Fresno County
System Improvement Plan
Progress Report

December 27, 2012
(Reviewed, edited and approved September 2013)

California-Child and Family Services Review (C-CFSR)
AB636 Outcomes and Accountability

Department of Social Services
Howard Himes, Director

Probation Department
Rick Chavez, Chief Probation Officer
**California’s Child and Family Services Review**  
**System Improvement Plan 2012 Progress Report**

<table>
<thead>
<tr>
<th>County:</th>
<th>Fresno County</th>
</tr>
</thead>
<tbody>
<tr>
<td>Responsible County Child Welfare Agency:</td>
<td>Fresno County Department of Social Services</td>
</tr>
<tr>
<td>Period of Plan:</td>
<td>March 26, 2010 to March 25, 2015</td>
</tr>
<tr>
<td>Period of Outcomes Data:</td>
<td>Quarter ending: June 30, 2012 (Q2 2012 Data Extract)</td>
</tr>
<tr>
<td>Date Submitted:</td>
<td>December 23, 2012 (final revisions and submission September 25, 2013)</td>
</tr>
</tbody>
</table>

**County Contact Person for County System Improvement Plan**

<table>
<thead>
<tr>
<th>Name:</th>
<th>David Plassman</th>
</tr>
</thead>
<tbody>
<tr>
<td>Title:</td>
<td>Social Work Supervisor</td>
</tr>
<tr>
<td>Address:</td>
<td>2011 Fresno Street, Fresno, CA 93721</td>
</tr>
<tr>
<td>Phone &amp; Email</td>
<td>(559) 600-2102, <a href="mailto:dplassman@co.fresno.ca.us">dplassman@co.fresno.ca.us</a></td>
</tr>
</tbody>
</table>

**Submitted by each agency for the children under its care**

<table>
<thead>
<tr>
<th>Submitted by:</th>
<th>County Child Welfare Agency Director (Lead Agency)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name:</td>
<td>Howard Himes, MSW, Director, Fresno County DSS</td>
</tr>
<tr>
<td>Signature:</td>
<td>[Signature]</td>
</tr>
</tbody>
</table>

**Submitted by:**  
Fresno County Chief Probation Officer

<table>
<thead>
<tr>
<th>Name:</th>
<th>Rick Chavez, Chief Probation Officer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Signature:</td>
<td>[Signature]</td>
</tr>
</tbody>
</table>
Fresno SIP Progress Report 2012

SIP Progress Report Template


The Fresno County 2009 CSA identified that there were needs for improvement in Fresno County Child Welfare Services in the areas of Timely Reunification, Timely Permanence and Disproportionate Outcomes for African American and Native American children. The 2010 Fresno County SIP provided Strategies and Milestones of the efforts to improve in those identified areas. The strategies centered on the development and utilization of Permanency Teams in a process of Permanency Teaming.

As a significant step to identify system shortcomings and work to improve services DSS volunteered to be part of an intensive assessment known as an Institutional Analysis, led by the Center for the Study of Social Policy (www.cssp.org), a Washington, D.C.-based public policy and research nonprofit organization. The report was jointly released on October 19, 2010.

At this point Fresno was well positioned to join the pioneering effort of California Partners for Permanency (CAPP.) In July of 2010 Fresno joined CDSS and three other counties in applying for a Federal Grant Initiative to reduce Long Term Foster Care. October 1, 2010 it was announced that California was one of six grantees selected. Here is a link to the Administration for Children and Families’ press release and a quote from that release regarding California: http://www.acf.hhs.gov/news/press/2010/reduce_longterm_foster_care.html

“California Department of Social Services, which will convene a partnership of state, local and non-profit agencies in the four pilot counties of Fresno, Humboldt, Los Angeles, and Santa Clara. The partners will collaborate to reduce long-term foster care for African American and Native American youth.”

Additionally The California Department of Social Services issued a press release. Here is a link to that release and two quotes from the release:

“The California Department of Social Services (CDSS) today announced the award of a new five-year grant from the federal Administration for Children & Families (ACF) of up to $14.5 million dollars that will allow CDSS to focus on improving outcomes of foster children in California, in particular African-American and Native-American youth have been identified as having significant barriers to finding permanent homes and experiencing longer stays in foster care. This grant provides the means to help identify and overcome barriers to permanency.”

“The pilot counties include: Fresno, Humboldt, Los Angeles and Santa Clara, which have prior experience implementing innovative child welfare strategies and have a significant representation of the target population. These counties account for nearly 40% of the statewide child welfare system in foster care throughout California.”

Since the beginning of 2011 Fresno has been working with all of the partners of the California Partners for Permanency in the planning and early implementation stages of the project. As identified on the California Child Welfare Co-Investment Partnership web site (http://www.co-invest.org/CAPP/) the partners include:

- Early Implementing CAPP Counties (Fresno, Humboldt, Los Angeles, Santa Clara)
- Other California Counties
- Members of Tribal Communities
• Members of African American Communities
• Birth Parents, Youth and Other Family Members
• Relative and Foster Parent Caregivers
• Educators, Behavioral Health Practitioners, Community-Based Providers and Probation Officers
• State and County Child Welfare Leadership and Staff
• State and County Court Systems including Judges, Attorneys and County Counsel
• Child Advocates and Court Appointed Special Advocates (CASA)
• Philanthropic Organizations
• Social Work Curriculum Developers, Trainers and Coaches
• Policymakers, Advocates and Organizations
• Child Welfare Researchers and Evaluators
• Federal Technical Assistance

This SIP progress report will identify how CAPP has built upon and expanded the work of the initial SIP strategies and in essence become the SIP itself as it supports the same improvement goals of Timely Reunification, Timely Permanence and (the elimination of) Disproportionate Outcomes for African American and Native American children.

The **CAPP Practice Model** consists of **Four Front Line Practices** which inform **Eight Core Practice Elements** which are actuated in **Twenty Three Practice Behaviors**

**Four Front Line Practices**

Exploration and Engagement
Power of Family
Healing Trauma
Circle of Support

**Eight Core Practice Elements**

**INQUIRY:** Uses inquiry and mutual exploration with the family to find, locate and learn about other family members and supportive relationships of children, youth and families within their communities and Tribes.

**ENGAGEMENT:** Seeks out, invites in, values and makes central the power, perspectives, abilities and solutions of families and their supportive communities and Tribes in all teaming and casework practice.

**SELF-ADVOCACY:** Recognizes and supports the power of individuals and families to speak about their own well-being and self in finding solutions and continuing to grow.

**ADVOCACY:** Speaks out for children, youth and families based on their strengths, resources and cultural perspectives in order to support them in strengthening their family, meeting their needs, finding their voice and developing the ability to advocate for themselves (includes caseworkers, attorneys, Tribal and community representatives, CASA’s, service providers, etc.).

**WELL-BEING PARTNERSHIPS:** Understands and addresses health, education, spiritual and other family needs through on-going partnerships with families and their supportive communities and Tribes, including exploring and responding sensitively to the current and historical trauma and loss family members and caregivers may have experienced.

**RECOVERY, SAFETY AND WELL-BEING:** Based on the strengths, resources and perspectives of families and their supportive communities and Tribes, identifies, locates, advocates for and supports use of culturally sensitive services, supports, healing practices and traditions to address trauma, loss, behavioral health, recovery, child safety and other child and family needs.
TEAMING: Recognizes and appreciates the strength and support that a family’s community, cultural, tribal and other natural relationships can provide, which inspires and insists that the child welfare social worker engage not only the family, but the family’s entire system of support so that the family can be best served.

SHARED COMMITMENT AND ACCOUNTABILITY: Every assessment and decision is the product of the work of both the social worker and the family, and in many cases, inclusive of the collaborative work of both within the context of the family team.

**Twenty Three Practice Behaviors**

1. Approaches all interactions with families, communities and tribes with openness. Listens without making assumptions and communicates a genuine desire to learn about the family and their culture, community and tribes by consistently asking global questions followed by more descriptive questions that encourage exchange and learning about family strengths, beliefs, traditions, life situation and who/what is important to family members. Uses language that everyone can understand and frequently checks in on communication styles and terms to ensure understanding.

2. Consistently models honest and respectful communication by introducing self, communicating a sincere desire to be respectful (“I would like to be respectful, how should I address you?”) and by addressing individuals by the name or title they request. Is open and honest about the situation, explains relevant facts and information, is clear about information or action being requested, and facilitates dialogue regarding how the requested information and actions will affect the situation and support the child and family.

3. Seeks information from children, youth, mothers and fathers about non-custodial parents, maternal and paternal grandparents, aunts and uncles, brothers and sisters, Godparents, tribal members, and other significant relationships. Asks early and ongoing, “Who is in your family? Who are you connected with in your community? Who is in your family? Who are you connected with in your community? Who are the keepers of family history? Who in the family do you turn to for reunions, gatherings, ceremonies and at other times of celebration, loss and grief?” Gives reasons why their answers are helpful. Explains the agency’s desire to tap into the family’s natural support system so that their “team” can support family and child safety, healing, reconciliation, and permanency. Finds family members, tribal connections and other significant relationships through inquiry and early and ongoing Internet search and review of medical and educational records, case records and birth records.

4. Uses tools such as mapping to explore family relationships and natural circles of support. Explores with children how, when and with whom they feel safe, what is good in their lives, where they want to live, what worries them and what they wish for. Continuously encourages the family to identify natural supports to be included on their team.

5. Follows up inquiry and search activities by: (1) working quickly and leaving no stone unturned to establish paternity and facilitate the child’s connection with paternal relationships and resources, and (2) contacting family, cultural, community and Tribal connections not just as placement options, but as important team members and sources of support for the child and family.

6. Establishes, continuously brings together and supports the child and family’s team, which includes natural family, cultural, community and Tribal supports and others providing services to the family such as social workers, attorneys and services providers.

7. In all interactions affirms the unique strengths, life experience and self-identified goals of each child and family, honors the role of important cultural, community and tribal leaders the child and family have identified, and encourages mutual exploration of issues, options and solutions with children, parents, family members and cultural, community and tribal leaders in assessment, planning and decisions about children and their families. Assures the family receives needed information, preparation, guidance and support during their involvement with the child welfare system.

8. Asks initially and throughout the family’s involvement if they would like a youth, parent, cultural, community or tribal support person or peer advocate on their team to provide advocacy. Links families with advocates when requested and includes the family’s support persons and advocates on the team. Continually coordinates with the family’s formal and informal advocates to assist the family to find their own solutions and provide ongoing support and linkages to culturally competent and effective services to meet their needs.
9. Promotes self-advocacy by encouraging, supporting and providing opportunities for youth and families to actively share their voice, offer solutions, act as leaders and be central in assessment, planning and decisions about their lives, including when worker, agency or system are the focus of the advocacy needs.

10. Regularly listens to the family’s story, acknowledges and validates feelings of grief and loss they share by reflecting and reaffirming what was heard. Supports family members to explore their history and experiences, and how this may be impacting their current life situation and needs. Includes naming and acknowledging the many types and layers of trauma the family may have experienced (historically what happened to their community and culture; past experiences of violence, loss, abuse, removal, etc.; recent trauma/loss experiences of child). Encourages family members to address their history with extended family, cultural, community and tribal leaders, therapists, drug treatment providers, and others identified by the family as important to them.

11. Gathers assessments and other information relevant to the child and family’s safety and well-being and works with the family and their team to understand and apply the information to casework and decision-making processes using the family’s cultural lens; this includes using tools and approaches that help children’s voices be heard, that assist everyone to understand who/what is important to the child, and that continually engages family and team members around who/how the relationships, goals and wishes the child has shared are being supported.

12. Explores, values, connects the family to and advocates for a broad array of services, supports, cultural practices and traditions that can assist the child and family with loss, grief, hurt, pain, healing and recovery (e.g. “Who and what is helping – and/or in the future could help – with child and family’s physical, mental and emotional health, substance abuse issues, education, spiritual and other needs? Are there cultural or community practices and traditions that you think could support family members’ healing, health, wholeness and well-being? )

13. Facilitates family/team outreach to learn about practices, traditions, services and supports from leaders in the culture, community and Tribe. Also shares information about agency programs, providers, resources and supports that could strengthen the family and meet their needs, providing information about any evidence-base and/or relevant cultural adaptations. Facilitates the family and their team to develop solutions that are individualized to the family and their culture, community and Tribes.

14. Demonstrates respect to caregivers by having candid discussions and developing shared understanding with caregivers about their rights, role and expectations in being/becoming the child’s caregiver, including caregiver participation on the child and family support team, responsibilities to support the child’s health, education, spiritual and other needs, and responsibilities to support the child’s family relationships and cultural, community and tribal connections. Provides information about resources available based on their role as a family member, non-relative extended family member (NREFM) or other care provider before the child/family needs to access/utilize them.

15. Early and continuously facilitates sharing of information and coordination between parents and caregivers regarding the child’s daily care, favorite meals, medical or health conditions, medications, appointments, everyday family activities, and other relevant family, religious, cultural and Tribal traditions and practices. Continually explores, nurtures, and facilitates the development of a mentoring relationship between the parents and the caregivers within the context of the family team and their supportive communities and Tribes.

16. With the family, caregiver and team continually assesses, arranges and structures culturally appropriate visitation activities in the most natural environment possible that supports the child and the parent/child relationship.

17. Assesses with the family and their team the need for interactive, experiential coaching during visitation and at other times of natural parent/child interaction to improve parenting skills; follows through with identifying, arranging or advocating for this when needed.

18. Understands normal is different for everyone and checks on what is “normal” for the family and their culture, community and Tribes. Facilitates critical thinking and discussion with the family and their team about family needs, how they define the problem and what success looks like. Listens attentively, uses language and concepts that the family has used, and incorporates the family’s strengths, resources, cultural perspective and solutions in all casework, decision-making, case plans, court reports, meeting notes and other documentation.

19. Creates an environment for open and honest communication with the family and the family team about court timeframes so that the team’s planning and decision-making is informed, relevant, and timely. Models
Accountability and trust by following through with representations and agreements. Admits and takes responsibility for one’s own biases, missteps and mistakes.

20. Through teaming processes creates shared agreement on the culturally sensitive services, supports, practices, traditions and visitation plan that will support family and cultural relationships and address trauma, loss, behavioral health, drug/alcohol recovery, child safety, child and family well-being and other needs identified by the family and their team. Works continuously to identify, locate, develop, fund, advocate for, link the family to and support the use of the agreed-upon practices, services and supports.

21. Explores with team members what roles they can play over time to strengthen and support the family, and then continually engages and reinforces the team in those roles. Facilitates the team to discuss, understand and adapt to changing team member roles – for instance, when reunification efforts stop, helps the team explore, identify and honor a new role for the parent.

22. Facilitates continuous dialogue with the family and their team regarding whether/how the agreed-upon practices, services, supports and visitation plans are working and facilitates adjustments/follow-through based on family and support team discussions, assessments, and decisions.

