in the Wraparound model.
- Develop implementation plan which includes a plan for training staff in engaging with care providers and training staff regarding wraparound services
- Partnering with our local Wrap provider to train all Juvenile Probation Officers will also be pursued over the life of the SIP with updated training to occur yearly.

**Evaluation.**

To evaluate the effectiveness of increased Wrap Around slots, we will monitor federal measure P2. Specifically, we will measure the increase in permanency for those youth who have received Wrap Around services.

**Describe systemic changes needed to be addressed that support that improvement plan goal.**

Importance of referral to Wrap services needs to be trained and stressed throughout the Probation Juvenile Division and not just in the Placement Unit.

**Describe educational/training needs (including technical assistance) to achieve the goals.**

Training needs to be provided to the entire Juvenile Division regarding the evidence based success of Wrap services to avoid wards from being removed from the home.

**Identify roles of the other partners in achieving the improvement goals.**

Probation staff will continue to work with the Department of Human Services and the Wrap Around contracted provider in an effort to achieve the permanency for wards.

**Describe the technical assistance received from NRC.**

None identified at this time.

**Prioritization of Direct Service Needs**

DHS used Kern’s CSFR process, CSA data, and the PSSF funding requirements to prioritize direct service needs that would be funded with PSSF funds. During the course of the CSA process, it was determined that our county’s most at-risk population includes children 5 years of age and under. This population is at highest risk for suffering fatalities or near fatalities and is the most isolated due to not being school-aged. Further, Kern has a high rate of poverty, which contributes to the risk of maltreatment. These are factors being considered when determining direct service needs of our community. The following are detailed descriptions of the needs that were identified, the Permanency and Support Services (PASS), Camp Forever, Adoptive Parent Outreach and Recruitment that will be funded with PSSF; how they will serve the populations in need of permanency and the PSSF funding requirements that they fulfill.
KCNC utilized Kern’s CFSR process, CSA data, information gleaned through stakeholder meetings, and PSSF/CAPIT/CBCAP funding requirements to prioritize direct service needs that would be funded with CAPIT, PSSF, and CBCAP funds. The following are detailed descriptions of the needs that were identified, the Differential Response (DR); prevention education, awareness services; parent education; and, Time Limited Family Reunification (TLFR) services that will be funded with PSSF, CAPIT, and CBCAP funds; how they will serve the populations at greatest risk of child maltreatment; and, the PSSF, CAPIT, and CBCAP funding requirements that they fulfill.

**Permanency and Support Services (PASS)**

Koinonia Family Services, through a Memo of Understanding, provides pre-adoption and post-adoption services to support Kern County families in making a lifetime commitment to the children in their care and/or to their adoptive children. Koinonia will participate in Child and Family Teams, per the CDSS’ PSSF Fact Sheet, Kern’s PASS includes behavioral health, mental health services, case management, childcare, parenting education, and peer support. The fact sheet includes current dependents with a case plan goal of adoption, adoptees and their adoptive families and families exploring adoption. The fact sheet guided the county in the development of the scope of services for Request for Proposal and development of the contract for pre and post adoption services for families, as these are the most critical services families are in need of.

Deborah N. Silverstein, LCSW, and Sharon Kaplan Roszia, MS, identified seven core issues in adoption that trigger emotions that are experienced, at some level, by all adoptees. They suggested that all adopted persons experience the following: loss, rejection, guilt/shame, grief, loss of identity, fear of intimacy, and threats to feelings of self-control. Their behaviors are influenced by these emotions and they may do and undo their adoption experiences in their minds and in their lives. In response, psychologist Doris Landry created a set of tools for adoptive parents to assist children through the seven issues. She posited that children dealing with these issues may be helped with one or more of the following: Education, Understanding, Ongoing Awareness and Acceptance.

The purpose of PASS is to provide an array of services to children and families in need of adoption support or at risk of adoption disruptions. The services are as follows:

1. **Intake and Assessment:** Identify presenting problems; Provide appropriate resources; Connect families to adoption competent professionals; Provide case management services and CFTs.
2. **Mental Health Services:** Crisis intervention/Counseling (same day appointment); Twenty-four hour crisis hotline; Ongoing counseling services for adoptive families; Counseling services to prospective adoptive families to assist families in resolving any issues that may impede the completion of the adoption process.
3. **Advocacy Services:** Ensure adults, children, and others who have been or are involved with the adoption process, have access to services, such as school advocacy, so that these individuals may grow and thrive.
4. Education and Training: Lending library of books on adoption; Support Groups (adults, teens and children) and childcare; Adoption Trainings to professionals and community groups to promote the understanding of adoption issues; Adoption Training/Workshop to prospective adoptive families and adoptive families to increase awareness of the skills and tools required to parent children with histories of childhood trauma; Outreach activities that promote the need for adoptive homes for minority groups, medically fragile, older children and large sibling groups.

PASS Services are provided in English and Spanish. Mental health counseling is provided by a Licensed Clinical Social Worker with adoption training and experience.

Page 135 of the CSA states “...there has been a downward trend in [permanency in 12 months for children in foster care 24 months of more] and overall has measured below the National Standard which is 30.3% for the past five years.” On page 119 some of the barriers to permanency outcomes were noted as insufficient permanency training and mental health services for resource families. Children and families, who are currently involved with DHS and are considering adoption, are identified as pre-adoptive families or adoptive families. These are families who either need support in making the decision to adopt, services to expedite adoption or services to maintain an adoption. The staff with Koinonia Family Homes conduct an intake and assessment of each family referred to PASS in order to develop a unique plan to meet the family’s needs in addressing barriers to permanency or to stabilize permanency. PASS staff can provide case management, crisis intervention, ongoing counseling, home visits, support groups for parents and children, and training. In order to facilitate the parents’ attendance, Koinonia provides childcare.

Adoptive Parent Outreach and Recruitment

Kern County Department of Human Services, in conjunction with various community agencies, will conduct adoptive parent outreach and recruitment. DHS has informational brochures, fliers and PSAs related to fostering and adoption. These brochures and fliers are handed out during public events where DHS is a participant as well as at DHS sponsored recruitment events.

The desired outcome is an increase in the number of families expressing an interest in adopting children. The indicator will be the number of new adoptive homes and an increase in the number of children adopted annually. The Source of the Measure will be quarterly reports from RFA Program and annual reports from the Adoptions Program as to the number of children adopted.

Camp Forever

Kern Bridges Youth Homes coordinates Camp Forever. According to the Strengthening Families Model, there are 7 strategies that agencies, such as child welfare, can use to build protective factors in families. These strategies include facilitating friendships and mutual
support (field trips, camping trips, classes), strengthening parenting, responding to family crises, linking families to services and opportunities, valuing and supporting parents, facilitating children’s social and emotional development (building their capacity to articulate feelings and get along with others) and observing and responding to early warning signs of abuse and neglect.

The purpose of Camp Forever is to facilitate friendships and mutual support and to facilitate children’s social and emotional development. The event takes place at a camp site in Kern County over a summer weekend. Parents are provided with training on issues in fostering and adoption. Children have the opportunity to socialize with their peers during activities such as swimming, fishing, and archery. Additionally, there are family activities such as the Amazing Race (scavenger hunt), talent show and camp fire.

On page 121 of the CSA, it was noted that “children ages 5-18 have a difficult time being placed in adoptive homes; additional resources are needed for that specific age group and pre-adoptive parents.” The target population is families who are currently involved with DHS and are considering adoption, are pre-adoptive families or adoptive families and who either need support in making the decision to adopt, who need services to expedite adoption or to maintain an adoption.

**Differential Response (DR)**

As identified in Kern’s FY 2012-2017 CSA, Kern’s 2010 substantiated child abuse rate was 18.5 per 1,000 children, nearly twice California’s statewide rate of 8.9. KCNC determined that the most effective way to improve this outcome would be to blend PSSF and CAPIT funds with other funds that are available, so that DR services, that include an evidence-based assessment tool, could be provided countywide. Additional funding sources for FY 2017-2018 DR services are expected to include: Child Welfare Services Outcome Improvement Project, Welfare To Work, County General Funds, County Children’s Trust Funds, and First 5 Kern.

Kern’s FY 2017-2022 CSA identifies Kern’s 2014 substantiated child abuse rate as 14.4 per 1,000 children, a 22% decrease. California’s 2015 statewide substantiated abuse rate was 8.5. Data clearly demonstrates, and CSFR stakeholders affirmed, that DR services are helping to successfully reduce Kern’s child maltreatment rate, outpacing the decline in California’s statewide rate. DR services were identified as a strength in Kern’s FY 2017-2022 CSA.

Although Kern’s substantiated child abuse rate is steadily declining, it is still far too high. KCNC has determined that DR and prevention education services should continue so that this outcome can continue to improve.
DR is an effective, research-based strategy to improve Child Welfare Service outcomes that is being used nationally. DR expands the ability of Child Protective Services to respond differently to suspected reports of child abuse/neglect, by assisting families at the first signs of trouble.

When the Kern County Department of Human Services receives a report of suspected child abuse or neglect, a risk assessment is completed. Dependent on the level of safety risk, each referral is designated as Path 1, Path 2, or Path 3, with Path 3 being the most severe. If formal Child Welfare Service intervention is not required, Path 1, 2 and 3 referrals are made to DR Service providers.

DR Case Managers are training in trauma informed care practices and assist families with building the following five protective factors that are outlined in The Center for the Study of Social Policy’s (CSSP) respected Strengthening Families Framework. The CSSP Strengthening Families™ framework is a research-informed approach to increase family strengths, enhance child development and reduce the likelihood of child abuse and neglect. It is based on engaging families, programs and communities in building five protective factors:

- **Parental resilience** - Managing stress and functioning well when faced with challenges, adversity and trauma.
- **Social connections** - Positive relationships that provide emotional, informational, instrumental and spiritual support.
- **Knowledge of parenting and child development** - Understanding child development and parenting strategies that support physical, cognitive, language, social and emotional development.
- **Concrete support in times of need** - Access to concrete support and services that address a family’s needs and help minimize stress caused by challenges.
- **Social and emotional competence of children** - Family and child interactions that help children develop the ability to communicate clearly, recognize and regulate their emotions and establish and maintain relationships.

The five protective factors at the foundation of Strengthening Families are characteristics that have been shown to make positive outcomes more likely for young children and their families, and to reduce the likelihood of child abuse and neglect.

DR Case Managers utilize the North Carolina Family Assessment Scale-General (NCFAS-G) to assess family needs and gauge improvements in family functioning. The NCFAS-G tool will be used at intake, every 90 days, and at the time of case closure. NCFAS-G assessment ratings form the basis of each case plan. DR staff conducts home visits, monitor child safety and well-being, and provide services in compliance with established policies and procedures.
The California Evidence-Based Clearinghouse for Child Welfare gives the NCFAS its highest rating for assessment tools with demonstrated reliability and validity. Client satisfaction surveys will also be administered when a family has received services for 6 months and/or exits the program.

Differential Response services will continue to be provided countywide. Metropolitan Bakersfield is home to the 93301 thru 93314 zip codes. An analysis of Kern County by zip code reveals four zip codes in Bakersfield have the highest number of children with maltreatment allegations; those zip codes include 93307 with over 2,300 children followed by 93304, 93308, and 93305 all with over 1,500 children with maltreatment allegations.

To ensure that prevention services reach and are as effective as possible for the families who need them, Metropolitan Bakersfield DR Case Managers are assigned referrals based on the zip codes of the families referred. For example, some Case Managers serve families who live in the zip code 93308 exclusively. Assigning referrals this way makes possible for Case Managers to become experts regarding community resources that are available, they become keenly familiar with the neighborhoods, schools, and housing options; and, they are able to develop close working relationships with service providers who target those zip codes.

During FY 2015-2016, 1,668 families and their 4,353 children received DR case management services. Of these families, 80% of exiting families showed improvement in one or more of the eight life domains measured by the NCFAS-G. Ninety-Nine percent (99%) of exiting families were satisfied with the services they received.

Counties must spend PSSF funds on four program components: Family Preservation (FP), Family Support (FS), Time Limited Family Reunification (TLFR) and Adoptions Promotion and Support Services (APSS). A minimum of 20% of the County’s PSSF allocation must be spent on each program component, with flexibility allowed for the remaining 20%. The PSSF Fact Sheet published by the California Department of Social Services’ (CDSS), includes DR services as an approved service activity for both PSSF FP and FS funds. During FY 2017-2018, 25% of Kern’s PSSF allocation will be spent on DR/FP and 25% on DR/FS program components, this exceeds the 20% minimum required.

