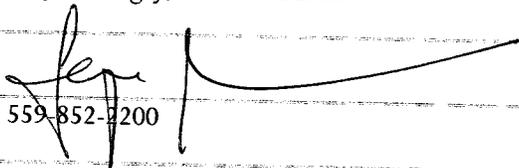


California – Child and Family Services Review Signature Sheet

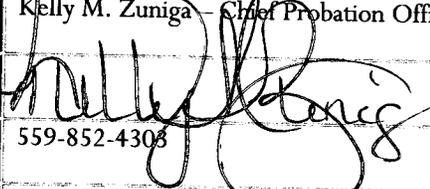
For submittal of: CSA SIP Progress Report

County	Kings County Human Services Agency
SIP Period Dates	August 1, 2016 through July 31, 2021
Outcome Data Period	January 1, 2010 through June 30, 2015

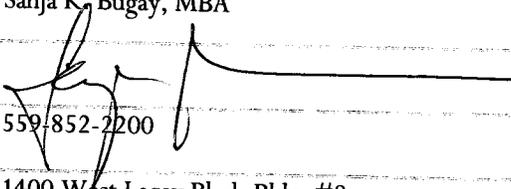
County Child Welfare Agency Director

Name	Sanja K. Bugay, MBA - Director
Signature*	
Phone Number	559-852-2200
Mailing Address	1400 West Lacey Blvd. Bldg. #8 Hanford, CA 93230

County Chief Probation Officer

Name	Kelly M. Zuniga - Chief Probation Officer
Signature*	
Phone Number	559-852-4308
Mailing Address	1400 West Lacey Blvd. Bldg. #22 Hanford, CA 93230

Public Agency Designated to Administer CAPIT and CBCAP

Name	Kings County Human Services Agency Sanja K. Bugay, MBA
Signature*	
Phone Number	559-852-2200
Mailing Address	1400 West Lacey Blvd. Bldg. #8 Hanford, CA 93230

Board of Supervisors (BOS) Signature

BOS Approval Date	
Name	

Mail the original Signature Sheet to:

Children's Services Outcomes and Accountability Bureau
 Attention: Bureau Chief
 Children and Family Services Division
 California Department of Social Services
 744 P Street, MS 8-12-91
 Sacramento, CA 95814

*Signatures must be in blue ink

Signature*

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	Agency	Kings County Probation Department
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	Phone & E-mail	559-852-2211 Patricia.Shubert@co.kings.ca.us
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California - Child and Family Services Review

County Self-Assessment 2016



Table of Contents

INTRODUCTION	PAGE 02
C-CFSR PLANNING TEAM & CORE REPRESENTATIVES	PAGE 03
DEMOGRAPHIC PROFILE	PAGE 07
PUBLIC AGENCY CHARACTERISTICS	PAGE 33
STATE AND FEDERALLY MANDATED CHILD WELFARE/PROBATION INITIATIVES	PAGE 45
BOARD OF SUPERVISORS DESIGNATED COMMISSION, BOARD OR BODIES	PAGE 50
SYSTEMIC FACTORS	PAGE 52
CRITICAL INCIDENT REVIEW PROCESS	PAGE 81
NATIONAL RESOURCE CENTER (NRC) TRAINING AND TECHNICAL ASSISTANCE	PAGE 86
PEER REVIEW RESULTS	PAGE 86
OUTCOME DATA MEASURES	PAGE 91
SUMMARY OF FINDINGS	PAGE 169
GRAPH AND TABLE INDEX	PAGE 182

Introduction

CALIFORNIA'S CHILD AND FAMILY SERVICES REVIEW KINGS COUNTY SELF-ASSESSMENT

Assembly Bill 636, Chapter 678, Statutes of 2001, enacted the Child Welfare Services Outcomes and Accountability Act of 2001. This law required the California Department of Social Services (CDSS) to establish the California Children and Family Services Reviews (C-CFSR) process. The C-CFSR began in January 2004, with the implementation instructions to local child welfare and probation agencies.

The purpose of the C-CFSR is to significantly strengthen the accountability system used in California to monitor and assess the quality of services provided on behalf of youth in the foster care system. The C-CFSR operates on a philosophy of continuous quality improvement, interagency partnership, community involvement and public reporting of outcomes. The C-CFSR is comprised of county child welfare system reviews and maximizes compliance with federal regulations for the receipt of federal Title IV-E and Title IV-B funds. Principal components of the C-CFSR process include:

- 1) County Self-Assessment (CSA),
- 2) County System Improvement Plan, and
- 3) County System Improvement Plan Progress Reports (SIP). (ACIN No. I-62-14)

The Kings County Human Services Agency Child Welfare Division and the Kings County Probation Department Youth Division is dedicated and committed the safety, well being and stability of foster children and youth adjudicated wards of the Juvenile Court. As mandated by law the County, Probation and other community partners will complete a thorough and comprehensive review and analysis of its programs by evaluating qualitative and quantitative data to assist the County and probation department in identifying crucial areas needing improvement. Identifying these areas is vital and important as it will pave the way and assist in the formulation of the Agency and Probation's System Improvement Plan (SIP). In addition, the SIP must be submitted and approved by the County's Board of Supervisors and CDSS. The Agency's most recent CSA was submitted on 2011 and the SIP on December 2015. New changes were made to the C-CFSR process of evaluation and reporting from the submittal of the CSA from three to five years to allow counties time to evaluate, plan, implement and achieve its goals and objectives.

The Kings County Human Services Agency Child Welfare Division and Kings County Probation Department will focus and work together and collaborate with their CSA team members and community partners on the following C-CFSR measures.

The Kings County Human Services Agency Child Welfare Division has selected to focus on the new CRSR3 Measures - 2D Referrals by Time to Investigation – Completed Contacts; (10-Day Response Type) (Safety); 3P-3 Permanency in 12 months for children in foster care 24 months or more; 4B * Least Restrictive (Entries First Placement) and 4B * Least Restrictive (Point in Time). The Kings County Probation Department has selected to focus on CFSR3 Measures – 3-P1 Reunification within 12 months (exit cohort) placement measures for youth in the Kings County Juvenile Court system and was the focus of Kings County Probation Peer Review for 2015.

The goal for previously selected measure C2.5 Adoption (Adoption Within 12-Months (Legally Freed) were met.

C-CFSR Planning Team & Core Representatives

C-CFSR TEAM

County:	Kings
Responsible County Child Welfare Agency:	Kings County Human Services Agency
Responsible County Probation Department:	Kings County Probation
Period of Assessment:	07/01/2010 – 3-1-2016
Period of Outcomes Data:	01/01/2010 – 06/30/2015
Date Submitted:	08/30/2016

CORE REPRESENTATIVES

County Contact Person for County Self-Assessment	
County CAPIT/CBCAP/CCTF/PSSF Liaison Contact	
Name:	Sanja Bugay, MBA
Title:	Director
Address:	1400 West Lacey Blvd, Bldg. #8, Hanford, CA
Phone:	559-852
Email:	Sanja.Bugay@co.kings.ca.us
Submitted by each agency for the children under its care	
Submitted by:	County Child Welfare Agency Director (Lead
Name:	Sanja Bugay, MBA
Signature:	
Submitted by:	County Chief Probation Officer
Name:	Kelly Zuniga
Signature:	
Approved by:	County Board of Supervisors Chairperson
Name:	Richard Fagundes
Signature:	

In Collaboration with:		
County & Community Partners	Name(s)	Signature:
County Health Department CAPCC Member 2011	Pat Oliver, CHDP PHN	
County Behavioral Health Administration	Mary Anne Ford-Sherman, MA Director	
CAPCC Parent Representative	Lori Keen Hanna's House	
CPS Program Manager	Monica Connor, A.C.S.W.	
CPS Program Manager	Eliseo Gonzalez	
CPS Program Manger CAPCC Member	Shelly Verboon	
CPS Supervisor	Julie Flores, A.C.S.W.	
CPS Supervisor CAPCC Member	Patricia Shubert	
Kings View Counseling Services CAPCC Member	Brenda Johnson-Hill, Executive Director	
Local Tribe – Tachi Yokut Tribal Social Services	Ambar Castillo Director	
County Probation Department	Kimberly Rankin Division Manager	
County Probation Department CAPCC Member	Wendi Dibble Division Manager	
County District Attorney's Witness Assistance Program	Julia Patino Victim Witness Coordinator	
County Board of Supervisors CAPCC Member	Craig Peterson	
County Board of Supervisors	Joe Neves	
Kings View Counseling Services AOD CPS Liaison CAPCC Member	Keri Hardin	
United Cerebral Palsy	Carol Klöninger - President	

In Collaboration with:

County & Community Partners	Name(s)	Signature:
Kings Community Action Organization CAPCC Member	Jeff Garner Executive Director	
Kings Regional Occupation Program Office of Education CAPCC Member 2011 FPSB Member 2011	Shirley Garretson	
Central Union School District	Tom Addington	
Central Union School District	Penny Miller	
Champions Recovery Program Hannah's House Celebrating Families	Crystal Hernandez, Director	
Champions Recovery Program Hannah's House Celebrating Families	Robert Murrieta, Clinical Supervisor	
CASA of Kings County	Debra Dilldine, Executive Director	
Celebrating Families	Karen Gomez Barrera, Executive Director	
Law Enforcement – Hanford Police Department CAPCC Member	Per Westlund	
Lemoore Naval Air Station – Fleet Family Services Center - CAPCC Member 2011, FPSB Member 2011	Sherry Johnson, LCSW	
Kings County Behavioral Health Community Specialist	Abraham Valencia	
Corcoran Unified School District FPSB Member 2011	Mary Gonzales-Gomez	
Foster Care Independent Living Program	Carmen Brieno	
Family Preservation & Support Program	Sue Spratley	
CAPCC Prevention Specialist	Kathy Cruz	

THE CSA PLANNING PROCESS

The County Self Assessment Team and core representatives met on November 4, 2015 to create a comprehensive plan for the CSA report. The team met an additional eight times, for an hour each time, to coordinate the completion of the report, discuss research and analysis and to ensure all aspects of the report were completed. Many emails between team members were sent in between meetings to continue the communication regarding the progress of the report. The team is comprised of members of the Kings County Human Services Agency, Kings County Probation Department and State representatives. The objectives of the meetings included an overview of the California Child and Family Services Review (C-CFSR); review the purpose, the Peer Review process and review of the new report template guide and major changes required for the upcoming CSA report. The comprehensive report is comprised of data obtained in the Peer Review, Case File Review, demographics on the general population and foster care placement for Child Welfare and Probation, Systemic Factors and results from Outcome Measures. The CSA is completed every five years by the county and in coordination with our local community partners. The CSA is an analytic vehicle by which the county determines the effectiveness of current practices, programs and resources across both Child Welfare and Probation placement services and to identify areas requiring improvement.

PARTICIPATION OF CORE REPRESENTATIVES

Barbara Ricciuti-Colombo, MSW – California Department of Social Services, Outcomes and Accountability Bureau

Kelly Larivee – California Department of Social Services

Robert Bradshaw – California Department of Social Services, OCAP

Sanja Bugay, MBA – Director, Kings County Human Services Agency

Monica Connor, ACSW – Program Manager, Kings County Human Services Agency

Eliseo Gonzalez – Program Manger, Kings County Human Services Agency

Shelly Verboon – Program Manager, Kings County Human Services Agency

Jody McCrone – Program Specialist, Kings County Human Services Agency

Kelly Zuniga – Chief Probation Officer, Kings County Probation Department

Kimberly Rankin –Division Manager, Kings County Probation Department

STAKEHOLDER FEEDBACK

The Kings County Juvenile Reentry Taskforce consisting of probation and CWS personnel, held 3 public forums to gain community feedback. CWS participated in the forums. The forums were held in Corcoran, Avenal and Hanford. Stakeholder feedback from the forums was documented by CWS. Additionally, Probation and CWS had focus groups during the peer review process.

Demographic Profile

Kings County is located in the heart of California's rich San Joaquin Valley and was founded in 1893, measuring 1,392 square miles with over 70% of its acreage dedicated to agriculture and the 2014 population was 150,269 a decline from 152,982 reported by the 2010 U.S. Census; a loss of 2,713 or - 1.8% population decline from April 1, 2010 to July 1, 2014. The county seat is Hanford and includes the incorporated towns and cities of Lemoore, Corcoran, Avenal, Stratford, Kettleman City, Stratford, and Armona. Taxable sales in 2011 totaled \$1.32 billion

Due to its primary emphasis on agricultural production, Kings County attracts individuals and families either migrating and/or immigrating from other California counties, states, and countries.

The gross value of all agricultural crops and products produced during 2013 in Kings County was \$2,267,178,000. The top commodity was milk with a value of \$773,219,000. Other important Kings County businesses include Del Monte Foods tomato processing plant, Adventist Health, J.G. Boswell Company, Olam International tomato processing facility, Leprino Foods, the largest mozzarella cheese maker in the world, the Kings County Government and the California Department of Corrections and Rehabilitation which operate three state prisons in Kings County and the Naval Air Station in Lemoore.

The agricultural workforce operates 365 days per year via seasonal rotations to produce and harvest products such as cotton, grapes, raisins, oranges, walnuts, peaches, plums, pecans, corn, alfalfa, tomatoes, almonds, kiwis, pistachios, garlic, watermelon, honeydew, melons, wheat and broccoli. Local, independent farmers produce various products such as strawberries, squash, chilies, and bell peppers.

Kings County did not escape the effects of the severe drought; as shown in the data from 2007 to 2009 the agricultural sector was the hardest hit area in the County. Kings County's dairy industry dropped from \$670 million in milk sold to \$411 million a 39% decrease. In mid-2009 according to a CEO of Alliance of Western Milk Producers, Bill Van Dam, the price paid to milk producers was far below the cost of the production; it wasn't under December 2010 that milk prices began to increase, however the price of corn used for feed had increased because of its use by the ethanol industry. Mr. Van Dam

stated that at current prices dairy operators were at or close to the break-even point. By the summer of 2012, it was reported that despite a rise in milk price per hundredweight (from \$13 to \$15), many dairy farmers were forced to sell all or part of their herds and/or file for bankruptcy. However, in 2014 milk prices were topping \$22 per hundredweight and the value of milk sold rose to \$970 million that year (*U.S. Census Bureau American Community Survey*).

Along with regular migration and immigration to the area, Kings County hosts a transient population made up of individuals and families following seasonal work patterns throughout the state. Major socio-environmental issues stemming from this dynamic include: poverty, unemployment, illegal immigration, acculturation or cultural differences, language barriers, education, homelessness, lack of affordable housing, health problems and isolation of the family. This transient population poses challenges to service delivery.

Kings County is the home of the Lemoore Naval Air Station, approximately 7,200 military and 1,300 civilians work at NAS Lemoore and around 11,000 military dependents. Lemoore's Naval Air Station is the Navy's largest master jet base, hosting the Navy's largest west coast attack/flight capability. There are over 40 tenants onboard NAS Lemoore. The major ones include: Commander, Strike Fighter Wing Pacific Fleet; Carrier Air Wings 2, 9, 11, 14; Strike Fighter Weapons School, Pacific; Strike Fighter Squadrons 22, 25, 94, 97, 113, 115, 122, 125, 137, 146, 147, and 151; Fleet Aviation Specialized Operational Training Group, Pacific Fleet ; Marine Aviation Training Support Group; Naval Air Technical Services Facility Detachment; Naval Aviation Engineering Service Unit; Naval Air Maintenance Training Group; Naval Hospital and Branch Dental Clinic; Naval Training Systems Center; Trainer Systems Support Activity and Naval Air Reserve Center and Aircraft Intermediate Maintenance Detachment.

Military life within the Naval Air Station is unique in that families often experience extensive periods of time without the presence of the active duty member. This means at least six (6) months of duty at sea on rotating cycles. The absence of this member causes a great deal of stress for the other parent at home (assuming there are two parents available) and the children. Regular deployment causes an unstable home environment in which unclear expectations and continuous family transitioning exists. There is also a possibility the military member could die, especially in light of recent terrorist attacks on this country, which intensifies anxiety and stress for these family members. Aside from the duty at sea component, military life includes other elements, which impact its citizens. Due to frequent relocations that remove families from extended family support, these families experience isolation and sudden, forced adaptability to constant environmental changes. Further, trauma and stress active duty members experience can increase the risk of Post Traumatic Stress Disorders, leading to domestic violence, substance abuse, and child abuse/neglect.

The Santa Rose Rancheria (Tachi-Yokut Tribe) is located within Kings County, which further adds to its uniqueness and diversity. The Santa Rose Rancheria is officially listed on the Federal Register and has a long history of spirituality within its people. For several years, the Tribe has been working to establish

itself as autonomous, in part via their gaming resort. It has been expanding services available within its boundaries in an effort to further meet the needs of its members. Due to gaming revenue, the Tribe has been successful improving the lifestyle of all its families. Housing has been improved. New recreation and office facilities have been built. Education has improved for its children due to technological and curriculum improvements. Employment has risen due to opportunities available at the casino and hotel. Unemployment has dropped below 25% for this population, but most members are now off public assistance (<http://www.tachi-yokut.com/rancheria.html>).

Avenal State Prison, California State Prison at Corcoran and the California Substance Abuse Facility at Corcoran are located within the boundaries of Kings County; however, three other State Prison facilities (Pleasant Valley State Prison in Coalinga, Central California Women’s Facility and Valley State Prison for Women in Chowchilla) are close-by, all of which attract the families of inmates and correctional staff. As of December 2010, the total inmate population was 16,515 based on the 2010 Census; in 2014 the total population of all three prisons was 13,831(*Hanford Sentinel, reported March 25, 2015*).

Realignment began in 2011 and as a result, the population of Avenal State Prison, Corcoran State Prison and the California Substance Abuse Treatment Facility has declined. One factor was attributed to the state policy which keeps state prisoners in the counties where they committed their crimes rather than sending them to distant state lockups, three of which are located in Kings County. The added challenge of rehabilitating incarcerated individuals, as well as providing supportive services to their families and the correctional staff, presents an interesting component to the diversity of Kings County. The presence of California State Prisons in the area causes an increase in Probation and Parolee cases, as well as families exposed to criminal behavior, which amplifies the following issues for individuals and families connected to the inmates: substance abuse and addiction, alcoholism, domestic violence, gang activity, mental illnesses, poverty, unemployment and crime.

The following demographic data on Kings County will assist in further describing the environment in which child welfare services are delivered, as well as provide additional foundational data that assists in an exploration of what is in the best interest of the children and their families.

GENERAL COUNTY DEMOGRAPHICS

POPULATION BY GENDER AND AGE – TABLE 1

TOTAL POPULATION	152,982	100.0%
MALE	86,344	56.44%
FEMALE	66,638	43.56%
MEDIAN AGE	31.2	
AGE 18 OR OLDER	112,987	73.86%
AGE 17 OR YOUNGER	39,995	26.14%

According to the 2010 U.S. Census data the total population for Kings County was 152,982 (see graph above). The California Department of Finance has estimated that the county's population as of January 1, 2015 was 149,721 a decrease of 3,261 or 2.13%.

CHILD POPULATION BY AGE – 2015 – TABLE 2

AS REPORTED BY KIDSDATA.ORG

KINGS COUNTY	NUMBER		
	Female	Male	Total
Age			
0-2 years	3507	3646	7153
3-5 years	3446	3578	7024
6-10 years	5579	5753	11332
11-13 years	3015	3114	6129
14-17 years	4100	4257	8357
Total 0-17	19,647	20,348	39,995

Based on data reported from 2011 to 2014 by *kidsdata.org* the number of public school students shown as homeless in Kings County has steadily increased. In 2011 the total number of student age homeless children was 490 or 1.7% and by 2014 the number of homeless children rose to 1,187 or 4.1%. The child population by Race/Ethnicity in Kings County, CA is comprised of African American/Black 3.4%, American Indian/Alaska Native 1%, Asian American 2.4%, Hispanic/Latino 67.2%, Native Hawaiian/Pacific Island 0.2%, White 21.5% and Multiracial 4.3%

ETHNICITY - TABLE 3

RACE – TOTAL POPULATION	152,982	100.0%
WHITE	83,027	54.0%
BLACK OR AFRICAN AMERICAN	11,014	7.0%
AMERICAN INDIAN	2,562	1.0%
ASIAN (ALL)	5,620	3.0%
NATIVE HAWAIIAN AND OTHER PACIFIC ISLANDER	271	BELOW 1%
SOME OTHER RACE	42,996	28.0%
TWO OR MORE ETHNICITIES	7,492	4.0%
THREE OR MORE ETHNICITIES	536	BELOW 1%
HISPANIC OR LATINO	77,866	50.90%
NOT HISPANIC OR LATINO	75,116	49.10%

U.S. Census Bureau American Community Survey, 2011 American Community Survey 5-Year Estimates, Table B02001 *American FactFinder* RU.S. Census Bureau. American Community Survey, 2011 American Community Survey 5-Year Estimates, Table B03003 *American FactFinder* RU.S. Census Bureau. American Community Survey, 2011 American Community Survey 5-Year Estimates, Table B19301. *American FactFinder*. Retrieved 2013-10-21. U.S. Census Bureau. American Community Survey, 2011 American Community Survey 5-Year Estimates, Table B19013. *American FactFinder*. Retrieved 2013-10-21. U.S. Census Bureau. American Community Survey, 2011 American Community Survey 5-Year Estimates, Table B19113. *American FactFinder*. Retrieved 2013-10-21

LANGUAGE SPOKEN – TABLE 4

LANGUAGE OTHER THAN ENGLISH SPOKEN AT HOME, PERCENT OF PERSON AGE 5+ YEARS (2010-2014)	41.8%
--	-------

LANGUAGE SPOKEN – 2015 Data – TABLE 5

ENGLISH	93,694	58.2%
SPANISH	52,281	37.6%
TAGALOG	2,203	1.6%
PORTUGUESE	1,355	1.0%
OTHER INDIC	501	0.4%
ARABIC	455	0.3%
CHINESE	383	0.3%
OTHER PACIFIC ISLAND	226	0.2%
VIETNAMESE	195	0.1%
JAPANESE	184	0.1%
ITALIAN	167	0.1%
GERMAN	162	0.1%

According to data from the statisticalatlas.com website the “Language Spoken at Home” in Kings County, California as reported indicates that the majority of residents in Kings County speak English, Spanish and/or a combination of English/Spanish and the other languages listed above. The data was further defined to report that English was spoken Very Well within the households in Kings County. This data is shown as follows:

ENGLISH LANGUAGE SPOKEN ‘VERY WELL’ – 2015 Data – TABLE 6

	TOTAL	DON'T	DO
SPANISH	52,281	24,044	28,237
TAGALOG	2,203	836	1,367
PORTUGUESE	1,355	430	925
OTHER INDIC	501	103	398
ARABIC	455	308	147
CHINESE	383	219	164
OTHER PACIFIC ISLAND	226	53	173
VIETNAMESE	195	127	68
JAPANESE	184	97	87
ITALIAN	167	12	155
GERMAN	162	28	134

This data can lead to the possible conclusion that many residents in Kings County are bilingual and are comfortable speaking in their native language and utilizing the English language.

MEDIAN INCOME – TABLE 7

PER CAPITA INCOME FOR 2014	\$18,518
MEDIAN HOUSEHOLD INCOME - 2014	\$47,341
PERSONS IN POVERTY, PERCENT	24.9%

In 2013, the average per capita income in Kings County was \$32,635; ranking Kings County 52nd of California’s 58 counties. The U.S. Census Bureau estimated that the median household income in Kings County California between the years 2011 and 2013 was \$47,035 and that 17.6% of the population was living at or below the poverty level. In 2014 the median household income in Kings County was listed at \$47,341 and 24.9% of the population was living below the poverty level. According to the data the median household income in 2014 rose by only \$306.00 but the poverty level rose from 17.6% to 24.9% which is significantly higher. Another data source estimated that 22.7% of all persons residing in Kings County are living under the Federal Poverty Level and according to data from California Food Policy Advocates 20.3% of Kings County’s children currently living below the Federal Poverty Level.

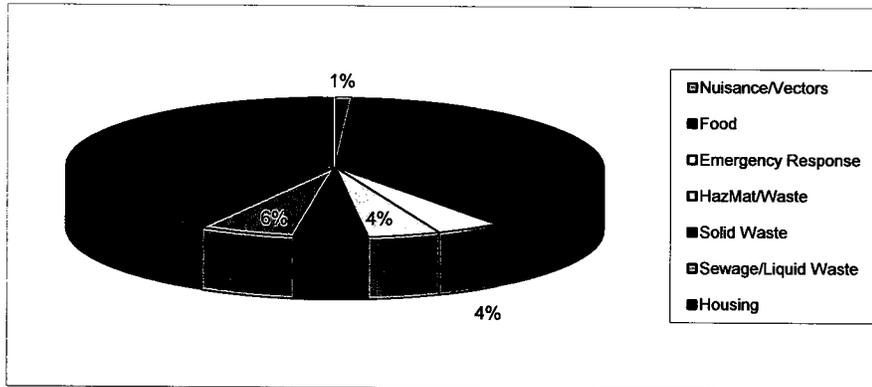
As of April 29, 2011, a total of 3,297 families were receiving public assistance CalWORKS in the county, according to the Human Services Agency C-IV system; the current open cases in February 2016 for families receiving CalWorks in Kings County is 2,851 which is down 12% from 2011.

In the previous report statistics showed that 13% of households in Kings County are led by single parents. Current data shows the following female-headed household in 2014 was 18.1% and male-headed households was only 6.4% and 2.8% of children in Kings County were in the care of their grandparents. These figures are still within the top 11 counties in the state for highest single parent led homes.

Environmental Health Services Substandard Housing Complaints

As of December 2015, Kings County's unemployment rate rose to 10.9%. A large percentage of agricultural workers have seasonal jobs and there exists a shortage of decent, affordable housing for all residents, especially considering the poverty levels in this area. High unemployment, poverty, lack of education, health problems, and other dynamics affecting an ability to afford safe housing, forces families to live with relatives, friends or acquaintances in very cramped quarters. Families cannot afford maintenance costs and housing becomes substandard. The difficulty for families finding affordable housing who are involved in the dependency system may lead to delays in the reunification process.

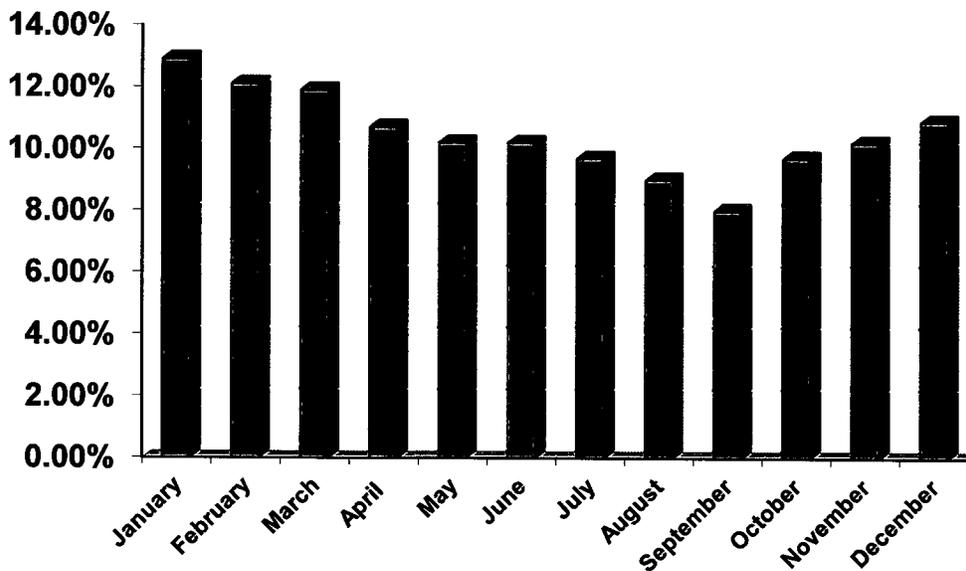
Housing Complaints - Graph 1



As reflected in the chart, the primary substandard complaint is in regard to housing with insufficient food a close second. With housing and food being the primary concerns and those being the most important for basic survival, as well as safety for children, attention needs to be given to these concerns.

UNEMPLOYMENT DATA – UNEMPLOYMENT RATE AS OF DECEMBER 2015 IS 10.9%

KINGS COUNTY UNEMPLOYMENT RATE: TREND DATA FOR JANUARY TO DECEMBER 2015 – GRAPH 2



EMPLOYMENT DEVELOPMENT DEPARTMENT UNEMPLOYMENT RATE AND LABOR FORCE (NOT SEASONALLY ADJUSTED) HISTORICAL DATA

Kings County residents face high rates of unemployment, underemployment, and poverty, which significantly inhibits their ability to "make ends meet" for themselves and their children. Children of single parents are especially vulnerable to living in poverty, especially in a rural area found within Kings County. Poverty causes a host of issues that affect a child's health, nutrition, education, and safety

(Child Health USA, 2010, U.S. Department of Health and Human Services, Health Resources and Services Administration). Kings County in 2015 showed a high unemployment rate of 12.9% in January to a low of 8.0% in September but unfortunately the rate has been steadily rising and finished in December at 10.9%.

The unemployment rate in April 2015 was 10.8%, down from 18.3% in Jan 2011. The rate had dropped to 9.7% in October 2015 according to the California Employment Development Department, labor force totaled 56,600 of which 51,100 were employed and 5,500 were unemployed, an unemployment rate of 9.7%. There are 6,194 companies based on the 2007 U.S. Census Bureau Survey of Business Owners. Many Kings County residents are employed in services that are comprised of position in government, retail, sales, manufacturing, agriculture and construction.

Kings County Employment & Financial Information – TABLE 8

Kings County Employment Status by Industry October 2015

Total Wage & Salary	\$45,000
Total Non Farming	38,200
Total Farming	6,800
Service Providing	32,800
Mining, Logging, and Construction	800
Total Private	23,700
Residual-Private Services Providing	18,300
Government	14,500
State Government	5,500
Local Government	7,900
Professional and Business Services	1,400

HOMELESSNESS DATA

According to a report from “The Sentinel” dated 5/12/2015 Kings County Homeless population has increased by approximately 30% over the past year and unemployment, lack of affordable housing, shortage of hours, programs and medical condition are among the top reasons for the rise in homelessness. According to the survey the number of homeless individuals in Kings County increased from 173 in 2014 to 226 in 2015.

The Program Director for the Kings-Tulare Continuum of Care attributed the increase also to the loss of federal Emergency Shelter Grant (ESG) funds.

In 2011 the total number of student age homeless children was 490 or 1.7% and by 2014 the number of homeless children rose to 1,187 or 4.1%. The child population by Race/Ethnicity in Kings County, CA is comprised of African American/Black 3.4%, American Indian/Alaska Native 1%, Asian American 2.4%, Hispanic/Latino 67.2%, Native Hawaiian/Pacific Island 0.2%, White 21.5% and Multiracial 4.3%

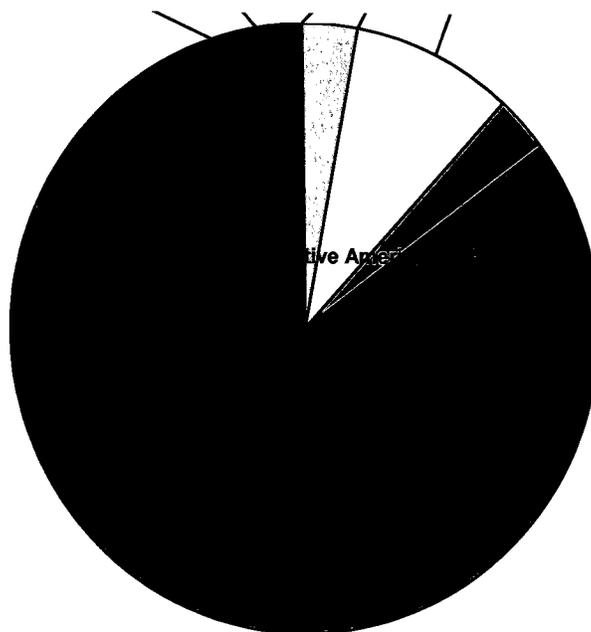
Kings County Continuum of Care Homeless Survey Results

The Kings County Continuum of Care in conjunction with the Kings/Tulare Homeless Alliance conducted annual “Point-in-Time” homeless surveys.

Information as reported in The Sentinel dated May 12, 2015 - The Kings-Tulare Continuum of Care conducted the annual Point in Time Survey earlier in 2015 to provide a snapshot of the number of adults, children and unaccompanied youth in Kings and Tulare counties who meet the federal definition for homelessness. According to the survey the total number of homeless individuals in Kings County increased from 173 in 2014 to 226 in 2015. The city of Hanford saw an increase of 46% from 138 (2014) to 202 (2015), the remaining individuals were counted in Armona, Strathmore and Corcoran.

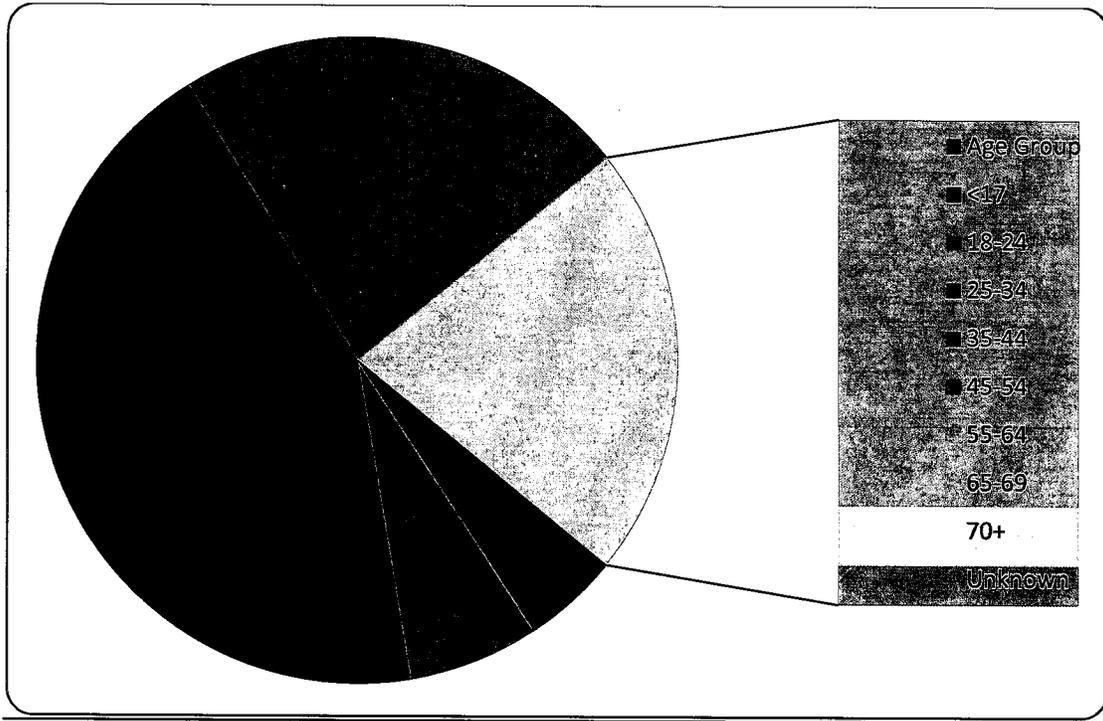
Although a majority had some form of aid (i.e. SSI, WIC, Food Stamps, TANF), all needed assistance with regard to acquisition of vocational skills, employment, child care and basic support services. The lack of employment, affordable hours and medical conditions continued to be cited among the top reasons given for homelessness. Therefore, the homeless primarily need basic survival items, vocational training, transportation, and housing

2015 Homeless Survey Results: Race of Individuals Living in Sheltered and Unsheltered Areas in Kings County – GRAPH 3

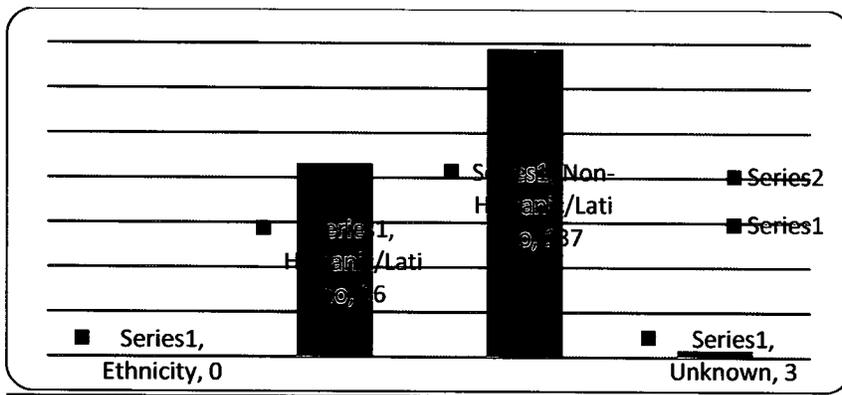


Pie 1 Caucasian 80%

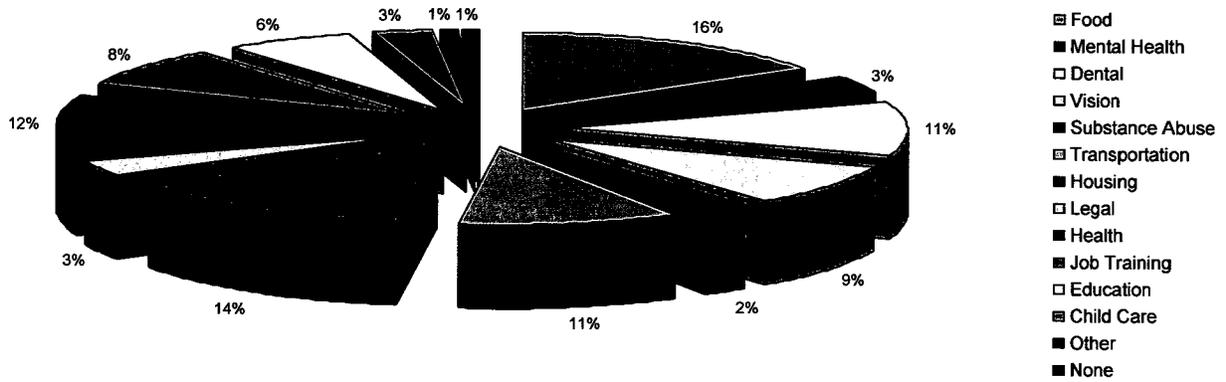
2015 Age Summary of Homeless Survey Report – GRAPH 4



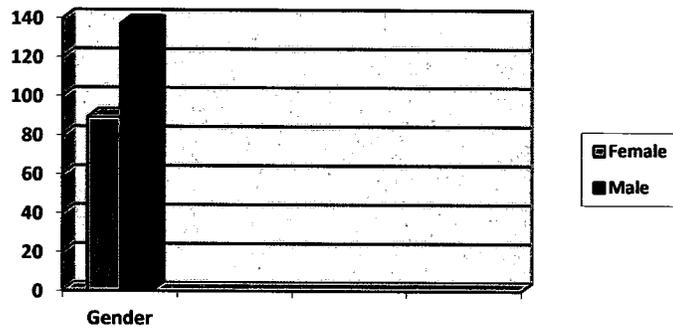
2015 Ethnicity Statistics of Homeless Survey – GRAPH 5



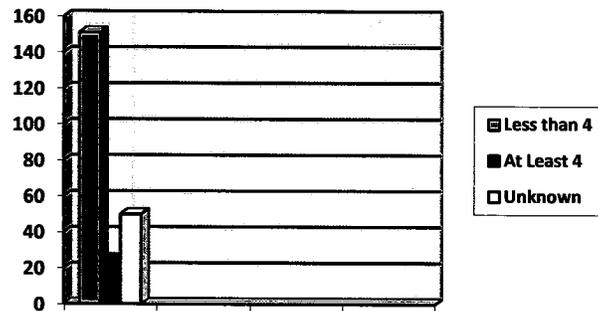
2015 Homeless Survey Results: Reported Services Needed – GRAPH 6



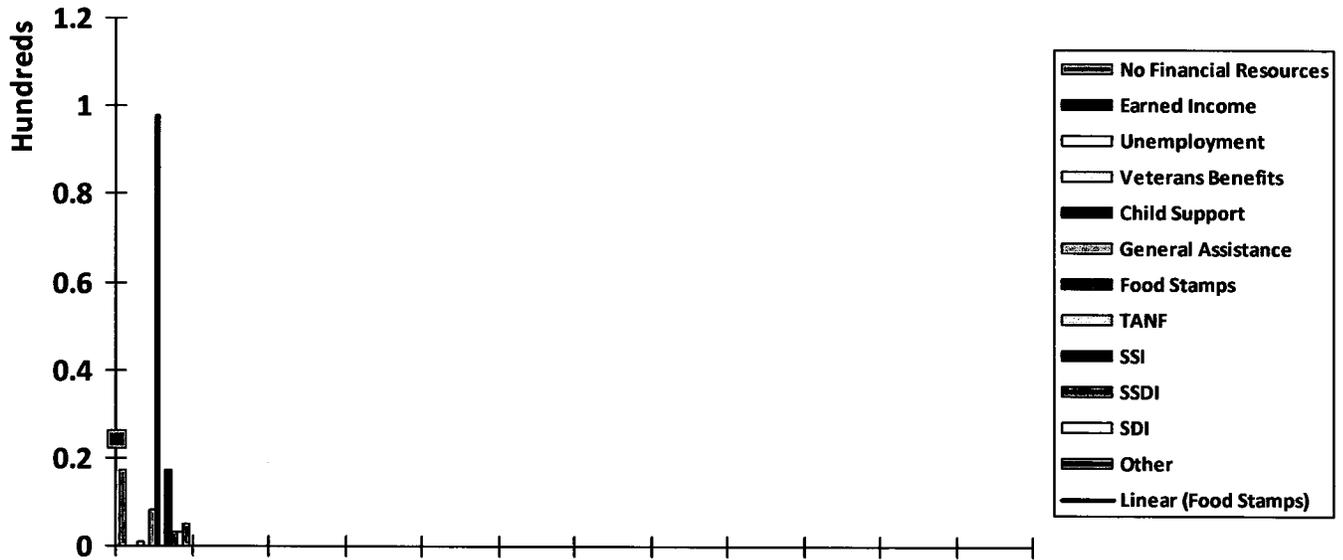
2015 GENDER OF HOMELESS ACCORDING TO SURVEY – GRAPH 7



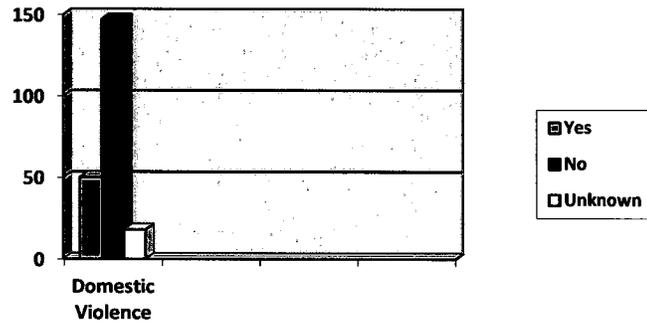
2015 – NUMBER OF TIME HOMELESS IN PAST 3 YEARS – GRAPH 8



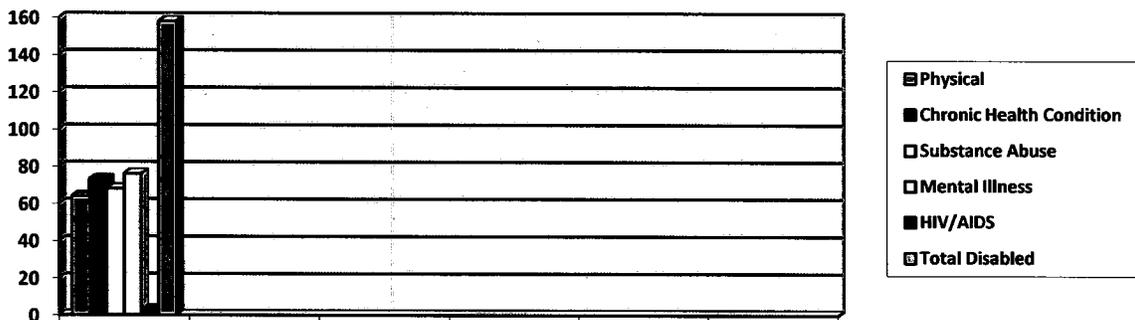
2015 BENEFITS RECEIVED BY HOMELESS ACCORDING TO SURVEY – GRAPH 9



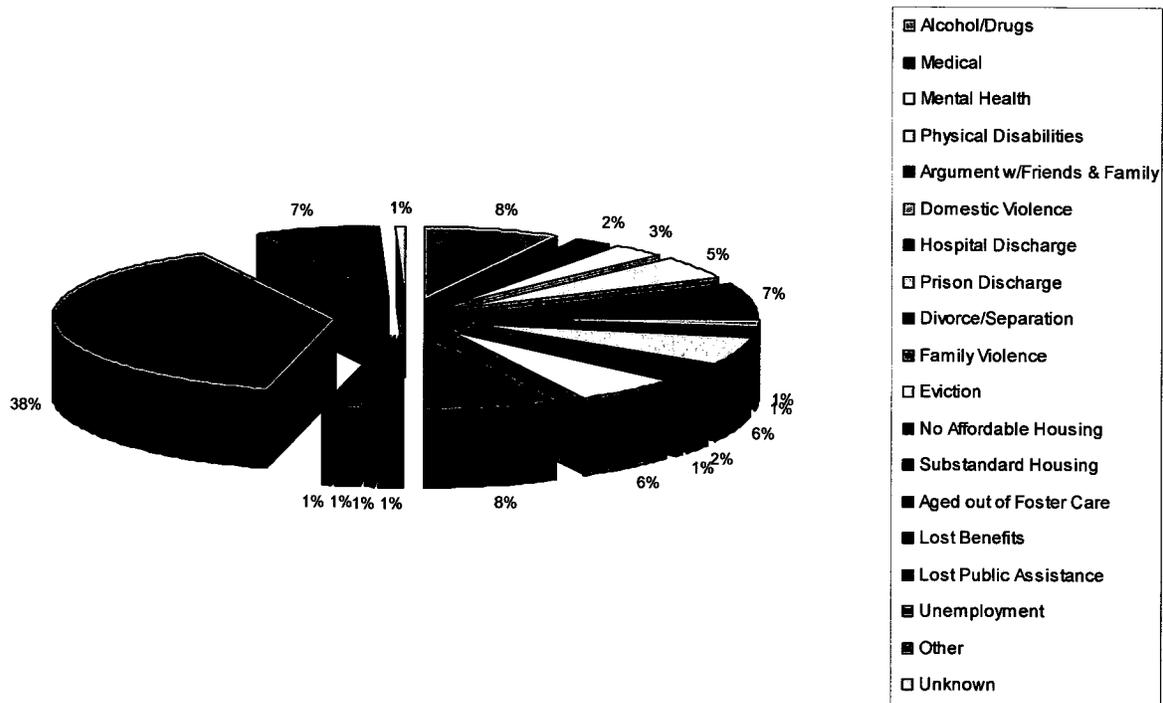
2015 HOMELESS SURVEY – DOMESTIC VIOLENCE VICTIM - GRAPH 10



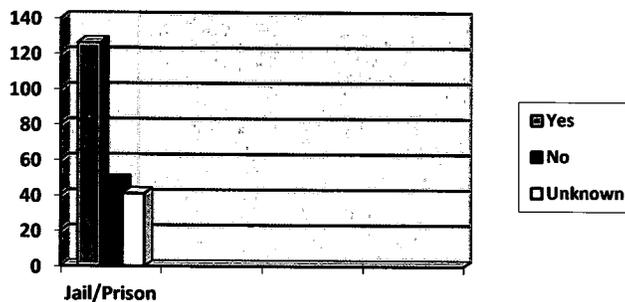
2015 SURVEY RESULTS REGARDING HOMELESS WITH DISABILITIES – GRAPH 11



2015 Homeless Survey Results: Reported Reasons for Homelessness – GRAPH 12



2015 Homeless Survey Result Jail/Prison – GRAPH 13



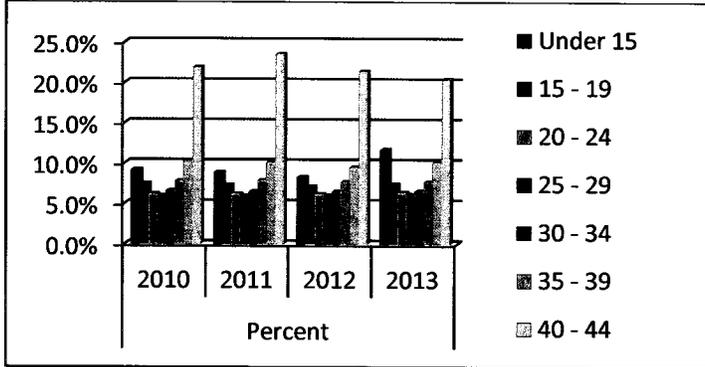
B. Child Maltreatment Indicators

Number of low birth weight newborns

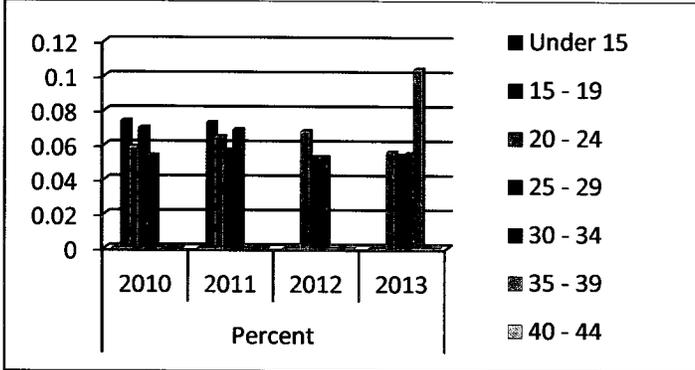
According to the Lucile Packard Foundation for Children’s Health “kidsdata.org” in 2013 the percentage of low birth weight newborns in Kings County was 6.3%; the percentage for the State of California was 6.8%.

Infants Born at Low Birthweight, by Age of Mother: 2010 - 2013

GRAPH 14 (California)



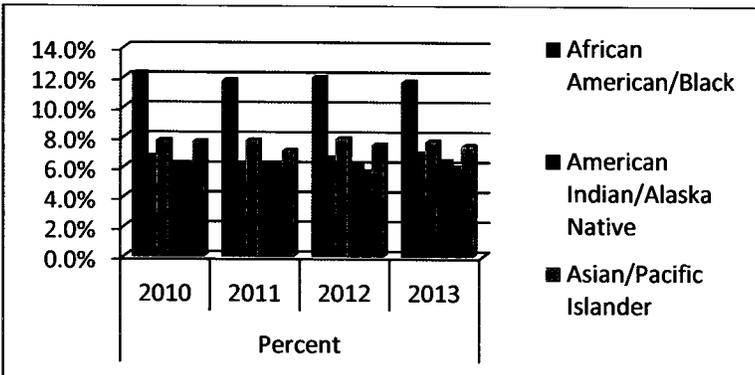
GRAPH 15 (Kings)



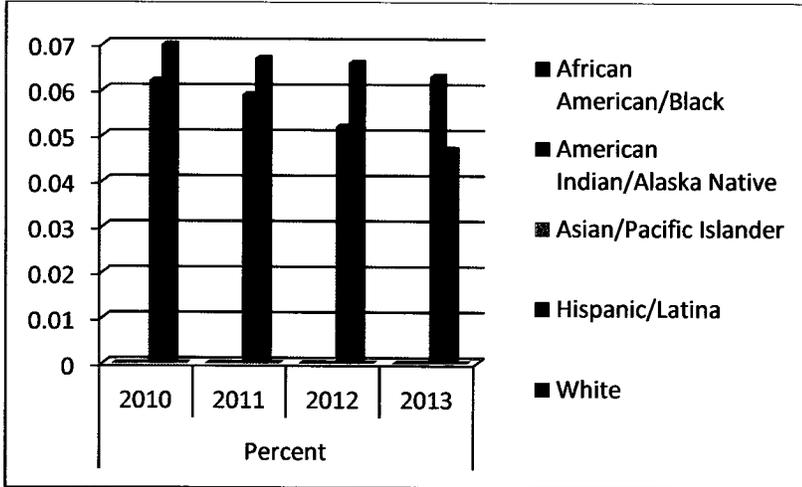
Compared to California, younger and older mothers in Kings County have a negligible rate of children born with low birth weights. In addition, Kings County's low birth weight statistics are far lower than California's, when comparing the age of the mother.

Infants Born at Low Birth weight, by Race/Ethnicity of Mother: 2010 - 2013

GRAPH 16 (California)



GRAPH 17 (Kings)



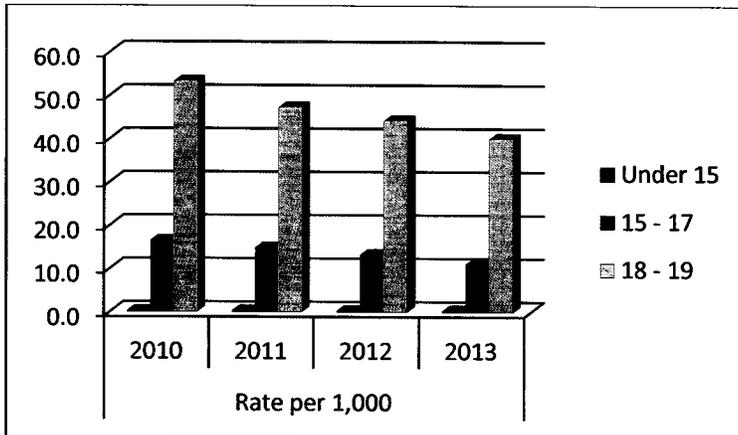
California’s low birth weight population appears to be predominantly those mothers whose race/ethnicity is African American/Black (11.7% in 2013); while Kings County’s low birth weight population is predominantly those mothers whose race/ethnicity has been White until recent statistics showing higher numbers in Hispanic/Latina mothers (6.3% in 2013).

Number of children born to teen parents

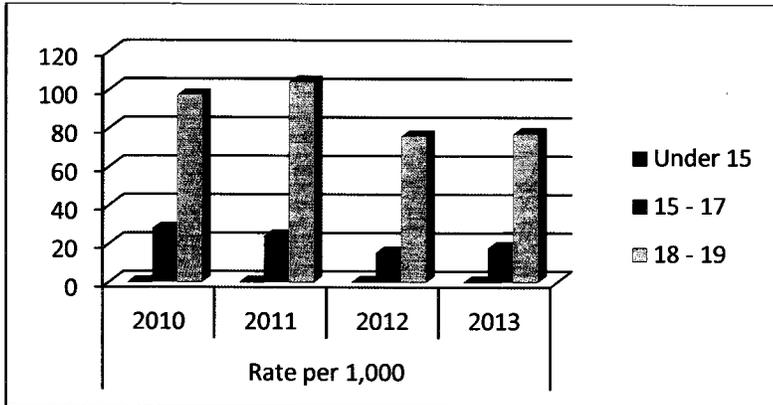
According to the KidsData.org website, Kings County data from 2013 reported an average teen pregnancy rate of 41.2% which is down from the previously reported 62.4% between 2005 and 2008, placing it 55th in the state for one of the highest teen birth rates. The number of births to teen mothers is an indicator of the overall status of adolescent health services, education, and the availability of family planning, and it is associated with a host of other social and demographic factors.

Teen Births, by Age of Mother: 2010 - 2013

GRAPH 18 (California)



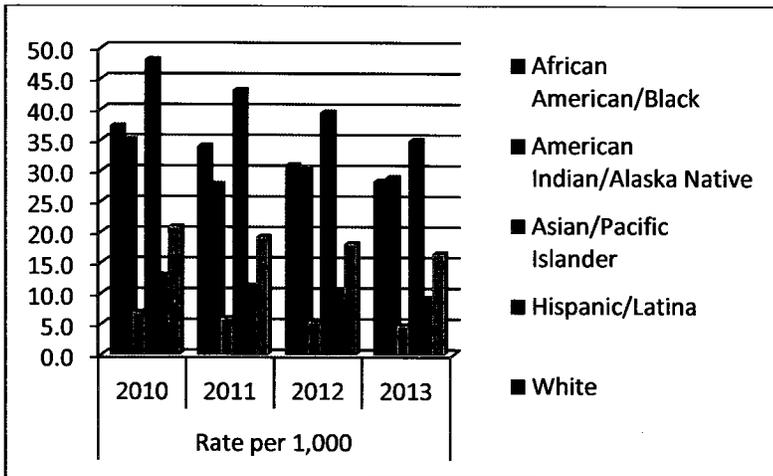
GRAPH 19 (Kings)



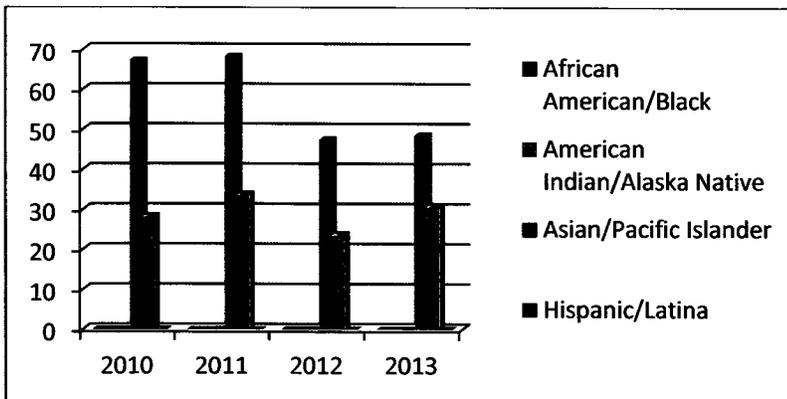
Kings County statistics on Teen Births mirror California’s statistics from 2010-2013, with 18-19 year old teens having the highest birth rates (40% in California and 77.3% in Kings). It should be noted that data for Kings County teen mothers under the age of 15 is negligible.

Teen Births, by Race/Ethnicity: 2010 - 2013

GRAPH 20 (California)



GRAPH 21 (Kings)



Kings County's statistics on Teen Births by race/ethnicity is comparable to California's; with Hispanic/Latina teens having the highest rate (34.9% in California and 48.5% in Kings County). White teens have the 2nd highest rate in Kings County (31.0%), compared to African American/Black teens in California (28.3%). It should be noted that the rest of the race/ethnicity categories have negligible data for Kings County youth.

