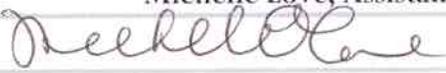
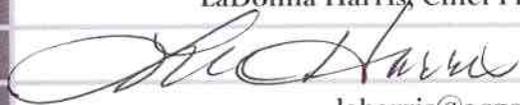


County	Alameda
CSA Period Dates	June 17, 2009 – October 16, 2013
SIP Period Plan Dates	January 2014 – January 2015
Outcome Data Period	July 2013 (Q1 2013)
County Child Welfare Agency Director	
Name	Michelle Love, Assistant Agency Director
Signature*	
Email	lovemi@acgov.org
Mailing Address	PO Box 1828 Oakland CA 94604
County Chief Probation Officer	
Name	LaDonna Harris, Chief Probation Officer
Signature*	
Email	laharris@acgov.org
Mailing Address	400 Broadway 4 th Floor Oakland, CA 94607

<p>*Signatures must be in blue ink</p> <p>Mail the original Signature Sheet to:</p>	<p>Outcomes and Accountability Bureau Children and Family Services Division California Department of Social Services 744 P Street, MS 8-12-91 Sacramento, CA 95814</p>
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California - Child and Family Services Review

County Self Assessment

**Alameda County
Social Services Agency
&
Probation Department**

2013

County	Alameda
CSA Period Dates	June 17, 2009 – October 16, 2013
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Mail the original Signature Sheet to:

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

Contact Information

Child Welfare Agency	Name	Michelle Love, Assistant Agency Director
	E-mail address	lovemi@acgov.org
	Mailing address	PO Box 1828 Oakland CA 94604
Probation Agency	Name	Kathy Martinez Deputy Chief Juvenile Probation
	E-mail address	kmartine@acgov.org
	Mailing address	400 Broadway 4th floor Oakland, CA 94607
CAPIT, CBCAP, PSSF Liaison	Name	Marcy Takeuchi
	E-mail address	takeum@acgov.org
	Mailing address	PO Box 1828 Oakland CA 94604

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Introduction

Alameda County is a large urban and suburban county that occupies most of the East Bay region of the San Francisco Bay Area. As of the 2010 census it had a population of 1,510,271, making it the 7th most populous county in the state. The county's major cities include Oakland, Fremont, Berkeley, and Hayward. The San Francisco Bay borders the county on the west. The crest of the Berkeley Hills form part of the northeastern boundary, and reaches into the center of the county. A coastal plain several miles wide lines the bay; it is home to Oakland and the most populous regions. Livermore Valley lies in the eastern part of the county where the tri-valley suburban cities of Dublin, Pleasanton and Livermore sit.

As required, Alameda County Children & Family Services and Juvenile Probation led the completion of this County Self Assessment in partnership with the California Department of Social Services and The Child Abuse Prevention Council of Alameda County.

The California Child and Family Services Review (C-CFSR) is a result of Assembly Bill 636 (Steinberg – 2001), which provided a framework for development of a new outcome-based review to be conducted in all 58 counties. The purpose of the C-CFSR is to significantly strengthen the accountability system used in California to monitor and assess the quality of services provided on behalf of maltreated children. Foremost, it establishes core outcomes that are central to maintaining an effective system of child welfare services. By design, the C-CFSR follows closely the federal emphasis on safety, permanency, and well-being.

The CSDSS Office of Child Abuse Prevention (OCAP) was integrated into the C-CFSR process in 2008/2009. The CSA now fulfills some of child abuse prevention requirements for a needs assessment that was previously known as the OCAP Plan.

Before Integration (OCAP Plan):

- Needs Assessment & 3-Year Plan
- Required Collaboration with Stakeholders
- Board of Supervisors Approval

After Integration (CSA/SIP and OCAP Plan):

- Duplications Minimized
- Resources Maximized
- Partnerships Increased

The C-CFSR Redesign 2011/2012 changed the C-CFSR process from 3 years to 5 years, so County Self Assessments are now due every 5 years.

Certain requirements for expending the child abuse prevention funds which is overseen by CDSS OCAP have been integrated into the C-CFSR process. Upon completion of the CSA in consultation with CDSS, each county develops a System Improvement Plan (SIP) with mutually agreed upon performance targets for improvement as well as a needs based service provision and evaluation plan for prevention, intervention, and after care funds.

The C-CFSR has three main components: the County Self assessment, the System Improvement Plan and the Peer Review. This document is Alameda County's Self Assessment of its child welfare and probation juvenile services system. This assessment focuses on outcomes for children and families, but also includes descriptions and analyses of the services provided, structural and systemic factors and the demographic context in which the child welfare and probation systems function.

The topics covered include:

C-CFSR PLANNING TEAM AND CORE REPRESENTATIVES

This section includes an outline of the C-CFSR planning process and the process of engaging stakeholders by conducting focus groups, planning meetings, and community forums.

DEMOGRAPHIC PROFILE

This section presents the demographic context in which the County provides child welfare and probation services. Both population demographics and economic information is included. This information is critical in examining racial/ethnic disparities in the caseload and outcomes achieved as well as the relationship between poverty and involvement in the child welfare and probation systems.

AGENCY CHARACTERISTICS

This section provides a description of the structure and staffing of the Department of Children and Family Services (DCFS) and the Probation Department. DCFS is one of three operating departments that make up the Alameda County Social Services Agency (SSA) – also referred to as the Department and Agency respectively in this document. While the DCFS is solely responsible for providing child welfare services in Alameda County, the Agency is committed to serving families in a comprehensive manner and is involved in ongoing reform efforts to achieve this goal. The Juvenile Services Division of the Probation Department oversees foster youth being served by Probation.

MANDATED CHILD WELFARE/PROBATION INITIATIVES

This section outlines mandated and other significant initiatives that frames much of our work and collaborative efforts on behalf of foster youth. For example, foster youth are now able to remain in foster care after their 18th birthday as a result of AB12.

BOARD OF SUPERVISORS DESIGNATED COMMISSIONS

This section provides a description of the child abuse and neglect prevention activities that exist and are being pursued in Alameda County. The commissions and bodies are the Child Abuse Prevention Council and the Promoting Safe and Stable Families Collaborative.

SYSTEMIC FACTORS

This section provides a description and analysis of seven broad systemic factors which impact the achievement of positive outcomes for children and families involved in the child welfare and probation systems. These factors include:

- Relevant Management Information Systems
- Case Review System
- Foster/Adoptive Parent Licensing, Recruitment and Retention
- Staff / Provider Training
- Agency Collaborations
- Service Array
- Quality Assurance System

CRITICAL INCIDENT REVIEW PROCESS

This section outlines county procedures for critical incidents, defined as the death of a child, an injury, accident, abduction, and/or any event drawing media attention. County agencies must ensure that timely notification and essential information regarding critical incidents are provided to the appropriate Department managers, law enforcement, Juvenile Court and any other essential entities.

PEER REVIEW SUMMARY

Each county is required to conduct a Peer Review, which includes qualitative interviews of Child Welfare Workers and Probation Officers by staff from other high-performing counties. Every five years, we choose a topic area that requires improvement and invite peers to discuss best practices and areas to improve over a weeklong event. Additionally, we collect input from the community and other stakeholders during structured focus groups and community meetings.

COUNTY OUTCOME DATA PROFILE

This section is provided in its entirety by the California Department of Social Services and UC Berkeley. It provides child welfare participation rates and outcome performance data intended to measure safety, permanency and stability for children, maintenance of family and community connections, and child and family well being. Each outcome presented in the County Data Profile is described in great detail. Data is presented in charts and includes a comparison of recent performance to the baseline or prior CSA time period. When available, charts also show the federal standard or statewide average for federal or state measures respectively. Presenting the data in this way allows for a quick assessment of county performance against its own baseline and comparison of county performance against the federal requirement or the statewide average compliance on a measure.

C-CFSR Planning Team & Core Representatives

THE CSA PLANNING PROCESS

To ensure continuous quality improvement, Alameda County has identified a team that acts as the driver of the C-CFSR process. The team meets regularly to ensure that all aspects of the C-CFSR are conducted. The C-CFSR Team is led by representatives from the County's Child Welfare Agency, Juvenile Probation Department and the California Department of Social Services (CDSS).

PARTICIPATION OF CORE REPRESENTATIVES

All core participants were represented in either stakeholder meetings or focus groups.

STAKEHOLDER FEEDBACK

Stakeholder meetings were held during the weeks of August 5th and 12th of this year in order to examine strengths and needs from prevention through the continuum of care. These focus groups and community meetings included reviews of the current levels of performance, procedural and systemic practices, and available resources.

A variety of community based organizations, consumers, service providers, and County staff participated in these group meetings (listed below). Each of these meetings was facilitated by non-county personnel to encourage open participation on a variety of topics. Most participants were paid for their time by coming during regular business hours as a representative of a County Agency or Community Based Organization. Birth parents and youth who attended focus groups were paid a stipend for their time by the Department of Children and Family Services. Please note that parents and youth are noted below by only their initials to protect their confidentiality and privacy related to their participation in Probation or Child Welfare.

There were some community partners who were invited and strongly encouraged to attend meetings and provide feedback in a variety of ways, however, other competing priorities kept them from active participation. For example, our Behavioral Health Care Services director and the coordinator from the Alameda Office of Education who coordinates Foster Youth Services were both unable to attend focus groups with community partners. We have ongoing relationships with many organizations from whom we continuously receive feedback, and those collaborations are detailed throughout this document.

C-CFSR STAKEHOLDER MEETINGS AND FOCUS GROUPS

Focus Group	Date & Time	Location
1. Probation Parents	August 3; 11- 12:30PM	Juvenile Justice Center
2. Foster Parents	August 6; 10 – 11:30	Gathering Place <i>Visitation Center</i>
3. CPS Staff	August 6; 1:30 – 3:00PM	Probation Admin. Office
4. CPS parents	August 7; 10 – Noon	Gathering Place <i>Visitation Center</i>
5. Probation Staff	August 7; 1:30 – 3:00	Juvenile Justice Center
6. CPS youth	August 7; 3:30 – 5:00PM	ILSP Building
7. Community Partners	August 8; 10 - 12Noon	Juvenile Justice Center
8. Probation Youth	August 8; 3:30 – 5:00PM	Juvenile Justice Center
9. CPS & Probation Court Staff	August 14; Noon– 1:15PM	Juvenile Justice Center

C-CFSR PLANNING TEAM

Focus Area	Name, Title	Organization
Child Welfare	Budd Seeley, Management Analyst	Children & Family Services
Child Welfare	Gloria Carroll, Program Manager	Children & Family Services
Child Welfare	Elizabeth McAllister, Management Analyst	Children & Family Services
Child Welfare	Caroline Ngumi, Child Welfare Worker	Children & Family Services
Child Welfare	Diana Alvarez, Child Welfare Worker	Children & Family Services
Child Welfare	Kimberly Medina, Supervisor	Children & Family Services
Child Welfare	Michael Little, Supervisor	Children & Family Services
Child Welfare	Marcy Takeuchi, Supervisor	Children & Family Services
CDSS	Irma Munoz, Social Services Consultant	Child Abuse Prevention
CDSS	Korena Hazen, Social Services Consultant	Outcomes & Accountability
Probation	Kathy Martinez, Deputy Chief	Probation Juvenile Services
Probation	Paulyne Jones, Division Director	Probation Juvenile Services
Probation	Mykeisha Lewis, Supervisor	Probation Juvenile Services
Consultant	Lisa Molinar, consultant	Shared Vision Consultants

CORE REPRESENTATIVES

Required Participant	Name	Organization
Child Abuse Prevention Council Representative (and Children's Trust Fund)	Marcy Takeuchi	Children & Family Services
County Board of Supervisor designated agency to administer CAPIT/CBCAP/PSSF Programs	Marcy Takeuchi	Children & Family Services
American Indian Community	Mary Trimble Norris	American Indian Child Resource Center
Juvenile Court	Victoria Wu	County Counsel
Juvenile Court	Miruni Soosaipillai	County Counsel
Juvenile Court	Jessica Williams	County Counsel
Juvenile Court	Roger Chan	EBCLO
Juvenile Court	Kristin Mateer	EBCLO
Juvenile Court	Joy Ricardo	EBCLO
Parents/Consumers	VS	Child Welfare
Parents/Consumers	BL	Child Welfare
Parents/Consumers	GB	Child Welfare
Parents/Consumers	RM	Child Welfare
Parents/Consumers	JV	Child Welfare
Parents/Consumers	YC	Child Welfare
Parents/Consumers	MT	Child Welfare
Parents/Consumers	DH	Child Welfare
Parents/Consumers	OJ	Probation
Parents/Consumers	LM	Probation
Parents/Consumers	DN	Probation
Parents/Consumers	ZB	Probation
Resource Families	Lina Faanunu	Child Welfare
Resource Families	Vera Harrell Nelson	Child Welfare
Resource Families	Mary Maendele	Child Welfare
Resource Families	Gwen McWilliams	Child Welfare
Resource Families	Gloria Riley	Child Welfare
Resource Families	Trina Wade	Child Welfare
Resource Families	Ivy Harris	Child Welfare

C-CFSR Planning Team & Core Representatives

Resource Families	Barbara Cook-Harris	Child Welfare
Youth Representatives	DB	Child Welfare
Youth Representatives	AG	Child Welfare
Youth Representatives	SH	Child Welfare
Youth Representatives	CJ	Child Welfare
Youth Representatives	AK	Child Welfare
Youth Representatives	LL	Child Welfare
Youth Representatives	GP	Child Welfare
Youth Representatives	DD	Probation
Youth Representatives	MV	Probation
Youth Representatives	DB	Probation
Youth Representatives	DP	Probation
Youth Representatives	MB	Probation
Youth Representatives	GF	Probation
Youth Representatives	AW	Probation
Youth Representatives	LD	Probation
Youth Representatives	ME	Probation
Youth Representatives	FR	Probation
Youth Representatives	BS	Probation

ADDITIONAL STAKEHOLDERS

Focus Area	Name	Organization
Independent Living Skills and Aftercare Services	Deshauna Anderson	Beyond Emancipation
	Rick McCracken	Beyond Emancipation
	Robert Jemerson	Independent Living Skills Program (ILSP)
Prevention (Another Road to Safety Provider)	Belinda Hernandez	La Familia Counseling Services
	Erica Hilton	Family Support Services of the Bay Area (FSSBA)
Prevention Community Partner (Voluntary Diversion)	Kristen Boney	Legal Assistance for Seniors
Transition Age Youth Services and Housing Provider	Joslin Herberich	Fred Finch Youth Center
	Deanne Pearn	First Place for Youth
Foster Family Agency	Taura Greenfield	Casey Family Programs

C-CFSR Planning Team & Core Representatives

	Alisa Moore	Family Builders
Parent Advocate and CAPC representative	Dorothy Lewis	A Better Way
Forensic Interviewing and Sexual Abuse training	Kristen Brodeur	Child Abuse Listening, Interviewing and Coordination Center (CALICO)
Housing Support Services Consultant	Elaine deColigny	Everyone Home
LGBTQ Youth Services and Transitional Housing for TAY	Alex Volpe	Bay Area Youth Centers
Services for Commercially Sexually Exploited Youth	Nola Brantley	Motivating Inspiring Supporting and Serving Sexually Exploited Youth (MISSEY)
Mentoring and Kinship services	Karen Einbinder	Family Support Services of the Bay Area (FSSBA)
Child Welfare	Ben Budnitz	Child Welfare Worker
Child Welfare	Patricia Roca	Child Welfare Worker
Child Welfare	Sherri Reeves	Child Welfare Worker
Child Welfare	Kristine Pratt	Child Welfare Worker
Child Welfare	Marilyn Dugan	Child Welfare Worker
Child Welfare	Diane Davis	Child Welfare Worker
Child Welfare	Brianne Nelson	Child Welfare Worker
Child Welfare	Shelly Mazer	Child Welfare Worker
Child Welfare	Stephen Anderson	Child Welfare Worker
Child Welfare	Angelina Maiorca	Child Welfare Worker
Child Welfare	Janet Patten-Orme	Child Welfare Worker
Probation	Cristina Hernandez	Deputy Probation Officer
Probation	Nina Martinez	Deputy Probation Officer
Probation	Regina Lites	Deputy Probation Officer
Probation	Annette Jinter	Deputy Probation Officer
Probation	Elizabeth Dooylus	Deputy Probation Officer
Probation	Milla Dion	Deputy Probation Officer
Probation	Carlos Sanchez	Deputy Probation Officer

Demographic Profile

GENERAL COUNTY DEMOGRAPHICS

POPULATION

The population of Alameda County was estimated at just over 1.55 million in 2012, an increase of 2.9% from 2010. Alameda County is characterized by rich diversity and culture. Population growth has occurred with the natural net increase of births over deaths, but also from substantial immigration, and Alameda County is now one of the most ethnically diverse regions in the Bay Area and the nation.

TABLE 1: GENERAL POPULATION OF ALAMEDA COUNTY, 10-YEAR CHANGE

	2000	2010	Percentage Change
California	33,871,648	37,253,956	+9.98%
Alameda County	1,443,741	1,510,271	+4.4%

Source:

US Census Bureau, 2010 Census

Bay Area Census, <http://www.bayareacensus.ca.gov/cities/Alameda.htm>

POPULATION GROUPS BY GENDER, RACE AND ETHNICITY

The 2010 Census shows that there is no majority racial or ethnic group in Alameda County. Between 2000 and 2010, the Black / African American population decreased countywide by 11%, the Asian population increased by 31%, and the Hispanic population increased by 23%. According to the California Department of Education, 53 languages were spoken by English language learners in the K-12 public school systems in Alameda County in 2008-09. The population trends are summarized in the table below for county child population with declines in the numbers of White and African American children since 2006 and increases in the numbers of Hispanic and Asian American children.

Demographic Profile

TABLE 2: DEMOGRAPHICS OF GENERAL ALAMEDA COUNTY POPULATION, BY CITY AND ETHNICITY

Population reported at <u>2010 United States Census</u>									
The County	Total Population	White	African American	Native American	Asian	Pacific Islander	other races	two or more races	Hispanic or Latino (of any race)
Alameda County	1,510,271	649,122	190,451	9,799	394,560	12,802	162,540	90,997	339,889
Incorporated cities	Total Population	White	African American	Native American	Asian	Pacific Islander	other races	two or more races	Hispanic or Latino (of any race)
Alameda	73,812	37,460	4,759	426	23,058	381	2,463	5,265	8,092
Albany	18,539	10,128	645	88	5,790	37	607	1,244	1,891
Berkeley	112,580	66,996	11,241	479	21,690	186	4,994	6,994	12,209
Dublin	46,036	23,634	4,347	246	12,321	287	2,458	2,743	6,663
Emeryville	10,080	4,490	1,764	44	2,775	16	348	643	927
Fremont	214,089	70,320	7,103	976	108,332	1,169	13,605	12,584	31,698
Hayward	144,186	49,309	17,099	1,396	31,666	4,535	30,004	10,177	58,730
Livermore	80,968	60,418	1,702	476	6,802	277	6,960	4,333	16,920
Newark	42,573	17,566	2,002	279	11,571	621	7,735	2,799	14,994
Oakland	390,724	134,925	109,471	3,040	65,811	2,222	53,378	21,877	99,068
Piedmont	10,667	7,917	144	6	1,939	13	94	554	421
Pleasanton	70,285	47,058	1,190	226	16,322	134	2,002	3,353	7,264
San Leandro	84,950	31,946	10,437	669	25,206	642	11,295	4,755	23,237
Union City	69,516	16,640	4,402	329	35,363	892	7,253	4,637	15,895

Source: Kidsdata.org via California Department of Finance, Estimates of Race/Ethnic Population with Age and Gender Detail, 1990-1999, 2000-2010. Accessed on line at <http://www.dof.ca.gov/research/demographic/data/> (October 2012).

There are slightly more males than females in the youth population. Children under 18 comprise 22.3% of the overall population.

Demographic Profile

TABLE 3: CHILD POPULATION BY AGE AND GENDER

Alameda County	Number		
	Female	Male	Total
Age			
0 - 2 years	28,193	29,730	57,924
3 - 5 years	28,064	29,890	57,954
6 - 10 years	45,247	46,936	92,183
11 - 13 years	26,439	27,488	53,927
14 - 17 years	36,574	38,638	75,212
Total 0 - 17	164,517	172,682	337,199

Source: Kidsdata.org via California Department of Finance, Estimates of Race/Ethnic Population with Age and Gender Detail, 1990-1999, 2000-2010. Accessed on line at <http://www.dof.ca.gov/research/demographic/data/> (October 2012).

This table shows the demographic changes of the child population over the 2006-2010 period. White and African American children have decreased by 17% and 15.9% respectively. Asian, Hispanic/Latino, multiracial and Native Hawaiian/Pacific Islander have increased by a small amount (see below).

TABLE 4: DEMOGRAPHICS OF CHILD POPULATION IN ALAMEDA COUNTY POPULATION, BY RACE/ETHNICITY *

Alameda County Child Population by Race/Ethnicity						
Race/Ethnicity	2006	2007	2008	2009	2010	Change %
Hispanic/Latino	104,248	105,537	106,877	107,799	108,652	4.2%
Asian American	82,814	83,477	83,807	82,423	85,455	3.2%
White	91,475	88,735	86,118	81,101	75,901	-17.0%
African American/Black	47,698	46,522	45,486	42,974	40,096	-15.9%
Multiracial	22,340	22,898	23,369	24,022	22,990	2.9%
Native Hawaiian/Pacific Islander	3,063	3,080	3,107	3,037	3,227	5.4%
American Indian	892	879	870	852	878	-1.6%
Total Child Population	352,530	351,129	349,634	342,208	337,199	-4.3%

Definition: Population under age 18, by race/ethnicity.

Demographic Profile

Source: [As cited on kidsdata.org](http://kidsdata.org), California Department of Finance, Estimates of Race/Ethnic Population with Age and Gender Detail, 1990-1999, 2000-2010.

The rate of births (below) is fairly consistent among the three largest ethnic groups (24.6-30%). This helps demonstrate how the birth rate impacts a diverse population and lack of majority group in Alameda County.

TABLE 9: LIVE BIRTHS BY RACE/ETHNIC GROUP OF MOTHER (2010)

Alameda Births Total	Hispanic	Non-Hispanic							
		2 or more races	American Indian	Asian	Black	Pacific Islander	White	Other Race	Unknown
19,302	5,792	497	37	5,145	2,307	194	4,749	9	572
	30%	2.5%	0.02%	26.7%	12%	1.0%	24.6%	0.0%	3.0%

Source: California Department of Public Health

<http://www.cdph.ca.gov/data/statistics/Documents/VSC-2010-0233.pdf>

Forty-three percent (43.3%) of Alameda residents speak a language other than English (see below). Of those who speak another language, the majority speak Spanish and Asian/Pacific Island languages. Of those two groups, about 50% identify as not speaking English very well.