CDSS’ CAPIT Fact Sheet includes prevention services provided through home visiting services as an approved service activity. Both Fact Sheets include children, and their families, who are at high risk of experiencing child abuse and/or neglect as those eligible to receive services. DR services meet PSSF and CAPIT funding requirements.

**Public Awareness, Prevention Education, and Network Development**

As identified in Kern’s FY 2017-2022 CSA, from 2010 to 2015 the number of child maltreatment allegations has remained steady. Although Kern’s allegation rate has not sharply
declined, the percentage of allegations that are substantiated fell for the 7th straight year – down 38% since 2008. The percentage of allegations that were substantiated was 31.8% in 2008, decreasing to 19.8% in 2015. In comparison, the percentage of allegations that were substantiated statewide declined only 24%, from 20.1% in 2008 to 15.3% in 2015. During 2015, DHS received allegations of child abuse and neglect for 18,463 children.

WIC Section 18983 states: “Each county shall fund child abuse prevention coordinating councils which meet the criteria in Section 18982 from the county’s trust fund.” As data clearly demonstrates, and CSFR stakeholders affirmed, the prevention education, prevention awareness services and network development activities provided are helping to successfully reduce Kern’s child maltreatment rate, outpacing the decline in California’s statewide rate. These services were identified as a strength in Kern’s FY 2017-2022 CSA. KCNC has determined that they should continue so that outcomes can further improve.

The KCNC meets all requirements set forth in WIC Section 18982, and was designated by the Kern County Board of Supervisors as Kern’s Child Abuse Prevention Council on October 27, 2009. The following are KCNC’s primary roles and, as required by WIC Section 18982.2 (a), (d) and (e), and the:

- **WIC 18982.2(a): Providing Interagency Coordination and Cooperation:** Since 1992, the KCNC has served as Kern’s Coordinating Council for child and family services; KCNC’s Child Advocacy Committee is comprised of representatives from social service agencies, local business and the faith based community, and serves as a powerful prevention education voice throughout Kern; KCNC serves as external oversight for process improvement and best practice strategies for the Department of Human Services; KCNC serves as the Planning Body for Kern’s Foster Youth Services Program; KCNC convenes monthly General Collaborative meetings for service providers and community members throughout Kern; and, KCNC staff participate on 33 individual state and local committees, task forces and boards addressing child welfare, foster youth, juvenile justice and family assistance, including Kern’s Child Death Review Team, Domestic Violence Collaborative, and First 5 Kern’s Technical Advisory Committee.

   KCNC plays a key leadership role in the coordination of Kern’s prevention and early intervention efforts; helps build and sustain partnerships with public and private agencies, schools, local businesses, faith-based groups, Family Resource Centers, and service organizations to provide a variety of integrated services; improves the coordination and efficiency of supportive services; and, garners grassroots support among community members to improve the condition of Kern County children and families.

   Child abuse and neglect prevention education services reach community members and service providers throughout Kern County. Evaluation forms are utilized for community trainings to gauge effectiveness.
KCNC is committed to continually raising awareness about child abuse and neglect and urging community members and mandated reporters to report their suspicions. Trainings and awareness campaigns also provide community members and service providers with information regarding community resources that are available to support children and families who are struggling so they can share that information with the families who need it, and thereby help prevent child abuse and neglect.

- **WIC 18982.2 (d) and (e): Improving Services and Facilitating Community Support for Child Abuse and Neglect Programs:** As designated by the Kern County Board of Supervisors in 1995, KCNC will continue to serve as the planning and administrative body for Kern’s PSSF, CAPIT, CBCAP, and Trust funded services. Network development activities for child abuse neglect programs include:

  1) Monthly General Collaborative meetings that promote networking, information sharing and cross-trainings are attended by an average of 57 service providers and community members. During FY 2015-2016, Collaborative attendees represented 120 local agencies and community organizations.

  2) Peer Review meetings will be held triennially with Differential Response service providers. These meetings provide a unique opportunity for DR Service providers to: discuss each program’s outcomes to identify strengths and challenges; creates a plan for enhancing strengths and overcoming challenges that includes recommendations from peers; receive targeted technical assistance and ongoing professional development to enhance their capacity; and, showcase their successes to peers who will fully appreciate them.

  3) To ensure that services are meeting community needs, improving outcomes for children and families, and impacting County Child Welfare outcomes, KCNC’s Social Solutions Efforts to Outcomes software is used by all CAPIT and PSSF programs to track program data and measure service outcomes. KCNC reviews the quality of services provided quarterly and analyzes impacts to County Child Welfare Service outcomes annually. Outcome data is utilized to identify needed refinements in practices, policies and protocols.

Community members and social service providers are asked to complete an annual survey regarding the effectiveness of prevention education and network development activities.

The CDSS Fact Sheet for CBCAP services includes public information activities that focus on the healthy and positive development of parents and children and promotion of child abuse and neglect prevention activities as an approved service activity. KCNC’s CAPC activities fulfill the requirements set forth in the WIC and CDSS Fact Sheets for CAPCs and CBCAP funds.

**Parent Education**
As explained in Kern’s CSA, the CSFR measure for re-entry into foster care is defined as “Of all children who enter foster care in a 12-month period who discharged within 12 months to reunification, living with a relative(s), or guardianship, what percent re-enter foster care within 12 months of their discharge?” The National Standard for this measure is 8.3%. There has been variability over the past five years, with an upward trend above the National Standard. The data show a 47% increase over the five years. This period, 4/1/2013 to 3/31/2014, 43 out of 234 children or 18.4% of children re-entered foster care after achieving permanency.

KCNC determined that an effective strategy to prevent children who have been reunified with the family, following an out of home/foster care placement, from subsequently experiencing abuse or neglect, would be an evidence based parent education services that include curriculums specifically designed for parents with special needs. Counseling services are also provided for parents who do not qualify for them under the County's Mental Health System of Care or through private insurance. CAPIT funds are utilized to cover program costs so that classes are free for all parents. CAPIT funded parent education classes were identified as strength in Kern’s FY 2017-2022 CSA. KCNC has determined that they should continue so that parents can continue to receive evidence-based parent education services that uniquely meet their needs, fulfill Juvenile Court requirements, and will help prevent children who are reunified from re-entering care.

Approved by the Kern County Department of Human Services and Juvenile Court, these education services will use practical as opposed to theoretical approaches, utilize evidence-based and/or research-based best curriculums, and fulfill all California Welfare and Institutions Code (WIC) requirements. Parents may participate on either a voluntary or court-ordered basis. The majority of the families who receive these services will have had at least one substantiated child abuse referral, and most children will be in out-of-home care. Pre and post tests are used to measure increases in parent knowledge, a scale question is used to measure improvements in mental health concerns, and surveys measure client satisfaction.

Brief, goal oriented counseling services are also available for families that need them; and, groups that assist parents with building social connections (one of the five Family Strengthening protective factors) are provided. Counseling services include assessment, development of a treatment plan, and the utilization of pre and post scaling questions to measure client progress. Pre & Post Scaling Questions that rate mental health concerns to be addressed through services, and are unique to each client will be asked at the time counseling services begin, throughout counseling and at exit. A Likert scale that ranges from one to ten will be used to measure progress. Scaling questions that are scored by the parent as a “1” indicate that the parent has “no problem” with the concern. Questions that receive a score of “10” indicate that the concern is “worst.”

The following are the evidence-based curriculums that are utilized; all classes are provided in English and Spanish:
- **Nurturing Parenting**: Parents learn new attitudes and skills have proven effectiveness in treating and preventing child abuse and neglect.

- **1-2-3 Magic**: Parents with special needs learn new attitudes and skills that have proven effectiveness in treating and preventing child abuse and neglect.

- **Triple P**: Parents who have children with special needs learn how to safely and effectively parent their special needs child.

- **Aggression Replacement Training**: Parents learn to effectively manage and control their anger, build social skills, improve moral reasoning, and reduce aggressive behavior.

The following additional research-based curriculums are used; fulfill all Welfare and Institutions Code (WIC) and Penal Code (PC) requirements; and, include a required counseling component:

- **Failure to Protect/Learning to Protect**: A 26-week class that focuses on issues related to child neglect, family violence, abuse awareness (failure to protect), and health and safety issues. Specially designed pre and post tests will be utilized as the outcome instrument and client satisfaction are measured via a survey that is administered at the conclusion of the class.

- **Physical Abuse as a Perpetrator**: Parents learn to parent their children without using physical discipline.

- **Child Endangerment/Endangerment**: PC 273.1 compliant 52 Week Child Endangerment class for parents with a Penal Code 273a or 273b violation who are ordered by the Kern County Superior Court to complete them and are also ordered by the Juvenile Court to complete parent education classes related to their Child Welfare Services case. As required by PC 273.1, participant progress is monitored and reported quarterly.

The CDSS Fact Sheet for CAPIT funded services includes mental health and parent education services as approved activities. As required, Kern’s CAPIT funded parent education services:

- Are not duplicated in the community. CAPIT funded parent education classes for parents with special needs, failure to protect, and physical abuse as a perpetrator classes are the only free classes of their kind that are available. Mental Health services are provided to families who do not qualify for these services elsewhere.

- Are based on needs of children at risk. Although anyone can enroll, the vast majorities of parents who participate have children who are at high risk of experiencing maltreatment or have experienced abuse and are placed in out of home care.

- Evidence-based curriculums are used; unique curriculums meet the needs of parents with special needs; counseling services are available to assist parents who have experienced trauma, are having trouble grasping concepts, and to supplement curriculums; and pre and post-tests are given.
- Are culturally and linguistically appropriate to the population served. All classes are provided in English and Spanish. Although a rare occurrence, interpreters are utilized when parents speak other languages.

**Time Limited Family Reunification Services (TLFR):**

As explained in the CSA, the P2 permanency measure is defined as, “Of all children in foster care on the first day of the 12-month period who had been in foster care (in that episode) between 12 and 23 months, what percent discharged from foster care to permanency within 12 months of the first day of the 12-month period?” The National Standard is 43.6% of children will exit to permanency. For this period of reporting (April 1, 2015 to March 31, 2016), 151 of 300 (or 50.3%) children in care 12-23 months exited to permanency. Figure 13 shows the trend of P2 which has consistently measured above the National Standard.

KCNC determined that an effective strategy to not only assist families with successfully reuniting, but to help prevent re-entry as well, is to assist families with improving the quality of the supervised visitation of children by parents and with siblings during the first 15 months of court-ordered Family Reunification services. PSSF funded TLFR services were identified as strength in Kern’s FY 2017-2022 CSA. KCNC has determined that they should continue so that parents can receive services that are uniquely designed to improve parent/child interactions and will help prevent children who are reunified from re-entering care.

Dr. Marty Beyer’s Visit Coaching model is used for parent/child visitation activities. The Northern California Training Academy’s “Factors, Characteristics, and Promising Practices Related to Reunification and Re-entry: A Literature Review for the Peer Quality Case Review Process,” states:

“A strategy proposed to improve visitation between biological caregivers and their children and hence increase the likelihood for secure and healthy attachments is visit coaching (Beyer, 2008). This form of visitation is an innovative way to enhance family visits with children who are in foster care. Visit coaches work closely with the parents by actively supporting them to meet the individual needs of each child and focuses on the family’s strengths. These visits typically consist of the visit coach meeting with the parent 15-30 minutes before and after each visit to help the parent understand his/her child’s needs and to validate the parental feelings of guilt, loss of confidence, anger and sadness, all of which can impair the parent from connecting with the child. Visit coaching is fundamentally different from supervised visits in that the visits are facilitated by someone trained to be a visit coach. This form of visitation uses a hands-on approach and intentionally supports the parents’ own techniques and refrains from directing the visits or telling parents what to do. As stated by Beyer (2008), ‘Families are required to make significant changes in a short timeframe to meet their child’s needs. They are expected to stop their dependence on substances and to overcome emotional and financial problems and cognitive limitations. To make these major life alterations within a year necessitates intensive visit support beginning soon after the child is removed.’”
The purpose of Visit Coaching is very basic; it is to make the children happy while demonstrating the parent’s ability to meet their children’s safety and developmental needs.

Visit Coaching services are provided by qualified Care Coordinators who are trained in the Visit Coaching model and a number of evidence-based parent education curriculums, including curriculums for parent with special needs and/or parents who have children with special needs.