23. Emphasizes the importance of the family’s support team even beyond the time of child welfare agency involvement. Before the case ends, facilitates shared understanding and agreement of team member roles and commitments in maintaining a post-permanency circle of support for the child and family, including identifying a system navigator who is aware of agency supports and services.
A supportive element of the CAPP process is the utilization of Implementation Science through the technical assistance provided by the Federal Grant (PII) via Dean Fixsen, Ph.D. National Implementation Research Network (NIRN) [http://nirn.fpg.unc.edu/](http://nirn.fpg.unc.edu/)

**Implementation science** is the scientific study of variables and conditions that impact changes at practice, organization, and systems levels; changes that are required to promote the systematic uptake, sustainability and effective use of evidence-based programs and practices in typical service and social settings. Blase and Fixsen, 2010 National Implementation Research Network

**Drivers: Forces that Support Change**

The goal of implementation is for all practitioners to use an intervention consistently and as intended. However, focusing on practitioner use of an intervention alone is not complete. The larger environment – organization and systems – must be supportive and able to help “drive” the success of the intervention. These “implementation drivers” are fundamental organizational supports that ensure the intervention is used as intended and reaches those it is designed to serve. Indeed, they are integrated and compensatory – meaning that implementation drivers are often interrelated and can compensate for each other’s strengths and weaknesses.

Research and practice experience have helped to identify three categories of “Implementation Drivers:”

- **Leadership Drivers** – Guide implementation by committing to the intervention or practice, adapting policies and organizational structures to support the intervention, pacing implementation and roll-out of the intervention, and being inclusive and transparent in involving a broad array of internal and external stakeholders in the development and implementation of the intervention.
- **Competency Drivers** – Help build the ability of those throughout the organization to use an intervention’s principles and approaches by training managers, supervisors, staff and stakeholders, providing experience and coaching, designating staff and supporting champions, and aligning staff selection and evaluation systems.
- **Organization Drivers** – Modify and align organizational systems to support the intervention by evaluating progress and outcomes through quality improvement, using feedback loops, revising policy and creating tools.

Simply stated, even the best intervention or practice will not be effective if it is not implemented appropriately and it if is not supported by the organization or system. Neither interventions by themselves nor implementation activities by themselves are sufficient -- each needs the other to produce meaningful results for children and families. [http://www.cfpic.org/pdfs/capp/Implementation-Science-Backgrounder-Rev-2-9-12.pdf](http://www.cfpic.org/pdfs/capp/Implementation-Science-Backgrounder-Rev-2-9-12.pdf)

**Key Drivers**

![Implementation Components Diagram](http://www.cfpic.org/pdfs/capp/Implementation-Science-Backgrounder-Rev-2-9-12.pdf)
PROBATION DEPARTMENT INTRODUCTION/NARRATIVE:

On February 20, 2012, the Probation Department assigned on a new Probation Services Manager to oversee the Placement Services/Family Behavioral Health Court Unit. The new manager is becoming familiar with placement regulations and mandates that effect the daily operations of the unit. On March 20-22, 2012, the new manager attended a three-day Placement Supervisor Training in Sacramento. On May 23-24, 2012, the manager and six staff attended a two-day AB 12 Training in Fresno. Work schedule permitting, the manager also attends the Probation Advisory Committee Meetings in Sacramento.

Over recent months, the Placement/FBHC Unit has experienced staff transition and movement. Three experienced placement staff received re-assignment opportunities at the end of the summer 2012. Three new staff entered the unit at the same time. The three new officers, along with two additional officers, will attend AB12/EFC Training on December 4 and 5, 2012. In addition, the three new staff are scheduled to attend Deputy Probation Officer Placement Core in February 2013.

Based on the aforementioned information, the Probation Department will continue with diligent efforts to complete the progress report by collaborating with the California Department of Social and Child Welfare Services.

I. Stakeholder Participation

From the Fresno County Child Welfare 2011 Annual Report:

Community Engagement
The Department of Social Services has worked diligently since the adoption of Family-to-Family in 2003 to promote community engagement. The Fresno County community has been tremendous allies in the Department’s philosophical shift. The collaboration with representatives from the community, key advisors and tribal representatives has allowed the Department to learn and implement changes that are accommodating to the complex needs of the community.

Their use of Key Advisors has afforded this Department the opportunity to receive feedback on the effectiveness of services. The establishment of several committees has created opportunities for community member to become involved in the development of a practice model that is not only culturally informed but considerate to the effects trauma has not only in children but in families. Quarterly Racial Equity Action Team (REAT) meetings have also allowed community representatives to voice their concerns with regards to disproportionality and systemic barriers to the prompt reunification of families. Other committees such as the Family Youth Engagement Committee have created a feedback loop on the necessary changes for the successful engagement of families in the child welfare system. The Department has also worked to develop not only reactive resources but preventative services for families through the Community Resource Network through the development and establishment of resource linkages for children and families.

Lastly, the CAPP Project has allowed the Department to reach out to the community for support in this cause. CAPP has reinforced the proverb “It takes a village to raise a child” and has created opportunities for community members to participate in the healing and rehabilitation of children and families.

Our Work with the Native American Community
In September of 2012 the Department began having Listening Sessions with our local Native American Tribes and service providers. The purpose of these Listening Sessions is to give the Tribal Community an opportunity to discuss issues and challenges they face when dealing with the Department and to establish communication and trust between the two groups.

We are now on our seventh month of Listening Sessions. During the past months, we have had Elders, Chairperson, ICWA Representative and other Tribal leaders attend, along with several Central Valley Based Native American service providers.
One of the first issues that arose was the lack of Native American services that were recognized by the Dependency Courts. Inter-tribal Council, Big Sandy Rancheria and Fresno American Indian Health Project brought forward programs that were reviewed and presented to the court and all have been accepted as service providers for our families. The Department then took the next step and developed relationships with the Family Law, Probation, and Probate Courts, and worked out an arrangement so that the Courts now accept any program that has been vetted by the Dependency Court. We have also secured a locked mailbox in the court so that ICWA Liaisons no longer have to go to a different building to pick up reports and other correspondence. Finally, DSS and Tribal Representatives have visited ICWA Units offices in San Diego and Los Angeles in anticipation of the development of a Fresno County ICWA Unit.

**Key Advisors and Coaches**

Along with community engagement efforts, use of Cultural Brokers, and collaborations with the Tribes, the Department has adopted the assistance of Key Advisors and Coaches. These groups are helping the Department with the restructuring of the agency and evaluation of practices. All Key Advisors and Coaches are experts with years of child welfare experience. 

Key Advisors are community leaders that serve as an advisory body to the Director of Social Services. The Key Advisors are a diverse group of individuals with years of experience in a variety of fields related to child welfare. Advisors provide feedback on various aspects of child welfare, ranging from practice, to the development of policies and procedures, to the recent selection and interview process for the new Deputy Director.

Coaches serve as outside experts providing the Department with suggestions and strategies on how to improve services in various areas such as training, teaming, data analysis, engagement, and preventative services. Coaches work with Program Managers and Supervisors by providing them with data and feedback on better implementation methods for family centered practices.

**PROBATION DEPARTMENT STAKEHOLDER PARTICIPATION:**

The Probation Department has worked diligently with collaborating agencies to include, the Juvenile Delinquency and Dependency Courts, the Department of Social Services, Community Care Licensing (CCL), the Fresno County Office of Education, Children’s Mental Health, and local service providers. The Probation Department hosted Quarterly Group Home Advisory Meetings on the following dates: June 4, 2012, September 10, 2012, and December 10, 2012. The purpose of the meetings is to share information in how to better serve our foster youth and promote open lines of communications between treating agencies. The advisory further informs our local service providers on new foster youth regulations, mandates, and services within the foster youth services arena.

On November 6, 2012, the Probation Department hosted the Central California Placement Committee (CCPC) Meeting. Six counties along with CCL attended the collaborative. Topics of discussion included AB 12- Extended Foster Care, CWS/CMS issues, upcoming placement trainings and types of trainings, out of state placements, and other challenges departments are facing.

The Probation Department and DSS continue to meet with the Delinquency and Dependency Courts conjointly to address practices and procedures related to foster youth crossing over between systems.
## II. Outcome Measures, Goals, Strategies, Action Steps

### California Child Welfare Services Outcomes and Accountability

#### Fresno County Data Report October 2012

<table>
<thead>
<tr>
<th>CHILD WELFARE SERVICES PARTICIPATION RATES</th>
<th>Measure Description</th>
<th>Time Frame</th>
<th>Number</th>
<th>Previous Year’s Rate</th>
<th>Current Rate</th>
<th>Current Trend</th>
<th>Directional Goal</th>
<th>Goal or Not, Standard</th>
<th>State Performance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of children 18 or younger</td>
<td>2012</td>
<td>2,790,614</td>
<td>2,779,507</td>
<td>Increasing</td>
<td>n/a</td>
<td>8,299,598</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number of children with referrals</td>
<td>2012</td>
<td>16,778</td>
<td>70,5 per 1,000</td>
<td>88,6 per 1,000</td>
<td>Decreasing</td>
<td>Lower</td>
<td>51,2 per 1,000</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number of children with substantiated referrals</td>
<td>2012</td>
<td>2,629</td>
<td>8,4 per 1,000</td>
<td>8,3 per 1,000</td>
<td>Decreasing</td>
<td>Lower</td>
<td>9,4 per 1,000</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number of youth in foster care</td>
<td>2012</td>
<td>347</td>
<td>3.4 per 1,000</td>
<td>3.4 per 1,000</td>
<td>Decreasing</td>
<td>Lower</td>
<td>3.2 per 1,000</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number of youth in care</td>
<td>July 1, 2012</td>
<td>1,247</td>
<td>8.5 per 1,000</td>
<td>6.6 per 1,000</td>
<td>Decreasing</td>
<td>Lower</td>
<td>5.6 per 1,000</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### SAFETY OUTCOMES

<table>
<thead>
<tr>
<th>Measure Description</th>
<th>Time Frame</th>
<th>Number</th>
<th>Previous Year’s Rate</th>
<th>Current Rate</th>
<th>Current Trend</th>
<th>Directional Goal</th>
<th>Goal or Not, Standard</th>
<th>State Performance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Recurrence of maltreatment (5.1.1)</td>
<td>07/01/11-12/31/11</td>
<td>9,101,060</td>
<td>90.6%</td>
<td>90.2%</td>
<td>Decreasing</td>
<td>Higher</td>
<td>greater than 92.5%</td>
<td>93.3%</td>
</tr>
<tr>
<td>Maltreatment in Foster Care (5.1.2)</td>
<td>07/01/11-06/30/12</td>
<td>12,722,739</td>
<td>99.4%</td>
<td>99.7%</td>
<td>Increasing</td>
<td>Higher</td>
<td>greater than 99.65%</td>
<td>99.64%</td>
</tr>
<tr>
<td>Child Abuse or Neglect Referrals With a Timely Response (5.2)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Percent of child abuse or neglect referrals with a timely response (1-14 Days)</td>
<td>Q2 2012</td>
<td>9,297,973</td>
<td>98.4%</td>
<td>98.1%</td>
<td>Decreasing</td>
<td>Higher</td>
<td>97.6%</td>
<td></td>
</tr>
<tr>
<td>Percent of child abuse or neglect referrals with a timely response (1-14 Days)</td>
<td>Q2 2012</td>
<td>917,139,1</td>
<td>93.5%</td>
<td>95.9%</td>
<td>Decreasing</td>
<td>Higher</td>
<td>92.9%</td>
<td></td>
</tr>
<tr>
<td>Time to Social Worker Visit With Child (5.3)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Percent of timely social worker visits with child</td>
<td>June 2012</td>
<td>1,871,2,324</td>
<td>94.5%</td>
<td>92.8%</td>
<td>Fluctuating</td>
<td>Higher</td>
<td>92.9%</td>
<td></td>
</tr>
</tbody>
</table>

### PERMANENCY OUTCOMES

<table>
<thead>
<tr>
<th>Measure Description</th>
<th>Time Frame</th>
<th>Number</th>
<th>Previous Year’s Rate</th>
<th>Current Rate</th>
<th>Current Trend</th>
<th>Directional Goal</th>
<th>Goal or Not, Standard</th>
<th>State Performance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Length of Time to Exit Foster Care to Reunification (5.3.5)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Median Time To Reunification (Exit Care)</td>
<td>07/01/11-12/31/12</td>
<td>52,269</td>
<td>22.8%</td>
<td>23%</td>
<td>Stable</td>
<td>Higher</td>
<td>greater than 48%</td>
<td>42.2%</td>
</tr>
<tr>
<td>3.3.2 Percent of youth remaining at one-year</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Percent of youth remaining at one-year</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3.4 Percent of youth remaining at one-year</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Adoptive Placement (5.3.4)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Placement Stability (3 to 12 Months)</td>
<td>07/01/11-12/31/12</td>
<td>637,782</td>
<td>81.4%</td>
<td>90.7%</td>
<td>Increasing</td>
<td>Higher</td>
<td>greater than 86%</td>
<td>85.9%</td>
</tr>
<tr>
<td>Placement Stability (12 to 24 Months)</td>
<td>07/01/11-12/31/12</td>
<td>436,954</td>
<td>63%</td>
<td>62.1%</td>
<td>Decreasing</td>
<td>Higher</td>
<td>66.3%</td>
<td></td>
</tr>
<tr>
<td>Placement Stability (5 Years Or Longer)</td>
<td>07/01/11-12/31/12</td>
<td>2,719,989</td>
<td>27%</td>
<td>27.4%</td>
<td>Fluctuating</td>
<td>Higher</td>
<td>greater than 41%</td>
<td>35.2%</td>
</tr>
</tbody>
</table>

### RESOURCE INFORMATION AND COLUMN DEFINITIONS

The information for this data sheet comes from the State published Fresno County Data Report of the time period identified in the title.

A composite score is a child welfare supervised estimate used in the CFSRS2. Federally specified weights, means, standard deviations, and formulas are used. The statewide composite estimate is weighted by the number of children served in each county.

Data Extract: The Year and Quarter of the time frame which pertains to the current data. A period of time between the report date and the extract date is needed to allow for data input at the local level and statistical compilation and validation at U.C. Berkeley.

Time Frame: Measures will have one of the following time frames: Calendar Year, 12 Month Period, Point-In-Time, Quarter (three months), Month Measure Description: The brief title for the data measure under consideration. Further details is available at http://www.childwelfare.c.berkeley.edu/OFR/SM/Reports/Number: The actual numbers for each outcome measure that lead to the stated rates and the identified current period.

Previous Years Rate: Data that is from an identical time frame 12 months prior to the data on the identified quarterly report.

Current Rate: Data that is from the Quarterly State Report issued on the month identified in the title of this page.