TABLE 10: LANGUAGES SPOKEN AT HOME – 2011 ESTIMATES

Subject	Total	Speak English "very well"	Speak English less than "very well"
	Estimate	Estimate	Estimate
Population 5 years and over	1,431,724	80.4%	19.6%
Speak only English	56.7%	N/A	N/A
Speak a language other than English	43.3%	54.9%	45.1%
- Spanish or Spanish Creole	17.0%	52.4%	47.6%
- Other Indo-European languages	7.3%	71.1%	28.9%
- Asian and Pacific Island languages	18.2%	50.0%	50.0%
- Other languages	0.9%	69.1%	30.9%

Demographic Profile

Subject	Total	Speak English "very well"	Speak English less than "very well"
	Estimate	Estimate	Estimate
SPEAK A LANGUAGE OTHER THAN ENGLISH			
- Spanish or Spanish Creole	242,831	52.4%	47.6%
5-17 years	54,848	78.7%	21.3%
18-64 years	172,578	45.0%	55.0%
65 years and over	15,405	42.6%	57.4%
- Other Indo-European languages	103,970	71.1%	28.9%
5-17 years	13,442	89.0%	11.0%
18-64 years	77,296	71.9%	28.1%
65 years and over	13,232	48.1%	51.9%
- Asian and Pacific Island languages	260,855	50.0%	50.0%
5-17 years	32,350	78.5%	21.5%
18-64 years	190,977	50.1%	49.9%
65 years and over	37,528	24.9%	75.1%
- Other languages	12,840	69.1%	30.9%
5-17 years	2,575	71.8%	28.2%
18-64 years	9,588	70.6%	29.4%
65 years and over	677	37.5%	62.5%

Source: US Census, 2011 American Community Survey 1-Year Estimates

http://factfinder2.census.gov/faces/tableservices/jsf/pages/productview.xhtml?pid=ACS_11_1YR_S1601&prodType=table

EDUCATION

In 2010, the highest level of educational attainment for 19.9% of Alameda County residents was high school graduate (including possessing the equivalency of high school graduation). This is slightly lower than the California rate of 21.1%. Just about 40% of the population held a bachelor's degree or higher, greater than the California rate of 30.3%. The high school drop out rate for Alameda County is 15.1% with Oakland Unified School district measuring the highest at 28% and Pleasant School district measuring the lowest at 2.1%. Overall educational enrollment is the highest it has been since 1996 at 220,000. Of those, 12.5% of children are

Demographic Profile

enrolled in Special Education, with “Specific Learning” disability being the largest component of all special education designations. Hispanic children comprise the largest percentage of children by race/ethnicity enrolled in special education at 35%.

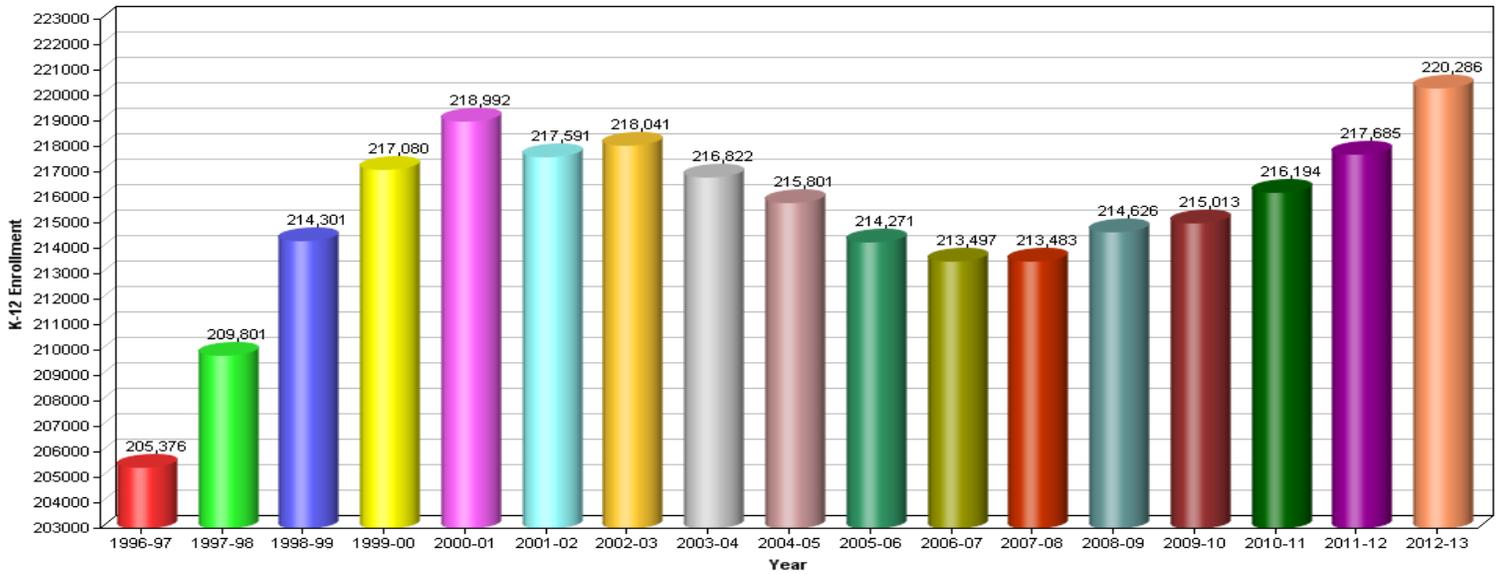
TABLE 11: EDUCATIONAL ATTAINMENT (2010)

Educational Attainment	Number	Percent
Population 25 years and over	1,008,917	
Highest level of attainment:		
Less than 9th grade	75,540	7.5%
9th to 12th grade, no diploma	65,704	6.5%
High school graduate (includes equivalency)	200,677	19.9%
Some college, no degree	187,902	18.6%
Associate's degree	67,442	6.7%
Bachelor's degree	244,537	24.2%
Graduate or professional degree	167,115	16.6%
Total with high school equivalent or higher		86.0%
Total with Bachelor's degree or higher		40.8%

Source: U.S. Census Bureau, 2010 American Community Survey

This table below shows the overall increase of educational enrollment since 1996 to present. There was a dip in enrollment during the 2006/07 and 2007/08 academic years before trending back upwards. Overall educational enrollment is the highest it has been since 1996 at 220,000.

TABLE 12: EDUCATIONAL ENROLLMENT OVER TIME (1996 – 2013)



ChartDirector (unregistered) from www.advsofteng.com

Source: California Department of Education Demographics Department for 2008 - 2011 School Years
<http://dq.cde.ca.gov/dataquest/> Rate Per 1000 for enrollment in K-12 and special education.)
http://dq.cde.ca.gov/dataquest/DQ/EnrTimeRptCo.aspx?Level=County&cname=ALAMEDA&cCode=01&cTopic=Enrollment&cLevel=County&cYear=2012-13&myTimeFrame=S&cChoice=TSEnr2&ChartDirectorChartImage=chart_WebChartViewer&cacheId=1c4c98b355ed46b9b10fb54577577c47&cacheDefeat=635081017018430718

Of the total educational enrollment in 2012, 27,487 (12.5%) children were enrolled in Special Education, with Specific Learning disabilities comprising the largest number of children of all ethnicities. Hispanic and African American children comprise 56% of all children in special education.

Demographic Profile

TABLE 13: SPECIAL EDUCATION ENROLLMENT BY RACE/ETHNICITY AND IMPAIRMENT 2012

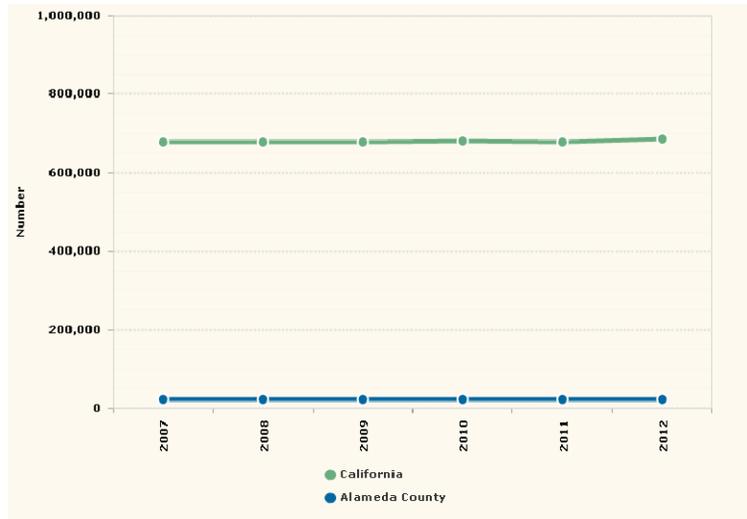
Ethnicity	Mental Retardation	Hard of Hearing	Deaf	Speech or Language Impairment	Visual Impairment	Emotional Disturbance	Orthopedic Impairment	Other Health Impairment	Specific Learning Disability	Deaf-Blindness	Multiple Disability	Autism	Traumatic Brain Injury	Total
Native American	6	0	2	22	2	3	1	16	67	0	1	15	1	136
Asian	292	90	52	1,218	32	64	90	157	686	3	47	803	8	3,542
Pacific Islander	11	6	4	54	3	12	5	18	87	0	0	9	2	211
Multi	41	14	18	290	7	54	13	93	301	1	10	146	2	990
Hispanic	567	168	215	2,560	88	281	131	585	4,424	3	88	615	21	9,746
Black	464	51	63	908	42	601	42	548	2,593	1	35	342	18	5,708
White	231	91	181	1,710	77	413	129	1,018	2,273	3	54	951	23	7,154
Total	1,612	420	535	6,762	251	1,428	411	2,435	10,431	11	235	2,881	75	27,487
State Total	43,303	9,991	3,946	164,600	4,327	25,984	14,261	61,843	278,698	160	5,643	71,825	1,771	686,352

Source: Special Tabulation by the California Department of Education, Special Education Division; Assessment, Evaluation and Support (October 2012)

This table below compares the number of children enrolled in special education in Alameda County versus the state. Both remain fairly flat, with no obvious increases or decreases in enrollment over the past 5 years.

TABLE 14: SPECIAL EDUCATION ENROLLMENT (2007-2012)

Demographic Profile



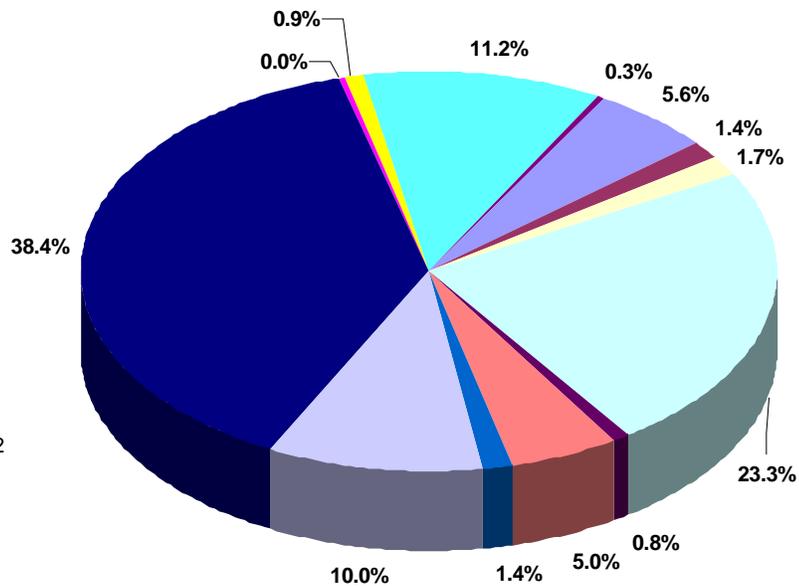
Definition: Number of children and youth ages 0-22 receiving special education services.

Source: Special Tabulation by the California Dept. of Education, Special Education Division; Assessment, Evaluation and Support (Oct. 2012); National Center for Education Statistics, Digest of Education Statistics, 2011, Table 46: "Children 3 to 21 years old served under Individuals with Disabilities Education Act, Part B, by type of disability: Selected years, 1976-77 through 2009-10."

The following table further illustrates special education enrollment by specific disability for the overall Alameda County population.

Table 15: special education enrollment by disability

Mental Retardation	1,637
Hard of Hearing	407
Deaf	507
Speech or Language Impairment	6,836
Visual Impairment	244
Emotional Disturbance	1,468
Orthopedic Impairment	407
Other Health Impairment	2,943
Specific Learning Disability	11,262
Deaf- Blindness	9
Multiple Disability	263
Autism	3,275
Traumatic Brain Injury	82



Demographic Profile

Source: California Department of Education, DataQuest. Special Education Enrollment by Disability.
 Accessed at <http://data1.cde.ca.gov/dataquest/>

Spanish is the most wide common language among English learners in Alameda County, with Cantonese being the next largest language.

TABLE 16: ENGLISH LEARNERS IN PUBLIC SCHOOLS BY TOP 10 LANGUAGES SPOKEN

Alameda County English Learners in Public Schools by Top 10 Languages Spoken					
	2008	2009	2010	2012	Change %
Spanish	29,974	30,296	30,626	28,922	-3.5%
All Other Non-English Languages	6,001	6,074	6,492	6,332	5.5%
Cantonese	3,269	3,210	3,374	2,859	-12.5%
Filipino	1,999	2,047	1,858	1,752	-12.4%
Vietnamese	1,931	1,949	1,928	1,692	-12.4%
Mandarin	1,598	1,510	1,471	1,526	-4.5%
Arabic	913	957	941	1,105	21.0%
Punjabi	1,031	1,039	810	780	-24.3%
Korean	609	550	561	411	-32.5%
Armenian	11	12	11	14	27.3%
Hmong	11	9	9	9	-18.2%
	* No data available for 2011				

Source: California Dept. of Education, English Learners by Grade and Language Data Files. Accessed at <http://www.cde.ca.gov/ds/sd/sd/fileselsch.asp> (Feb. 2013). Accessed at Kidsdata.org, <http://www.kidsdata.org/data/topic/table/languages-top10.aspx?loc=127>

High school drop outs in Alameda County measure at 15.1% with Oakland Unified, Hayward Unified, and Berkeley Unified having the highest levels of drop outs. Pleasanton School district has the lowest dropouts.

Demographic Profile

TABLE 17: HIGH SCHOOL DROPOUTS (2011)

Region	Percent
Alameda County	15.1%
Alameda City Unified	8.7%
Albany City Unified	8.3%
Berkeley Unified	15.5%
Castro Valley Unified	2.9%
Dublin Unified	Unable to measure
Emery Unified	Unable to measure
Fremont Unified	6.0%
Hayward Unified	25.6%
Livermore Valley Joint Unified	7.0%
New Haven Unified	9.2%
Newark Unified	8.6%
Oakland Unified	28.1%
Piedmont City Unified	Unable to measure
Pleasanton Unified	2.1%
San Leandro Unified	13.7%
San Lorenzo Unified	13.4%

Definition: Percentage of public high school students who drop out of high school, based on the four-year adjusted cohort dropout rate (e.g. 14.7% of California 9th-12th grade students dropped out of high school in 2011). The adjusted cohort dropout rate measures the percentage of students who exit grades 9-12 without a high school diploma, GED, or special education certificate of completion and do not remain enrolled after the end of the fourth year.

Source: Kidsdata.org via California Dept. of Education, California Basic Educational Data System (CBEDS). Accessed at <http://www.cde.ca.gov/ds/sd/sd/filescohort.asp> (May 2013).

The most recent data from the California Department of Education illustrates that the centralized waiting list for subsidized child care and development services has remained fairly stable over the past three years.

Demographic Profile

TABLE 18: CHILD CARE ELIGIBILITY LIST – NUMBER OF CHILDREN WAITING FOR CHILDCARE

Year	Children
2011	6228
2010	5324
2009	7842

Source: Centralized Eligibility List, California Department of Education, 2011)
<http://www.cde.ca.gov/sp/cd/ci/celreports.asp>

Forty-six percent (46%) of students in Alameda County are eligible for free lunches, about 11% lower than the percent of children eligible in California.

TABLE 19: STUDENT ELIGIBILITY TO RECEIVE FREE OR REDUCED PRICE SCHOOL MEALS, BY ELIGIBILITY STATUS: 2011

	Alameda	CA
Eligible for Free Meals	46.0%	57.5%
Not Eligible for Free/Reduced Price Meals	54.0%	42.5%

Definition: Percent of public school students eligible to receive free or reduced price meals, by eligibility status. A child's family income must fall below 130% of the federal poverty guidelines (\$29,055 for a family of four in 2011) to qualify for free meals, or below 185% of the federal poverty guidelines (\$41,348 for a family of four in 2011) to qualify for reduced-cost meals.

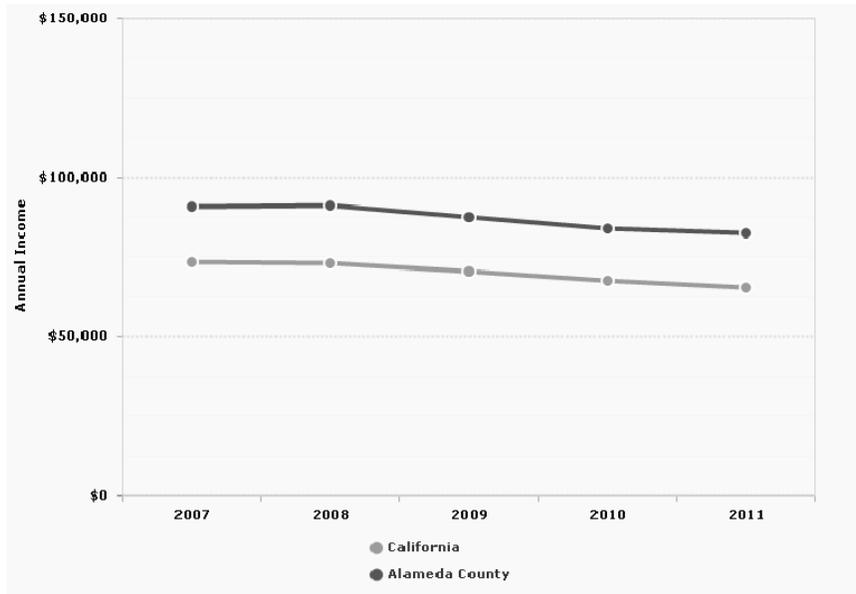
Source: www.kidsdata.org - Data Source: California Department of Education, Free/Reduced Price Meals Program & CalWORKS Data Files, <http://www.cde.ca.gov/ds/sh/cw/filesafdc.asp> (Feb. 2012); U.S. Department of Education, NCES Common Core of Data, <http://nces.ed.gov/ccd/bat/index.asp> (Feb. 2012)

HOUSEHOLD INCOME, EMPLOYMENT AND POVERTY

The median income in Alameda County is higher than California's. However, this number alone is not a good gauge of how some residents are faring economically. Over one third of county residents earn less than \$50,000 annually.

Demographic Profile

TABLE 20: MEDIAN INCOME



Definition: The median is the value at which half of the annual family incomes are higher and half of the incomes are lower. These estimates have been adjusted for inflation, to enable comparison over time.

Source: U.S. Census Bureau, American Community Survey. Accessed at <http://factfinder2.census.gov> (Nov. 2012).

Very few of the families served by Children & Family Services are homeowners. A better measure of their housing needs might be found in the trends in rental costs although many CFS families rely on subsidized housing options rather than the general rental market.

TABLE 21: ALAMEDA FAIR MARKET RENT BY UNIT SIZE OVER TIME

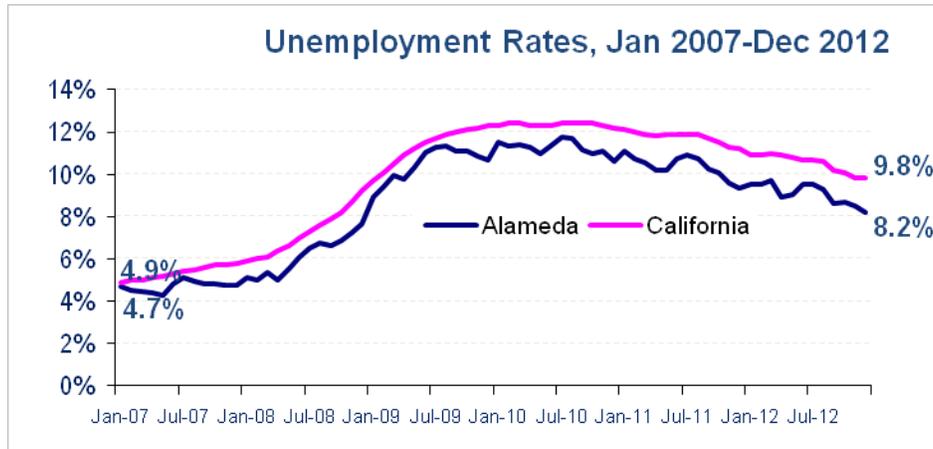
Alameda County Fair Market Rent by Unit Size						
	2009	2010	2011	2012	2013	Change %
Studio - 0 Bedrooms	\$905	\$963	\$974	\$980	\$892	-1.4%
1 Bedroom	\$1,093	\$1,162	\$1,176	\$1,183	\$1,082	-1.0%
2 Bedrooms	\$1,295	\$1,377	\$1,393	\$1,402	\$1,361	5.1%
3 Bedrooms	\$1,756	\$1,867	\$1,889	\$1,901	\$1,901	8.3%
4 Bedrooms	\$2,174	\$2,312	\$2,339	\$2,354	\$2,332	7.3%

Demographic Profile

Source: U.S. Department of Housing and Urban Development, Fair Market Rent, <http://www.huduser.org/datasets/fmr.html> (Nov. 2012). Accessed at Kidsdata.org, http://www.kidsdata.org/data/topic/table/market_rent-unit.aspx

The Alameda jobless rate has recovered from the high levels seen in 2009-2011 but has not dropped back to the pre-recession levels in 2007.

TABLE 22: ALAMEDA COUNTY UNEMPLOYMENT RATE DECEMBER 2007 -2012



Source: <http://www.labormarketinfo.edd.ca.gov/>

The percentage of children living in poverty has increased from 15% in 2005 to 17% in 2010. African American children represent the highest percentage of children in poverty at 33%. This is higher than California's rate of 31.9% for the same ethnic group. Of families living in poverty in the last 12 months (2011), African American families comprise the largest percentage at 20.2%, higher than the overall poverty rate at 9.6%.

TABLE 23: PERCENTAGE OF ALAMEDA CHILDREN LIVING IN POVERTY (2005-2010)

Location	2005	2007	2008	2009	2010
Alameda	15%	14%	12%	14%	17%

Source: Kidscount via U.S. Census Bureau, American Community Survey.

The percentage of African American children in poverty in Alameda County (33.7%) is the highest among ethnic groups. Hispanic/Latino children have the second highest percentage.