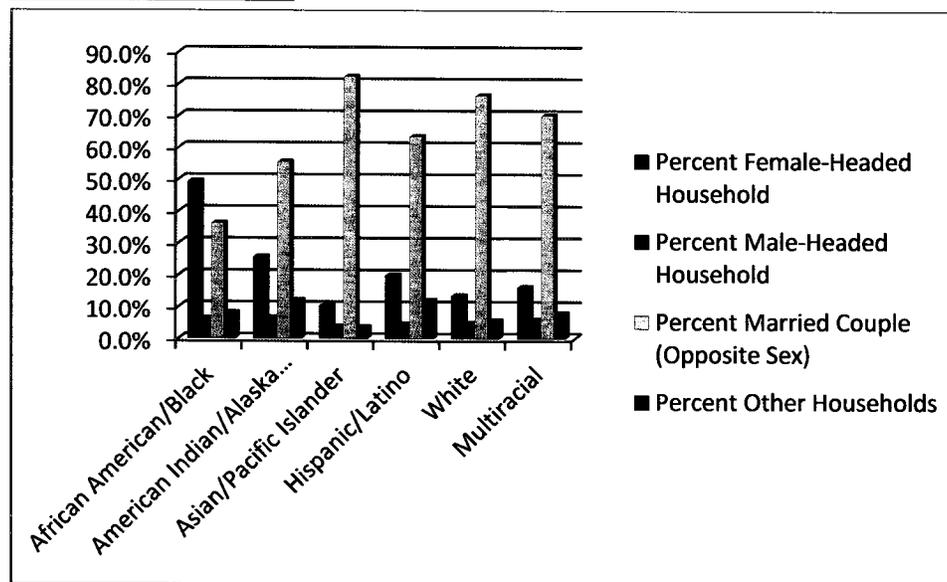
Family structure

Between 2010-2014 the U.S. Census Bureau reported the following data for Kings County, there were 41, 108 households in Kings County with an average of 3.24 persons per household and 80.3% of those households had a person at least 1 year or older and 42.2% of those households listed persons 5+ years where a language other than English was spoken in the home.

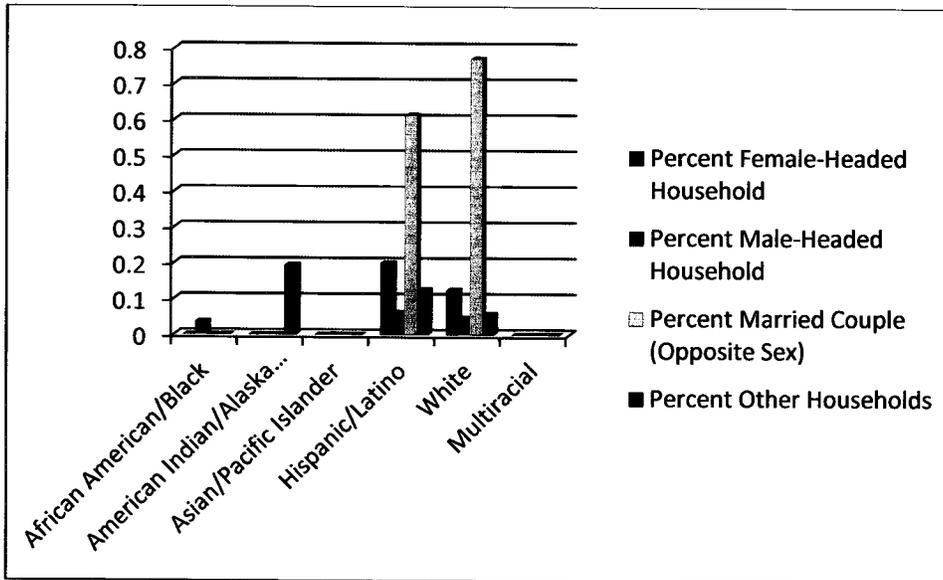
In the previous report, statistics showed that 13% of households in Kings County are led by single parents. Current data shows the following: Female-headed household in 2014 in Kings County was 18.1%, compared to 18.6% in California; Male-headed households was 6.4% in Kings County, compared to 4.7% in California; 2.8% of children in Kings County were in the care of their grandparents, compared to 3.3% of children in California. These figures are still within the top 11 counties in the state for highest single parent led homes.

In relation to Family Structure by Race/Ethnicity from 2009-2013, there is a drastic difference between California and Kings County:

GRAPH 22 (California)



GRAPH 23 (Kings)



Kings County's Female (20.1%) and Male-headed (6.2%) households are primarily Hispanic/Latino, Married Couple (Opposite Sex) households are White (77.1%), and Other Households are primarily American Indian/Alaska Native (19.5%). California, on the other hand is represented as follows: Female-Headed Households are African American/Black (49.3%), Male-Headed Households are American Indian/Alaska Native (6.2%), Married Couple (Opposite Sex) Households are Asian/Pacific Islander (77.1%), and Other Households are American Indian/Alaska Native (19.5%).

Housing costs and availability

AVERAGE HOUSING COSTS – TABLE 9

TOTAL HOUSING UNITS JULY 1, 2014	44,864
MEDIAN HOME OR CONDO VALUE	\$159,200
MEDIAN CONTRACT RENT – APARTMENTS (2013)	\$694.00
MEDIAN MONTHLY HOUSING COSTS FOR HOMES/CONDO WITH MORTGAGES	\$1,398.00
MEDIAN MONTHLY HOUSING COSTS FOR UNITS WITHOUT A MORTGAGE	\$363.00

According to the U.S. Census the home ownership rate in 2010 was 54.2% and according to research by Zillow Real Estate Research an estimated 24% of homeowners in the county owned their homes free and clear in the third quarter of 2012. The number of housing units has grown slightly since 2010 from 43,867 to 44,864 as of July 1, 2014. Owner occupied detached units are shown at 51.6% versus 18.9% for renter occupied unit.

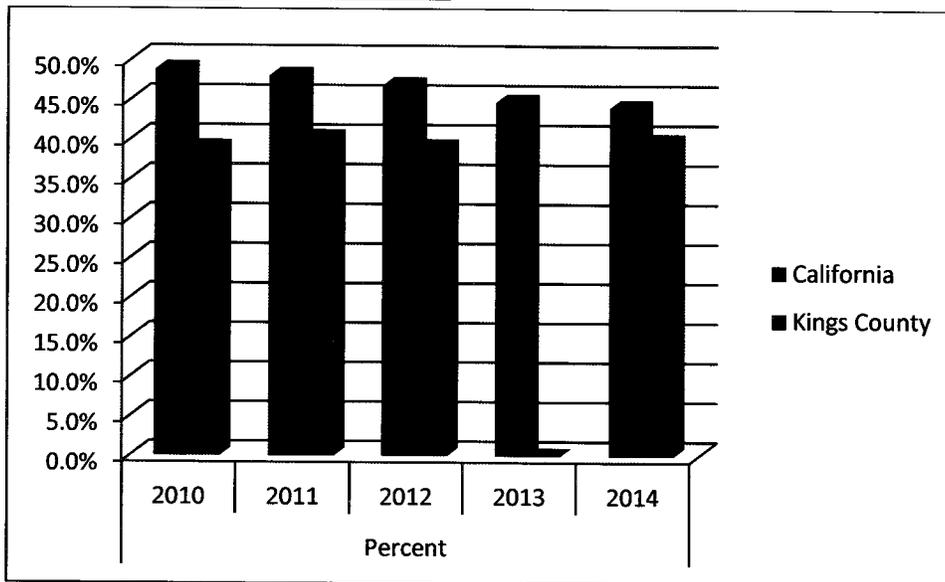
Kings County's Fair Market Rent, by Unit Size in 2016 is represented by the table below:

Fair Market Rent – Table 10

Kings County	Monthly Cost
Studio - 0 Bedrooms	\$607
1 Bedroom	\$611
2 Bedrooms	\$818
3 Bedrooms	\$1,133
4 Bedrooms	\$1,293

Compared to other areas of California, Fair Market Rent in Kings County is lower, thus high housing cost burden is slightly lower (39.7%) than California (44.0%):

Graph 24 – California versus Kings



2-1-1 Kings County / Kings Connection hotline calls:

Statistical data unknown but the Information and Referral can be located on the Kings County California Benefit Kitchen home page. The program is operated Mon-Fri from 8:00 to 5:00 and automated answering afterhours and weekends.

Substance abuse data

Unfortunately data specifically for Kings County was not listed with this information. Kings County Behavioral Health is reporting that 1 in 13 adults are alcoholics with most between the ages of 18 and 24. There are over 19 million drug addicted persons age 12 and older in the United States and over 50% of high school seniors reported using an illicit drug by the time they graduated.

Risk factors for drug and alcohol abuse are chaotic home environments, faulty parenting, lack of healthy relationships, poor social skills, school failure, improper behavior, association with deviant peers and the belief that other approve of using drugs.

Primary substances currently being abused in California are heroin, cocaine, methamphetamine, alcohol and marijuana.

Kings County Behavioral Health advocates that the most effective prevention programs must include family, school, community and media components with the goal to send the message that drug and alcohol abuse are dangerous to individual, families and communities and should be avoided.

The following contracted providers are available to assist the residents of Kings County: Champions Recovery Alternatives, Kings View Substance Abuse Treatment Services, WestCare Youth Treatment Program, Eminence Healthcare, Hannah's House, AA/NA/Al-Non Gamblers Groups of Kings County, Friday Night Live Partnership, California Department of Health Care Services (DHCS), County Alcohol and Drug Program Administrators' Association of California (CADPAAC), The Partnership at Drugfree.Org, the Meth Project and Natural High.

Mental health issues

In 2014, "kidsdata.org." reported that 5.9% of the children which were hospitalized were released with a diagnosis of Mental Diseases and Disorders.

Kings County Behavioral Health strongly advocates for prevention and early intervention for those suffering from mental health issues. Three promising new prevention and early intervention programs: Suicide Prevention, Stigma and Discrimination Reduction and Student Mental Health are tackling some of the most serious problems with proven approaches. The programs have the power to greatly reduce the amount of money spent on crisis services for people with serious mental illness, more importantly the programs will help thousand of children, adults and seniors stay healthy.

According to Kings County Behavioral Health more that half of mental issues begin by age 14 but unfortunately most children do not receive help during this critical time. Those children who do receive mental health support are more likely to be successful in school and as adults.

Child fatalities and near fatalities

According to the statistical data reported from "kidsdata.org." Kings County is shown at 42.5 per 100,000 rate for the period of 2011 – 2013 for children/youth between the ages of 1 o 24. which is higher than the State statistic of 30.9 per 100,000 over the same time period. Unintentional injuries such as car accidents, falls and drowning are the leading cause of death for all children under the age of 25 in California and nationwide, additional causes were attributed to birth defects, cancer, disease of the heart, homicide, influenza and pneumonia and suicide. The data further defined the Race/Ethnicity of the children during this time period as follows: Hispanic/Latino 40.5 to 51.6 for White.

Children with disabilities

The following Disability Supports are available for the citizens of Kings County: Resources for Independence in Visalia, Central Valley Regional Center in Visalia, Kings IHSS Public Authority and Resources for Independence in Fresno.

The Children’s Health Initiative and First 5 Kings County are programs designed to provide services for the children of Kings County.

Fetal Alcohol Spectrum Disorder which is caused by consuming alcohol during pregnancy is the number one cause of preventable developmental disabilities and birth defects in the U.S.

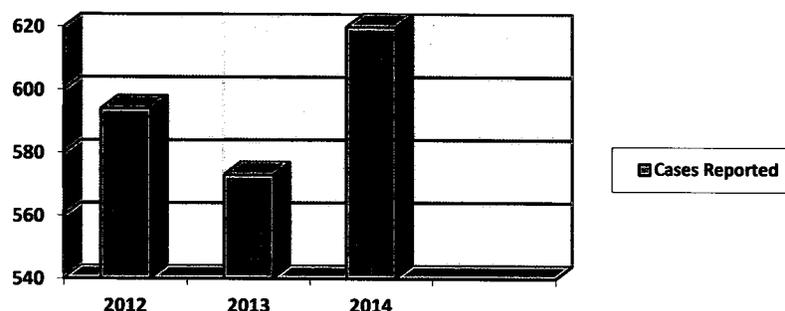
TABLE 11

Locations	Percent				
	2010	2011	2012	2013	2014
Kings County	3.1%	2.6%	2.8%	3.8%	4.6%
Locations	Number				
	2010	2011	2012	2013	2014
Kings County	1,307	1,098	1,166	1,606	1,885

Table 11 represents the estimated number of children under age 18 with one or more major disabilities. Children are classified as having disabilities if they have serious difficulties in one or more of the following areas: hearing (asked of all children), vision (asked of all children), cognitive ability (asked of children ages 5 to 17), ambulatory ability (asked of children ages 5 to 17), self-care (asked of children ages 5 to 17), or independent living (asked of youth ages 15 to 17).

Data Source: As cited on kidsdata.org, U.S. Census Bureau, American Community Survey (Sept. 2015)

Statistical Data on Domestic Violence Report in Kings County – GRAPH 25



Based on the statistical data Kings County reported an increase of 4.38% in reported Domestic Violence cases, cases reported in 2012 were 594, 2013 showed a slight decrease to 573, but unfortunately in 2014 Kings County reported 620 cases.

Impact on the delivery of services for at risk families

Child abuse and neglect is found in families across all social spectrums. There are many contributing factors to abuse such as parent substance abuse, financial stress, mental health issues and poverty. Young children are more vulnerable to the risk of abuse and its effects. Abused children experience higher rates of suicide, depression, substance abuse, problems in school and other behavioral problems including delinquency and increased propensity to maltreatment of their own children. As a medium sized, rural county in Central California, Kings County shares a higher incidence rate of neglect and abuse than other counties in the state, in large part due to the prevalence of drug and alcohol abuse and high poverty rates. The largest Kings County racial/ethnic groups are Hispanic (52.1%) followed by White (34.5%) and Black (6.2%). In 2014, the median household income of Kings County residents was \$47,341. Kings County households made slightly more than Inyo County households (\$45,625) and Madera County households (\$45,490). Additionally, the population over time has demonstrated a steady increase. However, 22.7% of Kings County residents live in poverty. Kings County's high rate of poverty, with 22.7% of children living in poverty, is a factor in child maltreatment indicators.

In addition to high poverty rates, the prevalence of parental drug and alcohol abuse in the county is a significant factor affecting referrals to the Child Welfare System. Most referrals involve neglect and include parental substance abuse, primarily involving methamphetamine, marijuana, alcohol and/or prescription medications; however, honey oil manufacturing has been on the increase recently. Since 2014 there have been at least 9 documented explosions or fires involving honey oil manufacturing. Some of these incidents have involved or in some way injured children.

Parental drug use can have a great impact on the parents' ability to function and parent their children. The following is provided from the October 2014 Child Welfare Information Gateway Bulletin for Professionals, which addresses Parental Substance Use and the Child Welfare System.

(<https://www.childwelfare.gov/pubPDFs/parentsubabuse.pdf>):

A parent's substance use disorder may affect his or her ability to function effectively in a parental role. Ineffective or inconsistent parenting can be due to the following:

- Physical or mental impairments caused by alcohol or other drugs
- Reduced capacity to respond to a child's cues and needs
- Difficulties regulating emotions and controlling anger and impulsivity
- Disruptions in healthy parent-child attachment
- Spending limited funds on alcohol and drugs rather than food or other household needs
- Spending time seeking out, manufacturing, or using alcohol or other drugs
- Incarceration, which can result in inadequate or inappropriate supervision for children
- Estrangement from family and other social supports

Family life for children with one or both parents that abuse drugs or alcohol often can be chaotic and unpredictable. Children’s basic needs—including nutrition, supervision, and nurturing—may go unmet, which can result in neglect.

C. Child Welfare and Probation Placement Population

Child Welfare and Probation Placement Population – TABLE 12

Number of children with child abuse and neglect allegation reports stratified by ethnicity

Kings County	Rate per 1,000
African American/Black	184.6
American Indian/Alaska Native	207.0
Asian/Pacific Island	43.2
Hispanic/Latino	72.1
White	89.1

Number of children with substantiated allegations stratified by age and ethnicity

In 2015, Kings County reported a total of 272 substantiated child neglect and abuse referral allegations. Furthermore of these 272 referrals 75% are for neglect and 25% for abuse; 30.5% were males and 69.5% females; 30.5% are white, 9.1% black, 57.4% Hispanic, 2.26% Native American and .74% were not reported.

TABLE 13

Substantiated Allegation Type	
Neglect	204
Abuse	68
Other	0

TABLE 14

Ethnicity	
White	83
Black	25
Hispanic	156
Asian/Pacific Islander	0
Native American	6
Not Reported	2

TABLE 15

Gender	
Male	83
Female	189

Number of children with referral allegations by type: TABLE 16

Data pulled from Kidsdata.org for 2014 (child welfare only)

Sexual Abuse	6.5%	218
Physical Abuse	13.1%	441
Severe Neglect	1.2%	39
General Neglect	62.9%	2120
Exploitation	0.3%	9
Emotional Abuse	3.5%	118
Caretaker absence/Incapacity	1.4%	47
At Risk, sibling abused	11.2%	377
Substantial Risk	0.0%	0

The graph below represents data from the California Child Welfare Indicators Project (CCWIP) for Kings County for years 2010, 2013 and 2015. The data shows a significant increase in allegations in the 6 to 10 age range; however, there was little to no increase in the age groups 1 to 2 or 16 to 17.

Graph 26

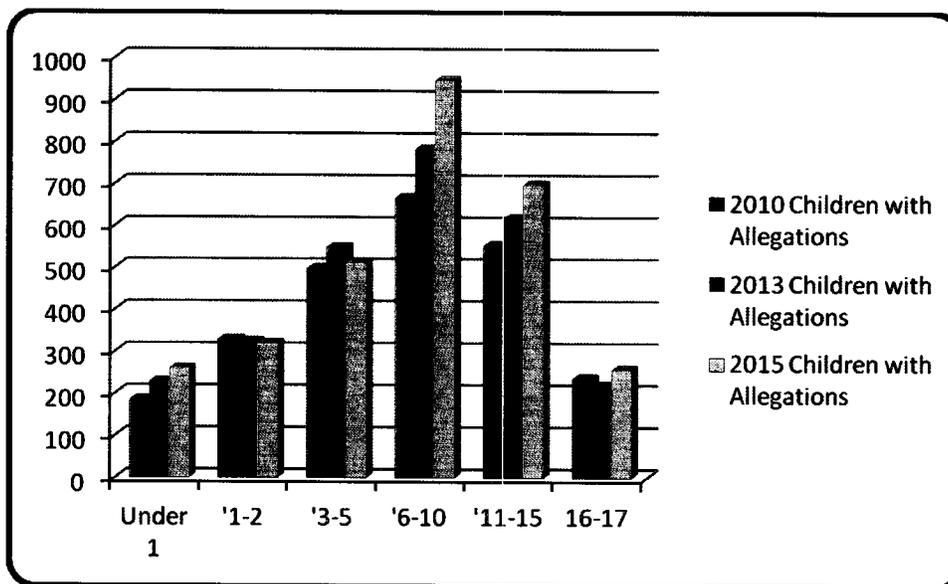


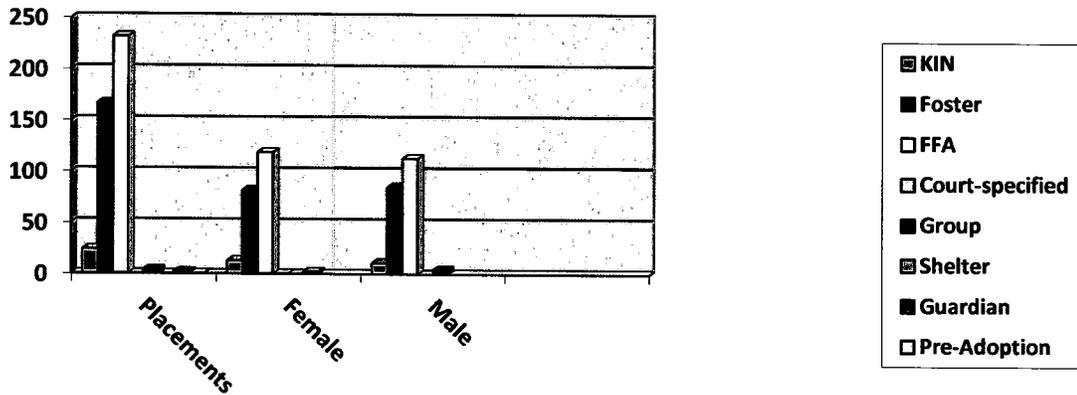
Table 17 illustrates allegations, substantiations and entries from 2010 through 2015 in Kings County. There was an overall increase in allegations, substantiations and entries comparing the 2010 data to the 2015 data. There was a significant spike in allegations in 2014.

Table 17

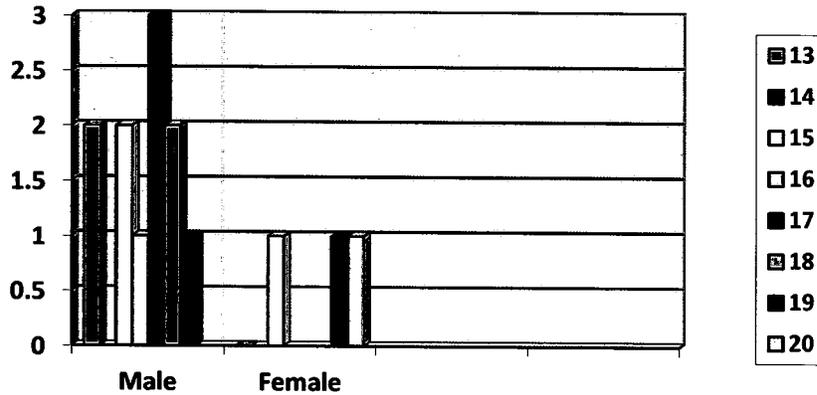
Year	Total Child Population	Children with Allegations	% of Allegations	Children with Substantiations	% of Substantiations	Children with Entries
2010	42,530	2,466	9.2	228	74.1	169
2011	41,391	2427	10.3	249	81.9	204
2012	40,329	2812	15.5	435	63.4	276
2013	39,831	2717	11.7	319	74.9	239
2014	39,829	3377	13	440	80.5	354
2015	39,995	2,991	16.5	493	88.6	437

CWS – Number of children with first entries stratified by age and ethnicity – GRAPH 27

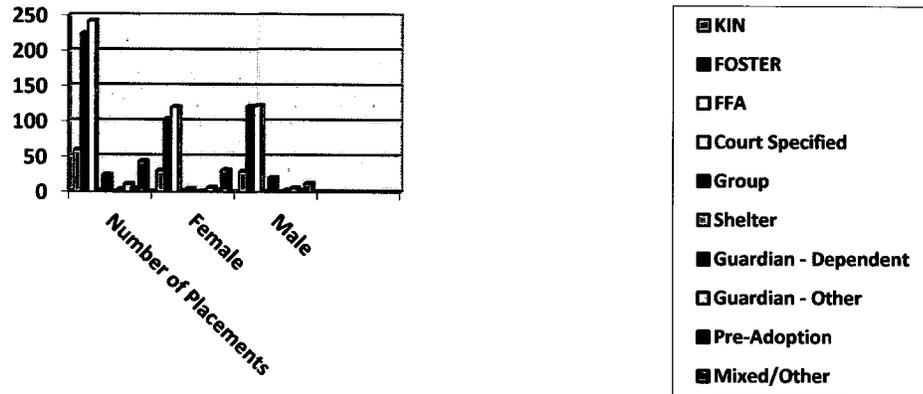
According to Safe Measures AB 636 Measures 4B: Placement Entries, there were 429 children in Kings County between January 1, 2015 and December 31 2015 who were reported as “Children entering their first placement during this specific time period”, ethnicity was not reported.



Number of children in probation system with a suitable placement order stratified by age and gender in 2015 – GRAPH 28

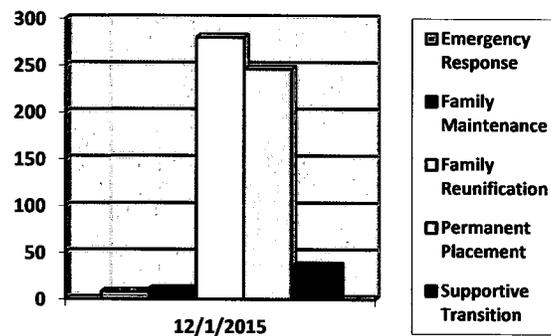


CWS Number of children with subsequent entries stratified by age and gender by placement type.
GRAPH 29 Subsequent data from Safe Measures for 2015 Quarter 4, reports the following placement for children in Kings County, ethnicity not reported.



Children in Care with open cases by service component – GRAPH 30

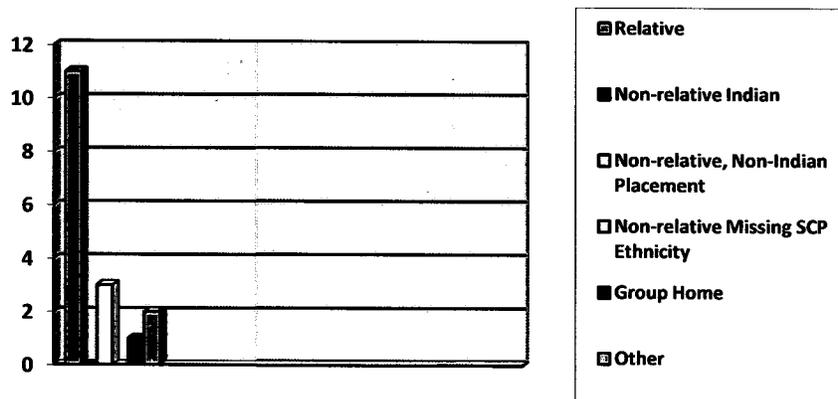
Safe Measures reports that for December 2015 Kings County had 581 clients in care for at least eight days during 12-1-2015 and 12-31-2015. The Service Components are as follows:



AB 636 Measure 4E1: ICWA Placement Preferences – ICWA Eligible – GRAPH 31

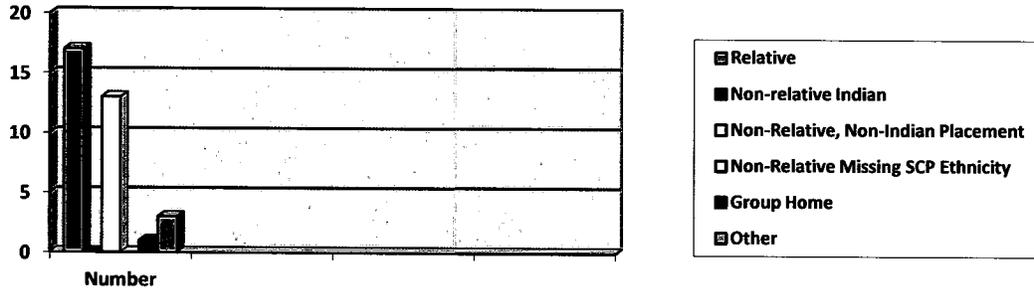
Number of children in care with tribal affiliations/number of ICWA eligible children

In Safe Measure for December 1, 2015 to December 31, 2015 which showed 17 children were reported to be ICWA Eligible and their placements are as follows:



AB 636 Measure 4E2: ICWA Placement Preferences – American Indian Ethnicity – GRAPH 32
All American Indian children regardless of designated ICWA eligibility) in an open removal episode during the 4th quarter of 2015.

Safe Measures reported 34 children in Kings County during this time period.



Public Agency Characteristics

A. POLITICAL JURISDICTIONS

There is one Tribe within Kings County, the Santa Rosa Rancheria (Tachi-Yokut). CWS and the Kings County Sheriff’s Office (KCSO) retain jurisdiction over child abuse/neglect and criminal matters on the Rancheria; however, the Tribe has a Security Office, which patrols the Tribe’s land and assists in detaining alleged criminals until the KCSO arrives. The primary authority on the Santa Rosa Rancheria is the Tribal Council.

There are five law enforcement agencies within Kings County as follows: Kings County Sheriff’s Office, Hanford Police Department, Lemoore Police Department, Avenal Police Department, and the Corcoran Police Department. In addition to retaining criminal jurisdiction on Tribal land, the KCSO is responsible for overseeing areas outside the city limits of Hanford, Corcoran and Lemoore, as well as the towns of Armona, Stratford and Kettleman City.

The KCSO has primary law enforcement jurisdiction on the Lemoore Naval Air Station, although the office works cooperatively with the Naval Criminal Investigative Service (NCIS) to investigate criminal acts. The Kings County District Attorney’s Office, or LNAS JAG, handles prosecution of crimes. The LNAS also has a Security Office that assists in ensuring the safety and integrity of the base. Kings County CWS has jurisdiction over child abuse/neglect matters on the LNAS, but works in tandem with the KCSO, NCIS and the Security Office when conducting investigations. A Memorandum of Understanding initially

went into effect between the KCHSA, NCIS, Family Fleet and Service Center, KCSO, Security, base hospital and associated schools in 1996; it was successfully updated in 2004 in an effort to clarify roles and responsibilities, as well as increase collaborative efforts between these entities. Representatives from all of these entities meet on the LNAS quarterly to review child abuse/neglect interventions, brainstorm solutions to any identified system weaknesses and to keep communication lines open.

There are 15 school districts within Kings County as follows: Armona Union Elementary, Central Union Elementary, Corcoran Joint Unified, Delta View Joint Union Elementary, Hanford Elementary, Hanford Joint Union High, Island Union Elementary, Kings County Office of Education, Kings River-Hardwick Union Elementary, Kit Carson Union Elementary, Lakeside Union Elementary, Lemoore Union Elementary, Lemoore Union High, Pioneer Union Elementary and Reef-Sunset Unified.

Kings County is a "general law" county, which means the county governmental structure is determined by the State Constitution and State General Law. The Board of Supervisors is the governing body for Kings County and many county special districts. Each of the five members of the Board is elected on a non-partisan basis to a four-year term. Their terms overlap: two are elected during presidential election years and three during state general election years. Board members begin their terms at the first meeting in January, at which time they choose a new chairman. The Board has a status similar to a board of directors of a large corporation in that it sets policies and depends on the County Administrator, county officials, and department heads to carry out its wishes. The Board of Supervisors has administrative, legislative and quasi-judicial duties and responsibilities prescribed to it by the California State Constitution and Statutes.

The Superior Court of California, County of Kings, is a unified superior court supported by seven judges, two commissioners, and sixty court staff. There are Court facilities located in Hanford, Lemoore, Corcoran and Avenal.

The Kings County District Attorney's Office is under the direction of Greg Strickland; there are currently 15 Deputy District Attorneys, one Chief Deputy District Attorney, one Chief Trial Attorney, 9 Investigators and 18 support staff.

B. COUNTY CHILD WELFARE AND PROBATION INFRASTRUCTURE

The Kings County Human Services Agency Social Services Division oversees Adult Protective Services, In Home Support Services, Child Protective Services, and Adoption Services. The Social Services Deputy Director manages the Social Services Division. There are three program managers. Two of the program managers manage the CWS units including Adoption Services.

The Emergency Response Unit is responsible for telephone intake hotline for all reports of suspected child abuse and neglect and follow-up investigation of referrals. The Court units file petitions; jurisdiction/disposition reports and case manages the cases until the Disposition decision is ordered. We

have ongoing case management units for the Family Reunification, Family Maintenance, Permanency Planning, and AB 12 services for Non-minor Dependents (NMD). Each unit has one or more Social Service Assistants. There is one Adoptions Services unit. There are two public health nurses doing health and CHDP data entry.

Kings County is a pilot county for the Resource Family Approval (RFA) program. There is a unit especially for RFA. New positions were created for the Case Review process. There is a new unit with a supervisor and two Case Review positions.

CWS has experienced staff turnover. Social Workers have resigned to take new jobs with the hospitals and behavioral health. The increase in cases in 2015 contributed to the staff turnover. New Social Work positions are being implemented to reduce the cases per caseload. The addition of new Social Work staff has required movement of staff to balance the ratio of experienced and inexperienced staff in the units. The foster youth have commented on the changes in their assigned Social Workers. It is confusing for the foster youth.

All Social Workers are required to perform Afterhours Duty; therefore, all Social Workers are required to find placement homes for children. The RFA Social Workers are required to perform Afterhours duty to allow for emergency relative/NFREM placement. A new unit will be implemented in the near future for placement services.

The Social Workers and support staff are represented by the CLOCEA General Bargaining unit. The Supervisors are represented by the CLOCEA Supervisor's Bargaining Unit. Since the change to CLOCEA in 2011 there have been no significant issues with the Bargaining Units.

Probation Staff Training and Placement Unit

Deputy Probation Officers are mandated to complete a probation officer's core training within the first year of employment. This training consists of 200+ hours of instruction that covers the duties and functions of a Deputy Probation Officer. Each Deputy Probation Officer after his/her first year is required to have an additional 40 hours of ongoing training each year on various subjects but not limited to ethics, managing assaultive behavior, search and seizure, criminal street gang training, drug awareness training, critical incident training, juvenile and adult case law update, firearms training, field tactics, tactical communications, unarmed defense tactics, baton training, chemical agent training, dual diagnosis training, Title IV-E training, sexual harassment training, CPR and First Aid update, report writing, domestic violence, and caseload management.

The Kings County Probation Department currently has one Deputy Probation Officer II assigned to the Placement Unit. That officer supervises on average 15-20 cases of youth that are in out of home placement. Those youth are in placements such as group homes, foster homes, and suitable relative homes and supervised independent living plans (SILP). The officer also supervises any AB12 youth we may have. There are no other officers or support staff assigned to the Placement Unit. Therefore, the Deputy Probation Officer is responsible for securing a placement for the youth, completing all eligibility

paperwork and submitting it to the Health and Human Services Agency, in many cases transporting the youth to their placement and supervising them once they are in the placement. There are many ancillary duties to this position and require a significant amount of the officer's time. The officer maintains all NYTD surveys, completes all case notes and written documentation for the cases in our case management system and in CMS, requests all credit reports, engages the parents and family of the youth and writes all court reports for the caseload. The officer sometimes makes arrests of placement youth, should they fail their program or commit a violation of probation. The officer maintains the Case Plan and works diligently with the youth and parents to reach their goals and work toward reunification. The Kings County Probation Placement Unit would be better served with an additional Deputy Probation Officer or with support clerical staff to assist the officer in the many responsibilities of our placement cases.

The Deputy Probation Officer assigned to the Placement caseload attends additional training that is specialized to the caseload, such as CSEC (Commercially Sexually Exploited Children), Think Trauma training, CMS data entry and Placement Core. Additionally, that officer attends specialized meetings regarding placement issues and services that are available to foster youth in the state of California.

In Kings County if a youth has been ordered into out of home placement, they are typically detained at the Kings County Juvenile Center awaiting an appropriate placement. The facility can house up to 65 youth; however, our population is 45 on average. While the youth is awaiting placement, a full PACT assessment is completed to determine the youth's risk level to reoffend. The Case Plan is reviewed with the minor at the time of Disposition and is updated periodically.

The Kings County Probation Department Placement Officer coordinates the eligibility paperwork for the placement cases with the Health and Human Services Agency. Additionally, probation has access to the case management system CMS that is utilized by the Health and Human Services Agency. All probation placement cases are entered into this system and all records are maintained and updated regularly. The placement officer works closely with the public health nurse to ensure all medical and dental records are up to date on our placement cases and all CHDP exams are completed timely. The placement officer also works with the Department of Education to ensure all school records are received in the county the youth are placed in so that they may enroll in school as soon as possible.

C. FINANCIAL/MATERIAL RESOURCES

CWS continues to develop and implement its Supportive and Therapeutic Options Program (STOP) that requires a 30% County general fund match. CWS entered into a contract with Kings View Counseling Services this fiscal year to provide STOP services to eligible youth and their parents who do not meet medical necessity for mental health services according to State Mental Health standards. The Kings County Mental Health Administration funds the 30% required County match.

The Kings County Human Services Agency makes every effort to maximize additional CWS allocation supplements that are entirely state funded programs. Examples include the Emancipated Youth Stipends, Kinship/ER funds and Specialized Care Incentives and Assistance Program (SCIAP). CWS has been required to creatively leverage funding through other programs and allocations such as TANF and the Emergency Contingency Fund as applicable to duties.

The CAPCC has funded the Prevention Specialists and consumer representative to attend CAPCC Regional Meetings, including strategic planning sessions, Mandated Reporter Training, Parent Leadership Academy Training, and Community Education such as the annual Kids Day Event. . Funding is provided for these individuals to travel, including lodging, meals, and mileage.

Probation: The Probation Department currently contracts with the Kings County Department of Education to provide one Deputy Probation Officer at Hanford Community School. This officer assists with school security, addresses delinquency and non-attendance and helps to maintain a learning environment within the school. During the school year the Department of Education pays 100% of the Probation Officer's salary.

Technology level

The following software is utilized by the CWS Division: CWS/CMS, Microsoft Word (Office 2003), Excel (Office 2003), Business Objects, Safe Measures, SDM, Microsoft Outlook 2007 and Power Point.

The following hardware is utilized by the CWS Division: (42) Dell OPTI-PLEX 9020 Pentium 4 processors with 22 inch Dell Monitors with Windows 2007 operating systems, (54) Dell OPTI-PLEX 7010 Pentium 4 processors with 22 inch Dell Monitors with Windows 2007 operating systems, (7) Dell OPTI-PLEX 790 Pentium 4 processors with 22 inch Dell Monitors with Windows 2007 operating systems, and (4) Dell OPTI-PLEX 780 Pentium 4 processors with 22 inch Dell Monitors with Windows 2007 operating systems. There are (5) Dell Latitude E-6510 laptops with Windows 2007 operating systems and (27) Surface Pro tablets with Windows 2007 operating systems. CWS has (12) network Hewlett Packard LJ 600 M02 Laser Jet printers, (3) Hewlett Packard CLJ CP5525dn Color printers, (3) Hewlett Packard LJ 600 M02 LaserJet printers (used by line staff) and (17) Hewlett Packard LJ600 M02 Laser Jet 4250n printers (used by Supervisors and Manager). CWS has three digital cameras, primarily for forensic investigations, and three Polaroid cameras that can be used by all staff.

CWS has 29 cars assigned to the Division and currently 70 Social Service Workers and Human Services Assistants, which is about a 2:4 staff/car ratio.

There are (70) CWS staff (Social Workers and Social Service Assistants), Supervisors and Managers with assigned cellular telephones.

D. CHILD WELFARE/PROBATION OPERATED SERVICES

Number/composition of employees

The CWS Division is staffed by one Deputy Director, three Program Managers, one Program Specialist, nine Social Services Supervisors, 55 Social Services Social Workers, seven Social Services Assistants and an Office Assistant staff composed of one Supervisor, five Departmental Specialists and seven Office Assistants. There are six specialty units within CWS: Emergency Response, Court, Family Reunification, Family Maintenance, Permanency Planning and Special Projects (family preservation, training, Fresno State interns). One or two Social Services Assistant assigned to unit.

Probation: The juvenile division of the probation department consists of 13 full-time Deputy Probation Officers. A Deputy Chief oversees the division and has overall administrative responsibility. A Supervising Probation Officer is responsible for the day to day operation of the division and is assisted by a Deputy Probation Officer IV, who acts as first-line supervisor. There are two sergeants that oversee our juvenile work programs and two Administrative Assistants that perform various clerical and data entry duties.

The juvenile division is divided into three separate and distinct units, each having unique responsibilities and duties:

Prevention: The juvenile division of the probation department provides delinquency prevention programs through the Facilitating Accountability through the Victim Offender Restoration (FAVOR) program. Favor services include an intake interview with a deputy probation officer at the onset of a first time offense or low level offense. A determination is made if services can be provided to address the delinquency with an informal approach in an attempt to rehabilitate youth at the lowest level of intervention. Services include counseling with the officer, referrals to outside agencies for mental health, WRAP or family counseling services, Aggression Replacement Therapy (ART), a Petty Theft Class, victim restitution and community service programs. The unit consists of one Deputy Probation Officer III that acts as a lead for the unit and two Deputy Probation Officers. There are two Sergeants that facilitate the juvenile work programs and one Office Assistant.

The probation department partners with Behavioral Health under their Pathways effort to take at risk youth to various college campuses within the state of California. This program exposes youth to educational opportunities they may not have known were open to them. The youth are given a tour of the campus and meet with education professionals on campus to learn how they could benefit from a college education. This program is in its infancy; however, has been successful and has received positive feedback from the community.

The FAVOR Program facilitates a summer program, YES, Youth Expanding Self-efficacy, for five weeks with youth in 1st grade through 3rd grade. It is facilitated at a local elementary school and the probation

department partners with Behavioral Health to provide a prevention curriculum, supplies, volunteers and snacks for the kids. The program provides the community with a resource for youth to learn self esteem, self worth and expose them to multiple mentors in our community.

Supervision: This unit supervises all minors placed on probation in Kings County. Caseloads average 20 Wards and are divided geographically. There are two officers assigned to supervise caseloads in the city of Hanford, one officer assigned to Avenal/Westside, one officer assigned to Lemoore/Armona and one officer assigned to supervise youth in the city of Corcoran. We have one Deputy Probation Officer II assigned to a High Risk field caseload and their cases encompass the entire county. These youth have been determined to be at high risk to re-offend through our PACT assessment tool. This caseload consists on average 15-20 Wards. There is also an officer assigned to Placement and one officer is assigned to Kings County School district, at Hanford Community. There is one Deputy Probation Officer III that acts as a lead to the field officers and is responsible for our Field Training Officer Program and assists the supervisor to the division. There is a Deputy Probation Officer II assigned to the Transitional Officer position. This officer works with in-custody youth to assist them in transitioning back into the community. The officer makes referrals for various services, as appropriate and assists the family in enrolling the youth in school. This officer also facilitates our Kings County Juvenile Alternative GPS Home Detention Program. Determinations are made, either at probation's discretion or by court order if a youth is eligible for early release to the GPS program. The officers assigned to the supervision unit work closely with local law enforcement agencies and provide support for juvenile cases. The officers in this unit are responsible to assess each case using the Positive Achievement Change Tool (PACT) assessment tool. This is an evidence based tool that determines a youth's risk to reoffend and their top criminogenic needs. The top criminogenic needs are addressed through case planning to assist the youth and their family in reducing recidivism.

Courts: This unit consists of a Deputy Probation Officer III as the Juvenile Court Officer and a Deputy Probation Officer II. They prepare Court documents as necessary; conduct in-depth interviews with youth, families and victims; conduct an investigation regarding the criminal charges and prepare a Dispositional report and make recommendations to the Juvenile Court Judge. The court officer ensures that all applicable time guidelines are complied with according to the law and to ensure proper findings are made for the purposes of Title IV-E and/or possible placement cases.

Although each unit functions independently, the units mesh together to provide seamless services in the area of juvenile crime prevention and intervention. The entire division works closely with other county partners including Child Welfare, Behavioral Health, the District Attorney and local law enforcement agencies.

County Child Welfare Responsiveness and Collaboration with Community

The Kings County Human Services Agency, Child Welfare Services Division and Kings County Probation Department are responsible for providing child welfare services directly; however, without a comprehensive community network to provide partnership and services to child welfare service recipients, our efforts to support and assist these families will not be successful.

CPS restructured its Multi-Disciplinary Team (MDT) as a result of the first SIP; it is service-oriented and includes diverse membership. The focus is on enhancement of services to support and assist children and parents receiving child welfare services. Members include: CVRC, Kings View Counseling Services, the AOD Liaison, CPS PHN, Kings Community Action Organization, Probation, Behavioral Health Administration, AB 490 Liaison, Office of Education, Champions Recovery Alternative Services, Employment and Training Services, Children's Hospital, Family Preservation and Support, Lemoore Naval Air Station, and CPS. Parents attend, with children at times. It has been very successful as indicated by surveys given to the parents.

The county has a separate process for Native American children due to respect for their culture. Family unity meetings are held on the reservation, facilitated by a CPS supervisor. Anyone the family has for support is invited, the parents, children, service providers, placement care provider, and Tribal Social Services. A safety or case plan is developed within the team meeting, which is framed as supportive, positive, and family-centered.

Child Welfare Services Outcomes Improvement Project (CWSOIP) Impacts

CWSOIP funding is spread across several contracts such as the CHDP Public Health Nurse, Kings View AOD Liaison, and STOP. All of these programs assist in maintaining a strong child welfare network and include blended funding and many partnerships. The PHN, AOD Liaison, and Kings View Counseling Services are members of the CAPCC, and CPS MDT. They are major stakeholders in provision of effective child welfare services. As described within this report, all of these individuals provide valuable services for families receiving child welfare services.

CAPIT/CBCAP/CTF/PSSF Service Impacts

The CAPCC is instrumental as the County's network for Child Welfare Service planning and intervention. Its strategic planning session was extremely successful at bringing major stakeholders, service providers, members of the public and consumers together to strategize an effective, comprehensive plan for improving child welfare outcomes, as well as the welfare of not only children, but parents, kinship care providers, foster parents, and those who are instrumental for services they need. This valuable information will not only serve as a funding guide for CAPCC monies but will be supportive of the SIP and aimed toward improving child welfare outcomes.

Many services funded by CAPCC also receive funding or support from other partners such as the Behavioral Health Administration, Health Department, First 5 Kings County, substance abuse treatment programs, schools, law enforcement, the Tribe, Lemoore Naval Air Station, philanthropic organizations, and faith-based programs. Champions Recovery Alternative Services, for example, receives funding and

support from the CAPCC, Behavioral Health Administration, various federal and state grants, and faith-based churches. The CAPCC Prevention Specialist is key to providing education and other services in outlying areas, in Spanish, throughout the county, and too special at risk populations. She is responsible for outreach at community activities, growing the Parent Leadership Support Program, Mandated Reporter trainings, and enhancing the child welfare network, especially with the Tribe, Lemoore Naval Air Station, FRC's and other community-based organizations.

E. OTHER COUNTY PROGRAMS

The Kings County Human Services Agency/Child Welfare Services Division and Kings County Probation Department are invested in the establishment and strengthening of purposeful relationships within the community in an effort to pursue positive outcomes for children and their families.

Our collaborations with other agencies or programs are aimed at providing prevention and intervention services to families in the community. Families may receive services from multiple organizations who communicate amongst one another.

CalWorks

The California Work Opportunity and Responsibility to Kids (CalWorks) program is the state implementation of the federal temporary assistance to needy families program (TANF). It provides time limited cash assistance to families with children. CalWorks recipients are automatically eligible to Medi-Cal, and may qualify for CalFresh benefits. Cash benefits are based upon the number of individuals in the family, with any other sources of income taken into consideration.

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

ETS provides the Family Stabilization program (Fam. S.) which is a component of the CalWORKs program that provides intensive case management and services to customers for up to six months. Fam. S. is designed to ensure a basic level of stability within a family prior to, or concurrently with, participation in Welfare-to-Work (WTW) activities. The goal of Fam. S. is to support remediation of a situation or crisis that is destabilizing the family and assist in the customer's transition to WTW 24-Month Time Clock activities that are best aligned with their continued success in the CalWORKs program. Fam. S. provides services to homeless clients and families with domestic violence.

The Fam. S. program works with the CWS Family Reunification clients. They assist with housing including homeless assistance. CWS and Fam. S. unit work closely regarding the families assessed needs and the

case planning to achieve reunification. This program assists with the facilitation to reunify the families. We are maximizing funding by referring to the CalWORKS contracted services such as substance abuse counseling.

Kings County Department of Public Health

The Kings County Department of Public Health employs a multi-faceted approach to public health. The mission of the department is to help the residents of Kings County achieve an optimal level of health and wellness by emphasizing and promoting positive health behaviors; encouraging individual responsibility in the health process, including modification of life-style factors that cause disease and disability; working with the community to prevent, solve or mitigate environmental health problems; and increasing awareness and client utilization of prevention services, community resources and primary health services. Divisions of the department include the following, which focus on the prevention of and intervention in situations that significantly threaten the well-being of children and families in the community: Environmental Health Services (food, housing, water, underground storage tanks, hazardous materials, air, worker health and safety), Public Health Laboratory (testing to support investigations and programs that aim to prevent and control infectious diseases), Public Health Services (case management through home visitation that increases client utilization and awareness of prevention and primary health services), Adult and Senior Health Services (IHSS, Preventative Health Care for the Aging and Adult Immunizations), Children's Medical Services (CHDP, California Children's Services, Childhood Lead Poisoning Prevention and Immunization Program), Chronic Health Services (diabetes, asthma, cancer, coronary heart disease and stroke), Injury Prevention (child passenger safety education), WIC, Comprehensive Prenatal Services Program, Communicable Disease Services (TB, STDs, Hepatitis and AIDS/HIV), Health Education and Promotion (tobacco prevention and Healthy Families), Maternal and Child and Adolescent Health (low birth weight infants, infant mortality, perinatal services, high risk infant program, breastfeeding counseling and lactation follow-up, reproductive healthcare services and teen pregnancy prevention).

Many of the aforementioned programs have a direct impact on CWS and Probation in that they serve the same population. CWS and Probation do refer our clients to the Public Health Department for services. CWS works closely with the Public Health Department. We have two Public Health Nurses (PHN) assigned to CWS. Their main emphasis is the children receiving their CHDP exams and entering the data into CMS. The PHNs also work closely with the Social Work staff regarding the children's overall health. Since they are located with us in our office, the PHNs are available to assist with children when they are in the office. If a medical issue or question arises or is noticed during a visit the PHNs are called upon by Social Work staff. The PHNs are a tremendous asset. They make referrals to doctors and the regional center. They are also able to access medical information from the hospitals regarding the children.

Alcohol and Drug Treatment

Kings County has multiple AOD providers. The two primary AOD providers are Kings View and Champions. Kings View substance abuse treatment provides services for adults. They do have dual diagnosis groups available for youth. As outlined later in this document, CWS has a Kings View AOD Liaison in the CWS office. This collaboration works very well for CWS and the families. This collaboration is beneficial to the delivery of services to the families. The assessments are completed in the CWS office and recommendations are received very quickly. The families are referred for further services to AOD agencies. The AOD Liaison is available to answer questions and to make recommendations or referrals for the families.

CWS works closely with Champions Recovery Alternatives programs. Champions provides intensive substance abuse outpatient treatment programs serving both youth and adults. Additionally, Champions has other services which are mentioned within this document. Their staff work closely with the CWS staff regarding the client's progress and compliance. They share their recommendations which assist with the case plan.

Kings County Behavioral Health Department

The Behavioral Health Department is responsible for implementation of the local Mental Health Services Act Plan, which provides comprehensive prevention, intervention, and treatment services for children, families, elderly, professionals, and dependent adults. Wide arrays of services are provided by the department's case managers, clinicians, and in collaboration with Kings View Counseling Services, as well as Alternative Health Services. Another key component of the department's strategies is its wraparound program, aimed toward maintaining foster children in placement. The program operates with Behavioral Health staff, Kings View Counseling Services clinicians, and a Foster Family Agency

Behavioral Health provides Parent-Child Interactive Therapy and short-term, individualized therapeutic sessions for older children, especially in isolated areas of the county. The program works in tandem with the MHSA Full Service Partnership to fill service gaps for the community. Services focus on reaching unique cultural groups within the county such as the Native American, homeless, Spanish speaking families, low socio-economic and gay/lesbian/bisexual/transgender groups. The program focuses on building bridges with people utilizing community-based approaches, outreach, and diverse methods to engage those in need of services.

A support group for kinship providers is beginning at the Commission on Aging to further assist grandparents raising grandchildren, which has been found to be a needed service for relative foster parents.

Behavioral Health provides direct services to the CWS families or contracted vendors to provide the services. Most CWS families will access at least one or more services through Behavioral Health.

Kings County First 5 Children and Families Commission

The First 5 Kings County Children and Families Commission funds the Family Resource Center Initiative. Currently, there are 5 FRCs in the County, which includes: Avenal FRC, Corcoran FRC, Hanford FRC, Kettleman City FRC, and Lemoore FRC. First 5 also developed school readiness programs and projects throughout the county.

Kings County FRC's are establishing long-term, supportive relationships with families in an effort to help them be self-sustainable. In addition to providing information on community-based services available and referring families to these services, FRCs provides a forum for neighborhoods to congregate and brainstorm solutions for any existing barriers to their successful development. The FRC programs provide services to the CWS population. Most importantly their services are preventative which may prevent CWS intervention.

Kings County Family Preservation and Support Social Work Program

Currently, the Kings County Family Preservation supports one (1) Social Worker to provide intensive, in-home services to children and their families. The Social Worker is an employee of the Kings County Human Services Agency who is supervised by the CWS Division, but her salary is funded by the PSSF. CWS provides a Social Services Supervisor, as well as administrative support for the program. This partnership permits higher quality preventative services to be provided in the County. Family Preservation and Support Social Worker concentrates her prevention and intervention efforts on specific underserved, underrepresented populations within Kings County. CWS refers clients that require specific one on one services such as hoarders and specific parenting instructions. This program impacts CWS ability to provide unique services to our families. This collaboration is outlined in further detail in a later section in this document.

County Shelters

There is one women's shelter operated by Kings Community Action Organization (KCAO) located in Hanford, CA, which accepts homeless women and their children. The Human Services Agency has a MOU with KCAO to coordinate referrals, intake, services, and confidentiality. Champions Recovery Alternative Systems opened Hannah's House since the last assessment, which is a transitional living environment for women and children under the age of 5 years. CPS clients utilize Hannah's House services. The residents receive increased support from the Champions staff, resources, and intensive services such as participation in Celebrating Families! (CAPCC funded program), Champions' out-patient

substance abuse treatment program, and AA/NA meetings. Champion's works closely with CPS to coordinate case plans to ensure clients are not overwhelmed by too many and/or conflicting services.

6. State and Federally Mandated Child Welfare/Probation Initiatives

Resource Family Approval Program (RFA)

In January 2014, Kings County was selected to be one (1) of the five (5) early implementation counties for the State roll out of the Resource Family Approval Program (RFA). The RFA Program is responsible for assessing all families who wish to be a foster, adoptive or guardianship family; ensuring standards of safety are met in each resource family home. The RFA Unit includes foster care licensing, adoption, guardianship and recruitment services for CWS. Resource families are necessary to CWS, as children in out-of-home placement need to live in safe homes while they are not living with their parents. In the event that a child cannot permanently return home to their parents, CWS strives to place children for adoption or guardianship in safe, nurturing, permanent homes. Resource families consist of relative or kinship families, licensed foster care families, guardianship families or adoptive families. Regardless of the type, resource families play a key role in the life of a child in care. When out-of-home placement is needed to keep the child safe, CWS makes diligent efforts to identify, evaluate and consider relatives, family friends and those culturally tied to the family as the primary placement option. When relatives cannot be a placement option for the child, CWS makes efforts to actively recruit and support resource families within the child's home community and in as close proximity as possible to the child's community of origin. CWS is committed to assuring the child may continue to maintain important and lasting cultural, familial, educational and community-based connections.

Relative assessments, licensing standards, and home studies are utilized by CWS staff to ensure children are placed with resource families who can provide a safe environment for the child. Families and resource families, in partnership with CWS workers, work together to ensure the placement best meets each child's individual needs. CWS promotes reunification of the family whenever possible. While placement of the child with their siblings is always preferred, frequent visits are arranged when siblings are placed apart due to the specific needs of the child. Frequent visits are arranged between the parents and the child to ensure the child remains connected to their parents and the parents remain a primary force in the child's life. At the point of family reunification, CWS staff and resource families actively support the child and the child's family to successfully and permanently return home. Should the child be unable to safely return to the parent's home, CWS actively prepares the child for adoption or guardianship with a permanent, "forever" family.

There are many places the RFA Program intercepts with other program activities. During the initial assessment, the RFA Unit assesses the resource family and their supportive services. If a relative is identified for the placement of a child, RFA staff will assess the relatives' ability to meet basic licensing standards for care. Training for resource families is valued and mandated by CWS. Each resource family

completes a basic training program called Foster Pride, which is vital to a child's positive transition and adjustment to foster care. Birth parents are welcome to partake in the resource family training. In some instances, the CWS worker will request a Team Decision Making meeting, or a case staffing, to determine if out-of-home placement is necessary to keep the child safe. At this meeting, all placement options are considered for the child, with first priority given to a safe, relative placement. Should there be a safe relative identified for the child, the foster care licensing staff works with the relative to become licensed for foster care. A part of the licensing process includes a fingerprint background check to determine if there are any potential safety threats for a child placed in the home. In the event that a safe relative is not available for placement of the child, foster care licensing is asked to identify a safe, licensed foster home where the child can reside. The foster care licensing worker may identify several homes the worker can contact; the worker makes every effort to place the child in a home that allows for the child's important relationships to continue, such as family contacts, school placements, and maintaining connections to the child's culture.

CWS strives to have foster parents work cooperatively with the child's parents to ensure a child's transition to a foster home is positive, and that all parents' questions are answered. Most importantly, foster parents will be able to best assist the child with a quick and safe transition back to their family home. For families who have adopted, or become the guardian of a child, the initial assessment can be utilized to bolster supports and resources for the family. This may be done through a re-evaluation of an adoption or guardianship subsidy to support services to the family and/or a family referral to services for adoption support. All children are entitled to a permanent, forever home. CWS believes that the very best permanent home for a child is with their parents and strives to reunify the child with their parents whenever possible. In some instances, despite the best efforts of all involved, it may never be safe for a child to return to the care of the parents. In these cases, CWS is mandated to identify a forever family for the child. The child's worker has resources available to assist them with making the best adoption match for the child and family. Child-specific recruitment resources, such as diligent relative searches, tribal searches, and adoption exchanges, are just some of the avenues a worker may use to locate a permanent family for a child. In some cases, the child is placed for adoption, in some cases the child is placed in the legal guardianship. No matter what the type of permanent home, an assessment of the adoptive or guardianship family is essential to ensure the permanent home is safe, nurturing and can meet the long-term needs of the child. The Permanent Families for Adoptive/Guardianship children program is utilized to thoroughly assess adoptive and guardianship parents' readiness for adoption. Each family is assessed through an adoptive or guardianship home study. Families are assessed based on their abilities to meet the long-term needs and connections for the child. Adoptive and guardianship parents are encouraged to continue to maintain the child's connections to their birth families, communities, and culture. Pre-adoptive and pre-guardianship support services are available to adoptive families to assist them with the child's and family's adjustments to adoption.

Quality Parenting Initiative (QPI)

The Quality Parenting Initiative (QPI) is an approach to strengthening foster care, including kinship care, using branding and marketing principles. It is a process designed to help a site develop new strategies and practices, rather than imposing upon it a predetermined set of “best practices.” Our core premise is that the primary goal of the child welfare system is to ensure that children have effective, loving parenting. The best way to achieve this goal is to enable the child’s own parents to care for him or her. If that isn’t possible, the system must ensure that the foster or relative family caring for the child provides the loving, committed, skilled care that the child needs, while working effectively with the system to reach the child’s long term goals. Skilled caregivers are critical to achieving important outcomes for children and families.

Fulfilling this commitment has been difficult, in part, because systems have been primarily focused on finding placements or beds, rather than on finding families for children who are temporarily away from home. This attitude is reflected in the differences between standards for adoptive parents, which focus on the family’s strength and weakness, and foster parents, which focuses on the health and safety of the physical home. This duality is reflected in the public image of adoptive parents, who are seen as loving and altruistic, as opposed to foster families, who are seen as financially motivated and uncaring. The foster care “brand” is tainted and deters families from participating rather than encouraging them.

QPI is an effort to rebrand foster care, not simply by changing a logo or an advertisement, but by changing the core elements underlying the brand. The key elements of the process are to define the expectations of caregivers, to clearly articulate these expectations and then to align the system so that those goals can become a reality. When these changes are accomplished, QPI sites use the new brand to develop communication materials and to design recruitment training and retention systems.

The major successes of the project have been in systems change and improved relationships. Sites have also reported measurable improvement in outcomes such as reduced unplanned placement changes, reduced use of group care, reduced numbers of sibling separation, and more successful improvements in reunification. Participation in the project requires the commitment by leadership as well as the appointment of an internal champion who has management authority. QPI can provide sites with materials to facilitate change, including a modified foster parent training curriculum, in-service training resources, model policies and practices and consultation with experts. However, it is the responsibility of the sites to identify their own needs using the QPI process.