The PSSF Fact Sheet published by the CDSS, includes behavior/mental health and parent/sibling visitation services as an approved service activities. As required, 30% of Kern’s FY 2017-2018 PSSF allocation will be spent on the PSSF TLFR program component, this exceeds the 20% minimum required. Since PSSF TLFR requirements limit services to parents who are within the first 15 months of reunification, and many families in Kern receive Child Welfare Services’ (CWS) Family Reunification (FR) services for 18 months or more, CWS Outcome Improvement Project funds are blended with PSSF TLFR funds and are available for pay for PSSF TLFR services who need them if they have been receiving FR services for more than 15 months.

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**Child Welfare/Probation Placement Initiatives**

Kern County has been actively participating in the various initiatives to improve services to children and families in the community.

**Continuum of Care Reform (Assembly Bill 403, Chaptered Legislation)**

Kern County has been working on the implementation of Assembly Bill 403, Continuum of Care Reform (CCR). Kern has been actively participating in many of the State’s workgroups through in person meetings and conference calls. In addition, a Program Specialist is assigned as the Group Home and Foster Family Agency Liaison, who has been sharing CCR information to the local agencies. In addition, the Child Welfare Assistance Director leads the CCR Implementation Committee, where Directors from probation, mental health, Kern County Superintendent of Schools and other managers meet regularly to review new All County Letters and discuss CCR implementation. Also, there is a monthly meeting between child welfare managers and the Behavioral Health and Recovery Services Department managers to discuss changes in practices as a result of CCR.

There is a Child and Family Team (CFT) Steering Committee that meets every other month, which includes child welfare and mental health staff. There is also a CFT workgroup comprised of child welfare staff working on identifying needs and solutions to the implementation and training of CFT meetings.
In addition, child welfare leads the Resource Family Approval (RFA) Steering Committee with participation from Probation, county mental health, Foster Family Agencies and county resource families, which include relatives and non-relative caregivers. The RFA Steering Committee members lead subcommittees, including Training and Orientation; Resources; Data Tracking and Monitoring; Merging and Permanency Assessment; Outreach and Marketing; Policies and Procedures; Staffing Standards; and, Quality Parenting Initiative. In addition to child welfare and probation, various partners participate in the RFA subcommittees including Koinonia Foster Family Agency, ChildNet Foster Family Agency, Kern Bridges Foster Family Agency, Bakersfield College, and resource caregivers.

Commercia[128]lly Sexually Exploited Children (CSEC)

Kern County is committed to serving the commercially sexually exploited children (CSEC) population. State and federal legislation mandates child welfare services to be responsible for addressing, investigating and providing services to minor victims of sexual exploitation. As such, Kern opted in to receiving state funding for protocol development and foster youth training. Two workgroups have been established. The agency CSEC workgroup consists of social workers, supervisors and managers working together to determine the agency’s needs in preventing, identifying, and servicing CSEC victims. Internal policies and practices have been updated with regard to CSEC. The external CSEC Steering Committee consists of partnering agencies assisting to provide services for this population, including representatives from DHS, County Counsel, Public Health Department, Kern Behavioral Health and Recovery Services, three Foster Family Agencies, Probation Department, Kern County Superintendent of Schools and Kern High School District, the District Attorney’s office, Kern County Sheriff’s Office, Bakersfield Police Department, a survivor and advocate from the Kern Coalition Against Human Trafficking, and a representative from the non-profit agency, Global Family Care Network. An interagency agreement between these agencies was finalized and approved by the Board of Supervisors in May 2016. The external workgroup is led by DHS and was formed in 2015. Partnering agencies have agreed to process referrals for CSEC more quickly. For instance, Kern County Mental Health has agreed to conduct mental health assessments for CSEC identified youth within one week or less of identification, usually the same day or next day. All CSEC are to be referred to the Public Health Nurses for testing for sexually transmitted diseases and case management. DHS, County Counsel, and Probation management have met to discuss how to process child abuse (exploitation) investigations for wards or youth detained in juvenile hall and court proceedings. In addition, a presentation was conducted through Juvenile Agency Meeting (JAM) with dependency judges, attorneys and community partners.

In Fiscal Year 2015-16, a contract was been established for CSEC prevention training for child welfare and probation foster youth, including probation youth detained in juvenile hall, ages 11 and older throughout the year. One trainer is a CSEC survivor and advocate. The second trainer is the coordinator of the Kern Coalition Against Human Trafficking with many years of experience in anti-human trafficking efforts abroad and throughout the country. As of April 2016, 342 youth have attended the prevention training. The Central Training Academy has provided CSEC 102 to child welfare staff and CSEC Steering Committee training to child welfare social workers, and members of the CSEC Steering Committee March 2016-June 2016. In
addition, Carissa Phelps was contracted for three events in Kern County; she is a CSEC survivor and advocate, an attorney, author of Runaway Girl, Chief Executive Officer of Runaway Girl, Inc., and co-creator of Ending the Game, an intervention curriculum. The three events include being the guest speaker at the annual Foster Parent Appreciation Dinner, Ending the Game combined training for caregivers, child welfare staff, and service providers, and an outreach event for foster youth. Also, it has been found that CSEC or youth at high risk of becoming CSEC have histories of being runaways; as such, over 100 CSEC backpacks have been made. The backpacks include a blanket, socks, hygiene products, snacks, journal and writing utensils, a CSEC prevention brochure, STD brochure, shoe card, and the book Runaway Girl.

In Fiscal Year 2016-17, the CSEC Steering Committee continues to work on identifying challenges, barriers and successes with a particular focus on service gaps. From September 2015 until the end of September 2016 about 11 dependent children of the court identified as CSEC victims were serviced. Emergency Response had 70 referrals in which children were identified as victims or at risk of becoming victims. Kern provided services to about 81 children during the above period. Kern Behavioral Health and Recovery Services have established a “My Life My Choice” program for youth at-risk of becoming CSEC. In addition, Kern applied with California Department of Social Services for a CSEC evaluation pilot and was accepted. Two focus groups will be held in March 2017; one focus group with emancipated youth and the other with social workers.

DHS staff from Child Welfare, CalWORKS, and Outreach are also active members of the local grassroots organization, Kern Coalition Against Human Trafficking (KCAHT). KCAHT has provided some prevention training for youth at the Dream Center, students in health classes in local high schools, foster parents at Bakersfield College, DHS staff, and the community at large.

Non-Minor Dependents (Assembly Bill 12)

State statistics show that 54% of foster youth do not complete high school, less than 3% of foster youth attend college, 65% of youth leaving foster care do so without a place to live; and, 50% of former foster/probation youth become homeless within the first 18 months of emancipation. Moreover, within two to four years following emancipation, 40% of foster youth are on public assistance, 51% are unemployed; and, 60% of women who emancipate from foster care become parents. Further troubling, research shows that parents with a history of foster care are almost twice as likely as parents with no such history to see their own children placed in foster care or become homeless. Child welfare has a specialized unit of one supervisor and social workers assigned to cases of non-minor dependents. They help guide non-minor dependents into independent living.

In support of Assembly Bill 12 (Chapter 559, Statutes of 2010), the KCNC and local community partners formed the Dream Center in 2008, an innovative one-stop foster youth resource center that provides comprehensive, integrated services for Kern County foster youth. The Dream Center provides a safe place for foster youth to socialize and participate in peer supported activities.
The Dream Center is specifically designed to enhance and implement timely and appropriate school placement for foster youth, and assist foster youth with advocating for their needs. The staff located inside the Dream Center assist both Child Welfare and Probation youth in care, and those who have emancipated, with completing educational and/or vocational programs and successfully transitioning to independent living. The following professionals are co-located at The Dream Center: DHS Independent Living Skills Program Social Workers, CalWORKS Human Services Technician, Foster Youth Services staff, youth mentor/case manager, Mental Health counselor, Probation Officer, and KCNC staff. There is also a plan to include AB 12 staff stationed at the Dream Center, as well. In addition to providing staff at no charge, partner agencies, local businesses, faith-based groups and service organizations also contribute program supplies, computers, bus passes and emergency forms of assistance for the youth. By weaving together resources available through multiple agencies co-located within the building, the Dream Center provides: comprehensive information and referral services; integrated case management; life skills workshops; counseling; bus passes; tutoring; educational advocacy; job training; housing assistance; mentoring; assistance with preparing for and enrolling in college; access to computers, phone, fax and copier; and, full access to public assistance services. For many youth, this is the one stable place that they can come to daily. In addition to providing youth with a continuum of services and basic need items, the Dream Center also provides foster youth with opportunities to participate in and build informal support networks, and provide input in service delivery design, evaluation, and County policy development.

During 2015, Dream Center helped served 675 former foster youth and youth nearing emancipation from the Kern County foster. They received the following types of services:

- **502** youth with emergency food
- **309** youth with transportation services
- **243** youth with hygiene items
- **181** youth with resume and job interviewing skills
- **129** youth with clothing and shoes for work
- **104** youth with living skills workshops
- **96** youth with housing assistance
- **38** youth with college financial aid
- **36** youth with college applications and enrollment.
### Child Welfare

**Priority Outcome Measure or Systemic Factor:** 3-P3 Permanency in 12 Months (in care 24 months or more)

**National Standard:** 30.3%

**Current Performance:** (Q3 2016) 18.9% (61 of 323 Children)

**CSA Baseline Performance:** 17.8% (Quarter 1, 2016). From April 1, 2015 to March 31, 2016, 56 of 314 youth reached permanency in 12 months.

**Target Improvement Goal:** The goal is to increase this measure to the National Standard of 30.3% or above. For the most recent period, this would mean that 37 more children would have achieved permanency.

- Year 1 – increase by 2.25% to 21.15% (7 more children)
- Year 2 – increase by 2.5% to 23.65% (8 more children)
- Year 3 – increase by 2.5% to 26.15% (8 more children)
- Year 4 – increase by 2.0% to 28.15% (6 more children)
- Year 5 – increase by 2.15% to 30.3% or higher (7 more children)

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### Child Welfare

**Priority Outcome Measure or Systemic Factor:** 3-P4 Re-Entry to Foster Care in 12 Months

**National Standard:** 8.3%

**Current Performance:** (Q3 2016) 13.9% (42 of 303 children)

**CSA Baseline Performance:** 18.4% (Quarter 1, 2016). From April 1, 2013 to March 31, 2014, 43 (18.4%) of 234 youth re-entered foster care.

**Target Improvement Goal:** The goal is to decrease re-entry to 8.3% or less. For the current
period, that would mean that 17 less children would have re-entered foster care.  
Year 1 – decrease by 1% to 12.9% (3 less children)  
Year 2 – decrease by 1% to 11.9% (3 less children)  
Year 3 – decrease by 1% to 10.9% (3 less children)  
Year 4 – decrease by 2.0% to 8.9% (6 less children)  
Year 5 – maintain 8.9% or less

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<td>Year 5</td>
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**Probation**

**Priority Outcome Measure or Systemic Factor:** P2 Permanency in 12 Months (in care 12-23 months)

**National Standard:** 43.6%

**Current Performance:** (Q3 2016) 20% (10 of 50 children)

**CSA Baseline Performance:** 16.3% (Quarter 1, 2016). From April 1, 2015 to March 31, 2016, seven of 43 (or 16.3%) of youth in care 12-23 months exited to permanency.

**Target Improvement Goal:** The goal is to increase permanency to the national goal of 43.6%. In the current period this would mean that 12 more youth would have achieved permanency.  
Year 1 – increase by 4% to 24% (2 more children)  
Year 2 – increase by 4% to 28% (2 more children)  
Year 3 – increase by 5% to 33% (3 more children)  
Year 4 – increase by 5% to 38% (3 more children)  
Year 5 – increase by 5.6% to 43.6% or higher (3 more children)
CWS Strategy 1: To improve the discussion of permanency options amongst staff and with families for youth who have been in care longer than 2 years.