TABLE 24: CHILDREN IN POVERTY BY RACE/ETHNICITY (2009-2011)

Demographic Profile

Race/Ethnicity	Alameda	California
African American/Black	33.7%	31.9%
American Indian/Alaska Native	Unable to measure	33.4%
Asian American	8.6%	12.6%
Hispanic/Latino	21.1%	29.4%
Native Hawaiian/Pacific Islander	Unable to measure	21.7%
White	7.7%	9.7%
Multiracial	12.0	14.8%

Source: Kidsdata.org via US Census Bureau, American Community Survey. Accessed at <http://factfinder2.census.gov> (Dec. 2012)

In the last 12 months, 9.6% of families in Alameda are reported to be living in poverty as opposed to 12.4% of families in California.

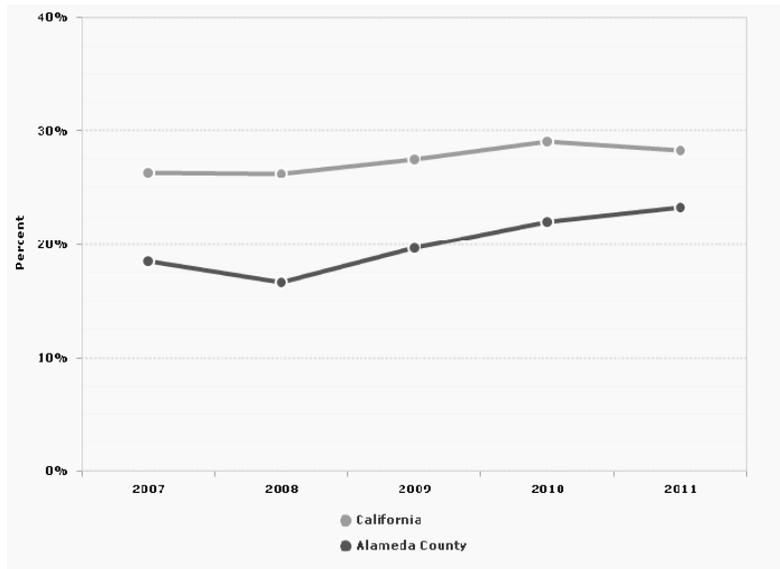
TABLE 25: POVERTY STATUS IN THE PAST 12 MONTHS OF FAMILIES (2011)

Alameda	California
9.6%	12.4%

Source: U.S. Census Bureau, 2011 American Community Survey

Children living in crowded households* has increased significantly since 2008, from approximately 17% to 24%.

TABLE 26: CHILDREN LIVING IN CROWDED HOUSEHOLDS



Definition: Estimated percentage of children under age 18 living in households with more than one person per room of the house. “Rooms” include living rooms, dining rooms, kitchens, bedrooms, finished recreation rooms, enclosed porches, and lodger’s rooms.

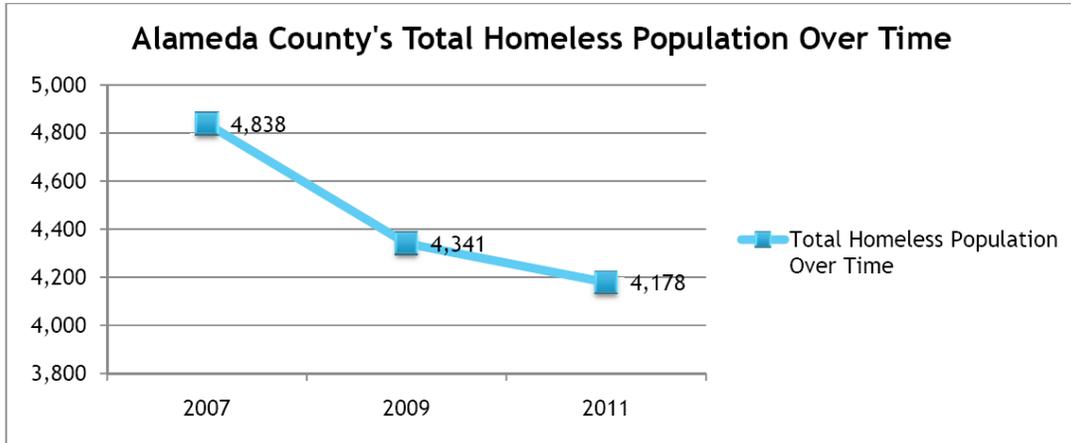
The U.S. Dept. of Housing and Urban Development considers a household crowded if there is more than one person per room. The number of persons per room is calculated by dividing the number of occupants by the number of rooms.

Source: Population Reference Bureau, analysis of data from the U.S. Census Bureau's American Community Survey microdata files. (Jan. 2013).

HOMELESSNESS AND PUBLIC ASSISTANCE

Table 27 demonstrates that the overall homeless population in Alameda County decreased slightly from 2007 to 2011 by 13.6%. Unlike the reduction in overall homelessness, the number of homeless adults without children increased by 10% since 2009, from 2,771 to 3,039. In 2009, nearly two thirds of the homeless were adults without children (single individuals, couples, and members of all-adult households). In 2011 that proportion grew to nearly three-fourths of the total homeless population.

TABLE 27: ALAMEDA COUNTY’S TOTAL HOMELESS POPULATION OVER TIME



Source: Alameda Countywide Homeless Count and Survey, 2007, 2009, and 2011.

Source: http://www.everyonehome.org/media/resources_homeless_count11.pdf

TABLE 28: CALWORKS DATA

Number of People Receiving CalWORKs benefits in Alameda County				
2008	2009	2010	2011	2012
41,646	42,466	44,694	45,876	43,124

Definition: Number of people as of January of each year.

Source: [As cited on kidsdata.org](http://www.cdss.ca.gov/research/PG219.htm), California Dept. of Social Services, CalWORKs Data Trends. Accessed at <http://www.cdss.ca.gov/research/PG219.htm> (Nov. 2012); California Dept. of Finance, Population & Housing Estimates for Cities, Counties, & the State, 2011-2012, and Population Estimates for Counties & State, 2001-2010. Accessed at <http://www.dof.ca.gov> (Nov. 2012).

TRIBES

There are no federally recognized American Indian tribes in the county but census data identifies residents affiliated with four tribal groups: Cherokee, Sioux, Navajo and Chippewa.

DEMOGRAPHIC PROFILE ANALYSIS

Alameda County’s population continues to grow, with a 4.4% increase from 2000 to 2010 and then another 2.9% between 2010 and 2012 (Table 1). It appears that the Asian and Hispanic

populations have contributed most significantly to this population increase with the Asian population increasing by 31%, and the Hispanic population increasing by 23%. The African American population has decreased by 11% since 2000. This population shift has resulted in no one ethnic group comprising the majority of the total population. There is similar diversity in spoken language with Forty-three percent (43.3%) of Alameda residents speak a language other than English. Of those who speak another language, the majority speak Spanish and Asian/Pacific Islander languages (Table 10). Staff reported in a stakeholder focus group that there are multiple bilingual workers to engage with Spanish speaking families. However, most stakeholders reported that they do have a hard time finding certified interpreters for languages other than Spanish, including Chinese, Korean, and Japanese. One community based agency, La Familia Agency, has staff members that are all bilingual in English and Spanish. The agency has existed since 1974 and invests in preparatory work to hire bilingual staff through volunteer opportunities.

Educationally, Alameda's population is fairly well educated with 86.0% of Alameda County's residents being high school graduates (including possessing the equivalency of high school graduation) or higher. This is greater than the California population at 80.8%. Forty percent (40.8%) of the population held a bachelor's degree or higher, also higher than the California rate of 30.2%. There is great variation in the high school dropout rate in Alameda County with the Oakland Unified School district measuring the highest at 28% and Pleasanton School district measuring the lowest at 2.1%. Stakeholders also reported that there are basic safety concerns at some of the schools. For example, youth reported that in some situations it wasn't safe to walk/bus to school, or be on campus due to the violence. A stakeholder was quoted as saying "There is a big gap in Oakland regarding no incentive and value on school. The truancy staff is lacking in funding and staff." This may also be related to the socioeconomic profiles of the individual cities within Alameda County. According to the U.S. Census (American Fact Finder), for 2010, the median family income in Pleasanton was \$102,796, much higher than Oakland's \$51,144. The median income in Alameda County is higher than California's. However, over one third of county residents earn less than \$50,000 annually and many families rely on subsidized housing.

Another impact to the drop-out rate may be the number of children residing in poverty. Overall, the percentage of Alameda County children living in poverty has increased from 15% in 2005 to 17% in 2010 (Table 23). The percentage of African American children in poverty in Alameda County (33.7%) is the highest among all ethnic groups. This is higher than California's rate of 31.9% (Table 24). Of families living in poverty in the last 12 months (2011), African American families comprised the largest percentage at 20.2%, higher than the overall poverty rate of 9.6%. Stakeholders report that an impact of poverty on residents is the inability to find

safe and stable housing. When asked how the County supports families, child welfare parents report that food banks and shelters were available. Some would prefer services to be available in safer neighborhoods. Stakeholders also report that there is a lot of homelessness in the county, and one community partner stated “There are a lot of families going into shelters and now the shelters are full. We used to find a place for a mom with a baby, but now it’s hard to find any shelter for anyone. Young men have a difficult time getting shelter too.” Additionally, they report that there are a limited number of rentals in Oakland and a significant decline in number of available rental units has occurred. It is not just the urban area of Oakland where families struggle with homelessness, as stakeholders reported that there are homeless communities in Fremont and Hayward and in other parts of the county.

As education relates to foster youth in Alameda County, stakeholders report that Foster Youth Services does a “tremendous job”. Foster Youth Services provides mobile case management and educational mentoring services. They also speculated that another factor affecting the education system for foster youth is the lack of placement stability. “Youth need placement stability to drive their educational success”. There is a struggle for youth to continue attending their school of origin when a placement change occurs, due to transportation issues. Additionally, stakeholders report that loss of funding for tutoring and mentoring in the school system is impacting educational outcomes.

CHILD MALTREATMENT INDICATORS

According to the Centers for Disease Control, a combination of individual, relational, community, and societal factors contribute to the risk of child maltreatment. Although children are not responsible for the harm inflicted upon them, certain characteristics have been found to increase their risk of being maltreated. Risk factors are those characteristics associated with child maltreatment—they may or may not be direct causes.

Risk Factors for Victimization

- Children younger than 4 years of age
- Special needs that may increase caregiver burden and youth vulnerability (e.g., disabilities, developmental delay, mental health issues, and chronic physical illnesses)

Risk Factors for Perpetration

Individual Risk Factors

- Parents' lack of understanding of children's needs, child development, and effective parenting skills

- Parents' history of child maltreatment in family of origin
- Substance abuse and/or mental health issues including depression in the family
- Parental characteristics such as young age, low education, single parenthood, large number of dependent children, and low income
- Non-biological, transient caregivers in the home
- Parental thoughts and emotions that tend to support or justify maltreatment behaviors

Family Risk Factors

- Social isolation
- Family disorganization, dissolution, and violence, including intimate partner violence
- Parenting stress, poor parent-child relationships, and negative interactions

Community Risk Factors

- Community violence
- Concentrated neighborhood disadvantage (e.g., high poverty and residential instability, high unemployment rates, and high density of alcohol outlets), and poor social connections.

Source: <http://www.cdc.gov/violenceprevention/childmaltreatment/riskprotectivefactors.html>

CHILD RISK FACTORS – AGE AND SPECIAL NEEDS

According to the California Department of Public Health, the annual number of low-birth weight infants in Alameda declined by almost 200 from 2001 to 2010 but the percentage of such births was unchanged at 7.1. This rate is higher than the statewide rate and, in 2010, only four counties had higher rates of low birth weight births.

TABLE 1: LOW BIRTH WEIGHT INFANTS, 2009 - 2011 THREE-YEAR AVERAGE

Area	Ratio of Low Birthweight Infants per 100 live births
Alameda	7.2% (54 th of 58 counties)
California	6.8%
National Goal	7.8%

Source: California Department of Public Health, County Health Status Profiles 2013. Retrieved from <http://www.cdph.ca.gov/programs/ohir/Pages/CHSP.aspx>

Between 2009 and 2011, the age-specific birth rate to adolescents aged 15 to 19 in Alameda County was 21.8 per 1,000 female population, or approximately one birth for every 45.8

adolescent females ages 15 - 19. This county's age specific birth rate was lower than California's rate of 31.5.

TABLE 2: BIRTHS TO ADOLESCENT (TEEN) MOTHERS, AGED 15-19, 2009 - 2011 AVERAGE # OF BIRTHS

Area	Age-Specific Birth Rate per 1,000 female population	
Alameda	21.8	Rank #16 of 58 counties
California	31.5	

Source: California Department of Public Health, County Health Status Profiles 2013. Retrieved from <http://www.cdph.ca.gov/programs/ohir/Pages/CHSP.aspx>

The ratio of births to mothers with prenatal care begun during the first trimester of pregnancy for Alameda County was 87.3 per 100 live births. This percentage was based on a 2009 through 2011 three-year average number of births. This county's percentage was higher than California's, and the seventh best in the state.

TABLE 3: PRENATAL CARE BEGUN DURING FIRST TRIMESTER – 2009 - 2011 AVERAGE NUMBER OF BIRTHS

Area	Ratio Per 100 Live Births	
Alameda	87.3%	Rank #7 out of 58 counties
California	83.3%	
National Goal	77.9%	

Source: California Department of Public Health, County Health Status Profiles 2013. Retrieved from <http://www.cdph.ca.gov/programs/ohir/Pages/CHSP.aspx>

The table below shows that 96.7% of residents in Alameda County are insured.

Demographic Profile

TABLE 4: HEALTH INSURANCE COVERAGE 2009

Alameda County	Percent
Insured	96.7%
Uninsured	3.3%

In Alameda County, 2.4% of children live with major disabilities.

TABLE 5: CHILDREN WITH MAJOR DISABILITIES 2009-2011

Region	Percent
Alameda County	2.4%
City:	
Alameda	3.80%
Ashland	2.20%
Berkeley	1.70%
Castro Valley	2.00%
Dublin	2.00%
Fremont	1.40%
Hayward	2.80%
Livermore	2.80%
Newark	1.30%
Oakland	2.90%
Pleasanton	1.00%
San Leandro	1.50%
San Lorenzo	3.40%
Union City	2.10%

Definition: Children are classified as having disabilities if they have serious difficulties in one or more of the following areas: hearing, vision, cognitive ability (asked of ages 5-17), ambulatory ability (asked of ages of 5-17), self-care (asked of ages 5-17), or independent living (asked of ages 15-17).

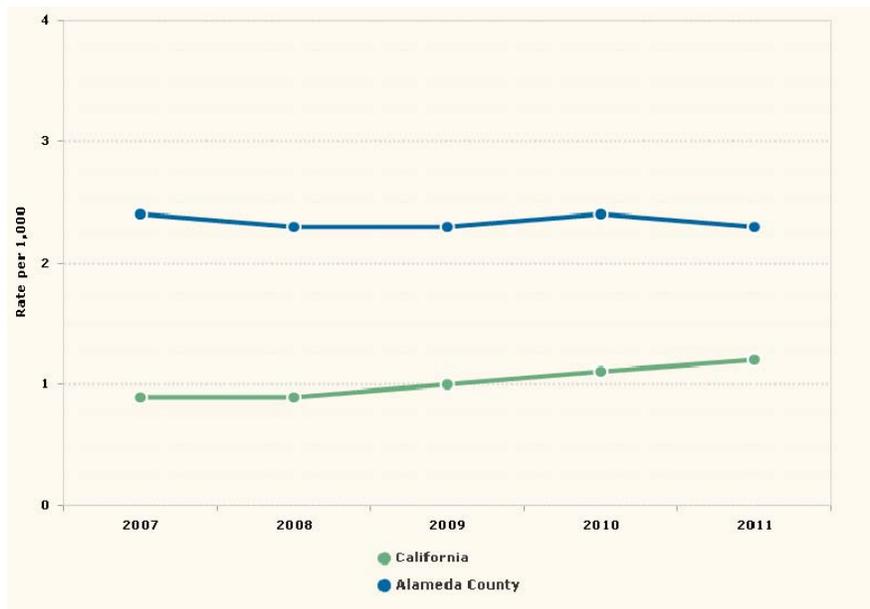
Source: KidsData.org, US Census Bureau, American Community Survey

Demographic Profile

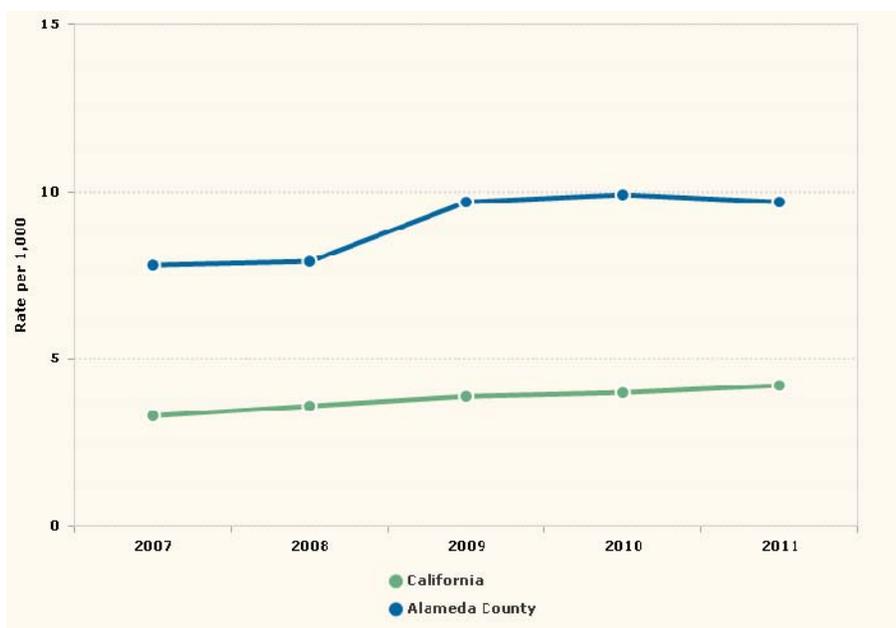
The rate for hospitalizations for mental health issues for youth in Alameda County is higher overall than the state. However, there has been a slight decrease for both age groups (5-14 years and 15-19 years). During focus groups, stakeholders mentioned that mental health needs are very high in child welfare populations, and there is a need in the community for substance abuse treatment for youth as well as inpatient substance abuse for parents with children.

TABLE 6: HOSPITALIZATIONS FOR MENTAL HEALTH ISSUES BY AGE GROUP (2007-2011)

(Age Group: 5-14 years)



(Age Group: 15-19 years)



Demographic Profile

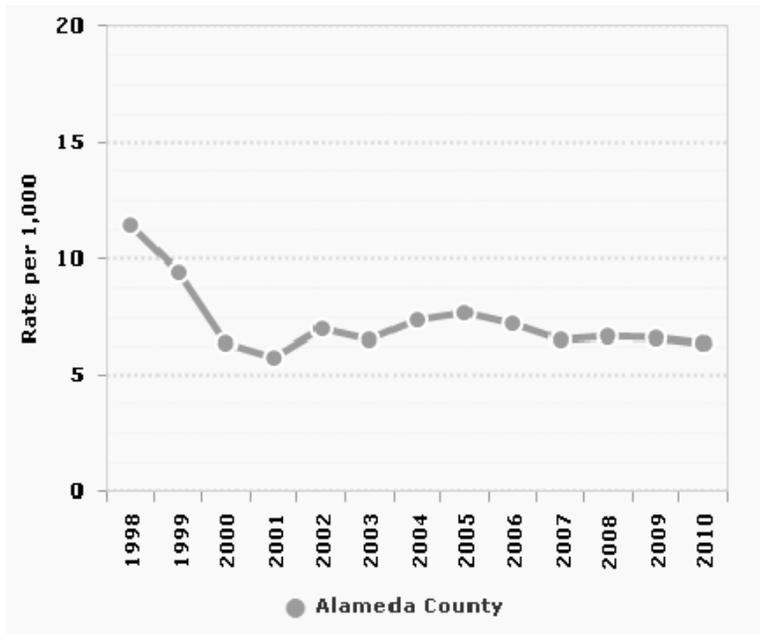
Definition: Number of hospitalizations for mental health issues per 1,000 children and youth ages 5-19, by age group. Data are limited to hospital admissions only; emergency room visits that did not result in admission are excluded. LNE (Low Number Event) refers to data that have been suppressed because there were fewer than 20 hospitalizations for mental health issues in a given age group. Data are excluded for a small number of cases for which county identification is unknown.

Source: Special Tabulation by the California Office of Statewide Health Planning and Development (Feb. 2013). California Dept. of Finance, 2000-2010 Estimates of Population by Race/Ethnicity with Age and Gender Detail; and State and County Population Projections by Race/Ethnicity and 5-year Age Groups, 2010-2060 (by year). Accessed at <http://www.dof.ca.gov> (Feb. 2013).

FAMILY RISK FACTORS – DOMESTIC VIOLENCE, MENTAL HEALTH, AND AOD ISSUES

In Alameda County the number of domestic violence calls for assistance per 1,000 adults ages 18-69 fell sharply from 1998 to 2001. Since then, the rate has remained steady between 6% and 7%. These calls are not evenly distributed across the county. In 2010, over 50% of all Alameda County calls for assistance related to domestic violence were made in Oakland, more than twice the rate expected based on population.

TABLE 7: DOMESTIC VIOLENCE-RATES

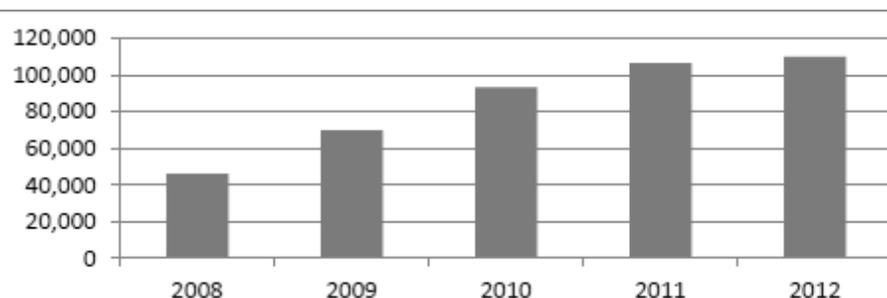


Source: California <http://www.kidsdata.org/data/region/dashboard.aspx?loc=127&cat=1>

Alameda County is fortunate to have a 24 hour information line, 2-1-1. 2-1-1 is a free, accessible, 3-digit telephone number that enables all Alameda County residents access to customized

multilingual health, housing and human services information 24 hours a day, 7 days a week and 365 days a year. Calls to this information line have steadily increased over the last 5 years from approximately 40,000 to over 100,000.