AB12 Extended Foster Care

More than 5,000 youth age out of foster care in California every year. They face homelessness, jail or a life dependent on public resources. AB12 offers these young adults a modest bit of assistance, with a big payoff. This small investment can make housing affordable, help fund higher education or supplement wages at entry-level jobs. Small up-front investments like these create better lives and put youths on the road to self-sufficiency and prosperity.

AB 12 became effective in January 2012 and provides transitional housing and support to those who qualify until age 21.

This is not money that comes for free. If a young adult wants to be eligible, he or she must be either:

- Completing high school or GED
- Enrolled in post-secondary or vocational education
- Participating in a program to remove barriers to employment
- Working at least 80 hours per month or;
- Incapable of any of the above because of a medical or mental health condition

AB12 is referred to as Extended Foster Care (EFC) and the youth are called Non Minor Dependents (NMD). There are several different housing options available to these youth: traditional placement options, as well as, THP+FC – Transitional Housing Program Plus-Foster Care, and SILP – Supervised Independent Living Placement. To continue EFC – if child is still a dependent and wishes to remain after they turn 18, it is an extension of foster care. If the dependent left foster care and wishes to re-enter, the NMD must sign SOC 163 (voluntary re-entry agreement), and the social worker or the youth must file a 388(e) Petition to resume dependency or assume transition jurisdiction.

With the implementation of the Affordable Care Act on January 1, 2015, all former foster children who were in foster care in California or any other state as of age 18 are now eligible for full-scope Medi-Cal, regardless of their income, up to age 26. Previously, the cut-off was age 21.

Kings County currently has 41 AB12 youth receiving services at this time.

PROBATION: PRIDE

The Kings County Probation Department, on behalf of the Kings County Blue Ribbon Commission sought funding from the Office of Juvenile Justice and Delinquency Prevention (OJJDP) to assist with the implementation of the Preventing Recidivism and Incidences of Delinquency with Education (PRIDE) program to reduce recidivism rates and improve youth outcomes with moderate to high risk youth in the juvenile justice and child welfare systems. The PRIDE program will engage in stakeholders from education, child welfare, behavioral health, healthcare, law enforcement and the courts to reform juvenile justice practices and establish strategies, practices and policies that have been proven effective in reducing recidivism with moderate to high risk youth.

During the current planning process, the Kings County Probation Department has collaborated with the Kings County Juvenile Reentry Task Force (JRTF) to establish a five year strategic plan that would drive system-wide change to reduce recidivism. During this process, the probation department has reviewed department policies and procedures, reviewed the department and county-wide system of juvenile data collection, reviewed recidivism and other available outcome data, conducted focus groups with probation staff and external stakeholders, identified key barriers to improving reentry outcomes, consulted with experts on reentry and identified key barriers to improving reentry outcomes, consulted with experts on reentry and model juvenile reform programs throughout the nation.

The PRIDE program will 1) develop formal policies and processes of transforming the Kings County Juvenile Center into a treatment facility that provides youth with the services needed to reduce recidivism and promote other youth outcomes; 2) develop formal reentry processes beginning in the Juvenile Treatment Facility and continuing into the community that ensures youth receive supervision and services tailored to their assessed needs; 3) develop agency capacities and formal processes for measuring, analyzing, and utilizing recidivism and other youth outcome data for all youth under Kings County Probation Department supervision; 4) identify youth's criminogenic needs through a standardized validated risk assessment tool; 5) conduct mental health and substance use disorder screening on all youth committed to the PRIDE program; 6) implement and track the effectiveness of a small number of evidence based programs; and 7) adopt supervision approaches proven to be effective with adolescents such as trauma informed care and motivational interviewing to create internal discrepancy and assist them through the stages of change.

SENATE BILL 81:

The County of Kings sought funding under Senate Bill 81, to renovate and remodel an existing adult detention facility, the Kings County Branch Jail, into the new Kings County Juvenile Center. The proposed 88-bed facility would replace the current dilapidated juvenile facility and provide much needed programming, support, treatment, and educational spaces to deliver the services necessary to rehabilitate the youth confined therein. The Kings County Juvenile Center will be constructed to emphasize the provision of programs, education, and treatment to its confined youth and will be designed to facilitate as home-like an environment as possible to help prevent these youth from becoming institutionalized, thus decreasing the likelihood of future incarceration.

The new Kings County Juvenile Center will replace the current juvenile center, which was constructed in 1981. The current facility was designed in the linear style, which resulted in a very institutional feel and a serious lack of space to provide programs or other services. The proposed Kings County Juvenile Center will provide a completely different environment from the current juvenile facility. The Kings County Juvenile Center will have ample programming, treatment, training, and educational spaces to meet the needs of its population, as well as administrative space for staff and treatment providers. The new juvenile center will likewise have sufficient housing, with five housing units designed to provide the different levels of structure needed by the youth confined therein. With the exception of the Secure Housing Unit the housing units will mimic college dormitories and have double-occupancy sleeping rooms equipped with non-lockable doors, as well as communal bathrooms and showers that will be constantly accessible to the youth. Finally, the new facility will include an adjacent Juvenile Day Reporting Center, which will be used to provide transitional services to youth leaving Kings County Juvenile Center, as well as services to youth who are at-risk of future confinement or involvement in the juvenile justice system.

The proposed new facility will be a reflection of the current vision of the Kings County Probation Department. The Probation Department has recently made great strides in changing its approach to rehabilitating its confined youth. This is shown by the probation department's significant participation in several groups that are dedicated to lowering the population of juvenile offenders in the community, as well as rehabilitating youth who are currently involved with the juvenile justice system. These groups include, among others, the Blue Ribbon Commission and the Juvenile Reentry Taskforce. The probation department's participation in these groups has resulted in a commitment to provide more programs and services to its confined youth, provide transitional services to youth who are returning to their communities to prevent re-confinement, provide services to youth who are in danger of becoming involved in the criminal justice system and incorporate best practices and evidenced based programs in the services being offered to the youth of Kings County.

The design of the current facility hinders the provision of rehabilitative services to confined youth in Kings County, let alone the provision of transitional or continuing services. The proposed Kings County Juvenile Center will provide the space needed for these services, such as treatment, vocational training, and education. It will also provide a space for providing a continuum of care through the attached Juvenile Day Reporting Center which will ensure that youth transitioning out of the facility do not suffer a gap in their access to education or other services. The Day Reporting Center will likewise be used to provide services to at-risk youth to prevent future confinement.

The probation department proposes to reduce the ethnic disparities in the County's youthful offender population with assistance from its partners on the Juvenile Reentry Task Force. Policies and practices are being developed to seek to reduce this disparity that included a series of public forums that began in January of 2015. The purpose of the forums was to seek input from the overrepresented minority populations to effectuate real change. The public forums were held in communities where minority populations are evident and in areas with traditionally higher crime rates. Probation partnered with Fresno State University and worked with researchers from the University to facilitate the forums and provide research informed qualitative feedback on their outcomes. This information will be translated into concrete goals and objectives for reducing the ethnic disparities, which will be tracked, analyzed and adjusted as needed.

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

THE BOS-DESIGNATED PUBLIC AGENCY

Kings County is a "general law" county, which means the county governmental structure is determined by the State Constitution and State General Law. The Board of Supervisors is the governing body for

Kings County and many county special districts. Each of the five members of the Board is elected on a non-partisan basis to a four-year term.

Their terms overlap: two are elected during presidential election years and three during state general election years. Board members begin their terms at the first meeting in January, at which time they choose a new chairperson. The Board has a status similar to a board of directors of a large corporation in that it sets policies and depends on the County Administrator, county officials, and department heads to carry out its wishes. The Board of Supervisors has administrative, legislative and quasi-judicial duties and responsibilities prescribed to it by the California State Constitution and Statutes.

County of Kings Board of Supervisors				
JOE NEVES	RICHARD VALLE	DOUG VERBOON	CRAIG PEDERSEN	RICHARD FAGUNDES
Supervisor: District 1	Supervisor: District 2	Supervisor: District 3	Supervisor: District 4	Supervisor: District 5
Population: 26,882	Population: 27,054	Population: 26,505	Population: 27,127	Population: 26,873
Square Miles: 130	Square Miles: 961	Square Miles: 126	Square Miles: 47	Square Miles: 127

A. CHILD ABUSE PREVENTION COUNCIL (CAPC)

The Kings County Child Abuse Committee was initially established by the Kings County Board of Supervisors on November 15, 1977. In approximately 1994, the Kings County Child Abuse Committee began to function in tandem with the Kings County Family Preservation and Support Board. On October 2, 2001, the Kings County Board of Supervisors approved a Resolution, which separated the Kings County Child Abuse Committee and Kings County Family Preservation and Support Board, as well as changed the Committee’s name to the “Kings County Child Abuse Prevention Coordinating Council” in accordance with applicable legislation.

Although the Kings County Board of Supervisors created the Kings County Child Abuse Prevention Coordinating Council, it is an independent organization functioning within county government pursuant to Welfare and Institutions Code Section § 18983.5. The Kings County Board of Supervisors directed the Kings County Child Abuse Prevention Coordinating Council to create Bylaws, which were successfully completed and approved by the Kings County Child Abuse Prevention Coordinating Council on October 22, 2001.

The primary purpose of the Kings County Child Abuse Prevention Coordinating Council is to coordinate the community’s efforts to prevent and respond to child abuse (Welfare and Institutions Code Section § 18982). In 2011 the Board of Supervisors approved the resolution of CAPCC to take oversight of PSSF. A new CAPCC was established which incorporates Family Preservation and Support and the PSSF funding oversight. In 2011 the Board of Supervisors approved the resolution of CAPCC to take oversight of PSSF. A new CAPCC was established which incorporates Family Preservation and Support and the PSSF funding oversight.

B. COUNTY CHILDREN’S TRUST FUND COMMISSION, BOARD OR COUNCIL

The Kings County Children’s Trust Fund is administered by the Kings County Child Abuse Prevention Coordinating Council for services aimed at the prevention of child abuse and neglect. This amount is not provided to specific grantees, but rather added into the CAPIT funds and granted as a combined allocation.

C. PSSF COLLABORATIVE

The Kings County Family Preservation and Support is the designated PSSF collaborative.

The Family Preservation and Support Program is an in-home visitation program aimed at providing services to children that are at risk of abuse and neglect. The program focuses on working directly with children, parents, relatives, and individuals with various mental health and developmental disability needs. The program assists with families at risk of homelessness. It provides parenting classes to CPS clients/community based individuals and specialized in-home parenting education to families as a preventative strategy. The program provides information and referrals to community-based services, faith-based services, and transportation to the families as needed. Supportive services and education for families with children that have disabilities are provided. The Social Workers work with families in the home and address various family concerns such as substance abuse, domestic violence, unemployment, poverty, utility needs, and whatever the families need to access unmet needs whether it is for their health or education.

A majority of the program's services are focused on at risk children and families in an effort to avoid intervention of CPS or Probation in their lives. The program provides information, services, and skills that enhanced family functioning and alleviated stress that may potentially cause child abuse and neglect, thus assisting in reducing the recurrence of maltreatment rate.

High risk families assessed by Emergency Response are referred to the program for added support and services.

8. Systemic Factors

MANAGEMENT INFORMATION SYSTEMS

A. Management Information Systems:

Kings County CWS utilizes the CWS/CMS, Safe Measures, Business Objects, and Structured Decision Making (SDM) software. The multiple systems are used to assist with referral/case management, monitoring performance, analyzing outcomes, and CWS assessments. The systems are vital to the CWS day to day functioning.

California Welfare Services/Case Management System:

The California Welfare Services/Case Management System (CWS/CMS) is a statewide, automated system that has been in use in Kings County since 1997. CWS fully utilizes CWS/CMS Client Services Application including the following sections: Referral/Case Management, Client Management, Placement Management, Service Management, and Court Management. All CWS staff has access to CWS/CMS including our administrative staff that performs many tasks for CWS such as noticing. CWS also utilizes the Caseload Management and Resource Management applications such as the Licensing functionality.

The CWS/CMS as the CWS statewide repository supports the delivery of services. We have 24/7 access to the CWS/CMS including while in the field. This facilitates access to case records including referral and case history such as contact/narrative, court reports, case plans, health and adoption information. This facilitates the location of families, investigation, assessment and case management. CWS Supervisors are able to manage work assignments and monitor workload within CWS/CMS.

Due to the extensive amount of data collected in CWS/CMS, it provides a wealth of information to assist in monitoring disproportionality, caseload growth, and compliance with regulatory requirements. The CWS/CMS data is uploaded into our other systems such as Safe Measures, SDM and the Business Objects reporting database. UCB Berkley also uses data from CWS/CMS to compile their reports.

Structured Decision Making:

The Structure Decision Making (SDM) web based application is utilized by CWS social workers and supervisors. SDM is a set of evidenced based tools completed by the Social Workers to assess safety and risk. The SDM tools facilitate a consistent set of questions and definitions being used to make CWS decisions throughout the families' involvement with CWS from the response decision to the reunification reassessment. The utilization of the SDM tools and definitions are an ongoing effort. It is the Agency expectation that the assessment tools will be completed by the Social Workers throughout the referral and case management cycle.

SDM is updated daily with CWS/CMS data. This allows the Social Workers to access their referral/case assignments in SDM to complete the assessment tools. Supervisors are expected to review and approve the completed assessment tools. All CWS staff has access to SDM.

Safe Measures:

Safe Measures is an analytic service that uses CWS/CMS data to derive reports and displays the data at multiple levels to allow analysis and monitoring. All social workers have been given access to Safe Measures in an added effort to encourage self-monitoring. The social workers are able to review their due and overdue case tasks such as contacts and case plans in a user friendly display. Managers and supervisors utilize Safe Measures monthly to monitor practice compliance and to fix data errors that are affecting outcomes. Safe Measures further assists in monitoring practice in all outcome areas.

Business Objects:

Business Objects is an integrated query and reporting analysis solution provided to all counties. We have been provided two licenses to access Business Objects. The Social Services Program Specialist

creates and generates reports at regular intervals for CWS management. Business Objects assists with cross-sectional analysis needed for research such as Peer Review process.

Data Entry/Quality:

The validity of the data in all the aforementioned systems is dependent on the data entry by the social workers; specifically the data entry into CWS/CMS. CWS/CMS is a complex system for users to learn. It requires a significant amount of time and utilization to become a proficient user. It requires significant time to update CWS/CMS to accommodate new practice and the required data collection; therefore, collection of data occurs outside CWS/CMS or a workaround is used until the system changes are made. These issues are barriers to data quality and full utilization.

All users are required to attend the CWS/CMS New User training provided by the Central California Training Academy (CCTA). After the system changes are implemented it is necessary to provide training for the staff. CCTA provides manuals and quick user guides to assist with timely and accurate data entry. CCTA also provides specific training for supervisors and managers regarding data entry.

The timely data entry is always a challenge for numerous reasons. CWS social workers are often expected to cover vacant caseloads. They frequently carry too many cases. It is not uncommon for late data entry to occur. Social work is performed mostly in the field with the families. We have the hardware and technology for data to be entered in the field; however, it is difficult to enter data while out in the field due to complexity and cumbersome navigation of CWS/CMS.

This is an area that is a high priority for the CWS. Regular reminders are provided to staff when necessary, and data entry timeline requirements are included in policies and procedures, along with supervisory oversight requirements. The social workers are able to use Safe Measures to monitor their own compliance.

B. COUNTY CASE REVIEW SYSTEM

Juvenile Court: CWS Cases

There is a shortage of Judges and Attorneys (MAO, County Counsel, parent representation), which is the primary reason there is difficulty navigating the Court calendar. There is one Juvenile Court Judge assigned to hear the majority of CWS cases; however, she also hears all of the Probation and Adult Drug Court cases, which leads to CWS cases being heard three times per week on average unless there is a detention. The shortage of ample Court time for CWS causes the scheduling of continuances and Contested Hearings further in advance than families can afford (i.e. due to the timelines imposed upon Family Reunification Services).

As required by Statute, the Juvenile Court does not grant continuances, absent good cause. That is not to say that many cases do get continued for various reasons. The most common reasons are: parents request a Contested Hearing; Attorneys are not present due to illness or other matters; witnesses are not available; there has been inadequate notice; a missing parent is located and in need of appointed

Counsel; new information regarding applicability of ICWA is attained; paternity testing is in the process; psychological testing for clients is in the process and incarcerated parents are not transported to Court. Unfortunately, due to the heavy Court calendar, continuances may be set out anywhere from three to six weeks. CWS designates one Social Worker to act as a "Court Officer." This staff member is required to be a seasoned social worker and to be familiar with all CWS service components and applicable Juvenile Court Rules and Laws, including required Findings and Orders for each Hearing type. This person serves as a major point of contact for frequent, clear communication to occur between CWS and court personnel. The Court Officer attends every Court Hearing to represent and advocate for the Agency's interests in Court. The Court Officer is responsible for developing a strong working relationship and positive rapport with the Judge, Attorneys and ancillary Court staff. The Court Officer also serves in a quality control capacity, reviewing every Court Report before the Hearing date and advising County Counsel of any last minute changes in a case.

CWS management staff meets on a regular basis with the presiding Juvenile Court Judge, as well as County Counsel, to discuss any issues of concern or changes in Statute that affects the functioning of the Juvenile Court and/or CWS. Supervisors are given an opportunity before each meeting to provide management staff with concerns/issues that they want discussed with either the Judge or County Counsel. On an as needed basis, County Counsel personnel conduct mandatory, all staff training to the CWS Social Workers and Supervisors. Said training usually involves new legislation, case law, and any changes needed in the way that CWS does business with the Court as a result of these changes.

The new Court House opened in January 2016. We anticipate that the juvenile court process will be more secure, family friendly and professional after the new court building is available. Kings County does not utilize any alternative dispute resolution practices in respect to CWS and the Juvenile Court. Currently, court mediators are utilized exclusively for family law matters. However, CASA was implemented in 2011, in an effort to improve outcomes for our families.

Juvenile Court: Probation Cases- Probation

The Juvenile Delinquency Court handles proceedings that involve youth under the age of 18 who are alleged to have committed a violation of a law or statute. The purpose of the Juvenile Court is to protect the community from youth who commit acts of delinquency. The Kings County Juvenile Court has approximately 2000 delinquency cases per year. There is one Kings County Juvenile Court Presiding Judge who is largely responsible to hear Juvenile delinquency cases. Other Superior Court Judges will occasionally hear Juvenile cases, but do not have primary responsibility. During the court process, the courtroom is not open to the public and only authorized court personnel are allowed inside. Determinations are made on a case by case basis on the need to be present, but usually, courtroom personnel includes a Juvenile Court Judge, a District Attorney, the attorney for the youth, the Juvenile Court Probation Officer, the Courtroom Clerk, The Court Reporter and the Department Bailiff. he

Juvenile Court Probation Officer provides information to the Judge regarding the minor's background, history and his/her performance.

There are five distinct phases of the Juvenile Court process:

- I. Filing of Petition
- II. Arraignment / Detention
- III. Pre-Trial / Settlement
- IV. Jurisdiction
- V. Disposition / Adjudication

I. Filing of Petition

A juvenile criminal investigation begins when law enforcement receives information that a crime has been committed. Once law enforcement completes their investigation, either an arrest is made or the minor is cited to appear when summoned by the Probation Department. Law enforcement agencies provide their crime reports to the juvenile probation division for review. If the youth was arrested, there are many factors which determine whether a crime committed by the youth warrants the filing of a formal petition. As part of that determination, the crime report and the youth's criminal history is reviewed. If it is determined the matter can be handled informally, the youth is released from custody and may receive the following sanctions:

1. Warned / counseled and closed
2. FAVOR Program (Informal probation status for 6 months with possible orders to complete: mental health or substance abuse counseling, restorative justice program community services, restitution or any appropriate consequence to the crime.)
3. Dismissal.
4. Performance Agreement

If a minor remains in custody, they must go before the court within 72 hours of being booked at the juvenile detention facility and the petition must be filed within 48 hours. If the district attorney files formal charges on the allegations, a petition is generated outlining the crimes the youth is alleged to have committed. The probation officer sets the court date and notifies all appropriate parties. If it is determined the youth can be released from custody, or was not booked into the juvenile detention center at the time the offense was committed, the matter is either handled informally or sent to the district attorney's office for further review.

When a youth is detained and considered to be at imminent risk of entering foster care placement, the juvenile probation officer must prepare a case plan. The plan must be completed and filed with the court by the date of disposition or within 60 days calendar days of initial removal, whichever occurs first.

When a youth appears to come within the description of both dependent child and ward of the court, the probation department and the child welfare services department have jointly developed written

protocol to ensure appropriate local coordination in the assessment of the youth. Both agencies will determine which status will serve the best interest of the youth and the protection of society. The recommendations of both agencies are presented to the juvenile court with the petition that is filed on behalf of the youth and the court will determine which status is most appropriate.

II. Arraignment / Detention

The first step of the court process is an Arraignment / Detention hearing. At this hearing the youth is appointed an attorney and the allegations in the petition filed with the court are read and the court informs the youth of their rights in the juvenile court process. Whether the youth is in custody or not the juvenile court judge addresses the issue of detention, determining whether detention is appropriate. If the youth is released and allowed to remain at home the court will order terms and conditions the youth must follow in order to remain out of custody.

If the juvenile district attorney is of the opinion the youth is not a fit and proper subject for the juvenile court, the petition must reflect the Welfare and Institutions Code Section for Fitness that applies to the youth. The juvenile district attorney must represent at the time of arraignment the opinion that the youth is considered to not be a fit and proper subject for juvenile court and may be subjected to general adult law. The court then requests a Fitness Investigation Report be completed by the probation department.

Additionally, at this hearing, appropriate findings must be made on the record by the court for the youth to become eligible for Title IV-E reimbursement. Although this has no additional legal implications for the youth, it does affect the county's ability to access foster care services for the youth.

III. Pre-Trial / Settlement

Prior to the Pre-trial stage, the appointed or retained attorney has already met with their client and parent(s), reviewed the information provided and discussed whether there can be a resolution without proceeding to a contested jurisdictional hearing. The youth's attorney will meet with the juvenile district attorney and attempt to come to a resolution. The Pre-Trial stage can be continued until the attorney has determined whether the matter can be resolved or needs to be set for a contested jurisdictional hearing. On occasion the Juvenile Judge will meet informally with the juvenile district attorney, defense attorney and the probation department's juvenile court officer in the judge's chambers to discuss possible resolutions.

IV. Jurisdiction

There are two types of jurisdictional hearings:

- When a youth admits to all or some of the allegations of the Petition.

- A **contested jurisdiction hearing** when a youth will not admit to all or some of the allegations or the offer made by the district attorney. The youth is afforded the right to due process. An attorney represents the youth and the juvenile prosecuting district attorney will present evidence during the hearing to the juvenile court judge.

V. Disposition

After the contested hearing is complete, the court makes a determination if the evidence presented substantiates the allegations. A petition is either found true or found not true. Each count of a petition must be pled and proven. The court can also find a lesser crime was committed and the petition is amended to reflect the finding. If the petition is found true, a disposition hearing is scheduled within 10 days for youth in custody and 20 court days for youth out of custody. The court may, for good cause shown, continue the hearing for an additional 15 days, if the youth is not detained.

The juvenile court judge will refer the matter to the probation department for a disposition report. The probation officer's report includes information to the determination of whether or not the minor would be amenable to the care and treatment available through the facilities of the juvenile court. The report also includes information concerning:

1. Circumstances of the offense.
2. The youth's behavioral, social and family history
3. Assessment of youth's risks and needs
4. Any statement the youth chooses to make regarding the alleged offense;
5. Educational and/or other future goals
6. Education: attendance, behavioral information and grades
7. Any statement by a parent or guardian;
8. Victim's information and statement
9. Prior Record
10. If the youth is or has been under the jurisdiction of the court, a statement by the social worker, probation officer or parole officer who has supervised the youth regarding success or failure of any program of rehabilitation. A recommendation for disposition is made by the probation officer.

In any case where the probation officer is recommending placement in foster care or in which the youth is already in foster care placement or pending placement pursuant to an earlier order, the social study must include a case plan.

Timely Notification of Hearings

CWS has policies and procedures in effect that direct the timely notification of Court Hearings. Practice has been streamlined in recent years to having a Department Specialist and Office Assistant (for added support) prepare and distribute a majority of the Notices rather than having Social Workers do so. This has improved our compliance with regulatory requirements; however, practice can be refined in regard

to CWS/CMS data input (i.e. updated addresses for parties) and the timely and correct processing of 366.26 Hearing paperwork.

Social Workers assigned to Court cases prepare their own Notices of Hearings for Detention Hearings. The Department Specialist and Office Assistant prepare and distribute all other written Notices. On-going Social Workers are responsible for noticing clients in the event they require service via personal contact. All ICWA Notices are sent Registered Mail Return Receipt Requested, and are sent out by the CWS Department Specialist. This staff member tracks all ICWA Notices and ensures that the Return Receipts are filed with the Court. Since implementation of this practice, there have been less errors in ICWA noticing protocols.

Probation: The clerk of the court sends initial Notices of Hearings. The deputy probation officer assigned to the case will prepare and serve Notices of Hearings for further court appearances. In the matter of Status Reviews and Placement Reviews, the department utilizes the state mandated JV forms for notification. These notices are attached to the report providing the dates and times of notification. During the monthly visits the supervising probation officer personally notifies the youth, family and care providers of the court review date or they are notified by phone.

Probation has been able to prevent the removal of youth from their home through family maintenance and field supervision. Initial determination is made as to whether or not the youth is at imminent risk to be removed from their home through an Evaluation of Imminent Risk and Reasonable Candidacy form. This evaluation is completed minimally every six months; however, can be completed more frequently should circumstances in the youth's life change. For those found to be at imminent risk of removal, a case plan is prepared to address the issues that could lead to the youth's removal.

A vast majority of probation wards are not at imminent risk of being removed from their home; however, their cases are evaluated regularly to determine if any changes that may have occurred affect that risk.

Upon being adjudged a ward, the youth and parent meet with a probation officer to complete an intake. At this meeting, the officer explains and reviews all terms and conditions of probation that have been ordered by the court. The youth is referred to any appropriate programs or services as needed or ordered by the court. The officer supervises the youth by meeting with them and their parent in their home and seeing the youth in school minimally on a monthly basis. During the visits, the officer discusses the progress the youth is making in their court ordered programs, school and at home. The youth may be periodically drug tested, if appropriate and counseled regarding their goals and behavior. The family dynamics are assessed for changes and if the officer feels the youth's circumstances have changed, they are re-evaluated for risk of removal.

Case Planning

Case planning begins during Emergency Response intervention when risk to the children is assessed. Strengths of the children and family are included in risk assessment processes, as well as their perspectives of the problems and potential solutions. When Case Plans are developed, the input of children and parents are always considered and often incorporated into the document. CWS makes every attempt to engage parents and children in the case planning process; however, Case Plans are initially developed at the time trauma occurs (i.e. removal of children from parental custody), which complicates the process. Children and parents experience psychological and emotional distress that contributes to confusion, lack of objectivity and emotional responses to CWS identified problems. They may disagree with CWS recommended intervention and treatment solutions and/or believe there are no concerns/issues within their families that need attention. Other families, however, freely admit to there being serious concerns/issues and are cooperative in assisting CWS with intervention and treatment. In these situations, families provide valuable input into the case planning process and are creative with regard to their needed services. CWS Social Workers are required to obtain parental signatures on all Case Plans, regardless of the service component, prior to filing Court Reports and Case Plans with the Court. In the event parents refuse to sign Case Plans, that fact is documented on the signature line and the Juvenile Court Judge attempts to obtain their signatures during Hearings.

Initial Case Plans are filed with the Juvenile Court as an attachment to the Jurisdiction/Disposition Court Reports (typically these Hearings are combined in Kings County). For on-going cases, Case Plans are filed as attachments to Status Review Court Reports, which are due every six months. It is the habitual practice of CWS to prepare and file both documents simultaneously, which is the primary method to ensure timely filing with the Court.

CPS implemented new case planning practices in 2013, which are ongoing due to a need for staff training and practice. A Central California Training Academy Field Based Trainer is stationed in the CPS building to provide one-on-one training to staff and implement new best practice approaches to practice. She has been assisting a manager with protocols and training staff on client-centered and driven case planning. Case plans are developed with the parent, using personal verbiage versus mandated type language. For example, "I will allow the social worker in my home to speak with my children and check on their safety as requested." This process has taken many months and there is much work to be done, but it is a positive move toward better outcomes for these families.

Probation: The probation department is currently utilizing the PACT assessment tool to assist us in identifying top criminogenic needs and levels of risk to re-offend. For cases that are not in out of home placement and are determined to be at moderate or high risk to re-offend, the probation department will be working toward completing a case plan with the youth and the parent. The case plan is designed to be created uniquely on a case by case basis with the input of the youth and their parent. Prior to a youth being referred to the district attorney for consideration for a petition and prior to a formal case plan, the FAVOR unit conducts an intake and completes a detention report. This detention report encompasses the minor's social history, offense information, and prior referrals.

After a petition has been filed and a youth has gone through the jurisdiction hearing the case is assigned to a deputy probation officer to complete a disposition report. If after a thorough investigation, the officer preparing the report believes the youth is at imminent risk of being removed from the home, they will prepare a case plan, soliciting input from the youth and their family. The disposition report along with an attached case plan is filed with the court.

Youth in out of home foster care or group home placement must go before the court at six month intervals until the youth is reunified with parents or a legal guardianship is established. The youth’s case plan is also updated and attached to the placement review report and filed with the court.

FOSTER AND ADOPTIVE PARENT LICENSING, RECRUITMENT AND RETENTION

Resource Family (Foster Parent/Adoptive Parent) Training and Development Program

Prospective foster/adoptive parents (RFA applicants) are required to complete a caregiver orientation session. They are also required to complete Foster/Adopt PRIDE curriculum prior to being approved as an RFA placement home. All approved Kings County RFA homes are also required to complete at least 20 hours of training per year to maintain their certifications, but may be required to complete additional, advanced training in accordance with requirements of the Specialized Care Rate (SCR) Program.

Specialized training topics required by the SCR vary and are dependent upon the unique needs of the children in placement.

The Kings County Human Services Agency primarily coordinates resource family training through the Community College Foster Care Training Program; however, depending on the varying training needs of resource families, training arrangements are also made with community-based service providers and/or CWS staff (i.e. Health Department, Courts, and private consultants/trainers).

Training topics are as follows:

Kings County Foster Parent Training Topic Areas			
Parenting <ul style="list-style-type: none"> • Child Development • Positive Discipline • Self-esteem • Grief and Loss • Behavior Management • Cultural Diversity • CPR/First Aid • Car Seat Safety • Relationships 	Special Needs <ul style="list-style-type: none"> • Physical Abuse • Sexual Abuse • Prenatal D&A Exposure • ADHD • Emotional Disturbance • Attachment Issues • Learning Disabilities • Medically Fragile 	Working With the System <ul style="list-style-type: none"> • Community Resources • Education Issues • Teamwork • Health Issues • Juvenile Court System • Roles, Rights & Responsibilities 	Permanency Options <ul style="list-style-type: none"> • Reunification • Working w/ Birth Families • Guardianship, Adoption & Concurrent Planning • Independent Living Skills

• Bonding	Infants	• Stress Management	
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The Kings County Human Services Agency as well as other providers within the community provides resources to the caregivers on an ongoing basis. For example Resource Family Approval applicants are provided with the following at no charge to the care providers.

- Pre-approval training with child care provided
- CPR and First Aid Certification
- Medical screening
- TB Testing
- Post-approval training
- Information about QPI website and trainings offered
- Support and notification of any free training within the community
- Specialized training to meet the particular need of the child(ren) in their care
- Services offered through Family Preservation Services. Such services may include but not be limited to; How to deal with children sexually acting out or aggressive/destructive behaviors
- Orientation is offered in English and Spanish
- Support and WRAP services
- Services or referrals to Kings County Action Organization for assistance in child care
- Quarterly Newsletter
- Aspiranet and Kings County Adoption Support Program; REACH provides Pre-adoption and Post-adoptions support services and regular newsletters

The Kings County Human Services Agency also evaluates the effectiveness of the licensing recruitment and retention process for caregivers by the following:

- Surveys are provided to the RFA caregivers by CDSS
- RFA satisfaction surveys are also provided at the time of approval and denial
- The RFA applicants are provided with surveys at the end of the CPR certification
- Specialized Care Rates monthly report
- Surveys are also provided to caregivers at the end of the classes offered through College of the Sequoias
- Satisfaction Surveys are provided to caregivers after sessions with the Family Preservation Social Worker

The Kings County Human Services Agency provides efforts to address the needs of the special population and additional efforts to ensure recruitment of foster and adoptive homes that reflect the ethnic and racial diversity of children in the county. The Kings County Resource Family Approval unit is made up of one Social Services Supervisor, six Social Service Workers/Social Service Practitioners and one part time Department Specialist. Of these individuals, three of the Social Workers are fluent in English and Spanish. One of the Social Workers is trilingual and fluent in English, Spanish and

Portuguese. The Department Specialist is also fluent in English and Spanish. All the pre-approval and post-approval paperwork is provided in the caregiver's native language. Such efforts include by may not be limited to the following:

Special Care Rates

- The Kings County foster homes are assessed and may be found eligible for additional financial support for those providers who provide care for children that require specialized care and supervision. Eligible recipients include County foster parents, relatives and Non-related extended family members and legal guardians as long as the children are dependents of the Court. The caregivers are also provided with additional training requirements and offered support through the process including assistance from a Public Health Nurse.

Foster Parent/Training Coordinator/Family Finding SW

- The Kings County Human Services Agency added a position to assist the RFA unit in the efforts of training and family finding. This position is in its infancy stages and will continue to develop overtime. Additionally the agency began efforts to facilitate emergency/non-emergency placement team decision making meetings to assist with the placement planning decision for older children, foster youth with non-dependant children, youth, sexual offenders and other hard to place children. Of the current RFA homes there are current care providers who are registered nurses and those who receive some specialized training.

Additional Efforts

- Several additional efforts were made to address the needs of these populations and ensure recruitment of foster and adoptive homes. Recruitment advertisements were placed on a public transportation bus which travels daily through the community. The RFA unit was also involved in the annual Kids Day event sponsored by the Child Abuse Prevention Coordinating Counsel.

D. STAFF, CAREGIVER AND SERVICE PROVIDER TRAINING

Child Welfare Services Staff Training and Development Program

Kings County has a very diverse population thus staff, foster parents and other providers are afforded the opportunity to work with a variety of populations. Agency staff, caregivers and providers work closely together to identify individual needs of the children and families that we serve, thus making it easier to identify any training needs to assist in the care and provision of services to our clients. When an unmet training need is identified, the Agency consults with the Regional Training Academy and other experts within the Central Valley, to obtain the needed training. The Agency also stays abreast of new laws and regulations to ensure that specific training topics required by new legislation are addressed. Newly identified training needs including working with youth affected by CSEC, LGBTQ and SOGIE. In

addition, the Agency is working closely with Kings County's California Youth Connection chapter, and creating a curriculum, Foster Youth 101, based on surveys of Kings County Foster Youth, which address the specific needs identified by said youth, to ensure that the voices of youth are considered throughout the time that the Agency is involved with the youth and their family.

Kings County CWS provides initial and on-going training for its staff on various topics, including, but not limited to: family-focused, strength-based practice, culture and diversity, forensic processes, collaboration with service providers, foundations of child welfare practice (history, theory, philosophy, legislation, regulations and oversight), outcome-based practice and evaluation, interviewing techniques, stress management, safety, team decision-making, Court processes and legislation (updated legislation, appeals), flexible financing, substance abuse (symptomology, treatment and effects on child/family), domestic violence, risk assessment, managing change, case management, writing Petitions and Court Reports, ICWA, developing and implementing Case Plans, supervision/management skills, mental health diagnoses, affects of child abuse and neglect on the child and family, permanency for children, symptomology of abuse and neglect, data management and Attachment Disorders.

Kings County CWS works in collaboration with other CWS Agencies within California, CalSWEC, California State University, Fresno/Title IV-E, Central California Training Academy, University of California, Davis, community based organizations, various experts/consultants and CDSS to arrange for and utilize training opportunities to increase the competence, skills and abilities of our staff. All Kings County CWS supervisors, managers and social workers are required to complete Child Welfare Academy Training as provided by the Central California Training Academy; the Agency strives to support staff toward successful completion of Academy Training within their first year of employment/promotion. CWS Social Service Workers complete Core Child Welfare Academy Training while Supervisors complete the Foundations of Child Welfare Supervision Academy Training. Managers complete the management core training.

Kings County CWS proactively prepares its staff to implement best practice standards; therefore, advanced training is sought after and provided whenever possible. For example, supervisorial and management staff are trained in any new, innovative child welfare practices that have the potential to improve outcomes for our children and families (i.e. linkages between CalWORKS and CWS, Structured Decision Making, collaborative approaches to case decision-making, Family to Family, Family Preservation and Support Services, Dependency Drug Courts, CASA, Juvenile Court Mediation, ILP Emancipation Conferences, mentoring programs, Drug Endangered Children Teams, Permanency Planning Mediation).

Kings County CWS has implemented the Nonviolent Crisis Intervention Program, which teaches staff how to recognize levels of crisis development, to deescalate potentially violent situations and to ensure the care, welfare, safety and security of everyone involved in a crisis.

The Agency is unaware of a specific agency responsible for providing technical assistance to service providers; however, the Agency works closely with service providers to address any issues/concerns that may arise. In addition, the Agency distributes relevant training information and upcoming legislative changes to service providers, to ensure that they are aware of any changes to current practice or procedures.

E. AGENCY COLLABORATION

C. Public and Private Agency Collaborations:

The Kings County Human Services Agency/Child Welfare Services Division and Kings County Probation Department are invested in the establishment and strengthening of collaborative partnerships within the community in an effort to pursue positive outcomes for children and their families. In addition to collaborating with one another, both agencies have long-standing relationships with the following entities/organizations, which it coordinates services to children and families with: Kings County Health Department, Kings County Alcohol and Other Drugs, Kings County Behavioral Health, Kings View Counseling Services, First 5 Children and Families Commission, Santa Rosa Rancheria/Tachi-Yokut Tribe, Kings County Office of Education, Kings County Minor Advocate Office, Kings County Courts, Kings County District Attorney’s Office, Kings County Child Support Office, Hanford Elementary School District, Hanford Joint Union High School District, Lemoore Union High School District, Reef-Sunset Unified School District, California Department of Social Services/Adoptions Branch (specific to CWS), Naval Air Station, Lemoore, California State University, Fresno (Department of Social Work, Title IV-E Child Welfare Project and Central California Regional Training Academy: specific to CWS), United Cerebral Palsy and Kings Community Action Organization.

In addition, the following is a list of representatives as well as meeting types which demonstrates further collaborative efforts.

Name of Participant/Representative	Name of Meeting	Meeting Time
Sanja Bugay- Director Child Welfare Services	Kings County Community Corrections Partnership Committee Meeting	Once a year
	Workforce Investment Board	Monthly
	Kings County First 5	1st Tuesday of every month
	CWDA	2nd Thurs./Fri. of every month
	CCASSC	Quarterly
	Behavioral Health Board	Monthly
Eliseo S. Gonzalez Jr. Program Manager	Kings County Safety Awards/Chamber of Commerce	Annually - Sept.
	Sexual Assault Response Team (SART)	Monthly

	Multi-Disciplinary Interview of Children (MDIC)	Quarterly
	Beyond the Bench	
	Voluntary Drug Core	Every Monday @ 4:00 pm
	CWDA Regional Children's Committee	Monthly
Monica Connor Program Manager	Juvenile Reentry Taskforce	Monthly
	Kings County Blue Ribbon Commission	Monthly
	Valley Mountain Regional - IHSS	Monthly
	Valley Mountain Regional - APS	Monthly
	Adult Services MDT	Quarterly
	IHSS PA Advisory Council	Quarterly
	BOS Public Authority	Monthly
Shelly Verboon Program Manager	CWDA Operations Subcommittee	Monthly
	CWDA Children's Subcommittee	Monthly
	Continuing Quality Improvement (CQI)	Monthly
	Resource Family Approval Executive Committee	Monthly
	Multi-Disciplinary Team (MDT)	Monthly/ 4th Weds of every month
	WRAP/Child and Family Team (CFT)	Bi-Monthly/ 2nd & 4th Tuesday of the month and as needed for emergencies
	Quality Parenting Initiative (QPI)	Monthly/ Quarterly as scheduled
	Resource Family Approval (RFA)	Monthly / as needed
	WRAP/Katie A. Executive Team Meeting	Monthly/ first Thursday
	Child Abuse Prevention Coordinating Council (CAPCC)	Monthly/ 3rd Thurs of Every Month
	Aspiranet/REACH- Adoptions	Monthly/ 3rd Weds of Every Month
Aspiranet/TH+ - ILP	Monthly / 4th Mon of Every Month	
	Children Justice Act Taskforce	Quarterly

Tina Garcia Previous Deputy Director	State Legislative Committee	Monthly
	California CWS core Practice Model / Communication Subcommittee	Bi-Weekly
Clarissa Ravelo Supervisor	Northern Regional ICPC Meeting	Quarterly (3rd Thurs. of Jan/Apr/Jul/Oct)
	Fresno State Part Time Committee	As Needed
	Fresno State Professional Development Committee	As Needed
	Case Review Team (CRT) for Wraparound and Therapeutic Behavior Services	Bimonthly-2nd & 4th Tuesday of the month
Robert Carmona Supervisor	FAC (Family Advocacy Committee) LNAS SARB	Quarterly
	Kings Partnership for Prevention (KPFP)	Monthly
Cory Jasso Supervisor	Hanford Elementary School District (HESD) Student Attendance Review Board (SARB)	Bi-Monthly
	Kings County SARB Board	Monthly
Debra Ann Oliveira Supervisor	Valley Mountain Regional - IHSS	Monthly
	Valley Mountain Regional - APS	Monthly
	Adult Services MDT	Quarterly
	IHSS PA Advisory Council	Quarterly
	Social Service Transportation Advisory Council (SSTAC)	Varies
	BOS Public Authority	Monthly
Julie Flores Supervisor	Adoptions/Reach Program	Monthly
	Special Foster Care Rates Program (SCRP)	Monthly
Kristi Herrera Supervisor	Student Attendance Review Board (SARB) HJUHS	2nd and 4th Tuesday each month 9am
	County SARB Meeting	3rd Wednesday of the month
	Pre-Placement Policy Workgroup	Quarterly / Varies
Patricia Shubert Supervisor	Specialized Foster Care Rate Program (SCRP)	Monthly
	Kings County CART	Monthly
	CAPCC	Monthly

Susan Turner Supervisor	Area Licensing Supervisors Meeting (ALSA)	Meeting for 2014: 2/18/14, 06/17/14, and 10/21/14 from 10:00AM -1:00PM
	CWDA Relative Approval Committee & CWDA Licensing Subcommittee	Every other month: 03/12/14, 05/07/14, 08/13/14, 9/10/14, and 11/12/14 from 9:00am - 12:00pm
	Foster & Kinship Care Education Youth Empowerment Strategies for Success Curriculum Advisor Board Meeting	Quarterly: February, May, August, and November on the LAST TUESDAY of the month (sometimes rescheduled due to holidays, conflicts w/facilitators, etc.)
	QPI (Quality Parenting Initiative)	Quarterly
	Kings View Counseling Services, Quality Improvement Committee (QIC).	4th Tuesday of every month from 10:00 - 12:00
	RFA Sub-Committee	TBD
	Resource Family Approval Early Implementation County	3rd Thursday of the month 1:30-3:30
Christy Balderama / Beronica Sukhu Supervisor/Social Worker	Court Appointed Special Advocate (CASA) Board	Monthly

Interaction with local tribes

The Kings County Human Services Agency/CWS Division makes active efforts to collaborate and maintain a positive, strong working relationship with all Tribes it interacts with. However, the CWS Division places special emphasis on the development and consistent strengthening of its relationship with the Santa Rosa Rancheria. Social Workers immediately contact the Tribal Social Services Department upon notification that a child in custody is or may be affiliated with the Tachi-Yokut Tribe. The Tribal Social Services Department has been diligent in responding to these calls immediately and working as partners with the CWS Division to immediately place a child with a Certified Indian Foster Home or with approved relatives. Social Workers collaborate with the Tribal Social Services Department throughout the life of a CPS case in order to ensure active efforts are provided to Tribal members. It has been found to be very helpful in regard to referring Social Workers to American Indian services.

Family Resource Meetings

- The purpose of the Family Resource Meeting includes: ensuring compliance with the ICWA, promoting a partnership with local Tribal Organizations in providing active efforts to their children and families, and utilizing best practice in service delivery to the Tribal Organizations as a party in Child Welfare cases as well as to their members. Once determination that the child is found to be indentified as a Native American and the tribe has been identified the social worker shall contact the director or the assistant director of the ICWA committee of the tribal organization. A letter of invitation to all parents, substitute care providers, the Tribal Organization and any other party that would be appropriate is sent out. To determine if any other party would be appropriate, the social worker will consider the specifics of the case and will consult with the ICWA committee, the substitute care provider and the parents. Other parties that may be appropriate to attend, depending upon the circumstances of the case, may include, but not be limited to: a public health nurse or staff member from Indian Health Services, a staff member from the Tribal Head Start program, extended family members, children over the age of ten (10), service providers, and support person(s) designated by the parent(s). The letters of invitation to the Family Resource Meeting will be sent with enough advance notice so that parties may plan appropriately to attend the meeting.
- A meeting is then facilitated between the parents, extended family members, caregivers, service providers, tribal members or any other identified support to the family.

I. COUNTY-WIDE PREVENTION ACTIVITIES AND STRATEGIES

A. County-wide Primary Prevention Efforts

Kings County First 5 Children and Families Commission

The First 5 Kings County Children and Families Commission (Improved Child Health, Improved Child Development, Improved Family Functioning and Improved Systems focused on children 0-5 years) is primarily focused on meeting the strategic results funded by Proposition 10 through establishment of community-based Family Resource Centers (FRCs) throughout the County. Thus far, First 5's Family Resource Center Initiative has established 5 FRCs in the County, which includes: Avenal FRC, Corcoran FRC, Hanford FRC, Kettleman City FRC, and Lemoore FRC. First 5 has also developed school readiness programs and projects throughout the county including the following: Armona Union Elementary School District School Readiness Program, Corcoran Unified Elementary School District School Readiness Program, First 5 Kings County Children & Families Commission Kindergarten Round-Up Back Pack to Success Project, First 5 Kings County School Readiness Planning Project, Hanford School Readiness Communities Program, Reef Sunset Elementary School District School Readiness Program and United Cerebral Palsy Parent and Me Program.

Kings County FRCs strives to deliver education/information on services available in the community to families in their respective neighborhoods. They are based on the premise that families cannot get their unique needs met by existing public and private organizations, but that they are more likely to seek out comfort, guidance and information from a locally established “one-stop” service center that is strength-based and perceived as being a safe place to receive assistance. Kings County FRCs seeks to establish long-term, supportive relationships with families in an effort to help them be self-sustainable. In addition to providing information on community-based services available and referring families to these services, FRCs provides a forum for neighborhoods to congregate and brainstorm solutions for any existing barriers to their successful development.

Kings County Department of Public Health

Kings County Human Services Agency and the Kings County Probation Department have developed significant relationships with county agencies and community partners who provide services in our community. Both Children’s Services and Probation participate in many organizations and councils. Stakeholders and the community also make up the counsels and all parties provide and gain input as to the needs in our community. Both Children’s Services and Probation are members of the Kings County Child Abuse Prevention Coordinating Counsel, Kings County Partnership for Prevention Councils. These councils/boards in collaboration with other agencies and the public provide prevention, awareness, education and support in the areas of public health, mental health, child abuse prevention, healthy and active living, safety, reproductive and sexual health, mental and emotional wellbeing. Children’s Services also has two Public Health Nurses in house to assist in the areas of inputting medical information, making referrals to Central California Children’s Hospital, Central Valley Regional Center, Child Advocacy Clinic and these individuals also sit in during the Special Care Rates assessments to assist with the determination of eligibility into the program.

For example when assessing a family for further needs there are situations which do not warrant court intervention; however, there are still concerns of further harm or risk. In situations like these, a referral can be made to public health on a voluntary basis so that the family can continue to receive services suitable to their needs without an active Child Welfare or Probation case/investigation. There are times wherein a public health nurse or another Public Health representative can make home contact with the family to provide additional support.

Kings County Child Abuse Prevention Coordinating Council

The Kings County Child Abuse Prevention Coordinating Council (CAPCC) offers grants to public and non-profit community-based, prevention-focused family resource and support programs aimed at detecting, preventing, treating, and alleviating child abuse and neglect. The functions of the Kings County Child Abuse Prevention Coordinating Council include, but are not limited to the following: providing a forum for interagency cooperation and coordination in the prevention, detection, treatment, and legal processing of child abuse cases; promoting public awareness of the abuse and neglect of children and the resources available for intervention and treatment; encouraging and facilitating training of

professionals in the detection, treatment, and prevention of child abuse and neglect; recommending improvements in services to families and victims; and encouraging and facilitating community support for child abuse and neglect programs.

The CAPCC is in the process of conducting a strategic planning session to assess the child abuse prevention, intervention and treatment needs in the County. The CAPCC is advised that it's Three Year CAPCC Plan and the Three Year County CWS Plan must align in the future and that CDSS was currently finalizing instructions to counties, which stated all County System Improvement Plans due in 2016 must incorporate elements of the Three Year CAPCC Plans. Since the Three Year CWS County SIP is due in October of 2016 and the Three Year CAPCC Plan is for the cycle 2016-2020, the cycles will align, but planning must occur early enough for the needs assessments to partner, strategies to be considered together and information to be inputted timely. CWS will present the results of this needs assessment to the CAPCC, and discuss the SIP focus areas with the board, which will then be considered by the CAPCC in developing the CAPCC strategic plan draft.

Kings County Family Preservation and Support Social Work Program

The Kings County Family Preservation employs one (1) Social Worker to provide intensive, in-home services to children and their families. The Social Worker is an employee of the Kings County Human Services Agency and is supervised by the CWS Division, but the salary is funded by PSSF. CWS provides a Social Services Supervisor, as well as administrative support for the program. This partnership permits higher quality preventative services to be provided in the County.

The Family Preservation and Support Social Worker concentrate on prevention and intervention efforts on specific underserved, underrepresented populations within Kings County. Although this Social Worker may expand the service efforts to include individuals and families representative of the majority population who have had involvement with Child Protective Services, mental health agencies or the Probation Department, the primary focus is on the following subgroups:

- Children determined to be at risk of child abuse and neglect (i.e. developmental disabilities, mental illnesses, juvenile delinquency, children ages 0-5, teen pregnancy, alcohol/drug abuse, isolated families, and domestic violence) that are facing out of home placement.
- Children who have been removed from the home and are receiving Family Reunification Services in an attempt to facilitate return of the children.
- Children whose best interest would be served through the development and implementation of a permanent plan, specifically adoption.
- Children transitioning home from an out of home placement.
- Children from low socio-economic backgrounds (i.e. migrant farming, family income which is at or below the poverty line, homeless, unemployed), underrepresented

- minority groups in the county (i.e. African-American, Asian, American Indian), as well as individuals and families suffering from societal oppression.
- Children and families at risk of crisis (i.e. physical or emotional trauma, family disruption).

Program Goals

- Promoting family well-being by preventing problems and crises from developing and intensifying to a point at which removal of the children from the home is necessary
- Improving the safety, stability and positive outcomes for children placed in the homes of relatives
- Decreasing out of county and increasingly restrictive foster care placements
- Promoting parental competence and behavior so that parents may be successful providing nurturance and positive direction to their children, which result in the safety of children in their homes
- Developing, coordinating and maintaining a community-based network of prevention and support services aimed at alleviating abusive and neglectful home environments, enhancing the child-rearing practices of parents, and compensating for the increased social isolation and vulnerability of families
- Preparing and supporting families during the process of reunification.
- Encouraging adoptions through the foster care system when adoption serves the best interest of children
- Increasing community awareness of cultural competence and diversity and child abuse and neglect

Services Provided

All family preservation and support services are delivered to children and families in a professional and competent manner, which is family-centered, client driven and respectful. Services shall also be provided with respect to confidentiality. Although not an inclusive list, the following tasks serve as a guide for the Family Preservation and Support Social Worker:

- Identifying and developing specific services needed by children and their families through an individualized assessment process based on child and family strengths (Family Assessment tool).
- Linking children and families to community-based service providers and assisting in the development of a continuity of direct and indirect services and support systems.
- Collaborating with key service providers, government officials, law enforcement entities, politicians and outside resources in an effort to provide multiple support and services to children and their families.
- Researching and accessing funding sources to aid children and families with daily survival tasks, as well as to finance service needs.

- Instilling children and families with the necessary knowledge, skills and abilities to formulate resolutions to their own problems.
- Visiting children and families in their home environment to provide parenting support, community networking, didactic resources and emotional support.
- Assisting with securing housing and preventing homelessness.
- Providing direct support and prevention services which decrease domestic violence, child abuse and neglect, parental stress, teen pregnancy, suicide, school truancy and dropouts, substance abuse, juvenile delinquency, infant mortality, placement disruptions, and physical and emotional trauma.
- Increasing successful family reunification, transitioning children to least restrictive placements and increasing the amount of legal guardianships and amount of adoptions from the foster care system.
- Advocating for children and their families to receive culturally sensitive, diverse services which meets their needs and protects their legal and personal rights.
- Facilitating positive communication and interaction within the family, as well as between the family and entities in their environment (i.e. local government offices, schools, childcare programs, health facilities).
- Performing community outreach activities, which shall increase the public's awareness and knowledge of child abuse and neglect, culture and diversity (educational booths at local functions/fairs/festivals or lectures/trainings for community-based entities/bodies).

Education Programs

Kings County's School Districts offer a host of services aimed at preventing children from entering the CWS and Probation systems, as well as empowers children and families to focus on the importance of obtaining adequate education. School personnel are active in their efforts to prevent truancy, delinquency, teen pregnancies, family discord, abuse/neglect, drug/alcohol use and early termination of educational pursuits. The schools regularly partner with government agencies and community-based organizations to enhance its efforts as mentioned in the collaborative entities/prevention partnerships sections of this report.

Faith-Based Services

There are several Churches that offer preventative and supportive services to parents, children, youth and families in the County. Parenting classes are offered by the First United Methodist Church, Koinonia Christian Fellowship and the New Hope Orthodox Presbyterian Church. The First United Methodist Church and St. Brigid Catholic Church offer a host of youth activities such as a children's choir, teen drop-in activity group and youth groups for junior high and high school aged youth. The First United Methodist Church has a childcare program on Sundays and Wednesday evenings. Counseling

services are offered through Koinonia Christian Fellowship (anger management and overcoming addictions), New Hope Orthodox Presbyterian Church (abuse, addiction, marriage, parenting, troubled teens), St. Brigid Catholic Church (bereavement ministry) and Victory Outreach (abuse, grief).

B. Prevention Partnerships

Existing County/community partnerships that can be enhanced and/or expanded upon to comprehensively respond to child maltreatment are the following: Kings County Family Preservation, Kings County Child Abuse Prevention Coordinating Council (CAPCC), Sexual Abuse Response Team (i.e. SART), Case Evaluation Planning and Review Board (CEPARC), Mental Health Board, Behavioral Review Board, School Attendance Review Board (SARB), Multi-Disciplinary Interview Center/Team (MDIC), Family Advocacy Committee (FAC) at the Lemoore Naval Air Station, First 5 Children and Families Commission, Suspected Child Abuse and Neglect (SCAN) Committee and Pediatric Review Team (PERT). These entities are representative of county-wide efforts to prevent and intervene in circumstances wherein child abuse and neglect exist. Broad community and individual input into decision-making is welcomed and encouraged. Numerous local neighborhood/group partnerships also exist wherein individual citizens collaborate to deliver assistance/guidance/support to children and families in their residential areas.

C. Strategies for the Future

Kings County places emphasis on organizational strengths and collaborative partnerships that provide effective services to children and families. When programs/services prove to be successful or valuable to the community, resources are expended on their maintenance and/or enhancement. The County is also active in identifying problematic areas and/or service gaps that require attention. In these situations, the County becomes creative in regard to resource management and procurement of funds to fill the gaps.

Strategies most often used to build on and identify strengths, as well as to address areas needing improvement include the following: collaboration/partnering with one another to brainstorm solutions and devise means by which to resolve problems, conducting needs assessments to elicit feedback from consumers, including consumers and non-traditional organizations in the efforts, employing flexible practices to strengthen resources, submitting grant applications and keeping communication/dialogue open amongst providers.

Often, it is only when we break free of what is believed to be bureaucratic constraints, that the County becomes innovative and more successful in regard to filling service gaps. Future strategies that may be more successful in regard to enhancing our performance include research-driven practice, sharing resources rather than utilizing them separately and being open to non-traditional practices.

F. SERVICE ARRAY

1. Availability of services

The following types of services are available in the County, which are utilized for pre-placement prevention and/or to assist children with return to their homes or maintenance in their homes of origin. Services are offered in the county either directly or through providers through the entire continuum of services from prevention through aftercare.

- Out-patient substance abuse treatment
- In-patient substance abuse treatment
- AA/NA meetings
- Full scope health
- Medical and Dental
- Therapy (i.e. individual, group, crisis intervention: anger management, domestic violence, sexual abuse, dual diagnosis)
- Faith-based supportive/treatment services (i.e. anger management, parenting, counseling, donated goods such as food, clothing and furniture, religious/social activities, children's education/preschool)
- American Indian services (i.e. out-patient substance abuse treatment, cultural/religious/social activities, education, health, recreation), military (i.e. counseling, anger management, domestic violence, parenting, vocational development, rape and sexual assault)
- Full scope education
- Domestic violence support and treatment
- Rape and sexual assault
- Victim Witness Assistance
- Recreation, utility assistance, job training and
- Placement, homeless assistance
- Mentoring
- Public transportation
- Law enforcement
- Child care
- Emergency and safety

Additionally, the agency provides education to the general public during board meetings and through outreach activities which are undertaken by the county in order to maximize participation of services for the following populations. The outreach includes but is not limited to: community forums, several members of the agency attends various board meetings whose focus is to provide community based services to targeted population and to collaborate with other agencies within the community. Populations targeted during these efforts include:

- Children and adults with disabilities
- Homeless families, those at risk of homelessness and unaccompanied homeless youth
- Former adult victims of child abuse and neglect or domestic violence
- Parents
- Racial and ethnic minorities
- Family with young children, zero-to-five years old

The probation department provides public protection through various mandated services to the Superior Courts and Juvenile Court. These mandated services include Pre-Sentence Investigation reports, Supplemental Investigations and reports, Juvenile Disposition reports, Juvenile Intake, Juvenile Traffic, Community Corrections and supervision of adult and juvenile probationers. The department provides adult services for Proposition 36 clients although funding to the probation department through the drug prevention and Treatment Act of 2000 was discontinued. One deputy probation officer currently works with Proposition 36 clients with funding from CAL-EMA.