Applicable Outcome Measure(s) and/or Systemic Factor(s):
- Title IV-E Child Welfare Waiver Demonstration Capped Allocation Project.
- P3 - Permanency in 12 months (in care for 24 months or more)

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<tr>
<th>Action Steps:</th>
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<th>Completion Date:</th>
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<tr>
<td>A. Through discussion and exploration with social workers, caregivers and youth, child welfare staff will identify, reassess, reconsider parents, relatives or extended family for possible transition to permanency.</td>
<td>July 2017</td>
<td>July 2018 and annually through July 2022</td>
<td>Vanessa Frando, Adoption/RFA/FF Program Director; Kristy Powers Stacy, Family Services Program Specialist</td>
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<td>B. Promote Quality Parenting Initiative (QPI) activities to all staff, which may include training during All Staff Meetings; partnerships through CFT; and staff and resource families attending trainings and support events together.</td>
<td>July 2017</td>
<td>July 2019</td>
<td>Cherie Linde, RFA Program Specialist; Kristy Powers Stacy, Family Services Program Specialist</td>
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<td>C. Develop a workgroup to address youth in Permanent Placement. Develop priorities which include focusing on youth under the age of 16 years and providing conjoint home calls between Adoptions and Family Services to discuss permanency options with the Resource Family.</td>
<td>January 2018</td>
<td>July 2019</td>
<td>Vanessa Frando, Adoption/RFA/FF Program Director; Kristy Powers Stacy, Family Services Program Specialist</td>
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<td>Plan and convene training to all social work staff including the Adoption Social Worker, to ensure cohesive teamwork between programs in developing, discussing and implementing permanency planning. This will occur during Social Worker Induction and annual trainings.</td>
<td>July 2018</td>
<td>July 2019</td>
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<tr>
<td>E.</td>
<td>Monitor referrals to the contracted agency for pre and post adoption services and the satisfaction surveys completed by the families to ensure the quality of the services, as these services will help families overcome barriers to permanency.</td>
<td>July 2018</td>
<td>July 2019 and annually through July 2022</td>
</tr>
</tbody>
</table>
| F. | Develop strategies to promote and educate staff and resource families on the options and benefits of permanency. | July 2019 | July 2020 | Vanessa Frando, Adoption/RFA/FF Program Director
Kristy Powers Stacy, Family Services Program Specialist |
| G. | Implement strategies to promote and educate staff and resource families on the options and benefits of permanency. | January 2020 | July 2022 | Vanessa Frando, Adoption/RFA/FF Program Director
Kristy Powers Stacy, Family Services Program Specialist |
| H. | Evaluate the effectiveness of the strategy by Workgroup outcomes will be reviewed for effectiveness and modified at least | July 2019 | Report annually July 2020 through July 2022 | Vanessa Frando, Adoption/RFA/FF Program Director |
- Review Training Reports via Staff Development
- Review of quarterly Child Welfare Services Outcomes System Summary for Kern County for progress on permanency in 12 months (in care for 24 months or more)
- Monitor Post Adoption Supportive Services Contract for compliance of outcomes and services

<table>
<thead>
<tr>
<th>CWS Strategy 2: Implement Child and Family Teams (CFT) to improve permanency and reunification outcomes.</th>
<th></th>
<th>Applicable Outcome Measure(s) and/or Systemic Factor(s):</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>□ Title IV-E Child Welfare Waiver Demonstration Capped Allocation Project.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>P4- Re-entry to foster care</td>
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</tbody>
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<table>
<thead>
<tr>
<th>Action Steps:</th>
<th>Implementation Date:</th>
<th>Completion Date:</th>
<th>Person Responsible:</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. Plan and convene CFT training for all CPS social worker staff, except Hotline staff.</td>
<td>July 2017</td>
<td>July 2019</td>
<td>Sheri Redding, Staff Development Program Specialist</td>
</tr>
<tr>
<td>B. CFT workgroup to develop roll-out priorities, policies, and implementation of CFTs.</td>
<td>July 2017</td>
<td>July 2018</td>
<td>Jill Christopher, Court Services Program Director</td>
</tr>
</tbody>
</table>
|   |   |   | Becky Hagar, Family Services Program Specialist  
Teri Tuck, Court Intake Supervisor |
|---|---|---|---|
| C. Progressively roll-out CFTs to Family Services, Court Intake, and Adoptions, until fully implemented. CFTs will occur at least every 6 months, and specifically prior to court dismissal with a biological family, for the purpose of identifying supports and services needed to achieve stability and permanency in the least restrictive family setting. | July 2017 | July 2018 | Jill Christopher, Court Services Program Director  
Becky Hagar, Family Services Program Specialist  
Stacey Parrish, Adoptions Supervisor |
| D. Educate community partners on CFT purpose and process in trainings offered by DHS. Educate community partners and caregivers on the CFTM purpose and process at the beginning of each CFTM. | July 2018 | July 2020 | Becky Hagar, Family Services Program Specialist  
Sheri Redding, Staff Development Program Specialist  
Cherie Linde, RFA Program Specialist |
| E. Evaluate the effectiveness of the strategy by  
- Review of quarterly Child Welfare Services Outcomes System Summary for Kern County for progress on permanency in 12 months (in care for 24 months or more) and re-entry to foster care  
- Review Training Reports received via Staff Development to ensure staff is trained appropriately. | July 2019 | Report annually July 2020 through July 2022 | Terrie Martinez, AD’s Office Program Specialist  
Sheri Redding, Staff Development Program Specialist |
- Review CFT workgroup minutes
- Internal Business Object to monitor compliance of CFT meetings

Becky Hagar, Family Services Program Specialist

<table>
<thead>
<tr>
<th>CWS Strategy 3: Utilize family engagement in the development of transition plans for youth before stepping them down from congregate care.</th>
<th>CAPIT</th>
<th>CBCAP</th>
<th>PSSF</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>Applicable Outcome Measure(s) and/or Systemic Factor(s):</td>
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<tr>
<td>- Title IV-E Child Welfare Waiver Demonstration Capped Allocation Project.</td>
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<tr>
<td>P3- Permanency in 12 months (in care for 24 months or more)</td>
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<tr>
<td>P4- Re-entry to foster care</td>
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<table>
<thead>
<tr>
<th>Action Steps</th>
<th>Implementation Date</th>
<th>Completion Date</th>
<th>Person Responsible</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. RFA Outreach Workgroup to develop strategy for creating more respite homes to support families.</td>
<td>July 2017</td>
<td>July 2018</td>
<td>Cherie Linde, RFA Program Specialist</td>
</tr>
<tr>
<td>B. Review and update guidelines and policy for using respite homes; train staff.</td>
<td>July 2018</td>
<td>July 2020</td>
<td>Miriam O’Campo, Family Services Program Specialist</td>
</tr>
<tr>
<td>C. Assess, for all youth in care 24 months or more, the youth and family’s readiness to step down.</td>
<td>January 2018</td>
<td>July 2019 and annually through July 2022</td>
<td>Maria Bermudez, Family Services Program Director Becky Hagar, Family Services Program Specialist Miriam O’Campo, Family Services Program Specialist</td>
</tr>
<tr>
<td></td>
<td>D. Implement step down plans, if appropriate to promote youths transitioning from congregate care to homes with a parent or caregiver that includes all identified supports and services needed.</td>
<td>January 2018</td>
<td>July 2019 and annually through July 2022</td>
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<td></td>
<td>E. Develop a workgroup to explore a Caregiver Mentor Program.</td>
<td>January 2020</td>
<td>July 2021</td>
</tr>
<tr>
<td></td>
<td>F. Evaluate the effectiveness of the strategy by • Review of quarterly Child Welfare Services Outcomes System Summary for Kern County for progress on permanency in 12 months (in care for 24 months or more) and re-entry to foster care, as well as outcome measure 4C Congregate Care Placements: One Year or More; • Review CIV and Business Objects reports to determine the number of youth receiving respite care and the number of respite care homes; • The workgroups will maintain written minutes of the progress in creating more respite homes and exploring the Caregiver Mentor Program; • Staff Development Training Reports will be used to ensure all placement</td>
<td>July 2020</td>
<td>July 2021 and July 2022</td>
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<tr>
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<tr>
<td>Staff attend respite care training;</td>
<td>Safe Measures reports will be used to monitor number and length of group home placements, specifically to assist in monitoring/evaluating step down plans for foster youth.</td>
<td>Services Program Specialist Miriam O’Campo, Family Services Program Specialist</td>
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<table>
<thead>
<tr>
<th>CWS Strategy 4: Implement Court Data Reviews to identify trends</th>
<th>Applicable Outcome Measure(s) and/or Systemic Factor(s):</th>
<th>P4- Re-entry to foster care</th>
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<tr>
<th>Action Steps:</th>
<th>Implementation Date:</th>
<th>Completion Date:</th>
<th>Person Responsible:</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. Court services will review/track current and past re-entry cases to determine if the Juvenile Court decision differed from Child Welfare recommendations. Child welfare will use this data to analyze re-entry rates.</td>
<td>July 2017 and every 6 months</td>
<td>July 2018 and annually through July 2022</td>
<td>Jill Christopher, Court Services Program Director Shannon Ashburn, Court Services Program Specialist</td>
</tr>
<tr>
<td>B. Discuss identified trends in re-entry rates with County Counsel during County Counsel and child welfare quarterly meetings. Work with County Counsel to develop ways for Child Welfare to better</td>
<td>July 2017 and annually</td>
<td>July 2018 and annually through July 2022</td>
<td>Jill Christopher, Court Services Program Director</td>
</tr>
</tbody>
</table>
communicate with the Court.

|   | C. Develop guidelines for each type of court report in court services. | July 2018 | July 2019 | Jill Christopher, Court Services Program Director  
|   |                                                                 |          |          | Monica Goodell, Court Intake Supervisor  
|   |                                                                 |          |          | Laura Jimenez, Court Intake Supervisor  
|   |                                                                 |          |          | Ryan Couch, Court Review Supervisor  
|   | D. Determine what SDM concepts and language to adopt into court reports. | July 2018 | July 2019 | Shannon Ashburn, Court Services Program Specialist  
|   |                                                                 |          |          | Monica Goodell, Court Intake Supervisor  
|   | E. Implement and train staff on court report language guidelines for Court Intake staff. | July 2019 | July 2020 | Shannon Ashburn, Court Services Program Specialist  
|   |                                                                 |          |          | Andrew Feaster, Court Intake Supervisor  
|   |                                                                 |          |          | Sheri Redding, Staff Development Program Specialist  
|   | F. Implement and train staff on court report language guidelines for Court Review and Adoptions staff. | July 2021 | July 2022 | Jill Christopher, Court Services Program Director  
|   |                                                                 |          |          | Ryan Couch, Court Review Supervisor  
|   |                                                                 |          |          | Dina Tucker, Court Review Supervisor  
<p>|</p>
<table>
<thead>
<tr>
<th>G. Evaluate the strategy’s effectiveness by</th>
<th>July 2020</th>
<th>July 2021 and July 2022</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Review of quarterly Child Welfare Services Outcomes System Summary for Kern County for progress on permanency in 12 months (in care for 24 months or more) and re-entry to foster care</td>
<td></td>
<td></td>
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<tr>
<td>• Utilize Supervisor Case Reading Tools to ensure staff incorporate SDM language to court reports</td>
<td></td>
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<tr>
<td>• Utilization of Safe Measures CFSR 3 Measures for a listing of children who re-entered foster care within 12 months; case reads will be conducted to determine trends</td>
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</tr>
</tbody>
</table>

**Probation Strategy 1: Increase Relative/Extended Family Placement and Resource Family Homes.**

<table>
<thead>
<tr>
<th></th>
<th>CAPIT</th>
<th>CBCAP</th>
<th>PSSF</th>
<th>N/A</th>
</tr>
</thead>
</table>

**Applicable Outcome Measure(s) and/or Systemic Factor(s):**

- Title IV-E Child Welfare Waiver Demonstration Capped Allocation Project.