TABLE 8: 2-1-1 CALLS



Source: [http://www.edenir.org/docs/reports/annual_agency/Eden IR Annual Report FY 2012.pdf](http://www.edenir.org/docs/reports/annual_agency/Eden_IR_Annual_Report_FY_2012.pdf)

Total admissions to Alcohol and Other Drug Treatment has remained fairly steady over the eight year period reported in the table below. Males comprise 64.2% of admitted clients and females comprise 35.8%. Sixty-seven percent (67%) of women admitted to treatment in CA in FY10/11 were parenting or pregnant.

TABLE 9: ADMISSIONS TO ALCOHOL AND OTHER DRUG TREATMENT

Table/Figure 2.2

Admissions to Alcohol and Other Drug Treatment by Client Gender, Rate per 100,000 Population, and Percent of Total Admissions

	2000	2001	2002	2003	2004	2005	2006	2007	2008
TOTAL ADMISSIONS	8,484	9,812	9,607	9,231	8,402	10,192	7,335	7,386	9,459
Male	5,292	6,284	6,228	5,781	5,390	6,432	4,511	4,564	6,071
Population	714,234	726,006	730,609	732,353	733,995	734,871	739,431	744,116	748,720
Rate per 100,000	740.93	865.56	852.44	789.37	734.34	875.26	610.06	613.35	810.85
Percent of Total	62.4%	64.0%	64.8%	62.6%	64.2%	63.1%	61.5%	61.8%	64.2%
Female	3,192	3,528	3,379	3,450	3,012	3,760	2,822	2,822	3,386
Population	738,844	751,713	757,463	760,426	763,321	765,453	771,264	776,647	781,977
Rate per 100,000	432.03	469.33	446.09	453.69	394.59	491.21	365.89	363.36	433.01
Percent of Total	37.6%	36.0%	35.2%	37.4%	35.8%	36.9%	38.5%	38.2%	35.8%
Unknown	0	0	0	0	0	0	2	0	2
Percent of Total	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%

SOURCE: Source: As cited on [adp.ca.gov](http://www.adp.ca.gov), California Dept. of Alcohol and Drug Programs, Accessed at http://www.adp.ca.gov/Prevention/pdf/indicators_2010/Alameda.pdf; Indicators of Alcohol and Other

Drug Risk and Consequences for California Counties
<http://www.adp.ca.gov/FactSheets/WomenInTreatment.pdf>

FAMILY RISK FACTORS – HOUSEHOLD COMPOSITION AND HOUSING COSTS

The table below shows the family structure for children in Alameda County. By far, African American children reside primarily with single female-headed households, versus other ethnicities who reside primarily with married couples of opposite sex.

TABLE 10: FAMILY STRUCTURE AMONG HOUSEHOLDS WITH CHILDREN (2007-2009)

Family Structure for Children in Households by Race/Ethnicity in 2007-2011				
Race/Ethnicity	Female-Headed Household	Male-Headed Household	Married Couple (Opposite Sex)	Other Households*
African American/Black	59.2%	6.8%	28.0%	6.0%
Asian/Pacific Islander	8.6%	3.3%	85.4%	2.7%
Hispanic/Latino	17.3%	4.3%	65.7%	12.8%
White	11.4%	4.1%	79.7%	4.8%

Note: “Other households” include children living in unmarried partner households, children living alone or with nonrelatives, and children in same-sex couple households.

Source: KidsData.org, US Census Bureau, American Community Survey (April 2011)

CHILD MALTREATMENT ANALYSIS

The rate for hospitalizations for mental health issues for youth in Alameda County is higher overall than the state. However, there has been a slight decrease for both age groups (5-14 years and 15-19 years) (Table 6). Stakeholders felt that this high rate of hospitalization for mental health needs is a result of not having local resources for children and youth with extensive mental health needs. There are no high level group homes for CWS or Probation youth, and Therapeutic Behavioral Services are only available in county and not for youth in out of county placements. Stakeholders reported that children “have seen a lot of trauma and have complex issues” and that there are few alternatives for these youth for mental health services and “it is

seen as safe at the hospital.” Youth reported that Willow Rock is a stabilizing place to be and they get their needs met there.

The number of domestic violence calls for assistance per 1,000 adults ages 18-69 fell sharply from 1998 to 2001. Since then, the rate has remained steady between 6% and 7% (Table 7). These calls are not evenly distributed across the county. In 2010, over 50% of all Alameda County calls for assistance related to domestic violence were made in Oakland, more than twice the rate expected based on population. Stakeholders relate domestic violence to poverty. There are “stressors that are on the families and there is “a lot of violence in Oakland.” One stakeholder shared “I don’t think there are adequate services for DV victims and kids who witness DV.” Another said that a “greater number of families that have generational issues and do not have good coping skills and are also growing up in war zones”. Another noted a need for domestic violence programs to have a strong mental health component.

Total admissions to alcohol and other drug treatment have remained fairly steady over the nine year period (2000 - 2008) at an average of 8,879 per year. Males comprise 64.2% of admitted clients and females comprise 35.8% (Table 9). One youth shared that Thunder Road is “a really good program and the staff is really cool.” Youth and Probation staff further noted that it is a good program, but it’s a little too close to temptation. Parents described the Second Chance agency as a flexible agency that allowed birth parents to attend support meetings throughout the day rather than needing to attend a specific day/time for a support meeting, which is beneficial for birth parents who may feel triggered to relapse and need to attend a support meeting at that time. Parents also shared that Child Welfare Workers should be aware of the Sober Living Environment (SLE) and be familiar with topics and languages that the birth parents are taught in their substance abuse programs such as SLE. They also encourage Child Welfare Workers to be aware that a birth parent feels “overwhelmed” when their child is first removed from their care which may trigger a relapse if there are multiple demands and multiple appointments made on him/her (birth parent).

Stakeholders also reported that there has been an increase in the identification of Sexually Exploited Children (SEC) in the county. Both DCFS and Probation have protocols in place to coordinate with other agencies and identify youth. For example, DCFS assigns youth advocates from a community based organization to SEC at the Assessment Center for immediate assistance and follow-up care.

There has also been an increase in the support for Lesbian, Gay, Bisexual, Transgender, and Questioning (LGBTQ) youth. Probation has a task force working on developing a policy for LGBT youth, and CWS has a committee of staff and community partners that reviews policies

and recommends improvements, including training for staff. There are also youth advocates and family advocates from community based organizations that work with LGBTQ youth and caregivers.

Overall stakeholders identified the following gaps in services in Alameda County to address the needs of the diverse demographics of the county:

1. Affordable and safe housing
2. Safe living environments free from violence, drug use and gangs
3. Day care
4. Employment to mitigate poverty
5. Substance Abuse Treatment programs

CHILD WELFARE POPULATION – ALAMEDA COUNTY

ALLEGATIONS, SUBSTANTIATIONS AND ENTRIES

Since 2007, child abuse and neglect referrals have decreased by 15%, from 13,171 to 11,179 (2012). Substantiated referrals have decreased by 52.8%, while unfounded dispositions have increased by 12.2%.

TABLE A: CHILD ABUSE REFERRALS BY REFERRAL DISPOSITION (2007 – 2012)

Demographic Profile

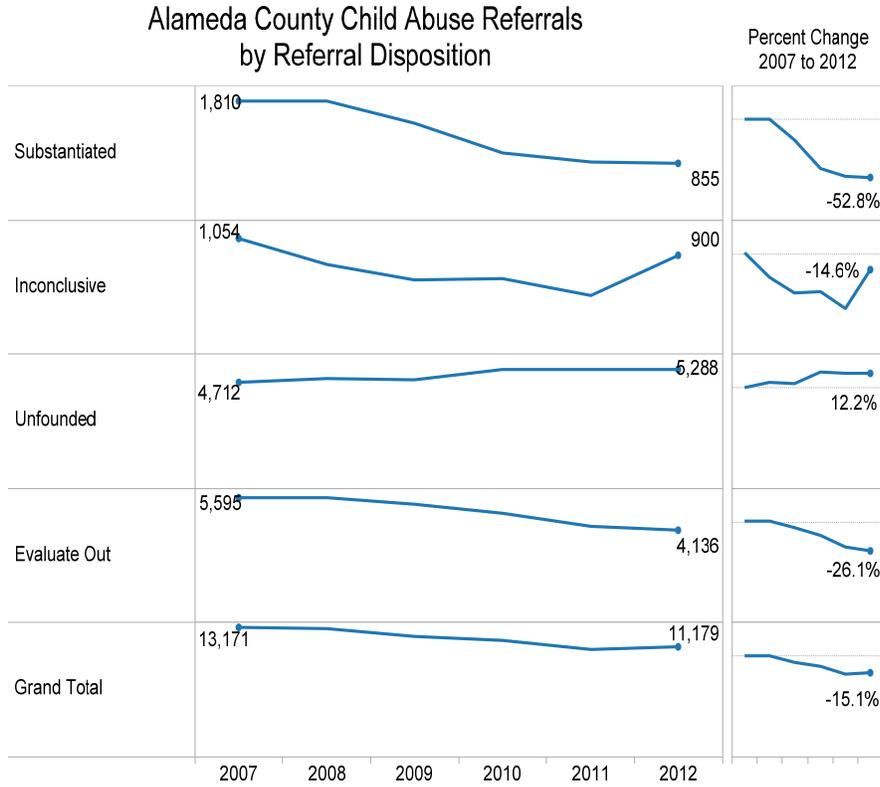


TABLE B: CHILD ABUSE REFERRALS BY AGE (2007 – 2012)

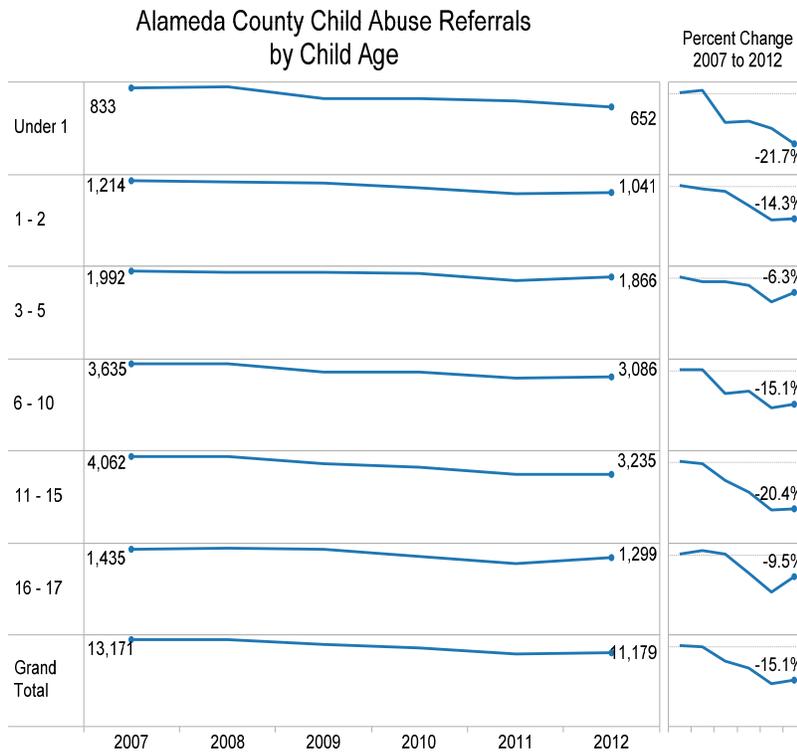


TABLE C: CHILD ABUSE REFERRALS BY ETHNICITY (2007 – 2012)

Demographic Profile

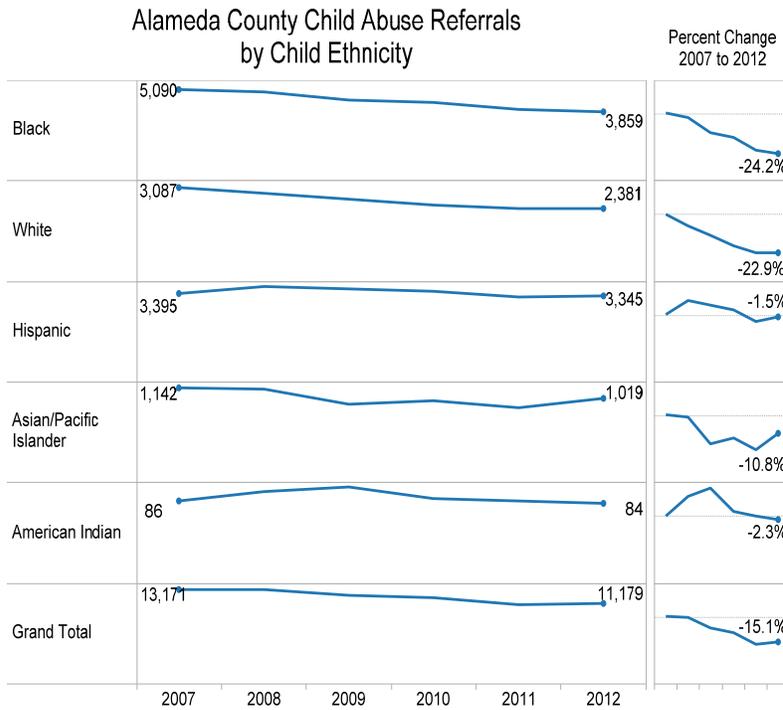


TABLE D: SUBSTANTIATED CHILD ABUSE REFERRALS BY CHILD AGE (2007 – 2012)

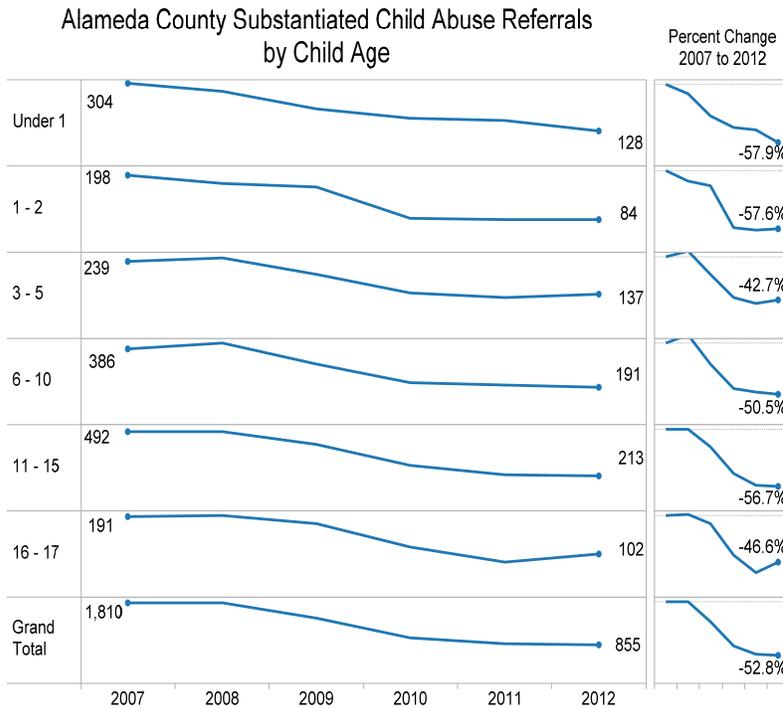


TABLE E: SUBSTANTIATED CHILD ABUSE REFERRALS BY CHILD ETHNICITY (2007 – 2012)

Demographic Profile

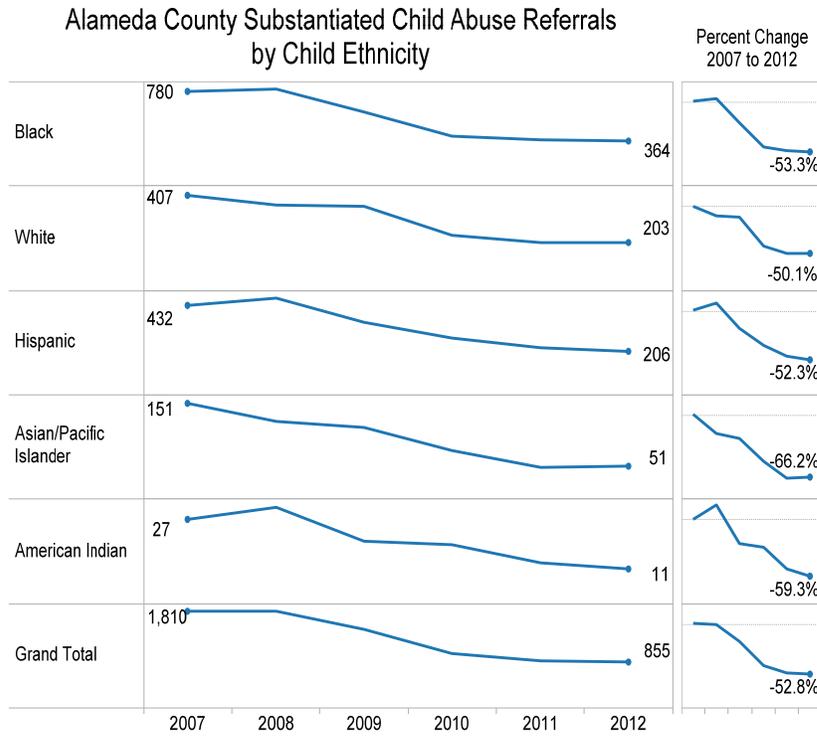
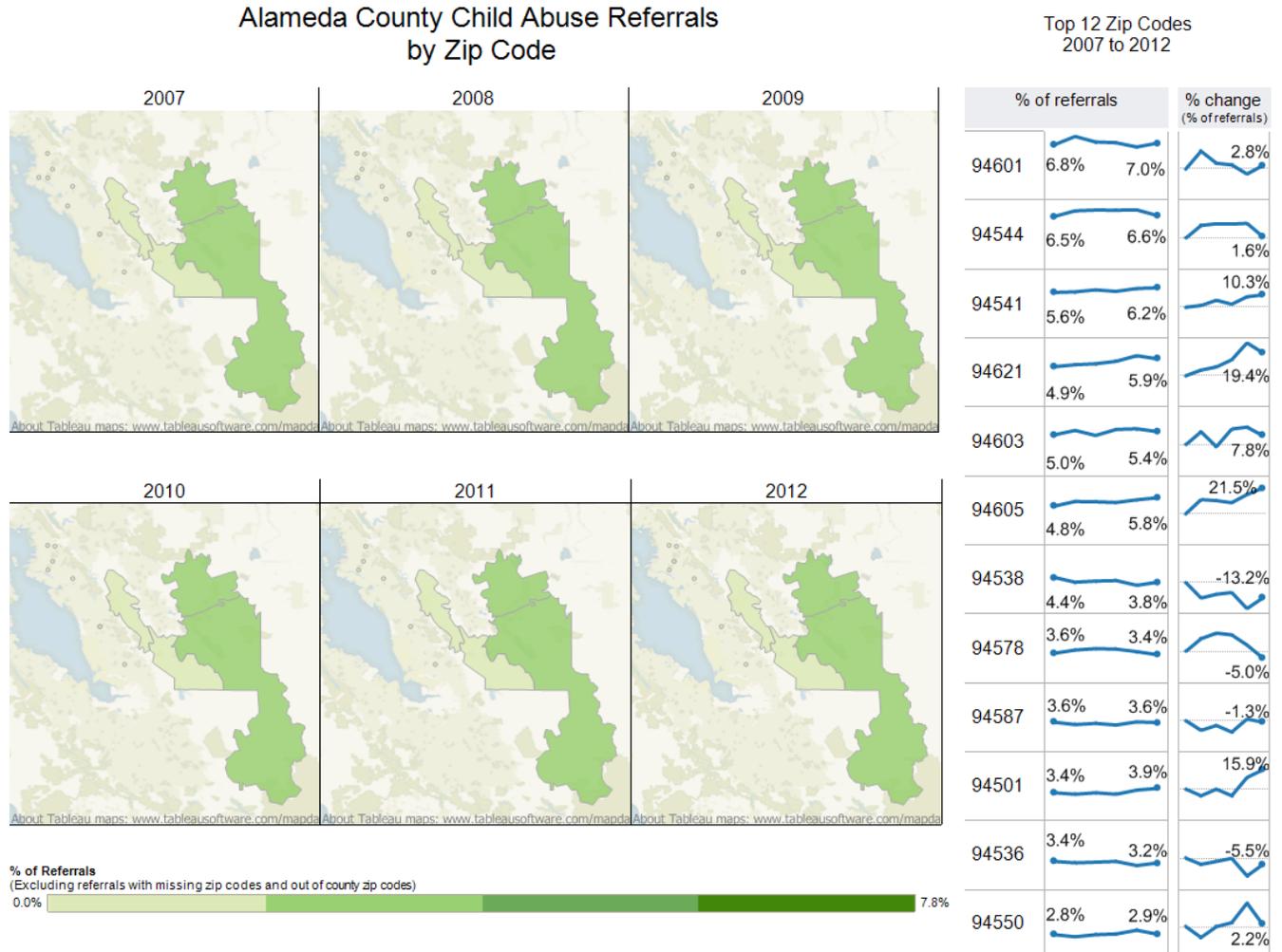


TABLE F : SUBSTANTIATED CHILD ABUSE REFERRALS BY ZIP CODE (2007 – 2012)



The top 12 zips include the following cities:

- **Oakland:** 94601, 94603, 94605, 94621
- **Fremont:** 94538, 94536
- **San Leandro:** 94578
- **Union City:** 94587
- **City of Alameda:** 94501
- **Hayward:** 94544, 94541
- **Livermore:** 94550

Demographic Profile

TABLE G: CHILD ABUSE REFERRALS BY MOST SERIOUS ALLEGATION TYPE (2007 – 2012)

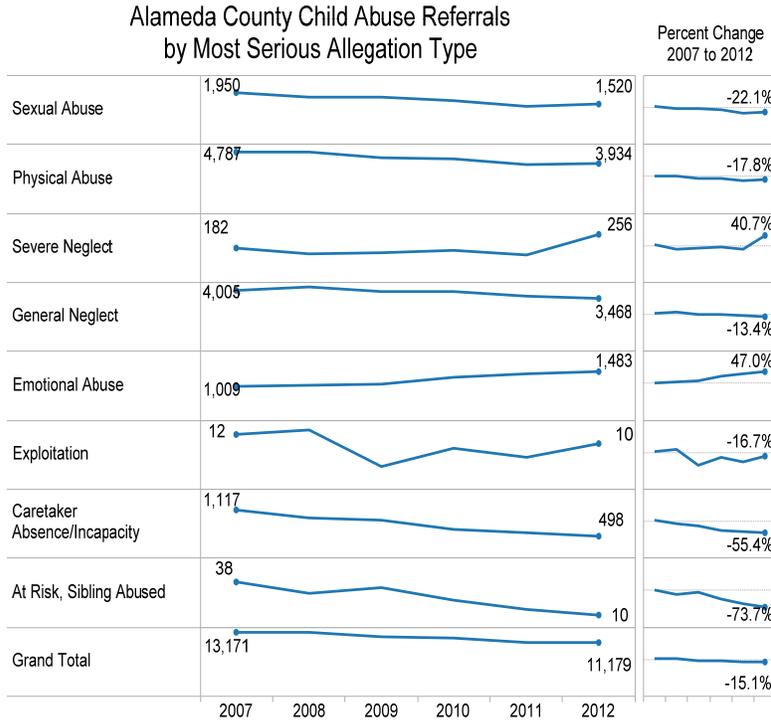
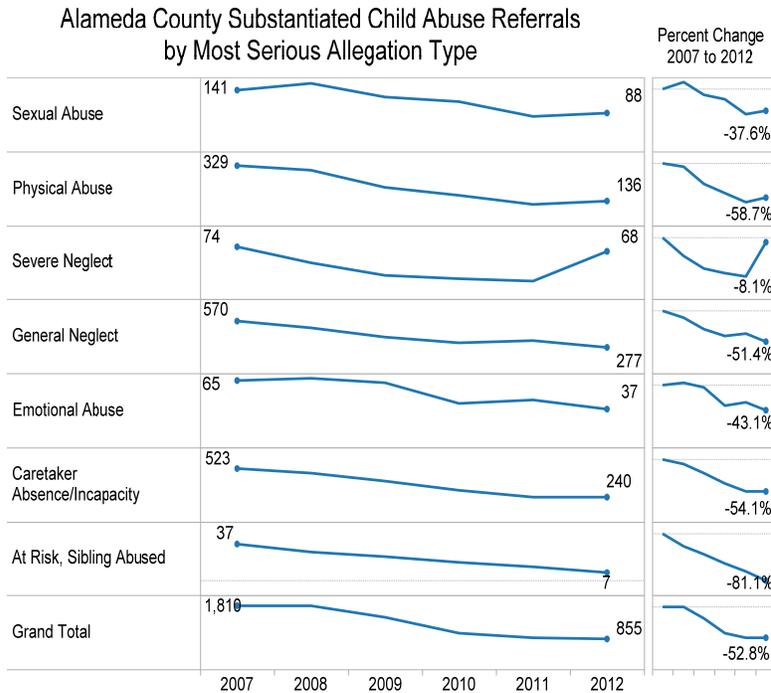


TABLE H: SUBSTANTIATED CHILD ABUSE REFERRALS BY MOST SERIOUS ALLEGATION TYPE (2007 – 2012)



Demographic Profile

FIRST ENTRIES

First entries have decreased by 39.8% over the past five years. All ages and ethnicities have decreased.