Current Trend: The relationship of the data from at least the last three identical time frames.

Directional Goal: Identifies which direction indicates a better experience for children on each measure.

Goal or National Standard: Some measures are associated with a National Standard which the Federal Government reviews the progress of California as a whole or for others, California has set its own numeric goal.

For questions regarding this information or other items related to data evaluation please contact:

David Plassman, Outcomes and Accountability SWF for the Fresno County Department of Social Services at dplassman@co.fresno.ca.us
### Child & Family Well-Being Outcomes

#### Measure Description

<table>
<thead>
<tr>
<th>Measure Description</th>
<th>Time Frame</th>
<th>Number</th>
<th>Previous Year's Rate</th>
<th>Current Rate</th>
<th>Current Trend</th>
<th>Directional Goal</th>
<th>Goal or Nat. Standard</th>
<th>State Performance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Siblings Placed Together in Foster Care (4A)</td>
<td>July 1, 2012</td>
<td>726/1,236</td>
<td>54.1%</td>
<td>56.6%</td>
<td>Increasing</td>
<td>Higher</td>
<td>54.7%</td>
<td></td>
</tr>
<tr>
<td>A. Percent of children in foster care that are placed with all siblings</td>
<td>July 1, 2012</td>
<td>909/1,236</td>
<td>75.8%</td>
<td>78.4%</td>
<td>Increasing</td>
<td>Higher</td>
<td>73.7%</td>
<td></td>
</tr>
</tbody>
</table>

#### Foster Care Placement in Least Restrictive Settings (4B)

<table>
<thead>
<tr>
<th>Measure Description</th>
<th>Time Frame</th>
<th>Number</th>
<th>Previous Year's Rate</th>
<th>Current Rate</th>
<th>Current Trend</th>
<th>Directional Goal</th>
<th>Goal or Nat. Standard</th>
<th>State Performance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Initial Placement (Entry Cohort)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4B. Relative</td>
<td>07/01/11-06/30/12</td>
<td>72/698</td>
<td>10.5%</td>
<td>10.3%</td>
<td>Decreasing</td>
<td>Higher</td>
<td>25.1%</td>
<td></td>
</tr>
<tr>
<td>4B. Foster Home</td>
<td>07/01/11-06/30/12</td>
<td>120/698</td>
<td>19.7%</td>
<td>17.2%</td>
<td>Fluctuating</td>
<td>Higher</td>
<td>17.2%</td>
<td></td>
</tr>
<tr>
<td>4B. FFA</td>
<td>07/01/11-06/30/12</td>
<td>458/698</td>
<td>66.8%</td>
<td>65.8%</td>
<td>Increasing</td>
<td>Lower</td>
<td>43.2%</td>
<td></td>
</tr>
<tr>
<td>4B. Group/Shelter</td>
<td>07/01/11-06/30/12</td>
<td>21/698</td>
<td>2.6%</td>
<td>3.0%</td>
<td>Decreasing</td>
<td>Lower</td>
<td>11.4%</td>
<td></td>
</tr>
<tr>
<td>4B. Other (Pre-Adopt, Guard, AWOL, Trial Visit, Other)</td>
<td>07/01/11-06/30/12</td>
<td>28/698</td>
<td>4.2%</td>
<td>3.7%</td>
<td>Decreasing</td>
<td>n/a</td>
<td>3.6%</td>
<td></td>
</tr>
</tbody>
</table>

#### Point in Time Placement (All Placements)

<table>
<thead>
<tr>
<th>Measure Description</th>
<th>Time Frame</th>
<th>Number</th>
<th>Previous Year's Rate</th>
<th>Current Rate</th>
<th>Current Trend</th>
<th>Directional Goal</th>
<th>Goal or Nat. Standard</th>
<th>State Performance</th>
</tr>
</thead>
<tbody>
<tr>
<td>4B. Relative</td>
<td>July 1, 2012</td>
<td>499/1,849</td>
<td>25.2%</td>
<td>27.0%</td>
<td>Increasing</td>
<td>Higher</td>
<td>35.7%</td>
<td></td>
</tr>
<tr>
<td>4B. Foster Home</td>
<td>July 1, 2012</td>
<td>136/1,849</td>
<td>7.7%</td>
<td>7.4%</td>
<td>Stable</td>
<td>Higher</td>
<td>9.5%</td>
<td></td>
</tr>
<tr>
<td>4B. FFA</td>
<td>July 1, 2012</td>
<td>646/1,849</td>
<td>40.7%</td>
<td>34.9%</td>
<td>Decreasing</td>
<td>Lower</td>
<td>26.7%</td>
<td></td>
</tr>
<tr>
<td>4B. Group/Shelter</td>
<td>July 1, 2012</td>
<td>73/1,849</td>
<td>4.0%</td>
<td>3.9%</td>
<td>Stable</td>
<td>Lower</td>
<td>7.0%</td>
<td></td>
</tr>
<tr>
<td>4B. Other (Pre-Adopt, Guard, AWOL, Trial Visit, Other)</td>
<td>July 1, 2012</td>
<td>495/1,849</td>
<td>22.4%</td>
<td>28.6%</td>
<td>Increasing</td>
<td>n/a</td>
<td>21.0%</td>
<td></td>
</tr>
</tbody>
</table>

#### Rate of ICWA Placement Preferences (4E)

<table>
<thead>
<tr>
<th>Measure Description</th>
<th>Time Frame</th>
<th>Number</th>
<th>Previous Year's Rate</th>
<th>Current Rate</th>
<th>Current Trend</th>
<th>Directional Goal</th>
<th>Goal or Nat. Standard</th>
<th>State Performance</th>
</tr>
</thead>
<tbody>
<tr>
<td>4E. Relative Home</td>
<td>July 1, 2012</td>
<td>21/59</td>
<td>23.7%</td>
<td>35.6%</td>
<td>Increasing</td>
<td>Higher</td>
<td>37.0%</td>
<td></td>
</tr>
<tr>
<td>4E. Non-Relative Indian Family</td>
<td>July 1, 2012</td>
<td>1/59</td>
<td>2.6%</td>
<td>1.7%</td>
<td>Stable</td>
<td>Higher</td>
<td>2.4%</td>
<td></td>
</tr>
<tr>
<td>4E. Non-Relative Non-Indian Family</td>
<td>July 1, 2012</td>
<td>30/59</td>
<td>51.7%</td>
<td>61.0%</td>
<td>Increasing</td>
<td>Lower</td>
<td>31.8%</td>
<td></td>
</tr>
<tr>
<td>4E. Non-Relative Ethnicity: SCP Missing</td>
<td>July 1, 2012</td>
<td>1/59</td>
<td>1.7%</td>
<td>1.7%</td>
<td>Stable</td>
<td>Lower</td>
<td>20.8%</td>
<td></td>
</tr>
<tr>
<td>4E. Group Home</td>
<td>July 1, 2012</td>
<td>0/59</td>
<td>0.0%</td>
<td>0.0%</td>
<td>Stable</td>
<td>Lower</td>
<td>8.0%</td>
<td></td>
</tr>
<tr>
<td>4E. Other</td>
<td>July 1, 2012</td>
<td>0/59</td>
<td>0.0%</td>
<td>0.0%</td>
<td>Stable</td>
<td>Lower</td>
<td>0.0%</td>
<td></td>
</tr>
</tbody>
</table>

#### Rate of Timely Health Exams (5B)

<table>
<thead>
<tr>
<th>Measure Description</th>
<th>Time Frame</th>
<th>Number</th>
<th>Previous Year's Rate</th>
<th>Current Rate</th>
<th>Current Trend</th>
<th>Directional Goal</th>
<th>Goal or Nat. Standard</th>
<th>State Performance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rate of Timely Health Exams (5B)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rate of Timely Health Exams (5B) (1)</td>
<td>Q2 2012</td>
<td>1,217/1,360</td>
<td>90.4%</td>
<td>87.6%</td>
<td>Decreasing</td>
<td>Higher</td>
<td>87.4%</td>
<td></td>
</tr>
<tr>
<td>Rate of Timely Dental Exams (5B) (2)</td>
<td>Q2 2012</td>
<td>641/1,117</td>
<td>45.9%</td>
<td>47.4%</td>
<td>Increasing</td>
<td>Higher</td>
<td>70.0%</td>
<td></td>
</tr>
</tbody>
</table>

#### Authorized for Psychotropic Medication (5F)

<table>
<thead>
<tr>
<th>Measure Description</th>
<th>Time Frame</th>
<th>Number</th>
<th>Previous Year's Rate</th>
<th>Current Rate</th>
<th>Current Trend</th>
<th>Directional Goal</th>
<th>Goal or Nat. Standard</th>
<th>State Performance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Authorized for Psychotropic Medication (5F)</td>
<td>Q2 2012</td>
<td>273/1,885</td>
<td>13.8%</td>
<td>14.5%</td>
<td>Fluctuating</td>
<td>Lower?</td>
<td>13.4%</td>
<td></td>
</tr>
</tbody>
</table>

#### Individualized Education Plan (5B)

<table>
<thead>
<tr>
<th>Measure Description</th>
<th>Time Frame</th>
<th>Number</th>
<th>Previous Year's Rate</th>
<th>Current Rate</th>
<th>Current Trend</th>
<th>Directional Goal</th>
<th>Goal or Nat. Standard</th>
<th>State Performance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Individualized Education Plan (5B)</td>
<td>Q2 2012</td>
<td>147/1,191</td>
<td>10.2%</td>
<td>8.7%</td>
<td>Decreasing</td>
<td>Lower?</td>
<td>7.9%</td>
<td></td>
</tr>
</tbody>
</table>

#### Children Transitioning to Self-Sufficient Adulthood (5A)

<table>
<thead>
<tr>
<th>Measure Description</th>
<th>Time Frame</th>
<th>Number</th>
<th>Previous Year's Rate</th>
<th>Current Rate</th>
<th>Current Trend</th>
<th>Directional Goal</th>
<th>Goal or Nat. Standard</th>
<th>State Performance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of Children Transitioning to Self-Sufficient Adulthood</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

- 5A. Completed High School or Equivalency | Q2 2012 | 1/5 | 20.0% | 20.0% | Fluctuating | Higher | 52.5% |
- 5A. Obtained Employment | Q2 2012 | 0/5 | 0.0% | 0.0% | Fluctuating | Higher | 20.5% |
- 5A. Have Housing Arrangements | Q2 2012 | 3/5 | 75.0% | 100.0% | Increasing | Higher | 93.3% |
- 5A. Received ILP Services | Q2 2012 | 3/5 | 75.0% | 80.0% | Fluctuating | Higher | 84.3% |
- 5A. Permanency Connection with an Adult | Q2 2012 | 4/5 | 80.0% | 80.0% | Fluctuating | Higher | 91.8% |
Measure Description | Time Frame | Number | Current Rate
--- | --- | --- | ---
C1.1 Reunification Within 12 Months (Exit Cohort) | 07/01/11-06/30/12 | 135/390 | 34.6%
C1.2 Median Time To Reunification (Exit Cohort) | 07/01/11-06/30/12 | 390 | 15.4 Months
C1.3 Reunification Within 12 Months (Entry Cohort) | 01/01/11-06/30/11 | 62/269 | 23.0%
C1.4 Reentry Following Reunification (Exit Cohort) | 07/01/10-06/30/11 | 68/771 | 8.8%

**Timely Reunification** is included as an Outcome targeted by SIP Strategies because of the above data that indicates performance below the PIP Goal. The C1.1 and C1.2 data sets are inherently weak as a measure of desired results related to timely reunification.

There are two major flaws. The first is that they measure only the reunification of children in care for eight or more days. Children who are initially removed but are able to be returned with an intervention that does not include dependency proceedings are not included. A jurisdiction that does not regularly utilize such up front efforts but then are able to reunify these children weeks or months later will appear to be “doing better” than one that enables children to return very quickly.
C1.1 Reunification Within 12 Months (Exit Cohort)
Exits to reunification during the year: Reunified in less than 12 months
Selected Subset: Number of Days in Care: 1 day or more

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Rate</td>
<td>72.1%</td>
<td>72.6%</td>
<td>68.2%</td>
<td>67.8%</td>
<td>62.9%</td>
<td>54.9%</td>
<td>60.0%</td>
</tr>
<tr>
<td>Reunification in 7 days or less</td>
<td>427</td>
<td>415</td>
<td>331</td>
<td>373</td>
<td>359</td>
<td>274</td>
<td>248</td>
</tr>
<tr>
<td>Reunification in more than 8 days but less than 12 Months</td>
<td>92</td>
<td>88</td>
<td>85</td>
<td>138</td>
<td>123</td>
<td>149</td>
<td>135</td>
</tr>
<tr>
<td>Reunification in greater than or equal to 12 Months</td>
<td>201</td>
<td>190</td>
<td>194</td>
<td>243</td>
<td>284</td>
<td>348</td>
<td>255</td>
</tr>
<tr>
<td>Total</td>
<td>720</td>
<td>693</td>
<td>610</td>
<td>754</td>
<td>766</td>
<td>771</td>
<td>638</td>
</tr>
</tbody>
</table>

If those “up front” reunification experiences are included in the data the reunification rates nearly double. It is interesting to note that Measure C1.4 Reentry Following Reunification (Exit Cohort) includes reunifications for all lengths of stay and not just eight days or more.

Secondly as an “exit cohort” C1.1 and C1.2 include reunifications that happen years after the initial reunification efforts were unsuccessful. In the timeline of reunification if it is occurring in the second year of reunification efforts it is appropriate to consider that it was untimely in the continuum. However when reunification was not successful in the initial two years and often the Service Component has changed to Permanency Planning some youth struggle to find stability and permanency within another family. Secondary efforts are then made to reengage the parents and those can lead to a “second chance” reunification. Those results then add to the “untimely” numbers even though that result can be dramatically positive for the children. This occurs in Fresno frequently enough to distort the data. The following chart utilizes information from SafeMeasures to identify the timeframes for reunification past 24 months of children in care for eight or more days:
C1.1 Reunification Within 12 Months (Exit Cohort)

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Rate</td>
<td>20.4%</td>
<td>19.7%</td>
<td>17.7%</td>
</tr>
<tr>
<td>Reunification in greater than or equal to 24 Months but less than 36 Months</td>
<td>40</td>
<td>43</td>
<td>39</td>
</tr>
<tr>
<td>Reunification in greater than or equal to 36 Months</td>
<td>43</td>
<td>55</td>
<td>30</td>
</tr>
<tr>
<td>Total</td>
<td>407</td>
<td>497</td>
<td>390</td>
</tr>
</tbody>
</table>

Nearly 20% of children in an exit cohort of those in care for eight or more days are in a timeframe consistent with a “second chance” reunification.

As an entry cohort C1.3 Reunification Within 12 Months is clearer in describing the timeliness of reunification and is used as the data element for the first Selected SIP Outcomes Targeted for Improvement.