**P2 – Permanency within 12 months (12-23 months in care)**

<table>
<thead>
<tr>
<th>Action Steps:</th>
<th>Implementation Date:</th>
<th>Completion Date:</th>
<th>Person Responsible:</th>
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<tbody>
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<td></td>
</tr>
<tr>
<td><strong>A.</strong> Convene a workgroup. Communicate with early Resource Family Approval implementing counties and select programmatic pieces that will work for Kern County.</td>
<td>July 2017</td>
<td>December 2017</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Marcos Sifuentes, Probation Officer III  Jamila Ott, Deputy Probation Officer</td>
<td></td>
</tr>
<tr>
<td><strong>B.</strong> Develop an Implementation Plan regarding family finding. Probation Officers at intake will make diligent efforts to identify, locate and maintain family connections with bio, relative, NREFM and resource families to increase permanency options,</td>
<td>August 2017</td>
<td>July 2019</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Jason Hillis, Probation Supervisor  Marcos Sifuentes, Deputy Probation Officer</td>
<td></td>
</tr>
<tr>
<td><strong>C.</strong> Develop Policies and Procedures.</td>
<td>September 2017</td>
<td>July 2019</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Jason Hillis, Probation Supervisor  Marcos Sifuentes, Deputy Probation Officer III</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>D.</strong> Train Probation Officers at intake to identify, locate and maintain family connections with bio, relative, NREFM and resource families to increase permanency options,</td>
<td>October 2017</td>
<td>July 2020</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Jason Hillis, Probation Supervisor  Marcos Sifuentes, Deputy Probation Officer III</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>E.</strong> Develop and implement an evaluation strategy.</td>
<td>July 2017</td>
<td>July 2021</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Jason Hillis, Probation Supervisor  Marcos Sifuentes, Deputy Probation Officer III</td>
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</tr>
</tbody>
</table>
**Probation Strategy 2: Increase the Number of Wraparound Slots**

<table>
<thead>
<tr>
<th>Action Steps</th>
<th>Implementation Date</th>
<th>Completion Date</th>
<th>Person Responsible</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. Convene a workgroup to develop/update the Wraparound protocols. Additionally, this group will meet quarterly.</td>
<td>July 2017</td>
<td>Ongoing</td>
<td>Lori Bryson, Deputy Probation Officer</td>
</tr>
<tr>
<td>B. Coordinate with Child Welfare to increase the number of Wraparound Slots.</td>
<td>July 2017</td>
<td>October 2018</td>
<td>Jason Hillis, Probation Supervisor</td>
</tr>
</tbody>
</table>
| C. Develop implementation plan which includes a plan for training staff in engaging with care providers and training staff regarding wraparound services. | July 2017 | October 2019 | Bill Dickinson, Probation Division Director  
Jason Hillis, Probation Supervisor  
Liz Maddan, Probation Supervisor  
Joe Mata, Probation Supervisor  
Frank Herrera, Probation Supervisor |
| D. Develop and implement evaluation strategy. | July 2017 | October 2020 | Bill Dickinson, Probation Division Director  
Jason Hillis, Probation Supervisor  
Liz Maddan, Probation Supervisor |

**Applicable Outcome Measure(s) and/or Systemic Factor(s):**

- Title IV-E Child Welfare Waiver Demonstration Capped Allocation Project.

**P2 – Permanency within 12 months (12-23 months in care)**
<table>
<thead>
<tr>
<th></th>
<th></th>
<th>Supervisor</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Joe Mata, Probation Supervisor</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Frank Herrera, Probation Supervisor</td>
</tr>
</tbody>
</table>
PROGRAM NAME
Camp Forever - See Line #19 of the CAPIT/CBCAP/PSSF Expenditure Workbook

SERVICE PROVIDER
Kern Bridges Youth Homes

PROGRAM DESCRIPTION
According to the Strengthening Families Model, there are 7 strategies that agencies, such as child welfare, can use to build protective factors in families. These strategies include facilitating friendships and mutual support (field trips, camping trips, classes), strengthening parenting, responding to family crises, linking families to services and opportunities, valuing and supporting parents, facilitating children’s social and emotional development (building their capacity to articulate feelings and get along with others) and observing and responding to early warning signs of abuse and neglect.

The purpose of Camp Forever is to facilitate friendships and mutual support and to facilitate children’s social and emotional development. The camp takes place at a camp site in Kern County over a summer weekend. The camp is for adoptive families. Parents are provided with training on issues in fostering and adoption. Children have the opportunity to socialize with their peers during activities such as swimming, fishing, and archery. Additionally, there are family activities such as the Amazing Race (scavenger hunt), talent show and camp fire.

FUNDING SOURCES

<table>
<thead>
<tr>
<th>SOURCE</th>
<th>LIST FUNDED ACTIVITIES</th>
</tr>
</thead>
<tbody>
<tr>
<td>CAPIT</td>
<td></td>
</tr>
<tr>
<td>CBCAP</td>
<td></td>
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<tr>
<td>PSSF Family Preservation</td>
<td></td>
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<tr>
<td>PSSF Family Support</td>
<td></td>
</tr>
<tr>
<td>PSSF Time-Limited Family Reunification</td>
<td></td>
</tr>
<tr>
<td>PSSF Adoption Promotion and Support</td>
<td>Budget is $30,000. Parenting education, peer support and youth programs for current dependents with a case plan goal of adoption,</td>
</tr>
</tbody>
</table>
IDENTIFY PRIORITY NEED OUTLINED IN CSA

Page 135 of the CSA states “...there has been a downward trend in [permanency in 12 months for children in foster care 24 months of more] and overall has measured below the National Standard which is 30.3% for the past five years.” On page 121, it was noted that “children ages 5-18 have a difficult time being placed in adoptive homes; additional resources are needed for that specific age group and pre-adoptive parents.”

TARGET POPULATION

Families who are currently involved with DHS and are considering adoption, are pre-adoptive families or adoptive families and who either need support in making the decision to adopt, who need services to expedite adoption or to maintain an adoption. For those resource families contemplating adoption, we hope this camp will help them decide to pursue permanency. For those that have adopted, we hope this camp will keep those families stable.

TARGET GEOGRAPHIC AREA

Eligibility requirements for a family to attend include the family has adopted (or completed adoptive placement) through the Kern County foster care system and the adoptee is still a minor and all children attending must be ages 5-17. There will be a maximum of 118 family members and 7 staff members. There will be permanency through reunification with at least one parent or legal guardianship established.

TIMELINE

July 1, 2017 – June 30, 2022

EVALUATION

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

<table>
<thead>
<tr>
<th>Desired Outcome</th>
<th>Indicator</th>
<th>Source of Measure</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Parents will increase social connections</td>
<td>At least 80% report an improvement in their social connections and support systems</td>
<td>Parent questionnaire at the end of the camp</td>
<td>Annually, at the end of the camp</td>
</tr>
<tr>
<td>Method or Tool</td>
<td>Frequency</td>
<td>Utilization</td>
<td>Action</td>
</tr>
<tr>
<td>--------------------</td>
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<td>------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Satisfaction survey</td>
<td>End of camp</td>
<td>Survey results will be reviewed</td>
<td>Survey results will be addressed with Kern Bridges to resolve any issues and to ensure continuous quality improvement</td>
</tr>
</tbody>
</table>
CAPIT/CBCAP/PSSF
PROGRAM AND EVALUATION DESCRIPTION

PROGRAM DESCRIPTION TEMPLATE

PROGRAM NAME
Permanency and Support Services (PASS) - See Line #20 of the CAPIT/CBCAP/PSSF Expenditure Workbook

SERVICE PROVIDER
Koinonia Family Services

PROGRAM DESCRIPTION
Koinonia Family Services provides pre-adoption and post-adooption services to support Kern County families in making a lifetime commitment to the children in their care and/or to their adoptive children.

Deborah N. Silverstein, LCSW, and Sharon Kaplan Roszia, MS, identified seven core issues in adoption that trigger emotions that are experienced, at some level, by all adoptees. They suggested that all adopted persons experience the following: loss, rejection, guilt/shame, grief, loss of identity, fear of intimacy, and threats to feelings of self-control. Their behaviors are influenced by these emotions and they may do and undo their adoption experiences in their minds and in their lives. In response, psychologist Doris Landry created a set of tools for adoptive parents to assist children through the seven issues. She posited that children dealing with these issues may be helped with one or more of the following: Education, Understanding, Ongoing Awareness and Acceptance.

The purpose of PASS is to provide an array of services to children and families in need of adoption support or at risk of adoption disruptions. The services are as follows:

1. Intake and Assessment: Identify presenting problems; Provide appropriate resources; Connect families to adoption competent professionals; Provide case management services.
2. Mental Health Services: Crisis intervention/Counseling (same day appointment); Twenty-four hour crisis hotline; Ongoing counseling services for adoptive families; Counseling services to prospective adoptive families to assist families in resolving any issues that may impede the completion of the adoption process. All services, with the
exception of the 24 hour hotline, are provided in the Mental Health office and/or in the family home.

3. Advocacy Services: Ensure adults, children, and others who have been or are involved with the adoption process, have access to services, such as school advocacy, so that these individuals may grow and thrive.

4. Education and Training: Lending library of books on adoption; Support Groups (adults, teens and children) and childcare; Adoption Trainings to professionals and community groups to promote the understanding of adoption issues; Adoption Training/Workshop to prospective adoptive families and adoptive families to increase awareness of the skills and tools required to parent children with histories of childhood trauma; Outreach activities that promote the need for adoptive homes for minority groups, medically fragile, older children and large sibling groups.

5. Support groups: Support groups are offered for adults, teens, and children with training hours available and childcare provided.

PASS Services are provided in English and Spanish. Mental health counseling is provided by a LCSW with adoption training and experience.

Monthly support group meetings were held where topics such as dealing with the foster care and adoption roller coaster, validating feelings, Life Books, positive parenting strategies and managing the adoption journey were explored. Surveys were issued after each meeting, and 94% of the parents reported an increase in parenting skills and coping skills.

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<tr>
<th>FUNDING SOURCES</th>
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<tbody>
<tr>
<td>SOURCE</td>
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<tr>
<td>CAPIT</td>
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<tr>
<td>CBCAP</td>
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<td>PSSF Family Preservation</td>
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<td>PSSF Family Support</td>
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<tr>
<td>PSSF Time-Limited Family Reunification</td>
</tr>
<tr>
<td>PSSF Adoption Promotion and Support</td>
</tr>
<tr>
<td>OTHER Source(s): (Specify)</td>
</tr>
</tbody>
</table>
**IDENTIFY PRIORITY NEED OUTLINED IN CSA**

Page 135 of the CSA states “...there has been a downward trend in [permanency in 12 months for children in foster care 24 months of more] and overall has measured below the National Standard which is 30.3% for the past five years.” On page 119 some of the barriers to permanency outcomes were noted as insufficient permanency training and mental health services for resource families.

**TARGET POPULATION**

Children and families who are currently involved with DHS and are considering adoption and need the support in making the decision to adopt. Pre-adoptive families or adoptive families who either need support in obtaining services to expedite adoption or to maintain an adoption.

**TARGET GEOGRAPHIC AREA**

All post adoption families that adopted through the Kern County Adoption Agency. While the main office is located in Bakersfield, Koinonia also has an office in Tehachapi and is able to provide services to all post adoption families. Koinonia also maintains a website (adoption.kfh.org), as well as a Facebook page to provide adoptive families with information and resources.

**TIMELINE**

July 1, 2017 – June 30, 2022

**EVALUATION**

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

<table>
<thead>
<tr>
<th>Desired Outcome</th>
<th>Indicator</th>
<th>Source of Measure</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>An increase in the parent’s coping and parenting skills</td>
<td>80% of parents will report that they have increased coping and parenting skills</td>
<td>Questionnaires developed by DHS and Koinonia are provided to parents after each support group</td>
<td>Koinonia will report results of the questionnaires to DHS monthly</td>
</tr>
<tr>
<td>An increase in understanding their children and improvement in their communication skills with their children/teens</td>
<td>80% of parents will report that they have increased their understanding and communication with children</td>
<td>Questionnaires developed by DHS and Koinonia are provided to parents after each support group</td>
<td>Koinonia will report results of the questionnaires to DHS monthly</td>
</tr>
<tr>
<td>Children meet their program goals</td>
<td>80% of children will have met their program goals that were established by the CFT</td>
<td>Koinonia will track children receiving services and meeting goals</td>
<td>Koinonia will report program completion monthly and quarterly to DHS</td>
</tr>
</tbody>
</table>

| **CLIENT SATISFACTION** | | | |
| Method or Tool | Frequency | Utilization | Action |
| Satisfaction survey | After each monthly support group and quarterly | Results will be reviewed by DHS management | Problem areas will be addressed with the provider to resolve issues and ensure continuous quality improvement |
ADOPTIVE PARENT OUTREACH AND RECRUITMENT

- See Line #21 of the CAPIT/CBCAP/PSSF Expenditure Workbook

SERVICE PROVIDER
Kern County Department of Human Services in conjunction with various community agencies

PROGRAM DESCRIPTION
DHS has informational brochures, fliers and Public Service Announcements related to fostering and adoption are delivered at a local theatre, local news stations and local radio stations. Billboards are also utilized for recruitment. These brochures and fliers are handed out during public events where DHS is a participant as well as at DHS sponsored recruitment events. DHS will also host Pathway to Permanency events throughout the year, which is a one-day event that will include a RFA orientation, adoptive parent and child panel, fingerprinting, and CPR training. The events are held in May, July and October on a Saturday in Bakersfield.