Juvenile services include delinquency prevention programs through the Facilitating Accountability through the Victim Offender Restoration (FAVOR) program. The FAVOR program utilizes probation programs including petty theft classes, and community service. The department also offers a college campus tour program wherein kids at risk of entering the criminal justice system are taken to various college campuses in the state to talk with education professionals, tour the campus and shown the educational opportunities that exist. Additionally, a summer program is offered for five weeks for elementary students ranging from first grade to third grade. The program is a preventative effort to expose youth to positive influences in our community. The curriculum includes A.R.T. Aggression Replacement Therapy and presentations from community members and local mentors. FAVOR representatives also attend community events such as National Night Out, Kid's Day and Red Ribbon Week. Adolescent substance abuse counseling is provided for through Westcare Incorporated out of Fresno or Kings View Mental health for Dual Diagnosis youth. The probation department currently contracts with Kings View Counseling for a full time counselor to provide intake assessments and one on one therapy with our adjudicated youth. Additionally, we contract for a part time position to assist with ancillary services in our outlying areas such as Corcoran and Avenal.

2. Services to Indian children

Kings County CWS prioritizes making active efforts to reunify Native American families through the provision of culturally applicable, sensitive services. CWS works in tandem with the Santa Rosa Rancheria ICWA Committee to research identify and refer clients to Native American-based services. In recent years, the Santa Rosa Rancheria has been making good progress at developing, establishing and expanding services available within the jurisdiction of the Tribe. The following services are available for Native Americans on the Santa Rosa Rancheria: Inter-Spirit Alcohol and Drug Program (out-patient substance abuse treatment, which includes individual and group processing and AA/NA meetings), Central Valley Indian Health Center (CHDP medical and dental examinations, preventative medical and dental services, immunizations, WIC, therapeutic services, nutrition), Education Department (K-12 after school programs, tutoring, independent study, dance/drum groups), Early Education Department (Head Start, preschool), Housing Department (housing development, 2 HUD Representatives, home inspections, prioritization of pending ICWA Certified Homes for structural improvements), Recreation Center (after school programs/activities, sports, cultural activities), Tachi-Yokut School (continuation school for 9th and 10th grades), Elder Center (activities, housing and support for elderly Tribal members), Police/Security (patrol of Rancheria, supports efforts of law enforcement and CPS), Membership Committee (evaluates applications for membership), onsite TANF services and the Tribal Planning Committee.

The Tribal Planning Committee is a collaborative entity (made up of several Departments within the Tribe) that actively coordinates special events/activities on the Rancheria. Examples of recent events include the following: California Indian Days, Child Abuse Prevention Event, Red Ribbon, Santa Rosa Rancheria Gathering, National Indian Day, Multi-Cultural Health Fair, and Easter Egg Hunt/BBQ/Breakfast with Bunny, Babes Puppet Show (tailored toward prevention of child abuse) and an Ice Cream Social. The Planning Committee focuses its efforts on prevention of child abuse, cultural/social events and activities that celebrate American Indian culture and heritage. Tribal members are encouraged to participate in regular sweats, which are held weekly.

The Tribal Social Services Department has implemented Native American parenting classes using the Positive Indian Parenting curriculum, which has been very successful. The Tribal Social Services Department certifies homes at all hours, upon need of Tribal children. The Juvenile Court Judge has a strong commitment to ICWA cases, taking extra time to seek input from the Tribe.

CPS has practiced ICWA case planning for several years and in collaboration with whichever Tribe the child and family are affiliated with, but especially for the Tachi Yokut, who reside within Kings County. Case planning incorporates cultural and spiritual practices that can help the child and family. Staff is sent to ICWA training annually and Kings County has presented its practices at several ICWA conferences over the years, including annual ICWA State Conferences and Summits. The County has also presented its practices in Washington D.C. since the last Self Assessment was completed.

Probation Department

ICWA Court Processes

During the interview for a detention report the parent/guardian is questioned regarding any possible Native American heritage. Should there be any indication of Native American heritage the probation officer will complete the Judicial Counsel form ICWA 020. Cases involving Native American youth that will be handled informally, are referred to Native American services provided by the Tachi Tribe. Exceptions do exist when the tribe does not provide the service needed or the youth and family do not want to utilize the tribal facilities.

During the intake process if the family is unaware or has limited information as to which tribe or tribes they are affiliated with, notification is sent to the Bureau of Indian Affairs requesting an investigation regarding tribal rights.

If a juvenile matter involving a Native American youth is going to the district attorney for determination of filing a formal petition, the probation officer will complete the ICWA 030 form. The probation department's procedure for best practice is to also notify the tribal ICWA committee by phone of the pending allegations and court date if applicable. After completion of the ICWA 030 form it is sent with the crime report to the district attorney for determination of filing a formal petition. Should the district attorney determine there is enough evidence to substantiate a petition, the petition and the ICWA 030 form are sent to the court clerk. The court clerk then sends the appropriate notices via certified mail.

In juvenile court proceedings, the ICWA representative is considered a representative of the youth. The ICWA representative assists the youth and family by making referrals for services that are available through the Rancheria. In matters where a violation of probation and other court hearings are initiated by the probation department, the probation department will notify all parties of the hearing.

ICWA Case Planning for Probation

All case plans including those for a Native American youth are done in the same manner. After a petition has been filed and the Native American youth has gone through the jurisdiction hearing the case is assigned to a probation officer to complete a disposition report. The officer will schedule an interview with the parent/guardian and the youth and complete a PACT assessment. The assessment determines the youth's risk to re-offend. If the youth is adjudged a ward at the dispositional hearing, the case is assigned to a probation officer for supervision. That officer will complete a case plan on all cases that are determined to be at moderate or high risk to re-offend with the input of the youth and their parent(s).

The purpose of the participation in the case plan is to provide all parties the opportunity to have input to determine what is in the best interest of the youth. Goals and interventions are created in a conjoint

effort between the youth, family and the officer to address the youth's top three criminogenic needs. These goals and interventions are monitored through monthly face to face contacts between the officer, the youth, their family and providers.

G. QUALITY ASSURANCE SYSTEM

The quality assurance system used in Kings County is a process in the county that evaluates ongoing practice, policies, and procedures, in order to ensure quality services are planned and provided to children receiving services in child welfare and probation placement including those funded with CAPIT/CBCAP/PSSF funding.

1. Kings County utilizes Outcome and Accountability Quarterly Reports, CWS/CMS, Safe Measures, Business Objects, C-IV, Structured Decision Making (SDM) and social worker surveys are the primary methods utilized to monitor the effectiveness of CWS outcomes and to improve them. All social workers have been given access to Safe Measures in an added effort to encourage self-monitoring. Managers and supervisors utilize Safe Measures monthly to monitor practice compliance and to fix data errors that are affecting outcomes. CWS/CMS provides a wealth of information to assist in monitoring disproportionality, caseload growth, and compliance with regulatory requirements. Safe Measures further assists in monitoring practice in all outcome areas. Business Objects assists with cross-sectional analysis needed for research such as PQCR. C-IV assists with budgetary monitoring and providing statistics for reports such as this. Kings County is also in the process of implementing Case Review for the purpose of evaluating the adequacy and quality of child welfare services throughout the continuum of care. The Comprehensive Assessment tool (CAT) will be utilized in the quality assurance process.
2. In January 2016, Kings County implemented the new state Case Review to strengthen the accountability system to monitor and assess the quality of services provided throughout the Child Welfare continuum of care, including prevention and early intervention. This is a new program for Kings County and we have not had a review on this system from the State yet.

CAPIT/CBCAP/CTF/PSSF Quality Assurance: The Kings County Human Services Agency is the designated entity responsible for administrative oversight of the CAPIT/CBCAP/PSSF programs. The KCHSA is thus responsible for monitoring the quality of services provided with CAPIT/CBCAP/CTF/PSSF funds. In order to insure that quality services are being provided as required by State and Federal guidelines, as well as within the intent of funding, the KCHSA regularly monitors program compliance and progress. This is accomplished through empowerment of the CAPCC and consistent administrative duties. The CAPCC requires quarterly written and oral presentations before the Council, which have been enforced. Service providers and Prevention Specialists are required to present in front of their peers at which time they are subjected to evaluation, questions, and feedback. Contractors are regularly required to account for expenditures on a monthly basis via claim forms with supporting documentation. Receipts submitted along with claim forms must be originals and adequately descriptive of services purchased and outcomes achieved. Quarterly program reports must address

whether objectives and/or goals have been reached, as well as the measure being employed to reach them. All of the service providers are also required to supply accurate data and comprehensive program information upon request of the KCHSA for analysis and Report preparation. They will be required to utilize consumer satisfaction surveys during the next grant cycle, as well as to have electronic message sending capability, in order to increase the quality of services and dissemination of information.

Contract Scopes of Work are now outcome driven with clear expectations on services to be provided, goals to be achieved, and populations to reach. Quarterly reports require detailed demographic data to be collected for all delivered services including race, ethnicity, age, language, special needs, and every service given to the participants.

All CAPCC funded programs require client survey completion in their Scopes of Work or other forms of outcome measurement. The CAPCC is constantly striving to move service providers in the direction of outcome evaluation and evidence-based practice. One of the CAPCC contracts is with Champions Recovery Alternative Services for provision of the Celebrating Families! curriculum to children and families who have entered the CPS system or are at high risk of entering the CPS system. This program is listed on the Substance Abuse and Mental Health Services Administration (SAMHSA)'s National Registry of Evidence Based Programs and Practices (NREPP). A requirement of providing this curriculum to families is regular outcome-based research, which was last provided by the LutraGroup's Evaluation Director, Dr. Karol Kumpfer. The experimental design was non-experimental, pretest/posttest design, but included comparing data with another program in Santa Clara County, which allowed a quasi-experimental, post hoc statistical design. Celebrating Families also collects consumer feedback in the form of written surveys to ensure services are provided in accordance with need and useful to the families.

The Kings County Human Services Agency holds the subcontractors accountable to ensure that they are providing services to the populations as outlined and as agreed upon within the scope of work. When the provider presents on behalf of the program the board is able to ask questions or request additional information on how the information was gathered. If correction or an action requiring modification needs to take place the agency may conduct an audit of the program. Letters, receipts, surveys and other documentation may be reviewed and discussed for additional clarification. The agency may also then request that the information be gathered or provided by using alternative measures such as having the participants sign in during each session or by using a survey after each session to monitor the success of the program. Members of the management team may also hold a meeting with the Director of the program to discuss and strategize ways to better serve the population. Additionally the measureable outcomes are monitored by using safe measures and SDM when ever possible. Each social worker also has discussions with the clients during routine house calls. During this time the social worker is responsible for collecting data and asking the clients about the services provided and the criteria of each class session. The information is then documented in the CMS/CWS database and

monitored by the supervisors assigned to that program area. If concerns or deficiencies arise, the concerns are taken to the Management team responsible for that program area and a plan is developed for corrective action.

9. Critical Incident Review Process

THE KINGS COUNTY HUMAN SERVICES AGENCY HAS THE FOLLOWING PROTOCOL AND PROCESS BY WHICH IT REVIEWS AND RESPONDS TO CRITICAL INCIDENTS SUCH AS FATALITIES AND NEAR FATALITIES.

PROTOCOL REGARDING INJURY OR DEATH TO A FOSTER CHILD WHILE IN FOSTER CARE PLACEMENT:

Upon notification of injury or death of a foster child the worker will notify the immediate Supervisor, the Program Manager and the Licensing Evaluator. The Social Services Program Manager will notify the Director and Deputy Director. In addition, the Licensing Evaluator will immediately notify law enforcement in accordance with guidelines for investigating abuse, in licensed community care facilities. Pending a determination of the incident, no accusations should be voiced concerning culpability of the foster parent or anyone involved in the case. An immediate assessment, staffed with the Social Services Program Manager, Supervisor and other workers who may have children in the same placement, will be made regarding the advisability of removing other children from the home. This should not be viewed as an accusatory act but more of an attempt to give the foster parent some breathing room and also to provide a period of time where the situation may be more calmly assessed. Any inquiries from outside agencies other than law enforcement, should they be involved in the case, will be referred to the individual designated by the Agency Director to respond to such inquiries.

All workers need to be aware of the undesirability of discussing impressions, "gut feelings" and other non-factual perceptions of the cause of the incident or the suitability of the home for placement of the particular children. Everyone should be aware that there are many individuals not involved in the cases or in the particular situation that may be in the work area during the aforementioned discussions and possibly not understand the delicacy of the situation.

The Supervisor and the Social Services Program Manager should be advised immediately of any unusual circumstances, or perceptions that workers have of a particular placement so that they may be evaluated in light of the situation.

When all information has been received, the Social Service Program Manager will submit a disposition report including appropriate recommendation to the Director.

CHILD FATALITY/NEAR FATALITY

Following the determination that a child fatality has occurred and there is reasonable suspicion that the fatality was caused by abuse and/or neglect, the county shall follow the Child fatality reporting and disclosure requirements as listed and described in California Department of Social Services Manual Section 31-502 as required per California SB 39.

For a child near fatality determined to be as a result of abuse or neglect, the Emergency Response Supervisor will complete parts A and C of CDSS SOC 826 and submit to the CDSS within 10 business days of notification of final determination from investigating agency.

For a child fatality suspected to be as a result of abuse or neglect, the Emergency Response Supervisor will complete part A of CDSS SOC 826 and submit to the California Department of Social Services (CDSS) within 5 business days of learning of incident. Upon the final determination of investigation of child fatality, complete parts A and B and send update to the CDSS within 10 business days of notification of final determination from investigating agency.

CHILD FATALITY REPORTING AND DISCLOSURE REQUIREMENTS 31-502

The Program Manager or designated supervisor shall submit a report to CDSS for all child fatalities when there is reasonable suspicion, as defined in Penal Code Section 11166(a)(1), that a child fatality was caused by abuse and/or neglect.

When the county learns that a child fatality has occurred and there is reasonable suspicion that the fatality was caused by abuse and/or neglect, the Program Manager or designated supervisor shall notify the Department by submitting the Child Fatality/Near Fatality County Statement of Findings and Information (SOC 826) form within five (5) business days.

The following information shall be reported to the Department, using the SOC 826 form:

- (a) The age and gender of the child.
- (b) The date of death.
- (c) Residence of child at the time of death.
 - (1) Foster care placement
 - (2) Parent or Guardian
- (d) Whether an investigation is being conducted by a law enforcement agency and/or the county child welfare agency.

The county shall report additional information to the Department, using the SOC 826 form, upon the completion of the child abuse and/or neglect investigation of the deceased child. The subsequent report shall include:

- (a) The age and gender of the child.
- (b) The date of death.
- (c) Residence of child at the time of death.
 - (1) Foster care placement
 - (2) Parent or Guardian
- (d) Whether an investigation is being conducted by a law enforcement agency and/or the county child welfare agency.

The following shall also be included:

- (a) Whether the child fatality was or was not determined to be a result of abuse and/or neglect.
- (b) The agency that made the determination whether the child fatality was or was not the result of abuse and/or neglect:
 - (1) CWS
 - (2) Probation
 - (3) Law Enforcement
 - (4) Coroner/Medical Examiner.

If the child fatality is substantiated as a result of abuse and/or neglect, the findings and information related to the child fatality shall be included in the subsequent report to CDSS.

Upon public request, whether written, verbal, or via email or facsimile, the Deputy Director or designated Program Manager shall disclose information related to a child fatality to the requesting party in the following circumstances:

- (a) When there is reasonable suspicion that the fatality was a result of abuse, and/or neglect, the county shall provide the all required information to the requesting party within five (5) business days of receiving the request.
- (b) Upon receiving the public request for information, the designated representative of the county shall notify counsel for any child directly or indirectly related to the deceased child's case record.
- (c) When the agency, makes the determination that the child fatality was a result of abuse and/or neglect; the child resided with his/her parent or guardian, and the abuse and/or neglect was inflicted by the parent or guardian, the designated county representative shall release additional documents pertinent to that parent or guardian.

The following information, subject to redactions, shall also be released by the county upon public request within ten (10) business days of receiving the request or the determination of the investigation, whichever is later:

- (a) All information listed in Section 31-502.113.
 - (1) The age and gender of the child.
 - (2) The date of death.

(3) Residence of child at the time of death.

Foster care placement

Parent or Guardian

- (b) Any emergency response referral information, completed by the county, which pertains to the abuse and/or neglect that caused the death of the child.**
- (c) Any previous referrals of abuse or neglect specific to the deceased child that were determined to be inconclusive or substantiated while living with that parent or guardian.**
- (d) Any cross reports relating to the deceased child that were completed by the county and sent to a law enforcement agency.**
- (e) Any copies of police reports about the person against whom the child abuse and/or neglect was substantiated.**
- (f) Any health care records, excluding mental health records, related to the child's death and previous injuries reflective of a pattern of abuse and/or neglect.**
- (g) Any risk and safety assessments, relating to the deceased child that was completed by the county.**

When the agency, makes the determination that the child fatality was a result of abuse and/or neglect; the child resided in foster care and the abuse and/or neglect was inflicted by the foster parent(s), the designated county representative shall release additional documents pertinent to the foster parent(s).

The following documents, subject to redactions, shall also be released by the county to the requesting party within ten (10) business days of the request or the final determination of the investigation, whichever is later:

(a) All of the information listed in Section 31-502.113.

- (1) The age and gender of the child.**
- (2) The date of death.**
- (3) Residence of child at the time of death.**

Foster care placement

Parent or Guardian

- (b) The emergency response referral information, completed by the county, which pertains to the abuse and/or neglect that caused the death of the child.**
- (c) Any previous referrals of abuse or neglect specific to the deceased child that were determined to be inconclusive or substantiated while living with the foster parent(s).**
- (d) Any cross reports relating to the deceased child that were completed by the county and sent to a law enforcement agency pertinent to the foster parent(s).**
- (e) Any copies of police reports about the person against whom the child abuse and/or neglect was substantiated.**
- (f) Any health care records, excluding mental health records, related to the child's death and previous injuries reflective of a pattern of abuse and/or neglect inflicted by the foster parent(s).**

- (g) Any risk and safety assessments, relating to the deceased children that were completed by the county pertinent to the foster parent(s).
 - (h) Records pertaining to the foster parent's license and type of license or licenses held, if in the case record.
 - (i) Records pertaining to the approval of the foster family home of the relative or non-related extended family member, including a caregiver assessment, and health and safety inspection of the home, if in the case record.
 - (j) All documented licensing violations, including plans of correction, if in the case record.
 - (k) Records of any training completed by the foster parent(s), if in the case record.
- (1) If licensing records pertaining to the foster parent(s) are not contained in the child's case record, the county shall release the all required/specified documents and information that are available within the case record and direct the requesting party to the appropriate licensing agency for any additional information or documents. For licensing/approval files maintained by the county, the county shall forward that part of the request to the appropriate county custodian of records.
 - (2) When a child fatality has occurred as a result of abuse and/or neglect by a non-residential licensed child care provider, the county shall direct any public request to the appropriate licensing department or agency that has jurisdiction over the facility.

The county shall redact information that is privileged, confidential, or not subject to disclosure prior to public release.

- (a) After consultation with law enforcement or the District Attorney, if the release of specific information would jeopardize a criminal investigation or proceeding, that information shall be redacted prior to release.
- (b) If information for a child, including the deceased child or any sibling of the deceased child, may be detrimental to the well-being of another child, counsel for that child may petition the juvenile court to prevent the release of any document or part of a document requested pursuant to Welfare and Institutions Code Section 827.
- (c) To comply with federal law, 42 USC 5106, the county shall release the SOC 826 form, whether or not a petition has been filed in the juvenile court.
- (d) Only information or documents that may pose potential detriment to a child who is directly or indirectly connected to the case, as found by the juvenile court, shall be redacted.

Information that shall be redacted includes:

- (a) Names, except the name of a county or state department or agency shall not be redacted.
- (b) Addresses, except the address of a county or state department or agency shall not be redacted.
- (c) Telephone numbers, except the public telephone number of a county or state department or agency shall not be redacted.
- (d) Ethnicity.

- (e) Religion.
 - (f) Social Security numbers or referral/case identifiers.
 - (g) Any other identifying information of any person or institution, other than the county or state department or agency information.
- (1) The county shall adhere to all laws that govern confidentiality of the release of information

10. National Resource Center (NRC) Training and Technical Assistance

Kings County has not reached out to the National Resource Center (NRC) for training and technical assistance. The County Self-Assessment for Kings County has revealed several areas where the NRC could prove to be beneficial. Kings County plans to reach out to the NRC to assist with training on Data Driven decision making and Concurrent planning practice.

11. Peer Review Results

PEER REVIEW SUMMARY

As indicated in the section, "Timely Response (10 day)," CPS focused the Peer Review research on the percentage of 10 day response allegations where a timely response occurs. CPS decided that it wanted to research this practice area in an effort to gain insight about what could be causing a lack of timely response on 10 day referrals. It is well known in the child welfare field and supported by evidence-based research that children thrive more in safe, stable environments therefore conducting timely response of 10 day suspected child abuse investigations is the first systemic step in the protection of children and which is why the federal and state governments included this measure in the outcome and accountability process.

The Peer Review Committee decided on the following objectives for the Peer Review: 1) to identify documentation trends; 2) identify promising practices; 3) identify barriers or challenges; 4) to ascertain training needs of staff; 5) identify systemic policy changes; 6) identify resource issues; 7) to identify any technical assistance needs the county may require from CDSS.

The CPS target population included referrals on behalf of children and families in Kings County that met 10 day response criteria for allegations of physical abuse or general neglect and social workers and Supervisors still employed with the agency who had assignment of the referral.

The sampling frame for CPS included a random selection of eight (08) referrals of which safe measures identified as being out of compliance of timely investigation and seven (07) of which safe measures identified as being in compliance of timely investigation. Data was extracted from Safe Measures quarterly reports: July 2014-September 2014; October 2014-December 2014; January 2015-March 2015; April 2015-June 2015.

Social Workers interviewed five (5) emergency response social workers assigned to those referrals during the study time frame and four (4) emergency response supervisors assigned during those referrals.

Information reported during daily debriefings relating to promising practices was as follows: The Peer Review Interview Panel for CPS focus area did not report very many areas of strengths currently utilized in Kings County in dealing with timely response to 10 day investigations. The interview panels identified specific strengths as follows: ER social workers make good efforts to research CMS/CWS for history, ER social workers make good effort to verify addresses, ER Social Workers have good working relationships with Kings County Probation and Law Enforcement which allows for social worker to locate families and identify potential safety issues for the social worker.

During daily debriefings, additional information was retrieved providing more details about the major training themes. Panels reported CPS social workers and supervisors need comprehensive training on the use of SDM tools, guidelines, timelines, and requirements of the 10 day response investigation process to further aid social workers to make in person contact with victims or victims identified in the referral. Newly hired social workers should not be assigned to the emergency response unit. For social workers to be prepared to conduct child abuse investigations, they must complete the CDSS Core Social Services Training academy and specialized training in risk/safety assessments. Training of CMS/CWS data entry to assure social workers are entering contacts in the Case Management System appropriately. On two (2) instances, it was discovered that one social worker made data entry errors when inputting the contact completed section, the social worker unintentionally selected the contact attempted selection instead of the completed selection.

More detailed information was retrieved from the interview panels relating to barriers and challenges during daily debriefings. The following information was further clarified in relation to the major themes provided on the final debriefing day: Shifting from 10 days to immediate investigations impacts the ability to go from crisis intervention to prevention efforts which is especially difficult for social workers with very little experience. Inconsistent use of SDM risk/safety tools creates a rise in detentions and limits the ER social workers time to tend to 10 day investigations. Social Workers and Supervisors are not trained to use SDM tools or they choose not to use the tools which lead to an inconsistency in practice. The ER unit is understaffed therefore leading to high referral assignments. Not having a correct address or phone numbers for families, conducting interviews with children at schools is highly discouraged by CPS management, the family moves around making them difficult to locate, not enough

screeners to screen referrals and verify addresses prior to assigning the referral all has an impact in meeting the 10 day response mandates. There is inconsistent decision making on behalf of emergency response supervisors that also raises the amount of referrals received by the ER social workers. Physical barriers identified were fences keeping social workers from having access to the front door, dogs not allowing access onto the property. Social workers are forced to cancel appointments due to parents canceling them or having to cancel appointments with parents due to receiving an immediate referral. There is a lack of support from supervisors and management (staff overwhelmed). ER social workers often have to investigate referrals or have to write warrants for cases assigned to FM workers. Not having a placement social worker creates additional tasks for ER social workers when they detain. There are more immediate referrals versus ten (10) day response referrals.

As a result of the Peer Review Interview process, the interview panel had several suggestions on how to make systemic changes in the manner in which would improve compliance with timely 10 day response. Utilizing the Structured Decision making hotline tool and SDM risk/safety tool to determine final disposition of the referral will help maintain consistency in practice. A common trend that was identified in the debriefing sessions is that emergency response social workers have high assigned referrals and they respond to both immediate and ten day referrals. They often have to cancel appointments they have scheduled with parents of ten day investigations to respond to referrals warranting immediate response so by the time they get back to the ten day investigation; it is past the tenth day. During this process, a major misinterpretation was discovered regarding what the state considers compliance of ten (10) day investigations. The state defines compliance of ten (10) day timely response as having made in person contact with the victim or victims (children) within ten days from the date the referral was received. ER social workers and ER supervisors understood the mandate to mean that a contact was at least attempted within ten days. The Safe Measures data bank tracks the contacts completed with the alleged victim(s) within ten (10) days the referral was received by CPS which is where the data was pulled from. Two other tasks that limit the amount of available time ER social workers have to respond to ten day referrals are the 9/80 schedule where they have 3 less days in the month to respond to ten day referrals (the average amount of referrals ER social workers are receiving is and the average amount of working days is 22 and less days if the social worker works a 9/80 schedule), training new ER social workers, preparing protective custody warrants and carrying 30 day ER plans to stabilize concerns. The panel suggested adding additional experienced staff to ER, adding additional screeners, eliminating the training responsibility from the ER social worker and moving 30 ER plans to the FM unit under voluntary services. The Peer Review was helpful in identifying major miscommunication issues between management and line staff. During one of the debriefing sessions a trend was addressed regarding meeting with children at school. ER social workers and supervisors stated that ER social workers are not to interview children at school unless there are exigent circumstances. The Deputy Director clarified that staff is allowed to interview school age children at their respective schools. A systemic change was suggested to include having immediate response ER social workers and 10 day response ER social workers. Another major systemic change is adding a swing

shift to prevent the overflow of referrals that come in from after hours. Social workers identified the need for ER supervisors to be more available especially at the end of the day to provide guidance.

The peer review panel identified resources that could assist social workers meet the ten (10) day timely response requirements; Assign each ER social worker a tablet to utilize in the field with wireless internet so that they can access it in search efforts, continue to utilize law enforcement or probation to verify addresses, adding additional experienced social workers and assistants who can facilitate placement for children on referrals that result in detentions. Improve access to resources i.e. parenting and mental health.

Identification of documentation trends and the use of CMS/CWS were: Social workers research CMS/CWS for past history prior to responding, they clarify discrepancies with the screener, narratives are not inputted into CMS/CWS timely due to lack of time and documentation is set out several months. After hours work impacts the ER unit because after hours social workers do not input narratives or referrals in CMS/CWS.

As for technical assistance the team identified the need to retrain ER supervisors and ER social workers on SDM tools so that they may consistently and safely guide staff.

Probation Target Population, Sampling Frame & Sample Parameters

As of October of 2015, Kings County Probation had on average 14 youth in out of home placement. The majority of those placements were in group home placements with an occasional placement in a relative home or foster care home. It should be noted; a significant percentage of those youth were before the criminal justice system and adjudicated for various sex offenses. Level and type of placement was determined by the type of offense and level of treatment needed to effectively rehabilitate the youth with the goal of returning them to the home. Sex offender treatment for youth in group home placements ranges from 18-24 months. The length of the treatment in sex offender cases precludes reunification within 12 months. However, reunification within 12 months was chosen as our focus of the Peer Review in an effort to discern what areas we could improve upon to facilitate reunification with family members. Although it is common for the victims of sex offenses to remain in the home (siblings or other family members) wherein reunification would be detrimental to the victim, other lower level placements including foster care or relative/non-relative placements are sought once the youth has completed treatment.

Additionally, Assembly Bill 403 calls for group home placement reform. The goal of this bill is to reduce the amount of time youth spend in out of home placements. The emphasis is on more home-like environments for youth and the recruitment of more foster care providers. With reform on the horizon it is important to focus on what we can do as a placing agency to facilitate timely reunification.

For all children discharged from foster care to reunification during the year, who had been in foster care for 8 days or longer, the national standard to reunify in less than 12 months from the date of the latest removal from the home is 75.2%. Kings County fell below the national standard in this area with 72.6%.

The sampling frame for Probation for the peer review includes a non-random sample of three (3) cases of youth currently in out of home placement. The focus group for the youth consisted of both youth currently in out of home placement and youth whom have reunified. The focus group for the parents mirrored that of the youth focus group, in placement and reunification was attained. Data was extracted from hard copy case files.

Information reported during daily debriefings relating to promising practices was as follows: The PQCR Interview Panel for Probation's focus area reported several areas of strengths currently utilized in Kings County in dealing with foster youth placements in the focus area of Reunification in less than 12 months from the date of last removal. The interview panels identified specific strengths as follows: Parents have a good relationship with the probation officer, youth are receiving the services they need, good communication with the youth's therapist, There is a focus on safety when the youth transitions back into the family, youth were able to call family members in between visits to facilitate communication and participation in the program, faster programs are not necessarily better, overall, parents reported their children and families benefited from the treatment provided in out of home placement, specifically for sex offender treatment.

There was great concern over how far away the group home programs are from the home and the difficulty the families had in arranging transportation for visitation and participation in the youth's program.

There seemed to be genuine support from the probation placement officer with the youth in placement and their families. The parents expressed there was open communication; however, also indicated a lack of financial support for services such as transportation, getting ID cards for youth and extracurricular activities for youth upon their transition home.

There was generality in the concern for a lack of parent services such as counseling and support groups for family members when a youth is removed from the home. Parenting classes were requested as a way to assist the family, not only the youth, in reunifying.

Recommendations of the Peer Review Planning Committee

The PQCR Planning Committee recommended exploration of the following systematic enhancements by department management in response to results of this PQCR:

- 1) CPS: Add additional experienced staff to the emergency response unit.

- 2) CPS: To arrange for training on utilizing Structured Decision Making (SDM) tools.
- 3) CPS: Add additional screeners.
- 1) CPS: Conduct analysis of current after hours need for swing shift.
- 5) CPS: Continue to maintain working relationships with probation and law enforcement.
- 6) Probation: Explore resource options to offer families more availability of parenting classes, counseling and support groups.
- 7) Probation: Improve support for services such as transportation, getting ID cards for youth and extracurricular activities for youth upon their transition home.
- 8) Probation: Add one additional Deputy Probation officer or adding an additional case aide to the placement unit.

12. Outcome Data Measures

Q2 2015 – CHILD WELFARE DATA

2B REFERRALS BY TIME TO INVESTIGATION

2B PERCENT OF CHILD ABUSE/NEGLECT REFERRALS WITH A TIMELY RESPONSE

NEW DATA:

No Federal Standards listed on report

California Department of Social Services, Child Welfare Data Analysis Bureau

California Child Welfare Indicators Project (CCWIP)

University of California at Berkeley

Referrals by Time to Investigation (Immediate Response Type)

Agency Type: Child Welfare

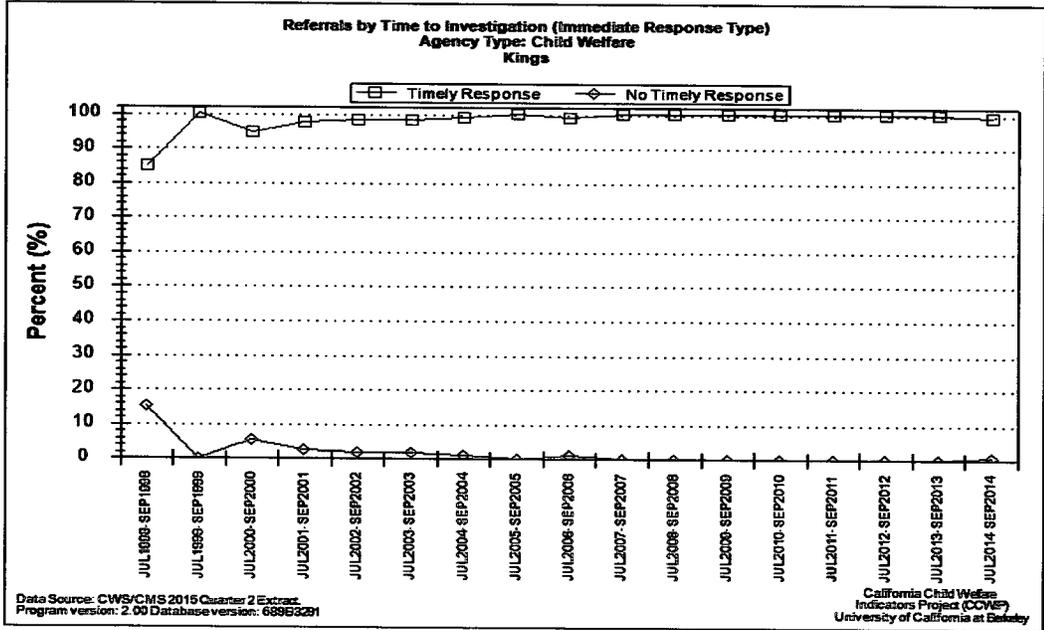
Kings

TABLE 18

PERCENT	Quarter				
	JUL2010- SEP2010	JUL2011- SEP2011	Jul 2012- SEP2012	Jul 2013- SEP2013	Jul 2014-SEP2014
	%	%	%	%	%
Timely Response	100.0	100.0	100.0	100.0	99.5
No Timely Response	0.0	0.0	0.0	0.0	0.5

Total	100.0	100.0	100.0	100.0	100.0
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GRAPH 33

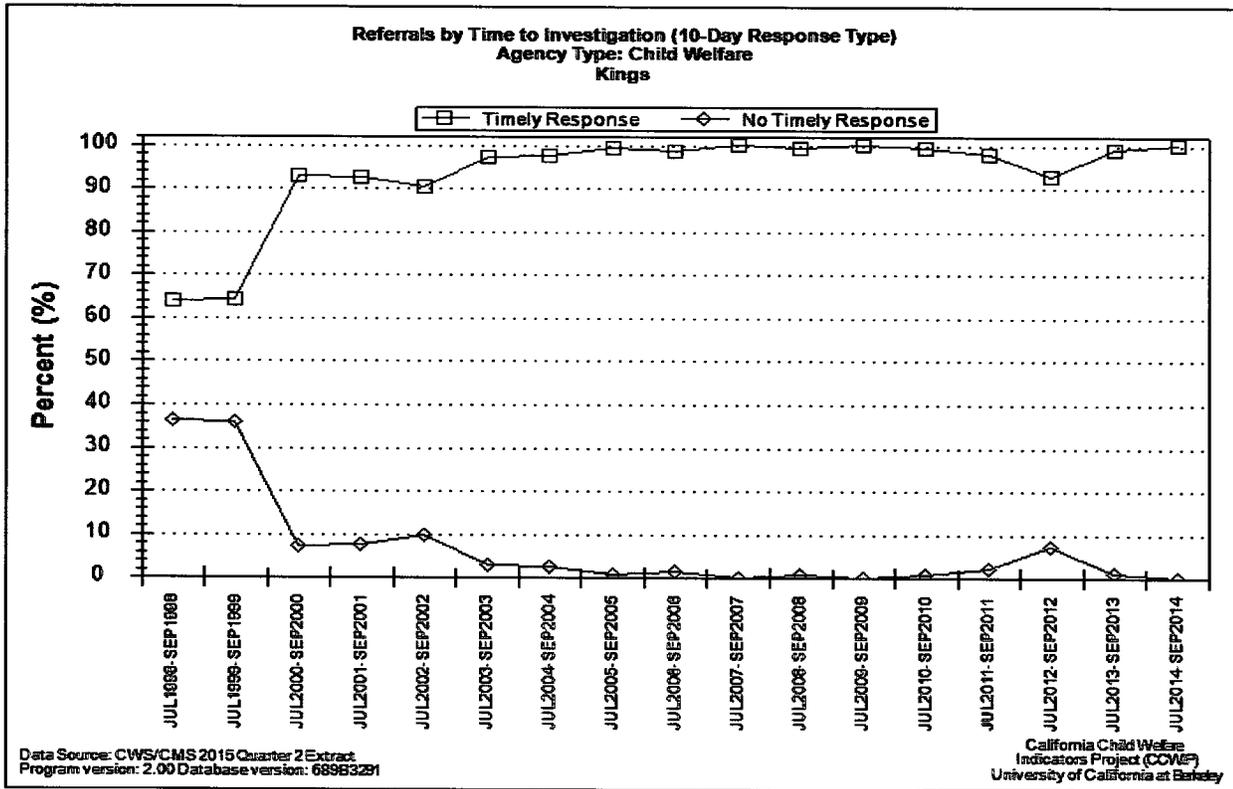


No Federal Standards listed on report
California Department of Social Services, Child Welfare Data Analysis Bureau
California Child Welfare Indicators Project (CCWIP)
University of California at Berkeley
Referrals by Time to Investigation (10-Day Response Type)
Agency Type: Child Welfare
Kings

TABLE: 19

PERCENT	Quarter				
	JUL2010SE P2010	JUL2011- SEP2011	Jul 2012- SEP2012	Jul 2013- SEP2013	Jul 2014- SEP2014
	%	%	%	%	%
Timely Response	99.5	97.9	92.8	98.9	100.0
No Timely Response	0.5	2.1	7.25	1.1	0.0
Total	100.0	100.0	100.0	100.0	100.0

GRAPH 34



Analysis of Service Delivery Composite

Analysis of Process Measure 2B – Percent of Child Abuse/Neglect Referrals with a Timely Response

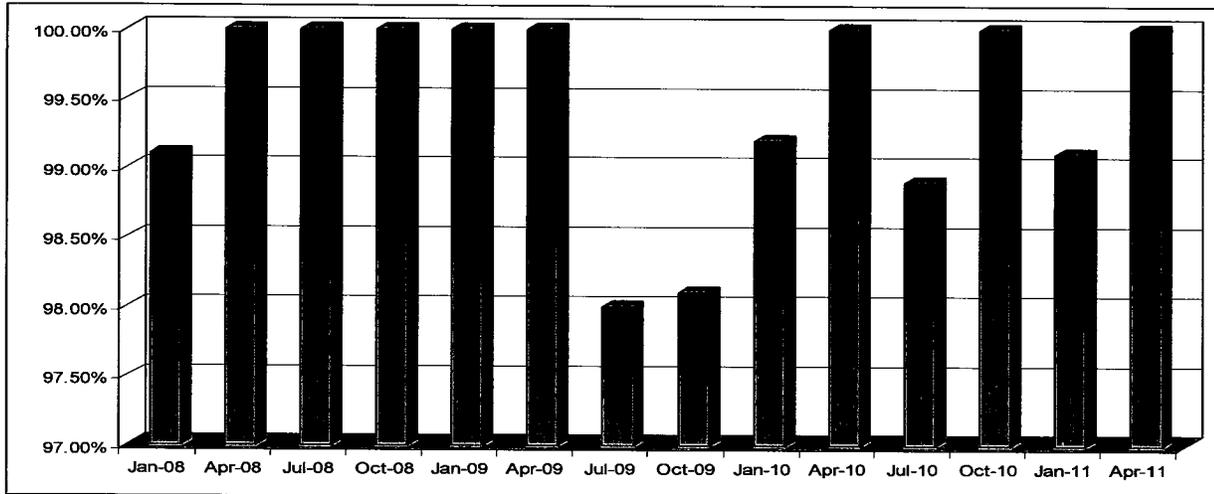
Kings County Performance Data

TABLE: 20

2B. Percent of child abuse/neglect referrals with a timely response (04/01/2010-06/30/2010)	Immediate Response Compliance 99.1%	10 Day Response Compliance 96.6%%
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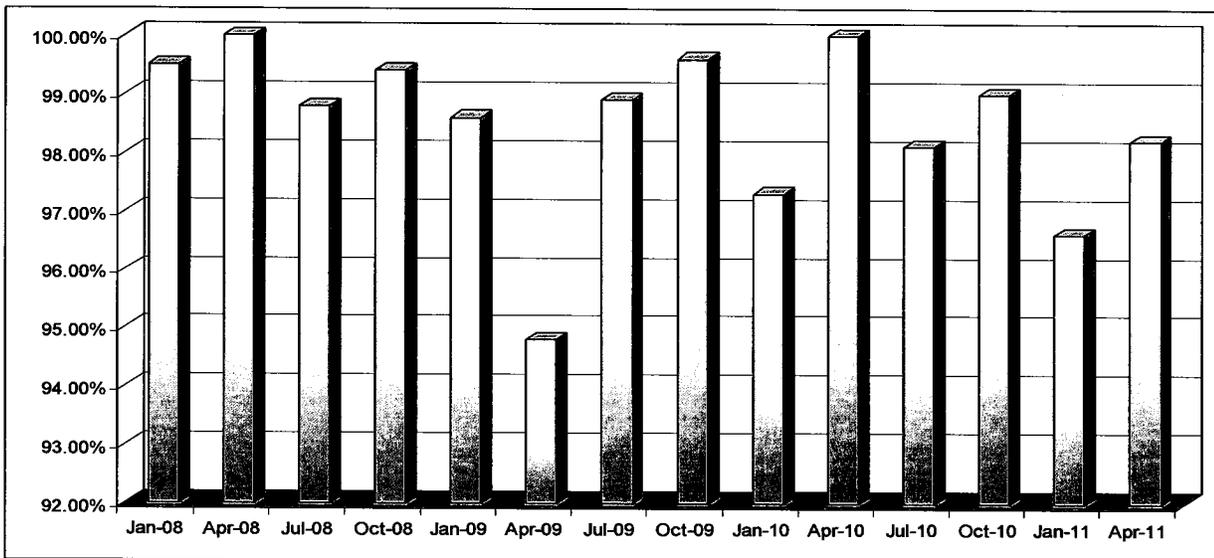
County Composite 2B Goal = 90%

Immediate Response Compliance: Trend Data – GRAPH 35



10-Day Response Compliance: GRAPH 36

Trend Data



Methodology 2B/10-Day Response Compliance: Data counts both the number of child abuse and neglect referrals that require a 10-day response, and then receive, an in-person investigation within 10 days of the referral. This is a CDSS measure.

Data Source for Charts 37 and 38: Needells, B., Webster, D., Armijo, M., Lee, S., Dawson, W., Magruder, J., Exel, M., Glasser, T., Williams, D., Zimmerman, K., Simon, V., Putnam-Hornstein, E., Frerer, K., Cuccaro-Alamin, S., Winn, A., Lou, C., & Peng, C. (2011). Child Welfare Services Reports for California. Retrieved March 21, 2011, from University of California at Berkeley Center for Social Services Research website. URL: <http://cssr.berkeley.edu/uchildwelfare>

Methodology:

The percentage of child abuse and neglect referrals that require, and then receive, an in-person investigation within the specified time frame. There are two reports, one for immediate response, and the other for 10-day response. Referrals entered as requiring a 3-, 5-, or 10-day response are included in the 10-day response type.

Analysis:

Welfare and Institutions Code (WIC) Section 16501(f) requires county CWS agencies to respond to any report of imminent danger to a child immediately and to all other reports within 10 calendar days. The Manual of Policies and Procedures (MPP), Division 31, Section 125.2, in accordance with the WIC Section 16504, requires that “The social worker investigating the referral shall have in-person contact with all of the children alleged to be abused, neglected or exploited, and at least one adult who has information regarding the allegations.” The current methodology for the Timely Investigations measure (2B) includes attempted visits. The measure defines an attempted visit as an in-person (physical) response where the social worker has reason to believe the child will be found at the location visited but discovers the child is not there, and the social worker documents the attempted visit correctly and timely in the CWS/CMS.

The Kings County Human Services Agency requires social workers to conduct a face to face contact with each child alleged to be abused or neglected within two (2) hours of referral receipt when allegations meet the immediate response criteria. Social Workers are required to conduct face to face contacts with each child alleged to be abused or neglected within 10 days of referral receipt when allegations meet the 10 day response criteria. Policies and procedures are in effect, which communicate response criteria (immediate, 10 day or evaluate out responses) as well as expectations of the Agency in relation to investigative processes. In every situation wherein a child is removed from the custody of his/her parent/guardian, Social Workers are required to enter narratives, complete all required paperwork and be prepared for a case conference by 9 AM the day following the detention. Safe Measures is the most effective method to monitor and identify specific cases that are out of compliance so that data error(s) can be quickly identified and corrected. The ER Supervisors utilizes CWS/CMS and Safe Measures to monitor compliance in this area.

Data provided in regard to 2B (**Immediate**) reflected that the Agency is performing at or above State and Federal mandates (**Table 25**). The graph depicts that from July 2010 to September 2013, Kings County had a compliance rate of 100% in regard to meeting the requirements of the 2B measure. This can be translated to Kings County making successful contact with all parties on immediate referrals. There was a .5% in the 4th quarter of July 2014 to September 2014, in where the Agency did not meet the 2B requirement. Although, State standards are 24 hours, the Kings County Human Services Agency has a policy of making contact within 2 hours of the initial report coming in for immediate referrals.

In regard to 2B (**10 days**), the graph indicated that Kings County remained above the 90% compliance rate from July 2010 to September 2014 (**Table 26**). Specifically, the compliance rates for 2B (10 days) were the following: From July 2010 to September 2010, Kings County was in 99.5% in compliance and .5 in noncompliance. From July 2011 to September 2011, Kings County was at 97.9 in compliance and 2.1 in noncompliance. From July 2012 to September 2012, Kings County was at a 92.8% in compliance with a 7.25% in noncompliance. From July 2013 to September 2013, Kings County was 98.9% in compliance

and 1.1% in noncompliance. Finally, from July 2014 to September 2014, Kings County was at a 100% rate.

The ER Supervisor utilizes CWS/CMS, Safe Measures and SDM to monitor compliance in this area. Safe Measures and SDM are the most effective methods used to identify specific cases that are out of compliance so that data error(s) can be quickly identified and corrected.

Kings County does need to improve on the 10 day 2B measure. Although, graphs show that Kings County has been in the 90th percentile, there is still room for improvement. Social workers need to follow the State requirements to exhaust location efforts and document all attempted contacts with families in CMS as indicated in section 1 above under “requirements.” It is crucial that social workers document all attempted contacts within 3 days of making such contacts to satisfy the 2B measure.

Conclusion:

This indicator will not be included in the SIP; the county has met the state standard of 90% or higher in all quarters during the time period shown above.

2D REFERRALS BY TIME TO INVESTIGATION – COMPLETED CONTACTS – IMMEDIATE & 10-DAY TYPE

California Department of Social Services, Child Welfare Data Analysis Bureau

California Child Welfare Indicators Project (CCWIP)

University of California at Berkeley

Referrals by Time to Investigation - Completed Contacts (Immediate Response Type)

Excludes Referral Status "Attempted"

California CWS Outcomes System

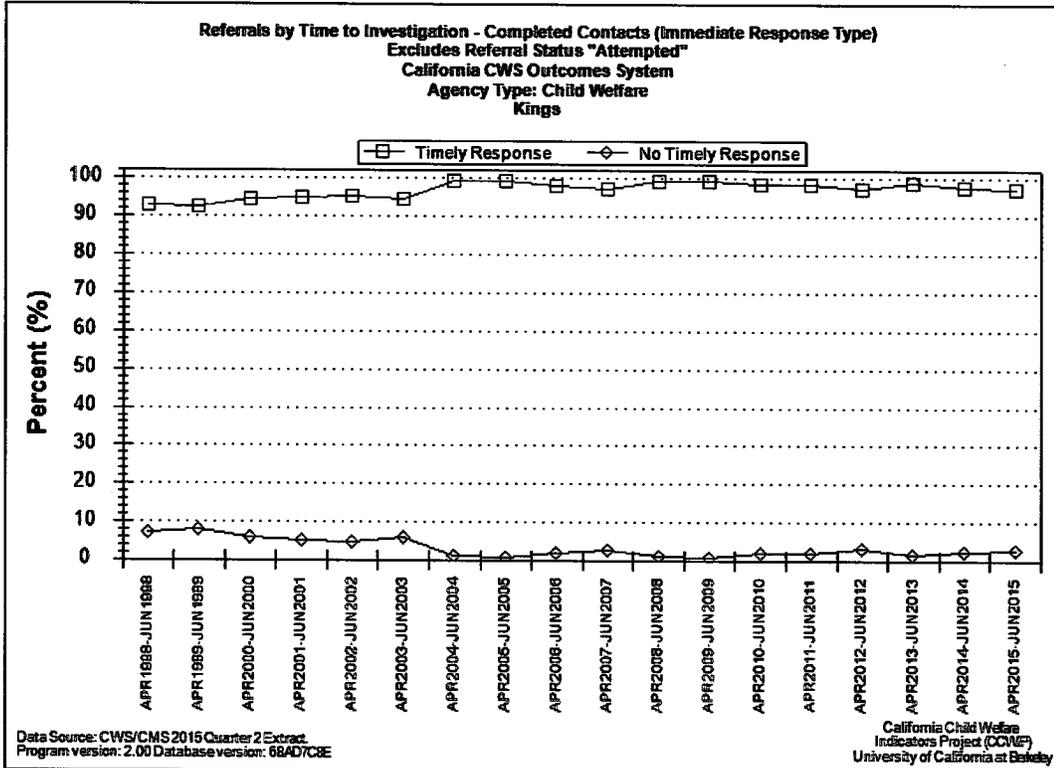
Agency Type: Child Welfare

Kings

TABLE: 21

PERCENT	Quarter				
	APR2011– JUN2011	APR2012– JUN2012	APR2013– JUN2013	APR2014– JUN2014	APR2015– JUN2015
	%	%	%	%	%
Timely Response	98.3	97.1	98.6	97.7	97.2
No Timely Response	1.7	2.9	1.4	2.3	2.8
Total	100.0	100.0	100.0	100.0	100.0

GRAPH: 37



2D REFERRALS BY TIME TO INVESTIGATION COMPLETED CONTACTS – IMMEDIATE & 10-DAY TYPE

California Department of Social Services, Child Welfare Data Analysis Bureau

California Child Welfare Indicators Project (CCWIP)

University of California at Berkeley

Referrals by Time to Investigation - Completed Contacts (10-Day Response Type)

Excludes Referral Status "Attempted"

California CWS Outcomes System

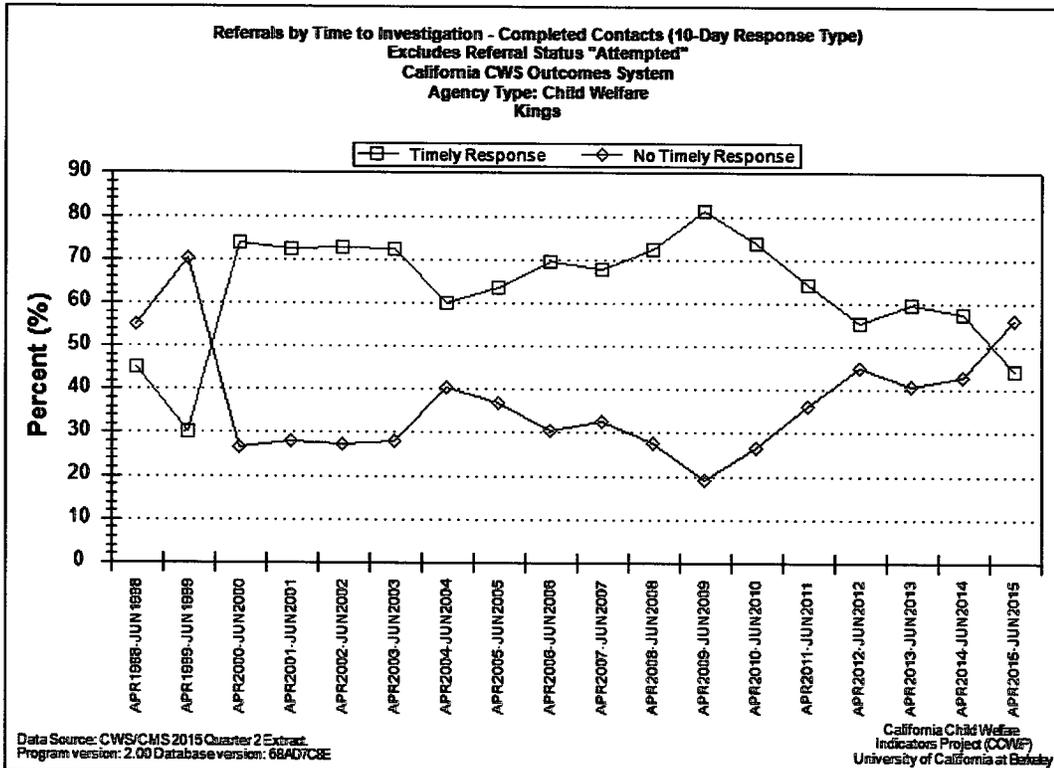
Agency Type: Child Welfare

Kings

TABLE: 22

PERCENT	Quarter				
	APR2011-- JUN2011	APR2012- JUN2012	APR2013- JUN2013	APR2014- JUN2014	APR2015- JUN2015
	%	%	%	%	%
Timely Response	64.0	55.2	59.3	57.2	44.1
No Timely Response	36.0	44.8	40.7	42.8	55.9
Total	100.0	100.0	100.0	100.0	100.0

GRAPH: 38



METHODOLOGY:

2D measures contacts which have met criteria for a “qualified contact” for child abuse and neglect referrals. There are two reports, one for immediate response, and the other for 10-day response. These referrals require an in-person investigation within the specified time frame and need to be entered correctly into CWS/CMS.

ANALYSIS

The graph on 2D (**immediate**) illustrates that Kings County remained at or above the 97th percentile. This equates to Kings County successfully meeting and completing immediate investigations with all parties and entering it correctly into CMS within the State requirements. Unfortunately we are unable to analyze those referrals which were out of compliance to determine the true deficiencies that were causing referrals to show a no timely response. There are many factors that could trigger an out of compliance immediate measure. The primary reason is human error. Historically, when immediate referrals have been out of compliance for 2D (**immediate**) the social workers have entered the wrong date they made contact with the victim/parents in CMS or they choose another field besides “investigate referral” in CWS/CMS.

The graph for 2D (**10days**) indicates that Kings County needs to improve when it comes to meeting the requirements for completed qualified contacts for 10 day referrals. The following is the compliance rate for Kings County according to the graph for 10 days completed qualified contacts: Quarter 1 from April

2011 to June 2011 shows Kings County had a compliance rate of 64% and a 36% noncompliance rate for no timely response. Quarter 2 from April 2012 to June 2012 showed Kings County had a 55.2% compliance rate and a 44.8% noncompliance rate. Quarter 3 from April 2013 to June 2013, Kings County had a 53.3% compliance rate and a 40.7% noncompliance rate. Quarter 4 from April 2014 to June 2014 had a 57.2% compliance rate and a 42.8% noncompliance rate. Finally, quarter 5 on the graph from April 2015 to June 2015, Kings County had a 44.1% compliance rate and a 55.9% compliance rate.

Regarding 2D measure immediate response the Kings County Human Services Agency CWS division is performing well. However, there is definitely room for improvement. Regarding measure 2D 10-day timely response completed referrals, Kings County continually performed below the State standard according to UC Berkley California Child Welfare Indicators Project (CCWIP).

Possible contributors to the low outcome measure for 2D 10-day referrals are but not limited to; social workers completing investigations, but not inputting information into CWS/CMS on a timely manner i.e., carryovers more than 30days; social workers will enter the incorrect date of when contact was made with parent(s)/victim(s); on many occasions social workers have input contact after the 10th day, this will prompt a non-compliance 2D measure, even though the investigation is complete; new staff not properly trained; selecting the incorrect field in the contact page in CWS/CMS, i.e., the method of “in-person” is chosen in CWS/CMS and social workers chose a contact status of “attempted” instead of “completed” in CWS/CMS.

The Human Services Agency CWS Peer Review selected Measure 2D “Timely Response 10-Day” as one three target areas to focus their research on. Their objectives were as follows; identify documentation trends; identify promising practices; identify barriers or challenges; to ascertain training needs of staff; identify systemic policy changes; identify resource issues; to identify any technical assistance needs the county may require from CDSS.

The CWS target population included referrals on behalf of children and families in Kings County that met 10 day response criteria for allegations of physical abuse or general neglect and social workers and supervisors still employed with the agency that had assignment of the referral.

There were eight (8) CWS ER referrals randomly selected, which Safe Measures identified as being out of compliance for timely investigation and seven (07) of which Safe Measures identified as being in compliance of timely investigation. Safe Measures quarterly reports were reviewed: July 2014-September 2014; October 2014-December 2014; January 2015-March 2015; April 2015-June 2015.

Social Workers interviewed five (5) emergency response social workers assigned to those referrals during the study time frame and four (4) emergency response supervisors assigned during those referrals.

The Peer Review Interview Panels for CWS reported the following areas of strength regarding ER referrals investigations 2D 10-Day Timely Response: ER social workers make good efforts to research CMS/CWS for history; ER social workers make good effort to verify addresses; ER Social Workers have good working relationships with Kings County Probation and Law Enforcement, resulting in social worker able to locate families and identify potential safety issues for the social worker.

Interview Panels provided additional information on major training themes. CWS social workers and supervisors need comprehensive training on the use of SDM tools, guidelines, timelines, and requirements of the 10-day response investigation process; newly hired social workers should not be assigned to the emergency response unit; social workers should complete CDSS Core Social Services Training Academy and Risk/Safety Assessment training before investigating CWS ER Referrals of suspected child abuse and neglect; social workers receive training of CMS/CWS data entry to assure social workers are entering contacts in the Case Management System appropriately.

The Interview Panels provide the following information on barriers and challenges while investigating CWS ER referrals of suspected child abuse and neglect: Shifting from 10 days to immediate investigations impacts the ability to go from crisis intervention to prevention efforts, more so for social workers with very little experience; inconsistency with the utilization of SDM risk/safety tools creates a rise in detentions and limits the ER social workers time to tend to 10 day investigations; supervisors are not trained to use SDM tools or they choose not to use the tools resulting in an inconsistency in practice; the ER unit is understaffed resulting in high total monthly referral assignments; not having a correct address or phone numbers for families; conducting interviews with children at schools is highly discouraged by CPS management; the family moves around making them difficult to locate; not enough screeners to screen referrals and verify addresses; there is inconsistent decision making on behalf of emergency response supervisors resulting in higher ER referrals assignments; social workers are forced to cancel appointments due to parents canceling them delaying response or contact; social workers having to cancel appointments with parents due to receiving an immediate referral; lack of support from supervisors and management (staff overwhelmed); ER social workers often have to write warrants for cases assigned to FM workers; not having a placement social worker creates additional tasks for ER social workers when taking physical custody of child (ren) and there are more immediate referrals versus ten (10) day response referrals. Physical barriers identified were, fences keeping social workers from having access to the front door, dogs not allowing access onto the property.

The Interview Panel had the following suggested systemic changes to improve our compliance with 10-day responses: Utilizing the SDM hotline tool and risk/safety assessments in determining the final disposition of the ER referral to maintain consistency in ER practice; a current trend in ER social workers having high assigned immediate and ten 10-day referrals; ER social workers having to cancel scheduled appointments with parents due to immediate referrals; misinterpretation of the new Measure 2D, 10-day compliance requirements; ER social worker participating in the 9/80 schedule, limit the amount of available time to respond and investigate ER referrals by 3 less days in the month and average amount

of working days is 22 and less days if the social worker works a 9/80 schedule; training new ER social workers; preparing protective custody warrants and carrying 30 day ER plans to stabilize concerns; adding additional experienced staff to ER; adding additional screeners; eliminating the training responsibility from the ER social worker and moving 30 ER plans to the FM unit under voluntary services.