TABLE J: FIRST ENTRIES INTO CARE BY AGE (2007 – 2012)

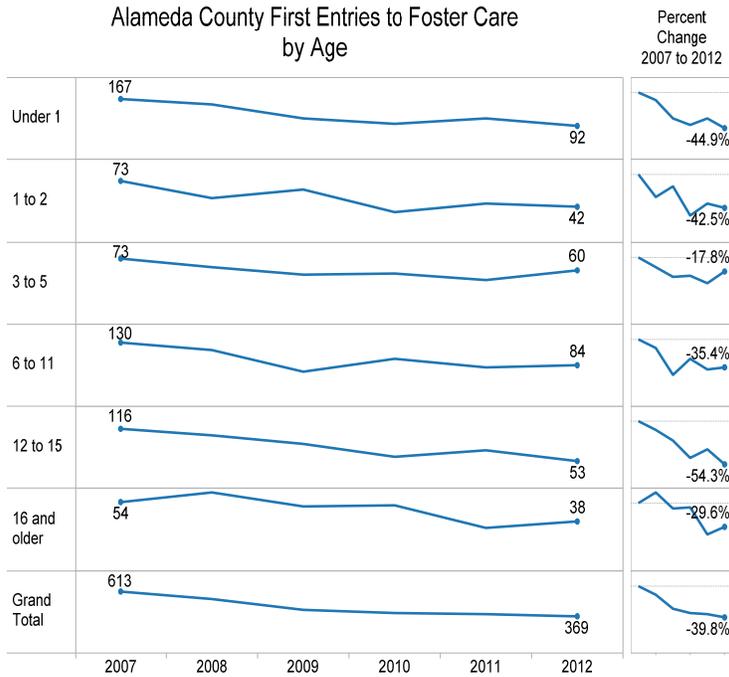


TABLE K: FIRST ENTRIES INTO CARE BY ETHNICITY (2007 – 2012)

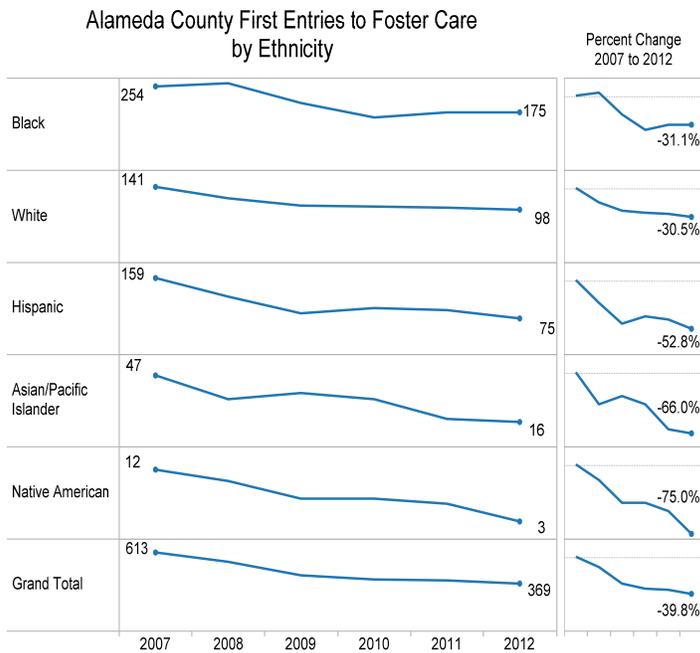
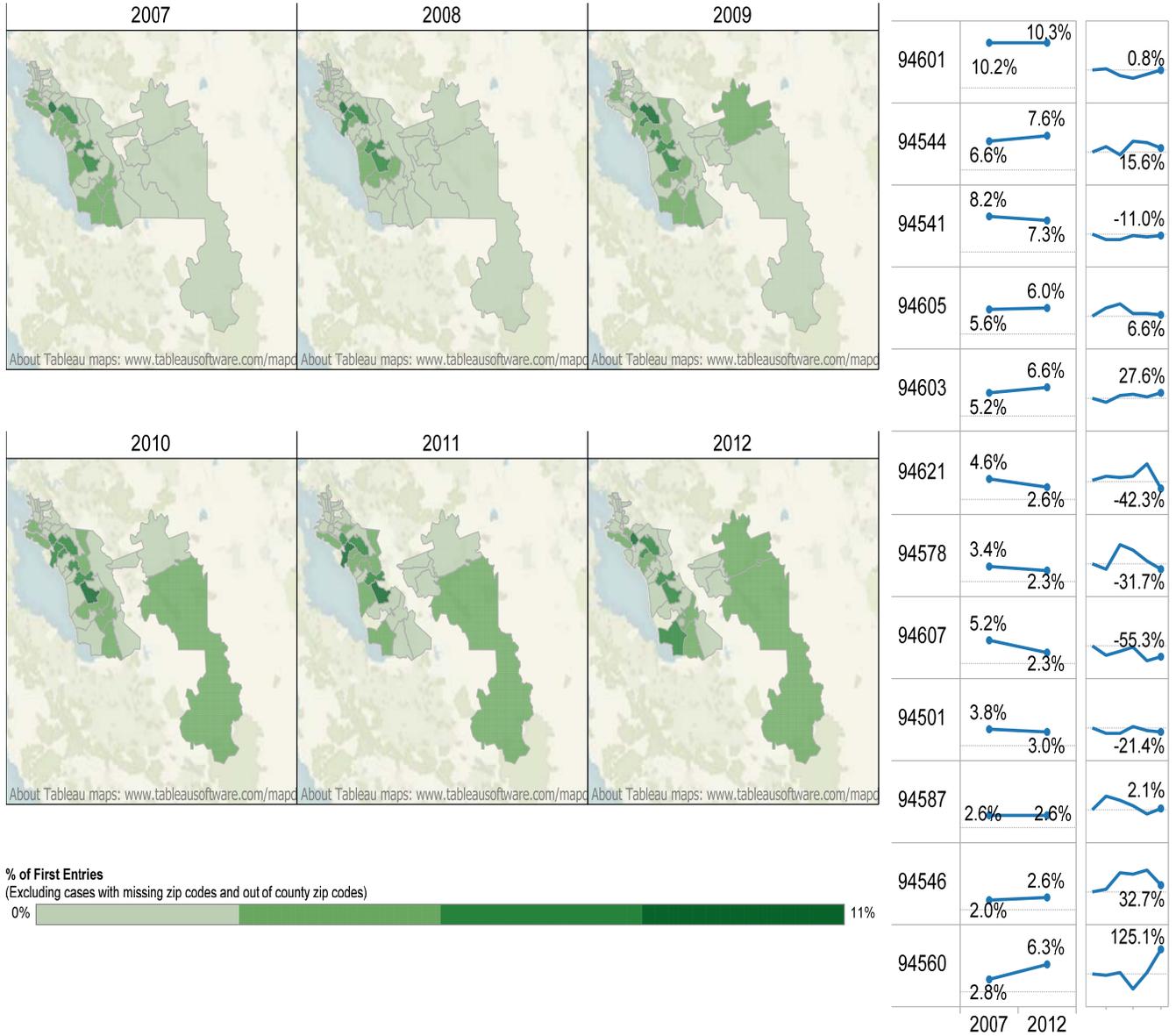


TABLE L: FIRST ENTRIES INTO CARE BY ZIP CODE OF ASSOCIATED REFERRAL RESULTING IN CASE OPENING (2007 – 2012)

Alameda County First Entries to Foster Care
by Zip Code of Associated Referral resulting in Case Opening

Top 12 Zip Codes
Percent Change
2007 to 2012



Demographic Profile

TABLE M: OTHER ENTRIES INTO CARE BY AGE(2007 – 2012)

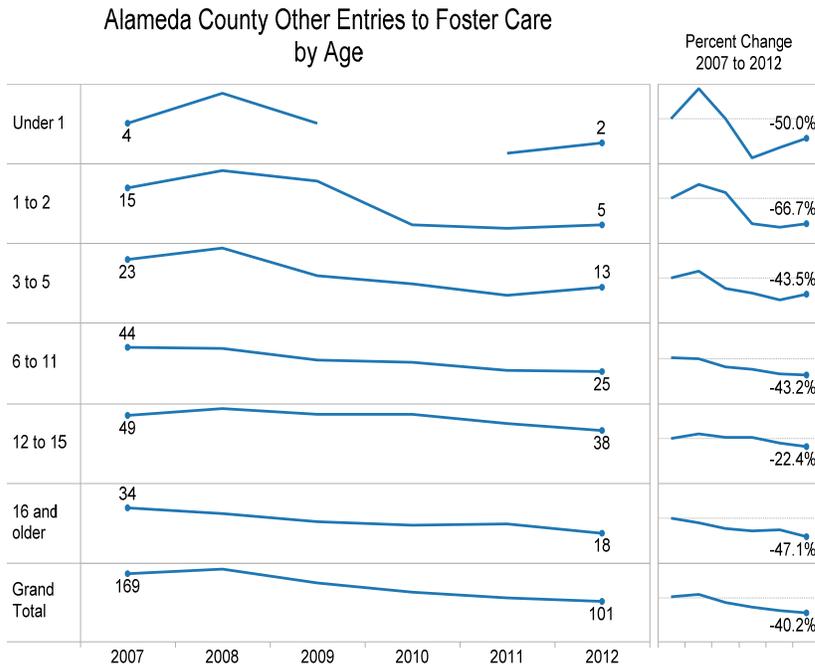


TABLE N: OTHER ENTRIES INTO CARE BY AGE(2007 – 2012)

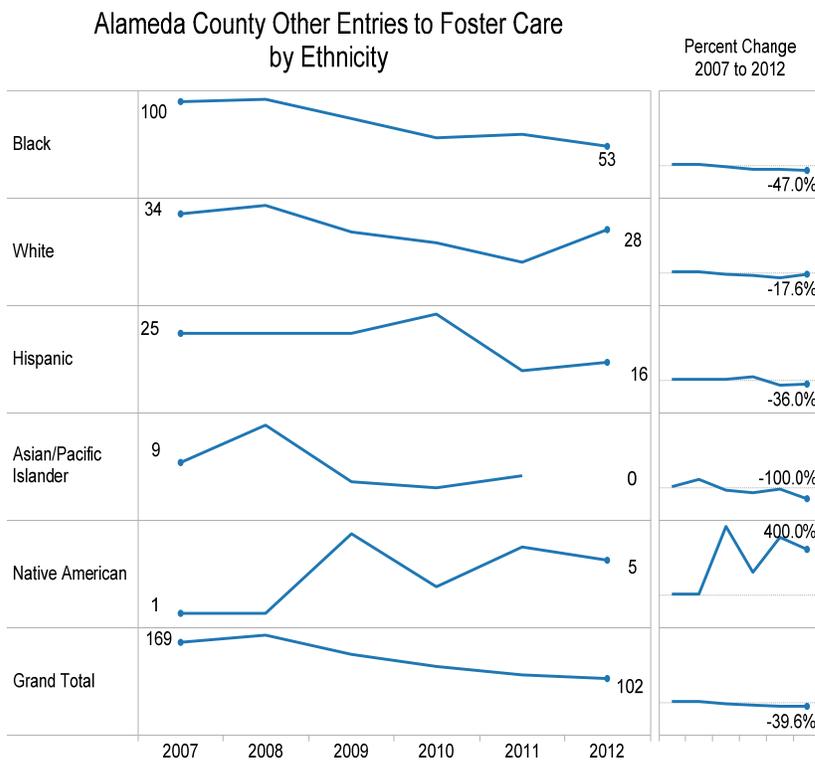
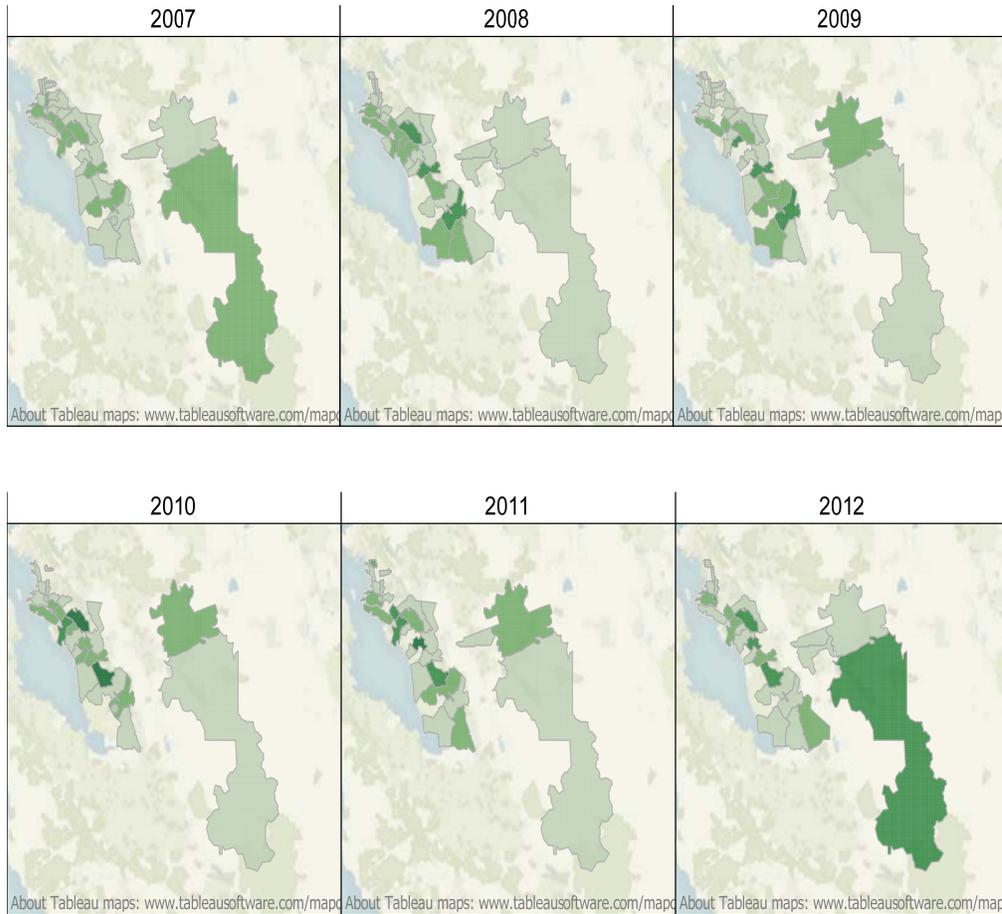


TABLE O: OTHER ENTRIES INTO CARE BY ZIP CODE OF REFERRAL AT CASE OPENING(2007 – 2012)

Alameda County Other Entries to Foster Care by Zip Code of Referral at Case Opening



Top 12 Zip Codes
Percent Change
2007 to 2012

94605	6.3%	10.3%	64.1%
94544	3.1%	7.7%	146.2%
94541	5.5%	3.8%	-29.7%
94601	7.0%	5.1%	-27.1%
94621	7.0%	6.4%	-8.8%
94603	7.0%	2.6%	-63.5%
94536	0.8%	2.6%	228.2%
94578	3.1%	9.0%	187.2%
94607	5.5%	6.4%	17.2%
94501	2.3%	1.3%	-45.3%
94587	7.0%	1.3%	-81.8%
94538	2.3%	1.3%	-45.3%

% of Other Entries
(Excluding youth with missing zip codes and out of county zip codes)



CHILDREN IN FOSTER CARE

The current child welfare caseload has decreased by 1446 children (42.6%) between 2007 and 2012. With the exception of Native American children, all ethnic groups have decreased over the last five years. However, Black children remain the largest percentage of the caseload at 54.7%. All age groups have decreased as well.

TABLE P: CHILD WELFARE CASELOAD BY ETHNICITY 2007 – 2012)

**Alameda County Child Welfare Caseload
by Ethnicity**

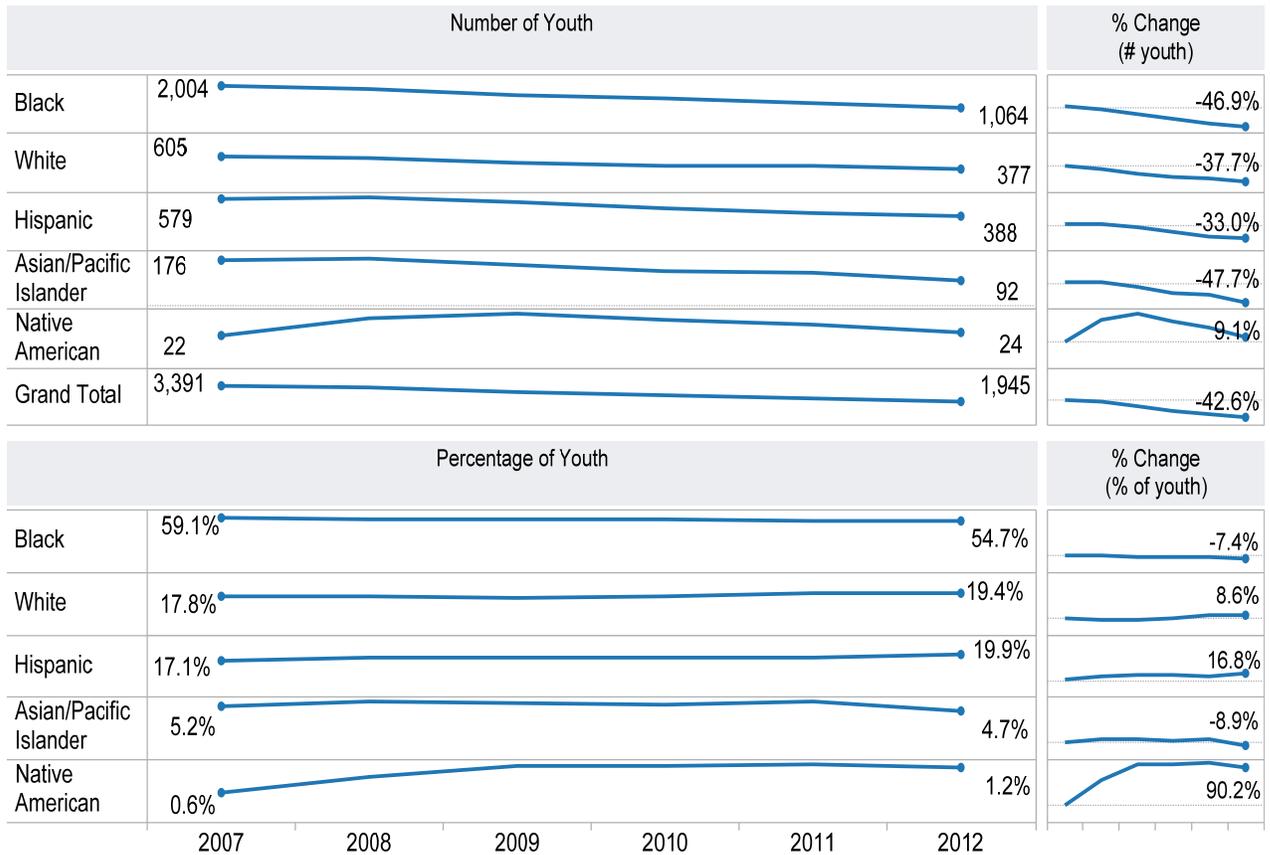
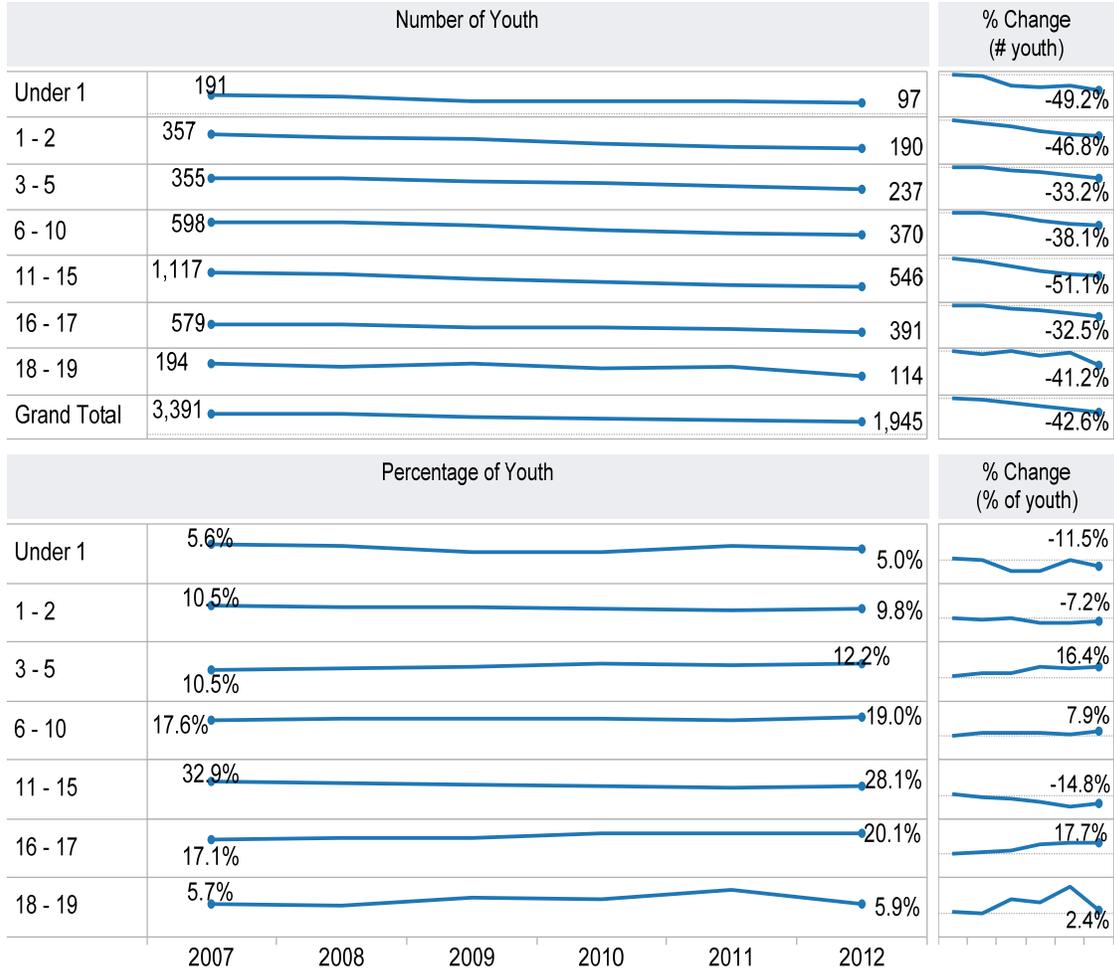


TABLE Q: CHILD WELFARE CASELOAD BY AGE 2007 – 2012)

Alameda County Child Welfare Caseload by Ethnicity



The table below shows that 66.2% of the child welfare caseload is children in out-of-home placement. Over 14% are in Family Reunification and 26.0% are in Family Maintenance. Slightly more than half (53.5%) are in Permanent Placement.