FUNDING SOURCES

<table>
<thead>
<tr>
<th>SOURCE</th>
<th>LIST FUNDED ACTIVITIES</th>
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</thead>
<tbody>
<tr>
<td>CAPIT</td>
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<tr>
<td>CBCAP</td>
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<tr>
<td>PSSF Family Preservation</td>
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<tr>
<td>PSSF Family Support</td>
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<tr>
<td>PSSF Time-Limited Family Reunification</td>
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<tr>
<td>PSSF Adoption Promotion and Support</td>
<td>$70,085 Adoptive parent recruitment for the purpose of encouraging more adoptions out of the foster care system</td>
</tr>
<tr>
<td>OTHER Source(s): (Specify)</td>
<td></td>
</tr>
</tbody>
</table>

IDENTIFY PRIORITY NEED OUTLINED IN CSA
Page 135 of the CSA states “…there has been a downward trend in [permanency in 12 months for children in foster care 24 months of more] and overall has measured below the National Standard which is 30.3% for the past five years.” Pages 119- 121 of the CSA note the lack of resource family homes and the difficulty in finding placements for large sibling groups and adoptive homes for children ages 5-18.

**TARGET POPULATION**
Families exploring fostering and adopting

**TARGET GEOGRAPHIC AREA**
Kern County communities

**TIMELINE**
July 1, 2017 – June 30, 2022

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

<table>
<thead>
<tr>
<th>Desired Outcome</th>
<th>Indicator</th>
<th>Source of Measure</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Increase in the number of families expressing an interest in adopting children</td>
<td>The number of new adoptive homes increased by 5%</td>
<td>Quarterly reports from RFA program</td>
<td>Quarterly</td>
</tr>
<tr>
<td>Increase in the number of children adopted</td>
<td>The number of children adopted annually increased by 5%</td>
<td>Annual reports from the Adoption Program</td>
<td>Annual</td>
</tr>
</tbody>
</table>

**CLIENT SATISFACTION**

<table>
<thead>
<tr>
<th>Method or Tool</th>
<th>Frequency</th>
<th>Utilization</th>
<th>Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>Satisfaction surveys</td>
<td>After Pathways to Permanency events</td>
<td>Reviewed by management</td>
<td>DHS will address issues identified in the survey, share with staff members for programming, monitoring and adapting</td>
</tr>
</tbody>
</table>
Parent Education Services - See Line #1 of the CAPIT/CBCAP/PSSF Expenditure Workbook

Henrietta Weill Memorial Child Guidance Clinic

Approved by the Kern County Department of Human Services and Juvenile Court, these education services will use practical as opposed to theoretical approaches, utilize evidence-based and/or research-based best curriculums, and fulfill all California Welfare and Institutions Code (WIC) requirements. Parents may participate on either a voluntary or court-ordered basis. The majority of the families who receive these services will have had at least one substantiated child abuse referral, and most children will be in out-of-home care. Pre and post tests are used to measure increases in parent knowledge, a scale question is used to measure improvements in mental health concerns, and surveys measure client satisfaction.

Brief, goal oriented counseling services are also available for families that need them; and, groups that assist parents with building social connections (one of the five Family Strengthening protective factors) are provided. Counseling services include assessment, development of a treatment plan, and the utilization of pre and post scaling questions to measure client progress. Pre & Post Scaling Questions that rate mental health concerns to be addressed through services, and are unique to each client will be asked at the time counseling services begin, throughout counseling and at exit. A likert scale that ranges from one to ten will be used to measure progress. Scaling questions that are scored by the parent as a “1” indicate that the parent has “no problem” with the concern. Questions that receive a score of “10” indicate that the concern is “worst.”

The following are the evidence-based curriculums that are utilized; all classes are provided in English and Spanish:

- **Nurturing Parenting**: Parents learn new attitudes and skills have proven effectiveness in treating and preventing child abuse and neglect.
- **1-2-3 Magic**: Parents with special needs learn new attitudes and skills that have proven effectiveness in treating and preventing child abuse and neglect.
- **Triple P**: Parents who have children with special needs learn how to safely and effectively parent their special needs child.
• **Aggression Replacement Training**: Parents learn to effectively manage and control their anger, build social skills, improve moral reasoning, and reduce aggressive behavior.

The following additional research-based curriculums are used; fulfill all WIC and Penal Code (PC) requirements; and, include a required counseling component:

• **Failure to Protect/Learning to Protect**: A 26-week class that focuses on issues related to child neglect, family violence, abuse awareness (failure to protect), and health and safety issues. Specially designed pre and post tests will be utilized as the outcome instrument and client satisfaction are measured via a survey that is administered at the conclusion of the class.

• **Physical Abuse as a Perpetrator**: Parents learn to parent their children without using physical discipline.

• **Child Endangerment/Endangerment**: PC 273.1 compliant 52 Week Child Endangerment class for parents with a Penal Code 273a or 273b violation who are ordered by the Kern County Superior Court to complete them and are also ordered by the Juvenile Court to complete parent education classes related to their Child Welfare Services case. As required by PC 273.1, participant progress is monitored and reported quarterly.

Classes fulfill Welfare and Institution Code and Juvenile Court requirements, and include counseling services for parents who are do not qualify for them through the County’s mental health system and don’t have private insurance. Parent education and counseling services are offered daily at the Henrietta Weill Memorial Child Guidance Clinic, located in Bakersfield at 3628 Stockdale Highway, in English and Spanish.

<table>
<thead>
<tr>
<th><strong>FUNDING SOURCES</strong></th>
<th><strong>SOURCE</strong></th>
<th><strong>LIST FUNDED ACTIVITIES</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>CAPIT</strong></td>
<td></td>
<td>$186,320, parent education and counseling services</td>
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<tr>
<td><strong>CBCAP</strong></td>
<td></td>
<td></td>
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<tr>
<td><strong>PSSF Family Preservation</strong></td>
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<td><strong>PSSF Family Support</strong></td>
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<tr>
<td><strong>PSSF Time-Limited Family Reunification</strong></td>
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<tr>
<td><strong>PSSF Adoption Promotion and Support</strong></td>
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<tr>
<td><strong>OTHER Source(s): (Specify)</strong></td>
<td></td>
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</tbody>
</table>

**IDENTIFY PRIORITY NEED OUTLINED IN CSA**
On Page 80 the CSA states “Comprehensive parent education services and TLFR/Family Guidance services are two of Kern’s many strategies to increase the percentage of children who successfully reunify. Kern’s reunification rate has increased by 7% since 2014.”

**TARGET POPULATION**
The primary target population for parent education services are parents of children who are at-risk of, or have experienced child abuse and neglect and have been referred by Child Welfare Services; however, any parents may choose to participate. The majority of the families who receive these services have had at least one substantiated child abuse referral, most have children who are in out-of-home care, and many have special needs or are parenting children with special needs.

**TARGET GEOGRAPHIC AREA**
Metropolitan Bakersfield

**TIMELINE**
JULY 1, 2017 – JUNE 30, 2022

### EVALUATION

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

<table>
<thead>
<tr>
<th>Desired Outcome</th>
<th>Indicator</th>
<th>Source of Measure</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Parents in parenting classes will demonstrate improved knowledge of parenting skills.</td>
<td>Parents participating in services will demonstrate at least a 20% improvement in their knowledge of parenting skills by using a pre and posttest.</td>
<td>The evidence based curriculums use pre and posttests that are specifically designed for each curriculum by the developer. Non evidence based curriculums use an in house test that is approved by the Department of Human Services.</td>
<td>During the first session and the last session of each class.</td>
</tr>
<tr>
<td>Parents completing counseling services will improve their mental health and be better able to successfully parent.</td>
<td>At least 80% of parents will report that their mental health concern has improved via a questionnaire/survey.</td>
<td>Pre &amp; Post Scaling Questions that are unique to each client.</td>
<td>The therapist will ask the parent their scaling question before and after each counseling session.</td>
</tr>
</tbody>
</table>

**CLIENT SATISFACTION**
### Method or Tool

<table>
<thead>
<tr>
<th>Method or Tool</th>
<th>Frequency</th>
<th>Utilization</th>
<th>Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>Satisfaction Survey</td>
<td>Completed by participants during the last class session and/or when they exit counseling sessions</td>
<td>Surveys reviewed as parents exit services</td>
<td>Problem areas addressed by staff, as appropriate to resolve issues and ensure continuous quality improvement</td>
</tr>
</tbody>
</table>

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### CAPIT/CBCAP/PSSF

**PROGRAM AND EVALUATION DESCRIPTION**

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**PROGRAM DESCRIPTION TEMPLATE**

**PROGRAM NAME**

Child Abuse Prevention Education, Public Awareness and Network Development Services – See line #11 of the CAPIT/CBCAP/PSSF Expenditure Workbook

**SERVICE PROVIDER**

Kern County Network for Children

**PROGRAM DESCRIPTION**

In 2010, the KCNC determined that the required roles and activities for Child Abuse Prevention Councils (CAPC), as established in California’s Welfare and Institutions Code (WIC) Section 18982 (a), (d), and (e), provide the framework for effective child abuse prevention education, public awareness, and network development activities. WIC Section 18983 states: “Each county shall fund child abuse prevention coordinating councils which meet the criteria in Section 18982 from the county’s trust fund.” To maximize funds available to provide prevention education, awareness and network development activities, CBCAP funds are blended with County Children’s Trust Funds.

The KCNC meets all requirements set forth in WIC Section 18982, and was designated by the Kern County Board of Supervisors as Kern’s Child Abuse Prevention Council on October 27, 2009. The following are KCNC’s primary roles and, as required by WIC Section 18982.2 (a), (d) and (e), and the CAPC’s child abuse prevention education, public awareness and network development activities that relate to them:
• **WIC 18982.2(a): Providing Interagency Coordination and Cooperation:** Since 1992, the KCNC has served as Kern’s Coordinating Council for child and family services; KCNC’s Child Advocacy Committee is comprised of representatives from social service agencies, local business and the faith based community, and serves as a powerful prevention education voice throughout Kern; KCNC serves as external oversight for process improvement and best practice strategies for the Department of Human Services; KCNC serves as the Planning Body for Kern’s Foster Youth Services Program; KCNC convenes monthly General Collaborative meetings for service providers and community members throughout Kern; and, KCNC staff participate on 33 individual state and local committees, task forces and boards addressing child welfare, foster youth, juvenile justice and family assistance, including Kern’s Child Death Review Team, Domestic Violence Collaborative, and First 5 Kern’s Technical Advisory Committee.

KCNC plays a key leadership role in the coordination of Kern’s prevention and early intervention efforts; helps build and sustain partnerships with public and private agencies, schools, local businesses, faith-based groups, Family Resource Centers, and service organizations to provide a variety of integrated services; improves the coordination and efficiency of supportive services; and, garners grassroots support among community members to improve the condition of Kern County children and families.

• **WIC 18982.2(c): Educating the Community and Training Service Providers:** KCNC’s Child Advocacy Committee utilizes child death and safety data, and community needs information to develop Kern Cares’ annual calendar of prevention campaigns. During FY 2015-2016 monthly themes were the focus of 45 media stories reaching a newspaper/radio/TV audience of 1,533,457, and General Collaborative meetings that facilitate prevention network development, and trainings. 1,685 service providers and community members received emails at least monthly that provide information on child abuse awareness and prevention education, community resources available to support families. 36 total hours of free quality professional development training was attended by 130 agencies, schools and community groups, with an average of 83 attendees per training. 99% of training attendees found KCNC trainings beneficial and 98% would recommend them to colleagues. Additionally, 2,300 Kern Cares Family Calendars with prevention information in English and Spanish were provided to parents receiving PSSF/CAPIT/CBCAP funded services. These calendars assist families with keeping track of appointments, include a place for them to write phone numbers of service providers and schools, provide information regarding food, mental health, utility assistance, and other frequently needed services, and include a unique parenting tip/child abuse prevention message for each month. KCNC will continue to implement monthly child abuse prevention education and awareness campaigns and provide free quality, community trainings, educational materials, and community resource information. FY 2015-2016 training topics ranging from trauma informed care, to Protective Factors, to Safe Sleep for Infants, to Mandated Reporter Training were provided.
Child abuse and neglect prevention education services reach community members and service providers throughout Kern County. Evaluation forms are utilized for community trainings to gauge effectiveness.