The Peer Review was helpful in identifying major miscommunication issues between management and line staff. Previous CWS practice was ER social workers are not to interview children at school unless there are exigent circumstances. However, the Deputy Director clarified that staff is allowed to interview school age children at their respective schools. The following systemic changes were suggested; designate separate ER staff to both immediate and ten 10-day ER referrals; adding a swing shift to prevent the overflow of referrals from after hours and ER supervisors to be more available especially at the end of the day to provide guidance.

The Peer Review identified the following documentation trends and the use of CMS/CWS; social workers research CMS/CWS for past history prior to responding, they clarify discrepancies with the screener, narratives are not inputted into CMS/CWS timely due to lack of time and documentation is set out several months. After hours work impacts the ER unit because after hours social workers do not input narratives or referrals in CMS/CWS.

The following resources were identified to assist social workers in meeting the ten (10) day timely response requirements; Assign each ER social worker a tablet to utilize in the field with wireless internet so that they can access it in search efforts; continue to utilize law enforcement or probation to verify addresses; adding additional experienced social workers and assistants who can facilitate placement for children on referrals that result in detentions; improve access to resources i.e. parenting and mental health;

As for technical assistance the team identified the need to retrain ER supervisors and ER social workers on SDM tools so that they may consistently and safely guide staff.

Looking ahead with the goals to improve in this measure the Kings County Human Services Agency, will implement a plan to ensure improvement of measure 2D immediate and 10-day timely response and completed referrals by ensuring the following; provide training to both new and experienced social worker staff; have supervisors and management more available to staff; conducting bi-weekly or monthly unit meetings to discuss program quantitative and qualitative data and program quality and consistency; supervise and manage by reviewing and analyzing CWS, SDM Safe Measures and Agency data reports, to ensure timely responses, completion and inputting information in to CWS/CMS; monitor immediate referral data input timely within 48 hours in to CWS/CMS; 10-day referrals contacts should be entered within 10 days of the referral being received per CDSS; update ER policies to reflect requirement of measure 2D; ongoing training should be provided to ER workers to ensure that they

understand selecting the appropriate fields in CWS/CMS; require ER supervisors to research and review and discuss CWS/CMS and safe measure reports with ER social workers weekly or bi-weekly to ensure compliance on measure 2D; Social workers need to close out referrals within 30 days to ensure that referrals are being closed on a timely manner; maintain carry over total number of ER open investigations referrals at 25 referrals or less; provide staff with all available updates, information, training, resources and most importantly coaching, mentoring and feedback of work being performed.

Conclusion:

The Kings County CWS division will include the 2D Measure Referrals by Time to Investigation - Completed Contacts (10-Day Response Type) in its next annual SIP as it clearly is below standards.

2F BY YEAR * TIMELY MONTHLY CASEWORKER VISITS (OUT OF HOME)

California Department of Social Services, Child Welfare Data Analysis Bureau
 California Child Welfare Indicators Project (CCWIP)
 University of California at Berkeley
 Measure 2F By Year - Timely Monthly Caseworker Visits (Out of Home)
 California CWS Outcomes System
 Agency Type: Child Welfare
 JUL2014-JUN2015

TABLE: 23

KINGS	Children in Out-of-Home Placement	Placement Months	Months with Visits	Percent with Visits	Months with Visits in the Residence	Percent with Visits in the Residence
	N	N	N	%	N	%
FY 10/11	401	2,850	2,719	95.4	2,531	93.1
FY 14/15	732	5,093	4,810	94.4	4,468	92.9

2F BY MONTH * TIMELY MONTHLY CASEWORKER VISITS (OUT OF HOME)

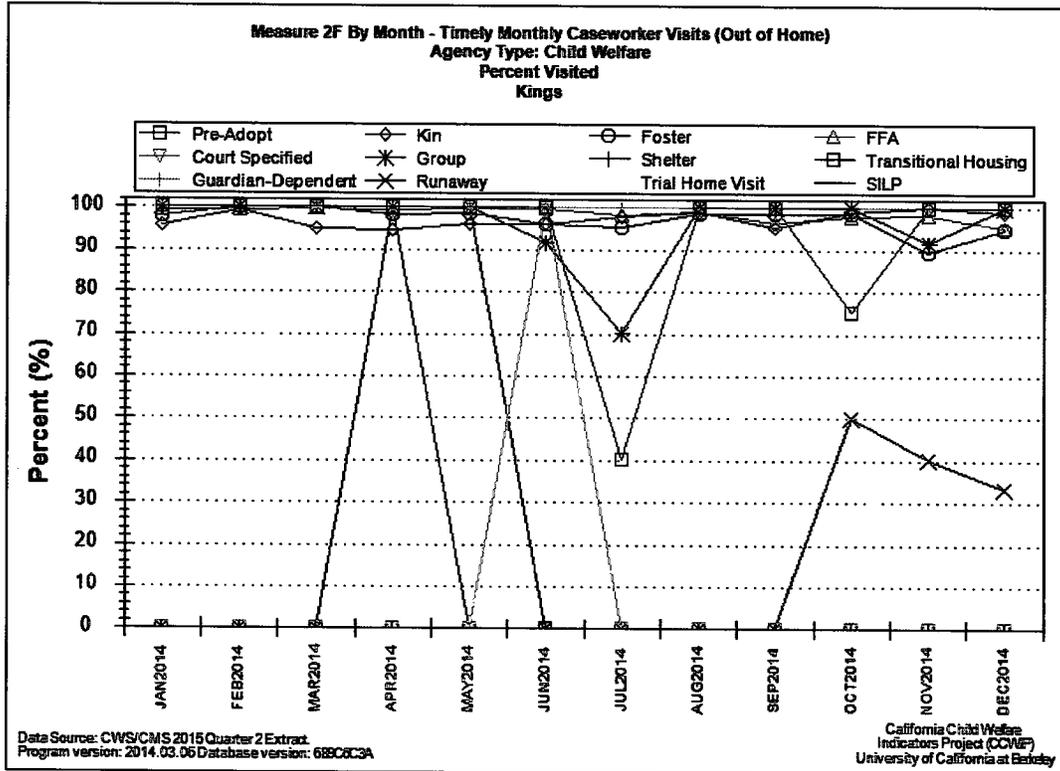
California Department of Social Services, Child Welfare Data Analysis Bureau
 California Child Welfare Indicators Project (CCWIP)
 University of California at Berkeley
 Measure 2F By Month - Timely Monthly Caseworker Visits (Out of Home)
 Agency Type: Child Welfare
 Percent Visited
 Kings
 Jan-Dec 2014

TABLE: 24

Placement Type	Interval											
	JAN2014	FEB2014	MAR2014	APR2014	MAY2014	JUN2014	JUL2014	AUG2014	SEP2014	OCT2014	NOV2014	DEC2014
	%	%	%	%	%	%	%	%	%	%	%	%

Pre-Adopt	100.0	100.0	100.0	100.0	100.0	100.0	40.0	100.0	100.0	75.0	100.0	100.0
Kin	95.5	99.2	94.9	94.5	96.0	95.8	97.8	98.9	95.3	98.9	100.0	98.9
Foster	97.7	100.0	100.0	98.2	98.5	95.9	95.2	98.6	98.6	89.2	94.8	95.0
FFA	99.3	99.3	99.4	99.3	99.4	99.4	98.2	98.8	96.4	97.6	98.2	95.3
Court Specified						100.0						
Group	100.0	100.0	100.0	100.0	100.0	91.7	70.0	100.0	100.0	100.0	91.7	100.0
Shelter												
Transitional Housing												
Guardian-Dependent	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Runaway				100.0	100.0					50.0	40.0	33.3
Trial Home Visit	100.0	60.0	83.3	100.0	100.0	100.0	100.0	100.0			100.0	100.0
SILP				100.0		100.0						
Total	97.8	98.3	97.8	97.7	98.3	97.4	94.8	97.7	95.7	97.4	96.1	95.4

GRAPH: 39 – MEASURE 2F BY MONTH



METHODOLOGY:

Measure 2F considers each month separately, but summarizes this data for a 12 month period. For each month in the 12 month period, of the children in care who were required to have an in person contact. One visit is required for each eligible month in placement.

ANALYSIS

The standard for 2F: Timely Caseworker Visits was previously 90% of all cases had to have face-to-face monthly contacts. This standard was raised to 95% as of July 1, 2015. The data above is prior to that implementation date. If the standard as it existed in June 2015 is considered, Kings County has met the overall goal as illustrated in Table 30 with 94.4 % timely caseworker visits. The percentage of visits in residence did decrease by .2% when comparing FY 10/11 to FY 14/15. Kings County has met the overall goal as illustrated in the Table 30 with 92.9 % timely caseworker visits in residence.

A contributing factor is the significant increase regarding the number of children in care with an increase from 401 in FY 10/11 to 732 in FY 14/15. This represents a 45% increase in children in out of home care. Timely data entry and the accuracy of the data entry are contributing factors regarding the results for this measure. Kings County CWS has made significant efforts to improve the accuracy and timeliness of our data entry.

Conclusion:

The Kings County CWS division has met the overall goals regarding Measure 2F. Efforts will continue to improve our practice regarding the completion and documentation of contacts with children in care.

2F BY YEAR * TIMELY MONTHLY CASEWORKER VISITS (OUT OF HOME)

California Department of Social Services, Child Welfare Data Analysis Bureau

California Child Welfare Indicators Project (CCWIP)

University of California at Berkeley

Measure 2F By Year - Timely Monthly Caseworker Visits (Out of Home)

California CWS Outcomes System

Agency Type: Probation

JUL2014-JUN2015

Table 25

	Children in Out-of-Home Placement	Placement Months	Months with Visits	Percent with Visits	Months with Visits in the Residence	Percent with Visits in the Residence
	N	N	N	%	N	%
KINGS	15	96	92	95.8	92	100

ANALYSIS

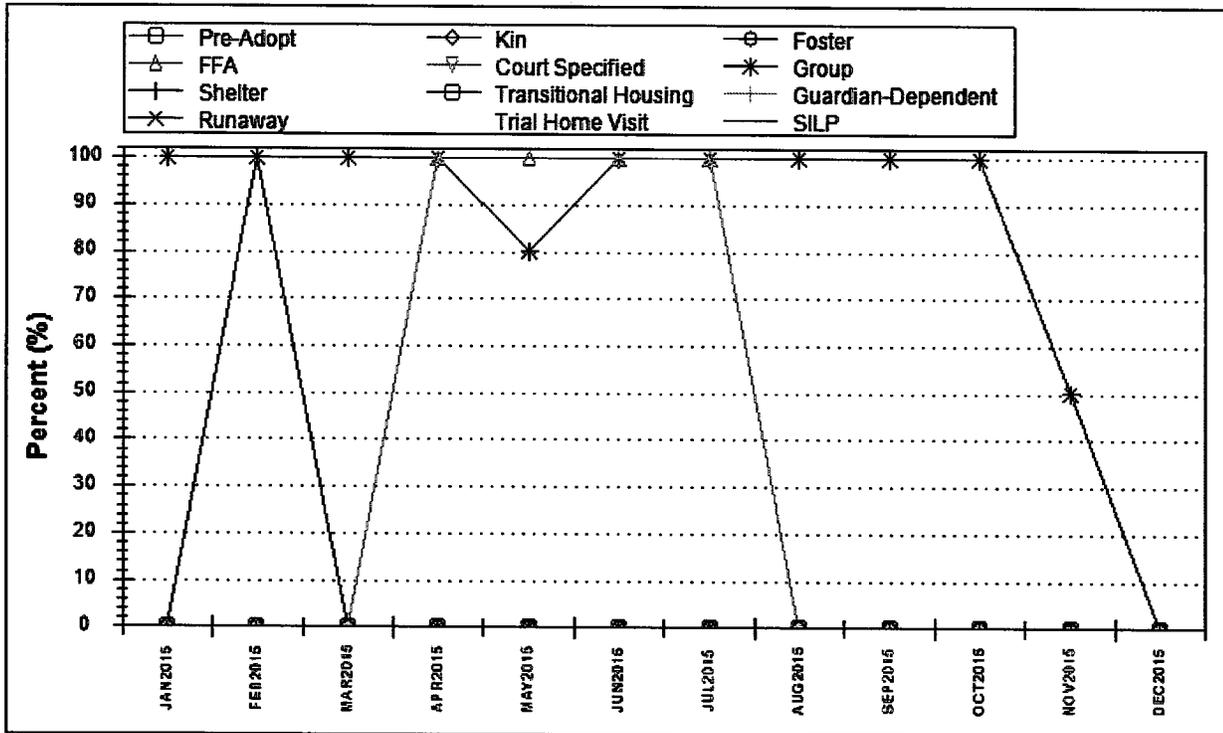
REGARDING TIMELY CASEWORKER VISITS OUT OF HOME; BETWEEN THE DATES OF JULY 2014 THROUGH JUNE 2015, KINGS COUNTY'S OVERALL TOTAL WAS 95.8 %. KINGS COUNTY PROBATION HAS MET THE OVERALL GOAL. THE NATIONAL STANDARD IS 95%. THE PROBATION DEPARTMENT IS DILIGENT IN MAKING EFFORTS TO VISIT YOUTH IN OUT OF HOME PLACEMENT ON A MONTHLY BASIS. IN SOME CASES, THE YOUTH HAS RUN AWAY FROM PLACEMENT AND THEIR WHEREABOUTS ARE UNKNOWN OR THEY MAY HAVE RETURNED TO CUSTODY ON A VIOLATION OF PROBATION.

Probation:

Table 26

Placement Type	Interval											
	JAN2014	FEB2014	MAR2014	APR2014	MAY2014	JUN2014	JUL2014	AUG2014	SEP2014	OCT2014	NOV2014	DEC2014
	%	%	%	%	%	%	%	%	%	%	%	%
Pre-Adopt												
Kin												
Foster												
FFA				100%	100%	100%	100%					
Court Specified												
Group	100%	100%	100%	100%	80%	100%	100%	100%	100%	100%	50%	
Shelter												
Transitional Housing												
Guardian-Dependent												
Runaway		100%										
Trial Home Visit												
SILP												
Total												

Graph 40: Measure 2F by month 2015



2S BY YEAR TIMELY MONTHLY CASEWORKER VISITS (IN HOME)

California Department of Social Services, Child Welfare Data Analysis Bureau

California Child Welfare Indicators Project (CCWIP)
University of California at Berkeley
Measure 2S By Year - Timely Monthly Caseworker Visits (In Home)
California CWS Outcomes System
Agency Type: Child Welfare
JUL2014-JUN2015

TABLE 27

KINGS	Children Receiving In- Home Services	Service Months	Months with Visits	Percent with Visits	Months with Visits in the Residence	Percent with Visits in the Residence
	N	N	N	%	N	%
FY 10/11	272	1195	1,046	87.5	906	86.6
FY 14/15	496	2,188	1,965	89.8	1,781	90.6

2S BY MONTH TIMELY MONTHLY CASEWORKER VISITS (IN HOME)

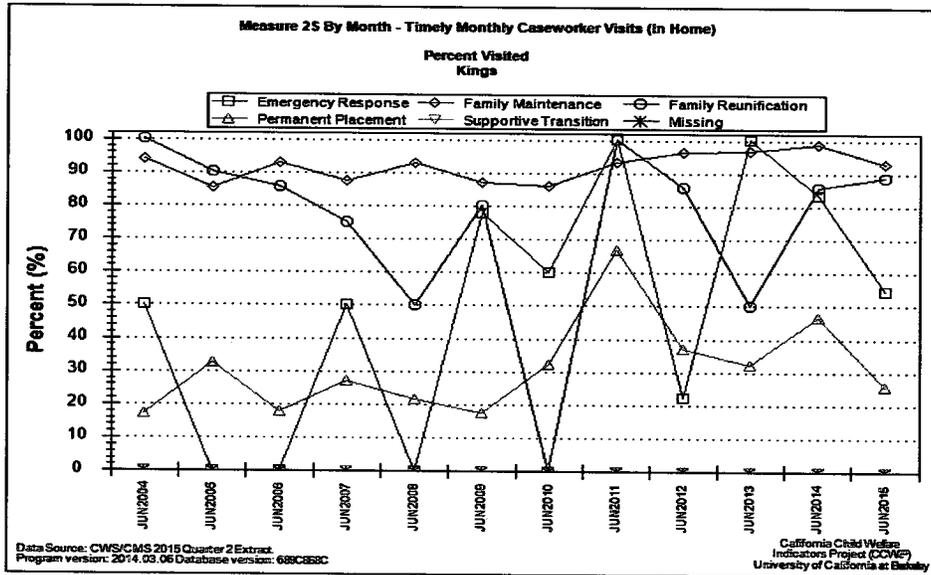
California Department of Social Services, Child Welfare Data Analysis Bureau
California Child Welfare Indicators Project (CCWIP)
University of California at Berkeley
Measure 2S By Month - Timely Monthly Caseworker Visits (In Home)
Percent Visited

Kings

TABLE 28

Placement Type	Interval					
	JUN2010	JUN2011	JUN2012	JUN2013	JUN2014	JUN2015
	%	%	%	%	%	%
Emergency Response	60.0	100.0	22.2	100.0	83.3	54.5
Family Maintenance	85.9	93.2	96.4	96.5	98.6	92.7
Family Reunification		100.0	85.7	50.0	85.7	88.9
Permanent Placement	3.1	66.7	36.8	32.0	46.7	25.7
Supportive Transition						
Missing						
Total	70.5	86.2	80.5	82.8	92.6	75.7

GRAPH 41



METHODOLOGY:

Measure 2S identifies the number of months children have been in an open in home case in the quarter and the number of months those children had an in person contact with a social worker. It further identifies the number of those in person contacts occurred in the home. The measurement of this population separate from the out of home children is recent but the measure is applied and observed retroactively. There is no standard for this measure.

ANALYSIS

As illustrated in Table 32 the timely visits for children in home care has increased from 87.5% to 89.8 % comparing FY 10/11 to FY 14/15. During this time period, the number of children receiving in home services increased by 45%.

A contributing factor is the significant increase in the number of children receiving in home services. Timely data entry and the accuracy of the data entry are contributing factors regarding the results for this measure. Kings County CWS has made significant efforts to improve the accuracy and timeliness of our data entry.

Conclusion:

Kings County CWS will continue efforts to improve our practice regarding the completion of contacts with children in care and the timely documentation of the contacts.

3-P1 PERMANENCY IN 12 MONTHS FOR CHILDREN ENTERING FOSTER CARE

California Child Welfare Indicators Project (CCWIP)

University of California at Berkeley

California Department of Social Services, Child Welfare Data Analysis Bureau

Foster care entry cohort outcomes

Federal Measure

Of all children who entered foster care in a 12-months period, what percent discharged to permanency within 12 months?

National Standard: $\geq 40.5\%$

Agency Type: All

Jul 1, 2013 to Jun 30, 2014

Table 29

County	Entered foster care in a 12 month period	Children discharged to within 12 months	%
Kings	269	116	43.1%

METHODOLOGY:

3-P1 – PERMANENCY IN 12 MONTHS FOR CHILDREN ENTERING FOSTER CARE IN A 12-MONTH PERIOD, THE NATIONAL STANDARD IS $\geq 40.5\%$ AND KINGS COUNTY ACHIEVED THE GOAL OF 43.1% FROM THE TIME PERIOD OF JULY 1, 2013 THROUGH JUNE 30, 2014. THIS GOAL WAS MET

Regarding reunification within 12 months; the national standard is 40.5%. Kings County has met this goal. The data statistics show that from July 1, 2013 through June 30, 2014, Kings County has averaged 43.1% in this area.

ANALYSIS

The CWS Division has historically made every reasonable effort to offer children and their families Family Reunification Services, as well as, to reunify families as soon as possible. This philosophy is communicated from management to line social work staff consistently. In addition, Kings County CWS focuses on helping parents attain a “minimum sufficient level of care” for their children versus a “perfect” home environment. We recognize that our primary duty is to ensure children are in a safe environment where they are more likely not to be physically, emotionally and/or psychologically harmed; however, our standards for reunification are realistic. CWS emphasizes behavioral change expectations in addition to evidenced efforts to rehabilitate. Therefore, if parents make reasonable efforts to participate in and successfully complete services while evidencing positive behavioral changes, reunification of the family is explored as soon as possible.

CWS also increased the number of social workers in the Family Reunification program since the last CSA.

Conclusion:

Kings County has met and exceeded this goal.

PROBATION:

TABLE 30

County	Entered foster care in a 12	Children discharged to within 12	%
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	month period	months	
Kings	7	0	0%

ANALYSIS

3-P1 – PERMANENCY IN 12 MONTHS FOR CHILDREN ENTERING FOSTER CARE IN A 12-MONTH PERIOD, THE NATIONAL STANDARD IS >=40.5% AND KINGS COUNTY PROBATION DID NOT ACHIEVE THE GOAL OF 43.1% FROM THE TIME PERIOD OF JANUARY TO DECEMBER 2015. THIS GOAL WAS NOT MET

THE MAJORITY OF PROBATION YOUTH IN OUT OF HOME PLACEMENT IN KINGS COUNTY ARE PLACED IN GROUP HOMES THAT SPECIALIZE IN SEXUAL ABUSE AND SEXUALIZED BEHAVIORAL TREATMENT. THESE PROGRAMS TEND TO BE LONGER THAN 12 MONTHS AND IN PAST YEARS HAVE PRECLUDED OUR YOUTH FROM REACHING PERMANENCY WITHIN 12 MONTHS. THIS AGENCY WILL BE WORKING DILIGENTLY TO IMPROVE PERMANENCY FOR OUR YOUTH THROUGH COMMUNITY CARE REFORM.

3-P2 PERMANENCY IN 12 MONTHS FOR CHILDEN IN FOSTER CARE (12-23 MONTHS)

California Child Welfare Indicators Project (CCWIP)

University of California at Berkeley

California Department of Social Services, Child Welfare Data Analysis Bureau

Permanency for children in foster care

Federal Measure

Of all children in care on the first day of the 12-month period who had been in care between 12 and 23 months, what percent discharged to permanency within 12 months?

Agency Type: All Types

National Standard >= 43.6%

Jul 1, 2014 to Jun 30, 2015

Table 31

County	In care on the first day of the period	Children with exit to permanency	%
Kings	84	53	63.1%

METHODOLOGY:

This measure did not exist in this form during the last CSA. This new measure describes the intermediate period between 12 to 23 months of children in foster care to determine if they exited care within 12 months from the day of their 12 month in care.

ANALYSIS

For this time period, twenty (20) children exited to reunification, twenty-eight (28) exited to adoption, five (5) exited to guardianship and two (2) exited to non permanency. Fifty-three (53) children exited to permanent families.

Age is a variable that seems to have an effect on this measure. Twenty-one (21) children five and under exited to permanency in 12 months through adoption; whereas, seven (7) children six and older exited

to permanency in 12 months through adoption. Younger children were more likely to exit to adoption whereas older children were more likely to exit to guardianships.

Conclusion:

The Kings County CWS division has met the National Standard regarding this measure.

PROBATION:

TABLE 32

County	In care on the first day of the period	Children with exit to permanency	%
Kings	4	1	25%

ANALYSIS

KINGS COUNTY PROBATION HAS NOT MET THIS NATIONAL STANDARD. THE MAJORITY OF YOUTH PLACED IN OUT OF HOME PLACEMENT ARE ENROLLED IN SEX OFFENDER TREATMENT PROGRAMS. THESE TREATMENT PROGRAMS TEND TO BE LONGER THAN 12 MONTHS. IN SOME CASES, YOUTH ARE UNABLE TO REUNIFY WITH PARENTS, AS THE VICTIMS OF THEIR CRIMES REMAIN IN THE HOME. THE PROBATION DEPARTMENT IS WORKING TOWARD STEPPING DOWN OUR YOUTH IN OUT OF HOME PLACEMENT THROUGH COMMUNITY CARE REFORM AND RELATIVE FAMILY ASSESSMENT. IT IS EXPECTED OUR YOUTH WILL ACHIEVE PERMANENCY AT A HIGHER RATE IN THE COMING YEARS.

3-P3 PERMANENCY IN 12 MONTHS FOR CHILDREN IN FOSTER CARE 24 MONTHS OR MORE

California Child Welfare Indicators Project (CCWIP)

University of California at Berkeley

California Department of Social Services, Child Welfare Data Analysis Bureau

Permanency for children in foster care

Federal Measure

Of all children in foster care on the first day of a 12- month period, who had been in foster care (in that episode) for 24 months or more, what percent discharged to permanency within 12 months of the first day of the 12-month period?

Agency Type: All Types

National Standard >= 30.3%

Jul 1, 2014 to Jun 30, 2015

Table 33

County	In care on the first day of the period	Children with exit to permanency	%
Kings	92	23	25%

ANALYSIS

THIS GOAL WAS NOT MET. THE AGENCY WILL BE LOOKING AT THIS AND FOLLOWING IT CLOOSELY FOR COMPLIANCE.

Kings County's performance in this composite measure is relatively low. The Agency's practice is to ensure children have a permanent home established as soon as possible and prior to exit from foster care. In the previous CSA report it was reported that it is very rare for Kings County CPS to retain Jurisdiction over children once they turned 18, however with the passage of AB-12, youth are opting to

re-enter foster care or go into extended foster care. The Agency's efforts towards guiding the youth to Independent Living now go beyond the 18th birthday which in the long run proves to be beneficial for the youth transitioning into adulthood.

Adoption's is proactive after the child is legally free and dependency is retained until finalization of the adoption. During this County Self Assessment, the Kings County Human Services Agency has established their own adoptions, which was a need highlighted in the 2011 PQCR. Despite having our own adoptions services, the Agency continues to lack in the area of providing children with permanency. In the 2011 CSA it was noted that the Agency reconsiders reunification with parents when the child is older and still in foster care if the parent has rehabilitated and can safely care for the child at a later date. The current analysis of this practice is being reviewed and will be changing as further efforts could be made to strengthen this practice which could potentially improve the measure of permanency.

Conclusion: Kings County did not meet this measure therefore the Agency will be looking at this and following it closely for compliance and adding this to the SIP.

PROBATION:

TABLE 34

County	In care on the first day of the period	Children with exit to permanency	%
Kings	3	0	0%

ANALYSIS

THIS GOAL WAS NOT MET. THE AGENCY WILL BE LOOKING AT THIS AND FOLLOWING IT CLOSELY FOR COMPLIANCE. WE ARE IMPLEMENTING CHANGES THAT WILL INCREASE OUR RATE OF PERMANENCY FOR OUR YOUTH IN OUT OF HOME PLACEMENT. ALTHOUGH THE MAJORITY OF OUR YOUTH IN PLACEMENT ARE IN GROUP HOMES THAT SPECIALIZE IN SEXUAL BEHAVIORS, WE ARE WORKING DILIGENTLY TO SECURE FOSTER CARE AND RELATIVE FAMILY HOMES FOR OUR YOUTH TO TRANSITION INTO.

3-P4 RE-ENTRY TO FOSTER CARE

California Child Welfare Indicators Project (CCWIP)

University of California at Berkeley

California Department of Social Services, Child Welfare Data Analysis Bureau

Re-entry to foster care

Federal Measure

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?

Agency Type: All Types

National Standard: <= 8.3%

Jul 1, 2012 to Jun 30, 2013

Table 35

County	Children with entries, exits to reunification or guardianship	Children with re-entries	%
Kings	88	10	11.4

			%
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ANALYSIS

Regarding reentry following reunification; the national goal is 8.3%. Kings County has not met this goal. Between the dates of July 1, 2012 through June 2013, Kings County did not meet the National Standard. The Agency will be following this goal closely and working on compliance.

CONCLUSION:

The CWS Division has historically made every reasonable effort to offer children and their families Family Reunification Services upon detention in lieu of Permanency Planning Services, as well as to reunify families as soon as possible. Concurrent Planning Services are active in this County; however, reunification of the family is the preferred permanent living plan. This philosophy is communicated from management to line social work staff consistently. In addition, Kings County CWS focuses on helping parents attain a “minimum sufficient level of care” for their children versus a “perfect” home environment. We recognize that our primary duty is to ensure children are in a safe environment where they are more likely not to be physically, emotionally and/or psychologically harmed; however, our standards for reunification are realistic. Although it is ideal for parents to successfully complete all tasks as outlined in their case plans prior to termination of reunification services, CWS emphasizes behavioral change expectations in addition to evidenced efforts to rehabilitate. Therefore, if parents make reasonable efforts to participate in and successfully complete services while evidencing positive behavioral changes, reunification of the family is explored as soon as possible. CWS typically recommends extended visits of 30 to 60 days prior to termination of reunification services in an added effort to evaluate whether the children can safely reside with parents prior to entering into Family Maintenance Services. The county’s struggle is balancing this philosophy with its philosophy that children should not reenter foster care once they’re returned as the two outcomes are connected and affect one another. After extensive qualitative research on the reentry after reunification cases, it was discovered those children were returned earlier than the parents were prepared to receive them and relapses occurred necessitating detentions, returning the children to foster care placements. Therefore, management has focused its efforts on training family reunification staff to ensure all case plan components are in compliance prior to considering reunification and children are transitioned in after behavior changes are consistent over a longer period of time. Over all, Kings County has only met 3 out of the 4 national standards addressing reunification standards. However, reunification is a priority for this county due to its focus on safety for children. The county prefers to find a healthy balance and meet all outcome areas, but decided to focus more on the reentry after reunification rate, even if reunification takes longer, due to the importance of child safety.

Reunification Services

The Agency provides Multi-Disciplinary Team (MDT) Case Conferencing in its CPS Division, partially as an effort to enhance the provision of reunification services to children and families. MDT Case Conferencing strives to provide services to and empower families to reach their full potential so that a

“happy medium” for the reunification and reentry rates can be achieved. Community partners and CPS staff received training prior to implementation of the conferencing process. The Kings County MDT model has components of several best practice models (i.e. Family to Family, Family Unity), but is tailored to fit the needs of this population and systems. Several community partners are in regular attendance to offer families support, guidance and services so that they may be successful in their desired outcomes. It should be stressed that this environment is one of support, not judgment or focused on case recommendations. CPS case recommendations are not addressed in this forum. The focus is only on providing services to help the families. Regular attendees include Kings View Counseling Services, Central Valley Regional Center, Behavioral Health, Probation, AB 490 Liaison, Health Department and Kings Community Action Organization. Parents are empowered to attend and participate, but it is completely voluntary.

The use of Structured Decision-Making is vital to assist with reunification of families. FR staff received training on reunification risk assessments and have become much more objective with regard to decisions due to the County’s historical concern with regard to its foster care reentry performance. The Human Services Agency chooses to be more cautious with its foster care reentry rate than reunifying families too quickly due to the trauma premature reunification causes to children due to being removed a second or third time and placed back into foster care.

Another program that assists with timely and safe reunification is the Wraparound Program implemented in 2009 by the Behavioral Health Administration in coordination with the FF, Family Builders. Refer to the "No Maltreatment in Foster Care" rate for a definition of this program and how it assists with this rate.

In an added effort to reunify quicker, but safely, on April 1, 2001, the county implemented the county's first drug dependency court. The AOD Liaison is the Dependency Drug Court Liaison, arranging all of the hearings, drug testing, and coordinating the treatment plan. All clients accepted will receive a daily reflective book, workbooks for various stages of treatment as applicable (i.e. relapse prevention), incentives for doing well and progressing through the program, and interactive toys for their children. Parents will be rewarded with additional visitations and earlier reunification if they progress well in the program.

The STOP Program, through Kings View mental Health also provides services to AOD clients that are indigent and have no other way to pay for services, significantly assisting the county in its reunification efforts. STOP also provides counseling for parents who do not meet medical necessity, but need the services to assist with reunification. Many CPS parents who have substance abuse addictions require dual diagnosis services, which are available at Kings View Counseling Services. STOP funds those services for clients that are indigent. Providing therapeutic, psychotropic, and AOD treatment to these clients result in better outcomes than non-comprehensive approaches due to the trauma underlying the addiction.

In 2011, the county's first Court Appointed Special Advocate Program (CASA) became active in Kings County. It is hoped this program will greatly assist children stabilize and receive higher quality services, as well as help families reunify sooner and safely.

The CAPCC, which provides funding for CASA, has a potentially significant impact for foster children in many ways, this outcome being only one of those.

Probation:

Jan-Dec 2013

Table 36

County	Children with entries, exits to reunification or guardianship	Children with re-entries	%
Kings	0	0	0%

ANALYSIS

The probation department regularly participates in the MDT case conferences. As a member of the MDT committee, probation is provided a list of youth who are being brought before the committee. The probation officer compares this list against the probation case management system, checking the terms of probation (i.e.: testing, substance abuse counseling, mental health treatment/diagnosis, registration requirements, etc.) and for compliancy. The dynamics of the youth's family is taken into consideration in effort to address all issues in the youth's life.

Probation makes every effort to provide services with the youth in the home to address any underlying issues that could lead to the youth's removal. When placement is imminent, reunification is always the desired outcome. The placement officer considers the location of the facility, the services provided and the needs of the youth and their family. It is preferred to place the youth in the most home-like environment available. Parents and family members are encouraged to participate in the minor's treatment program as much as possible and work toward reunification. Monthly face to face contacts are made with youth in out of home placement and monthly contact is made with their parent(s).

3-P5 PLACEMENT STABILITY

California Child Welfare Indicators Project (CCWIP)

University of California at Berkeley

California Department of Social Services, Child Welfare Data Analysis Bureau

Placement stability

Federal Measure

Of all children who enter foster care in a 12-month period, what is the rate of placement moves per day?

National Standard: <= 4.12 per 1,000

Agency Type: All Types

Jul 1, 2014 to Jun 30, 2015

Table 37

County	Foster Care Days for Children with Entries	Placement moves	Per 1,000 days

Kings	69,240	186	2.68
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ANALYSIS

KINGS COUNTY HAS MET THE NATIONAL STANDARD IN THIS AREA. THE NATIONAL STANDARD IS LESS THAN 4.12. KINGS COUNTY IS AT 2.68, WHICH IS LESS THAN THE NATIONAL STANDARD. KINGS COUNTY HAS ACHIEVED THIS GOAL.

Analysis of Outcome Composites C4.1, C4.2 and C4.3 – Stability in Foster Care Placement

In the previous SIP, all of these components were separate measures. In the new SIP, all previous components are one measure-3-P5.

Placement Services

The county has implemented Wraparound services through the Behavioral Health Administration in an added effort to enhance the county's performance with regard to this rate. WRAP services include extra behavioral support both in the foster home and in the school setting. This extra support is helping to reduce 7-day notices for removal of a child and maintain the placement.

The county employs a CHDP Public Health Nurse. The PHN is assigned to all foster children in out of home placement to assist with their various health needs, which helps stabilize placements by providing children with necessary health services and supporting care providers with accessing any needed health services for children. The PHN is very knowledgeable about health needs, community-based services, and accessibility. The PHN also works very closely with foster parents to facilitate appointments, attain low cost or free services, and advocates for them with service providers, giving them added support.

The Agency provides Multi-Disciplinary Team (MDT) Case Conferencing in its CPS Division, partially as an effort to enhance the provision of reunification services to children and families. MDT Case Conferencing strives to provide services to and empower families to reach their full potential so that a “happy medium” for the reunification and reentry rates can be achieved. Community partners and CPS staff received training prior to implementation of the conferencing process. The Kings County MDT model has components of several best practice models (i.e. Family to Family, Family Unity), but is tailored to fit the needs of this population and systems. Several community partners are in regular attendance to offer families support, guidance and services so that they may be successful in their desired outcomes. It should be stressed that this environment is one of support, not judgment or focused on case recommendations. CPS case recommendations are not addressed in this forum. The focus is only on providing services to help the families. Regular attendees include Kings View Counseling Services, Central Valley Regional Center, Behavioral Health, Probation, AB 490 Liaison, Health Department and Kings Community Action Organization. Parents are empowered to attend and participate, but it is completely voluntary.

The county has initiated Team Decision Making meeting (TDM) to meet and discuss any placement changes for foster care youth. Members of this team can include the social worker, an adoptions worker, an FFA worker, Group Home representative, and anyone involved in the placement of the child

being discussed. These meetings are held to help consider the best interest of the child and often used prior to stepping a child down from a group home into a lower level placement.

The Agency also is engaged in MOU's with the FFA's we use most frequently. The purpose of this MOU is for the FFA to understand the quality of services the agency expects, as well as staffing any 7-day notices the agency receives and our visitation expectations.

In 2011, the county's first Court Appointed Special Advocate Program (CASA) became active in Kings County. It is hoped this program will greatly assist children's placement stabilization and receive higher quality services, as well as help families reunify sooner and safely. CASA will have a potentially significant impact it can make for foster children in many ways, this outcome being only one of those.

ANALYSIS

This outcome measurement is related to the outcome addressing placement of children in least restrictive care settings. According to data regarding compliance with foster care placement in least restrictive settings, children are initially placed in licensed foster homes at a rate slightly lower than in relative care or Foster Family Agencies; however, children's primary placements are with relatives versus in licensed foster homes or FFAs (refer to the applicable section of this self-assessment for detailed information on this outcome measure). Kings County conducts emergency relative placement assessments and places with relatives on an emergency basis if possible; however, many times, there are criminal and child welfare background investigations that must occur and other regulatory requirements that must be remedied prior to placements with relatives (i.e. fences around pools or bodies of water). Children can then be moved to relative care, which affect this outcome measure. In addition, as children are in care over longer periods of time, and can experience emotional, social, and psychological issues which affect their behavior and other issues such as health may have an impact upon maintenance of placements.

In 2009, the county implemented wraparound services through the Behavioral Health Administration in an added effort to enhance the county's performance with regard to this rate. The county included this measure in its SIP with requirements for staff to meet with the care provider and child on all 7 day notices to move children in an effort to maintain the placement.

Conclusion: Kings County CWS prioritizes placement of children with relatives and/or NREFMs, which necessitates moves out of licensed foster care homes or FFAs in the event relatives or NREFMs come forward after detention of children and/or the Agency has completed the AB 1695 Assessments. Placement changes are also required if children cannot be maintained in lower levels of care. CWS could decrease the amount of placements on behalf of children if placements were initially more suitable to the unique needs of children; however, little or nothing is known about children upon initial involvement and placement resources add further challenges to doing this. In addition, CWS believes it is in a child's best interest to attempt placement in a least restrictive care setting (i.e. with a relative).

Due to the Adam Walsh Act changes, criminal background exemptions are more complex and take additional time. Therefore, the county's relative placement rate initially has dropped, however; children are moved later, after the home has been approved.. It is anticipated CASA will assist in improving this rate by working with children closely for support and placement maintenance.

In January of 2014, Kings County became on of the first five (5) counties in the state to participate in the Resource Family Approval (RFA) pilot program. This imitative streamlines the foster family home and adoptive approval process from two (2) separate processes to one (1) single process. The mythology behind the RFA process is to streamline the caretaker approval process and get children placed more often in permanent placements, with the least amount of placement changes and to permanency with dedicated caretakers should the child not be able to return home to their birth families.

PROBATION:

TABLE 38

County	Foster Care Days for Children with Entries	Placement moves	Per 1,000 days
Kings	258	0	0.00

ANALYSIS:

KINGS COUNTY PROBATION HAS MET THE NATIONAL STANDARD IN THIS AREA. THE NATIONAL STANDARD IS LESS THAN 4.12. KINGS COUNTY IS AT 0.00, WHICH IS LESS THAN THE NATIONAL STANDARD. KINGS COUNTY HAS ACHIEVED THIS GOAL. THE PROBATION OFFICERS WORK DILIGENTLY WITH GROUP HOME PROVIDERS AND YOUTH TO ENSURE PROGRAM COMPLIANCE AND PROGRESS IN TREATMENT. THE YOUTH IS COUNSELED AND REDIRECTED ON A REGULAR BASIS IN CASES WHERE THE YOUTH IS STRUGGLING WITH THEIR PROGRAM. PROBATION REMAINS IN REGULAR CONTACT WITH OUR PLACEMENT YOUTH THROUGH PHONE CALLS, EMAILS AND FACE TO FACE VISITS. IN THE COMING YEARS, THE PROBATION DEPARTMENT WILL FOCUS ON TRANSITIONING OUR YOUTH INTO LOWER LEVELS OF PLACEMENT AND MAINTAINING FAMILY LIKE PLACEMENTS WHENEVER POSSIBLE THROUGH COMMUNITY CARE REFORM AND RELATIVE FAMILY ASSESSMENT.

3-S1 MALTREATMENT IN FOSTER CARE

OF ALL CHILDREN IN CARE DURING THE 12-MONTH PERIOD, WHAT IS THE RATE OF VICTIMIZATION PER DAY?

California Child Welfare Indicators Project (CCWIP)

University of California at Berkeley

California Department of Social Services, Child Welfare Data Analysis Bureau

Maltreatment in foster care

Federal CFSR Measure

Agency Type: Child Welfare, Probation and Other

Of all children in care during the 12-month period, what is the rate of victimization per day?

National Standard: <= 4.50 per 100,000

01/2014-JUN2015

Table 39

County	Foster Care Days	Instances of Substantiated maltreatment	Maltreatment Reports
	N	N	Per 100,000 days
Kings	168,887	14	8.28

California Child Welfare Indicators Project (CCWIP)

University of California at Berkeley

California Department of Social Services, Child Welfare Data Analysis Bureau

Maltreatment in foster care

Rate per 100,000 days

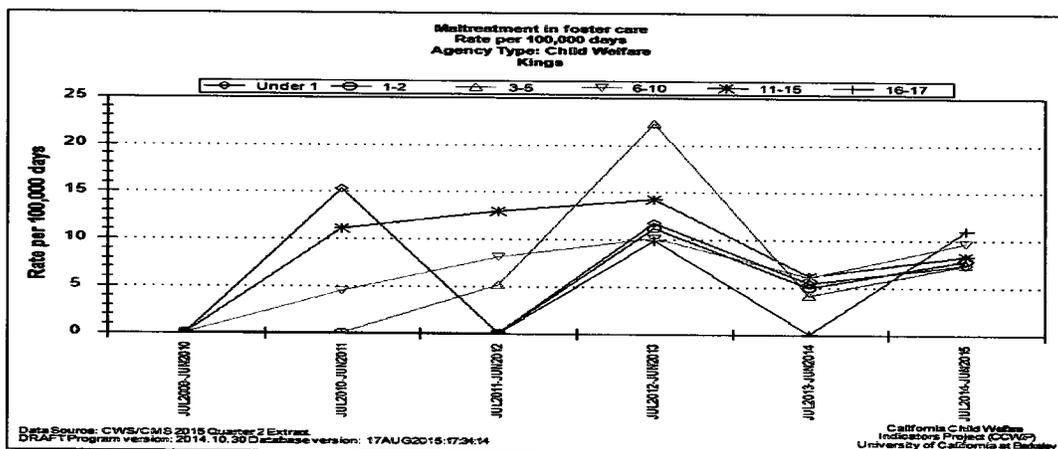
Agency Type: Child Welfare

Kings

Table 40

Age Group	Interval					
	Jul 2009- Jun2010	Jul 2010- Jun2011	Jul 2011- Jun2012	Jul 2012- Jun2013	Jul 2013- Jun2014	Jul2014- Jun2015
	Maltreatment Reports	Maltreatme nt Reports	Maltreatment Reports	Maltreatment Reports	Maltreatment Reports	Maltreatment Reports
	Per 100,000 days	Per 100,000 days	Per 100,000 days	Per 100,000 days	Per 100,000 days	Per 100,000 days
Under 1		15.31		11.77	5.43	7.38
1-2				11.22	4.93	7.37
3-5			5.13	22.27	4.16	7.37
6-10		4.5	8.07	10.14	6.09	9.55
11-15		11.08	12.93	14.22	6.2	8.28
16-17				9.86		10.98
Total		5.47	5.61	13.89	5.06	8.41

Graph 42



Analysis: Policies and procedures have been implemented within the CWS Division pertaining to the investigation of child abuse and/or neglect allegations made against licensed foster parents, relative/NREFM providers and Foster Family Agency Certified Homes. Kings County CWS and the Licensing Division have high expectations for the quality of care provided in foster homes due to our philosophy that children are placed in these facilities for protection and have the right to reside in an environment that not only safeguards their safety and welfare, but encourages children to reach their full potential. A "no tolerance" philosophy has been instilled in staff relating to foster care maltreatment, causing their expectations to be high. In January 2014, Kings County was selected as one (1) of the five (5) pilot counties to implement the RFA care provider certification process. RFA homes are certified to become both care providers for relative and non-relative foster children, as well as approved adoptive homes. There have been several instances wherein staff have conducted their monthly visits and found violations requiring immediate corrections or moving the children from the homes to prevent abuse, neglect, or violation of children's rights. There have been a few circumstances wherein abuse and neglect have been identified in relative and foster care homes in time to save the children's lives and/or prevent more serious incidents from occurring. Staff also have structured guides to utilize when they visit the homes to identify areas of concern. Management also purchased portable investigative guides for all staff on identifying and investigating burns, injuries, illnesses, Munchausen Syndrome by Proxy, sexual abuse, physical abuse, child fatalities, and diagnostic imaging. The guides further assist in early identification of concerns. ER and Licensing conduct joint abuse/neglect investigations on licensed foster parents; typically, referrals are automatically determined to be of an immediate nature so that the investigation is initiated within one hour of referral receipt. The CWS Division is proactive in monitoring the quality of care provided to children placed in out of home care and Social Workers assertively address any noted concerns with the foster parents and Licensing Social Worker immediately. CWS Social Workers also consistently communicate care and supervision expectations to foster parents as well as relative/NREFM providers; on average, CWS staff have contact with foster parents/relative providers about 4 times per month due to visitation between the children and parents, as well as the required in-home monthly contact. The Licensing Supervisor and Social Worker work closely together in an effort to comprehensively assess whether foster parents are fulfilling their responsibilities in accordance with Title 22 operating regulations. Most complaints received on foster parents are in regard to civil rights violations. The Licensing Supervisor and Licensing Social Worker often conduct joint conferences with foster parents when more serious violations are either alleged and/or found to be inconclusive or substantiated. Holds are immediately placed on foster homes pending investigation of referrals so that children are not placed pending disposition of the referral. When the disposition for referrals is inconclusive, foster parents are often placed on Corrective Action Plans, which may require the completion of parenting instruction, additional Licensing and/or SSW home visits and anger management classes, if applicable (these situations are rare). In addition, limitations may be made on their foster care licenses (i.e. capacity of home, ages of children, special needs children) and revocation of the license may be pursued.

There are licensed foster parents that continue to maintain their foster care licenses, but do not receive placement of children. Although they may be legally entitled to maintain a foster care license (i.e. nothing substantial to pursue revocation of their licenses), CWS has the authority to decide whether to place children in the home. Often, these situations result from an identified pattern of behavior from the foster parent that indicates low tolerance for normal child behavior, a lack of education and/or comprehension of how to care for and supervise children, stringent parenting practices, an adversarial attitude toward CWS staff and/or refusal to provide reasonable services to the children in placement. Rather than cause further trauma to children who have been removed from dangerous home environments, CWS chooses to pursue alternative placements.

All abuse and neglect referrals on other types of placements such as relatives, NREFMs, and Foster Family Agencies are considered immediate in nature. ER staff conduct the investigations versus the case manager, making the investigations more objective. ER serves as a quality assurance unit in regard to the ongoing cases.

CAPIT/CBCAP/CTF/PSSF Service Impacts: Services funded by the Child Abuse Prevention Coordinating Council that have impacted this outcome area include the Prevention Specialists, Family Preservation and Support Program, and Wraparound Program.

Refer to a description of the Family Preservation and Support Program under the outcome area, "No Recurrence of Maltreatment." The social worker assigned to this program provides services for children and foster parents when receiving family reunification and permanency services to assist with transitioning home and/or adoption processes. This allows access to the child and foster parent for additional oversight in the home. There have been several instances wherein ER has received a referral from this program for abuse or neglect suspicions that alleviates this rate. One example is a referral was received stating the legal guardian threw water in the child's face. ER referred the family to the Family Preservation and Support Program for preventative services. The program offered one on one, in-home parenting and behavior modification services, which helped the legal guardian discipline in a health manner, thus saving the permanent plan for this child. There have been no further referrals on this family.

The CAPCC recommended to the Board of Supervisors private consultation contracts with Prevention Specialists five years ago, which continue to be a high priority for the county due to successful outcomes experienced with these services. The Prevention Specialists turn in consumer satisfaction surveys handed out at the conclusion of their presentations. The survey results have been overwhelmingly positive, especially with regard to "new information learned" as a result of the presentations. The Prevention Specialists report to the CAPCC monthly on objectives completed. CAPCC members participate in functions and training arranged by the Prevention Specialists to ensure the services are effective. The Prevention Specialists conduct Shaken Baby Syndrome training for the foster parent academy and at numerous locations throughout the county to assist in alleviation of SBS,

which is high in the county. There have been some babies that have suffered SBS in foster placement or with relatives. Therefore, this training is crucial. On behalf of the CAPCC, they arrange a mandated reporter training annually and provide this service countywide. This service has further assisted educating care providers about the signs and symptoms of abuse and neglect.

Child Welfare Services Outcomes Improvement Project (CWSOIP) Impacts: CWSOIP funding is spread across child welfare services contracts to further aid the county in meeting its SIP objectives. Services funded that have potential impact on this rate included the following: Supportive and Therapeutic Options Program (STOP) and Child Health and Disability Program (CHDP) Public Health Nurse (PHN).

Refer to the "No Recurrence of Maltreatment" rate for a description of these programs. In relation to this outcome, children and foster parents participate in mental health counseling through STOP to assist the children with healing experienced trauma and stabilizing the placement with the foster parent. Children with mental health problems are at high risk of abuse and neglect; therefore, this service helps decrease behaviors caused by their mental health problems, decreasing the likelihood they will be abused in foster care. Having foster parents participate in the program adds to the likelihood children are not abused in their homes. They are taught how to discipline those specific children, participate in counseling with the children, and often work directly with the parents to help train them for when the children transition home. This partnership helps alleviate abuse or neglect in foster care, adding more eyes on the child's safety and teaching both parents how to work best with the children.

The PHN's services focus on providing foster children and foster parents with health information and referrals, needed appointments, necessary follow up, training for the foster parents, resources to meet uncovered medical expenses, and support for special needs children. Children with complicated health needs are at a high risk of abuse and neglect; therefore, services provided by the PHN are crucial in relation to this outcome area. In addition to ensuring foster children have all needed health services, the PHN also provides foster parent training, not only on health-related issues, but any concern the child or foster parent has. The PHN has in-home and face to face contact with the children and foster parents, giving hands on education and informational handouts to assist foster parents with meeting the special health needs of the children, further alleviating the risk of abuse or neglect in foster care.

Conclusion: Kings County has met federal standards since the 4th quarter of 2008; therefore it will not be included in the SIP.

Probation:

Table 41

County	Foster Care Days	Instances of Substantiated maltreatment	Maltreatment Reports
	N	N	Per 100,000 days

Kings	2,493	0	0.00
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ANALYSIS:

THE KINGS COUNTY PROBATION DEPARTMENT MET THE NATIONAL STANDARD AS THERE WERE NO REPORTS OF MALTREATMENT WITHIN THE REPORT YEAR OF JULY 2014 TO JUNE 2015.

3-S2 RECURRENCE OF MALTREATMENT

Of all children with a substantiated allegation during the 12-month period, what percent had another substantiated allegation within 12 months?

California Child Welfare Indicators Project (CCWIP)

University of California at Berkeley

California Department of Social Services, Child Welfare Data Analysis Bureau

Maltreatment in foster care

Federal CFSR Measure

Agency Type: Child Welfare, Probation and Other

Of all children in care during the 12-month period, what is the rate of victimization per day?

[REDACTED]

Table 42

County	Foster Care Days	Instances of Substantiated maltreatment	Maltreatment Reports
	N	N	Per 100,000 days
Kings	168,887	14	8.28

California Child Welfare Indicators Project (CCWIP)

University of California at Berkeley

California Department of Social Services, Child Welfare Data Analysis Bureau

Maltreatment in foster care

Rate per 100,000 days

Agency Type: Child Welfare

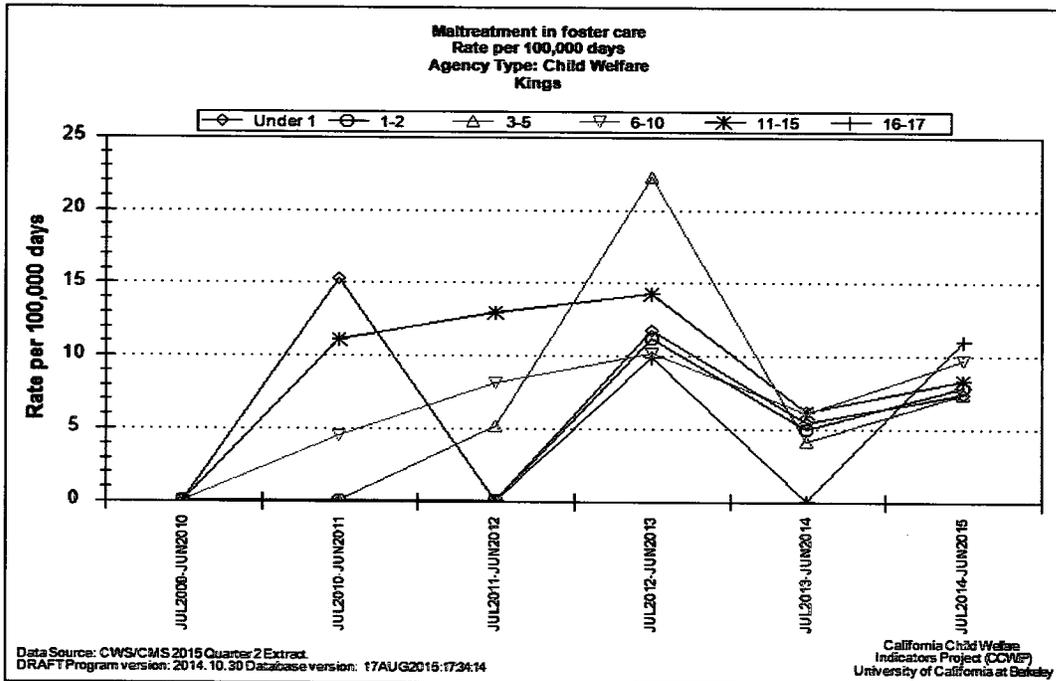
Kings

Table 43

Age Group	Interval					
	Jul 2009- June2010	Jul 2010- Jun2011	Jul 2011- Jun2012	Jul 2012- Jun2013	Jul 2013- Jun2014	Jul2014- Jun2015
	Maltreatment Reports	Maltreatment Reports	Maltreatment Reports	Maltreatment Reports	Maltreatment Reports	Maltreatment Reports
	Per 100,000 days	Per 100,000 days	Per 100,000 days	Per 100,000 days	Per 100,000 days	Per 100,000 days
Under 1		15.31		11.77	5.43	7.38
1-2				11.22	4.93	7.37
3-5			5.13	22.27	4.16	7.37

6-10		4.5	8.07	10.14	6.09	9.55
11-15		11.08	12.93	14.22	6.2	8.28
16-17				9.86		10.98
Total		5.47	5.61	13.89	5.06	8.41

GRAPH 43



ANALYSIS

Policies and procedures have been implemented within the CWS Division pertaining to the investigation of child abuse and/or neglect allegations made against licensed foster parents, relative/NREFM providers, Foster Family Agency Certified Homes and most recently, Resource Family Approved (RFA) homes. Kings County CWS and the Licensing Division have high expectations for the quality of care provided in foster homes due to our philosophy that children are placed in these facilities for protection and have the right to reside in an environment that not only safeguards their safety and welfare, but encourages children to reach their full potential. A "no tolerance" philosophy has been instilled in staff relating to foster care maltreatment, causing their expectations to be high. In January 2014, Kings County was selected as one (1) of the five (5) pilot counties to implement the RFA care provider certification process. RFA homes are certified to become both care providers for relative and non-relative foster children, as well as approved adoptive homes. All CWS staff were trained by our RFA staff on the State Written Directives governing RFA approved homes to ensure they can identify code violations when they complete monthly home visits with foster children. There have been several instances wherein staff have conducted their monthly visits and found violations requiring immediate corrections or moving the children from the homes to prevent abuse, neglect, or violation of children's rights. There have been a few circumstances wherein abuse and neglect have been identified in relative and foster care homes in time to save the children's lives and/or prevent more serious incidents from

occurring. Staff also have structured guides to utilize when they visit the homes to identify areas of concern ER and Licensing/RFA staff conduct joint abuse/neglect investigations on licensed foster parents and/or RFA care providers; typically, referrals are automatically determined to be of an immediate nature so that the investigation is initiated within one (1) hour of referral receipt. The CWS Division is proactive in monitoring the quality of care provided to children placed in out of home care and Social Workers assertively address any noted concerns with the foster parents and Licensing/RFA Social Worker immediately. CWS Social Workers also consistently communicate care and supervision expectations to foster parents as well as relative/NREFM providers and RFA care providers; on average, CWS staff have contact with foster parents/relative providers and RFA care providers about 4 times per month due to visitation between the children and parents, as well as the required in-home monthly contact. The Licensing/ RFA Supervisor and Social Worker work closely together in an effort to comprehensively assess whether foster parents are fulfilling their responsibilities in accordance with Title 22 operating regulations and/or the RFA Written Directives. Most complaints received on foster parents are in regard to personal rights violations. The Licensing/RFA Supervisor and Licensing/RFA Social Worker often conduct joint conferences with foster parents when more serious violations are either alleged and/or found to be inconclusive or substantiated. Holds are immediately placed on foster homes pending investigation of referrals so that children are not placed pending disposition of the referral. When the disposition for referrals is inconclusive, foster parents are often placed on Corrective Action Plans, which may require the completion of parenting instruction, additional Licensing/RFA and/or SSW home visits and anger management classes, if applicable (these situations are rare). In addition, limitations may be made on their foster care licenses/RFA certifications (i.e. capacity of home, ages of children, special needs children) and revocation of the license may be pursued. There are licensed foster parents and RFA certified homes that continue to maintain their foster care licenses, but do not receive placement of children. Although they may be legally entitled to maintain a foster care license (i.e. nothing substantial to pursue revocation of their licenses), CWS has the authority to decide whether to place children in the home. Often, these situations result from an identified pattern of behavior from the foster parent that indicates low tolerance for normal child behavior, a lack of education and/or comprehension of how to care for and supervise children, stringent parenting practices, and adversarial attitude toward CWS staff and/or refusal to provide reasonable services to the children in placement. Rather than cause further trauma to children who have been removed from dangerous home environments, CWS chooses to pursue alternative placements.

All abuse and neglect referrals on other types of placements such as relatives, NREFMs, and Foster Family Agencies are considered immediate in nature. ER staff conduct the investigations versus the case manager, making the investigations more objective. ER serves as a quality and assurance unit in regard to the ongoing cases.

Conclusion: Kings County is very close to the federal standards since the 4th quarter of 2015; therefore it will not be included in the SIP.