While C1.4 Reentry Following Reunification (Exit Cohort) looks at all lengths of stay it is possible using the Berkeley Data to disaggregate the two (eight days or more; seven days or less.) Not surprisingly those who have not gone through lengthy reunification services return at a higher rate but mostly near or below the 10% target. Continued monitoring will watch for an upward trend over 10%.

This measure computes the percentage of children reentering foster care within 12 months of a reunification discharge out of the total number of children who exited foster care to reunification (in both seven days or less and eight days or more) in a 12 month period-Q2 2012 data extract.
## C2 Composite: Timely Adoption
(PIP Goal: 99.2 Standard: 106.4)

<table>
<thead>
<tr>
<th>Measure Description</th>
<th>Time Frame</th>
<th>Number</th>
<th>Current Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>C2.1 Adoption Within 24 Months (Exit Cohort)</td>
<td>07/01/11-06/30/12</td>
<td>73/226</td>
<td>32.3%</td>
</tr>
<tr>
<td>C2.2 Median Time To Adoption (Exit Cohort)</td>
<td>07/01/11-06/30/12</td>
<td>226</td>
<td>28.8 Months</td>
</tr>
<tr>
<td>C2.3 Adoption Within 12 Months (17 Months In Care)</td>
<td>07/01/11-06/30/12</td>
<td>166/809</td>
<td>20.5%</td>
</tr>
<tr>
<td>C2.4 LegallyFree Within 6 Months (17 Months In Care)</td>
<td>07/01/10-06/30/11</td>
<td>31/612</td>
<td>5.1%</td>
</tr>
<tr>
<td>C2.5 Adoption Within 12 Months (Legally Free)</td>
<td>07/01/10-06/30/11</td>
<td>156/256</td>
<td>60.9%</td>
</tr>
</tbody>
</table>

The Adoption Composite remains over the Standard. As with reunification the drawbacks of utilizing exit cohorts exist. Successful work to find and achieve adoption for “hard to adopt” and/or “older” youth will not be timely but is extremely valuable in the lives of the children who overcome the “barriers” to adoption.
C2.3 Adoption Within 12 Months (17 Months In Care)

<table>
<thead>
<tr>
<th>Adoption Within 12 Months (17 Months In Care)</th>
<th>Adopted (Yes or No)</th>
<th>Rate</th>
<th>Adopted by last day of the year</th>
<th>Not adopted by last day of the year</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adopted Yes or No</td>
<td>12.2%</td>
<td>9.0%</td>
<td>10.3%</td>
<td>10.8%</td>
<td>14.7%</td>
</tr>
<tr>
<td>Adopted by last day of the year</td>
<td>183</td>
<td>127</td>
<td>138</td>
<td>127</td>
<td>170</td>
</tr>
<tr>
<td>Not adopted by last day of the year</td>
<td>1,318</td>
<td>1,285</td>
<td>1,200</td>
<td>1,054</td>
<td>987</td>
</tr>
<tr>
<td>Total</td>
<td>1,501</td>
<td>1,412</td>
<td>1,338</td>
<td>1,181</td>
<td>1,157</td>
</tr>
</tbody>
</table>

C2.3 Adoption Within 12 Months (17 Months In Care) is, in its own way, an entry cohort and therefore the better measure of performance.

When considering the population of children in care at the beginning of a timeframe who have been in care for 17 months or more at that point you have a representation of the most likely candidates for adoption. As the number of children in care decreases each year so does this population. It is improvement then to have the number of children adopted then remain steady while the population of candidates is decreasing. Adoption is not a preferred outcome for all cultures or families. Improved work with Native American families and their Tribal representatives would understandably move the goal away from traditional adoption to other options including “Tribal Customary Adoption.” Engaged work with extended families may also find options other than adoption to be preferable in that family substitute care providers are more likely to be interested in honoring and/or preserving the mother/father identities of the birth parents.
## Measure Description

<table>
<thead>
<tr>
<th>Measure Description</th>
<th>Time Frame</th>
<th>Number</th>
<th>Current Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>C3.1 Exits To Permanency (24 Months In Care)</td>
<td>07/01-11/06/30/12</td>
<td>190/739</td>
<td>25.7%</td>
</tr>
<tr>
<td>C3.2 Exits To Permanency (Legally Free At Exit)</td>
<td>07/01-11/06/30/12</td>
<td>231/236</td>
<td>97.9%</td>
</tr>
<tr>
<td>C3.3 In Care 3 Years Or Longer (Emancipated/Age 18)</td>
<td>07/01-11/06/30/12</td>
<td>86/126</td>
<td>68.3%</td>
</tr>
</tbody>
</table>

**Permanency** is included as an Outcome targeted by SIP Strategies because of the above data that indicates performance below the PIP Goal.

**C3.1 Exits To Permanency (24 Months In Care)** is used as the data element for the second Selected SIP Outcomes Targeted for Improvement.

AB12 may have an impact on the data related to **C3.3 In Care 3 Years Or Longer (Emancipated/Age 18)** as the advantages of remaining in extended care will become a disincentive to perusing a dismissal of dependency. Those who turn 18 in care are more likely to have been in care for 3 or more years.
Performance in this Composite has risen above the PIP Goal largely due to significant improvements in **C4.1 Placement Stability (8 Days To 12 Months In)**. The performance in **C4.2 Placement Stability (12 To 24 Months In Care)** ties directly to the previous year’s performance in and it can be reasonably expected that the 07/01/12-06/30/13 performance will reflect this year’s C4.1 improvement. **C4.3 Placement Stability (At Least 24 Months In)** is less likely to show improvement as those from the 718 (989 minus 271) with three or more placements who remain (due to AB12 more will remain) have no mechanism to be labeled as stable even if their last placement move was years ago.
Selected SIP Outcomes Targeted for Improvement:

Measure C1.3 Reunification within 12 months (entry cohort)

A. County’s current performance

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Reunified</td>
<td>30</td>
<td>29</td>
<td>60</td>
<td>56</td>
<td>68</td>
<td>66</td>
<td>62</td>
</tr>
<tr>
<td>Adopted</td>
<td>5</td>
<td>2</td>
<td>1</td>
<td>4</td>
<td>1</td>
<td>4</td>
<td>4</td>
</tr>
<tr>
<td>Guardianship</td>
<td>0</td>
<td>1</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>3</td>
</tr>
<tr>
<td>Emancipated</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>5</td>
<td>3</td>
<td>3</td>
<td>2</td>
</tr>
<tr>
<td>Other</td>
<td>3</td>
<td>5</td>
<td>10</td>
<td>4</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>Still in Care</td>
<td>169</td>
<td>137</td>
<td>241</td>
<td>265</td>
<td>232</td>
<td>215</td>
<td>194</td>
</tr>
<tr>
<td>Total</td>
<td>208</td>
<td>176</td>
<td>316</td>
<td>334</td>
<td>306</td>
<td>291</td>
<td>269</td>
</tr>
<tr>
<td>Rate</td>
<td>14.4%</td>
<td>16.5%</td>
<td>19.0%</td>
<td>16.8%</td>
<td>22.2%</td>
<td>22.7%</td>
<td>23.0%</td>
</tr>
</tbody>
</table>

B. The status of all strategies and action steps scheduled to start and/or be completed within the past 12 months.

Improvement Goal 1.0
Permanency Teaming provides a structure for caseworkers and families to effectively engage in case planning and implementation with support from an extended team of collaborative partners.

Strategy 1.1: A Permanency Teaming Engagement campaign is provided for case managers, providers, foster parents, FFA staff, birth parents, youth and any other relevant partners.

The first learning session was held but the subsequent sessions were put on hold and eventually were superseded by the CAPP Practice Model and the training and network engagement that supports the work of CAPP.

Strategy 1.2: Permanency Team Meetings are the framework that all other strategies and resources are able to attach on to for effective and engaged planning and execution of Case Plans.
This strategy is essentially operationalized in that in FR and PPLA the practice of Permanency Teaming is standard. The work of CAPP builds upon this by providing a behavioral framework for the interactions of the caseworker with the family and the team.

Strategy 1.3: Permanency Teaming supports Icebreakers between birth parents and substitute care providers held within a week of case assignment to the Reunification worker.

Initial training for Icebreakers has been accomplished. The continuing work of building a team for the family that includes the Substitute Car Provider is an integral behavioral element of CAPP.

Strategy 1.4: Permanency Teaming supports Case Manager’s discussions with birth parents, youth (as appropriate) substitute care providers, relatives, etc regarding concurrent planning issues and options.

While in part the original Milestones were achieved the CAPP Practice Model moves the work of discussing Permanency and Concurrent Planning to an even higher level. CAPP behaviors include ensuring clear communication of long term goals and options and invite the family to participate in option planning.

Strategy 1.5: Permanency Teaming supports intentional and effective planning regarding the progression of visits, including 3rd party supervised visits and liberal visits.

The initial Milestones related to visitation were generally accomplished and the CAPP initiative allows for a deeper and continual focus on structural barriers and solutions that eliminate those barriers. The CAPP Practice Model recognizes visitation as one of the most significant elements to positive outcomes.

Improvement Goal 2.0
In situations where the behavioral and emotional needs of a youth in placement challenge the possibility of placement back in the family home utilization of MTFC or Wraparound services are explored.

Strategy 2. 1: Training is provided to staff regarding the MTFC and Wraparound programs

Improvement

With the amount and intensity of training related to CAPP it was deemed not prudent to layer a division wide Wrap training on top of this. It should be noted however that there are some significant correlations between Wrap practice and approach and CAPP so that it would be expected that as DSS strengthens its approach with CAPP Wrap will be a more normal approach to consider when appropriate. The Wrap liaisons continue to work with the case managers on an individual basis. Wrap continues to be successful with more than 100 (Probation, AAP and Child Welfare) youth served at any one time and numbers remaining in Group Home placement remain historically low (under 5%).

Newly hired social workers did receive training on Wraparound on October 23, 2012.

Improvement Goal 3.0
Engagement with parents is supported through the use of existing and expanded structures and resources.
Strategy 3.1 Cultural Brokers and Parent Partners function as a bridge between the parents and the agency, helping the parents to understand the process and the agency to understand the parents.

Cultural Brokers continue to be strongly focused at the front end, responding with ER workers on Crisis referrals. Some work is done as follow-up with ongoing cases but capacity has not yet allowed a more broad participation.

Parent Partners are functioning but the program is not yet ready for participation.
Measure C3.1 Exits to permanency (24 months in care)

A. County’s current performance

<table>
<thead>
<tr>
<th>C3.1 Exits To Permanency (24 Months In Care)</th>
</tr>
</thead>
<tbody>
<tr>
<td>In care on the first day of the year (24 months or longer): Exit to permanency by the end of the year and before age 18</td>
</tr>
<tr>
<td>Rate</td>
</tr>
<tr>
<td>Exited to reunification by end of year and before age 18</td>
</tr>
<tr>
<td>Exited to adoption by end of year and before age 18</td>
</tr>
<tr>
<td>Exited to guardianship by end of year and before age 18</td>
</tr>
<tr>
<td>Exited to non-permanency by end of year</td>
</tr>
<tr>
<td>Still in care</td>
</tr>
<tr>
<td>Total</td>
</tr>
</tbody>
</table>

Q2 2012 Extract

B. The status of all strategies and action steps scheduled to start and/or be completed within the past 12 months.

Improvement Goal 1.0
Youth who are in PPLA are regularly assessed for permanency options

Strategy 1. 1: Permanency Teaming will create continuity in planning for permanency for youth who have not had the opportunity to reunify. Some will have a concurrent plan that needs to be supported and actualized; others will need permanency options to be developed.

The CAPP Practice Model expects that youth who do not reunify will receive planning towards permanency. The building of a Circle of Support is essential for every child (and family.) This will occur from the beginning for cases still in early stages but also for youth who have been in care for years.
Strategy 1. 2: Youth who do not have apparent permanency options will benefit from Family Finding efforts that engage persons who care about the youth but have not been asked to be involved recently.

Since September 2011 the CAPP “Division” has contained Family Finding staff that are being successful in reestablishing relationships for children who have been disconnected as well as finding family that was heretofore unknown to the child and DSS. Additionally they work with the Parent Search staff in the initial stages of detention to find mothers and/or fathers whose locations are not initially known.

Improvement Goal 2.0
In situations where the behavioral and emotional needs of a youth in placement challenge the possibility of placement back in the family home utilization of MTFC or Wraparound services are explored.

Strategy 2. 1: Training is provided to staff regarding the MTFC and Wraparound programs.

With the amount and intensity of training related to CAPP it was deemed not prudent to layer a division wide Wrap training on top of this. It should be noted however that there are some significant correlations between Wrap practice and approach and CAPP so that it would be expected that as DSS strengthens its approach with CAPP Wrap will be a more normal approach to consider when appropriate. The Wrap liaisons continue to work with the case managers on an individual basis. Wrap continues to be successful with more than 100 (Probation, AAP and Child Welfare) youth served at any one time and numbers remaining in Group Home placement remain historically low (under 5%).

Newly hired social workers did receive training on Wraparound on October 23, 2012.

Improvement Goal 3.0
The positive role of the birth family and/or relatives is supported even when reunification is not possible.

Strategy 3. 1: Review cases for family involvement and reconnect to either reconsider placement or ensure relationship support through visitation.

The CAPP Practice Model emphasizes the building of Circles of Support. Family Finding is used when a child needs to expand their support through extended family. In developing relationships with recently engaged family contacts will range from letters and phone calls to extended visits or placement.

From the Fresno County Child Welfare 2011 Annual Report:

Permanency Teaming/Building Circles of Support
Prior to Fresno County’s participation in the California Permanency Project, steps had been taken to promote engagement and teaming practices rather than the traditional use of meetings. Fresno County adopted the Permanency Teaming approach which makes higher efforts in locating or building family supports for young people in foster care, no matter their age, current placement, or unique challenges. The process brings together all adults recognized as important to a young person in order to work together with the youth and Department staff to map and prepare for the minor’s adulthood, while strengthening and building family connections. This is a shift from traditional practices in that it emphasizes team building around the specific needs of each child. The goal of this approach is for young people to exit care with enduring family ties and fewer severed relationships.
The Department of Social Services administrative team has developed a full implementation/roll-out plan, and established a leadership structure and communication plan that leverage the child welfare reorganization to promote a one-agency approach. The Department has worked arduously to develop protocols for Permanency Teaming practices, and train all agency supervisors and workers on Quality Supervision and Permanency Teaming practice. Key Department staff and coaches have developed tools to help staff with engagement and difficult conversations with children and families. The Department established the Family Youth Engagement Subcommittee in which DSS staff and community partners such as Parent Partners provided feedback on improving teaming practices to maximize engagement and buy-in from families.