KCNC is committed to continually raising awareness about child abuse and neglect and urging community members and mandated reporters to report their suspicions. Trainings and awareness campaigns also provide community members and service providers with information regarding community resources that are available to support children and families who are struggling so they can share that information with the families who need it, and thereby help prevent child abuse and neglect.

- **WIC 18982.2 (d) and (e): Improving Services and Facilitating Community Support for Child Abuse and Neglect Programs:** As designated by the Kern County Board of Supervisors in 1995, KCNC will continue to serve as the planning and administrative body for Kern’s PSSF, CAPIT, CBCAP, and Trust funded services. Network development activities for child abuse neglect programs include:

  1) Monthly General Collaborative meetings that promote networking, information sharing and cross-training are attended by an average of 57 service providers and community members. During FY 2015-2016, Collaborative attendees represented 120 local agencies and community organizations.

  2) Peer Review meetings will be held triennially with Differential Response service providers. These meetings provide a unique opportunity for DR Service providers to: discuss each program’s outcomes to identify strengths and challenges; creates a plan for enhancing strengths and overcoming challenges that includes recommendations from peers; receive targeted technical assistance and ongoing professional development to enhance their capacity; and, showcase their successes to peers who will fully appreciate them.

  3) To ensure that services are meeting community needs, improving outcomes for children and families, and impacting County Child Welfare outcomes, KCNC’s Social Solutions Efforts to Outcomes software is used by all CAPIT and PSSF programs to track program data and measure service outcomes. KCNC reviews the quality of services provided quarterly and analyzes impacts to County Child Welfare Service outcomes annually. Outcome data is utilized to identify needed refinements in practices, policies and protocols.

Prevention education and awareness services are provided in both English and Spanish.

**FUNDING SOURCES**

<table>
<thead>
<tr>
<th>SOURCE</th>
<th>LIST FUNDED ACTIVITIES</th>
</tr>
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</table>

67
<table>
<thead>
<tr>
<th>CAPIT</th>
<th>CBCAP</th>
<th>$39,512, prevention education, awareness and network development services</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>PSSF Family Preservation</td>
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<td>PSSF Family Support</td>
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<td>PSSF Time-Limited Family Reunification</td>
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<td></td>
<td>PSSF Adoption Promotion and Support</td>
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<tr>
<td>OTHER Source(s): County Children’s Trust Fund</td>
<td>$112,461, prevention education, awareness and network development services</td>
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</table>

**IDENTIFY PRIORITY NEED OUTLINED IN CSA**

As identified in Kern’s FY 2017-2022 CSA, from 2010 to 2015 the number of child maltreatment allegations has remained steady. Although Kern’s allegation rate has not sharply declined, the percentage of allegations that are substantiated fell for the 7th straight year – down 38% since 2008. The percentage of allegations that were substantiated was 31.8% in 2008, decreasing to 19.8% in 2015. In comparison, the percentage of allegations that were substantiated statewide declined only 24%, from 20.1% in 2008 to 15.3% in 2015. During 2015, DHS received allegations of child abuse and neglect for 18,463 children.

As data clearly demonstrates, and CSFR stakeholders affirmed, the prevention education, prevention awareness services and network development activities provided are helping to successfully reduce Kern’s child maltreatment rate, outpacing the decline in California’s statewide rate. These services were identified as a strength in Kern’s FY 2017-2022 CSA. KCNC has determined that they should continue so that outcomes can further improve.

**TARGET POPULATION**

Community members at large and families who are at-risk of experiencing child abuse and/or neglect.

**TARGET GEOGRAPHIC AREA**

Communities throughout Kern County

**TIMELINE**

July 1, 2017 – June 30, 2022
### Program Outcome(s) and Measurement & Quality Assurance (QA) Monitoring

<table>
<thead>
<tr>
<th>Desired Outcome</th>
<th>Indicator</th>
<th>Source of Measure</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Increase public awareness of child abuse and neglect, how to prevent abuse and</td>
<td>Utilizing a standardized evaluation tool, training participants will report</td>
<td>Participant evaluations</td>
<td>A survey/evaluation will be administered at the conclusion of each training.</td>
</tr>
<tr>
<td>neglect, and the continuum of public and private resources available to support</td>
<td>that the trainings were beneficial, that their knowledge about the subject</td>
<td></td>
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<tr>
<td>families who are at-risk of experiencing child abuse and neglect.</td>
<td>increased, that they plan to use the information presented, and that they</td>
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<td></td>
<td>would recommend KCNC trainings to colleagues.</td>
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<tr>
<td></td>
<td>Utilizing surveys, community members and service providers will report that</td>
<td>Surveys</td>
<td>Annually</td>
</tr>
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<td></td>
<td>child abuse prevention awareness campaigns and materials were educational</td>
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<td></td>
<td>and helped them identify ways that they can make a difference for children</td>
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<td></td>
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<tr>
<td></td>
<td>and families at-risk of experiencing child abuse or neglect.</td>
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</table>

### Client Satisfaction

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<tr>
<th>Method or Tool</th>
<th>Frequency</th>
<th>Utilization</th>
<th>Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>Survey</td>
<td>Annually</td>
<td>Survey results reviewed at the conclusion of each fiscal year</td>
<td>Problem areas addressed by staff, as appropriate to resolve issues, ensure continuous quality improvement, and determine future training topics and media campaign focuses.</td>
</tr>
</tbody>
</table>
Differential Response - See Line #3 of the CAPIT/CBCAP/PSSF Expenditure Workbook

To minimize administrative costs and ensure that DR services are available countywide, a Service Area approach is utilized. Due to the vast geographic size of Kern County we have broken down the county into 7 service areas, each serviced by their own agency.

Area 1: Kernville Union School District
Area 2, 4 & 7: Clinica Sierra Vista
Area 3: Community Action Partnership of Kern
Area 5: Taft Union School District
Area 6: Richland Union School District

Differential response is an effective research-based approach that allows Child Protective Services to respond differently to accepted reports of child abuse and neglect, based on such factors as the type and severity of the alleged maltreatment, number and sources of previous reports, and willingness of the family to participate in services. Differential Response expands the ability of Child Protective Services by assisting families at the first signs of trouble.

When the Kern County Department of Human Services receives a report of suspected child abuse or neglect, a risk assessment is completed. Dependent on the level of safety risk, each referral is designated as Path 1, Path 2, or Path 3, with Path 3 being the most severe. If formal Child Welfare Service intervention is not required, Path 1, 2 and 3 referrals are made to a Differential Response service provider.

DR services are provided by trained, qualified, community-based organizations. DR services include, but are not limited to the following: home visiting, information and referral; integrated case management; provision of basic and emergency need items; a range of in-home supportive services (e.g. teaching, advocacy, and demonstration); assistance with budgeting, and, linkages for at-risk families to counseling, parenting education, job training, substance abuse treatment, food, medical/dental care, and housing assistance. DR families also receive primary prevention education materials (e.g. information about the dangers of co-sleeping, water safety, car safety, etc.).
DR Case Managers are training in trauma informed care practices and assist families with building the following five protective factors that are outlined in The Center for the Study of Social Policy’s (CSSP) respected Strengthening Families Framework. The CSSP Strengthening Families™ framework is a research-informed approach to increase family strengths, enhance child development and reduce the likelihood of child abuse and neglect. It is based on engaging families, programs and communities in building five protective factors:

- **Parental resilience** - Managing stress and functioning well when faced with challenges, adversity and trauma.

- **Social connections** - Positive relationships that provide emotional, informational, instrumental and spiritual support.

- **Knowledge of parenting and child development** - Understanding child development and parenting strategies that support physical, cognitive, language, social and emotional development.

- **Concrete support in times of need** - Access to concrete support and services that address a family’s needs and help minimize stress caused by challenges.

- **Social and emotional competence of children** - Family and child interactions that help children develop the ability to communicate clearly, recognize and regulate their emotions and establish and maintain relationships.

The five protective factors at the foundation of Strengthening Families are characteristics that have been shown to make positive outcomes more likely for young children and their families, and to reduce the likelihood of child abuse and neglect.

Throughout FY 2017-2022, Differential Response Case Managers will utilize the North Carolina Family Assessment Scale-General (NCFAS-G) to assess family needs and gauge improvements in family functioning. The NCFAS-G tool will be used at intake, every 90 days, and at the time of case closure. NCFAS-G assessment ratings form the basis of each case plan. Differential Response staff will continue to conduct home visits, monitor child safety and well-being, and provide services in compliance with established policies and procedures.

The North Carolina Family Assessment Scales measure family functioning from the perspective of the worker most involved with the family and The California Evidence-Based Clearinghouse for Child Welfare gives the NCFAS its highest rating for assessment tools with demonstrated reliability and validity. For additional evaluation purposes a client satisfaction survey will also be administered when a family has received services for 6 months and/or exits the program.

Given the success of Differential Response (DR) services, the Department expanded the partnership. Research shows poverty is the single best predictor of child abuse and neglect.
Children who live in families with an annual income less than $15,000 are 22 times more likely to be abused or neglected than children living families with an annual income of $30,000 or more. (Children’s Defense Fund, 2005). To assist DR families with increasing their household income and becoming self-sufficient, Kern’s DR program has partnered with Kern’s CalWORKs and Welfare To Work (WTW) programs to achieve the following outcomes:

- **Decrease the number of DR families who are CalWORKs sanctioned, thus increasing household income.** During FY 2015-2016, the first year the DR/Welfare To Work (WTW) partnership was fully implemented, 37% of DR families who were sanctioned cured their sanction, increased their income, were better able to financially meet the needs of their children, and were actively participating in WTW activities so they could become gainfully employed.

- **Increase the number of families who actively participate in WTW program activities.** For families who have WTW requirements, WTW program activity participation is woven into DR Family Care plans. During FY 2014-2015, 70% of DR families exited with completed case plans.

- **Increase the number of DR families who become self-sufficient.**

The WTW program helps parents who are receiving CalWORKs cash aid with preparing for work, gaining employment, and becoming self-sufficient. The majority of DR families are enrolled in Kern’s CalWORKs and WTW programs.

DR Case Managers are expanding WTW program engagement capabilities by:

- Providing intensive case management and continuous contact with the families they serve.
- Incorporating WTW plan activities into DR Family Care Plans to help parents take full advantage of available WTW services and comply with WTW program requirements.
- Continually evaluating family needs and making referrals and/or providing the supportive services necessary to help remove parents’ barriers to employment and assist them with avoiding financial sanctions. Supportive services include: encouragement, problem solving, transportation, accompanying clients to appointments, advocacy, and follow-up.
- Assisting DR parents who are WTW sanctioned with curing their sanctions.

Since poverty is the single best predictor of child abuse and neglect, Differential Reponses is partnering with Kern’s Welfare To Work (WTW) program to assist DR families who are:

A. **Tasked with curing their sanction, thereby increasing their family’s income and ability to participate in the WTW program.** Families who do not complete their WTW program participation requirements are sanctioned and the cash aid that their family receives is reduced by
the amount that the non-WTW participating adult(s) would otherwise be eligible for. This makes it more difficult for them to financially meet the basic needs of their children. DR Case Managers assist sanctioned parents with building resiliency; problem solving and overcoming barriers; understanding the child care, job training, transportation, and education assistance that the WTW program offers; and, empowering them to not only increase their family’s income by curing their sanction, but to work toward self-sufficiency in hopes that they can escape poverty.

B. **Enrolled in WTW, with fully participating in their WTW plan activities so they can fully utilize all resources available to them and become gainfully employed and self-sufficient.** All DR referrals are screened to determine if the parent(s)/caretaker(s) are sanctioned or participating in the WTW program. If they are sanctioned, DR Case Managers encourage them to cure their sanction and participate in WTW activities so their family income can quickly increase and they’ll be better able to meet the basic needs of their children. If a parent is a WTW participant, DR Case Managers offer any assistance and encouragement they may need so they can fully participate in WTW program activities and gain self-sufficiency.

Overall Differential Response is an approach to ensuring child safety by expanding the ability of child welfare agencies to respond to reports of child abuse and neglect. Its focus includes a broader set of responses for working with families at the first signs of trouble, including innovative partnerships with community based organizations that can help support families that are in need – and before further problems develop.