4A SIBLINGS (STATIC)

4A SIBLINGS PLACED TOGETHER IN FOSTER CARE

Kings County Performance Data – July 2015, Report

TABLE 44

4A. Percent of children in foster care that are placed with ALL siblings	40.6%
4A. Percent of children in foster care that are placed with SOME or ALL siblings	71.5%

California Child Welfare Indicators Project (CCWIP)

University of California at Berkeley

Siblings in Child Welfare Supervised Foster Care on July 1, 2015 by Placement Type

TABLE 45

Facility Type	Number of Siblings in Family	Number of Instances	Placements with All Siblings		Placements All or Some	
			n	%	n	%
Total	All Children	585				
	2+ Children Total*	414	168	40.6	296	71.5

Data Source: CWS/CMS 2015 Quarter 2 Extract.

** 2+ Children Total is all children with siblings in CWS/CMS (Families of 1 excluded).*

GRAPH 44 : ALL SIBLINGS PLACED TOGETHER

JULY 1, 2003 – JULY 1, 2015

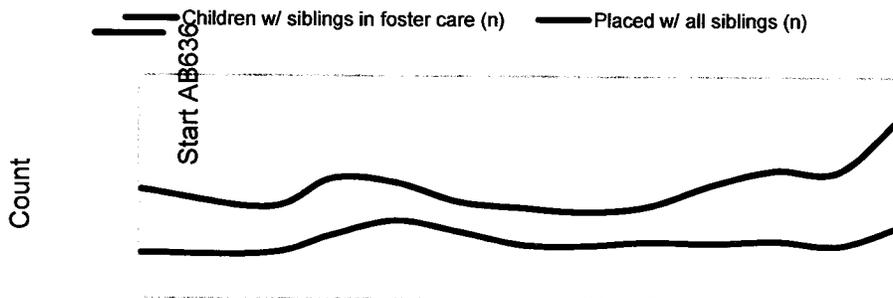


TABLE 46

From:	7/1/03	7/1/04	7/1/05	7/1/06	7/1/07	7/1/08	7/1/09	7/1/10	7/1/11	7/1/12	7/1/13	7/1/14
To:	7/1/03	7/1/05	7/1/06	7/1/2007	7/1/08	7/1/09	7/1/10	7/1/11	7/1/12	7/1/13	7/1/14	7/1/15
Placed w/ all siblings	42.0	50.2	53.1	67.2	69.4	59.7	61.4	61.9	49.2	45.7	42.6	40.6

(%)												
Children w/ siblings in foster care (n)	245	207	271	262	219	206	197	210	258	291	289	414
Placed w/ all siblings (n)	103	104	144	176	152	123	121	130	127	133	123	168

GRAPH 45 : ALL OR SOME SIBLINGS PLACED TOGETHER

JULY 1, 2010 – JULY 1, 2015

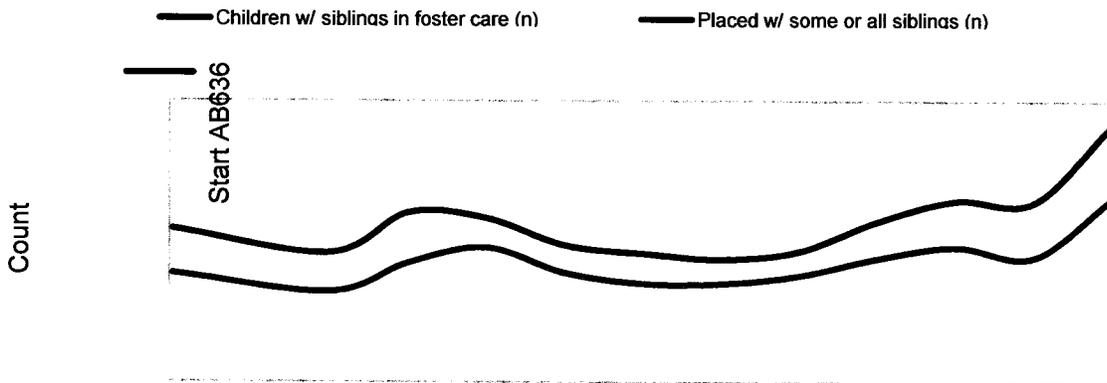


TABLE 47

FROM:	7/1/03	7/1/04	7/1/05	7/1/06	7/1/07	7/1/08	7/1/09	7/1/10	7/1/11	7/1/12	7/1/13	7/1/14
TO:	7/1/04	7/1/05	7/1/06	7/1/07	7/1/08	7/1/09	7/1/10	7/1/11	7/1/12	7/1/13	7/1/14	7/1/15
PLACED W/ SOME OR ALL SIBLINGS (%)	71.0	70.0	70.5	82.1	79.9	76.7	80.2	81.4	77.1	74.6	69.6	71.5
CHILDREN W/ SIBLINGS IN FOSTER CARE (N)	245	207	271	262	219	206	197	210	258	291	289	414
PLACED W/ SOME OR ALL SIBLINGS (N)	174	145	191	215	175	158	158	171	199	217	201	296

Performance Data from Previous Kings County 2011 Child Welfare County Self Assessment.

Analysis of Outcome Indicator 4A – Siblings Placed Together in Foster Care

Kings County Performance Data – January 2011 Report

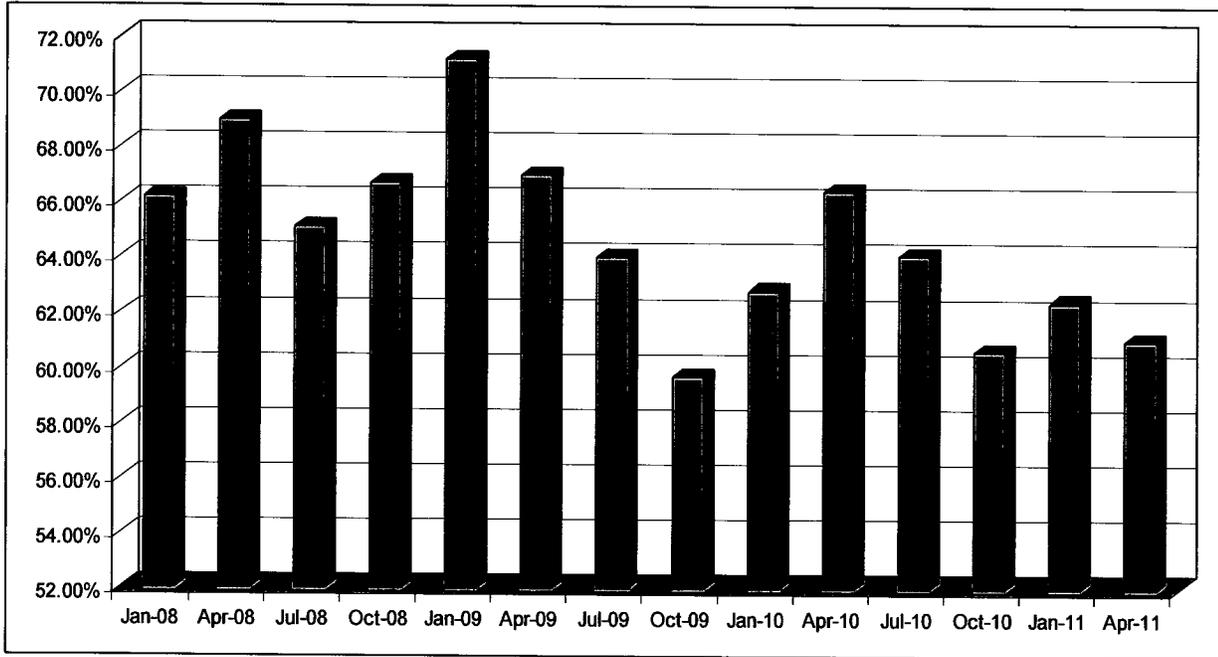
TABLE 48

4A. Percent of children in foster care that are	62.4%
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<i>placed with ALL siblings</i>	
<i>4A. Percent of children in foster care that are placed with SOME or ALL siblings</i>	80.7%

All Children Placed with Siblings: Trend Data January 2008 through April 2011

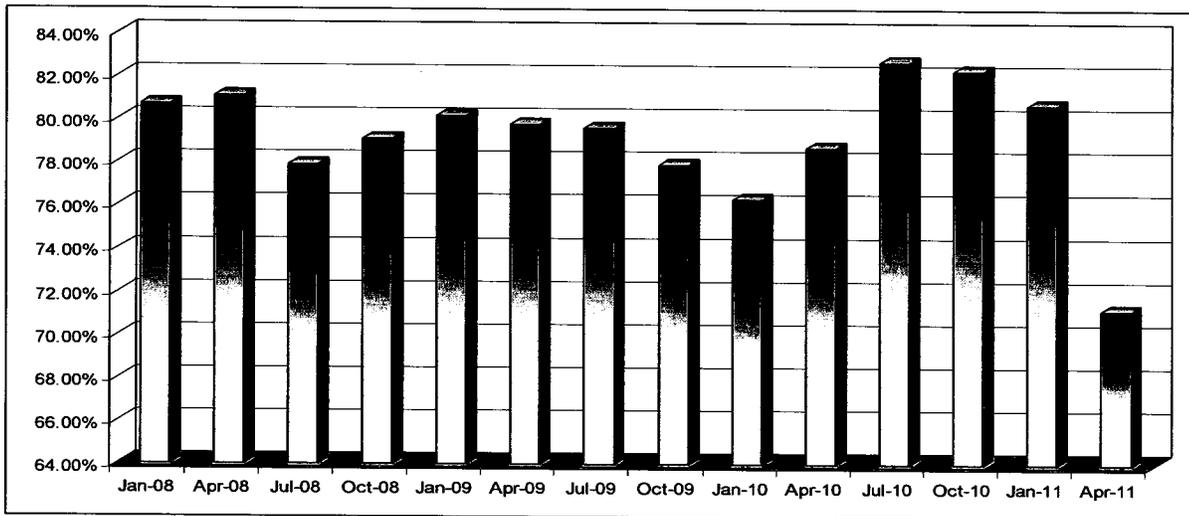
GRAPH 46



Methodology 4A/Percent of Children Placed with Siblings: Data measures the percent of complete sibling sets in the same placement and some or all sets placed together.

Some or All Children Placed with Siblings: Trend Data January 2008 through April 2011

GRAPH 47



Data Source for Charts 40 and 41: Needells, B., Webster, D., Armijo, M., Lee, S., Dawson, W., Magruder, J., Exel, M., Glasser, T., Williams, D., Zimmerman, K., Simon, V., Putnam-Hornstein, E., Frerer, K., Cuccaro-Alamin, S., Winn, A., Lou, C., & Peng, C.

(2011). *Child Welfare Services Reports for California*. Retrieved March 21, 2011, from University of California at Berkeley Center for Social Services Research website. URL: http://cssr.berkeley.edu/ucb_childwelfare

Methodology:

4A/Percent of Children Placed with Siblings: Data measures the percent of complete sibling sets in the same placement and some or all sets placed together.

Analysis:

In analyzing the Kings County's Child Welfare Services 2011 County Self Assessment report data outcome indicators, 4A Siblings Placed Together in Foster Care. 4A - Percent of children in foster care that are placed with ALL siblings at 62.4% and 4A - Percent of children in foster care that are placed with SOME or ALL siblings at 80.7%. Current July 2015, data indicates 40.6% resulting in a 21.8% decrease in all siblings placed together; AND a 71.5% resulting in a 9.2% decrease in placement of some or all children placed together respectfully.

Presently, the Kings County Human Services Agency is under the temporary authority of our newly appointed Director and is undergoing a streamlining process to ensure a more robust, recruitment, retention; training and resource, for our new RFA licensed foster homes. This includes but not limited to, implementation of provisions of AB403, eliminating several Kings County Human Services Agency RFA requirements and the addition of new staff.

More recently the county has been selected as one of five pilot counties' by CDSS to participate in the newly Resource Family Approval (RFA) process of licensed foster homes in the Kings County area. At this point in time the Kings County CWS RFA unit has been successfully implemented and has been approving new licensed foster homes in accordance with the new RFA process. In addition, CWS added an RFA Stand-By Social Worker for the emergency RFA approval of all relative/NREFM's available, during non business hours.

The placement of siblings together continues to be a priority for Kings County Child Welfare Services. Kings County CWS philosophy is that placement of children together ensures provides better outcomes maintaining sibling's relationships and preserves family ties and relationships. Historically since the implementation of the previous licensing of foster homes process AB1695, CWS established policies and procedures tailored to ensure placement of all siblings units placed together whenever possible. CWS went a step further and implemented policies and procedures to include emergency placement with relative and non-related extended family members (NREFM) caretakers for placement of all siblings units to include both during business and non-business (Stand-By) hours. In addition, in the event that they cannot be maintained as a sibling unit due to no available relative, NREFM, or licensed foster

homes; despite the high cost and at times possibly more restrictive placement setting. CWS allowed the utilization of Foster Family Agency Certified Homes to ensure the placement of siblings units together.

Historically, factors which contributed to the lack of placement siblings together were as follows: 1) siblings often have different fathers and extended family members that are entitled to release and/or placement; 2) lack of facilities available with openings sufficient enough to take placement of all the children; 3) some siblings require more intensive care and supervision services than others (i.e. suicidal ideation/attempts, delinquent behavior, perpetration of other children, substance abuse, special health/medical needs, unstable mental health, developmental disabilities, and 4) siblings entering the CPS system prior to other children may have an established bond with their caretakers and/or are in a permanent living plan that cannot be disrupted due to protection of the best interests of those children. Presently, the above mentioned factors continue to be true today. Other factors include but are not limited to: 1) increase of children entering the child welfare system in Kings County. According to data in the past 4 years the Kings County Human Services Child Welfare Division, more than double their children in foster care from 287 foster children in foster care in July 2011, to 585 foster care children in July 2015; 2) increase of new Social Worker staff 24; 3) the rate of newly established licensed foster homes remained the same with little or change under the previous foster home licensing AB1695 process; 4) recent change in a newly implemented licensing process of foster homes, RFA; 5) due to high increase of caseloads and staff being overwhelmed with tasks and responsibilities case managing their caseloads, follow up in attempting to place all siblings together became somewhat less of a priority than other case management tasks and responsibilities.

All potential efforts are made to preserve family ties and relationships when children are placed in out-of-home care. One most utilized is the mandated requirement of sibling's visitation regardless of a sibling's journey in foster care, i.e., post-guardianship and/or post adoption whenever possible. CWS makes every effort to contact the guardians and/or adoptive parents on their behalf to pass on the request and to facilitate sharing of contact information.

Wraparound services is a source which has not been utilized to its full potential in maintaining siblings together when a child is exhibiting out of control behavior and threatening that child to be removed from his/her siblings.

CAPIT/CBCAP/CTF/PSSF Service Impacts: Prior CAPCC services have not focused on this measure; however, CASA has been implemented and has been operational since 2011, which is designed especially for children who need additional services and support, which should assist in improving the rate of this outcome measure. Since 2011, the CASA program has had a change in director and has increased their volunteer staff of Court Appointed Special Advocates for foster children in Kings County. Kings County CWS will be more proactively in ensuring current and the new staff is aware and trained on CASA services and resources for our foster children. In addition, a list of approximately 50 plus Kings

County foster children/youth will be available ongoing for immediate appointment of a CAS advocate for our children in foster care.

Child Welfare Services Outcomes Improvement Project (CWSOIP) Impacts: CWSOIP funding is spread across several contracts such as the CHDP Public Health Nurse. If children are separated because one or more child have special health needs, the PHN can provide health services to those children; specialized training to the care providers and additional health-related resources that can assist with regard to transitioning siblings to the same homes.

The new RFA implemented foster care home licensing process, the addition of new staff, its newly updated streamlined process and implementation of Quality Parenting Initiative (QPI), which includes a plan for the recruitment, retention, training of foster parents, should assist in the creation of additional county licensed foster homes available to improve the current issue of supply and demand of siblings being placed together.

STOP services assist with placing siblings together in cases wherein one or two siblings are removed due to behavioral problems. Therapeutic STOP services assist those children address trauma they have experienced, how to problem resolve, and work toward health relationships. There have been successful cases wherein STOP has helped children stabilize to an extent allowing CPS to place the children back with siblings.

New staff, since on or about July 1, 2015, to present, CWS has added 24 new Social Workers and 6, Department Specialist (Clerical), which has reduce their high caseloads to a more manageable number of cases.

Conclusion:

Kings County CWS already makes every reasonable effort (and often active efforts) to place siblings together. Due too previously and newly mentioned factors above, siblings cannot be placed in the same homes at times. In addition, In looking at the Kings County's 2011 Child Welfare Services Self Assessment report data outcome indicators for 4A ALL Siblings Placed Together in Foster Care and current July 2015 data indicates 40.6% resulting in a 21.8% decrease in ALL siblings placed together; AND a 71.5% resulting in a 9.2% decrease in placement of SOME or ALL children placed together respectfully. Despite the decrease in recent data, CWS is optimistic that with careful monitoring and supervision of the above mentioned resources for our foster children in out-of-home care and the addition of new staff will result in more realistic and favorable outcomes of foster siblings placed together in the next five years.

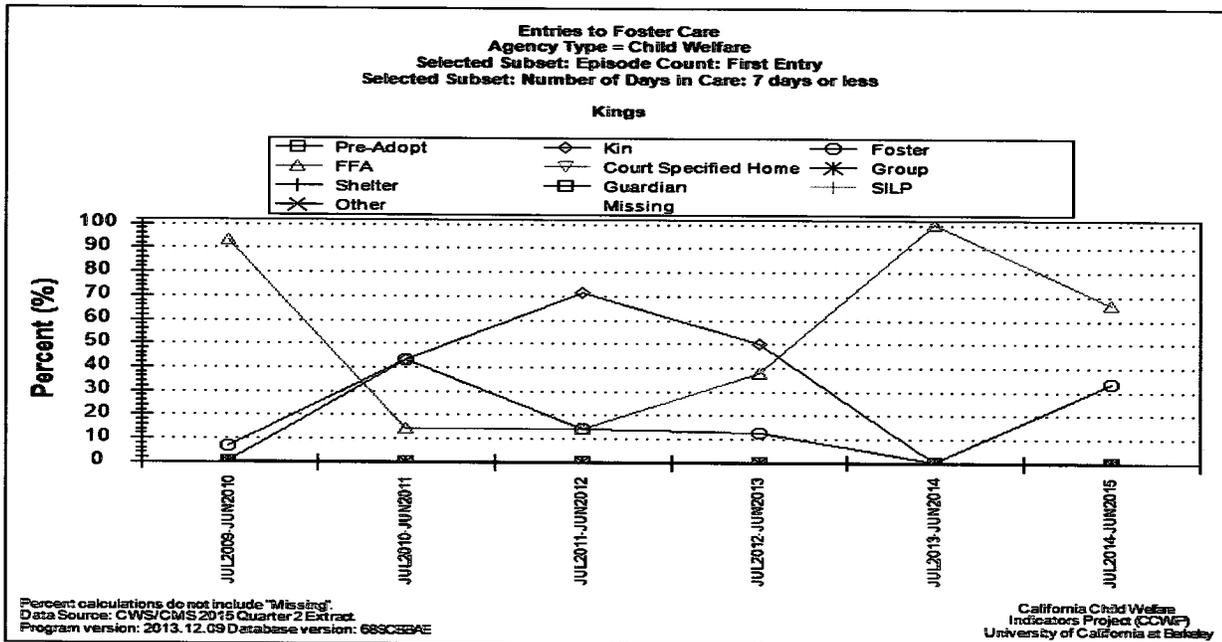
4B * LEAST RESTRICTIVE PLACEMENT (ENTRIES FIRST PLACEMENT)

4B LEAST RESTRICTIVE PLACEMENT (ENTRIES FIRST PLACEMENT TYPE & AGE GROUP)

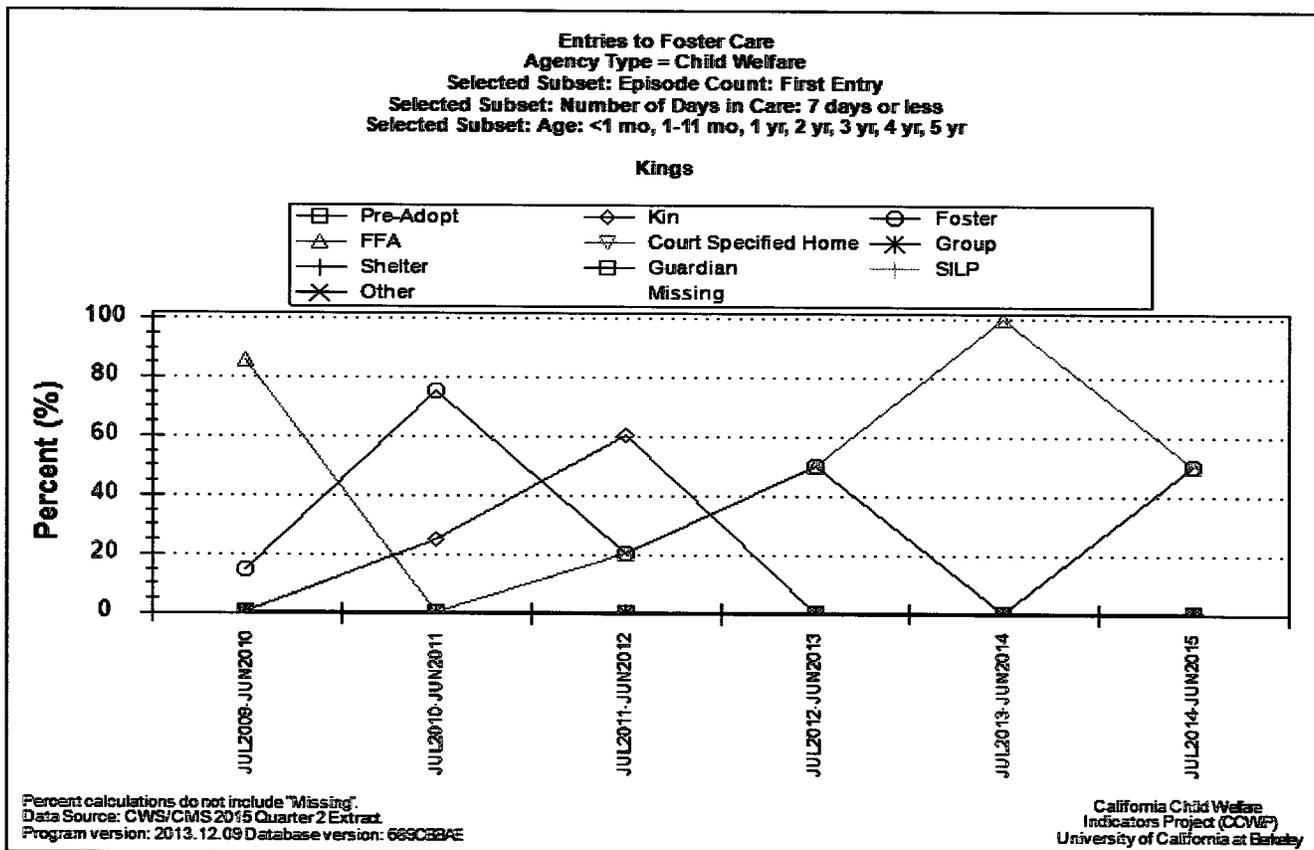
No Federal Standards listed on report

GRAPH : FIRST ENTRY PLACEMENT TYPE FOR CHILDREN IN CARE JULY 1, 2010 – JULY 1, 2015

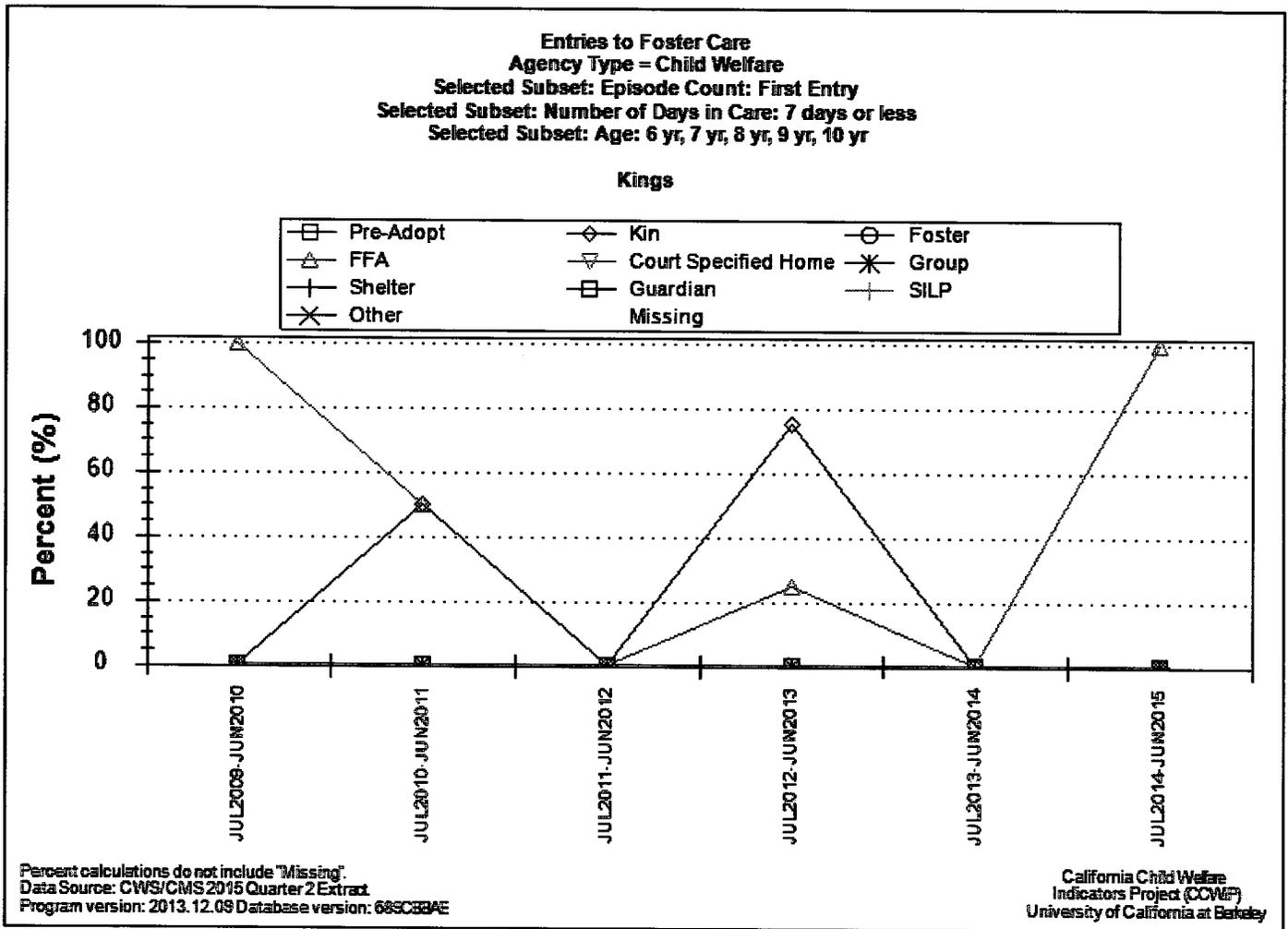
GRAPH 48



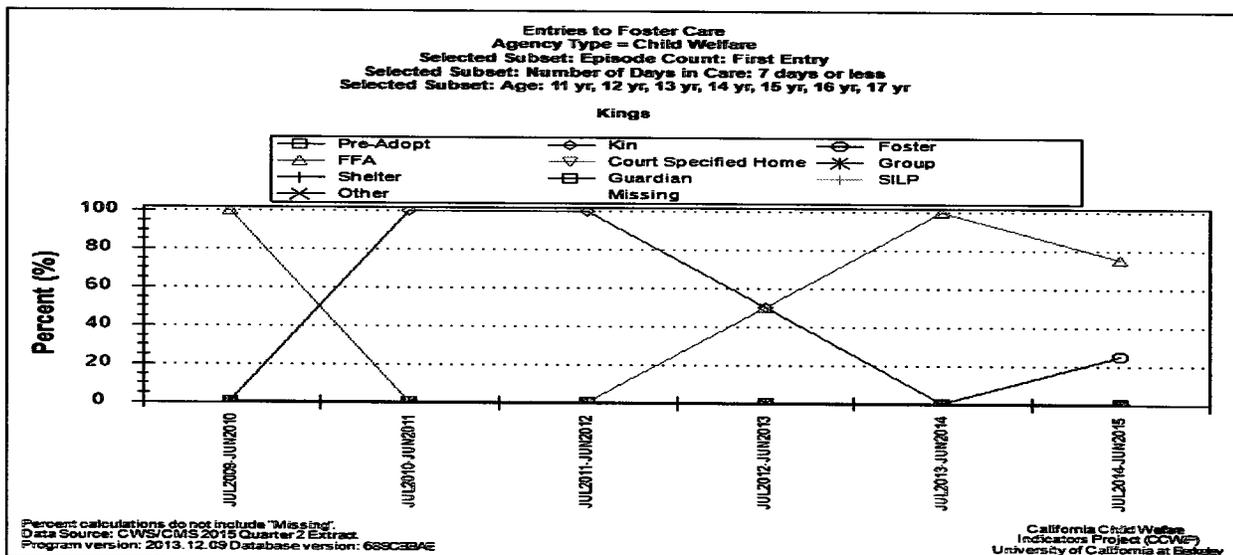
GRAPH 49 : FIRST ENTRY PLACEMENT TYPE FOR CHILDREN IN CARE BY AGE: 0-5 YEARS: JULY 1, 2010 – JULY 1, 2015



GRAPH 50 : FIRST ENTRY PLACEMENT TYPE FOR CHILDREN IN CARE BY AGE: 6-10 YEARS: JULY 1, 2010 – JULY 1, 2015



GRAPH 51 : FIRST ENTRY PLACEMENT TYPE FOR CHILDREN IN CARE BY AGE: 11-17 YEARS: JULY 1, 2010 – JULY 1, 2015

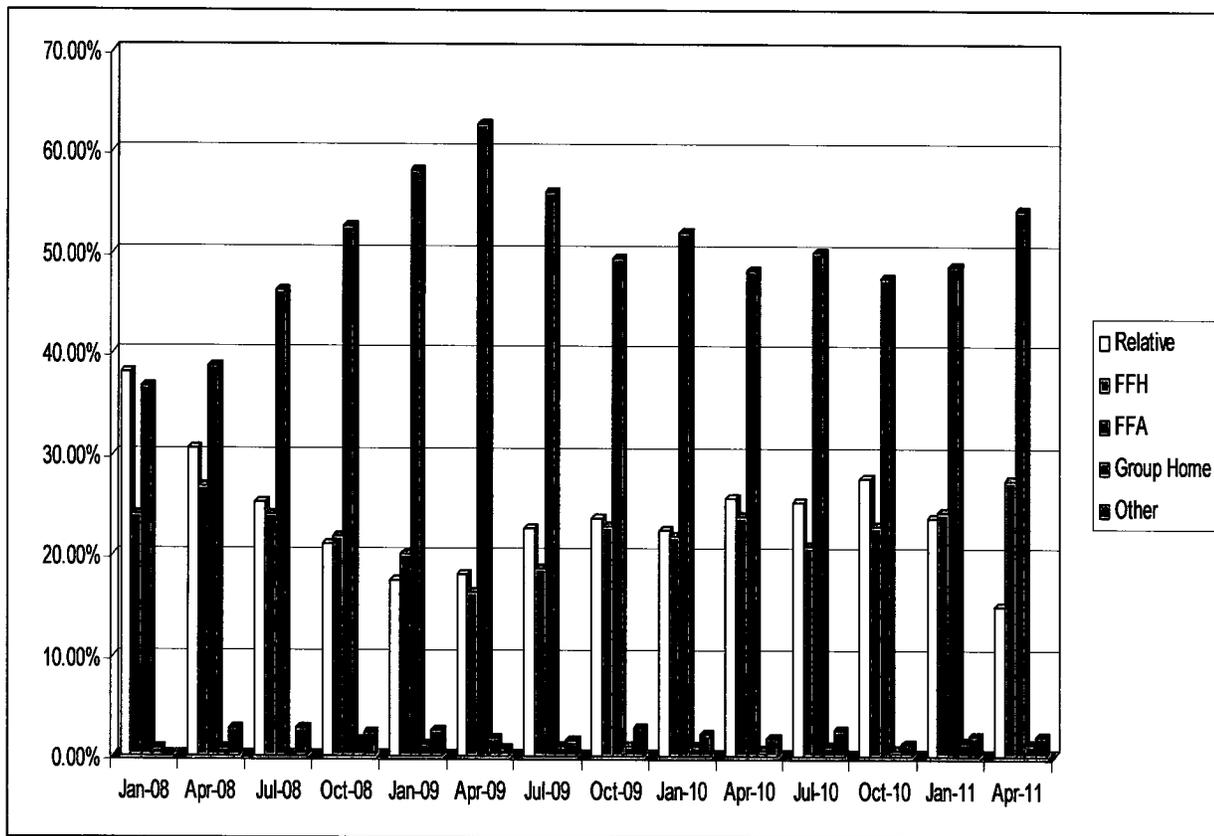


Analysis of Outcome Indicator 4B – Foster Care Placement in Least Restrictive Settings
Kings County Performance Data – January 2011 Report

TABLE 49

	Initial Placement	Point in Time Placement
4B. Relative	23.6%	34.7%
4B. Foster Home	24.3%	9.2%
4B. FFA	48.6%	38.7%
4B. Group Home	1.4%	5.2%
4B. Other	2.1%	12.2%

GRAPH 52



Methodology 4 B/Initial Placement: Data reflects the location of children in out of home placement upon initial detention.

Least Restrictive Initial Placement:

Trend Data January 2008 through April 2011

Methodology:

Welfare and Institutions Code Section 16501.1(c)(1) requires counties to place children in least restrictive, most family-like setting, in order of priority, with relatives, non-related extended family members, tribal members, foster family homes, certified homes of foster family agencies, intensive treatment or multi-dimensional treatment foster care homes, group homes, and residential treatment. Counties are required to assess the types of placements children are in upon initial entry into foster care, as well as long-term, to ensure they are in the most least restrictive placements. Measure 4B: Least Restrictive Placement (Entries First Placement) measures least restrictive placement types within the first seven (7) days of being in foster care.

First Entry Placement Type by Age: A child's initial out of home placement is classified into categories within Table 43-47 and Graphs 41-44 above at specific points in time by age from performance data in the last County Self Assessment to current performance. Age ranges included in this dataset are 1-month; 1-11 months; 1-2; 3-5; 6-10; and 11-17 years. Children who have a signed adoption agreement are coded as Pre-Adopt. Children with an assignment of 'guardian' are coded as either Guardian – Dependent or Guardian – Other. The former category is for children who are designated wards of the court; the latter for children who do not fall under the legal authority of the dependency system. Those children for whom the study date falls between a start and end date in the non-foster care placement table are coded as Non-Foster Care. For all other non-missing values, those with an open placement episode, but no open out-of-home placement and no reliable data regarding why, are coded as Other.

Analysis:

In its previous 2011 CSA the Kings County Human Services Agency combined and analyzed Measure 4B Foster Care Placement in Least Restrictive Settings, Initial Placement and Point in Time Placement of foster children. In its January 2011 report, data indicates that Kings County Child Welfare Foster Children distribution of initial placement type were as follows, 23.6% in Relative placement, 24.3% Foster Care Licensed Home (AB1695), 48.6% FFA placement, 1.4% Group Home placement and 2.1% Other. Point in Time results for foster children in Kings County Child Welfare were as follows, 34.7% Relative placement, 9.2% Foster Care Licensed Home (AB1695), 38.7% FFA placement, 5.2% Group Home placement and 12.2% other.

New Measure 4B: Least Restrictive Placement (Entries First Placement) placement types and age group within the first seven (7) days of being in foster care.

New Measure least restrictive placement type, first entry within the first 7-days or less, the graph data above indicates the following for Kings County foster children in placement from July 1, 2010 through 2015:

July 2009 to June 2010, licensed foster home placement just shy of 10%, FFA placement at above 90%, and relative placement at 5% or less; within a year July 2010 to June 2011, the opposite occurred data

indicating a higher placement percent for licensed foster homes and relative placement dead even at 40%, and FFA placement down to 12%; July 2011 to June 2012, relative placement reached an all time high of 70% placement while licensed foster home and FFA placement remained just above 11%; July 2012 to June 2013, relative placement declined to 50%, licensed foster home placement remained level at 11% and FFA climbed steadily to 39%; July 2013 to June 2014, relative and licensed foster care placement took a nose dive to end below 5%, and FFA placement spiked to 99%; July 2014 to June 2015, relative placement remained below 5%, with licensed foster home placement increased sharply to 31%, while FFA dropped significantly to 65%.

Results for the new measure 4B: Least Restrictive Placement (Entries First Placement) placement by age group within the first seven (7) days of being in foster care.

First entry placement type for children in care by age: 0-5 years graph data above indicates the following results. From July 2009 to June 2010, Kings County foster children ages 0-5 years were placed as follows, less than 5% were placed in relative placement, licensed placement at 18% and FFA placement at 84%; July 2010 to June 2011, both relative and licensed foster care placement to 22% and 77% and FFA dropped sharply to below 5%; July 2011 to June 2012, relative placement spike to 60%, while both relative and licensed foster home were dead even at 20%; July 2012 to June 2013; relative placement took a nose dive to below 5%, and both licensed foster care and FFA placement were even at 50%; July 2013 to June 2014, relative placement remained steadily at or below 5%, as well as licensed foster care placement and FFA rose sharply to 99%; July 2014 to June 2015, relative placement remains at or below 5% and licensed foster care and FFA placement even at 50%. In analyzing this age group data, both relative care and licensed foster care placement types were up and down every other year, while FFA placement reached its highest percent in placement in period July 2013 to June 2014 and remains significantly higher at 50%, for 2015.

First entry placement type for children in care by age: 6-10 years graph data above indicates the following results. From July 2009 to June 2010, Kings County foster children ages 6-10 years were placed as follows, relative and licensed placement were at or below 5%, while FFA was at 99% or higher; July 2010 to June 2011, both relative and FFA placements were dead even at 50% and licensed foster care placement at or below 5%; July 2011 to June 2012, all placements types for this age group were at or below 5%, which is somewhat confusing and unsure as to factors contributing to this affect; July 2012 to June 2013; relative placement rose to its highest at 78%, licensed foster placement remained at 5% or below and FFA placement move steadily to 20%; July 2013 to June 2014, relative placement again data mimics data from June 2011 to July 2012 all placement types at or below 5%; July 2014 to June 2015, relative and licensed foster care remained at or below 5% and FFA placement reach its peak of 99% for a second time in the past five years.

First entry placement type for children in care by age: 11-17 years graph data above indicates the following results. From July 2009 to June 2010, Kings County foster children ages 11-17 years were

placed as follows, relative and licensed placement were at or below 5%, while FFA was at 99% or higher; July 2010 to June 2011, relative was at an all time high of 99% or higher while both licensed foster home and FFA placements were at 5% or lower; July 2011 to June 2012, relative placement remained steady at 99% or higher while licensed foster care and FFA placements remained at 5% or lower; July 2012 to June 2013; relative placement dropped significantly to 50%, licensed foster care rose remained steady at 5% or below and FFA placement climbed to 50%; July 2013 to June 2014, relative placement joined licensed foster care at or below 5%, while FFA placement rose sharply to 99% or higher; July 2014 to June 2015, relative placement remained at or below 5%, licensed foster care rose to 13% and FFA placement dropped down to end at 78%.

Based on the data above all placement types and all age groups followed somewhat of a sea saw pattern every other year in the past six years from 2009 to 2015.

In looking back the above data for this measure primarily was under the Agency's implementation of its previous AB1695 legislative requirements and Agency's policies, procedures, practices and protocols from 2011 through December 2013, for the licensing of foster homes, relatives and non-relative extended family members for foster children in out of home placement. In January 2014, the Kings County Human Services was selected by CDSS as one of five pilot counties' in the State of California to participate in the Resource Family Approval (RFA), a new method and process of assessing and licensing foster homes for California's foster children placed in out of home care placement. The Human Services Agency CWS Division implemented emergency policies and procedures in effort to comply with the new provisions of the RFA process. Moving forward the Kings County CWS RFA unit has been successfully implemented and has been approving new licensed foster homes in accordance with the new RFA process. Since it implementation practices, updating of policies and procedures and forms have been rewritten to maintain RFA compliance with Federal, State and county expectations. Kings County CWS Division is committed to a child's initial placement being with relatives and non-related extended family members when entering the foster care system. It prioritizes emergency and on-going placements with relatives and non-related extended family members. Under new RFA policies and procedures RFA Social Workers completes an emergency comprehensive assessment, which incorporates approval of home safety and health standards, as well as placement assessment and approval. This practice has allowed us to place children with relatives and non-related extended family members immediately, if they are available to the Agency. Furthermore, polices and procedures have been placed to ensure that if and when relatives and/or NREFM are not available at the time of initial removal of children from their parents or legal guardian's homes, that efforts are made to place in a licensed foster home. The Kings County Agency CWS Division has implemented policies and procedures to extend our emergency placement RFA process during after-hours and has made RFA placement Social Worker available during Stand-by hours.

Since the newly implemented RFA process Kings County CWS division currently

Presently, there are only 39 licensed foster homes within Kings County, six of those home have an active hold, and 20 of those homes have no vacancies, which results in a need to place in Foster Family Agency Certified Homes at times, especially to keep siblings together. Kings County CWS will place children in FFA homes rather than licensed foster homes if there is a sibling set that cannot be kept together in a licensed foster home. The low numbers of available vacant RFA homes and ability to take a sibling groups is reflected in the above mentioned data for foster children first entry in to foster care within the first 7-days or less and age groups. In years 2009 and 2010 on or about the early stages of the implementation of AB1695, FFA placements were peaking at 99% or higher respectively, while relative and licensed foster care placements were under 10%. However, data between 2011 through 2013 reflects a swing of placements having both relative and licensed foster home placement at 55% or higher, while FFA placements at or below 10%.

The county implemented the Foster Parent Academy and Foster Pride curriculums to further educate and train foster parents in an effort to further support them. Foster parents have been given business cards to pass out to individuals interested as further recruitment efforts. If an individual gets licensed and has a placement, the referring foster parent receives a \$100 incentive.

The county puts an article in the newspaper in May of every year for Foster Parent Appreciation Month and a Board of Supervisors Resolution is done annually.

Conclusion:

Kings County CWS division takes the placement of all children entering foster care serious and has taken the lead in being one of the first counties to implement the RFA program and is actively recruiting, training and certifying new licensed foster home to increase our numbers for placement of our foster children. In addition, the newly implemented RFA policies and procedures include emergency relative and non-related extended family members, during business and stand-by hours, to ensure the least restrictive placement of children while entering the foster care system.

4B LEAST RESTRICTIVE PLACEMENT (POINT IN TIME)

California Child Welfare Indicators Project (CCWIP)

University of California at Berkeley

Children in Foster Care

Agency Type=Child Welfare

Kings

TABLE 50

Placement Type	Point in Time					
	1-Jul-10	1-Jul-11	1-Jul-12	1-Jul-13	1-Jul-14	1-Jul-15
	%	%	%	%	%	%
Pre-Adopt	2.2	0.7	2.3	1.5	0.5	0.8

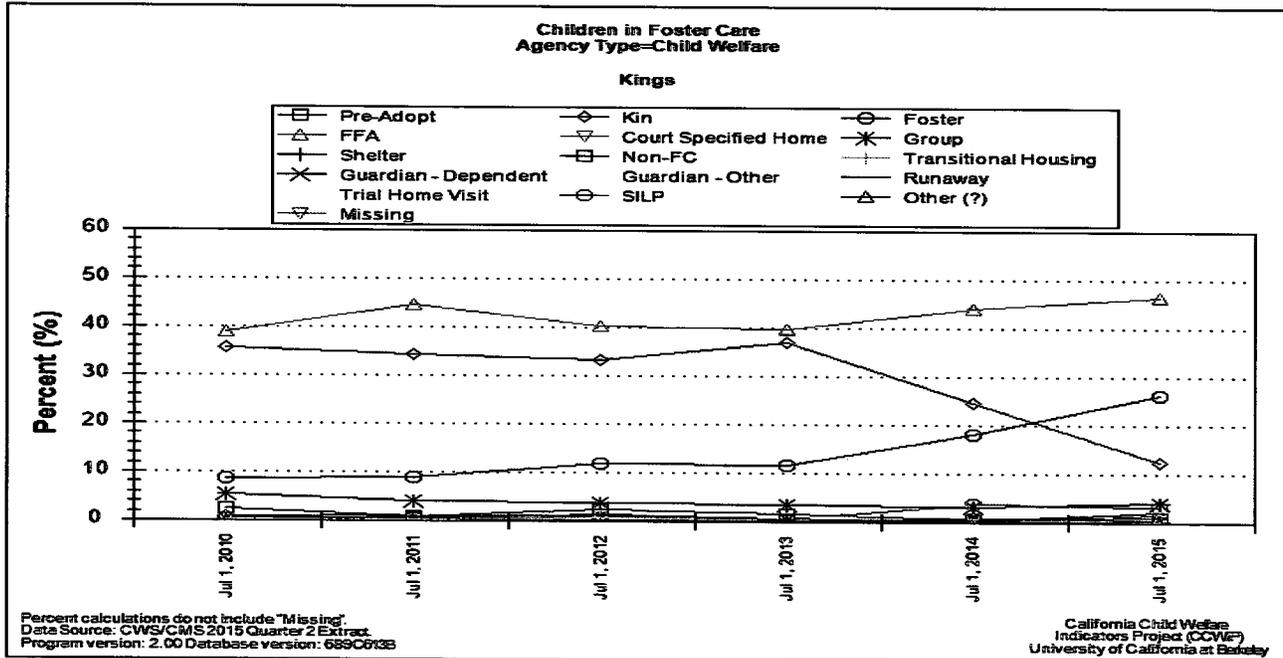
Kin	35.4	34.1	33.1	36.8	24.5	10.9
Foster	8.6	8.7	11.8	11.5	18	28.6
FFA	38.8	44.3	40.1	39.5	43.9	45.6
Court Specified Home	.	.	0.6	0.3	0.7	0.2
Group	5.2	3.8	3.5	3.3	3.2	3.7
Shelter	.	.	.	.	.	.
Non-FC	.	0.3	.	0.3	.	0.2
Transitional Housing	.	.	.	.	.	.
Guardian - Dependent	.	0.7	0.9	0.5	0.5	0.5
Guardian - Other	4.9	4.9	4	4.3	3.4	2.2
Runaway	0.4	0.3	1.2	0.3	.	2
Trial Home Visit	3.7	1	2	1	1.5	0.8
SILP	.	.	.	0.5	3.6	3.4
Other (?)	0.7	1	0.6	0.5	0.2	1
Missing	.	.	.	.	.	.
Total	100	100	100	100	100	100

PERCENT CALCULATIONS DO NOT INCLUDE "MISSING"

Data Source: CWS/CMS 2015 Quarter 3 Extract

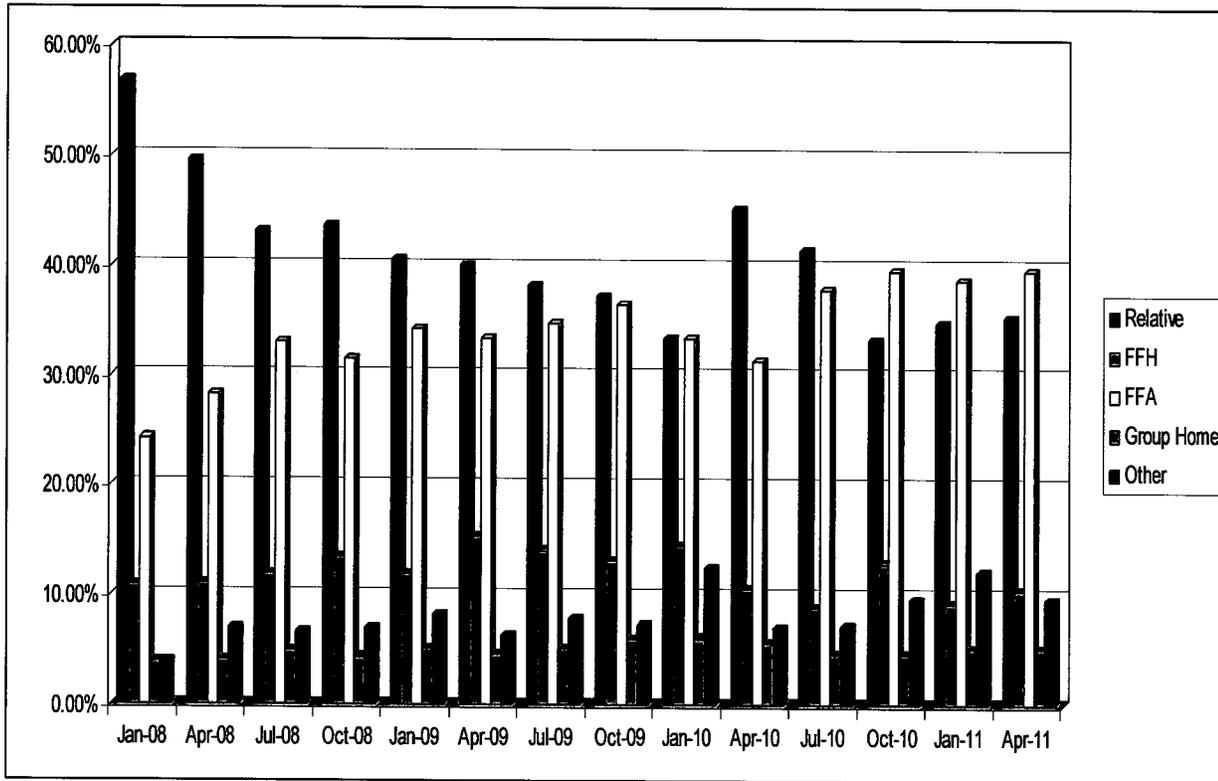
Program Version:2.00 DataBASE version 6914DOB4

**GRAPH 53 : POINT IN TIME PLACEMENT TYPE FOR CHILDREN IN CARE
JULY 1, 2010 – JULY 1, 2015**



Least Restrictive Point in Time Placement:
Trend Data January 2008 through April 2011

GRAPH 54



Methodology 4 B/Point in Time Placement: Data reflects the location of children in out of home placement at the beginning month of the study period.

Data Source for Charts 42 and 43: Needells, B., Webster, D., Armijo, M., Lee, S., Dawson, W., Magruder, J., Exel, M., Glasser, T., Williams, D., Zimmerman, K., Simon, V., Putnam-Hornstein, E., Frerer, K., Cuccaro-Alamin, S., Winn, A., Lou, C., & Peng, C. (2011). Child Welfare Services Reports for California. Retrieved March 21, 2011, from University of California at Berkeley Center for Social Services Research website. URL: <http://cssr.berkeley.edu/ucbchildwelfare>

4B LEAST RESTRICTIVE PLACEMENT (POINT IN TIME)

Methodology

Welfare and Institutions Code Section 16501.1(c)(1) requires counties to place children in least restrictive, most family-like setting, in order of priority, with relatives, non-related extended family members, tribal members, foster family homes, certified homes of foster family agencies, intensive treatment or multi-dimensional treatment foster care homes, group homes, and residential treatment. Counties are required to assess the types of placements children are in upon initial entry into foster care, as well as long-term, to ensure they are in the most least restrictive placements. **Measure 4B: Least Restrictive Placement (Point in Time) measures least restrictive placement types on more of a long-term basis.**

These reports include all children who have an open placement episode in the CWS/CMS system (excluding children who have an agency type of 'Mental Health' (6133), 'Private Adoption' (36), or 'KinGAP' (6134)) on a user-specified count day (e.g., January 1, April 1, July 1, October 1) and year. On the user-specified count day, children are assigned to the county in which they have an open case or referral (for cases under the supervision of Child Welfare, Probation, or Other) or state id county code (for cases under the supervision of Probation and Other). Please see the Agency Type link below for additional coding details. Also, placement type and caregiver relationship in this analysis were assigned by the record that corresponds with the date that the point in time was counted.

Effective Quarter 1 2007, children with a Substitute Care Provider Relationship coded as 'Relative/Nonguardian' are no longer automatically classified as Kinship Care placements. We instead provide a Caregiver Relationship filter that allows users to restrict report data based on a child's relationship to the substitute care provider.

Please note that the Child Welfare caseload may be inflated by children who are no longer in care, but are still being counted in the 'Trial Home Visit' and 'Other' rows. County staff are encouraged to review these rows and close placement episodes when appropriate. Further, due to data quality issues, the probation count is suspected to be an over count, particularly in the 'Runaway', 'Trial Home Visit', and 'Other' rows.

Note: Cells containing a period (".") represent a value of zero. In cells representing quotients, a period may also indicate the indeterminate form 0/0.

These reports may also be run with filters in place to restrict the data to various subgroups of other variables (e.g., Black subgroup of the Ethnicity variable, < 1 year old subgroup of the Age variable, etc.). Please see the links below for details:

<http://cssr.berkeley.edu/cwscmsreports/methodologies/default.aspx?report=PIT>

ANALYSIS

Kings County has always maintained the belief that the best interest of children is best served when they are placed with relatives if they can not remain in the care of their birth parents. Additionally, Kings County makes every effort to place children with siblings. This philosophy is evidenced by the prior year's outcomes which demonstrate a significant amount of placements with relatives. Kings County remained consistent in KIN placements (placement with relatives) in the prior years between July 1, 2010 to July 1, 2013, averaging 34.85% over the four year time span. Kings County encountered a decline in KIN placements within the reported timeframe of July 1, 2014 to July 1, 2015. Consequently to the lower KIN placements, an incline occurred in the amount of Foster Family Agency placement homes from an average of 10.15% during the years of 2010-2013 to the most current 2015 report of 28.6%.