Demographic Profile

TABLE R: CHILD WELFARE CASELOAD BY IN HOME STATUS AND SERVICE COMPONENT (2007 – 2012)

Alameda County Child Welfare Caseload by In Home Status and Service Component

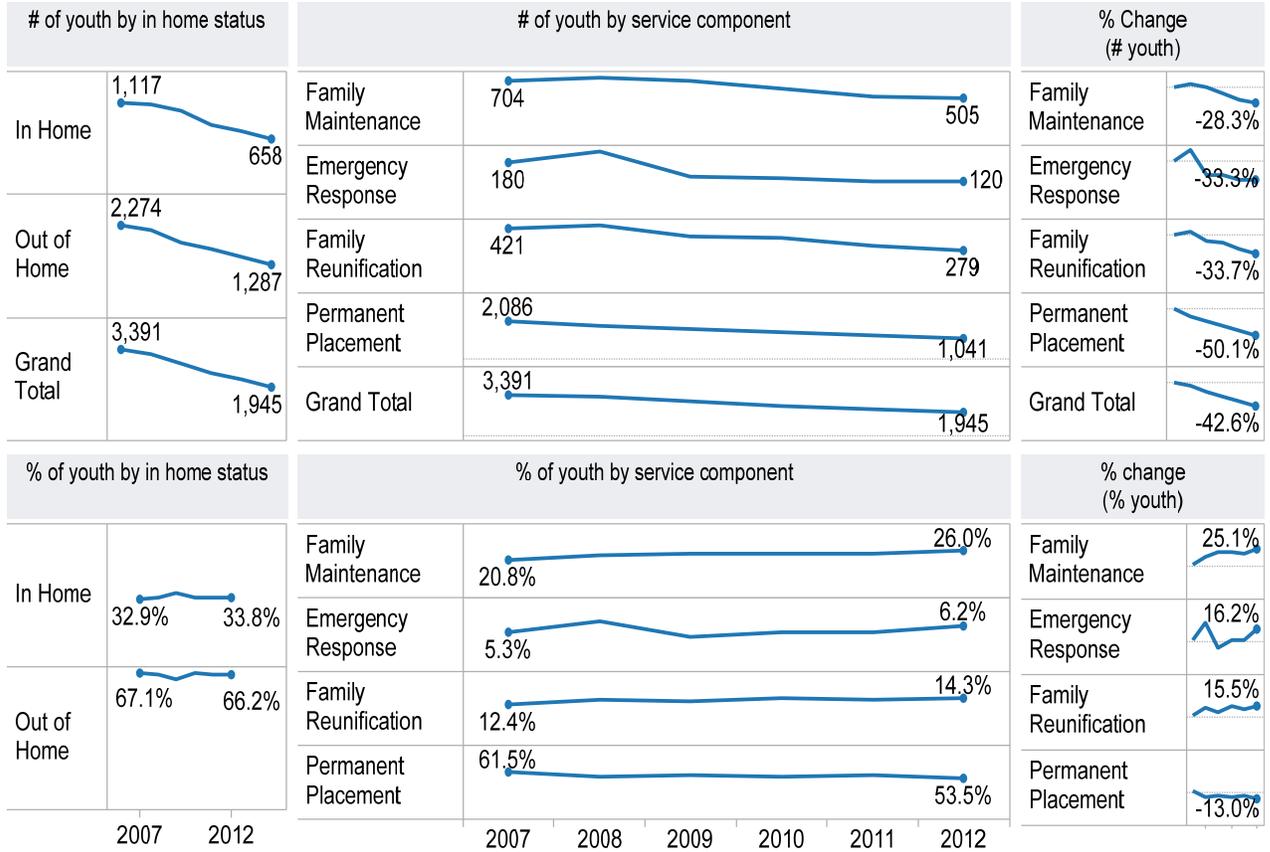
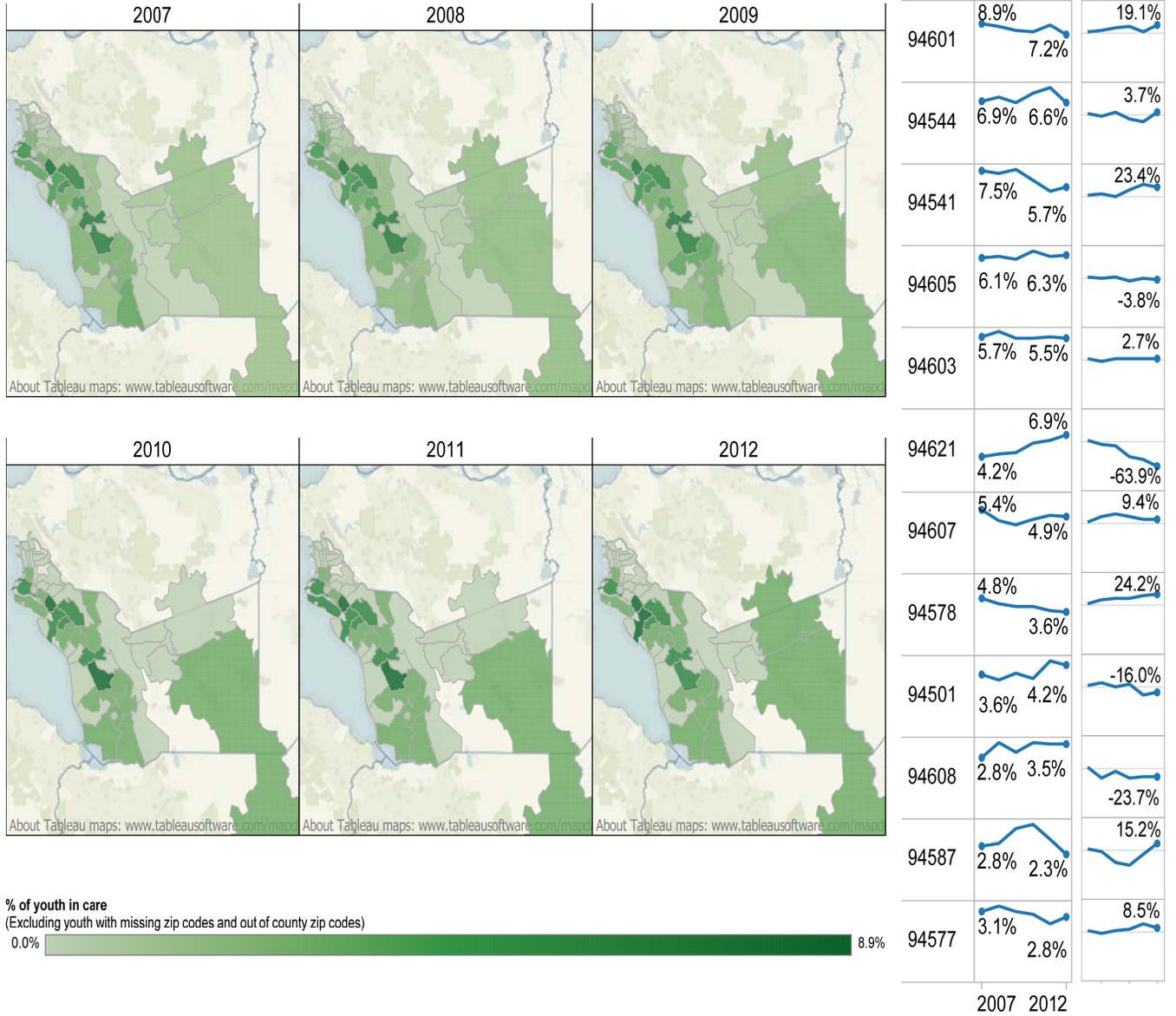


TABLE S: CHILD WELFARE CASELOAD BY ZIP CODE OF ASSOCIATED REFERRAL AT CASE OPENING (2007 – 2012)

Alameda County Child Welfare Caseload by Zip Code of Associated Referral at Case Opening

Top 12 Zip Codes
Percent Change
2007 to 2012



OTHER TRENDS IN FOSTER CARE

TABLE T: CHILD/YOUTH DEATH RATE (PER 1,000), BY RACE/ETHNICITY: AFRICAN AMERICAN/BLACK

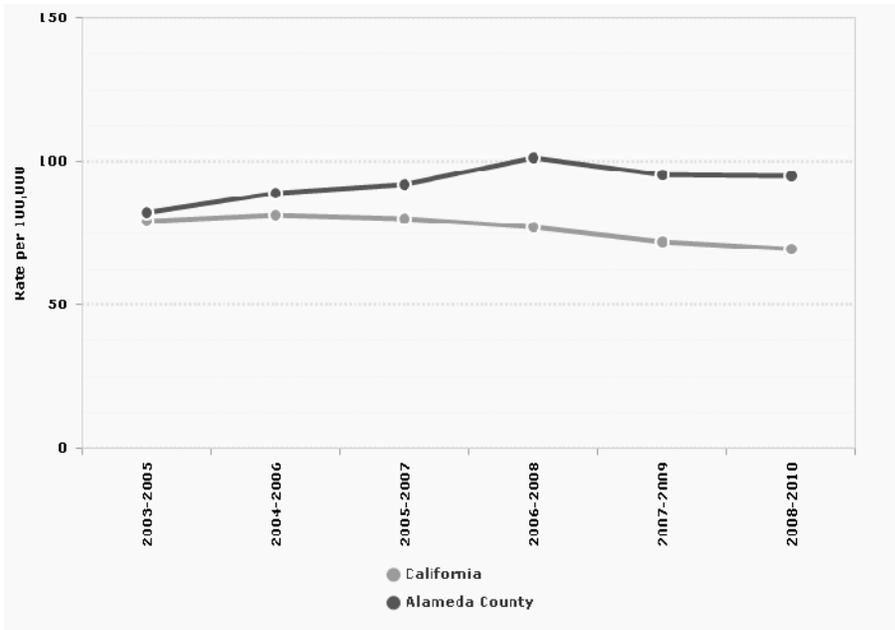
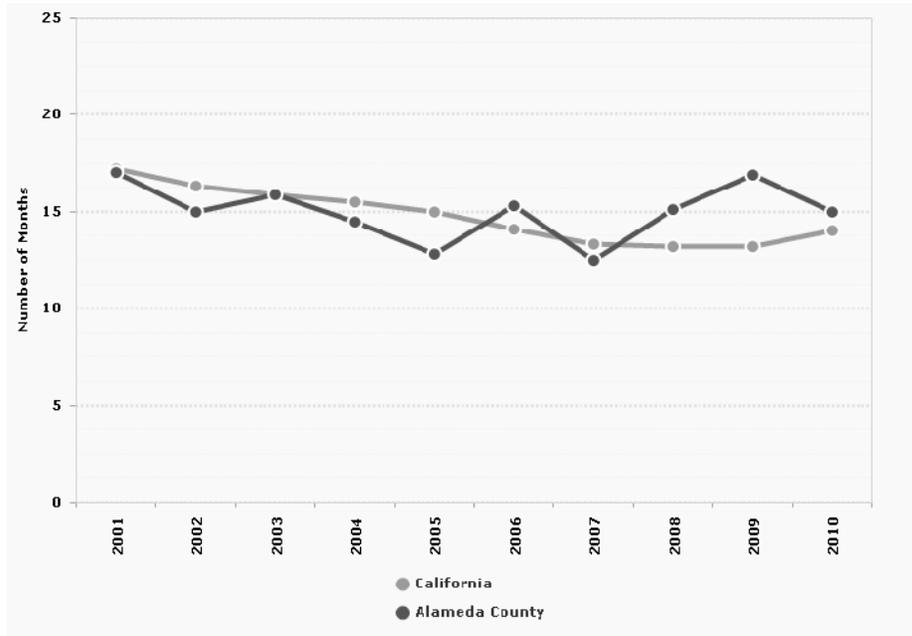


TABLE U: ALAMEDA TRENDS (1998 – 2012)

Alameda Trends	1998 ----- 2012	5-year change, 2008-2012
All Entries, Rates per 1,000 (0-17)		-38%
Entries as % of Referrals		-29%
Substantiations as % of Referrals		-46%
Entries as % of Substantiations		32%

Alameda’s lengths of stay in foster care have been different from statewide trends since 2001. Up to 2005, the median number of months in foster care for children in Alameda was less than the state. Since 2008, the trend in Alameda has been higher than the statewide trend and, in 2009 and 2010 the county had one of the highest lengths of stay in California.

TABLE V: LENGTHS OF STAY IN FOSTER CARE



CHILD WELFARE POPULATION ANALYSIS

Since 2007, the annual number of referrals has decreased by 15%, from 13,171 to 11,179 in 2012 (Table A). Over the same period, sexual abuse, physical abuse, general neglect, exploitation, caretaker absence/incapacity and at risk, sibling abuse referral types have decreased, while severe neglect and emotional abuse have increased (Table F). Stakeholders report that these changes may be due to the fact that there has been a downturn in the economy and there are higher rates of poverty. Additionally, stakeholders noted that the Juvenile Courts are also more likely to uphold emotional abuse than in the past.

First entries into foster care have decreased by 39.8% over the past five years (Table H). This is true for children of all ages and ethnicities (Tables J and K). Stakeholders believe that the decrease in first entries is related to the consistent use of Structured Decision Making (SDM) tools, which has increased the use of more informal services to keep lower risk youth in the home with support services. Other stakeholders report that Team Decision Making (TDM) meetings have been a helpful process for finding a suitable relative placement.

The current child welfare caseload has decreased by 1,446 children (42.6%) since 2007 (Table P). With the exception of Native American children, all ethnic groups have decreased over the last five years. However, Black children remain the largest percentage of the caseload at 54.7%.

Sixty-six percent (66.2%) of children in care are in out-of-home placement. Fourteen percent (14.3%) are in Family Reunification and 26.0% are in Family Maintenance. Slightly more than half (53.5%) are in Permanent Placement (Table N).

Stakeholders attributed the overall decrease of children in care to the Title IV-E Waiver Demonstration Project, which allows the County to be more flexible in service delivery with an increased emphasis on permanency by the system as a whole, as well as preventive services such as Alternative Response Services (ARS) Services. Families that have substantiated referrals (general neglect and physical abuse, not sexual) are referred for ARS services for about 6-9 months. It was noted by stakeholders during focus groups that the families who have been referred to DCFS in the last 3 years have increased in the complexity of their issues, but prevention services have assisted in preventing children from entering the system.

PROBATION POPULATION AND PARTICIPATION RATES

It needs to be noted that the following participation rates are obtained from CWS/CMS. Probation Departments in California are relatively new to using this case management system, which has been in place for Child Welfare Departments for over ten years. Therefore, the Probation management team is working on increasing utilization and training opportunities to ensure that there is accurate and timely data entry.

PROBATION FIRST ENTRIES BY AGE (2009-2013)

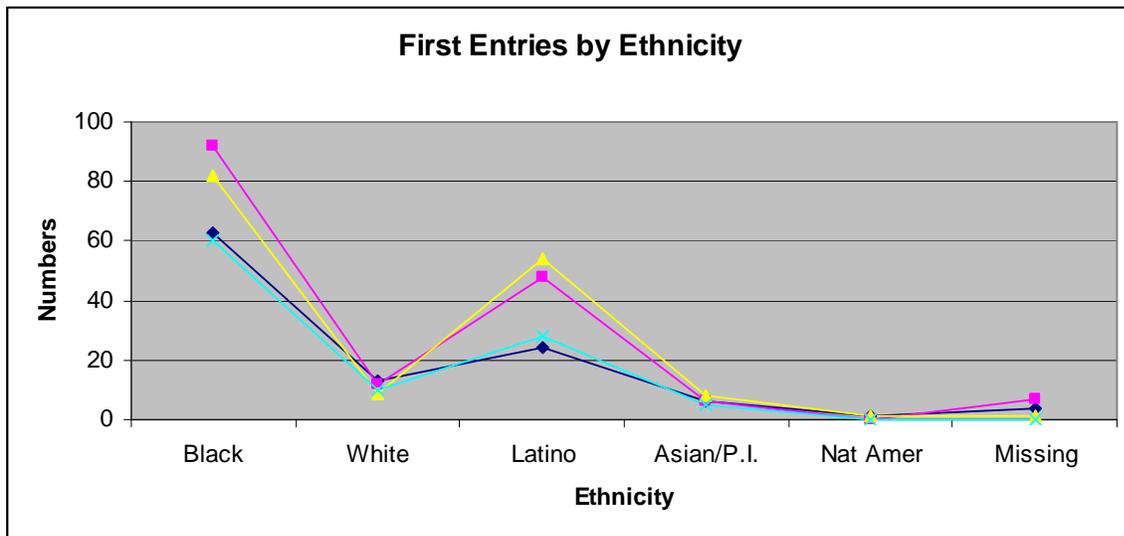
Age Group				
	APR2009- MAR2010	APR2010- MAR2011	APR2011- MAR2012	APR2012- MAR2013
	n	n	n	n
11-15 yr	70	89	80	43
16-17 yr	41	76	75	60
18-20 yr	0	0	0	0
Total	111	165	155	103

Demographic Profile

PROBATION FIRST ENTRIES BY ETHNICITY (2009-2013)

Ethnic Group	APR2009- MAR2010	APR2010- MAR2011	APR2011- MAR2012	APR2012- MAR2013
	n	n	n	n
	Black	63	92	82
White	13	12	9	10
Latino	24	48	54	28
Asian/Pacific Islander	6	6	8	5
Native American	1	0	1	0
Missing	4	7	1	0
Total	111	165	155	103

PROBATION FIRST ENTRIES BY ETHNICITY (2009-2013)



First entries into probation have decreased over the past three years, after peaking in 2010. African American and Latino youth comprise the largest ethnic groups entering foster care.

Demographic Profile

PROBATION OTHER ENTRIES BY AGE (2009-2010)

Age Group				
	APR2009- MAR2010	APR2010- MAR2011	APR2011- MAR2012	APR2012- MAR2013
	n	n	n	n
11-15 yr	24	21	29	13
16-17 yr	36	19	31	16
18-20 yr	0	0	0	1
Total	60	40	60	30

PROBATION OTHER ENTRIES BY ETHNICITY (2009-2010)

Ethnic Group				
	APR2009- MAR2010	APR2010- MAR2011	APR2011- MAR2012	APR2012- MAR2013
	n	n	n	n
Black	46	27	42	22
White	4	2	2	4
Latino	6	11	12	3
Asian/Pacific Islander	0	0	4	1
Native American	1	0	0	0
Missing	3	0	0	0
Total	60	40	60	30

African American youth continue to be the largest group of other entries into placement, although Latino youth dropped well below the rate they came into first entry.