The purpose of this approach is having the social worker become familiar with the case prior to a meeting, in order to successfully engage the family. Through Permanency Teaming, Fresno County DSS anticipates permanency will increase for African American and Native American children and youth. The main Departmental goal consists of increased and timelier reunification, through a Quality Family Engagement and Teaming practice. Through the establishment of trusting relationships among social workers and families, we can promote better outcomes for families.
Disproportionality

A. County’s current performance

The representation of Black children in referrals, substantiations, entries and in care remain at a higher rates than their representation in the overall population. The clearest progress is in the in care rate, although that decrease appears to have leveled off. It is important to understand that this is in the context of a significant overall reduction of children in care and indicates that the reductions are including black children in greater numbers that would have left their representation flat. Entries of eight days or more is fluctuating in a generally downward trend but it would appear that gains have been difficult to sustain and at any rate more than 10% the participation more than doubles the rate in the population at large.
The representation of Native American children in referrals, substantiations, entries and in care remain at slightly higher rates than their representation in the overall population. The bubble that is observed from 2004 to 2008 most likely is attributable to overcompensation in the identification of Native American racial identity to include almost all children who had any Native ancestry irrespective of their own identification or cultural practice. In 2009 there was a “data clean up” that could not affect closed referrals and cases and there could be some overcompensation in the current data as well. In spite of that it can be safely assumed that there is some overrepresentation of Native American children at most points within the system and a need for an increased attention to the details of compliance with ICWA law related to placement as well as cultural and tribal engagement.
B. The status of all strategies and action steps scheduled to start and/or be completed within the past 12 months.

Improvement Goal 1.0
A continually developing understanding of the depth and breadth of Disproportionality is achieved through a constantly growing review of the data indicators of the challenge that explores all aspects of participation in the Child Welfare process.

Strategy 1. 1: The Self Evaluation Team has as a top priority the exploration of disproportionality data from the standard decision point view to the deeper explorations of all other available outcomes and dynamics.

The work of Self Evaluation is no longer the responsibility of a Self Evaluation Team. The Outcome Evaluation and System Improvement unit (in conjunction with the IT department) processes and provides all data and analysis as needed by the department as it relates to child welfare. This included data related to disporortionality. The data is available to staff and the public on the Self evaluation webpage. http://www.co.fresno.ca.us/SelfEvalDisp

Improvement Goal 2.0
Participate as the subject of an "Institutional Analysis" related to the consideration that systemic constructs within an institution contain hidden and unintended consequences that contribute to Racial Disparities and Disproportionality

Strategy 2.2 Fresno is the single jurisdiction invited by the Annie E. Casey Foundation (AECF) to participate in an “Institutional Analysis” in 2009

As noted previously as a significant step to identify system shortcomings and work to improve services DSS volunteered to be part of an intensive assessment known as an Institutional Analysis, led by the Center for the Study of Social Policy (www.cssp.org), a Washington, D.C.-based public policy and research nonprofit organization. The report was jointly released by Fresno County DSS and CSSP on October 19, 2010. CAPP has become a significant mechanism to implement recommended system changes as well as to continue in the discovery of ways that structures and processes can interfere with equitable treatment of children and families.

Improvement Goal 3.0
The cultural sensitivity of services is developed and supported.

The Fresno County Child Welfare 2011 Annual Report provides some information on other steps to address issues of culture:

Systems Thinking and Race Training
The Institutional Analysis also served to show that the problem of disproportionality and disparities was not only perpetuated on a case by case level, but rather were systematic practices and barriers that contributed to African American and Native American families experiencing different outcomes and service. In order to have a better understanding of systems, race, and disproportionality, the Department invited Dr. John A Powell, the Executive Director of the Kirwan Institute for the Study of Race and Ethnicity at The Ohio State University, and a national expert on civil rights and civil liberties, to provide a training to Program Managers, Supervisors, and community partners on Systems Thinking and Race.

Through this training, staff were able to gain knowledge in Structural Racialization — a concept that posits the idea that we are more than just the product of our own efforts. Segmentation or classification of groups of people is often perceived as an individual action rather than a societal act. Many of the problems faced by families are not only based on class but have a race factor. Professor Powell lectured on the structures of opportunity, “situatedness” of individuals (their positioning in a system), as well as implicit bias and mind science. Many of the biases demonstrated by the general population operate in the unconscious mind — conditioned by society from a very early age. Dr. Powell provided insight on power and organizations, and how social workers can intervene and impact the lives of families through an increased awareness of all of these factors.

Racial Sobriety Training and Coaching
“Racial Sobriety” (www.racialsobriety.org) training and coaching was introduced in the Department to help address the Institutional Analysis finding that the Department did not understand the unique strengths and problems of African American families. The goal of racial sobriety is to understand the implications of institutional and personal bias and its impact on child welfare practice. The training was provided to all child welfare staff and focused on creating “racially sober” social workers through “witnessing to ourselves and others that our thinking, feeling and acting reflects our commitment to seeing each person as a member of the same human family. Racial Sobriety requires a self awareness that examines our prejudices in regard to another’s racial caste in society.” The coaching supports that have followed the training are focused on the integration of family engagement with the tenets of racial sobriety.

Strategy 3.1 Cultural brokers are supported, expanded and strategically deployed
From the Fresno County Child Welfare 2011 Annual Report:

**Cultural Brokers**

After adopting the Family-to-Family Initiative in 2003, Fresno County community representatives who participated in Team Decision Making Meetings observed a need to provide extra support to families struggling to navigate the child welfare system. From that need came the idea of Cultural Brokers, created by Margaret Jackson, an active community member and previous DSS employee, and Fresno State Instructor. Cultural Brokers are community members that have received extensive training on the child welfare system and the Family to Family Initiative, including TDM meetings and Family Group Conferences. Ideally the Brokers will be of the same culture as the family and or have an extensive knowledge base of the family’s culture. Cultural Brokers have extensive knowledge of not only ethnic groups but of specialized topic areas such as substance abuse, domestic violence, ICWA, and immigration/undocumented persons. Through this expertise, Cultural Brokers know how best to serve families with issues in these specific areas. The Cultural Broker helps the agency work with the family, and the family work with the agency. Cultural Brokers are trained in DSS program activities and purposes, Child Welfare mandates, and how to work with the Juvenile Court. Cultural Brokers bridge cultural gaps by communicating differences and similarities between cultures. Cultural Brokers serve as Liaisons, Cultural Guides, Mediators, and Change Agents who mediate and negotiate complex processes within organizations, government, communities, and interest groups.

Some of the key functions of Cultural Brokers include assisting with team meetings and providing information about the family, helping link the family with supportive resources, partnering with DSS on behalf of high risk families, and alerting DSS if the risk level changes. Other duties include attending court with the family and providing helpful written reports to the case manager, which can provide needed documentation for court purposes. Cultural Brokers have served as the bridge between community members involved with the child welfare system and DSS staff. Through the use of Cultural Brokers, the Department has been able to provide preventative services, successfully reunify families, and prevent unnecessary Departmental involvement by wrapping the family with support. Cultural Broker services have been so successful that the Department expanded their contract to increase their capacities to respond to Joint Community Response Emergency Response referrals.

**Joint Community Response**

In October of 2010, Cultural Brokers moved to a formal contract with the County in order to provide a Joint Community Response (JCR) protocol to child abuse referrals with Emergency Response supervisors, social workers and Cultural Brokers.

This strategy involves a coordinated joint response between social workers and Cultural Brokers to successfully engage with African American families and thereby conduct a more accurate initial assessment of a family’s needs. In this way social workers utilize the services of Cultural Brokers from the very first meeting with families to assist with family engagement in the most critical time with the Department.

Thus far, the Joint Community Response program data analysis is showing that Cultural Broker involvement in referral assessments resulted in more engagement with families, less cultural misinterpretations, and overall improved cooperation of families with the Department. Entries into the child welfare system have decreased overall. The Department is currently exploring the implementation of a Joint Community Response expansion plan to include non-crisis referrals, evenings and weekend hours, and ongoing cases.

Strategy 3.2 A parenting class utilizing the Nurturing Parenting Curriculum with specific cultural perspectives woven in is utilized by African American Families.

As noted in the March 2011 SIP Update the Nurturing Parenting class with specific cultural perspectives woven in is now utilized by African American Families.
PROBATION DEPARTMENT INTERNAL DATA:

As of October 31, 2012, the Probation Department had 91 cases with out of home placement orders pursuant to 727 WIC or under supervision pursuant to 450 WIC. Identification of the current placements is as follows: Minors pending placement- 15; Minors in Foster Homes/Relative Care/NREFM- 4; Minors in Fresno County Group Homes- 12; Minors in out of County Group Homes- 9; Minors in out of State Group Homes- 2; Minors in custody pending a hearing or on runaway pending a warrant- 8; Minors in SB 163 Wraparound Program- 15; Minors in FBHC Placement- 4; Minors with active warrants- 6; Minors in custody serving programs/commitments- 12; and Minors under AB12/EFC supervision- 4.

As the UC Berkeley Dynamic Website becomes up to date with Probation Statistical Information, numbers will be drawn to reflect state and national comparisons. The Department also meets with California Department of Social Services representative Julie Cockerton for CSA and SIP consultation.

III. Other Successes/Promising Practices

From the Fresno County Child Welfare 2011 Annual Report:

The Putting Pride into Practice Project (P-4) was created to provide California counties the support, resources and technical assistance necessary to implement the recommendations of the Best Practice Guidelines for serving LGBTQ Youth in Out-of-Home Care as stipulated in California’s Foster Care Nondiscrimination Act. The Putting Pride into Practice Project has selected four culturally and geographically diverse counties in which to pilot the project — Fresno being one of these sites.

The ultimate goal of the project is to expand to all 58 counties throughout the state so that all child welfare professionals are equipped with the information and resources they need to best support LGBTQ youth in care. In addition to the four pilot counties, the project also works with California’s Community Care Licensing (CCL) to ensure a high level of LGBTQ competency within the state’s licensing infrastructure. In Fresno County, the work of the P-4 program has been successfully integrated into cultural competence trainings offered to staff. DSS has held events to raise awareness in staff and provide much needed resources to the youth.

LGBTQ youth in foster care often live under intolerable conditions as they cope with more than the turmoil associated with America’s child welfare system. LGBTQ youth often experience neglect, discrimination and even abuse due to the anti-gay sentiment and ignorance of the child welfare system. This maltreatment is perpetrated not only by youth peers, but also by group home staff, foster parents, case workers or others who are charged with the care of foster children but lack the knowledge of this group. The project focuses on:

1. Developing policies, implementing best practices and promoting training and organizational cultural change at the county level;
2. Building long-term capacity and support for this effort at the state level;
3. Developing best practices for the collection of data in LGBTQ youth in out of home care; and
4. Dissemination of existing and development of new resources to support LGBTQ youth in out of home care.

The Department has begun to offer trainings and event to staff in which they have hosted guest speakers that present their struggles and experiences as LGBTQ youth in care. Our Department has also made efforts to educate our community on the needs of this population through radio appearances. Social events for youth to find support in one another have also been set in place. Our Department continues to work to raise awareness, and create a culture of acceptance for this vulnerable group of youth.

Fresno County, in collaboration with the Stuart Foundation, is implementing the Education Equals Program. Education has become a critical piece for child welfare given the low academic achievement rates of youth in foster care. Historically there has been a lack of focused and integrated attention by the child welfare and educational
systems to the educational needs and potential of foster youth. The results of the fragmented approach are sadly consistent across the country. Compared with other children, foster children are more likely to:

- Have academic and behavioral problems in school
- Have higher rates of absenteeism and disciplinary referrals
- Perform below grade level and have been held back in school
- Do not complete high school
- Fail to go on to a 4-year college
- Be placed in special education

**Education Equals**, a program launched in three California counties in 2008 under the name Ready to Succeed, is a bold, comprehensive and multi-component initiative designed to improve education outcomes for California’s foster children and youth. Primary efforts have focused on creating impact and measuring results in Fresno County and two others. As the program evolves, collaborators are looking to expand the advocacy for foster care children’s education. Education Equals supports the following activities:

- Direct service (Educational Liaisons)
- Data and accountability systems
- Technical assistance
- Informing public policy
- Community engagement

In its current incarnation, Education Equals is a three phase program: Tier 1: Pre-School (ages 3-5), Tier 2: K-12, and Tier 3: College and Career. The program will focus on three key practice areas: education-informed home placement, systematic information gathering, and customized case management and networking. All of these services will be trauma-informed, meaning they will be based on the understanding of the triggers and vulnerability of trauma survivors.

The ultimate goal of this program is to create stability and permanency in the lives of children and youth in foster care, create school environments that are consistently accommodating and welcoming to foster youth, and create higher expectations of outcomes for foster youth.

**PROBATION DEPARTMENT OTHER SUCCESSES/PROMISING PRACTICES:**

In the Fall of 2012, placement staff came together in efforts to relocate youth that have absconded from their group home programs and or probation supervision. In September 2012, unit staff was able to locate three foster youths which their whereabouts had been unknown for several months. In October 2012, unit staff was able to track down two additional outstanding youth. The youth were brought back before the Court for re-assessment for continued services. The next scheduled collective detail for 2012 is set for December 13th. Based on the success rate of these details, staff will continue to conduct these organized efforts well into 2013 and 2014.
IV. Other Outcome Measures Not Meeting State and/or National Standards

Timely Non-Crisis Response

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>COUNT</td>
<td>n</td>
<td>n</td>
<td>n</td>
<td>n</td>
<td>n</td>
<td>n</td>
<td>n</td>
<td>n</td>
<td>n</td>
<td>n</td>
</tr>
<tr>
<td>Timely Response</td>
<td>1,086</td>
<td>1,137</td>
<td>1,206</td>
<td>1,230</td>
<td>1,351</td>
<td>1,298</td>
<td>1,197</td>
<td>1,072</td>
<td>1,069</td>
<td>917</td>
</tr>
<tr>
<td>No Timely Response</td>
<td>106</td>
<td>156</td>
<td>111</td>
<td>127</td>
<td>125</td>
<td>90</td>
<td>155</td>
<td>233</td>
<td>397</td>
<td>474</td>
</tr>
<tr>
<td>Total</td>
<td>1,192</td>
<td>1,293</td>
<td>1,317</td>
<td>1,357</td>
<td>1,476</td>
<td>1,388</td>
<td>1,352</td>
<td>1,305</td>
<td>1,466</td>
<td>1,391</td>
</tr>
<tr>
<td>Rate</td>
<td>91.1%</td>
<td>87.9%</td>
<td>91.6%</td>
<td>90.6%</td>
<td>91.5%</td>
<td>93.5%</td>
<td>88.5%</td>
<td>82.1%</td>
<td>72.9%</td>
<td>65.9%</td>
</tr>
</tbody>
</table>

*Data Source: CWS/CMS 2012 Quarter 2 Extract.*


1) What has happened in ER for the last 4 quarters that has prevented reaching 90% or above compliance for 10 day referrals? (July-September 2011, October-December 2011, January-March 2012, and April-June 2012.