Kern County’s Differential Response providers serve all families referred by Child Protective Services, including those with substantiated abuse allegations but whose circumstances do not warrant formal intervention services. Although Differential Response service providers contact all referred families, DR services are voluntary. Some families choose to decline services.

DR services are provided by English and Spanish speaking staff.

<table>
<thead>
<tr>
<th><strong>FUNDING SOURCES</strong></th>
<th><strong>SOURCE</strong></th>
<th><strong>LIST FUNDED ACTIVITIES</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>CAPIT</td>
<td>$ 89,443, Differential Response services</td>
</tr>
<tr>
<td></td>
<td>CBCAP</td>
<td></td>
</tr>
</tbody>
</table>
PSSF Family Preservation | $251,922, Differential Response services
---|---
PSSF Family Support | $251,922, Differential Response services
PSSF Time-Limited Family Reunification |  
PSSF Adoption Promotion and Support |  
OTHER Source(s): (Specify) | $2,423,381, OIP, Kern County General Fund, Stabilization, County Children’s Trust Fund, First 5 Kern to provide Differential Response services

**IDENTIFY PRIORITY NEED OUTLINED IN CSA**
As identified in Kern’s FY 2012-2017 CSA, Kern’s 2010 substantiated child abuse rate was 18.5 per 1,000 children, nearly twice California’s statewide rate of 8.9. KCNC determined that the most effective way to improve this outcome would be to blend PSSF and CAPIT funds with other funds that are available, so that DR services, that include an evidence-based assessment tool, could be provided countywide.

Kern’s FY 2017-2022 CSA identifies Kern’s 2014 substantiated child abuse rate as 14.4 per 1,000 children, a 22% decrease. California’s 2015 statewide substantiated abuse rate was 8.5. Data clearly demonstrates, and CSFR stakeholders affirmed, that DR services are helping to successfully reduce Kern’s child maltreatment rate, outpacing the decline in California’s statewide rate. DR services were identified as a strength in Kern’s FY 2017-2022 CSA.

Although Kern’s substantiated child abuse rate is steadily declining, it is still far too high. KCNC has determined that DR and prevention education services should continue so that this outcome can continue to improve.

Differential Response is noted in major trends, as a Strength, on Page 6 of the CSA where it states *Differential Response is an effective program.* On Page 43 of the CSA it also states that “Differential Response services, a strategy that is used nationally to prevent child abuse and neglect, is believed to be a key factor that has contributed to the decline in Kern’s substantiated allegation and abuse rates.”

**TARGET POPULATION**
The target population for DR services are families who have been suspected of experiencing child abuse and/or neglect and Child Welfare Services has determined are not in need of formal intervention services.

**TARGET GEOGRAPHIC AREA**
Differential Response services, Kern’s primary child abuse prevention strategy, are provided countywide. To minimize administrative costs and ensure that DR services are available countywide, a Service Area approach is utilized.
Metropolitan Bakersfield, DR Service Area 7, is home to the 93301 thru 93314 zip codes. An analysis of Kern County by zip code reveals four zip codes in Bakersfield have the highest number of children with maltreatment allegations; those zip codes include 93307 with over 2,300 children followed by 93304, 93308, and 93305 all with over 1,500 children with maltreatment allegations.

To ensure that prevention services reach and are as effective as possible for the families who need them, Metropolitan Bakersfield DR Case Managers are assigned referrals based on the zip codes of the families referred. For example, some Case Managers serve families who live in the zip code 93308 exclusively. Assigning referrals this way makes possible for Case Managers to become experts regarding community resources that are available, they become keenly familiar with the neighborhoods, schools, and housing options; and, they are able to develop close working relationships with service providers who target those zip codes.

**TIMELINE**

JULY 1, 2017 – JUNE 30, 2022

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

<table>
<thead>
<tr>
<th>Desired Outcome</th>
<th>Indicator</th>
<th>Source of Measure</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>At least 67% of families receiving case management services will successfully improve family functioning and complete their case plan goals.</td>
<td>Families receiving case management will demonstrate improved family functioning.</td>
<td>North Carolina Family Assessment Scale - General (NCFAS-G)</td>
<td>At intake, at exit and every 90 days in between</td>
</tr>
<tr>
<td>At least 25% of WTW sanctioned families will successfully cure their sanction prior to DR program exit.</td>
<td>Families with an open DR case who are WTW program sanctioned will successfully cure their sanction.</td>
<td>Social Solutions Efforts To Outcomes software system</td>
<td>Throughout Case Management</td>
</tr>
</tbody>
</table>

**CLIENT SATISFACTION**

<table>
<thead>
<tr>
<th>Method or Tool</th>
<th>Frequency</th>
<th>Utilization</th>
<th>Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>Satisfaction Survey</td>
<td>Completed by participants at the time Differential Response</td>
<td>Surveys reviewed as clients exit services</td>
<td>Problem areas addressed by staff, as appropriate to resolve</td>
</tr>
</tbody>
</table>
Services conclude issues and ensure continuous quality improvement

CAPIT/CBCAP/PSSF
PROGRAM AND EVALUATION DESCRIPTION

PROGRAM DESCRIPTION TEMPLATE

PROGRAM NAME
Family Guidance – See Line #2 of the CAPIT/CBCAP/PSSF Expenditure Workbook

SERVICE PROVIDER
Henrietta Weill Memorial Child Guidance Clinic

PROGRAM DESCRIPTION
Family Guidance (FG) services assist families with improving the quality of the supervised visitation of children by parents and with siblings during the first 15 months of court-ordered Family Reunification services.

The purpose of Visit Coaching is very basic; it is to make the children happy while demonstrating the parent’s ability to meet their children’s safety and developmental needs. Visit Coaches:

A. Support parents to make each visit fun for their children while meeting the unique needs of each child;

B. Help the parent to develop a Visit Plan that outlines how the visits will address the child’s needs and incorporate appropriate family building activities;

C. Meet with the parents before the visit to: help prepare parents for the visit; help them to understand the child’s feelings, behaviors and reactions during the visits; validate the parent’s feelings which could prohibit them from connecting with the child; and, reinforce the importance of implementing the Visit Plan;

D. Meet with the parent following the visit to review the parent’s progress and their self-assessment, and to provide emotional support so they will be able to return to the next visit;
E. Use modeling, play, instruction, rehearsal, and other tools (e.g. shaken and/or Reality Baby dolls), when coaching parents on how to improve their parenting skills;

F. Highlight the parent’s strengths in responding to their child;

G. Help the parents cope with their feelings in order to visit consistently, and provide concrete support items when necessary;

H. Conduct Parenting Skills assessments when services begin, at 6 weeks, and conclude; utilize the Parental Bonding Instrument (PBI), when initially meeting the parent(s), to assess via retrospective self-report two components of the parent-child relationship (demonstrates caring and parental overprotection); and, complete progress notes;

I. Refer parents who may benefit from a mental health assessment/counseling to a Family Guidance therapist. Brief goal-oriented counseling may be provided for parents who do not qualify for services elsewhere. With parent permission, the therapists for children who are receiving mental health services from Child Guidance will be consulted and invited to participate and/or observe visits, as appropriate;

J. Communicate regularly with the parent’s Department of Human Services’ (DHS) Family Reunification (FR) Social Worker.

Visit Coaching services are provided by qualified Care Coordinators who are trained in the Visit Coaching model and a number of evidence-based parent education curriculums, including curriculums for parent with special needs and/or parents who have children with special needs.

In addition to Visit Coaching, brief, goal oriented counseling services will be provided to parents who have experienced trauma, are struggling with mental health concerns that are negatively effecting the interactions they are having with their children during supervised visits, and/or do not qualify for mental health services from County or private providers. Counseling services include assessment, development of a treatment plan, and the utilization of pre and post scaling questions to measure client progress. Pre & Post Scaling Questions that rate mental health concerns to be addressed through services, and are unique to each client are asked at the time counseling services begin, throughout counseling and at exit. A likert scale that ranges from one to ten will be used to measure progress. Scaling questions that are scored by the parent as a “1” indicate that the parent has “no problem” with the concern. Questions that receive a score of “10” indicate that the concern is “worst.”

Family Guidance services are provided by English and Spanish speaking staff at the Henrietta Weill Memorial Child Guidance Clinic located at 3628 Stockdale Highway in Bakersfield, CA.
FUNDING SOURCES

<table>
<thead>
<tr>
<th>SOURCE</th>
<th>LIST FUNDED ACTIVITIES</th>
</tr>
</thead>
<tbody>
<tr>
<td>CAPIT</td>
<td></td>
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<tr>
<td>CBCAP</td>
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<tr>
<td>PSSF Family Preservation</td>
<td></td>
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<tr>
<td>PSSF Family Support</td>
<td></td>
</tr>
<tr>
<td>PSSF Time-Limited Family Reunification</td>
<td>$296,495, Visit Coaching and mental health services to families who are receiving court-ordered to receive FR services, within the first 15 months of court-ordered FR services.</td>
</tr>
<tr>
<td>PSSF Adoption Promotion and Support</td>
<td></td>
</tr>
<tr>
<td>OTHER Source(s): Child Welfare Services</td>
<td></td>
</tr>
<tr>
<td>Outcome Improvement Project</td>
<td>$56,737, Visit Coaching and mental health services to families who are court-ordered to receive FR services.</td>
</tr>
</tbody>
</table>

IDENTIFY PRIORITY NEED OUTLINED IN CSA

On Page 80 the CSA states “Comprehensive parent education services and Family Guidance services are two of Kern’s many strategies to increase the percentage of children who successfully reunify. Kern’s reunification rate has increased by 7% since 2014.”

TARGET POPULATION

Families who are receiving court-ordered FR services and the Social Worker determines that parenting skills and/or parent/child interactions during court ordered, supervised visits are poor.

TARGET GEOGRAPHIC AREA

Metropolitan Bakersfield.

TIMELINE

JULY 1, 2017 – JUNE 30, 2022

PROGRAM OUTCOME(S) AND MEASUREMENT & QUALITY ASSURANCE (QA) MONITORING (EXAMPLE* PROVIDED BELOW)

<table>
<thead>
<tr>
<th>Desired Outcome</th>
<th>Indicator</th>
<th>Source of Measure</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>*Parents increase</td>
<td>*80% of Parents show</td>
<td>* Paper-based Pre &amp;</td>
<td>*Completed by</td>
</tr>
<tr>
<td>Knowledge of Child Development</td>
<td>Improvement</td>
<td>Post Parent Survey</td>
<td>Participants at Program Entry &amp; Exit</td>
</tr>
<tr>
<td>-------------------------------</td>
<td>-------------</td>
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</tr>
<tr>
<td>Parents will learn appropriate child interactions that can be utilized in the home.</td>
<td>Parents participating in visit coaching will demonstrate at least a 25% improvement in their Parenting Skills Assessment score.</td>
<td>Parenting Skills Assessment Pre &amp; Post Surveys</td>
<td>Completed by staff after the parent’s first visit coaching session, every six weeks thereafter, and at the conclusion of visit coaching services.</td>
</tr>
</tbody>
</table>

| Parents completing counseling services will improve their mental health and be better able to successfully parent. | At least 80% of parents will report that their mental health concern has improved. | Pre & Post Scaling Questions that are unique to each client. | The therapist will ask the parent their scaling question before and after each counseling session. |

**Client Satisfaction** *(Example* *Provided Below)*

<table>
<thead>
<tr>
<th>Method or Tool</th>
<th>Frequency</th>
<th>Utilization</th>
<th>Action</th>
</tr>
</thead>
<tbody>
<tr>
<td><em>Satisfaction Survey</em></td>
<td><em>Completed by participants after each parenting class &amp; at end of session</em></td>
<td><em>Surveys reviewed after each session</em></td>
<td><em>Problem areas addressed by staff, as appropriate to resolve issues and ensure continuous quality improvement</em></td>
</tr>
<tr>
<td>Satisfaction Survey</td>
<td>Completed by participants at the time Family Guidance services conclude</td>
<td>Surveys reviewed as parents exit services</td>
<td>Problem areas addressed by staff, as appropriate to resolve issues and ensure continuous quality improvement</td>
</tr>
</tbody>
</table>

**Table Notes:**
- *Satisfaction Survey* is completed by participants after each parenting class and at the end of session.
- Surveys are reviewed after each session.
- Problem areas are addressed by staff, as appropriate to resolve issues and ensure continuous quality improvement.