Demographic Profile

PROBATION YOUTH IN CARE POINT IN TIME (APRIL 1ST) BY AGE

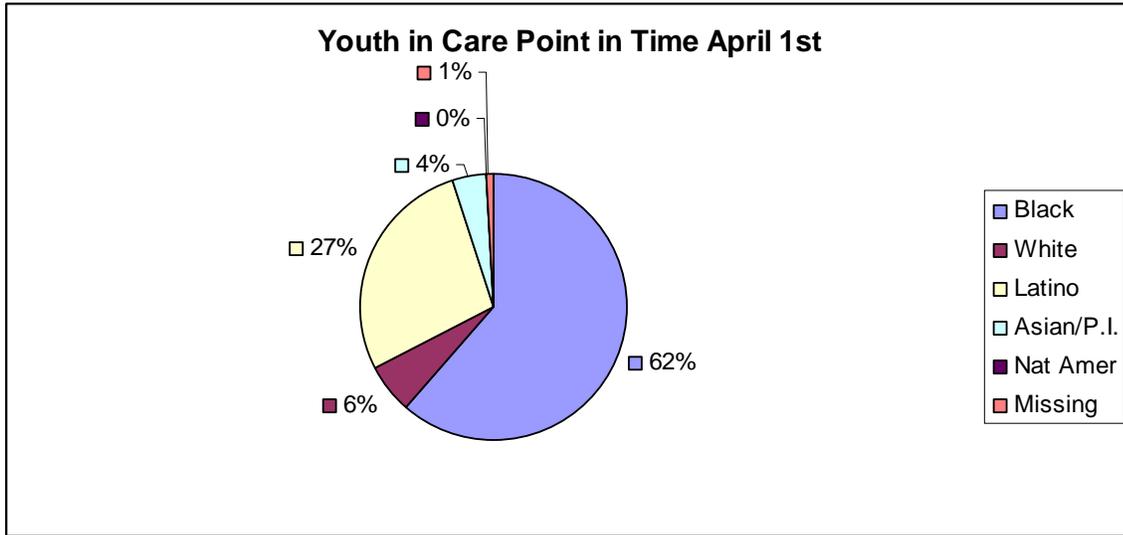
Age Group					
	1-Apr-09	1-Apr-10	1-Apr-11	1-Apr-12	1-Apr-13
	n	n	n	n	n
'11-15	113	114	106	114	69
16-17	166	170	213	230	217
18-20	13	18	20	52	144
Total	292	302	339	396	430

PROBATION YOUTH IN CARE APRIL 1ST BY ETHNICITY

Ethnic Group					
	1-Apr-09	1-Apr-10	1-Apr-11	1-Apr-12	1-Apr-13
	n	n	n	n	n
Black	179	185	206	234	264
White	36	33	24	21	26
Latino	52	57	86	119	118
Asian/P.I.	13	12	14	17	18
Nat Amer	2	2	0	1	1
Missing	10	13	9	4	3
Total	292	302	339	396	430

Demographic Profile

PROBATION YOUTH IN CARE BY ETHNICITY

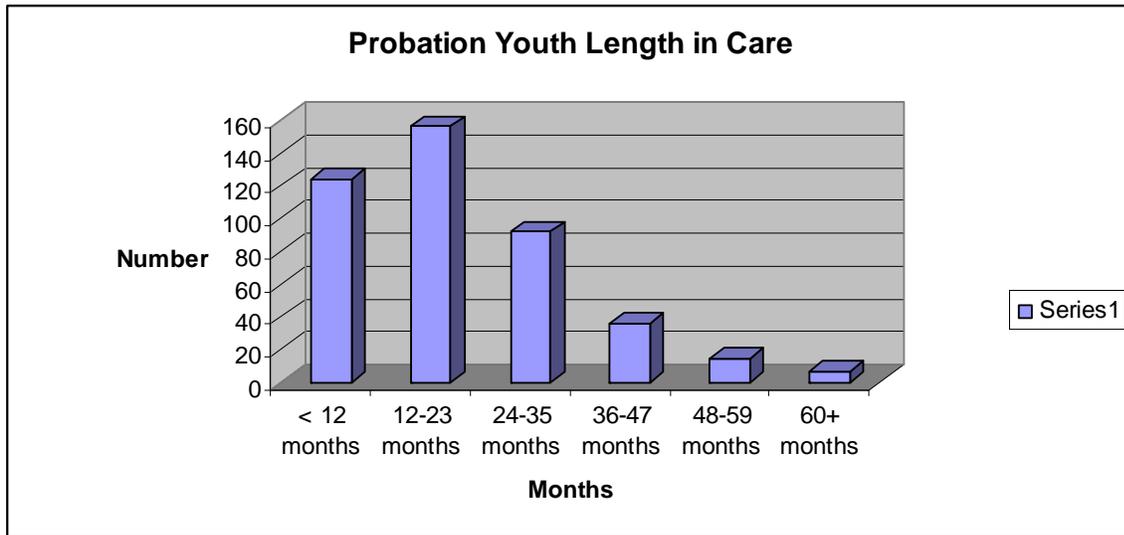


African American youth comprise 62% of all probation youth in placement. Latino youth comprise 27% of youth in placement. Caucasian youth only comprise 6% of the caseload.

PROBATION YOUTH IN CARE BY LENGTH OF TIME

Time in Care					
	1-Apr-09	1-Apr-10	1-Apr-11	1-Apr-12	1-Apr-13
	n	n	n	n	n
< 12 months	165	175	198	194	124
12-23 months	93	92	94	129	156
24-35 months	23	32	32	47	92
36-47 months	10	2	13	20	36
48-59 months	.	1	1	5	15
60+ months	1	.	1	1	7
Total	292	302	339	396	430

PROBATION YOUTH IN CARE – LENGTH OF TIME



Most Probation youth remain in care between 12 and 23 months, with the next largest group being less than 12 months.

PROBATION POPULATION ANALYSIS

The overall probation case load has increased since 2009, from 292 to 430. It is estimated by Probation that there are significantly less youth actively receiving placement service than is reflected in the data. The California Department of Social Services, in partnership with Alameda County Probation Department, will be developing a plan to ensure the accuracy of the data, and it is anticipated that this will be a System Improvement Plan strategy as it impacts many outcome measures that can be drawn from CWS/CMS. Since Alameda County is a Title IV-E Waiver county, a Waiver Executive Team meets regularly to review outcomes associated with the goals of the waiver project, with reduction in out-of-home placements being one goal.

First entries into care have decreased from highs in 2011 and 2012 of 165 and 155 youth. Many youth remain on probation caseloads from 12-23 months (36%), while 29% have been in care for less than 12 months. The remaining 35% have been in care 24 -60 months. The vast majority of youth are African American (62%). Caucasian youth only comprise 6% of the caseload and Latino youth comprise 27%. These numbers do not reflect the overall demographics of Alameda County where there is no majority group (See Demographics section for discussion). The age of first entries into foster care has varied over the years but is comprised of older youth. This may impact reunification rates as one youth mentioned in a focus group “I’ll just be 18 when I return home from placement, so my family doesn’t need to be helped because I’ll be an adult.”

Other factors affecting participation rates are systemic. The practice by the Alameda County Juvenile Court is to leave a case open after a youth is reunified, with an active placement court order, for a period of transition. The Juvenile Court continues to keep an active placement/removal order during the youth's transition home upon completion of residential treatment or group home placement. There are plans to include this systemic issue in the revised System Improvement Plan for Probation. It is believed that this systemic issue impacts the total number of youth indicated as removed from the homes.

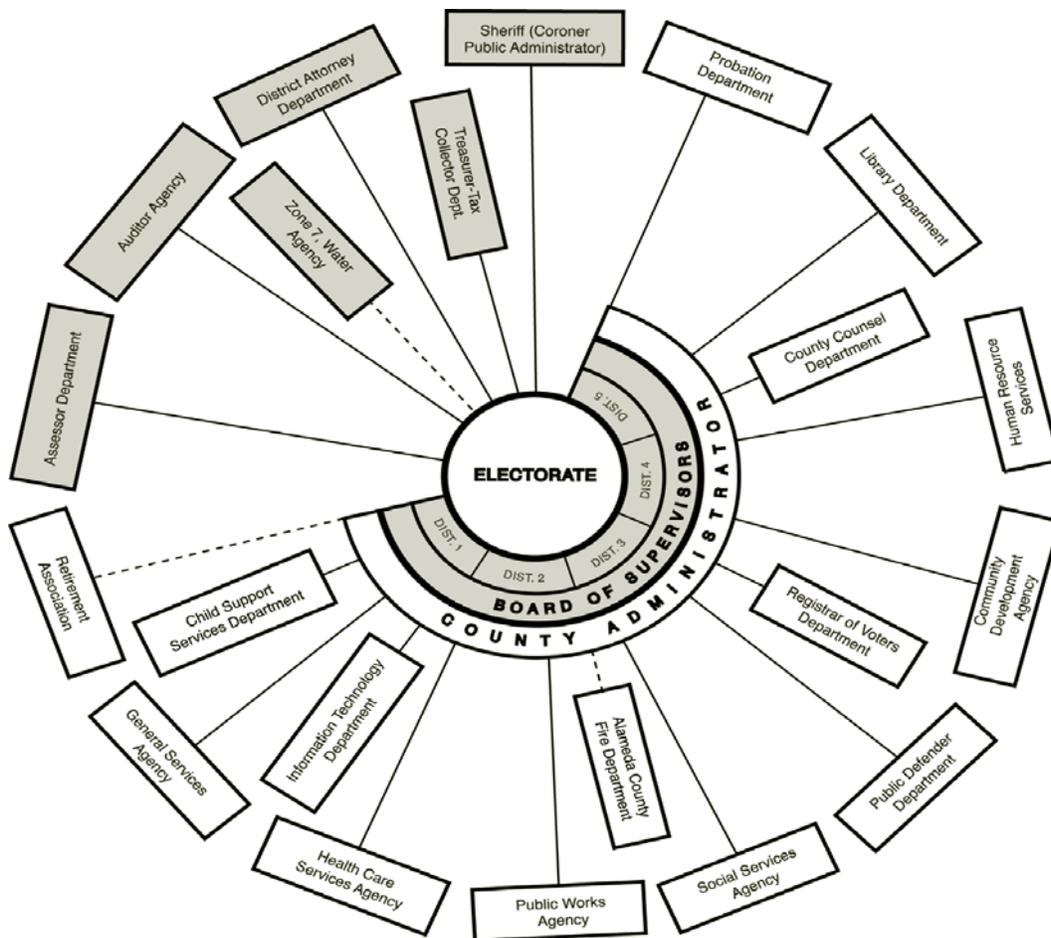
It was identified by staff from other counties during the Peer Review that this is not the process in their county and is uncommon. This factor provides an inaccurate representation in number of youth removed and impacts the length of stay relevant to permanency. Another significant issue is the number of youth that are AWOL or who have run away from placement. It was noted by staff that they do not have the time to actively attempt to engage these youth and as a result there are a significant number of youth who are AWOL.

Public Agency Characteristics

POLITICAL JURISDICTIONS

Alameda County is 813 square miles and encompasses 14 cities and 5 unincorporated areas. Each city includes a law enforcement agency, and the Alameda County Sheriff's department provides law enforcement service to the remainder of the county. The county includes multiple School Districts and several non-public schools administered by the Alameda County Office of Education. Alameda County provides health care, social services, public protection, and general government programs for a population that is culturally and ethnically diverse. County services are provided to the citizens by more than 9,000 employees working in 21 different agencies and departments.

The major public agencies in Alameda County are shown on this organization chart.



BOARD OF SUPERVISORS

Alameda County is governed by a five-member Board of Supervisors directly elected by voters in their respective districts. The Board of Supervisors is responsible for providing policy direction, approving the County budget, and representing the County in a number of areas including its special districts. The County Administrator advises, assists, and acts as an agent for the Board of Supervisors in all matters under the Board's jurisdiction.

Other elected officials include the Auditor-Controller/Recorder, Assessor, Treasurer-Tax Collector, District Attorney, and Sheriff/Coroner.

FEDERALLY RECOGNIZED TRIBES WITHIN THE COUNTY

There are no federally-recognized, sovereign Native American tribes located in Alameda County.

County Child Welfare and Probation Infrastructure

The Children and Families Services department is solely responsible for providing child welfare services in Alameda County. The primary partner agencies in delivering services to children and families in the county are Behavioral Health Care Services, the Probation Department, the Public Health Department, Health Care Services, Alameda County First Five, and a wide range of community-based organizations and service providers. The Department has developed Memoranda of Understanding (MOUs) with each of the major police jurisdictions on responding to Child Abuse/Neglect reports and investigations, and the removal of children.

SIZE AND STRUCTURE OF THE SOCIAL SERVICES AGENCY

The Alameda County Social Services Agency provides services through its departments:

- Administration & Finance Provides operational support to the agency and ensures program integrity.
- Adult Aging & Medi-Cal Services Coordinated service delivery system that coordinates health care and Medi-Cal services and protects, supports, and advocates for an aging population, particularly those with disabilities.
- Children & Family Services Provides protective services to children and families. Through clinical case management services and contracts with community based organizations, CFS strives to ensure that all children receive the support and security that a family, an extended family, or an alternative family can provide.

- Workforce Benefits Administration Motivate, support and prepare families and individuals receiving public assistance to achieve economic self-sufficiency through employment.

DEPARTMENT OF CHILDREN AND FAMILY SERVICES (DCFS)

Staffing Characteristics

The Department had just over 500 staff members, including 234 Child Welfare Workers in July, 2013. Recent trends in Child Welfare Worker staffing levels are shown in the table below which breaks out case-carrying workers (who receive primary assignments) and non-case-carrying workers (who receive secondary assignments) by service program and function:

Alameda Staffing Trends	Child Welfare Workers (Primary Assignments)		
Service Program:	2006	2009	2013
Emergency Response *	47	57	45
Dependency Investigation	29	35	21
Family Maintenance	27	40	28
Family Reunification **	31	36	32
Permanent Youth Connections ***	62	59	48
Sub-totals, Primary Case-carrying workers	196	227	174
	Child Welfare Workers (Secondary Assignments)		
	2006	2009	2013
Placement/Licensing	20	21	24
Family Finding & Engagement	0	7	11
Relative Approvals	4	7	5
Family Preservation	6	5	4
Other Adoptions functions	21	28	16
Sub-totals, Secondary workers	51	68	60
TOTAL	247	295	234

* Includes ER Screeners

** Includes Services to Enhance Early Development (SEED) units & a Vertical Case Management unit

*** Includes Transition Services & Children's Adoptions units

The staffing levels from 2006 to 2009 reflect changes and investments implemented under the Title IV-E Waiver. Additional Child Welfare Workers were hired in the early years of the IV-E Waiver and staffing reached a high point in 2009 with almost 300 workers assigned in the department.

Coupled with fewer families entering or staying in the system, the increased staff produced lower caseloads in all service programs from 2009-2012.

Significant improvements have been made in the number of monthly contacts by Child Welfare Workers with children and families, indicating greater engagement in services. Monthly contact with child welfare families has been federally required since the passage of the Child and Family Services Improvement Act of 2006 and, since 2011, 90% of children in care must receive a monthly visit. Since early 2011, overall rates of visits have exceeded the 90% level required by federal and state regulations.

A more detailed analysis of trends in monthly face-to-face contacts in the Family Maintenance (FM) and Family Reunification (FR) programs, showed that the mean number of visits with children and parents increased each year since 2009.

Additionally, in the Emergency Response (ER) program while the referrals requiring an in-person response declined, the mean number of parent face-to-face contacts associated with each investigation increased significantly, especially for substantiated referrals. This suggests a correlation between workload reductions and additional parent engagement in ER.

Additionally, there has been a decrease in staff as caseloads declined over a number of years. Referrals and investigations declined from 2008 to 2012, and this is reflected in drops in ER and Dependency Investigations staffing. Staffing in Family Maintenance and Family Reunification also decreased. No new child welfare workers have been hired since 2010 but a newly-hired class of workers began training in September 2013.

Child Welfare Worker caseloads vary by service program and are subject to labor-negotiated guidelines as summarized in the following table.

Child Welfare Worker caseloads	Labor Negotiated Program Guideline	Average Monthly Caseloads	Assigned cases
		July, 2013	July, 2013
Emergency Response	15 investigations/month	8.3	232
Dependency Investigation	5 investigations/month	8.8	167
Family Maintenance	18 families or 32 children	13.3	438
Family Reunification	23 children	13.4	510
Permanent Youth Connections	39 children	18.9	906

Cases are assigned on a flow basis by a case assignment team of supervisors. Caseloads are monitored quarterly by the Labor Management Team. The Alameda County experience under the Title IV-E Waiver is that workers with manageable caseloads can better address casework quality issues, while managers can better monitor practice. A substantial investment in Waiver funds was made for the expansion of child welfare worker staffing. This resulted in the creation

of over 60 new case-carrying positions and additional workers were assigned secondary assignments to provide casework support. Simultaneously, new cases entering the system decreased, creating significantly reduced caseloads. The California benchmarks for assessing worker caseloads are those recommended by the statewide Senate Bill 2030 Child Welfare Workload Study from 2000. Alameda's worker caseloads in the major service programs have been below the SB 2030 recommended minimums since 2009.

Private contractors are not used to provide mandated services for Alameda County's Child Welfare programs. However, a number of support services are provided under contract arrangements with community based organizations.

Alameda is fortunate to have a highly professionalized child welfare staff and managers. All workers have MSW graduate degrees or equivalent and most of the managers are promoted from the frontline ranks. In recent years, a very high percentage of worker hires are Title IV-E supported graduates primarily from the four Bay Area MSW programs.

A large percentage of the current child welfare staff have been hired since 2007. And the number of workers with 20 plus years of services has dropped with a wave of retirements in 2012 and 2013. Supervisor to worker ratios are typically 5-7 workers per unit supervisor as best practice.

PROBATION DEPARTMENT

The Alameda County Probation Department (ACPD) employs 672 staff, consisting of probation officers and non-probation officers. Within ACPD, there are four primary divisions inclusive of Adult Field Services; Juvenile Facilities, which includes a 358 bed Juvenile Detention Center and a 45 bed post-adjudication facility called Camp Sweeney; Administrative Services; and Juvenile Field Services. The Department requires all sworn officers to be certified by California Board of State and Community Corrections which requires all probation officers to complete 200 hours of Probation Officer Core, 40 hours of laws and arrest pursuant to 832 of the California Penal Code, and a minimum of 40 certified hours of Standards Training in Corrections annually.

Probation officer salaries range from \$58,968 for an entry-level probation officer to \$87,334 for a senior non-supervisory level probation officer. Probation officer recruitments are conducted in a standard manner through a process outlined by Alameda County Office of Human Resources civil services standards and practices. Outreach by ACPD is conducted by selected volunteer staff to participate in panel discussions at colleges, universities and community events when possible.

The Juvenile Field Services employs 156 total staff, including 115 probation officers. The division's structure is comprised of one (1) Deputy Chief, three (3) Division Directors, twelve

(12) unit supervisors leading ten (10) Field units. These field units consist of a unit supervisor and 4-10 probation officers and provide various levels of supervision from diversion services to intensive supervision of youth.

ACPD, in conjunction with Oakland Unified School District and Public Health Services operate a transition center aimed to reconnect youth to educational and social supports upon being released from the detention facility. A Family Preservation unit is a collaborative program that utilizes multi-systemic therapy for youth and families. Project Permanence provides services utilizing the wraparound service delivery model for up to 40 youth. Probation makes various referrals to community based agencies based upon their needs identified through a risk and needs assessment.

Caseload sizes range from 10 to 50 youth, depending upon probation supervision level of the youth. Contact with the youth and their families depend upon their overall level of risk to re-offend and their probation supervision level and range from one to four times per month. ACPD also operates three evening reporting centers that are designed to be short term interventions and serve as an alternative to detention with an average daily population ranging from five to twelve youth.

The ACPD Placement unit employs one unit supervisor and ten Probation Officers, two of whom are designated to work with non-minor dependents. The unit supervisor holds an MSW as do three probation officers in the unit. All other Probation Officers in the unit hold a bachelor's degree. Probation Officers in this unit are typically more experienced being at the Deputy Probation Officer III level in this series.

Each Probation Officer carries a caseload of youth placed at specific group homes with the average caseload size being approximately 40 youth, which includes youth who are in out-of-home care and youth who have returned home after completing a program. ACPD averages approximately 170 youth in out-of-home, group home placements per month. The average length of stay for youth in a group home is approximately 186 days. However, UC Berkeley published data indicates a higher average length of stay, which reflect consecutive, multiple placements.

Financial/Material Resources

The flexible funding opportunities afforded by the Title IV-E Waiver Demonstration Project over the past few years have allowed Alameda County to develop and expand a range of programs and services. Of the investment dollars spent by DCFS to improve program outcomes, 73% would not have been possible without Title IV-E Waiver flexibility. Of the 15 most costly initiatives, nine were expansions or enhancements of contracted services in areas

such as prevention, diversion and assessment; youth employment and other services for transitioning foster youth; kinship support programs; the family visitation center; and, the parent and youth advocate program. These nine initiatives accounted for 53% of all Title IV-E Waiver investment over five years, a very significant sharing of resources with community agencies.

The waiver also insulated Alameda County Social Services from the volatile economic conditions in California that drove major budget cuts for other social service agencies throughout the state. Due to the relative budget stability, Alameda County was able to invest in key components of the child welfare system. These investments, such as staffing, allowed for the system to better align with evidence based best practices such as family finding and engagement, resulting in a more child and family centered approach to service delivery.

The Juvenile Division of the Probation Department receives grant and initiative funding from a number of sources. ACPD receives funds from the Board of State Community Corrections initiatives that include Juvenile Probation Camp Funds (JPCF), Juvenile Justice Crime Prevention Act (JJCPA), and Youthful Offender Block Grant (YOBG) funds.

ACPD was a recipient of several other grants including a Second Chance Act Grant, Positive Youth Justice Initiative (PYJI) planning grant with an implementation grant pending from the Sierra Health Foundation. JJCPA provides funding for staff and services that are family-centered and neighborhood based services for youth with less serious sustained offenses and a moderate level of risk to reoffend. YOBG provides staff and resources for the Department's Intensive Supervision Unit for youth with adjudication for more serious offenses and a higher risk to reoffend. Federal Title II funds and Title IV-E funds enable the Department to contract with community-based providers for three Evening Reporting Centers as an alternative to detention and response to technical probation violations. JPCF block grant allows the Department to contract with 17 community-based providers for counseling and supportive services as a resource to youth and families on probation. Youth referred to these providers receive a limited number of free sessions and most often additional linkages are made to other programs and services either free of charge to the family or at a reduced rate. The PYJI Initiative focuses on strengthening community and agency connections to improve services for youth who are dually involved with probation and child welfare. PYJI has a focus on implementing positive youth justice, improvements to organizational capacity, wraparound services and becoming more informed and responsive to youth's trauma.

CHILD ABUSE PREVENTION ALLOCATIONS

CAPIT Allocation: \$445,116

CBCAP Allocation: \$58,247

PSSF Allocation: \$887,075

Child Welfare & Probation Operated Services

JUVENILE HALL:

The ACPD Juvenile Hall is a Board of State and Community Corrections certified detention facility with the capacity to provide 24 hour housing of up to 358 delinquent youth ages 10 to 19 years of age temporarily, while youth are going through the juvenile Court process. The detention facility must maintain compliance with Title 15 regulations and is in the process of becoming PREA certified.

Alameda County Office of Education provides academic services, Alameda County Health Care Services Agency provides counseling services and the Children's Hospital operates a 24-hour medical unit within the facility.

All youth who are booked into the detention facility have a Detention Risk Assessment completed which helps staff determine eligibility and appropriateness for release from detention, release on an alternative to detention such as home supervision or electronic monitoring or if the youth should be detained pending an initial court hearing. The average length of stay for youth pending adjudication or disposition is approximately 28 days. The detention facility also houses youth being directly filed in the adult court criminal justice system. These youth typically have been charged with violent felony offenses and are often faced with the possibility of lengthy prison sentences if found guilty. For youth who remain detained while going through court proceedings, services such as counseling, literacy and educational support services, religious services and various other activities as mind and body awareness and yoga are provided by volunteers and community partners.

Camp Wilmont Sweeney is a 50-bed minimum security residential program for adolescent males ranging from 15 through 19 years of age. Staff work with the youth to develop individualized treatment plans that include goals related to specific behavioral and educational needs as well as aftercare plans. The overall goal is to return each youth to his community and avoid recidivism. The program is strengthened by the partnerships with the Alameda County Office of Education, the Alameda County Health Care Services Agency, local community-based providers and supportive volunteers. This is a six to nine month program that provides services and programming that include but are not limited to gang awareness, substance abuse counseling, life skills development and job preparedness services.

Probation supervises approximately 1,800 youth on various levels of probation or community supervision. Any youth ages 10-17 years of age who are arrested for any criminal offense are

referred to the probation department. ACPD reviews all cases for additional referral to the district attorney with some offenses being mandated referrals to the District Attorney's office for a filing decision. Provided the DA decides to file charges, youth continue through the court judicial process which determines adjudication for jurisdiction or dismissal.