4B LEAST RESTRICTIVE PLACEMENT (POINT IN TIME) (PIT PLACEMENT) – BY AGE:

No Federal Standards listed on report

California Child Welfare Indicators Project (CCWIP)

University of California at Berkeley

Children in Foster Care

Agency Type=Child Welfare

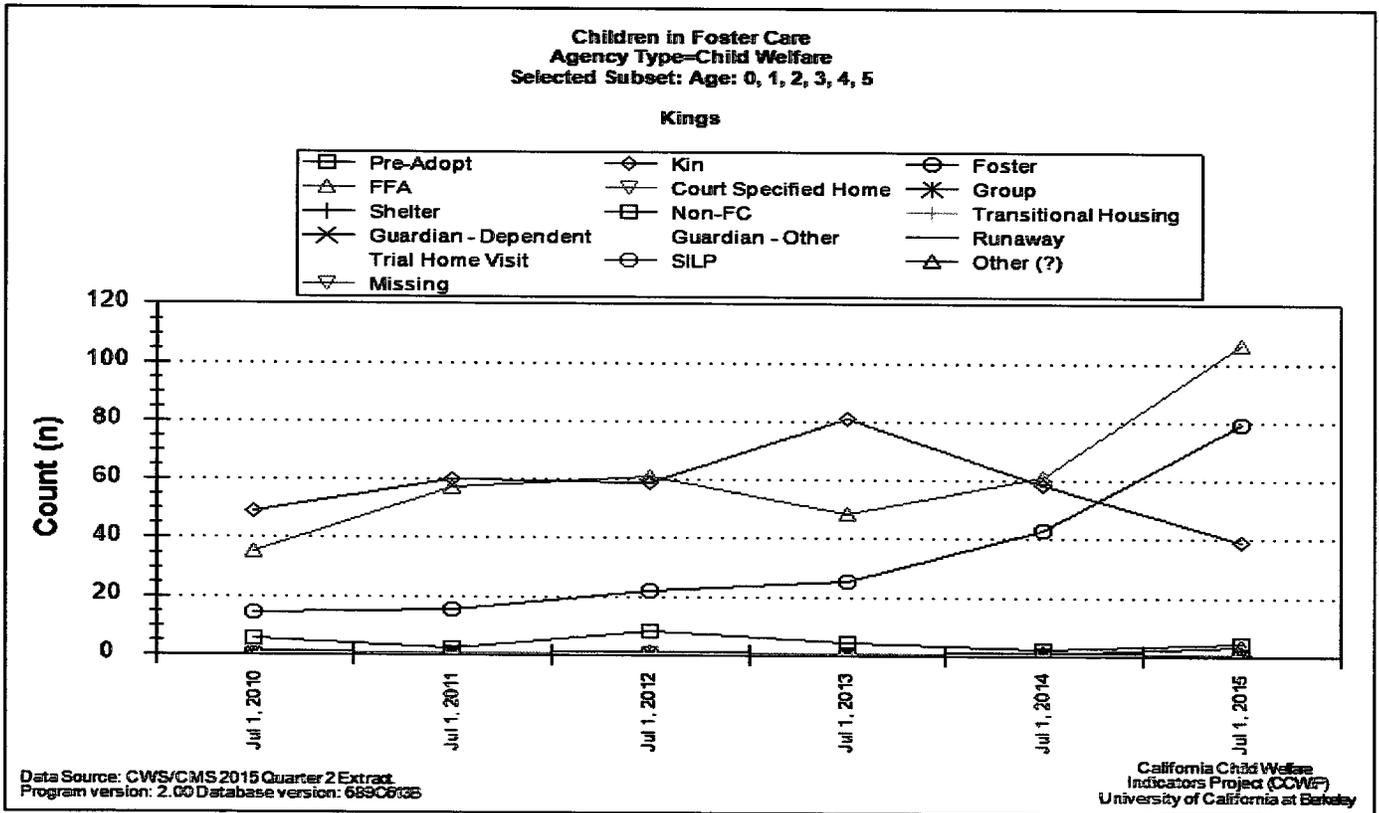
Kings

TABLE 51

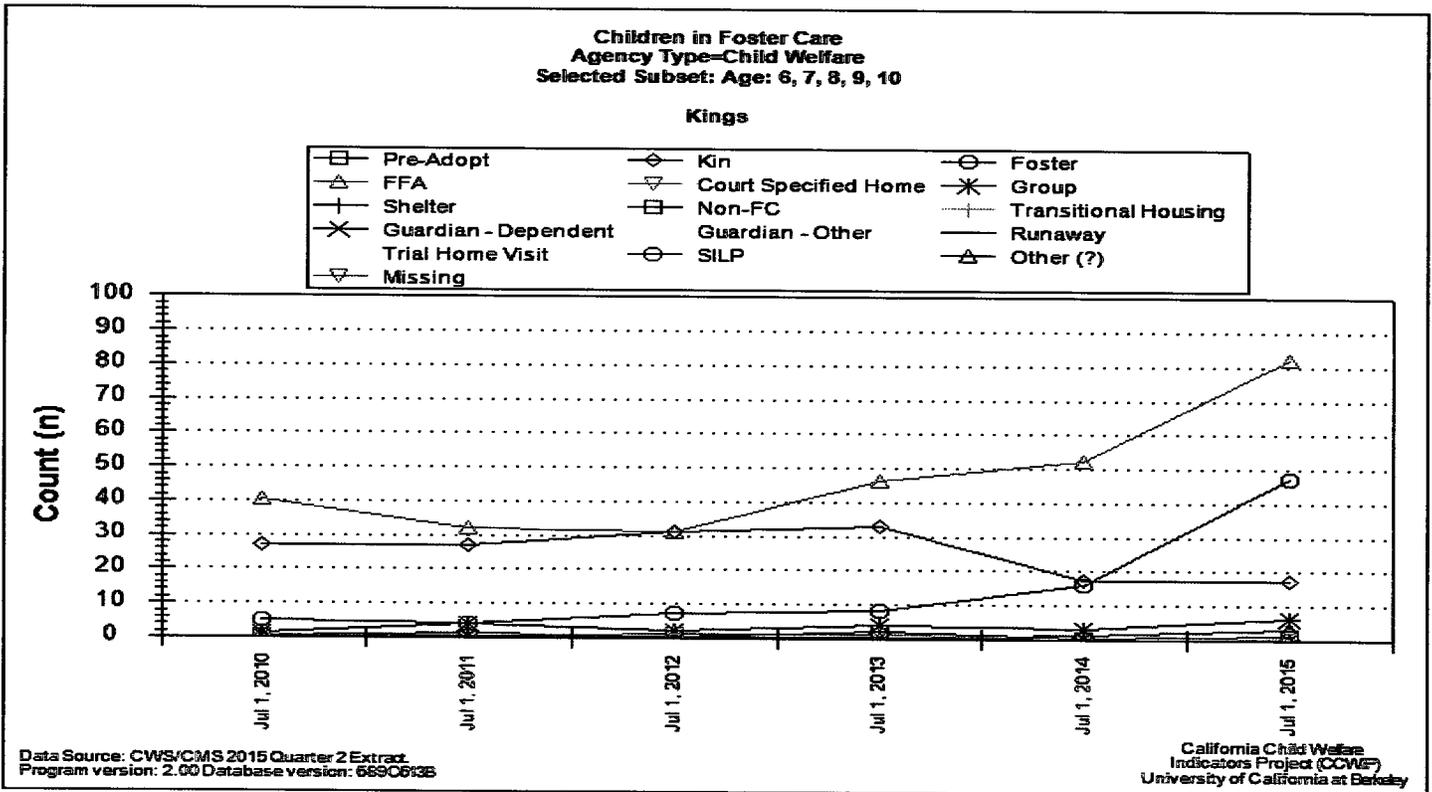
Age Group	Point in Time					
	Jul 1, 2010	Jul 1, 2011	Jul 1, 2012	Jul 1, 2013	Jul 1, 2014	Jul 1, 2015
	%	%	%	%	%	
Under 1	5.2	7.7	8.9	7.8	9.4	10.1
1-2	17.2	20.6	15.6	13.5	14.3	14.0
3-5	20.1	19.5	20.7	18.5	17.7	16.1
6-10	29.1	25.8	23.1	25.8	23.0	27.7
11-15	20.9	19.9	23.1	23.5	21.5	20.0
16-17	6.7	6.3	8.4	9.5	7.5	8.0
18-20	0.7	0.3	0.3	1.5	6.5	4.1
Missing						
Total	100.0	100.0	100.0	100.0	100.0	100.0

GRAPH 55 : POINT IN TIME PLACEMENT TYPE FOR CHILDREN IN CARE

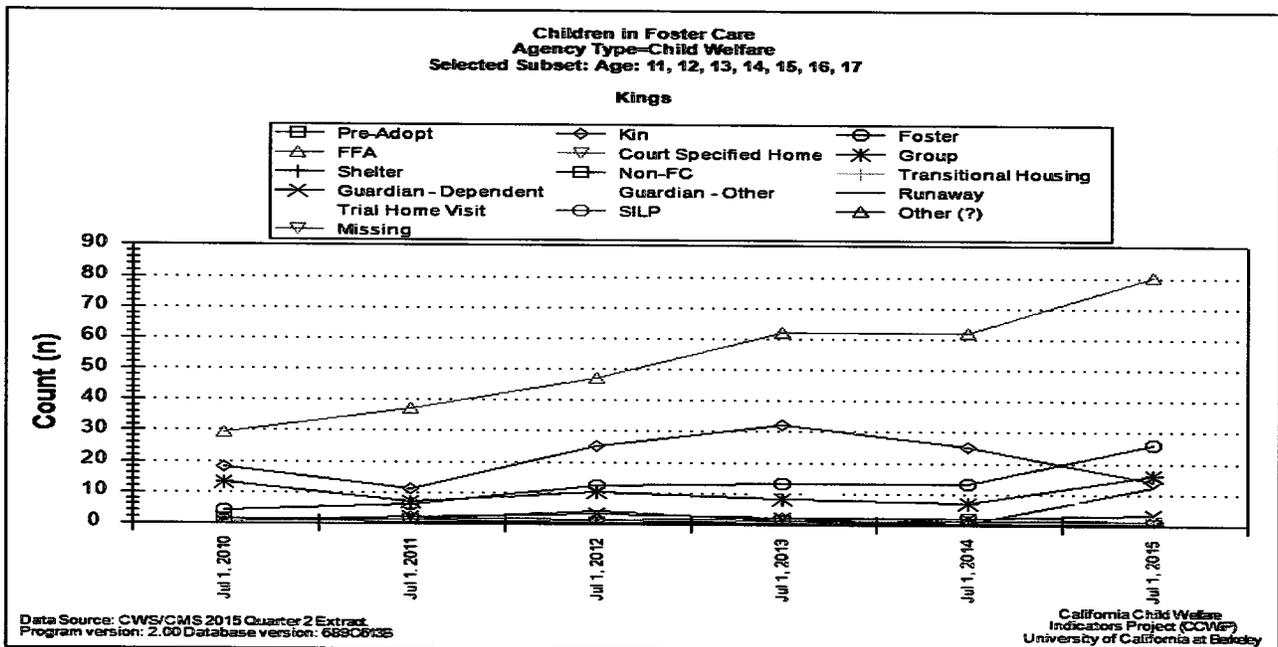
BY AGE: 0-5 YEARS: JULY 1, 2010 – JULY 1, 2015



**GRAPH 56 : POINT IN TIME PLACEMENT TYPE FOR CHILDREN IN CARE
BY AGE: 6-10 YEARS: JULY 1, 2010 – JULY 1, 2015**



**GRAPH 57 : POINT IN TIME PLACEMENT TYPE FOR CHILDREN IN CARE
BY AGE: 11-17 YEARS: JULY 1, 2010 – JULY 1, 2015**



4B LEAST RESTRICTIVE PLACEMENT (POINT IN TIME – BY AGE)

Welfare and Institutions Code Section 16501.1(c)(1) requires counties to place children in least restrictive, most family-like setting, in order of priority, with relatives, non-related extended family members, tribal members, foster family homes, certified homes of foster family agencies, intensive treatment or multi-dimensional treatment foster care homes, group homes, and residential treatment. Counties are required to assess the types of placements children are in upon initial entry into foster care, as well as long-term, to ensure they are in the most least restrictive placements. Measure 4B: Least Restrictive Placement (Point in Time) measures least restrictive placement types on more of a long-term basis.

Point in Time Placement Type by Age: A child's initial out of home placement is classified into categories within Graphs ___ below at specific points in time by age from performance data in the last County Self Assessment to current performance. Age ranges included in this dataset are 0-5; 6-10; and 11-17. Children who have a signed adoption agreement are coded as Pre-Adopt. Children with an assignment of 'guardian' are coded as either Guardian – Dependent or Guardian – Other. The former category is for children who are designated wards of the court; the latter for children who do not fall under the legal authority of the dependency system. Those children for whom the study date falls between a start and end date in the non-foster care placement table are coded as Non-Foster Care. For all other non-missing values, those with an open placement episode, but no open out-of-home placement and no reliable data regarding why, are coded as Other.

ANALYSIS

In its previous 2011 CSA the Kings County Human Services Agency combined and analyzed Measure 4B Foster Care Placement in Least Restrictive Settings, Initial Placement and Point in Time Placement of foster children.

The Kings County Human Services Agency/CWS Division implemented emergency policies and procedures with forms in an effort to comply with the provisions of AB 1695 in January of 2002. Since that time, practice, as well as the written policies, procedures and forms, have been refined to maintain County compliance with Federal and State expectations. Kings County CWS prioritizes emergency and on-going placements with relatives and non-related extended family members, which explains the high relative placement statistics in this County. Social Workers utilized a County-generated AB 1695 Assessment form, which incorporates assessment and approval of home safety and health standards, as well as placement assessment and approval. Social Workers also utilized the required State SOC AB 1695 forms when conducting all placements. This practice allowed us to place children with relatives and non-related extended family members immediately, if they are available to the Agency. This Agency strongly believes children belong with family members in the event they cannot be with their

parents. In addition, our licensed foster home capacity is not sufficient to handle emergency placements, especially for children over the age of 14 years.

It is also noteworthy that there is a legal placement of preference which includes maintaining the sibling's placement together. For example, at the Disposition hearing the agency must report to the court if there is a relationship between the children, if the relationship is appropriate, if it is appropriate to develop and maintain the relationship between the children, whether or not the relationship between the children interferes with the children's placement and if the children are placed together. Furthermore, if the children are not placed together the agency must report the efforts provided in an attempt to keep the children placed with their siblings and why those efforts failed. Kings County CWS follows the legal placement preference in all cases, whenever possible. If relatives and/or NREFMs are not available when children are initially removed from their homes, every effort is made to place them in a Kings County licensed foster home. Presently, there are only 39 licensed foster homes within Kings County, which results in a need to place in Foster Family Agency Certified Homes at times, especially to keep siblings together. Kings County CWS will place children in FFA homes rather than licensed foster homes if there is a sibling set that cannot be kept together in a licensed foster home. Often additional relatives surface prior to the Jurisdiction/Disposition Hearing or placement assessments are completed, which explains why the initial placement statistic is higher for licensed foster homes and FFAs initially and why the relative statistic is higher for the primary placement. According to the statistics, Kings County places children in the least restrictive care setting for initial and on-going placements, most often with relatives. Relative placements ongoing, as reflected in Chart 43, is still according to the state average of 32.8%, but initial placements have decreased, as it has statewide (initial statewide performance is 21.6%), partially due to the Adam Walsh Act requirements and time needed to process background checks and/or exemptions.

CWS has been consistently focusing efforts on the recruitment and retention of licensed foster homes in an effort to maintain more children within the County boundaries versus utilizing FFA and group homes, but our recruitment and retention strategies have not been very successful. County Licensing is constantly creative and supportive, but recruitment has been difficult due to the rural area. People are inquiring, but get an application and don't return them. Military families have been licensed, but move. We are currently purchasing an online newspaper banner for the website in an effort to utilize new technology to reach a wider population. Some licensed foster homes are adopting, which causes them to run out of room. In addition, new regulations count the adoptive and biological children as part of capacity. Recruitment flyers are mailed to all of the local churches to post.

The county implemented the Foster Parent Academy and Foster Pride curriculums to further educate and train foster parents in an effort to further support them. Foster parents have been given business cards to pass out to individuals interested as further recruitment efforts. If an individual gets licensed and has a placement, the referring foster parent receives a \$100 incentive.

The county puts an article in the newspaper in May of every year for Foster Parent Appreciation Month and a Board of Supervisors Resolution is done annually.

New Measure 4B: Least Restrictive Placement (Point in Time) measures least restrictive placement types and age group on more of a long-term basis.

As for the increase in placements among the AB12 placements, the California Fostering Connections to Success Act was signed into law September 30, 2010 through Assembly Bill (AB) 12 and became effective January 1, 2012. The bill and subsequent legislation allowed foster care for eligible youth to extend beyond age 18 up to age 21. Eligible foster youth are designated as “non-minor dependents” (NMDs). This legislation also recognized the importance of family and permanency for youth by extending payment benefits and transitional support services for the Adoption Assistance Program (AAP) and the Kinship Guardianship Assistance Payment (Kin-GAP) Program. Kings County has recently adopted a new practice and has assigned a case manager as well as a court writer to individuals re-entering the Child Welfare System in order to comply with state regulations. This process occurred during the last year and a half. This process has been complex requiring the social worker to contact the state with questions on how to input data in CMS/CWS as it was not accommodating the required information.

Regarding the downward trend in KIN placements, during the previous 2011 CSA time frame, Kings County was practicing under the AB1695 regulations and the investigating social workers and/or case carrying social workers were responsible for their AB1695 assessments occurring on their caseloads. Since that time a few changes have occurred. One of the changes was that the agency attempted to implement a placement unit/placement worker. The idea behind this decision was to streamline the assessments and to attempt to free up the case carrying social worker from the time consuming assessments which would allow the case carrying social worker more time to spend on providing reasonable services to clients. In doing this, the agency encountered a delay in placements in that the placement unit received a back log of assignments and there were some delays and communication barriers. Additionally, the agency terminated its contact with Fresno State Adoptions and implemented its own adoptions unit within the Kings County Human Services Agency. Shortly thereafter, Kings County opted in to become a pilot county for the Resources Family Approval RFA program still maintaining the integrity that children are best served if they can be placed with relatives. Kings County’s belief in relative/KIN placements has not changed; however, current practices have due to processes, procedures and state mandates and regulations. Although the AB1695 assessments were streamlined over the years and social workers had become fluent in the process, the agency felt the need to implement RFA program override the current practices. Kings County adopted the vision of RFA in January 2014. By doing this it is the hope and belief of Kings County that the homes which become approved via the RFA program will be more beneficial to the children in the long term by making the transition back home or into permanency more seamless.

Although it is always the goal to reunify children with their birth parents, the state and Kings County realizes that these efforts sometimes fail and reunification is not guaranteed. There is a need for streamlining the process and the children should not have to suffer or be delayed permanence due to adoptive homes being certified. Through the RFA program all homes become certified as a potential

adoptive home with an approved adoptive homestudy during the RFA assessment process which results in a smoother/seamless transition from a “foster placement home” into an “adoptive placements”. With this being said the agency’s resources have been exhausted during the implementation of these two programs which may have contributed to the unfavorable outcomes identified above. Although the intent was to provide better services and long term outcome goals for the children of Kings County it did not come without a cost. Additionally the amount of children entering the foster care system dramatically increased during this time which depleted the amount of openings in each county foster home. The agency also lost a significant amount of foster homes due to allegations of abuse/neglect and/or personal right violations which resulted in the home being placed on a county hold list therefore the agency was no longer able to place children in these homes. The agency was also faced with some of the licensed county homes deciding to move to a Foster Family Agency where they would be compensated at a higher rate. Kings County can not compete with the current Foster Family Agency rates, resulting in the loss of county foster homes.

Conclusion:

This area of performance has historically been one of Kings County’s strengths; however, due to the implementation of several programs these performance measures have taken a hit. Social workers were fluent in the AB1695 process and completing an assessment on a relative occurred at a rapid pace. When the agency changed practice, there were many unknown policies and procedural barriers which are being ironed out. Social workers are also less familiar with this practice, interviews are longer, there is more paperwork and the assessments have taken much more time and effort to complete. All of such has delayed the time in which a home can be approved which results in a delay in placement for that child.

It will be necessary for the Agency to continually monitor the RFA assessments to ensure that they are being completed timely and that the placement of children occurs with relatives. One of the areas that the agency has immediately began to show improvement on is the Team Decision Making (TDM) process. The agency recently implemented TDM’s on all cases in an effort to maintain and locate relatives for potential placement. This process begins with Emergency Response and continues throughout the life of the case. Additionally the agency will need to improve efforts on WRAP around services and strengthen the support offered to relatives and county licensed homes. The agency needs to further improve on the current recruitment efforts to locate and sustain county foster homes. It may be necessary to offer additional incentives or increase the current amount of foster care offered per child in an effort to compete with the current FFA rates. It may also be necessary to again implement a placement unit or to hire additional social workers for the RFA unit to support the high volume of assessments being conducted. In an order to maintain the integrity of the families we serve, this indicator will be included in the System Improvement Plan.

PROBATION:

4B LEAST RESTRICTIVE PLACEMENT (POINT IN TIME)

California Child Welfare Indicators Project (CCWIP)

University of California at Berkeley

Children in Foster Care

Agency Type=Probation

Kings

Table 52

Placement Type	Point in Time					
	1-Jul-10	1-Jul-11	1-Jul-12	1-Jul-13	1-Jul-14	1-Jul-15
	%	%	%	%	%	%
Pre-Adopt						
Kin						
Foster						
FFA		2.8	3.2	6.9		4.8
Court Specified Home			3.2		6.7	
Group	48.5	41.7	48.4	41.4	40.0	38.1
Shelter						
Non-FC					3.3	9.5
Transitional Housing						4.8
Guardian - Dependent						
Guardian - Other						
Runaway	6.1	13.9	9.7	10.3	13.3	4.8
Trial Home Visit						
SILP					3.3	9.5
Other (?)	45.5	41.7	35.5	41.4	33.3	28.6
Missing						
Total						

Methodology

Welfare and Institutions Code Section 16501.1(c)(1) requires counties to place children in least restrictive, most family-like setting, in order of priority, with relatives, non-related extended family members, tribal members, foster family homes, certified homes of foster family agencies, intensive treatment or multi-dimensional treatment foster care homes, group homes, and residential treatment. Counties are required to assess the types of placements children are in upon initial entry into foster care, as well as long-term, to ensure they are in the most least restrictive placements. Measure 4B:

Least Restrictive Placement (Point in Time) measures least restrictive placement types on more of a long-term basis.

It should be noted; the substantial percentages in the “Other” category is a result of the Juvenile Delinquency Court ordering probation youth placed with grandparents or other family members without proper removal or placement findings and orders. This was done on a regular basis when family members would appear in court with the youth in the absence of a biological parent. In some cases, the family member had been caring for the youth for many years without any intervention from Child Welfare Services. The probation department has been working with the courts to ensure proper findings and orders are made in these cases to allow for appropriate supervision, funding and services to be provided to the youth and family.

ANALYSIS

The probation department believes youth should be placed in the least restrictive placement possible. Our numbers have historically been low, with no more than 25 youth in out of home placement in recent years. Services are provided in the home, when possible, to alleviate the need for removal from the home. The majority of the youth in out of home placement with the probation department are in specialized treatment to address sexualized behavior as a result of a criminal petition for sexual offenses. In many cases, they are unable to reunify with parents, as the victim remains in the home. Relative placements are sought; however, have not always been secured. Therefore, our youth have been placed in foster care homes, transitional homes, or SILPSs in effort to lower the level of placement to assist the youth in becoming independent. Additionally, a small percentage of our youth have taken advantage of services available through Assembly Bill 12, extended foster care.

Another concern is the percentage of runaway cases reported from 2010 to 2015. This is likely a result of the high number of group home placements as opposed to lower levels of placement in family like settings. Additionally, the group homes utilized by the probation department are all outside of our county. Therefore, it often makes it difficult for the youth’s family members to participate in their program, offer support or participate in regular visitation. Without family support, the youth is more likely to run away from the program to be closer to their family.

With Community Care Reform, we are working toward securing our own family homes for long term placement in lieu of group home placement. We are working with the Health and Human Services Agency to provide resources and training to our approved families to allow our youth to be placed in a more home like setting. We are also working toward certifying homes that are willing and able to care for probation youth.

4E (1&2)* ICWA PLACEMENT PREFERENCES-ICWA ELIGIBLE/AMERICAN INDIAN ETHNICITY

Methodology: Data examines the placement status of Indian Child Welfare Act eligible children [4E(1)] and children with primary or mixed (multi) ethnicity of American Indian [4E(2)]. Placement status takes

placement type, child relationship to substitute care provider, and substitute care provider ethnicity into account. Data reported is a point in time count of children in care at the end of the study quarter.

No Federal Standards listed on the report

California Child Welfare Indicators Project (CCWIP)

University of California at Berkeley

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

California CWS Outcomes System

Agency Type=Child Welfare

July 1, 2015

Selected Subset: Age: 0, 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17

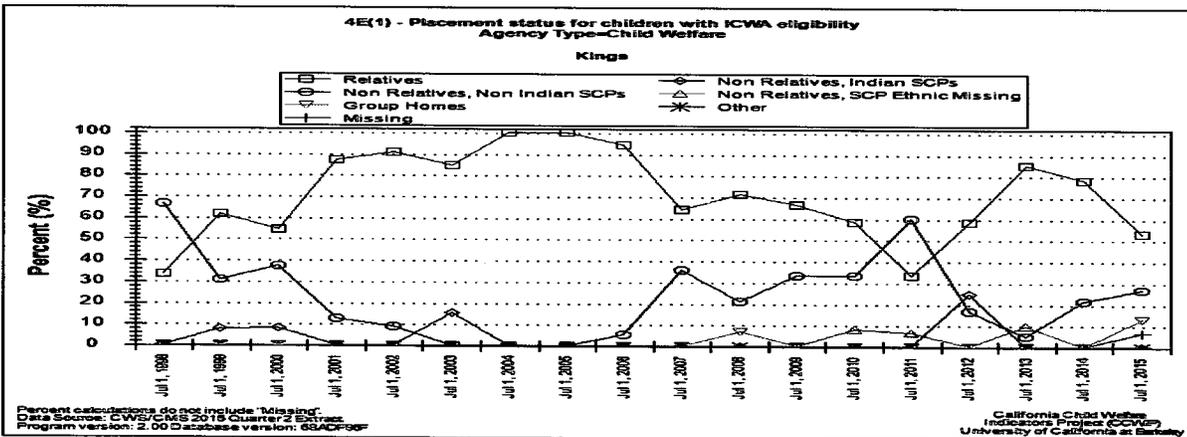
TABLE 53

County	Placement Status							All
	Relatives	Non Relatives, Indian SCPs	Non Relatives, Non Indian SCPs	Non Relatives, SCP Ethnic Missing	Group Homes	Other	Missing	
	%	%	%	%	%	%	%	
Kings	57.1		28.6		14.3			100.0

TABLE 54

Placement Status	Point in Time					
	Jul 1, 2010	Jul 1, 2011	Jul 1, 2012	Jul 1, 2013	Jul 1, 2014	Jul 1, 2015
	%	%	%	%	%	%
Relatives	58.3	33.3	58.3	85.0	78.3	53.3
Non Relatives, Indian SCPs			25.0			
Non Relatives, Non Indian SCPs	33.3	60.0	16.7	5.0	21.7	26.7
Non Relatives, SCP Ethnic Missing	8.3	6.7		10.0		
Group Homes						13.3
Other						
Missing						6.7
Total	100.0	100.0	100.0	100.0	100.0	100.0

GRAPH 58



California Child Welfare Indicators Project (CCWIP)

University of California at Berkeley

Outcome Measure 4E(2) - Placement status for children with primary or mixed (multi) ethnicity of American Indian

California CWS Outcomes System

Agency Type=Child Welfare

July 1, 2015

Selected Subset: Age: 0, 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17

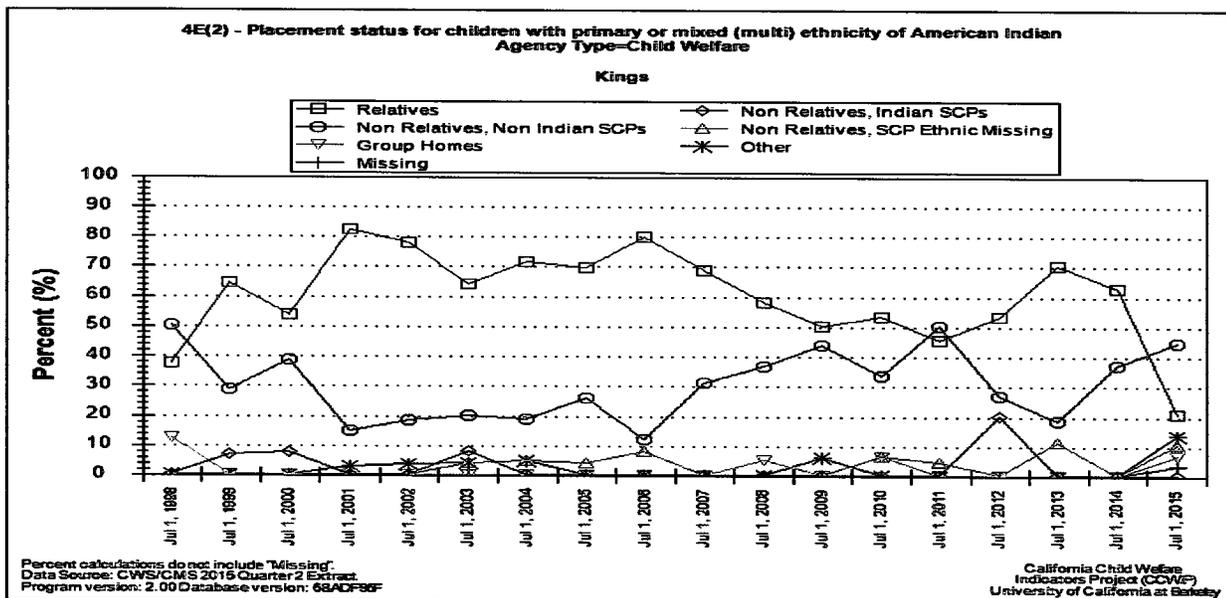
TABLE 55

County	Placement Status							All
	Relatives	Non Relatives, Indian SCPs	Non Relatives, Non Indian SCPs	Non Relatives, SCP Ethnic Missing	Group Homes	Other	Missing	
	%	%	%	%	%	%	%	
Kings	21.4		46.4	10.7	7.1	14.3		100.0

TABLE 56

Placement Status	Point in Time					
	Jul 1, 2010	Jul 1, 2011	Jul 1, 2012	Jul 1, 2013	Jul 1, 2014	Jul 1, 2015
	%	%	%	%	%	%
Relatives	53.3	45.5	53.3	70.4	63.0	20.7
Non Relatives, Indian SCPs			20.0			
Non Relatives, Non Indian SCPs	33.3	50.0	26.7	18.5	37.0	44.8
Non Relatives, SCP Ethnic Missing	6.7	4.5		11.1		10.3
Group Homes	6.7					6.9
Other						13.8
Missing						3.4
Total	100.0	100.0	100.0	100.0	100.0	100.0

GRAPH 59



ANALYSIS

According to the statistics, of the Native American children who were CPS involved, in July 2015, 20.7% were placed with relatives, 44.8% were placed with non-Indian/non-relatives, 10.3% were placed with non-Indian/SCP ethnicity missing care providers, 6.9% were placed in group homes and 17.2 % other placements. Kings County CWS works very closely with several Tribes, but especially with the Santa Rosa Rancheria, which is within the borders of Kings County; therefore, we make active efforts to place all children eligible for the ICWA with relatives and then with Indian Certified Homes. Due to a lack of certified homes on the Rancheria, Indian placements typically become reactive rather than proactive. The ICWA Social Services Department immediately certifies homes for placement. CPS conducts the criminal background checks for the Tribe. If, for some reason, the home cannot pass the background check or be certified by the Tribe, other homes identified by the Tribe are assessed and emergency placement occurs as soon as a home can be certified, typically within two (2) hours.

Kings County CWS prioritizes making active efforts to reunify Native American families through the provision of culturally applicable, sensitive services. CWS works in tandem with the Santa Rosa Rancheria ICWA Committee to research, identify and refer clients to Native American-based services. In recent years, the Santa Rosa Rancheria has been making good progress at developing, establishing and expanding services available within the jurisdiction of the Tribe. The following services are available for Native Americans on the Santa Rosa Rancheria: Inter-Spirit Alcohol and Drug Program (out-patient substance abuse treatment, which includes individual and group processing and AA/NA meetings), Central Valley Indian Health Center (CHDP medical and dental examinations, preventative medical and dental services, immunizations, WIC, therapeutic services, nutrition), Education Department (K-12 after school programs, tutoring, independent study, dance/drum groups), Early Education Department (Head Start, preschool), Housing Department (housing development, 2 HUD Representatives, home inspections, prioritization of pending ICWA Certified Homes for structural improvements), Recreation Center (after school programs/activities, sports, cultural activities), Tachi-Yokut School (continuation school for 9th and 10th grades), Elder Center (activities, housing and support for elderly Tribal members), Police/Security (patrol of Rancheria, supports efforts of law enforcement and CPS), Membership Committee (evaluates applications for membership), onsite TANF services and the Tribal Planning Committee.

The Tribal Planning Committee is a collaborative entity (made up of several Departments within the Tribe) that actively coordinates special events/activities on the Rancheria. Examples of recent events include the following: California Indian Days, Child Abuse Prevention Event, Red Ribbon, Santa Rosa Rancheria Gathering, National Indian Day, Multi-Cultural Health Fair, and Easter Egg Hunt/BBQ/Breakfast with Bunny, Babes Puppet Show (tailored toward prevention of child abuse) and an Ice Cream Social. The Planning Committee focuses its efforts on prevention of child abuse, cultural/social events and activities that celebrate American Indian culture and heritage. Tribal members are encouraged to participate in regular sweats, which are held weekly.

The Tribal Social Services Department has implemented Native American parenting classes using the Positive Indian Parenting curriculum, which has been very successful. The Tribal Social Services

Department certifies homes at all hours, upon need of Tribal children. The Juvenile Court Judge has a strong commitment to ICWA cases, taking extra time to seek input from the Tribe.

CPS has practiced ICWA case planning for several years and in collaboration with whichever Tribe the child and family are affiliated with, but especially for the Tachi-Yokuts, whom reside within Kings County. Case planning incorporates cultural and spiritual practices that can help the child and family. Staff are sent to ICWA training annually and Kings County has presented its practices at several ICWA conferences over the years, including annual ICWA State Conferences and Summits.

5A (1&2) USE OF PSYCHOTROPIC AND ANTIPSYCHOTIC MEDICATIONS

Measure 5a.1: Use of Psychotropic Medications among Children in Foster Care

Kings County is part of the Central data that includes Alameda, Alpine, Contra Costa, Fresno, Inyo, Madera, Marin, Mariposa, Mendocino, Merced, Mono, Monterey, Napa, San Benito, San Francisco, San Mateo, Santa Clara, Santa Cruz, Sonoma and Stanislaus counties

April 1, 2014 through March 31, 2015

TABLE 57

Regions	Children in Foster Care on Psychotropic Medication during the 12-month period		Children in Foster Care during the 12-month period		Percent of Children in Foster Care on Psychotropic Medication
	N	%	N	%	
Los Angeles	2727	35.7%	27550	34.8%	9.9%
Pacific Inland	1652	21.6%	20178	25.5%	8.2%
Central	1583	20.7%	15786	19.9%	10.0%
Northern California	1184	15.5%	11117	14.0%	10.7%
Tri-Coastal	492	6.4%	4543	5.7%	10.8%
Data Not Entered/Unknown		0.0%	72	0.1%	0.0
Total	7638	100%	79246	100.0%	9.6%

Source: CWS/CMS 2015Q2 and MIS/DSS as of 6/15/2015

Please note: Measure 5a.1 represents preliminary data due to lag times in reporting from Medi-Cal pharmacy providers.

Measure 5a.1: Use of Psychotropic Medications among Children in Foster Care

April 1, 2014 through March 31, 2015

TABLE 58

County	Children in Foster Care on Psychotropic Medication during the 12-month period		Children in Foster Care during the 12-month period		Percent of Children in Foster Care on Psychotropic Medication
	N	%	N	%	
Kings	43	0.6%	717	0.9%	6.0%

Measure 5a.1: Use of Psychotropic Medications among Children in Foster Care

April 1, 2014 through March 31, 2015

TABLE 59

	Children in Foster Care on Psychotropic Medication during the 12-month period	Children in Foster Care during the 12-month period	Percent of Children in Foster Care on Psychotropic Medication

Agency by Placement Type	N	%	N	%	%
County Welfare Department	6,312	82.6%	74,021	93.4%	8.5%
Group Home	2,442	38.7%	5,140	6.9%	47.5%
Foster Family Agency	1,505	23.8%	20,229	27.3%	7.4%
Relative/NREFM Home	1,059	16.8%	30,156	40.7%	3.5%
Foster Family Home	668	10.6%	6,565	8.9%	10.2%
Guardian Home (Dependent)	351	5.6%	1,594	2.2%	22.0%
Pre-Adopt	133	2.1%	7,698	10.4%	1.7%
Small Family Home	45	0.7%	201	0.3%	22.4%
Other Placement	66	1.0%	1,430	1.9%	4.6%
Data Not Entered/Unknown	43	0.7%	1,008	1.4%	4.3%
County Probation Department	1,326	17.4%	5,225	6.6%	25.4%
Group Home	1,245	93.9%	4,380	83.8%	28.4%
Other Placement	37	2.8%	582	11.1%	6.4%
Data Not Entered/Unknown	44	3.3%	263	5.0%	16.7%
Total	7,638	100.0%	79,246	100.0%	9.6%

Measure 5a.1: Use of Psychotropic Medications among Children in Foster Care

April 1, 2014 through March 31, 2015

TABLE 60

	Children in Foster Care on Psychotropic Medication during the 12-month period		Children in Foster Care during the 12-month period		Percent of Children in Foster Care on Psychotropic Medication
	N	%	N	%	
Primary Ethnic Group					
Latino	3,387	44.3%	41,707	52.6%	8.1%
White	2,099	27.5%	18,577	23.4%	11.3%
Black	1,899	24.9%	16,098	20.3%	11.8%
Asian/PI	147	1.9%	1,666	2.1%	8.8%
Native American	91	1.2%	999	1.3%	9.1%
Data Not Entered/Unknown	15	0.2%	199	0.3%	7.5%
Total	7,638	100.0%	79,246	100.0%	9.6%

Measure 5a.1: Use of Psychotropic Medications among Children in Foster Care

April 1, 2014 through March 31, 2015

TABLE 61

	Children in Foster Care on Psychotropic Medication during the 12-month period		Children in Foster Care during the 12-month period		Percent of Children in Foster Care on Psychotropic Medication
	N	%	N	%	
Age Group					
0-5 years	239	3.1%	30,854	38.9%	0.8%
6-10 years	1,687	22.1%	17,031	21.5%	9.9%
11-15 years	3,482	45.6%	17,149	21.6%	20.3%
16-17 years	2,228	29.2%	10,304	13.0%	21.6%
Data Not Entered/Unknown	2	0.0%	3,908	4.9%	0.1%
Total	7,638	100.0%	79,246	100.0%	9.6%

Measure 5a.1: Use of Psychotropic Medications among Children in Foster Care

April 1, 2014 through March 31, 2015

TABLE 62

	Children in Foster Care on Psychotropic Medication during the 12-month period		Children in Foster Care during the 12-month period		Percent of Children in Foster Care on Psychotropic Medication
	N	%	N	%	
Gender					
Female	3,056	40.0%	37,835	47.7%	8.1%
Male	4,581	60.0%	41,407	52.3%	11.1%
Data Not Entered/Unknown	1	0.0%	4	0.0%	25.0%
Total	7,638	100.0%	79,246	100.0%	9.6%

ANALYSIS

The data from Measure 5a.1 is pulled from the Berkeley website at http://cssr.berkeley.edu/ucb_childwelfare/CDSS_5A.aspx and is a new measure for this reporting period. The data shown for Kings County reported that from April 1, 2014 through March 31, 2015, shows 43 or 0.6% of the children in foster care are using psychotropic medication during that twelve month time period. There is no historical data for this measure.

Measure 5a.2: Use of Antipsychotic Medications among Children in Foster Care

Kings County is part of the Central data that includes Alameda, Alpine, Contra Costa, Fresno, Inyo, Madera, Marin, Mariposa, Mendocino, Merced, Mono, Monterey, Napa, San Benito, San Francisco, San Mateo, Santa Clara, Santa Cruz, Sonoma and Stanislaus counties

April 1, 2014 through March 31, 2015

TABLE 63

Regions	Children in Foster Care on Antipsychotic Medication during the 12-month period		Children in Foster Care during the 12-month period		Percent of Children in Foster Care on Antipsychotic Medication
	N	%	N	%	
Los Angeles	1212	33.3%	27550	34.8%	4.4%
Pacific Inland	876	24.0%	20178	25.5%	4.3%
Central	713	19.6%	15786	19.9%	4.5%
Northern California	602	16.5%	11117	14.0%	5.4%
Tri-Coastal	241	6.6%	4543	5.7%	5.3%
Data Not Entered/Unknown		0.0%	72	0.1%	0.0
Total	3644	100%	79246	100.0%	4.6%

Source: CWS/CMS 2015Q2 and MIS/DSS as of 6/15/2015

Measure 5a.2: Use of Antipsychotic Medications among Children in Foster Care

April 1, 2014 through March 31, 2015

TABLE 64

	Children in Foster Care on Antipsychotic Medication	Children in Foster Care during the 12-month period	Percent of Children in Foster Care on
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County	during the 12-month period				Antipsychotic Medication
	N	%	N	%	%
Kings	19	0.5%	717	0.9%	2.6%

Measure 5a.2: Use of Antipsychotic Medications among Children in Foster Care

April 1, 2014 through March 31, 2015

TABLE 65

Agency by Placement Type	Children in Foster Care on Antipsychotic Medication during the 12-month period		Children in Foster Care during the 12-month period		Percent of Children in Foster Care on Antipsychotic Medication
	N	%	N	%	%
County Welfare Department	3,084	84.6%	74,021	93.4%	4.2%
Group Home	1,593	51.7%	5,140	6.9%	31.0%
Foster Family Agency	549	17.8%	20,229	27.3%	2.7%
Relative/NREFM Home	335	10.9%	30,156	40.7%	1.1%
Foster Family Home	330	10.7%	6,565	8.9%	5.0%
Guardian Home (Dependent)	147	4.8%	1,594	2.2%	9.2%
Pre-Adopt	49	1.6%	7,698	10.4%	0.6%
Small Family Home	33	1.1%	201	0.3%	16.4%
Other Placement	31	1.0%	1,430	1.9%	2.2%
Data Not Entered/Unknown	17	0.6%	1,008	1.4%	1.7%
County Probation Department	560	17.4%	5,225	6.6%	10.7%
Group Home	526	93.9%	4,380	83.8%	12.0%
Other Placement	17	3.0%	582	11.1%	2.9%
Data Not Entered/Unknown	17	3.0%	263	5.0%	6.5%
Total	3,644	100.0%	79,246	100.0%	4.6%

Measure 5a.2: Use of Antipsychotic Medications among Children in Foster Care

April 1, 2014 through March 31, 2015

TABLE 66

Primary Ethnic Group	Children in Foster Care on Antipsychotic Medication during the 12-month period		Children in Foster Care during the 12-month period		Percent of Children in Foster Care on Antipsychotic Medication
	N	%	N	%	%
Latino	1,464	40.2%	41,707	52.6%	3.5%
White	1,105	30.3%	18,577	23.4%	5.9%
Black	964	26.5%	16,098	20.3%	6.0%
Asian/PI	63	1.7%	1,666	2.1%	3.8%
Native American	39	1.1%	999	1.3%	3.9%
Data Not Entered/Unknown	9	0.2%	199	0.3%	4.5%
Total	3,644	100.0%	79,246	100.0%	4.6%

Measure 5a.2: Use of Antipsychotic Medications among Children in Foster Care

April 1, 2014 through March 31, 2015

TABLE 67

Age Group	Children in Foster Care on Antipsychotic Medication during the 12-month period		Children in Foster Care during the 12-month period		Percent of Children in Foster Care on Antipsychotic Medication
	N	%	N	%	%
0-5 years	76	2.1%	30,854	38.9%	0.2%
6-10 years	717	19.7%	17,031	21.5%	4.2%
11-15 years	1,787	49.0%	17,149	21.6%	10.4%
16-17 years	1,064	29.2%	10,304	13.0%	10.3%
Data Not Entered/Unknown		0.0%	3,908	4.9%	0.0%
Total	3,644	100.0%	79,246	100.0%	4.6%

Measure 5a.2: Use of Antipsychotic Medications among Children in Foster Care

April 1, 2014 through March 31, 2015

TABLE 68

Gender	Children in Foster Care on Antipsychotic Medication during the 12-month period		Children in Foster Care during the 12-month period		Percent of Children in Foster Care on Antipsychotic Medication
	N	%	N	%	%
Female	1,380	37.9%	37,835	47.7%	3.6%
Male	2,264	62.1%	41,407	52.3%	5.5%
Data Not Entered/Unknown		0.0%	4	0.0%	0.0%
Total	3,644	100.0%	79,246	100.0%	4.6%

ANALYSIS

The data from Measure 5a.2 is pulled from the Berkeley website at http://cssr.berkeley.edu/ucb_childwelfare/CDSS_5A.aspx and is also new measure for this reporting period. The data shown for Kings County reported that from April 1, 2014 through March 31, 2015, shows 19 or 0.5% of the children in foster care are using antipsychotic medication during that twelve month time period. There is no historical data for this measure.

5B (1&2) TIMELY HEALTH/DENTAL EXAMS

No Federal Standards listed on report

California Department of Social Services, Child Welfare Data Analysis Bureau

California Child Welfare Indicators Project (CCWIP)

University of California at Berkeley

Children Who Have Received a Timely Medical Exam

Agency Type: Child Welfare

Kings

Methodology 5B: This report provides the percent of children meeting the schedule for Child Health and Disability Prevention (CHDP) and Division 31 medical and dental exams. Per California Code of Regulations:

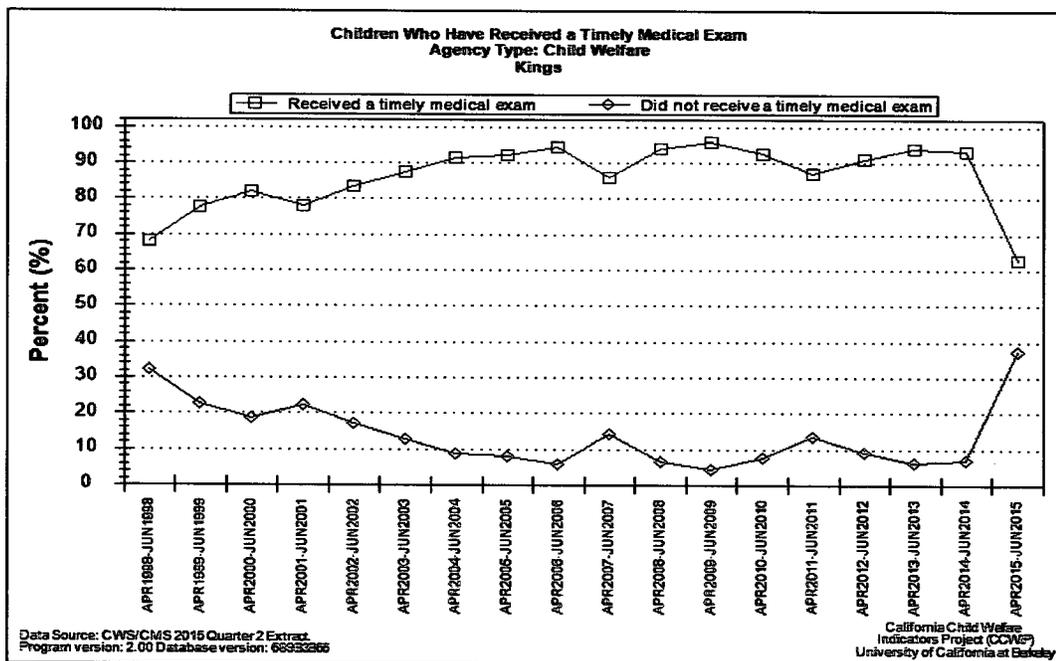
"Persons will be considered overdue for an assessment on the first day he or she enters a new age period without assessment having been performed in the previous age period."¹

Minors must have a medical and/or dental exam by the end of their age period. For example, a child must receive one exam while two years old. Division 31 counts a child as out of compliance when the child leaves an age period without an exam.

TABLE 69

Percent	Quarter					
	APR 2010- JUN 2010	APR 2011- JUN 2011	APR 2012 – JUN 2012	APR 2013 – JUN 2013	APR 2014 – JUN 2014	APR 2015 – JUN 2015
	%	%	%	%	%	%
Received a timely medical exam	92.5	86.8	91.0	93.9	93.1	62.7
Did not receive a timely medical exam	7.5	13.2	9.0	6.1	6.9	37.3
Total	100.0	100.0	100.0	100.0	100.0	100.0

GRAPH 60



ANALYSIS

The county's performance from April 2010 through June 2014 averaged 91.4% in relation to completed health exams for foster children. However, for the target period of April through June 2015, compliance has dramatically dropped to 67.7%. This has been an historical challenge for the county. Part of the struggle is getting care providers, especially relatives, to make the appointments and take the children timely, even with consistent reminders from social workers. Social workers and social service assistants will need to follow through with the medical office and/or provider to get confirmation to enter into CWS/CMS.

The Agency has contracted with Public Health to employ one (1) full time CHDP Public Health Nurse. The PHN is assigned to all foster children in out of home placement to assist with their various health needs, including dental examinations. When confirmation is received the PHN enters the health and dental information. The PHN can be helpful assisting with this outcome by working more diligently with

the social workers and providers to help make appointments and conducting consistent follow up to ensure the children attend the appointment as well as get confirmation back to the Department. In 2015, the Agency contracted for an additional CHDP Public Health Nurse, as the Agency is growing and the demands are growing, as reflected in the above compliance data.

Conclusion: The rate of health exams done timely is unacceptable. This target area may be included in the SIP with various strategies aimed at improving this performance.

5B (2) RATE OF TIMELY DENTAL EXAMS

No Federal Standards listed on report

California Department of Social Services, Child Welfare Data Analysis Bureau

California Child Welfare Indicators Project (CCWIP)

University of California at Berkeley

Children Who Have Received a Timely Dental Exam

Agency Type: Child Welfare

Kings

Methodology 5B: This report provides the percent of children meeting the schedule for Child Health and Disability Prevention (CHDP) and Division 31 medical and dental exams. Per California Code of Regulations:

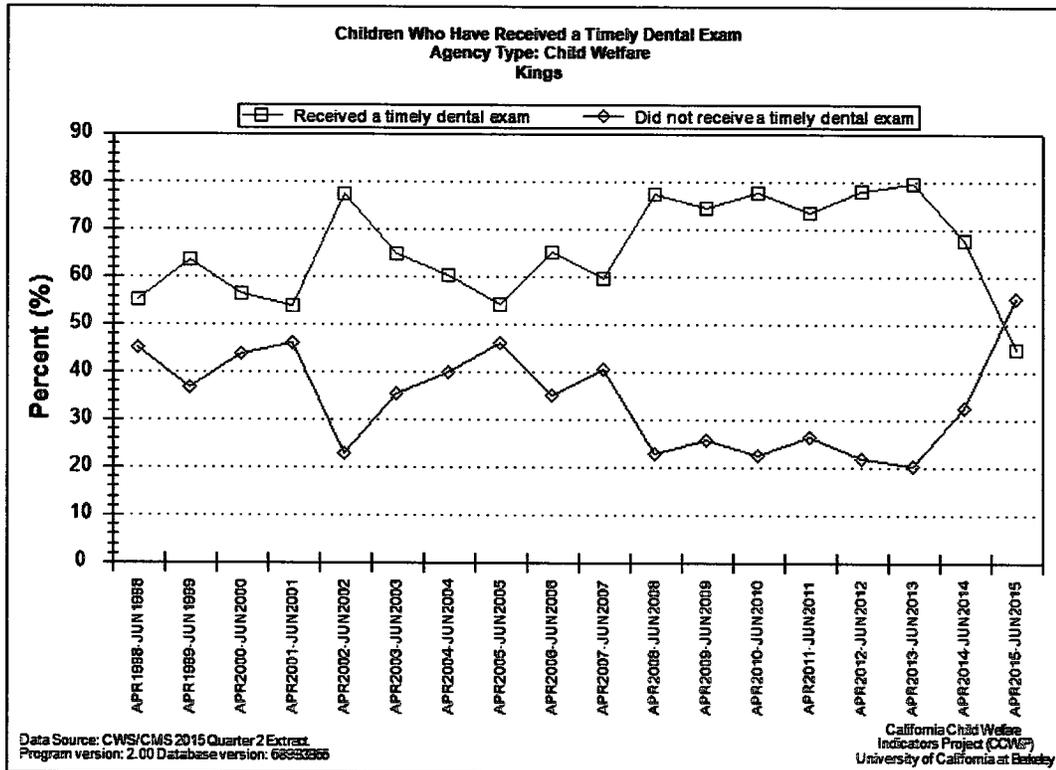
"Persons will be considered overdue for an assessment on the first day he or she enters a new age period without assessment having been performed in the previous age period."¹

Minors must have a medical and/or dental exam by the end of their age period. For example, a child must receive one exam while two years old. Division 31 counts a child as out of compliance when the child leaves an age period without an exam.

TABLE 70

Percent	Quarter					
	APR 2010- JUN2010	APR 2011- JUN 2011	APR 2012 – JUN 2012	APR 2013 – JUN 2013	APR 2014 – JUN 2014	APR 2015 – JUN 2015
	%	%	%	%	%	%
Received a timely dental exam	77.7	73.6	78.1	79.7	67.5	44.6
Did not receive a timely dental exam	22.3	26.4	21.9	20.3	32.5	55.4
Total	100.0	100.0	100.0	100.0	100.0	100.0

GRAPH 61



ANALYSIS

The county's performance time for dental exams, beginning in April through June 2010 which was 77.7% and has steadily declined since that time to 44.6% for the time frame of April through June of 2015. The above charts indicate the county's compliance with required timely dental exams, has never been higher than 77.7%. This has been an historical challenge for the county. Part of the struggle is getting care providers, especially relatives, to make the appointments and take the children timely, even with consistent reminders from social workers. Social workers and assistants will need to be more diligent with regard to either making the appointments in conjunction with the CHDP PHN and/or following through with the dental office and/or provider to get confirmation to enter into CWS/CMS.

The Agency has contracted with the Public Health Department to employ a CHDP Public Health Nurse. The PHN is assigned to all foster children in out of home placement to assist with their various health needs, including dental examinations. When confirmation is received the PHN enters the health and dental information. The PHN can be helpful assisting with this outcome by working more diligently with the social workers and providers to help make appointments and conducting consistent follow up to ensure the children attend the appointment as well as get confirmation back to the department. In 2015, the Agency contracted for an additional CHDP Public Health Nurse, as the Agency is growing and the demands are growing, as reflected in the above compliance data. The second PHN will begin in January of 2016, allowing focus to be placed on the timeliness of completing dental appointments and entering data into the CWS application.

Conclusion: The rate of dental exams done timely is unacceptable. This target area may be included in the SIP with various strategies aimed at improving this performance.

5F * CHILDREN AUTHORIZED FOR PSYCHOTROPIC MEDICATIONS

California Department of Social Services, Child Welfare Data Analysis Bureau
 California Child Welfare Indicators Project (CCWIP)
 University of California at Berkeley
 Children Authorized for Psychotropic Medications
 Percent of Children in Care Authorized for Psychotropic Medications
 Agency Type: Child Welfare

TABLE 71

County	Interval					
	APR 2010- JUN2010	APR 2011- JUN 2011	APR 2012 – JUN 2012	APR 2013 – JUN 2013	APR 2014 – JUN 2014	APR 2015 – JUN 2015
	%	%	%	%	%	%
Kings	13.6	13.6	9.7	8.9	7.4	7.1

TABLE 72

Count	Age Group						Total
	Under 1	1-2	3-5	6-10	11-15	16-17	
	N	N	N	N	N	N	
Authorized for psychotropic medications				16	20		42
Not authorized for psychotropic medications	56	94	104	159	103	36	552
Total				175	123		594

Analysis

Data indicates a decline in children being on psychotropic medication as reflected in graph shown above. The county's caseload fluctuates between 500 and 600 children on average throughout the year. The percentage for a three month period from April 2015 to June 2015 reflects a 7.1% of the children in care in Kings County authorized to use psychotropic medications down from 7.4% in the prior years' time frame. Policies and procedures require compliance with legislation guiding psychotropic medications for children. Parental consent is first attempted and then a Court Order after consulting with the doctor about the child's diagnoses and need for the medication. There was an issue originally getting the social workers to complete this process every six months as required by legislation. The county put into practice a mechanism to tighten up this process and get the needed information for orders on time. A Department Specialist is provided with a copy of all the children on psychotropic medications and assigned staff is e-mailed prior to the updated order being due. This has greatly alleviated delays in getting the information from the doctor timely and order as required by law.

6B INDIVIDUALIZED EDUCATION PLAN (IEP)

California Department of Social Services, Child Welfare Data Analysis Bureau

California Child Welfare Indicators Project (CCWIP)
University of California at Berkeley
CDSS Measure 6B - Individualized Education Plan (IEP)
California CWS Outcomes System

Of all children in foster care ages 0 to 18, what percent have ever had an Individualized Education Plan (IEP)?

Agency Type: Child Welfare

Apr 1, 2015 to Jun 30, 2015

TABLE 73

County	In Care	Have ever had an IEP	%
Kings	556	14	2.5%

No Federal Standards listed on report

California Department of Social Services, Child Welfare Data Analysis Bureau

California Child Welfare Indicators Project (CCWIP)

University of California at Berkeley

Children in Foster Care who have ever had an IEP

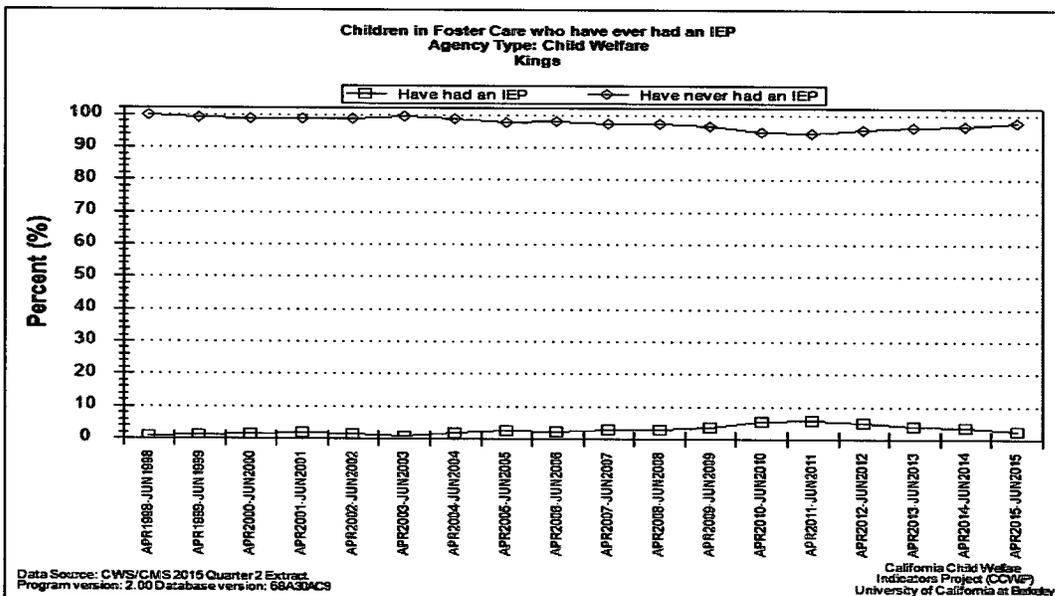
Agency Type: Child Welfare

Kings

TABLE 74

County	Interval					
	APR 2010- JUN 2010	APR 2011- JUN 2011	APR 2012 - JUN 2012	APR 2013 - JUN 2013	APR 2014 - JUN 2014	APR 2015 - JUN 2015
	%	%	%	%	%	%
Have had an IEP	5.3	5.6	4.8	3.9	3.5	2.5
Have never had an IEP	94.7	94.4	95.2	96.1	96.5	97.5
Total	100.0	100.0	100.0	100.0	100.0	100.0

GRAPH 62



Analysis: The number of children receiving an Individualized Education Plan (IEP) has decreased every year, and the number of children with IEPs is currently very low at 2.5% of the foster care population.

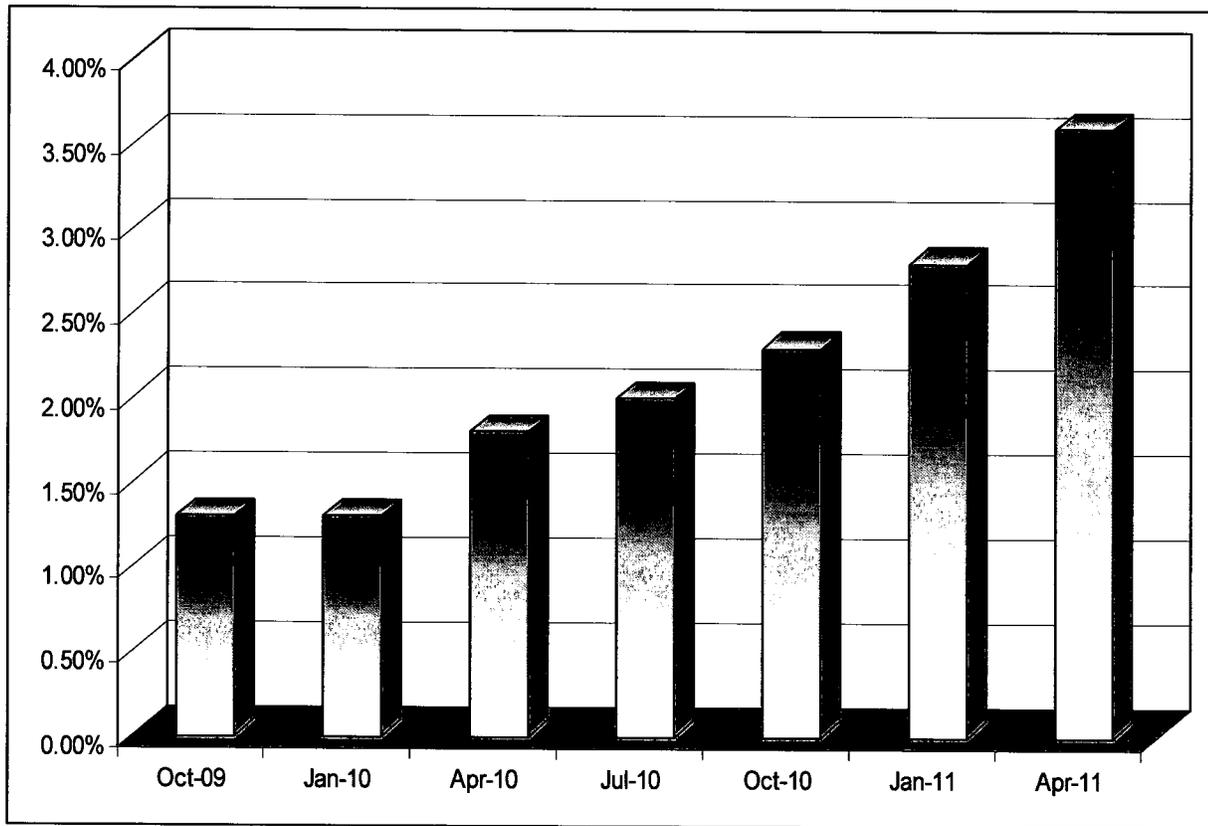
Kings County Performance Data – January 2011 Report

TABLE 75

6B Individualized Education Plan	2.8%
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Rate of Children with an Individualized Education Plan:
Trend Data October 2009 through April 2011

GRAPH 63



Methodology 6B: This report provides the number of children in out-of-home (OHP) placements who have ever had an IEP.

Data Source for Chart 47: Needells, B., Webster, D., Armijo, M., Lee, S., Dawson, W., Magruder, J., Exel, M., Glasser, T., Williams, D., Zimmerman, K., Simon, V., Putnam-Hornstein, E., Frerer, K., Cuccaro-Alamin, S., Winn, A., Lou, C., & Peng, C. (2011). *Child Welfare Services Reports for California*. Retrieved March 21, 2011, from University of California at Berkeley Center for Social Services Research website. URL: http://cssr.berkeley.edu/ucb_childwelfare

California Department of Social Services, Child Welfare Data Analysis Bureau

California Child Welfare Indicators Project (CCWIP)

University of California at Berkeley

CDSS Measure 6B - Individualized Education Plan (IEP)

California CWS Outcomes System

Of all children in foster care ages 0 to 18, what percent have ever had an Individualized Education Plan (IEP)?