In June 2011, there were 43 Emergency Response social workers available to respond to 10 day referrals. Since that time the number of available social workers reached a low of 32 Emergency Response social workers to respond to 10 day referrals. That equates to a 25% decrease in staffing.

The end of July 2011, a change was made from workers being dedicated specifically to Crisis or Non-Crisis to social workers responding to both crisis and non-crisis referrals. The goal was to redeploy the entire ER allocation of staff to both types of response to increase the available number of responders for a particular days/weeks Crisis referrals. It was hoped that this would spread that workload more evenly across a larger number and would better accommodate the immediate needs of the larger fluctuations of the number of Crisis referrals. The hope was that each worker would be assigned 5 to 6 crisis a month, and 11 non-crisis a month per social worker. An additional benefit of this strategy was that it would build the capacity of all ER workers to be able to do both crisis and non-crisis work.
The average number of Crisis and Non-Crisis referrals per month increased in both 2011 and 2012. As it seems to have turned out, given the priority of crisis referrals for response and that they have the potential to consume a significantly larger amount of time, the response to Non-Crisis was negatively impacted. There was a cumulative impact as the number of Non-Crisis referrals still needing attention increased. The staffing capacity needs to be able to not only meet the demands of the current workflow but to process referrals from prior months. July 2012 was the first month this year that the number of referrals closed exceeded new assignments. August and September have continued that trend.

2) What steps are ER Supervisors and Managers taking to ensure that performance improves in the 3rd quarter (August through September 2012) and 4th quarter (October through December 2012) and compliance is achieved by the 1st quarter (January through March 2013) and sustained for subsequent quarters?

Since April 2012, Social Work Supervisors determine which of their workers will do primarily crisis referrals, and which will do primarily non-crisis referrals. All the social workers receive a few non-crisis referrals each month if they take primarily crisis referrals and all social workers doing primarily non-crisis referrals are to receive a few crisis referrals. This continues the strategy to build the capacity of all ER workers to be able to do both crisis and non-crisis work.

In July and August the Department hired and reassigned 9 social workers to the Emergency Response Division. However, there is a delay in their impact due to the need for training and preparation for a full response load. A number of Social Workers from other areas such as QA and CAPP are temporarily working in ER to bridge that gap in time. There are now 43 Emergency Response social workers.

The three Program Managers positions in Emergency Response are now fully staffed. For a period of time in early 2012 there was a position that was vacant.

The managers have created a monthly data report to monitor the number of non-crisis referrals assigned each month to social workers, by unit, and which referrals have had no contact. The Program Managers will be conferencing with their supervisors using the data report, and the supervisors will be using the data report to conferencing with their social workers. The report is provided to the Deputy Director monthly.

During the summer each ER unit was given a week in which they did not receive any non-crisis referrals, in order for them to catch up with their backlog of non-crisis referrals. Overtime on Saturdays and after 5:00 pm was provided to social workers starting in April 2012, to assist social workers in working on 10 day referrals. This includes staff who are not currently assigned to ER being able to assist with the workload. Non-case carrying social workers, VFM social workers, and Swing workers were given non-crisis referrals to respond to from June to August 2012, as a part of their regular work day, to help with the emergency response workload.
V. Link to the Program Improvement Plan

The Eight Core Practice Elements are specific in their direction to support the six PIP strategies.

**INQUIRY:** Uses inquiry and mutual exploration with the family to find, locate and learn about other family members and supportive relationships of children, youth and families within their communities and Tribes.

**ENGAGEMENT:** Seeks out, invites in, values and makes central the power, perspectives, abilities and solutions of families and their supportive communities and Tribes in all teaming and casework practice.

**SELF-ADVOCACY:** Recognizes and supports the power of individuals and families to speak about their own well-being and self in finding solutions and continuing to grow.

**ADVOCACY:** Speaks out for children, youth and families based on their strengths, resources and cultural perspectives in order to support them in strengthening their family, meeting their needs, finding their voice and developing the ability to advocate for themselves (includes caseworkers, attorneys, Tribal and community representatives, CASA’s, service providers, etc.).

**WELL-BEING PARTNERSHIPS:** Understands and addresses health, education, spiritual and other family needs through on-going partnerships with families and their supportive communities and Tribes, including exploring and responding sensitively to the current and historical trauma and loss family members and caregivers may have experienced.

**RECOVERY, SAFETY AND WELL-BEING:** Based on the strengths, resources and perspectives of families and their supportive communities and Tribes, identifies, locates, advocates for and supports use of culturally sensitive services, supports, healing practices and traditions to address trauma, loss, behavioral health, recovery, child safety and other child and family needs.

**TEAMING:** Recognizes and appreciates the strength and support that a family’s community, cultural, tribal and other natural relationships can provide, which inspires and insists that the child welfare social worker engage not only the family, but the family’s entire system of support so that the family can be best served.

**SHARED COMMITMENT AND ACCOUNTABILITY:** Every assessment and decision is the product of the work of both the social worker and the family, and in many cases, inclusive of the collaborative work of both within the context of the family team.

**PIP Strategy One:** Expand the use of participatory case planning strategies.
Specifically supported by: INQUIRY, ENGAGEMENT, SELF-ADVOCACY, WELL-BEING PARTNERSHIPS, RECOVERY, SAFETY AND WELL-BEING, TEAMING, SHARED COMMITMENT AND ACCOUNTABILITY

**PIP Strategy Two:** Sustain and enhance permanency efforts across the life of the case.
Specifically supported by: INQUIRY, ENGAGEMENT, SELF-ADVOCACY, ADVOCACY, TEAMING, SHARED COMMITMENT AND ACCOUNTABILITY

**PIP Strategy Three:** Enhance and expand caregiver recruitment, retention, training and support efforts.
Specifically supported by: WELL-BEING PARTNERSHIPS, RECOVERY, TEAMING, SHARED COMMITMENT AND ACCOUNTABILITY

**PIP Strategy Four:** Expand options and create flexibility for services and supports to meet the needs of children and families.
Specifically supported by: INQUIRY, ENGAGEMENT, SELF-ADVOCACY, ADVOCACY, WELL-BEING PARTNERSHIPS, RECOVERY, SAFETY AND WELL-BEING, TEAMING

**PIP Strategy Five:** Sustain and expand staff/supervisor training.
Specifically supported by: Introductory and refresher training on the CAPP Practice Model and tools that support the practice such as Safety Organized Practice.

**PIP Strategy Six:** Strengthen implementation of the statewide safety assessment system.
Specifically supported by: INQUIRY, ENGAGEMENT, SELF-ADVOCACY, RECOVERY, SAFETY AND WELL-BEING
VI. SIP Chart

**Priority Outcome Measure or Systemic Factor: Length of Time to Exit Foster Care to Reunification**

**National Standard:**
Composite Score 122.6
For C1.1 the National Standard rate is greater than 75.2%
For C1.2 the National Standard median time for reunification is less than 5.4 months
For C1.3 the National Standard rate is greater than 48.4%
For C1.4 the National Standard rate is less than 9.9%

**Current Performance:**
In Q2 2012 the Composite Score is 80.2
In Q2 2012 the C1.1 rate is 34.6%
In Q2 2012 the C1.2 median time for reunification is 15.4 months
In Q2 2012 the C1.3 rate is 23.0%
In Q2 2012 the C1.4 rate is 8.8%

**Target Improvement Goal:** The 2010 SIP set a growth target of 5% for Timely Reunification and used the composite planner to achieve a composite score of 95 (the PIP Goal is 110.2) with targets as follows:
- For C1.1 the 134 children who reunified would need to increase to 154 (40.8%)
- For C1.2 the median time for reunification would need to reduce from 13.8 months to 13.0 months
- For C1.3 the 56 children who reunified would need to increase to 76 (22.6%)
- For C1.4 the 34 children who reentered care would need to increase to no more than 40 (6.5%)

**Priority Outcome Measure or Systemic Factor: Exits to Permanency**

**National Standard:**
Composite Score 121.7
For C3.1 the National Standard rate is greater than 29.1%
For C3.2 the National Standard rate is greater than 98.0%
For C3.3 the National Standard rate is less than 37.5%

**Current Performance:**
In Q2 2012 the Composite Score is 101.4
In Q2 2012 the C3.1 rate is 25.7%
In Q2 2012 the C3.2 rate is 97.9
In Q2 2012 the C3.3 rate is 68.3%

**Target Improvement Goal:** As to Permanence a growth target of 5% is determined using the
For C3.1 the 179 children who exited to permanency would need to increase to 195. (18.1%)
For C3.2 the 175 youth exited to permanency out of the cohort of 181 legally free youth is unlikely to change much due to the small number involved so for this exercise it will remain constant. (96.7%)
For C3.3 the 105 youth who either emancipated or turned 18 while in care would need to decrease to 97. (58.8%)

**Priority Outcome Measure or Systemic Factor: Racial Disproportionality**

**National Standard:**
No specific standards are identified per se however it is expected that the representation of a particular ethnic group would most appropriately mirror the representation of that group in the overall county child population

**Current Performance:**
- Substantiated Referrals:
  - 2011 Rate (Q4 2011 Extract): 12.09%
- Entry Into Care:
  - 2011 Rate (Q4 2011 Extract): 14.35%
- Continuing In Care (Point In Time):
  - 2011 Rate (Q4 2011 Extract): 15.06%

**Target Improvement Goal:**
As to Racial Disproportionality data, the goal is to continue the trend for black children towards lower representation in substantiated referrals, entry into care and continuing in care along with other disparate outcomes as they are identified

- Substantiated Referrals:
  - 2008 Rate (Q2 2009 Extract): 11.55% (Q4 2011 Extract): 11.97%
  - SIP Goal Rate (15% reduction) 9.82%
- Entry Into Care:
  - 2008 Rate (Q2 2009 Extract): 11.58% (Q4 2011 Extract): 12.72%
  - SIP Goal Rate (15% reduction) 9.84%
- Continuing In Care (Point In Time):
  - 2008 Rate (Q2 2009 Extract): 15.76% (Q4 2011 Extract): 16.10%
  - SIP Goal Rate (15% reduction) 13.40%
Probation Priority Outcome Measure or Systemic Factor: Placement Stability

**National Standard:**
Composite Score 101.5
For C4.1 the National Standard placement stability (8 days to 12 months in care) = 86.0%
For C4.2 the National Standard placement stability (12 to 24 months in care) = 65.4
For C4.3 the National Standard placement stability (At least 24 months in care) = 41.8%

**Current Performance:**
In Q2 2012 the Composite Score is not available
In Q2 2012 the C4.1 rate is 81.1%
In Q2 2012 the C4.2 rate is 60.7
In Q2 2012 the C4.3 rate is 26.1%

**Target Improvement Goal:**
As to Placement Stability, the goal is to continue improve placement stability by 1-2% per measure for the year 2013-2014.
<table>
<thead>
<tr>
<th>Action Steps</th>
<th>Timeframe</th>
<th>Person Responsible</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>A.</strong> Develop, Implement, Refine and Evaluate the CAPP Practice Model</td>
<td>October 2010 through September 2015</td>
<td>CAPP Cross Site</td>
</tr>
<tr>
<td><strong>B.</strong> Develop the Training Plan for the Practice Model</td>
<td>(see Appendix)</td>
<td>CVTA Fresno CAPP Implementation Team</td>
</tr>
<tr>
<td><strong>C.</strong> Training for the First CAPP Cohort</td>
<td>February 27, 2012 through February 29, 2012</td>
<td>Phil Dector CVTA Fresno CAPP Implementation Team</td>
</tr>
<tr>
<td><strong>D.</strong> Supplemental Training and Coaching for CAPP Trained Social Workers and Supervisors.</td>
<td>March 2012 and Ongoing</td>
<td>CVTA Fresno CAPP Implementation Team</td>
</tr>
<tr>
<td><strong>E.</strong> Training for the Second CAPP Cohort</td>
<td>June 4, 2012 through June 6, 2012</td>
<td>Phil Dector CVTA Fresno CAPP Implementation Team</td>
</tr>
</tbody>
</table>
**F. Training for the Third CAPP Cohort**

October 31 2012 through November 2, 2012

Karen Martin
CVTA
Fresno CAPP Implementation Team

**G. Training for the Additional CAPP Cohorts and New Hires**

2013 and Ongoing

TBD
CVTA
Fresno CAPP Implementation Team

**H. Test for Fidelity to the Practice Model**

November 2012

CAPP Evaluation Team
Fresno CAPP Implementation Team
Permanency Innovations Initiative Evaluation Team (PII-ET)

**I. Formative Testing of the Practice Model**

March 2013

CAPP Evaluation Team
Fresno CAPP Implementation Team
Permanency Innovations Initiative Evaluation Team (PII-ET)

**J. Summative Testing of the Practice Model**

2014 and 2015

CAPP Evaluation Team
Fresno CAPP Implementation Team
Permanency Innovations Initiative Evaluation Team (PII-ET)
<table>
<thead>
<tr>
<th>Probation Strategy 1: Increase parent/guardian and youth participation in family therapy</th>
<th>CAPIT</th>
<th>CBCAP</th>
<th>PSSF</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>Applicable Outcome Measure(s) and/or Systemic Factor(s):</td>
<td>Timely Reunification and Placement Stability</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Action Steps:**  

<table>
<thead>
<tr>
<th><strong>A.</strong> Learning session to seek training from UC Davis Extension and/or County Mental Health on therapeutic models that support early family therapy.</th>
<th>Timeframe: October 15, 2010. Due to a new supervisor and staff changes within the unit, it appears that this could be accomplished by December 27, 2014.</th>
<th>Person Responsible: Training Manager Placement Manager (monitored and assessed by Training Manager, Placement Manager, and Division Director)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>B.</strong> Meet with group home providers, FFA’s, and County Mental Health to discuss therapy issues and compliance. Group Home Advisory meetings and individual meetings with administrative providers</td>
<td>Ongoing through 2014</td>
<td>Chief Probation Officer Division Director Placement Manager DPO IV’s DPO I, II and III’s</td>
</tr>
<tr>
<td><strong>C.</strong> Implement procedure that requires a team meeting with parent/guardian, caregiver, therapist, and Deputy Probation Officer within 60 days. The case plan will be updated to include a “mandatory” section that discusses the team meeting and its outcomes. Days of placement to discuss therapy plan. The Court reports will also add a section discussing the “meeting” with all parties and its outcome.</td>
<td>Ongoing through 2014</td>
<td>Division Director Placement Manager DPO IV’s Automation Services</td>
</tr>
</tbody>
</table>
In regards to Strategy 1, reunification is achieved in a timelier manner when family therapy begins earlier in the process rather than later. In order to assist providers to engage the family and get their “buy in”, probation officers implemented the technique of motivational interviewing or “MI”. By implementing MI, officers focus on exploring and resolving ambivalence and centers on motivational processes within the individual that facilitate change.