Agency Type: Child Welfare

Apr 1, 2015 to Jun 30, 2015

TABLE 76

County	In Care	Have ever had an IEP	%
Kings	556	14	2.5%

No Federal Standards Listed on Report

California Department of Social Services, Child Welfare Data Analysis Bureau

California Child Welfare Indicators Project (CCWIP)

University of California at Berkeley

Children in Foster Care who have ever had an IEP

Agency Type: Child Welfare

Kings

TABLE 77

County	Interval					
	APR 2010- JUN 2010	APR 2011- JUN 2011	APR 2012- JUN 2012	APR 2013- JUN 2013	APR 2014- JUN 2014	APR 2015- JUN 2015
	%	%	%	%	%	%
Have had an IEP	5.3	5.6	4.8	3.9	3.5	2.5
Have never had an IEP	94.7	94.4	95.2	96.1	96.5	97.5
Total	100.0	100.0	100.0	100.0	100.0	100.0

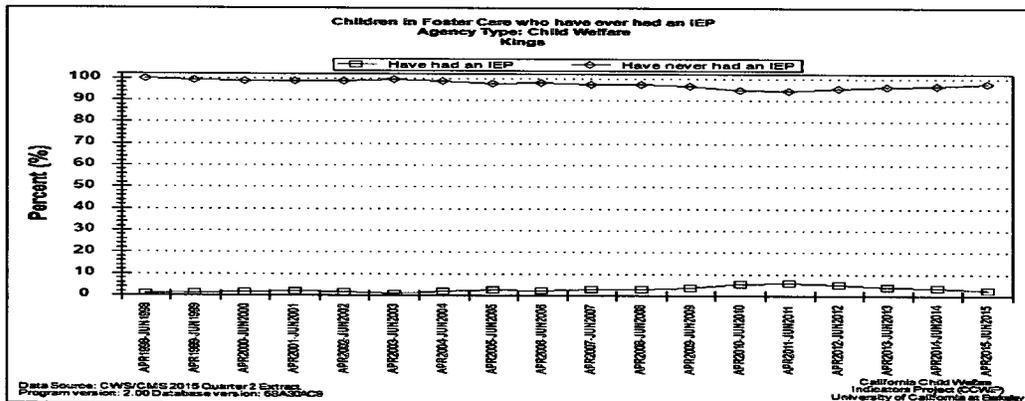
Kings

TABLE 78

PERCENT	Age Group							All
	Under 1	1-2	3-5	6-10	11-15	16-17	18	
	%	%	%	%	%	%	%	
Have had an IEP	0.0	0.0	0.0	0.6	4.6	10.0	9.1	2.1
Have never had an IEP	100.0	100.0	100.0	99.4	95.4	90.0	90.9	97.9
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0

Citation: Webster, D., Armijo, M., Lee, S., Dawson, W., Magruder, J., Exel, M., Cuccaro-Alamin, S., Putnam-Hornstein, E., King, B., Rezvani, G., Wagstaff, K., Sandoval, A., Yee, H., Xiong, B., Benton, C., Hoerl, C., & Romero, R. (2016). *CCWIP reports*. Retrieved 1/24/2016, from University of California at Berkeley California Child Welfare Indicators Project website. URL: <http://cssr.berkeley.edu/ucb_childwelfare>

GRAPH 64



ANALYSIS

The number of children receiving an Individualized Education Plan (IEP) has decreased every year, and the number of children with IEPs is currently very low at 2.5% of the foster care population. The previous CSA (2011) analysis indicated that the number of children receiving an Individualized Education Plan (IEP) increased every year, although the number of children with IEPs at the time of the analysis was very low at 3.5% of the foster care population. The county perceived this to be positive, reflecting an increased movement toward enhancement of educational services for children with special needs. However, in depth research would need to be conducted to determine why there had been an increase because policies, procedures, utilization of the AB 490 Liaison, and data entry process had not changed. Due to the progression of data demonstrating a positive trend and such a small number of children having IEPs, the county chose not to conduct research on this outcome area and therefore it was not included in the System Improvement Plan.

The significant low number of Individualized Education Plans indicates a trend that is remaining consistent over the past three (3) years. At this time there is a need to review internal policies and procedures for entering IEP information into CMS/CWS. At this time social workers file JV-535 documents at every Status Review Hearing. These documents include information regarding where the child attends school and who the educational rights holder is. All data regarding the child's education should be entered into the education passport section of CMS/CWS. Current practice is that the supervisor checks the education section of CMS/CWS upon transferring the case to an ongoing unit or closing the case out. This method is ineffective in capturing the data as the supervisor would not have knowledge of the IEP unless the social worker has documented the IEP in the case. The Agency will explore other practices to add oversight to this measure. For now, the plan is to have Program Managers monitor the University of California at Berkeley Center for Social Services Research website. URL: http://cssr.berkeley.edu/ucb_childwelfare quarterly reports to inform whether there is a change in the percentage once oversight is added. The lack of data entry may be contributing to the low number of representation of children in foster care having or ever having had an IEP. The number of children in foster care during this CSA is significantly higher from the last CSA in 2011 therefore it would be expected that the number of children with Individualized Education Plans would have shown an increase however it is not showing much fluctuation.

Currently there are three (3) Program Managers assigned throughout the Child Welfare division. Each Program Manager manages areas in child welfare where educational data should be captured, PP, FM, FR and the Court unit. Each will be held accountable to monitor compliance of this measure. This measure will not be added to the SIP however the Kings County Human Services Agency will continue to monitor this measure and the results will be documented in the next CSA.

8A * EXIT OUTCOMES FOR YOUTH AGING OUT OF FOSTER CARE (STATIC) UPDATED REPORT

OUTCOMES FOR YOUTH EXITING FOSTER CARE AT 18 OR OLDER (MEASURE 8A)

TABLE 79

County	Agency	Age Group	Whereabouts n During Quarter	Completed High School or Equivalency	Percentage Completed High School or Equivalency	Obtained Employment	Percentage Who Obtained Employment	Youth w/Housing Arrangements	Percentage of Youth w/Housing Arrangements	Youth with Permanency Connection	Percentag of Youth with Permanency Connection
Kings	Child Welfare	Youth Who Exit at Age 18	0	0	0%	0	0%	0	0%	0	0%
		NMD Age 18	0	0	0%	0	0%	0	0%	0	0%
		NMD Age 19	1	0	0%	0	0%	1	100%	1	100%
		NMD Ages 20-21	2	3	150%	1	50%	2	100%	2	100%
		Re-Entry NMD Ages 18-21	0	0	0%	0	0%	0	0%	0	0%
	Child Welfare Total		3	3	100%	1	33%	3	100%	3	100%
	Probation	Youth Who Exit at Age 18	0	0	0%	0	0%	0	0%	0	0%
		NMD Age 18	0	0	0%	0	0%	0	0%	0	0%
		NMD Age 19	1	1	100%	0	0%	0	0%	1	100%
		NMD Ages 20-21	0	0	0%	0	0%	0	0%	0	0%
		Re-Entry NMD Ages 18-21	0	0	0%	0	0%	0	0%	0	0%
	Probation Total		1	1	100%	0	0%	0	0%	1	100%
	Kings Total		4	4	100%	1	25%	3	75%	4	100%

ANALYSIS

Methodology 8A: Data reflects quarterly report of outcomes for youth who exited foster care placement due to attaining age 18 or 19, or those foster youth under age 18 who were legally emancipated from foster care pursuant to Family Code Section 7000. The information above includes Child Welfare Services and Probation youth. The information entered on each youth is based on what is known about the youth’s status at the month of exiting care. The measure includes the following categories: Education, Financial Support, Housing Arrangements, Independent Living Program Services, and Permanency Connection.

8A * EXIT OUTCOMES FOR YOUTH AGING OUT OF FOSTER CARE (STATIC) UPDATED REPORT

Analysis of Outcome Indicator 8A – Children Transitioning to Self-Sufficient Adulthood

Kings County Performance Data – January 2011 Report

TABLE 80

8A. Completed High School or Equivalency	100%
8A. Obtained Employment	83.3%
8A. Have Housing Arrangements	100%
8A. Received ILP Services	100%
8A. Permanency Connection with an Adult	100%

Data Source: Needells, B., Webster, D., Armijo, M., Lee, S., Dawson, W., Magruder, J., Exel, M., Glasser, T., Williams, D., Zimmerman, K., Simon, V., Putnam-Hornstein, E., Frerer, K., Cuccaro-Alamin, S., Winn, A., Lou, C., & Peng, C. (2011). *Child Welfare Services Reports for California*. Retrieved March 21, 2011, from University of California at Berkeley Center for Social Services Research website. URL: http://cssr.berkeley.edu/ucb_childwelfare

Methodology 8A: Data reflects quarterly report of outcomes for youth who exited foster care placement due to attaining age 18 or 19, or those foster youth under age 18 who were legally emancipated from foster care pursuant to Family Code Section 7000. It only includes CPS youth. The information entered on each youth is based on what is known about the youth’s status at the month of

exiting care. The measure includes the following categories: Education, Financial Support, Housing Arrangements, Independent Living Program Services, and Permanency Connection.

OUTCOMES FOR YOUTH EXITING FOSTER CARE AT 18 OR OLDER (MEASURE 8A)

TABLE 81

County	Agency	Age Group	Whereabouts Known During Quarter	Completed High School or Equivalency	Percentage who Completed High School or Equivalency	Obtained Employment	Percentage Who Obtained Employment	Youth w/Housing Arrangements	Percentage of Youth w/Housing Arrangements	Youth with Permanency Connection	Percentage of Youth with Permanency Connection
Kings	Child Welfare	Youth Who Exit at Age 18	0	0	0%	0	0%	0	0%	0	0%
		NMD Age 18	0	0	0%	0	0%	0	0%	0	0%
		NMD Age 19	1	0	0%	0	0%	1	100%	1	100%
		NMD Ages 20-21	2	3	150%	1	50%	2	100%	2	100%
		Re-Entry NMD Ages 18-21	0	0	0%	0	0%	0	0%	0	0%
	Child Welfare Total		3	3	100%	1	33%	3	100%	3	100%
	Probation	Youth Who Exit at Age 18	0	0	0%	0	0%	0	0%	0	0%
		NMD Age 18	0	0	0%	0	0%	0	0%	0	0%
		NMD Age 19	1	1	100%	0	0%	0	0%	1	100%
		NMD Ages 20-21	0	0	0%	0	0%	0	0%	0	0%
		Re-Entry NMD Ages 18-21	0	0	0%	0	0%	0	0%	0	0%
	Probation Total		1	1	100%	0	0%	0	0%	1	100%
	Kings Total		4	4	100%	1	25%	3	75%	4	100%

ANALYSIS

The ILP is operated by one Social Services Supervisor and one Social Services Social Worker under the supervision of a Program Manager in CPS. CWS Social Workers refer all children ages 14 years and up to ILP. The ILP Coordinator is responsible for developing the Transitional Independent Living Plan (TILP) with ILP participants, which is given to the CWS Social Worker for inclusion into the CWS Court Case Plan.

ILP classes are held in Hanford; the ILP Coordinator and CWS HSAs provide transportation to ILP participants residing in rural communities such as Lemoore, Avenal and Corcoran. Provision of transportation to participants has resulted in increased attendance, as well as has assured that ILP services are given to all eligible youth equally.

The ILP purchases computers for youth to support their educational and vocational pursuits. The Kings County ILP youth established their CYC chapter on December 7, 2013. The CYC is a statewide foster youth empowerment and advocacy organization that is guided, focused and driven by current and former foster youth. CYC members meet regularly, participate in conferences and act as a catalyst for legislative and policy changes relating to the foster care system. CYC members have recently focused their efforts on how CWS practices in the realms of adoption, clothing allowances, emancipation services, psychological assessments/reports, mental health treatment and the manner in which the media portrays foster children affect their outcomes.

Kings County implemented a THP-PLUS program in 2011 to further aid emancipated youth in transitioning into adulthood, including the provision of services by a local FFA in a home setting. Services include vocation, housing, and education assistance.

Outcome Data Measure:

Social Workers are required to enter data into CMS/CWS the information entered on each youth is based on what is known about the youth's status at the month of exiting care. The measure includes the following categories: Education, Financial Support, Housing Arrangements, Independent Living Program Services, and Permanency Connection. The measure is affected when social workers fail to enter information into the system which impacts education, financial support, housing arrangements, ILP services and Permanency Connections. As stated earlier, the Kings County Human Services Agency has one ILP social worker assigned to the ILP unit. The task of entering this information is shared between the assigned social worker and the ILP social worker.

In the 2011-2015 CSA, it was stated that the ILP Program works closely with the College of Sequoias' Foster & Kinship Care Education/Independent Living Program and that the ILP Program also utilizes the services of Fresno City College and West Hills College in regard to tours, presentations and assistance. However, the ILP Program has not accessed these services as previously stated. These programs would have offered several classes throughout the year in addition to tours of the campus and assistance with financial aid. It was also noted that the ILP Coordinator and the Supervisor both sit on the Advisory Board and attend quarterly meetings which is also a practice not currently being implemented. Another practice previously cited in the CSA is that students are given the Career Assessment Inventory (CAI), which targets their theme area, basic interests and occupational scales. Information gathered from the CAI is used to further explore interests. Students would then use the computerized ERUEKA system to get up to date information on occupations and the educational requirements for a variety of jobs. This is also a practice that is not in place as of this analysis.

Kings County has implemented Emancipation Conferences to assist youth with a transition from foster care to independent living plans. The Permanency Planning Supervisor holds emancipation conferences with youth at age seventeen (17) seventeen and a half (17 ½), ninety (90) days before their eighteenth (18) birthday and any time before a youth gets ready to exit after eighteen (18). The ILP purchases computers for youth to support their educational and vocational pursuits.

There were two major state mandates that had positive impact on performance of Exit Outcomes for Youth Aging Out of Foster Care. AB 12 and Re-Entry into Extended Foster Care (EFC).

Assembly Bill 12 was signed into law on September 30, 2010 and took effect on January 1, 2012. AB 12, and the subsequent AB 212, implement provisions of the Federal Fostering Connections to Success and Increasing Adoptions Act of 2008 (PL 110-351) to improve outcomes for youth in foster care. A provision of the Federal Fostering Connections to Success law permits states to extend title IV-E assistance to eligible child welfare or probation youth that remain in foster care up to age 21. AB 12 affects many areas in child welfare such as, Kinship Guardianship Assistance Payment (Kin-GAP), Aid to Families with

Dependent Children – Foster Care (AFDC-FC), the Transitional Housing Programs, and Adoption Assistance Payments (AAP).

In addition, California Work Opportunity and Responsibility to Kids (CalWORKs) benefits for court dependents placed with approved relatives is extended beyond age 18, Kinship Guardianship Assistance Payments (Kin-GAP) and Adoption Assistance Payment (AAP) benefits may also be extended after age 18 and up to age 21 for youth who entered Kin-GAP and AAP after attaining his/her 16th birthday and who are otherwise eligible.

In order to be eligible for AFDC-FC benefits after age 18, a non-minor must meet the definition of a non-minor dependent (NMD) as defined in Welfare and Institutions Code (W&IC) section 11400.

The following eligibility criteria are the same for both the state and federal Extended Foster Care Programs and include:

- Age
- Education and Employment Participation Conditions
- Transitional Independent Living Case Plan including the Transitional Independent Living Plan (TILP) updated each six months
- Authority for placement
- Eligible facilities

If a Non Minor Dependent (NMD) was eligible for federal AFDC-FC at the time the youth turns age 18, they remain eligible for federal AFDC-FC as long as all other eligibility conditions are met which includes the participation conditions, six-month status review hearing and the youth's subsequent permanency planning hearing(s). A new Title IV-E determination is not necessary. If a NMD was previously eligible for state AFDC-FC benefits, they remain eligible for state AFDC-FC benefits.

Re-Entry into Extended Foster Care (EFC): To be eligible to re-enter foster care and be eligible for foster care benefits, Welfare and Institutions Code (W&IC) section 388(e) states that a non-minor (NM) youth must have had a court order for foster care placement on his or her 18th birthday.

These policies allow the opportunity to have deep robust discussions with foster youth regarding future planning for independent living. Allowing youth to have the Agencies support past their 18th birthday is an advantage current youth have over youth who emancipated out of foster care prior to AB-12. Financial support is put in place to support the youth as they journey through their chosen path of higher education, employment or both. Adult connections are encouraged and nurtured as youth choose where they will live as long as their placement is not with the birth parent. Connections with birth parents are still encouraged however; their eligibility for independence is if they are assuming responsibility over themselves. AB 12 extends the timeline of support past their 18th birthday which in turn allows for guidance in obtaining employment, provide assistance and financial support with housing arrangements and as part of these services the youth would continue to receive ILP services.

With the implementation of AB-12 the number of youth re-entering foster care and youth staying in extended foster care was an addition to Agency practice. This resulted in the addition of one AB-12 social worker. The AB-12 Social Worker has more than five years of experience in Child Welfare services and she possesses a Masters in Social Work (MSW).

Conclusion: Kings County's ILP is performing quite well and outcomes have been positive. This outcome area will not be in the SIP.

13. Summary of Findings

The County Self Assessment Team for the Kings County CSA consist of staff from Children's Services Division, Probation and the California Department of Social Services (CDSS) as well as various stakeholders within the community. During the CSA planning process, the Team met regularly and provided analysis of some of the outcome indicators being studied in the assessment. The Team also analyzed services currently being provided in the community, gaps in services, and additional service needs, in preparation for meetings with stakeholders. Members of the Team were able to participate throughout the Peer Review and CSA processes.

Some of the populations identified as being at Greatest Risk of Maltreatment included:

- Children with Low Birth Weight
- Children born to teen parents
- Children within poor Family Structure

Risk factors include those children who are cared for by single parents

- Children of parents who suffer from Substance Abuse

Risk factors for drug and alcohol abuse are chaotic home environments, faulty parenting, lack of healthy relationships, poor social skills, school failure, improper behavior, association with deviant peers and the belief that other approve of using drugs. Primary substances currently being abused in California are heroin, cocaine, methamphetamine, alcohol and marijuana.

- Children who suffer from mental illness or children who have caregivers who suffer from Mental Illness

When studying the barriers or gaps associated with needs in services the following were identified in the assessment:

- Lack of local drug/alcohol treatment programs for juveniles
- Mental health issues in families
- Lack of parental cooperation/involvement
- Lack of services in the rural areas such as Avenal, Corcoran, Armona, Kettleman City and Stratford.

PROBATION

The Probation Department chose Outcome Data Measure **C1.1 OR C1.2 – REUNIFICATION WITHIN 12 MONTHS (EXIT COHORT) OR REUNIFICATION WITH 12 MONTHS (ENTRY COHORT)** as the focus area for the Peer Review and during Stakeholder meetings. During the Peer Review process, peers identified family finding efforts as the primary area needing improvement. Peers also identified the need for Wraparound services for youth exiting out-of-home placement. Although the stakeholder meetings did not result in specific ideas to improve reunification per se, attendees contributed ideas for improving identified gaps in services related to Juvenile Probation in general. Identified service gaps included: substance abuse services, pre-probation mentoring, collaborative communication, gang prevention, and inaccessibility to mental health services. Also identified was the need to ensure families are provided with a specific transition plan as they transition out of probation or placement.

AREAS REQUIRING IMPROVEMENT

Measure 2 D – Referrals by Time to Investigation – Completed Contacts – 10 Day Response Type

The Kings County Human Services Agency takes the safety and well being of children and the preservation of families seriously and has selected Measure 2D 10-Day - Timely Response Contact Completed” as one of the measures that will be monitored in this CSA report. Measure 2D “10-Day” is definitely an area needing improvement in the CWS Division based on the data provided by U.C. Berkley. The data was tracked for the third quarter of 2015 (July 1 to September 30 and the results showed Kings County Humans Services CWS Division was at only 52.8% for completion. First and foremost, CWS staff and management focused on the change from “attempted” to completed” and have taken the necessary steps to inform and train staff on the need to change their current practice in how they approach while responding to referrals to meet this measure. Kings County Child Welfare Services are confident that improvement will be made over the next few months and has set a County goal to obtain and maintain a rating of 75% and will be reported in the next County SIP scheduled for 2017.

Measure 3-P3 permanency in 12 months for children in foster care 24 months or more

Kings County had 23/92 children exit or discharge from foster care within 12 months due to permanency. This is a 25% rate; the national standard is 30.3%. Kings County is not meeting this goal.

Current Practice

The Adoption Services Unit holds monthly staffing for cases that are pending a hearing in the following month. Cases are reviewed with the case carrying social worker to determine if the child is in need of adoptive services planning. If so, a referral is requested from the case carrying social worker. Once the referral is received, it is assigned to an adoption specialist. The adoption specialist assesses the child for adoptability, confirms the plan of adoption, writes the 366.26 report and assists the prospective adoptive parent(s) and child(ren) through the adoption process. Adoption services normally do not get

involved in a case until a referral is made, accepted then assigned. In certain cases, where the birth mother has already had a number of children removed from her care, adoptions may be included in searching for a permanent home at the onset of a case where WIC §361.5 may apply.

Once a case has the following, it can be finalized: child in placement at least six months, it is 60 days past 366.26 with no appeal (or an appeal has been resolved) and the adoption worker has completed the adoption orders (JV320), filed them and sent a copy to the CDSS for an acknowledgement (this can be done right after parental rights are terminated). The finalization process is two parts: generating adoptive placement forms, preparing files for disclosure and meeting with the adoptive parents to sign all paperwork. Approximately 30 days later, the court hearing is held where the Judge signs the final orders.

Barriers

Several factors inhibit the ability of a permanent plan to be made early so that a child's time in care is minimized. Over the past year, an unprecedented number of cases have been continued due to noticing problems; i.e. improper notice. Other issues are not publishing to locate absent parents and delayed due diligences. Some cases are being continued for 3-4 months per continuance episode and may be continued more than once. Continuances hold up the process of permanency by effectively keeping a case stuck in its current state as it cannot move forward until all mandates are met (timely and proper notice, attempts to locate parents, etc.).

Case Example: On 6/24/2015 a 12 month hearing was held where a permanent plan was ordered for 10/14/2015 (the 366.26). The case was continued until 12/7/2015 to allow the agency more time to publish for an alleged father. At the 12/7/2015 hearing, it was noted that the publication for the alleged father never occurred, therefore the case was continued for another 75 days until 3/1/2016 to locate him. At this time, this particular case has been continued for approximately 4.5 months. If everything had been done properly in this case, the child's adoption could have been completed timely. As of April 2016, this child will have been in foster care for 24 months, thus not meeting the national standard.

There are factors that occur outside of agency control such as appeals, ICWA involvement and other issues that can delay a case. Sometimes a long term foster care placement becomes a permanent plan after a long time or outside of the 24 months' time period.

Concurrent planning-By social worker and foster parent reports, concurrent planning is not always happening. Examples of this are when a case is assigned to an adoption worker and they call the placement resource to talk about adoption, foster parents have stated no one has talked to them about adoption previously.

Adoption social workers are not included in placement decisions at the beginning of cases. Past requests for this to occur have been denied. True concurrent planning could occur regularly and more successfully if all parties are involved in placement decisions from the start. This will also minimize the number of times a child is moved due to being in regular foster care (a home that does not want to adopt) then placed into an adoptive home. Family finding would also improve outcomes as well so that a child can be placed with a non-related extended family member or relative at the onset who will do a permanent plan. This could increase the likelihood of permanency and an earlier exit from the child

welfare system.

System Strengths

Since the last County Self-Assessment, the Kings County Human Services Agency has established their own adoptions, which was a need highlighted in the 2011 PQCR. Despite having our own adoptions services, the Agency continues to lack in the area of providing children with permanency.

In the 2011 CSA it was noted that the Agency reconsiders reunification with parents when the child is older and still in foster care if the parent has rehabilitated and can safely care for the child at a later date. The current analysis of this practice is being reviewed and will be changing as further efforts could be made to strengthen this practice which could potentially improve the measure of permanency.

The Kings County Human Services Agency acknowledges the need to work towards improving this outcome. Currently the Agency has established the RFA unit which ensures that all relatives or NREFM's are assessed for placement at the onset of removal. The Permanency Planning unit will begin raising the amount of parent child visits, and the Permanency Planning Social workers will continue to assess the parents for potential return of children. The Agency is also in the beginning stages of training in Safety Organized Practice to allow for more transparency by allowing families to be the main contributors in identifying strengths and resources within their family system.

Efforts currently in place is the Resource Family Approval unit which ensures that any relative that comes forward at time of detention or soon after is assessed for placement on an emergency basis, and the Permanency Planning unit continues to look for placement throughout the duration of the case. This is not consistent and practice can be strengthened in this area.

Conclusion: Kings County did not meet this measure therefore the Agency will be looking at this and following it closely for compliance and adding this to the SIP.

3-A) 4B LEAST RESTRICTIVE PLACEMENT (ENTRIES FIRST PLACEMENT TYPE)

In its previous 2011 CSA the Kings County Human Services Agency combined and analyzed Measure 4B Foster Care Placement in Least Restrictive Settings, Initial Placement and Point in Time Placement of foster children. In its January 2011 report, data indicates that Kings County Child Welfare Foster Children distribution of initial placement type were as follows, 23.6% in Relative placement, 24.3% Foster Care Licensed Home (AB1695), 48.6% FFA placement, 1.4% Group Home placement and 2.1% Other.

New Measure 4B: Least Restrictive Placement (Entries First Placement Types) within the first seven (7) days of being in foster care by age groups, data indicates the following for Kings County foster children in placement from July 1, 2010 through 2015:

July 2009 to June 2010, licensed foster home placement just shy of 10%, FFA placement at above 90%, and relative placement at 5% or less; within a year July 2010 to June 2011, the opposite occurred data indicating a higher placement percent for licensed foster homes and relative placement dead even at 40%, and FFA placement down to 12%; July 2011 to June 2012, relative placement reached an all time high of 70% placement while licensed foster home and FFA placement remained just above 11%; July 2012 to June 2013, relative placement declined to 50%, licensed foster home placement remained level at 11% and FFA climbed steadily to 39%; July 2013 to June 2014, relative and licensed foster care placement took a nose dive to end below 5%, and FFA placement spiked to 99%; July 2014 to June 2015, relative placement remained below 5%, with licensed foster home placement increased sharply to 31%, while FFA dropped significantly to 65%.

Based on the data above all placement types and all age groups followed somewhat of a seesaw pattern every other year in the past six years from 2009 to 2015.

Moving forward and looking at CDSS plans for the implementation of AB 403, Continuous Care Reform and looking at initial placement of foster children data this is definitely an area CWS needs to improve upon.

3-B) 4B LEAST RESTRICTIVE PLACEMENT (POINT IN TIME)

Placing children in least restrictive settings, while providing stability in out-of-home care is an area that requires improvement. Strategies are needed to ensure children are stable in their placements, which have been compromised due to the child's behavior, the care provider's lack of tolerance and skill dealing with the behavior of the child. CWS has partnered with some of the county's other service providers, such as, Behavioral Health, Kings View Counseling services, Family Preservation and support program and family builders, who together, provide Wraparound services to children and their care providers in and out of the home. This has been somewhat successful however; ensuring children are placed with relatives needs to become more of a priority for all foster children placed in out-of-home care. Relative care providers are proven to be more committed to providing long term care for children related to them.

4) PROBATION MEASURES - MEASURE C1.1 OR C1.2 – REUNIFICATION WITHIN 12 MONTHS (EXIT COHORT) OR REUNIFICATION WITH 12 MONTHS (ENTRY COHORT) – BASED ON PEER REVIEW

C1.1 was chosen at the time of our peer review as we failed to meet national standards. For all children discharged from foster care to reunification during the year, who had been in foster care for 8 days or longer, the national standard to reunify in less than 12 months from the date of the latest removal from the home is 75.2%. Kings County fell below the national standard in this area with 72.6%. Since this measure was chosen, it has been eliminated.

1) Measure 2 D – Referrals by Time to Investigation – Completed Contacts – 10 Day Response Type

The Kings County Human Services Agency recognizes the importance of our CWS staff responding to Emergency Response referrals of suspected child abuse and neglect on a timely manner. Timeliness is key to ensuring the outmost favorable outcomes in keeping children safe and protected in our community.

On a short term basis CWS management has taken quick steps in ensuring CWS staff improve in Measure 2D 10-Day Timely Response Contact Completed. CWS staff have been recently informed and provided training in the meaning, definition of measure 2D 10-Day Timely Response Completed and the necessary steps in how to meet this measure; including training in inputting the information in to CWS/CMS appropriately. CWS staff, management, supervisors and social workers have been provided training in how to access and retrieve data to monitor and review measure 2D 10-Day Timely Response Completed progress. Additional staff has been reassigned the ER units and the ratio of new staff versus experienced staff has greatly been improved achieving balanced in staff ratios and decreasing the monthly number of ER referrals assigned per staff.

Long term, CWS will implement a plan to ensure improvement of measure 2D immediate and 10-day timely response and completed referrals by ensuring the following; provide training to both new and experienced social worker staff; increase the availability of management and supervisors for staff; conducting bi-weekly or monthly unit meetings to discuss program quantitative and qualitative data and program quality and consistency; supervise and manage by reviewing and analyzing CWS, SDM Safe Measures and Agency data reports, to ensure timely responses, completion and inputting information in to CWS/CMS; monitor and ensure timely immediate referral data input (within 48 hours) in to CWS/CMS; 10-day referrals contacts should be entered within 10 days of the referral being received per CDSS; update ER policies to reflect requirement of measure 2D; provide ongoing training to experienced and new staff in inputting data and pertinent information in to CWS/CMS to ensure a true reflection of work being performed; require ER supervisors to research, review and discuss CWS/CMS and safe measure reports with ER social workers weekly or bi-weekly to ensure compliance on measure 2D, and other critical measures; ER Social workers need to close out referrals within 30 days; maintain carry over or ER open investigations referrals at 20 referrals or less; provide staff with all available updates, information, training, resources and most importantly coaching, mentoring and feedback of work being performed.

IN ADDITION, THE PEER REVIEW RESULTS HAS PRODUCED GOOD SUGGESTIONS AND RECOMMENDATIONS, WHICH WILL BE REVIEWED AND STUDIED CAREFULLY FOR THE POSSIBILITY OF IMPLEMENTATION IN THE NEXT SEVERAL WEEKS.

The Human Services Agency CWS Peer Review objectives were as follows; identify documentation trends; identify promising practices; identify barriers or challenges; to ascertain training needs of staff; identify systemic policy changes; identify resource issues; to identify any technical assistance needs the county may require from CDSS.

The Peer Review Interview Panels for CWS reported the following areas of strength regarding ER referrals investigations 2D 10-Day Timely Response:

- ER social workers make good effort to verify addresses.
- ER social workers make good efforts to research CMS/CWS for history.
- ER Social Workers have good working relationships with Kings County Probation and Law Enforcement, resulting in social worker able to locate families and identify potential safety issues for the social worker.

Interview Panels also provided additional information on major training themes such as:

- CWS social workers and supervisors need comprehensive training on the use of SDM tools, guidelines, timelines, and requirements of the 10-day response investigation process.
- Social workers should complete CDSS Core Social Services Training Academy and Risk/Safety Assessment training before investigating CWS ER Referrals of suspected child abuse and neglect.
- Social workers receive training of CMS/CWS data entry to assure social workers are entering contacts in the Case Management System appropriately.
- Newly hired social workers should not be assigned to the emergency response unit.

Identified barriers and challenges where as follows:

- Not having a correct address or phone numbers for families.
- The family moves around making them difficult to locate.
- Not enough screeners to screen referrals and verify addresses.
- ER social workers often have to write warrants for cases assigned to FM workers.
- The ER unit is understaffed resulting in high total monthly referral assignments.
- Conducting interviews with children at schools is highly discouraged by CPS management.
- There is inconsistent decision making on behalf of emergency response supervisors resulting in higher ER referrals assignments.
- Social workers are forced to cancel appointments due to parents canceling them delaying response or contact.
- Shifting from 10 days to immediate investigations impacts the ability to go from crisis intervention to prevention efforts, more so for social workers with very little experience.
- Inconsistency with the utilization of SDM risk/safety tools creates a rise in detentions and limits the ER social workers time to tend to 10 day investigations.
- Supervisors are not trained to use SDM tools or they choose not to use the tools resulting in an inconsistency in practice.

- Social workers having to cancel appointments with parents due to receiving an immediate referral; lack of support from supervisors and management (staff overwhelmed).
- Physical barriers identified were, fences keeping social workers from having access to the front door, dogs not allowing access onto the property.
- Not having a placement social worker creates additional tasks for ER social workers when taking physical custody of child(ren) and there are more immediate referrals versus ten (10) day response referrals.

The Interview Panel had the following suggested systemic changes to improve our compliance with 10-day responses:

- Adding additional screeners.
- Training new ER social workers.
- Adding additional experienced staff to ER.
- Misinterpretation of the new Measure 2D, 10-day compliance requirements.
- Preparing protective custody warrants and carrying 30 day ER plans to stabilize concern.
- A current trend in ER social workers having high assigned immediate and ten 10-day referrals.
- ER social workers having to cancel scheduled appointments with parents due to immediate referrals.
- Eliminating the training responsibility from the ER social worker and moving 30 day ER plans to the FM unit under voluntary services.
- Utilizing the SDM hotline tool and risk/safety assessments in determining the final disposition of the ER referral to maintain consistency in ER practice.
- ER social worker participating in the 9/80 schedule, limit the amount of available time to respond and investigate ER referrals by 3 less days in the month and average amount of working days is 22 and less days if the social worker works a 9/80 schedule.

Results indicated communication issues between previous management, social services supervisors and line staff. Previous changes in legislation (Green vs. Camaretta) caused confusion for the previous management, supervisors and line staff. As a result of Green vs. Camaretta, ER social workers were instructed not to interview children at school unless there were exigent circumstances. However, Green vs. Camaretta was later overturned and staff were not informed until several months later that interviewing children at schools was now allowed.

The following communication trends were identified:

- They clarify discrepancies with the screener.
- Social workers researched CMS/CWS for past history prior to responding.
- Narratives are not inputted into CMS/CWS timely due to lack of time and documentation is set out several months.

- After hours work impacts the ER unit because after hours social workers do not input narratives or referrals in CMS/CWS.

The following resources were identified to assist social workers in meeting the ten (10) day timely response requirements:

- Improve access to resources i.e. parenting and mental health.
- Continue to utilize law enforcement or probation to verify addresses.
- Assign each ER social worker a tablet to utilize in the field with wireless internet so that they can access it in search efforts.
- Adding additional experienced social workers and assistants who can facilitate placement for children on referrals that result in detentions.
- As for technical assistance the team identified the need to retrain ER supervisors and ER social workers on SDM tools so that they may consistently and safely guide staff.

The Kings County CWS division will include the 2D Measure Referrals by Time to Investigation - Completed Contacts (10-Day Response Type) in its next annual SIP as it clearly is below standards.

Going forward, management is optimistic and strongly feels that the CWS division will make very favorable improvements to this measure.

2) MEASURE 3-P3 PERMANENCY IN 12 MONTHS FOR CHILDREN IN FOSTER CARE 24 MONTHS OR MORE

To ensure shorter times in foster care for dependents, the agency should review its practices about noticing and publication. Problems in these areas are causing cases to extend much longer than necessary. Concurrent planning should also begin at the very beginning of the case and a dedicated social worker(s) assigned to do family finding. Adoption social workers should be preparing their cases so that when mandatory time frames have been met, a case can be finalized with little or no delay. Making active efforts to assist, encourage and coach parents during the reunification timeframes is also key in meeting permanency goals for children and families.

3-A) 4B LEAST RESTRICTIVE PLACEMENT (ENTRIES FIRST PLACEMENT TYPE by Age Group)

Welfare and Institutions Code Section 16501.1(c)(1) requires counties to place children in least restrictive, most family-like setting, in order of priority, with relatives, non-related extended family members, tribal members, foster family homes, certified homes of foster family agencies, intensive treatment or multi-dimensional treatment foster care homes, group homes, and residential treatment. Counties are required to assess the types of placements children are in upon initial entry into foster care, as well as long-term, to ensure they are in the least restrictive placements.

Results for the new measure 4B: Least Restrictive Placement (Entries First Placement) placement by age group within the first seven (7) days of being in foster care.

UC Berkley data for Kings County Human Services Agency CWS division for measure 4B: Least Restrictive Initial Placement Entries, on all age groups, between 2009 through 2015; resulted in CWS being up and down with favorable and not so favorable results with initial placement of their dependent children. Upon analyzing of most recent data results indicates that initial placements have been substantially high for FFA placements. The above data for this measure primarily was under the Agency's implementation of its previous AB1695 legislative requirements and Agency's policies, procedures, practices and protocols from 2011 through December 2013, for the licensing of foster homes, relatives and non-relative extended family members for foster children in out of home placement. In January 2014, The Kings County Human Services was selected by CDSS as one of five pilot counties' in the State of California to participate in the Resource Family Approval (RFA), a new method and process of assessing and licensing foster homes for California's foster children placed in out of home care placement. The Human Services Agency CWS Division implemented emergency policies and procedures in effort to comply with the new provisions of the RFA process. Kings County CWS RFA unit has been successfully implemented and has been approving new licensed foster homes in accordance with the new RFA process. Since the implementation, practices, updating of policies and procedures and forms have been rewritten to maintain RFA compliance with Federal, State and county expectations.

Kings County CWS Division is committed to a child's initial placement being with relatives and non-related extended family members when entering the foster care system. It prioritizes emergency and on-going placements with relatives and non-related extended family members. Under new RFA policies and procedures RFA Social Workers completes an emergency comprehensive assessment, which incorporates approval of home safety and health standards, as well as placement assessment and approval. This practice has allowed us to place children with relatives and non-related extended family members immediately, if they are available to the Agency. Furthermore, policies and procedures have been placed to ensure that if and when relatives and/or NREFM are not available at the time of initial removal of children from their parents or legal guardian's homes, that efforts are made to place in a RFA foster home. The Kings County Agency CWS Division has implemented policies and procedures to extend our emergency placement RFA process during after-hours and has made RFA placement Social Worker available during Stand-by hours.

Presently, there are only 32 licensed foster homes within Kings County, six of those homes have an active hold, and 22 of those homes have no vacancies, which results in a need to place in Foster Family Agency Certified Homes at times, especially to keep siblings together.

Due to the significantly low numbers of approved and available RFA homes compared with FFA homes, the chances of all siblings residing in the same home are slim. It is for this reason that Kings County CWS

will place children in FFA homes rather than licensed foster homes if there is a sibling set that cannot be kept together in a licensed foster home.

As in its early stages with the implementation of AB1695, FFA placements were significantly higher than relative and licensed home initial placements. The same can be said for the newly implemented RFA program. In the early stages of the implementation of AB1695, FFA placements were peaking at 99% or higher respectively, while relative and licensed foster care placements were under 10%. However, data between 2011 through 2013 reflects a swing of placements having both relative and licensed foster home placement at 55% or higher, while FFA placements at or below 10%.

Kings County CWS division takes the placement of all children entering foster care serious and has taken the lead in being one of the first counties to implement the RFA program and is actively recruiting, training and certifying new licensed foster homes to increase our numbers for placement of our foster children. In addition, the newly implemented RFA policies and procedures include emergency relative and non-related extended family members, during business and stand-by hours, to ensure the least restrictive placement of children while entering the foster care system.

The county implemented the Foster Parent Academy and Foster Pride curriculums to further educate and train foster parents in an effort to further support them. Foster parents have been given business cards to pass out to individuals interested as further recruitment efforts. If an individual gets licensed and has a placement, the referring foster parent receives a \$100 incentive.

The county puts an article in the newspaper in May of every year for Foster Parent Appreciation Month and a Board of Supervisors Resolution is done annually.

Kings County CWS is optimistic that in the next several years and as we move forward the with the recently established Resource Family Approval (RFA) program in our Agency, implementation of Foster Parents Retention, Recruitment, Retention, Training and Services (FPRRTS), implementation of AB 403 Continuous Care Reform (CCR) and CWS policy, procedures and practice, will result in a robust increase of licensed foster homes for our foster children in out of home care.

3-B) 4B LEAST RESTRICTIVE PLACEMENT (POINT IN TIME)

Child Welfare Services prioritizes placing children in the least restrictive out of home care settings that will provide a permanent commitment to the children in care if children do not reunify with their parents. These homes are most often relative homes. Much time, effort and resources have been spent on ensuring children are afforded every opportunity to be with their families; however, given the recent changes and systematic barriers this has not occurred on a consistent basis and is evidenced by the outcomes showing high rates of children in FFA homes. It is for this reason that Kings County is choosing this measure as one to improve upon during the next SIP. It is still the philosophy of the agency that the best interest of the children rest with their families of origin. In January of 2014, Kings

County was selected by CDSS to be an early implementation county of the RFA program. Kings County hopes that with the implementation of RFA these outcomes will continue to improve. Kings County is committed to a child's initial placement being with relatives when entering into the foster care system.

Under the RFA program, Kings County is making improvements with the implementation however; there is still much work to do, in the areas of emergency placement and timely certification of RFA homes. Because of these challenges, Kings County is leaving placement of children with relatives in a least restrictive out of home care setting as one of the areas of improvement in order to further improve our efforts in this area.

4) PROBATION MEASURES - MEASURE P1 – REUNIFICATION WITHIN 12 MONTHS (EXIT COHORT) OR REUNIFICATION WITH 12 MONTHS (ENTRY COHORT) – BASED ON PEER REVIEW

THE KINGS COUNTY PROBATION DEPARTMENT IDENTIFIED SEVERAL STRENGTHS AS A RESULT OF OUR PEER REVIEW.

Parents have a good relationship with the probation officer, youth are receiving the services they need, there is good communication with the youth's therapist, there is a focus on safety when the youth transitions back into the family, youth are able to call family members in between visits to facilitate communication and participation in the program, and faster programs are not necessarily better. Overall, parents reported their children and families benefited from the treatment provided in out of home placement, specifically for sex offender treatment.

The Kings County Probation Department is currently collaborating with the Health and Human Services Agency to develop policy and procedure for relative family assessment pursuant to Community Care reform called for in Assembly Bill 403. The goal is to place our youth in the most home-like environment. Additionally, relative family placements have proven to be more of a long-term placement for youth and provide more support for youth transitioning into adulthood.

The Kings County Probation Department identified areas in need of improvement through our Peer Review. Our current placement unit has one Deputy Probation Officer who is responsible for all placement cases and everything associated with those cases. On average, we supervise 14 out of home placement cases. It has been determined that an additional officer would greatly improve the ability of the officers to work with families toward reunification and assist the youth in completing their treatment program while placed outside of the home. An additional officer will also allow for more time for the officers to certify relative placement homes when reunification is not possible. Plans are in place to add an additional Deputy Probation Officer in the placement unit within this calendar year.

Another area of improvement identified was the lack of parental support and services. The Kings County Probation Department is working with community based programs to assist our parents in receiving much needed services to allow them to address the issues that led to the youth's removal and to prepare for reunification. The probation department is working with Behavioral health, Kings View and Champions to address the needs of our parents, as these services are local. At this time, all of our youth are placed out of county and the parent is not always able to participate in the group home treatment program due to lack of transportation and other resources. It is our goal to connect our parents with local services that are geared toward the needs of the population we serve.

TABLE AND GRAPH INDEX

NAME	TABLES	PAGE #
POPULATION BY GENDER AND AGE	TABLE 1	9
CHILD POPULATION BY AGE (2015)	TABLE 2	10
ETHNICITY	TABLE 3	10
LANGUAGE SPOKEN (2010-2014)	TABLE 4	11
LANGUAGE SPOKEN (2015)	TABLE 5	11
ENGLISH LANGUAGE SPOKEN 'VERY WELL' – 2015	TABLE 6	11
MEDIAN INCOME	TABLE 7	12
EMPLOYMENT & FINANCIAL INFORMATION	TABLE 8	14
AVERAGE HOUSING COSTS	TABLE 9	24
FAIR MARKET RENT – KINGS	TABLE 10	25
NUMBER OF CHILDREN UNDER 18 WITH ONE OR MORE DISABILITIES	TABLE 11	27
CHILD WELFARE AND PROBATION PLACEMENT POPULATION	TABLE 12	29
# OF CHILDREN WITH SUBSTANTIATED ALLEGATION TYPE	TABLE 13	29
# OF CHILDREN WITH SUBSTANTIATED ALLEGATION BY RACE/ETHNICITY	TABLE 14	29
# OF CHILDREN WITH SUBSTANTIATED ALLEGATION BY GENDER	TABLE 15	29
# OF CHILDREN WITH REFERRAL ALLEGATIONS BY TYPE	TABLE 16	30
ALLEGATIONS, SUBSTANTIATIONS AND ENTERIES – 2010 -2015	TABLE 17	31
2B - % OF CHILD ABUSE/NEGLECT REFERRALS WITH TIMELY RESPONSE (IMMEDIATE RESPONSE)	TABLE 18	91- 92
2B - # OF REFERRALS BY TIME TO INVESTIGATIONS (10-DAY)	TABLE 19	92
2B – KINGS COUNTY DATA REPOSE – OVERVIEW	TABLE 20	93
2D – REFERRALS BY TIME TO INVESTIGATION – COMPLETED CONTACTS - IMMEDIATE	TABLE 21	96
2D – REFERRALS BY TIME TO INVESTIGATION – COMPLETED CONTACTS – 10 DAY	TABLE 22	97
2F BY YEAR – TIMELY MONTHLY VISITS (OUT OF HOME)	TABLE 23	102
2F BY MONTH – TIMELY MONTHLY VISITS (OUT OF HOME)	TABLE 24	102-103
2F BY YEAR – TIMELY MONTHLY VISITS (OUT OF HOME)	TABLE 25	104
2F BY YEAR – PROBATION – TIMELY MONTHLY VISITS (OUT OF HOME)	TABLE 26	105
2S – BY YEAR TIMELY MONTHLY CASEWORKER VISITS – IN HOME	TABLE 27	106
2S – BY MONTH TIMELY MONTHLY CASEWORK VISITS – IN HOME	TABLE 28	106
3-P1 – PERMANENCY IN 12 MO. FOR CHILDREN ENTERING FOSTER CARE	TABLE 29	107-108
3-P1 – PROBATION - PERMANENCY IN 12 MO. FOR CHILDREN ENTERING FOSTER CARE	TABLE 30	108-109
3-P2 – PERMANENCY IN 12 MO. FOR CHILDREN IN FOSTER CARE (12-23) MONTHS	TABLE 31	109
3-P2 – PROBATION - PERMANENCY IN 12 MO. FOR CHILDREN IN FOSTER CARE (12-23) MONTHS	TABLE 32	110
3-P3 – PERMANENCY IN 12 MO. FOR CHILDREN IN FOSTER CARE 24 MONTHS OR MORE	TABLE 33	110
3-P3 – PROBATION - PERMANENCY IN 12 MO. FOR CHILDREN IN FOSTER CARE 24 MONTHS OR MORE	TABLE 34	111

3-P4 – RE-ENTRY TO FOSTER CARE	TABLE 35	111-112
3-P4 – PROBATION RE-ENTRY TO FOSTER CARE	TABLE 36	114
3-P5 – PLACEMENT STABILITY	TABLE 37	114-115
3-P5 – PROBATION PLACEMENT STABILITY	TABLE 38	117
3-S1 – MALTREATMENT IN FOSTER CARE	TABLE 39	117-118
3-S1 – MALTREATMENT IN FOSTER CARE – BY AGE	TABLE 40	118
3-S1 – PROBATION MALTREATMENT IN FOSTER CARE	TABLE 41	121-122
3-S2 – RECURRENCE OF MALTREATMENT	TABLE 42	122
3-S2 – RECURRENCE OF MALTREATMENT – BY AGE	TABLE 43	122-123
4A – KINGS COUNTY PERFORMANCE DATA	TABLE 44	125
4A – SIBLINGS BY PLACEMENT TYPE	TABLE 45	125
4A – SIBLINGS	TABLE 46	125-126
4A – ALL OR SOME SIBLINGS PLACED TOGETHER – 5 YR DATA	TABLE 47	126
4A – ANALYSIS PRIOR YEARS – TREND DATA	TABLE 48	126-127
4B – LEAST RESTRICTIVE SETTINGS PERFORMANCE DATA	TABLE 49	133
4B – LEAST RESTRICTIVE PLACEMENT POINT IN TIME/PLACEMENT TYPE	TABLE 50	137-138
4B – LEAST RESTRICTIVE (PIT) BY AGE	TABLE 51	141
4B – PROBATION - LEAST RESTRICTIVE PLACEMENT POINT IN TIME/PLACEMENT TYPE	TABLE 52	147
4E(1) – PLACEMENT STATUS CHILDREN/ICWA ELIGIBILITY	TABLE 53	149
4E(1) – PLACEMENT STATUS CHILDREN/ICWA ELIGIBILITY (PIT)	TABLE 54	149
4E(2) – PLACEMENT STATUS FOR CHILDREN WITH PRIMARY OR MIXED (MULTI) ETHNICITY OF AMERICAN INDIAN	TABLE 55	150
4E(2) – PLACEMENT STATUS FOR CHILDREN WITH PRIMARY OR MIXED (MULTI) ETHNICITY OF AMERICAN INDIAN (PIT)	TABLE 56	150
5A (1&2) – USE OF PSYCHOTROPIC AND ANTIPSYCHOTIC MEDICATIONS	TABLE 57	152
5A (1) – PSYCHOTROPIC MEDICATIONS CHILDREN IN FOSTER CARE – KINGS COUNTY	TABLE 58	152
5A (1) – PSYCHOTROPIC MEDICATIONS CHILDREN IN FOSTER CARE - BY PLACEMENT FACILITY TYPES	TABLE 59	152-153
5A (1) – PSYCHOTROPIC MEDICATIONS CHILDREN IN FOSTER CARE - BY ETHNICITY	TABLE 60	153
5A (1) – PSYCHOTROPIC MEDICATIONS CHILDREN IN FOSTER CARE - BY AGE GROUPS	TABLE 61	153
5A (1) – PSYCHOTROPIC MEDICATIONS CHILDREN IN FOSTER CARE - BY GENDER	TABLE 62	154
5A(2) – ANTIPSYCHOTIC MEDICATIONS CHILDREN IN FOSTER CARE	TABLE 63	154
5A(2) – ANTIPSYCHOTIC MEDICATIONS CHILDREN IN FOSTER CARE – KINGS	TABLE 64	154-155
5A(2) – ANTIPSYCHOTIC MEDICATIONS CHILDREN IN FOSTER CARE – PLACEMENT FACILITY TYPES	TABLE 65	155
5A(2) – ANTIPSYCHOTIC MEDICATIONS CHILDREN IN FOSTER CARE – BY ETHNICITY	TABLE 66	155
5A(2) – ANTIPSYCHOTIC MEDICATIONS CHILDREN IN FOSTER CARE – BY AGE	TABLE 67	155-156
5A(2) – ANTIPSYCHOTIC MEDICATIONS CHILDREN IN FOSTER CARE – BY	TABLE 68	156

GENDER		
5B (1) -TIMELY HEALTH/DENTAL EXAMS – MEDICAL	TABLE 69	157
5B (2) -TIMELY HEALTH/DENTAL EXAMS - DENTAL	TABLE 70	158
5F – CHILDREN AUTHORIZED FOR PSYCHOTROPIC MEDICATIONS - KINGS	TABLE 71	160
5F – CHILDREN AUTHORIZED FOR PSYCHOTROPIC MEDICATIONS – BY AGE	TABLE 72	160
6B – INDIVIDUALIZED EDUCATION PLAN (IEP) - KINGS	TABLE 73	160-161
6B – INDIVIDUALIZED EDUCATION PLAN (IEP)	TABLE 74	161
6B – PRIOR DATA (2011) IEP PERFORMANCE REPORT KINGS	TABLE 75	162
6B – INDIVIDUALIZED EDUCATION PLAN (IEP) CURRENT YEAR	TABLE 76	162-163
6B – INDIVIDUALIZED EDUCATION PLAN (IEP) TREND DATA	TABLE 77	163
6B – INDIVIDUALIZED EDUCATION PLAN (IEP) - BY AGE	TABLE 78	163
8A – EXIT OUTCOME MEASURES (STATIC) REPORT	TABLE 79	164-165
8A – EXIT OUTCOME MEASURES (STATIC) REPORT – PRIOR TREND	TABLE 80	165
8A – EXIT OUTCOME MEASURES (STATIC) REPORT – 18 OR OLDER	TABLE 81	166

NAME	GRAPHS	PAGE #
HOUSING COMPLAINTS	GRAPH 1	13
UNEMPLOYMENT DATA (2015)	GRAPH 2	13
2015 HOMELESS SURVEY RESULTS – BY RACE	GRAPH 3	15
2015 HOMELESS SURVEY RESULTS - AGE SUMMARY	GRAPH 4	16
2015 HOMELESS SURVEY - ETHNICITY STATISTICS	GRAPH 5	16
2015 HOMELESS SURVEY - SERVICES NEEDED	GRAPH 6	17
2015 HOMELESS SURVEY - GENDER RESULTS	GRAPH 7	17
2015 HOMELESS SURVEY – HOMELESS EPISODES PAST 3 YEARS	GRAPH 8	17
2015 HOMELESS SURVEY - BENEFITS RECEIVED	GRAPH 9	18
2015 HOMELESS SURVEY – DOMESTIC VIOLENCE VICTIM	GRAPH 10	18
2015 HOMELESS SURVEY – WITH DISABILITIES	GRAPH 11	18
2015 HOMELESS SURVEY – REPORTED REASONS	GRAPH 12	19
2015 HOMELESS SURVEY – JAIL/PRISON	GRAPH 13	19
INFANTS BORN AT LOW BIRTH WEIGHT, BY AGE OF MOM - CALIFORNIA	GRAPH 14	20
INFANTS BORN AT LOW BIRTH WEIGHT, BY AGE OF MOM - KINGS	GRAPH 15	20
INFANTS BORN AT LOW BIRTH WEIGHT, BY RACE/ETHNICITY OF MOM – CALIFORNIA	GRAPH 16	20
INFANTS BORN AT LOW BIRTH WEIGHT, BY RACE/ETHNICITY OF MOM – KINGS	GRAPH 17	21
TEEN BIRTHS, BY AGE OF MOM – CALIFORNIA	GRAPH 18	21
TEEN BIRTHS, BY AGE OF MOM – KINGS	GRAPH 19	22
TEEN BIRTHS, BY RACE/ETHNICITY OF MOM – CALIFORNIA	GRAPH 20	22
TEEN BIRTHS, BY RACE/ETHNICITY OF MOM – KINGS	GRAPH 21	22
FAMILY STRUCTURE BY RACE/ETHNICITY – CALIFORNIA	GRAPH 22	23
FAMILY STRUCTURE BY RACE/ETHNICITY – KINGS	GRAPH 23	24
FAIR MARKET RENT – CALIFORNIA VERSUS KINGS	GRAPH 24	25
STATISTICAL DATA ON DOMESTIC VIOLENCE REPORTED	GRAPH 25	27
DATA FROM (CCWIP) CALIFORNIA CHILD WELFARE INDICATORS PROJECT	GRAPH 26	30

4B - # OF CHILDREN WITH FIRST ENTRIES BY GENDER AND PLACEMENT TYPE	GRAPH 27	31
4B - # OF PROBATION CHILDREN WITH SUITABLE PLACEMENT BY AGE/GENDER	GRAPH 28	31
# OF CHILDREN WITH SUBSEQUENT ENTRIES BY GENDER/PLACEMENT TYPE	GRAPH 29	32
# OF CHILDREN IN CARE WITH OPEN CASES BY SERVICE COMPONENT	GRAPH 30	32
AB 636 – 4E1 PLACEMENT – ICWA ELIGIBLE	GRAPH 31	32
AB636 – 4E2 PLACEMENT – ICWA PREFERENCE	GRAPH 32	33
2B – REFERRALS BY TIME TO INVESTIGATION - CHILD ABUSE/NEGLECT – IMMEDIATE RESPONSE	GRAPH 33	92
2B – REFERRALS BY TO INVESTIGATION – CHILD ABUSE/NEGLECT, COMPLIANCE FOR IMMEDIATE REPOSE AND 10-DAY	GRAPH 34	93
2B – IMMEDIATE REPOSE COMPLIANCE	GRAPH 35	94
2B – 10-DAY RESPONSE COMPLIANCE	GRAPH 36	94
2D – REFERRALS BY TIME TO INVESTIGATION – COMPLETED CONTACTS - IMMEDIATE	GRAPH 37	97
2D – REFERRALS BY TIME TO INVESTIGATION – COMPLETED CONTACTS – 10 DAY	GRAPH 38	98
2F – MEASURE BY MONTH - 2014	GRAPH 39	103
2F – MEASURE BY MONTH - 2015	GRAPH 40	105
2S – BY MONTH TIMELY MONTHLY CASEWORER VISITS – IN HOME	GRAPH 41	107
3-S1 – MALTREATMENT IN FOSTER CARE – BY AGE	GRAPH 42	118
3-S2 – RECURRENCE OF MALTREATMENT – BY AGE	GRAPH 43	123
4A – ALL SIBLINGS PLACED TOGETHER	GRAPH 44	125
4A – ALL OR SOME SIBLINGS PLACED TOGETHER	GRAPH 45	126
4A – ALL CHILDREN PLACED WITH SIBLINGS – TREND DATA	GRAPH 46	127
4A – ALL OR SOME CHILDREN PLACED WITH SIBLINGS – TREND DATA	GRAPH 47	127
4B – LEAST RESTRICTIVE PLACEMENT – FIRST ENTRY BY TYPE	GRAPH 48	130-131
4B – LEAST RESTRICTIVE PLACEMENT – BY AGE 0-5	GRAPH 49	131
4B – LEAST RESTRICTIVE PLACEMENT – BY AGE 6-10	GRAPH 50	132
4B – LEAST RESTRICTIVE PLACEMENT – BY AGE 11-17	GRAPH 51	132
4B – LEAST RESTRICTIVE SETTINGS PERFORMANCE DATA	GRAPH 52	133
4B – LEAST RESTRICTIVE PLACEMENT POINT IN TIME/PLACEMENT TYPE	GRAPH 53	138
4B – LEAST RESTRICTIVE PLACEMENT POINT IN TIME/PLACEMENT TYPE – TREND DATA	GRAPH 54	139
4B – LEAST RESTRICTIVE (PIT) BY AGE 0-5	GRAPH 55	141
4B – POINT IN TIME BY AGE (6-10)	GRAPH 56	142
4B – POINT IN TIME BY AGE 11-17	GRAPH 57	142
4E(1) – PLACEMENT STATUS CHILDREN/ICWA ELIGIBILITY (PIT)	GRAPH 58	149
4E(2) – PLACEMENT STATUS FOR CHILDREN WITH PRIMARY OR MIXED (MULTI) ETHNICITY OF AMERICAN INDIAN	GRAPH 59	150
5B (1) TIMELY HEALTH/DENTAL EXAMS – MEDICAL	GRAPH 60	157
5B (2) TIMELY HEALTH/DENTAL EXAMS - DENTAL	GRAPH 61	159
6B – INDIVIDUALIZED EDUCATION PLAN (IEP)	GRAPH 62	161
6B – PRIOR DATA (2011) IEP PERFORMANCE REPORT KINGS	GRAPH 63	162