Placement officers attended the following classes offered by the UC Davis Extension. AB12/212 CA Fostering Connections to Success Act on February 24, 2012, Extended Foster Care for Juveniles on May 23 and 24, 2012, and CWS/CMS Training on August 20, 2012. Due to budgetary issues, officers were not allowed to attend training outside of the county unless it was not offered locally or there was an immediate need for the training. One officer was sent to Sacramento on October 24, 2012, to attend Assessment and Intervention with Adolescent Sex Offenders on October 24, 2012, and one officer attended placement Core in Emeryville, CA completing on March 15, 2012. In addition, all placement officers attended Motivational Interviewing in 2011 and PACT training in 2012. The officers recently assigned to the placement unit are scheduled to attend AB 12- Extended Foster Care Training on December 4 and 5, 2012. Also, the new officers in the unit are scheduled to attend Placement Core in February 12-14, March 19-21, and April 16-18 of 2013. Officers will also enroll in various AB12 update training when it becomes available by UC Davis.

Advisories were held on the following dates in 2012: June 4, 2012, September 10, 2012, and December 10, 2012. It should be noted that due to a change in Probation Services Managers in February 2012, the first quarterly meeting was cancelled. Meeting with Group Home providers are on-going through individual meetings, advisories, and annual inspections. The turn outs have been positive as well as our goals compliance with therapy. The dates for 2013 have yet to be determined; however there will be one meeting per quarter.

By implementing procedures that requires a team meeting with parent/guardian, caregiver, therapist, and Deputy Probation Officer within 60 days, the Probation Department followed DSS procedure regarding this milestone. Through the institutional analysis they participated in they have a meeting with all involved parties every 90 days. The Probation Department met with the Delinquency Court and established a practice that was incorporated into the periodic reviews. This new process was implemented in June 2011. In the section of the report, the probation officer outlines what parties were involved in the 90 day conference, the direction the case plan is heading, and any issues that need to be addressed. In this section, the probation officer articulates to the Court, the rationale if any changes are imposed.
**Probation Strategy 2:** Support parents/guardians with parenting classes, drug treatment, and drug testing.

<table>
<thead>
<tr>
<th>Applicable Outcome Measure(s) and/or Systemic Factor(s):</th>
<th>Timely Reunification</th>
</tr>
</thead>
</table>

**Action Steps:**

<table>
<thead>
<tr>
<th>Timeframe</th>
<th>Person Responsible</th>
</tr>
</thead>
</table>
| A. Use CWS / OIP funds to contract for parenting classes for the parents of delinquency youth in care. Add on to current Social Services contracted providers | **April 30, 2010**  
Set contract meeting with DSS & Probation  
June 1, 2010  
Finalize MOU agreement  
July 30, 2010  
Begin referral process  
January 30, 2011  
Review utilization of services for increase or decrease. Attendance and parent cooperation will be reviewed  
July 30, 2011  
Review existing MOU, need for services, or alternatives if CWS/OIP funds are not available  
January 30, 2011  
Review project and updates on sustainability  
December 2012  
December 2013  
Meet with DSS to develop a resource guide | Division Director  
Placement Manager  
Probation Business Manager  
DPO IV’s  
Department of Social Services Administration |
| B. Use CWS / OIP funds to contract for drug treatment services. Add on to current Social Services Contracted providers. | February 1, 2011  
Set contract meeting with DSS & Probation, explore in and out patient programs in the community and the viability of utilization  
August 15, 2011  
If services are available and funding is secured for 2011-2012 fiscal year, begin the MOU process  
November 1, 2011  
Implement treatment referral process  
March 12, 2012  
March 2013  
Evaluate referral and parent compliance with services, make recommendations if needed.  
August 1, 2012  
August 2014  
Evaluate funding and sustainability of services | Division Director  
Placement Manager  
Probation Business Manager  
DPO IV’s  
Department of Social Services Administration |
| --- | --- | --- |
| C. Use CWS / OIP funds to contract for drug testing services. Add on to the current Social Services contracted providers.  
To run concurrent with parenting classes MOU | April 30, 2010  
Set contract meeting with DSS & Probation  
June 1, 2010  
Finalize MOU agreement  
July 30, 2010  
Begin referral process  
January 30, 2011 | Division Director  
Placement Manager  
Probation Business Manager  
DPO IV’s  
Department of Social Services Administration |
In regards to Strategy 2, Probation elected not to set up an MOU agreement with DSS, but rather would handle any referrals through a Limited Purchasing Order. However, as of this writing no parent has volunteered for the service. In Delinquency Court the petition is filed against the child not the parent like in Dependency Court. Due to a change of management, meetings with DSS program managers did not occur, thus it is recommended that conjoint meeting occur within the next year to facilitate a resource list of low and no cost programs.

In delinquency matters, Probation is not required to pay for reunification services such as parenting classes, drug treatment, and drug testing. Although Probation refers parents/guardians to these services, they often do not comply due to the costs associated with paying for these services. Probation; therefore, cannot return the youth home because there is no manner of determining the

| Review utilization of services for increase or decrease. Attendance and parent cooperation will be reviewed. | July 30, 2011
Review existing MOU, need for services, or alternatives if CWS/OIP funds are not available | January 30, 2011
Review project and updates on sustainability |
|---|---|---|
| June 2013
Purchase Ipads | Division Director
Placement Manager
Probation Business Manager
DPO IV’s
Department of Social Services Administration | D. Use CWS / OIP funds to purchase technology equipment to be utilized to allow probation officers to access work during “down time” (travel, airport, etc.) |
parents/guardian level compliance to the Court. By providing this service we could monitor parents' compliance and ensure a safer return to the parent/guardian. Currently parents are only referred to services when ordered by the Court.

It does not appear that the target goal of implementing a treatment referral process was started due to a change in management and staff. It appears that this goal can more realistically be achieved by the close of 2013.

Due to the necessity to place minors out of state, the need for upgraded technology has become an issue. Officers spend a tremendous amount of “down time” waiting in airports and on flights and in hotels. If technology was upgraded, officers could provide needed case management services such as correspondence with providers via e-mail, accessing templates utilized to write reports and a variety of other uses. In addition ipads could be utilized to Skype in order to assist with family reunification. This would significantly improve reunification services to families.
<table>
<thead>
<tr>
<th>Probation Strategy 3: Utilize pre-placement/family maintenance services or SB 163/wraparound services before physical removal or within 6-months of removal</th>
<th>CAPIT</th>
<th>CBCAP</th>
<th>PSSF</th>
<th>N/A</th>
<th>Applicable Outcome Measure(s) and/or Systemic Factor(s): Timely Reunification, Placement Stability</th>
</tr>
</thead>
<tbody>
<tr>
<td>Action Steps:</td>
<td>Timeframe:</td>
<td>Person Responsible:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>A. Provide in service training with attorneys and the Court/bench on SB 163 services and pre-placement/family maintenance services All trainings to be monitored by the SB 163/Wraparound monthly meetings and become part of the mandatory agenda items.</td>
<td>May 24, 2010 Schedule in-service training for Juvenile Bench Judges September 20, 2010 Schedule in-service training for the District Attorneys Office January 20, 2011 Schedule in-service training for public defenders office April 20, 2011 Schedule in-service training for alternative defense office attorneys October 25, 2011 Review training for new Judges, Attorneys, and Probation staff. January 20, 2012 January 2013 Contract all collaborative and justice partners to review the need for ongoing training</td>
<td>SB 163 Wrap teams and Probation Division Director Placement Manager Probation SB 163/wraparound and Pre-placement supervision officers Department of Social Services SB163 supervisor/liaisons Contracted service provider(s)</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
**B. Provide in service training for Juvenile Division officers in Court Services, investigations, and supervision units**  
Process monitored by Lead SB 163 Deputy Probation Officer and Placement Manager. Training will be discussed at Monthly Juvenile Probation Management Team.  

<table>
<thead>
<tr>
<th>Date Range</th>
<th>Details</th>
<th>Stakeholders</th>
</tr>
</thead>
<tbody>
<tr>
<td>May 1, 2010 to June 30, 2010</td>
<td>Schedule in-service training for Court Service Units, Supervision, and JJC institution staff.</td>
<td>SB 163 Wrap teams and Probation Wrap Officers, and PSM Division Director Placement Manager Probation SB 163/wraparound and Pre-placement supervision officers Department of Social Services SB163 supervisor/liaisons Contracted service provider(s)</td>
</tr>
</tbody>
</table>

**C. Create new protocol/procedure to screen new cases for alternative support services and prior to every pre-permanency hearing, conduct a staffing with the case officer, Sr. Officer, and Manager for consideration for early return home to parent/guardian when appropriate.**  

<table>
<thead>
<tr>
<th>Date</th>
<th>Details</th>
<th>Stakeholders</th>
</tr>
</thead>
<tbody>
<tr>
<td>August 20, 2011</td>
<td>Establish a unit committees to begin the written planed protocol and process for staffing and screening</td>
<td>Division Director Placement Manager DPO IV’s</td>
</tr>
<tr>
<td>December 1, 2011</td>
<td>Finalize protocol, provide internal training by committee, and begin implementation</td>
<td></td>
</tr>
<tr>
<td>February 21, 2012</td>
<td>Reconvene committee to review protocol and procedure.</td>
<td></td>
</tr>
<tr>
<td>November 2012</td>
<td>Probation met with EMQ Families First and MHS, Mental Health Systems to provide training on SB 163 Wraparound Services to be given by February 2013</td>
<td></td>
</tr>
<tr>
<td>June 2013</td>
<td>Training will be provided on SB 163 services to our justice partners</td>
<td></td>
</tr>
</tbody>
</table>
In Strategy 3, giving youth and families an opportunity to succeed and maintain in their homes and community earlier in the process, rather than after removal. When appropriate reunifying youth and parent/guardian earlier with support services such as SB 163 Wraparound services. Officers have attempted to identify all family members interested in placement and a referral is made to SB 163 Wraparound Program as soon as an appropriate relative is identified.

On January 28, 2011, Probation, EMQ Families First and Mental Health Systems provided training to over 40 people who represented the following agencies: Probation, Juvenile Delinquency Bench, District Attorney, Public Defender, alternative defense offices and Juvenile institutions. The purpose was for all parties to have a better understanding of the process and to make appropriate referrals.

Due to the need of the Probation Department to staff the adult division’s AB 109 Unit, the juvenile division lost experienced officers. As a result of AB 109, approximately 35 probation officers were hired. Despite the new hires, many of the caseloads in the juvenile division were left vacant thus juvenile officers had to compensate for the loss of officers in the juvenile division. Many of the juvenile probation officers were utilized to train new staff and provide coverage in areas that they were not previously covering.

Although some SB 163 Wraparound Program informal training was provided to our justice partners in the form of case staffings and collaborative meetings, formalized training was not provided. With the implementation of AB 12 in January 2012, the focus shifted from training our justice partners in regards to SB 163 Wraparound Program to developing protocols, forms, and procedures for AB 12. In addition, the change in management in February 2012 impacted the unit as the newly assigned Probation Services Manager needed to dedicate his attention to learning the responsibilities and duties of the placement officers he supervised.
**Probation Strategy 4:** Begin transition planning earlier than six months from reaching the age a majority. Planning should begin before the age of 17 and should be ongoing.

<table>
<thead>
<tr>
<th></th>
<th>CAPIT</th>
<th>CBCAP</th>
<th>PSSF</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Applicable Outcome Measure(s) and/or Systemic Factor(s):</strong></td>
<td>Transition to Self-Sufficient Adulthood / Emancipation</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Action Steps:**

<table>
<thead>
<tr>
<th>A.</th>
<th>Learning session to seek training from UC Davis Extension and/or ILP services on how to engage youth on transition planning</th>
<th>June 1, 2010</th>
<th>Training Manager, Placement Manager, and Juvenile Director</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Monitored by Training Manager, Juvenile Placement Manager, and Juvenile Director</td>
<td>Meet with UC Davis Extension staff to set up training for Fresno County Placement Officers and neighboring Counties (Madera, Merced, Tulare)</td>
<td>UC Davis Training - Ongoing</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>B.</th>
<th>Develop multiple realistic or obtainable plans for the youth, that are outlined in the youths case plan and Court report</th>
<th>January 20, 2011</th>
<th>Division Director, Placement Manager, DPO IV’s, Fresno County DSS, ILP program staff and supervisors, Automation Unit Manager</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Form Committee to work on project</td>
<td>May 1, 2011</td>
<td>Fresno County DSS, ILP program staff and supervisors</td>
</tr>
<tr>
<td></td>
<td>Update case plan and template to include plans, responsibilities, and objectives.</td>
<td>January 23, 2011</td>
<td>Automation Unit Manager</td>
</tr>
<tr>
<td></td>
<td>Review process and report</td>
<td>January 20, 2011</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Review process and effectiveness</td>
<td></td>
<td>It appears that this action step has been achieved.</td>
</tr>
</tbody>
</table>
The only training UC Davis has provided locally is the following: Concurrent planning on January 19, 2011. The next two UC Davis training sessions are Secrets of Case Planning (03-09-11) and Youth in transition (03-17-11) and staff are scheduled to attend those training sessions. Due to budget problems staff were not allowed to attend training outside of the county in 2011. Although there were limited UC Davis courses offered in this area, with the implementation of AB 12, there was more of a focus to plan for the transition at earlier phases which was subsequently included in the AB 12 trainings. All minors in placement in Fresno County are advised on a continuous basis of their potential eligibility to access AB 12 services regardless of their age. All options and independent living resources are clearly explained to the minor in effort to allow the minor to reach an informed decision about his/her future. Minors are afforded multiple emancipation conferences beginning when minors reach the age of seventeen. Prior to
exiting from care or transitioning to AB 12 services, a 90 day transition plan is completed with the minor, the DSS ILP social worker, the probation officer, and any adults who actively participate in the minor’s case plan to serve as a lifelong connection for the minor. The emancipation conference summary is attached to the Court report prior to the minor’s exit from care or transition to AB 12 services.
### Probation Strategy 5:

Ensure every youth that transitions to self-sufficient adulthood / emancipation has at least one identified support adult or lifelong connection

<table>
<thead>
<tr>
<th>Action Steps:</th>
<th>Timeframe:</th>
<th>Person Responsible:</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. Work with the Focus Forward agency to identify and develop a core group of mentors specifically for probation youth in care. Assist in the training and recruitment of mentors.</td>
<td><strong>February 28, 2010</strong>&lt;br&gt;Meet with Focus forward CEO&lt;br&gt;Notified Unit staff of Mentoring program&lt;br&gt;Focus Forward to team with Probation and Mental Health during the “pending placement” staffing held at the Juvenile Justice Campus&lt;br&gt;<strong>May 11, 2010</strong>&lt;br&gt;Review Mentor program and outcomes with Focus Forward, Probation, and Mental Health&lt;br&gt;<strong>March 1, 2012</strong>&lt;br&gt;December 2013&lt;br&gt;Review Mentor program and outcomes with Focus Forward, Probation, and Mental Health</td>
<td>Division Director&lt;br&gt;Placement Manager&lt;br&gt;DPO IV’s CEO of Focus Forward and support staff&lt;br&gt;Fresno County Mental Health</td>
</tr>
<tr>
<td>B. Create a parent/relative search for family or mentor supports. Utilize websites and ILP services to mine a youth’s case for relatives</td>
<td><strong>April 10, 2011</strong>&lt;br&gt;December 2013</td>
<td>Court Services Mgr., DPO IV’s&lt;br&gt;ITSD Mgr., Training Mgr., ILP SWS&lt;br&gt;Placement Manager, Division Dir.</td>
</tr>
</tbody>
</table>
Probation has been making referrals to Focus Forward mentoring program for those foster youth who are detained pending placement and or those youth serving custodial commitments. In addition every two weeks Probation and Mental Health meet to discuss foster youth who are detained pending placement and or serving custodial commitments on strategies for compliance while detained and preparing them for placement. Focus Forward has been implemented and placement youth are utilizing this service.

The placement unit does not have a designated parent search unit/person such as DSS. Officers are responsible to conduct their own search for parents by accessing databases such as the Adult Probation System (APS), the DA database (STAR), the parole database (LEADS), the jail database (Offendertack), the welfare system, Department of Justice website, and locator services provided by the California Department of Corrections and Rehabilitation, and Immigration and Customs Enforcement, telephone directories, and various other websites.

As previously mentioned, due to the staff changes, and the creation of the AB 109 unit, work groups were not established.
<table>
<thead>
<tr>
<th>Probation Strategy 6: Support on going education of High School graduation and college enrollment, trade schools, or military.</th>
<th>Applicable Outcome Measure(s) and/or Systemic Factor(s): Transition to Self-Sufficient Adulthood / Emancipation</th>
</tr>
</thead>
<tbody>
<tr>
<td>CAPIT</td>
<td></td>
</tr>
<tr>
<td>CBCAP</td>
<td></td>
</tr>
<tr>
<td>PSSF</td>
<td></td>
</tr>
<tr>
<td>☒ N/A</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Action Steps:</th>
<th>Timeframe:</th>
<th>Person Responsible:</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. Work with local school districts and Foster Youth Educational Services to ensure youth who emancipate without graduation, have an opportunity to continue their education and there is plan and contact persons who will support the youth with the process</td>
<td>March 1, 2010 Add discussion to the local Foster Youth Educational Services Advisory Committee Meeting, to get ideas to implement this strategy April 12, 2010 Continue discussion regarding implementation of strategy during FYES meeting. May 10, 2010 Confirm strategies and ideas with FYES committee. Gather strategies for 2010/2011 school year. September 1, 2011 Begin to implement strategies and written in case plan and emancipation conferences/staffing February 1, 2012 June 2013 Review process with FYES committee and outcomes.</td>
<td>Division Director Placement Manager DPO IV's Foster Youth Educational Services Administration and staff Local School district foster youth educational liaisons</td>
</tr>
</tbody>
</table>
In June 2012, 13 probation foster youth graduated from high school and obtained their high school diploma. Two minors were assisted with their college applications and FAFSA applications. Although one minor elected not to attend, the other minor is currently attending a California State University.

As previously mentioned, due to the staff changes, and the creation of the AB 109 unit, Review process with FYES committee and outcomes were not completed.

---

**B. Provide training for FFA and Group Home providers on requirements and application process for colleges, trade schools, and military.**

- Supervising officers to monitor application processes and assist with the follow through
- **Inquire from Group Home Advisory Meeting members what educational topics they need training on (IEP’s, discipline, special education, alternative education, etc.).**

<table>
<thead>
<tr>
<th>Date Range</th>
<th>Task Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>March 05, 2011 – June 2013</td>
<td>Educational Liaison to review application process and enrollment outcomes</td>
</tr>
<tr>
<td>April 2, 2012 – December 2014</td>
<td>Review application process and it’s effectiveness and outcomes</td>
</tr>
</tbody>
</table>

| Division Director |
| Placement Manager |
| DPO IV’s |
| Placement Unit Educational Liaison |
| Local Group Home / FFA providers |
| Fresno City College, Fresno State, local trade schools, and Fresno area military recruitment office |

---

**C. Ensure that youth are supported and assisted with financial aide applications**

<table>
<thead>
<tr>
<th>Date Range</th>
<th>Task Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>March 05, 2011 – June 2013</td>
<td>Educational Liaison to review application process and enrollment outcomes</td>
</tr>
<tr>
<td>April 2, 2012 – December 2014</td>
<td>Review application process and it’s effectiveness and outcomes</td>
</tr>
</tbody>
</table>

| Division Director |
| Placement Manager |
| DPO IV’s |
| Placement Unit Educational Liaison |
| Local Group Home / FFA providers |
As previously mentioned, Group Home Advisories were held on the following dates in 2012: June 4, 2012, September 10, 2012, and December 10, 2012. It should be noted that due to a change in Probation Services Managers in February 2012, the first quarterly meeting was cancelled.
Probation Strategy 7: Seek and identity relatives and mentors earlier in the process prior to recommending removal for alternatives to foster care homes or group homes.

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

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

<table>
<thead>
<tr>
<th>Action Steps</th>
<th>Timeframe</th>
<th>Person Responsible</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. Learning session to seek training from UC Davis Extension and/or DSS for Juvenile Court Services Investigators/officers to engagement and family finding skills.</td>
<td>September 1, 2010</td>
<td>Training Manager, Court Services Manager and staff, Division Director, Placement Manager, DPO IV’s</td>
</tr>
<tr>
<td></td>
<td>Request to UC Davis for specialized training for juvenile engagement. January 2, 2011</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Meet with DSS ILP for case mining training and case history research training July 1, 2011</td>
<td></td>
</tr>
<tr>
<td></td>
<td>July 2011</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Implement family finding tools and engagement strategies July 2013</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Provide additional training to all juvenile division officers</td>
<td></td>
</tr>
<tr>
<td>B. Streamline relative / mentor approval process to allow youth and identified family/mentors to timelier placement. Decrease timely detention in the Juvenile Justice Campus</td>
<td>June 1, 2010</td>
<td>Division Director, Placement Manager, DPO IV’s</td>
</tr>
<tr>
<td></td>
<td>Set collaborative meeting with DSS home approval unit for cross training to streamline relative placement process April 4, 2011</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Implement new protocol and procedures for earlier release from JJC detention</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Page 59 of 66
A new template was developed in order to streamline the NREFM placements in the early part of 2012. In addition, internal training on how to conduct this type of placement was provided to the unit in unit meetings in the end of 2011 and beginning of 2012. It appear this action plan has been met thus ongoing evaluation of the process will continue.

Due to the automation unit working on special projects for January and February/ 2011 this has yet to be completed. In addition, due to the implementation of AB 109, AB 12 and staff changes, this action step has yet to occur.
### Probation Strategy 8: Recruitment of County Foster Parents for probation youth and increase utilization of FFA’s / MTFC homes

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

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

**Action Steps:**

<table>
<thead>
<tr>
<th>Timeframe:</th>
<th>Person Responsible:</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. Attend “Pride” foster care training meetings and attend Foster Care educational training meetings for recruitment of Probation Foster Parent homes</td>
<td>Division Director</td>
</tr>
</tbody>
</table>

- Attend Fresno City College “Pride” graduation event and provide foster parents with information regarding probation foster care placements.
  - **Assigned to Ralph Mendoza or FFA/FM officer**
  - April 30, 2010

- Attend FFA monthly meetings and recruit providers to work with probation youth
  - **Assigned to Ralph Mendoza or FFA/FM officer**
  - March 1, 2011

- Provide training for FFA foster parents on Probation Foster youth and delinquency system
  - **Assigned to Ralph Mendoza or FFA/FM officer and PSM**
  - March 1, 2012–June 2013

- Review if there has been an increase in FFA / single family foster homes in lieu of Division Director Placement Manager DPO IV’s Foster care DPO DSS foster care recruitment team
Officer Mendoza has been regularly attending monthly FFA meetings. In addition the SB 163 Officers have offered to meet with MTFC Foster homes to explain the Probation process. Further, meetings were scheduled in the month of March/2011 with our three primary Foster Family agencies: Quality, Golden State, and Family Builders so training and explaining can be provided to them. Ongoing meetings will be scheduled.

| GH placements | B. Create new process and protocol that requires youth with identified behavioral issues with MTFC and specialized foster care home programs earlier | May 1, 2011
Implement protocol and procedure to screen all “pending foster care” placement cases for MTFC or 969 specialized foster care homes.
November 20, 2011-November 2013
Create a list of specialized vendors and service providers/FFA’s that can provide homes for probation youth with special needs. | Division Director
Placement Manager
DPO IV’s
Wraparound SB163 officers |
| --- | --- | --- | --- |
|   | C. Increase FFA utilization by meeting with local area providers and attending their FFA monthly advisory meetings | January 28, 2010
Attended by PSM and FFA supervision officer Ralph Mendoza
March 15, 2010
Attended by PSM and Placement Officer
Ongoing attendance 2010-2014 | Division Director
Placement Manager
DPO IV’s
FFA supervision officer |
### Probation Strategy 9: Increase service delivery by providers and increased monitoring of local group home providers. Utilize providers who are adhering to department strategies of timely reunification, educational outcomes, emancipation support, and stability.

<table>
<thead>
<tr>
<th>CAPIT</th>
<th>CBCAP</th>
<th>PSSF</th>
<th>N/A</th>
<th>Applicable Outcome Measure(s) and/or Systemic Factor(s): Placement Stability</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Action Steps:</th>
<th>Timeframe:</th>
<th>Person Responsible:</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>A.</strong> Monitor group homes during non traditional work hours and times to ensure they are providing the best care and supervision in accordance with federal, state, and departmental care requirements.</td>
<td><strong>December 31, 2009</strong>&lt;br&gt;Begin weekend and week night contacts and site inspections&lt;br&gt;Monitored by Lead Sr. Officers&lt;br&gt;&lt;br&gt;<strong>May 1, 2010</strong>&lt;br&gt;Juvenile Superior Court Judges to make unannounced group home site contacts with Probation&lt;br&gt;Monitored by Division Director and Placement PSM.&lt;br&gt;&lt;br&gt;<strong>April 10, 2011-December 2014</strong>&lt;br&gt;Continue monitoring visits and review compliance with correction plans when necessary. Work collaboratively Community Care Licensing and Juvenile Justice Commission.</td>
<td>Division Director&lt;br&gt;Placement Manager&lt;br&gt;DPO IV’s&lt;br&gt;DPO staff</td>
</tr>
</tbody>
</table>
### B. Meeting with group home administrators to review their programs and expectations of our agency

<table>
<thead>
<tr>
<th>Date</th>
<th>Action</th>
<th>Responsible Parties</th>
</tr>
</thead>
<tbody>
<tr>
<td>March 31, 2010</td>
<td>Set individual meetings with providers</td>
<td>Division Director Placement Manager DPO IV’s DPO staff Group home and FFA providers</td>
</tr>
<tr>
<td><strong>August 1, 2010</strong></td>
<td>a) Metro Fresno Area</td>
<td></td>
</tr>
<tr>
<td><strong>February 10, 2011</strong> - June 1, 2013</td>
<td>b) Nearby counties (Madera, Tulare, and Kings)</td>
<td></td>
</tr>
<tr>
<td><strong>June 1, 2011</strong> - <strong>December 1, 2013</strong></td>
<td>c) Northern California Providers</td>
<td></td>
</tr>
<tr>
<td><strong>November 1, 2012</strong> - June 1, 2014</td>
<td>Southern</td>
<td></td>
</tr>
</tbody>
</table>

### C. Not utilizing local providers who are not adhering to outcomes or using performance improvement plans with providers to ensure they are meeting goals and objectives

<table>
<thead>
<tr>
<th>Date</th>
<th>Action</th>
<th>Responsible Parties</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>January 31, 2009</strong></td>
<td>Phase out utilization of non-compliant or non-responsive providers</td>
<td>Division Director Placement Manager DPO IV’s DPO staff</td>
</tr>
<tr>
<td><strong>November 1, 2010</strong></td>
<td>Placing officers to staff group home compliance with case managing DPO staff to ensure there are no issues with providers, Issue of group homes to be discussed at bi-monthly unit staff meetings</td>
<td></td>
</tr>
<tr>
<td><strong>March 1, 2011</strong></td>
<td>Update “active” vendor listing and review with placement officers and Juvenile</td>
<td></td>
</tr>
</tbody>
</table>
The following are contacts done during non-traditional hours from March 31, 2010 thru Feb 28, 2011.

Minor Contacts: 197
Relative Contacts: 21
Parent Contacts: 91
Group Home Inspections: 12
Home Inspections/Evaluations: 12

Between February to December 2012, the unit conducted approximately 20 non-traditional hour collective details to include minor contacts, relative contacts, parent contacts, and group home inspections/evaluations. These efforts yielded positive outcomes related from locating youth whose whereabouts were unknown, to unannounced visits with service providers, to visiting minors with their parents in the home. All of the contacts were unannounced at different times of the day and week. The statistical data for 2012 is not available due to the change of management in February 2012.

Every other month Central valley placement officers meet to discuss on-going issues at the Central California Placement meeting and CCL attends as well. Due to the staff shortages and implementation of AB 12 and AB 109, the Probation department did not conduct these meetings during the 2011-2012 year. These meeting resumed on November 6, 2012 and will occur on a quarterly basis.

As previously mentioned, due to the staff changes, and the creation of the AB 109 unit, meetings did not occur with the group home providers.
Appendix

CAPP Training Plan

In general, the CAPP training plan will be comprised of the following trainings/booster modules:

Day Long Trainings:

1. Racial Sobriety (day long training, provided by consultants Margaret Jackson and Cynthia Billups
2. Circles of Support (day long training, provided by internal staff and key partners—parent partners, consultants, Central Training Academy)
3. Safety Organized Practice (3 day intensive training, covering Signs of Safety, integration of SDM, trauma-focused practice)

2-3 Hour “Booster” Modules, allowing for deeper discussion and exploration of the concepts covered in the above trainings:

1. Appreciative Inquiry, utilizing a Racially Sober lens
2. Trauma-Informed Practice (focused upon our work to understand families’ trauma as well as the trauma they experience from having their children removed. Helps us understand how to prevent further “system trauma” and support our families’ resiliency)
3. Danger Statements and Safety Goals
4. Safety Planning
5. Safety-Driven Visitation Planning (and the importance of the network!)