Once adjudication is determined, a probation officer conducts an investigation and completes a disposition report for the court with an appropriate recommendation. The recommendation includes a level of supervision for probation, if appropriate which can include informal probation, six months of probation without wardship or wardship as outlined in the Welfare and Institutions Code. Upon jurisdiction determination and disposition for probation supervision, Probation Officers conduct a risk and needs assessment that will aid in determining the level of probation supervision. The Probation Officer also refers the youth to appropriate services in the community that addresses the youth's top three identified needs.

COUNTY OPERATED SHELTERS:

Alameda County does not operate a shelter facility for children entering the Child Welfare system or being removed from home. The Department has a 23-hour Assessment Center, which is a child-friendly environment for children awaiting emergency placement or youth needing a change of placement.

FOSTER CARE LICENSING:

Alameda County is the licensing agent for foster homes. The Licensing Unit staff review and approve applications for foster home licensure, monitor licensed facilities for regulatory compliance, and investigate complaints. As of September 2013, Alameda County has 270 licensed foster homes. Of these, we have 90 providers with 136 beds who are ready and willing to take foster care placements. The remainder of the providers are: 1) on voluntary hold 2) on involuntary hold for complaints or placement concerns or 3) only wish to adopt.

ADOPTION SERVICES:

Alameda County Social Services Agency is licensed as a Public Adoption Agency by the California Department of Social Services. The Adoptions Program provides services related to the adoption of court dependent children in the child welfare system, as well as independent and step-parent adoption services for non-dependent children. Workers in the Adoptions Program perform many different functions related to locating and supporting adoptive placements and preparing for adoptions to be finalized.

Since the previous CSA was published, Alameda County has finalized the following number of adoptions per year:

Public Agency Characteristics

2009	Finalized Adoptions	2010	Finalized Adoptions	2011	Finalized Adoptions	2012	Finalized Adoptions
	193		149		97		91

Please refer to the outcomes section below for more thorough adoptions data related to timeliness and numbers of adoptions in Alameda County.

OTHER COUNTY PROGRAMS

The Social Services Agency supports county residents in providing and caring for their families, and we distribute emergency aid to those in crisis. In some cases, our safety net services are the only thing standing between them and homelessness, hunger, abuse and neglect, and poor health. SSA assists one out of every six Alameda County residents, 250,000 people monthly, in areas that include employment, training, childcare, child welfare, food assistance, financial assistance and homelessness prevention. SSA reaches out to and enrolls eligible low-income individuals and families, as well as foster youth, in Medi-Cal, ensuring that 215,000 in our county have health insurance.

SSA consists of four departments whose services/functions include the following:

- Adult, Aging and Medi-Cal Services provides Adult Protective, Public Guardian/Conservator/Administrator, and Older American/Californian Acts services. AAMS also administers In-Home Supportive Services (IHSS) and Medi-Cal programs and operates the Area Agency on Aging.
- Children and Family Services provides emergency response and shelter services as well as investigative, maintenance, reunification, and permanent placement services and administers the Foster Care Program.
- Workforce and Benefits Administration administers the eligibility and disbursement of mandated assistance programs and provides the required employment and support services for public assistance recipients.
- Administration and Finance provides fiscal and administrative oversight to the Agency. Administrative functions include agency-wide support for Information Services, Human Resources, Training and Consulting, Policy, the Planning, Evaluation, and Research Unit, Fund Development, and Program Integrity, as well as the Workforce Investment Board.

SSA recently released *Refocusing Our Efforts for Long-term Community Investment*, which sets the strategic framework for the next 3-5 years. Identified priorities are data-driven, place-based strategies to revitalize neighborhoods and reduce racial/ethnic disparities of income, wealth,

and access. Among the key strategies are re-designing processes and re-deploying our staff for Medi-Cal and public benefits outreach, enrollment, and retention in order to increase access at strategic sites throughout the community. These strategies are being implemented under the leadership of the Agency Director, the Policy Office and the Office of Public Information that provides Agency-wide support for major policy initiatives.

SSA is the largest Alameda County agency, with a budget of \$640 million and more than 2,200 staff. The Agency administers over 40 programs and contracts more than \$63 million a year to 108 community-based organizations. SSA assists approximately 16 percent of Alameda County's 1.5 million residents in areas that include employment, training, childcare and child welfare, food assistance, financial assistance, housing, and homelessness prevention. SSA provides safety net services to approximately 250,000 clients per month.

SSA Benefits programs contribute over \$711 million to the local economy through cash assistance and Food Stamps. Every month, more than 50,000 people receive CalWorks (assistance for families with children) or General Assistance. More than 127,000 receive Cal-Fresh food assistance. Every month health insurance is made available to more than 217,000 people through the Medi-Cal program. More than 18,000 frail, elderly and disabled individuals receive in-home care, adult protection and support managing their affairs monthly, and 16,000 seniors will receive services through the Area Agency on Aging throughout the year. Just over 1,200 children are in foster care. More than 600 reports of child abuse or neglect are filed with SSA each month. Emergency shelter is made available to 415 people nightly.

Some examples of new and ongoing working partnerships with Probation and BHCS

The Probation Department, County Counsel, and Alameda County Behavioral Health Care Services (BHCS) have collaborated to make the process and provision of services to youth more seamless and effective. A cross-agency Title IV-E Waiver Executive Team was developed that helped to promote interdepartmental collaborations. A number of braided-funding arrangements were also created under the Title IV-E Waiver, including Project Permanence which uses EPSDT funding from BHCS to support transitioning foster youth.

Probation, Court staff, DCFS, and BHCS have collaborated extensively on the W&I Code 709 cases where assessment of mental competence is required. A protocol was developed in collaboration with all agencies. This agreement allows departments to clearly identify roles and responsibilities as it relates to these cases. The Probation department has expanded its services for these mental health cases.

Another example of new partnerships between CFS and Probation is the *Making Proud Choices!* program. This nationally-recognized approach offers curriculum targeted at at-risk youth that helps them make better decisions about sexual activity and relationships. The curriculum has

been adapted for youth in out-of-home care to include more information on healthy relationships, makes adjustments for the various placements that youth participating in the program may be in, and to be sensitive to previous traumas youth may have been subjected to including forced sex, abuse, and neglect. The program creates a safe space where youth can feel comfortable asking questions about sex and relationships and where they can learn about preventing STDs and unplanned pregnancies.

STATE AND FEDERALLY MANDATED CHILD WELFARE/PROBATION INITIATIVES

CHILD WELFARE

TITLE IV-E WAIVER DEMONSTRATION PROJECT

In July 2007 Alameda County Social Services Agency, Department of Children and Family Services (DCFS) and Probation Departments (PD) developed a proposal/plan to utilize spending flexibility for a series of proactive reinvestment strategies to better direct resources to prevention, early intervention, and long-term family-based support strategies that serve youth and their caregivers with localized, familial, and neighborhood-based supports. To this end, the Department reviewed all initiatives that were currently underway at that time and, along with the SIP, combined the work plans into one strategic plan covering the 5 year period.

In January 2012, CDSS, with input from Alameda and Los Angeles counties, submitted a formal request to Commissioner Brian Samuels of the Administration for Children and Families seeking a five-year extension of the current Waiver. The first bridge extension year expired in June 2013. A second extension has been granted, set to expire in June 2014.

The current Alameda County Waiver Executive Team (WET) is comprised of representatives from the Alameda County DCFS, Probation Department, Alameda County Social Services Agency Finance Department, Alameda County Social Services Agency Program Evaluation and Research, Behavioral Health Care Services, and Casey Family Programs. The WET meets monthly to discuss new and existing CAP strategies, strategy evaluations and outcomes, progress of CAP goals and objectives, and planning for the Waiver extension.

The following programs received a one year investment of support during state fiscal year (SFY) 2012-13: Youth Radio, K to College, Empowering Parents, and Alameda County's Home Visiting Program. The WET examined what CAP strategies to sustain, modify, or eliminate, based on the following criteria: impact on CAP goals/objectives; synergy with future priorities; concrete benefits to families; impact on practice improvement; blending funding being used or available to pay for program; and cost of services & numbers served. Based on the criteria, funding for three programs has been discontinued for the next fiscal year: The Faith Advisory Council which assisted with recruitment efforts for county-licensed foster homes, as well as community outreach; Youth Radio, which provided supportive services, media skills training, workforce development programming, and in-house employment opportunities, and Paths to Success (P2S), providing intensive supports and advocacy for families with court ordered Family Maintenance.

The Agency has dedicated a team of analysts in our Program Evaluation and Research Unit to conduct evaluations of all programs and projects that receive CAP funding, or designated Waiver Projects.

Table 1 listed below outlines specific programs that have been allocated Waiver reinvestment funds and the outcome they are intended to impact.

Table 1: Alameda County Project Listing for July 1, 2012 through June 30, 2013

Waiver Goal Area	Specific Projects and SFY 12/13 Budget Estimate							
<i>Reduce First Entries into Foster Care</i>	Another Road to Safety (ARS) (\$1,700,508)	Mobile Response Team (MRT) (\$20,587)	Voluntary Diversion program (\$26,296)	Children’s Hospital Consultation service (\$184,691)	Foster Care Hotline Program (\$702,766)	Home Visiting Program (\$2,530,715)		
<i>Increase use of Least Restrictive Placement Settings</i>	Faith Initiative (\$328,840)	Screening, Stabilization, and Transition Services (STAT) (\$70,714)	Family Finding and Engagement (FFE) (\$95,667)	Enhanced Kinship Support Services (\$1,283,184)	Subsidized Child Care (\$980,689)	Project Permanence (Wraparound service) (\$299,200)	Additional Family Finding/ Transportation Workers (\$233,893)	Foster Parent Recruiter (\$123,394)
<i>Increase Reunification</i>	Paths to Success (P2S) (\$1,453,281)	The Gathering Place (TGP) (\$1,014,972)	CDA Housing Assistance (\$850,000)	Children of Incarcerated Parents Partnership and Youth Court (Centerfore) (\$48,180)				
<i>Increase Timely Guardianships and Adoptions</i>	Services to Enhance Early Development (SEED) program (\$86,593)	Enhancement - Public Health Nurse (\$138,320)	Bay Area Collaborative of American Indian Resources (\$39,305)					
<i>Increase Supports for Youth Exiting from Foster Care</i>	Parent Advocate Expansion (\$1,067,687)	Post-Dependency Services Package (\$65,982)	Foster Youth Mentoring Program (FSSB) (\$54,322)	Project 1959/AWOL services (WCCC) (\$290,534)	Empowering Parents - educational support program (\$30,000)	LGBTQ Services for foster youth (Sunny Hill Services) (\$242,578)	School Supply and Dental Kit Initiative (K to College) (\$132,000)	Educational and health-related supportive services – (Youth Radio) (\$831,260)
<i>Enhance Safety Net for Transitioning Age/Emancipating Youth</i>	Independent Living Skills Program (ILSP) enhancements (\$787,358)	Youth Fellow Board (i.e., Youth Advocate Panel) (\$857,273)	Beyond Emancipation Education Specialist (\$51,238)	Young Parent Opportunities (\$232,596)	Summer Youth Employment Program (\$5,223,515)	Alameda County Office of Education Mentors (\$184,436)	MISSEY Advocates -- services for sexually exploited youth (\$71,271)	Creating Entrepreneurship Opportunities (CEO) Youth Program (\$76,402)
<i>General Goals</i>	High-End Group Homes (\$854,624)	Court Appointed Special Advocate Program (\$271,773)	Discretionary Fund Expansion - for various client needs (\$419,395)	Cultural Competency (\$264,450)	Child Welfare Case Study (\$63,727)	External Staff (County Counsel, Research/ Evaluation) (\$2,144,492)	Internal Staff (Medi-Cal Consultant, Eligibility Staff, Employment Counselors for Linkages) (\$464,511)	

FOSTERING CONNECTIONS (AB12/EXTENDED FOSTER CARE)

Assembly Bill 12 (aka AB12 or Extended Foster Care), the California Fostering Connections to Success Act, went into effect as California law on January 1, 2012. The Act extends services and a youth's financial foster care rate benefits for youth who are over 18 years old. The assistance under this law can last until the youth turn 21 years old (an extra 3 years). In addition to extended foster care benefits, extended benefits are now also available for youth receiving Kinship Guardianship Assistance Payment Program (Kin-GAP) benefits and Adoption Assistance Payments (AAP) and, and for certain youth living with a former non-related legal guardian.

Children and Family Services has assisted many youth age 18 and older since the law took effect, as the Department has implemented the new requirements and provided services in response. On April 1, 2013, there were 1,555 youth in a child welfare placement. Of those youth, 325 (or 20.9%) were non-minor dependents (NMDs) ages 18 and older. That is a 51.4% increase from April 1, 2012, as there were 158 youth ages 18 and older in placement on that date, and this is also one of the highest rates in California.

Table 2 NMD Placement Types

Non-Minor Dependents in Child Welfare Placement on April 1, 2013		
	n	%
Kin	52	16.0%
Foster	6	1.8%
FFA	54	16.6%
Group	21	6.5%
Transitional Housing	27	8.3%
Guardian	31	9.5%
SILP	107	32.9%
Other	27	8.3%
Total	325	100%

Source: Needell, B., Webster, D., Armijo, M., Lee, S., Dawson, W., Magruder, J., Exel, M., Cuccaro-Alamin, S., Putnam-Hornstein, E., Williams, D., Yee, H., Hightower, L., Lou, C., Peng, C., King, B., Henry, C., & Lawson, J. (2013). Child Welfare Services Reports for California. Retrieved 8/13/2013, from University of California at Berkeley Center for Social Services Research website. URL: <http://cssr.berkeley.edu/ucb_childwelfare>

Of the 325 youth ages 18 and older in placement on 4/1/13, as shown in Table 2, approximately 33% were in a Supervised Independent Living Placement. More youth were in a SILP placement than the youth in Kin and FFA placements combined. During July 2013, there were 331 youth ages 18 and older in placement for at least 8 days or more. Of those youth, 198 were placed within Alameda County.

KATIE A. V. BONTA MENTAL HEALTH SERVICES

The plaintiffs filed a class action suit in 2002 alleging violations of federal and state law. The suit sought to improve mental health services for children and youth in, or at imminent risk of placement in, foster care in California.

In 2011, a proposed settlement of the case was approved in Federal Court. The settlement agreement seeks to accomplish systemic change for mental health services to children and youth by endorsing three new service array approaches.

The Department of Health Care Services (DHCS) and the California Department of Social Services (CDSS) created several manuals, the *Medi-Cal Manual for Intensive Care Coordination (ICC)*, *Intensive Home Based Services (IHBS) & Therapeutic Foster Care (TFC) for Katie A. Subclass Members* and the *Core Practice Model (CPM) Guide*. These manuals provide counties with information concerning the provision of these intensive services to children/youth who are members of the Katie A. Subclass and describes a shift in how individual service providers and systems are expected to address the needs of children/youth and families in the child welfare system.

The Katie A. settlement agreement requires child welfare and mental health departments to work together in identifying subclass members and to provide necessary services. Counties were required to submit an assessment and a service plan to the state in May 2013.

Alameda County has a long-standing collaborative partnership between our child welfare and behavioral health care departments. For example, we have committed over \$50 million in mental health services for youth under the EPSDT program, with much of that funding focused on foster youth. Alameda continues to have one of the highest EPSDT uptake rates in California. We have doubled mental health services for youth with this collaboration to develop relevant EPSDT services.

Our departments are working together in regular workgroup meetings to identify planning and implementation steps as we implement the Core Practice Model requirements. DCFS has a commitment to bringing Evidence Based Practice to improve outcomes for youth and families. DCFS has identified youth in the subclass and has implemented a tracking mechanism to identify youth in CWS/CMS and also to monitor services for identified youth. Additionally, the Katie A team has begun our process of identifying relevant services that are well supported by research to have an impact on child welfare outcomes, specifically related to mental health, well being, reunification, diagnosis and assessment, and permanence.

PROBATION

ACPD is involved in a partnership with Health Care Services Agency, Department of Behavior and Public Health. The guidance clinic located at the Juvenile Justice Center employs a Juvenile Justice Program Manager and several clinicians who provide counseling services for youth in detention, mental health evaluations and direct services including Multi-Systemic Therapy (MST) to high risk probation unit in the Family Preservation unit as a placement alternative program.

Probation contracts with Lincoln Child Center to provide Wraparound services for youth who are at risk of removal or are dually involved with child welfare system and probation and in danger of removal. This program provides services for up to 40 youth and is able to leverage Med-Cal funds for billing of some services for eligible youth.

ACPD received a grant to address racial and ethnic disparities with the assistance of National Council on Crime and Delinquency. This grant focused upon assessing the level of probation violations and warrants issued for missing court dates. Additionally, there was much training provided to probation staff at all levels and to most police agencies within the County of Alameda. The training focused upon various decision points and how an officer's discretion can impact racial and ethnic disparities within the juvenile justice system. The grant concluded in December 2012, however, training remains intact for the probation officer staff. ACPD is exploring ways to continue this work internally.

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

THE BOS-DESIGNATED PUBLIC AGENCY

As the Board of Supervisors designated lead agency, the county is responsible for the administration of CBCAP, CAPIT and PSSF funds and program oversight, including:

- Awarding contracts
- Monitor subcontractors
- Data collection
- Program outcome evaluations
- Fiscal compliance
- Completion and submission of quarterly and annual reports

CHILD ABUSE PREVENTION COUNCIL (CAPC)

Alameda County Child Abuse Prevention Council acts as the oversight authority for the Child Abuse Prevention, Intervention and Treatment (CAPIT), Community Based Child Abuse Prevention Program (CBCAP), Promoting Safe and Stable Families (PSSF) and County Children's Trust Fund (CCTF) funding. Alameda's CAPC is established as an independent organization within the county government structure. DCFS appoints one staff member to act as CAPC Liaison. Recipients of CAPIT/CBCAP/PSSF funds are chosen via an RFP process. The CAPC Task Force review and recommend applicants for funding each fiscal year. The CAPC Task Force also provides annual site visits to review compliance and make recommendations regarding the appropriateness of continued funding.

Alameda County CAPC Task Force includes representatives from DCFS, Education, a parent and Public Health. The general membership is open to any interested community member. The CAPC Task Force has identified areas of recruitment for additional members, which include local churches, mental health and legal professionals, transition age youth, prior consumers, childcare experts and kinship providers.

ROLE OF THE CAPIT/CBCAP/PSSF LIAISON

The county's CAPC Liaison is a Child Welfare Supervisor within the DCFS Prevention and Intake Division. The Liaison's responsibilities include oversight of county-wide contracted services and implementation of the CAPIT/CBCAP/PSSF funding. The Liaison, with support from a Contract Specialist, is responsible for oversight of program coordination, collecting and

analyzing data from subcontractors, preparing required reports, conducting annual site visits and submission of timely reports.

The Liaison is responsible for coordinating and providing Mandated Reporter training throughout the county. In addition, development of community and staff training to address arising trends in child maltreatment. The Liaison facilitates the monthly County Death Review Team (CDRT) and works to develop trainings based upon the trends and recommendations provided by the CDRT team.

COUNTY CHILDREN’S TRUST FUND COMMISSION, BOARD OR COUNCIL

Alameda County does not have a separate CCFT commission designated to carry out this function. The county CCFT is held by the DCFS who is the BOS identified body to administer CCTF. All CCFT finances collected by Alameda County are managed by the Social Services Agency Administration and Finance Department. The funding is used for general prevention activities as overseen by CAPC and Alameda County DCFS.

Each of the fifteen (15) CAPIT/CBCAP contractors receive a portion of their funding through CCFT funds. Information regarding CCTF funding is published on the Alameda County Social Services website (<http://www.alamedasocialservices.org>). The data collection and reporting requirements for all contractors is detailed in the Service Array portion of this report.

PSSF COLLABORATIVE

Alameda County does not have a separate PSSF Collaborative designated to carry out this function. The county PSSF Collaborative is held jointly by the Alameda County DCFS and the Interagency Children’s Policy Council. All funding is used for general prevention activities as overseen by the Interagency Children’s Policy Council. Members of the council include representatives from:

- AC Office of Education
- Board Of Supervisors
- County Administrator
- District Attorney
- East Bay Children’s Law Office
- First 5 Alameda County
- Community Development Agency
- Child Care Planning Council

- Health Care Services
- Probation
- Public Defender
- Social Services Agency
- Superior Court

Systemic Factors

CHILD WELFARE

MANAGEMENT INFORMATION SYSTEMS

When CWS/CMS was first implemented in the state of California in 1997, Alameda County managers made a decision to assign almost all of the data entry tasks to Child Welfare Workers rather than clerical staff. The full utilization of CWS/CMS was mandated by the Department of Children & Family Services in August 2000. One of the barriers to full utilization of CWS/CMS as a data management system is the slow process required to make changes to the statewide application. Additionally, CWS/CMS does not link to other database systems in the county or the state so sharing information across databases is difficult or impossible.

Another barrier to utilizing CWS/CMS in the way it was originally intended is the difficulty in getting data and information from the application. We get information from the UC Berkeley website on state AB 636 and federal ASFA outcome indicators; however it is published three months behind so we're unable to get recent data. We must use Business Objects and SafeMeasures to obtain any other data. SafeMeasures generates comprehensive and easy-to-use information from data entered into CWS/CMS. Business Objects is the only other software available with which we can create our own queries or questions.

Business Objects and SafeMeasures (SM) are also used to provide reports for management support of service deliveries and evaluation. For instance, SM is used to evaluate Structured Decision Making (SDM) and compliance of face-to-face visits. Structured Decision Making (SDM) provides Child Welfare Workers with the assessment tools to help in making critical case decisions throughout the course of the case.

We have developed a data warehouse, SSIRS, that will enable our staff to access data and information from a variety of systems. We are anticipating that information from CWS/CMS as well as Behavioral Health Care and CalWIN will be included. Eventually, we anticipate that it will expand to other agencies as well. Currently SSIRS is in development and will be available to assist in collaborative efforts between departments that require data sharing, such as compliance with Katie A.

Many supervisors and managers have had to create their own databases using Access or other software. For example, the ILS Program staff is unable to get the information they need on

transition age youth and former foster youth from CWS/CMS. The adoptions program also has several data collection tools.

CASE REVIEW SYSTEM

Alameda County has several Juvenile Court departments operating under the leadership of an appointed Presiding Judge. Alameda County Juvenile Court Judges maintain a timely court hearing schedule to ensure that permanency hearings occur within required time frames. The Child Welfare Workers are required in each Status Review Report to explain to the Court the efforts that were made in the previous reporting period towards permanence for the children. The Court reviews the permanent plan and the Department's efforts to achieve permanence for the children at each hearing.

The Alameda County Juvenile Court has pioneered some important approaches to alternative dispute resolution. The Dependency Mediation program has been in place since 1997. The Court also orders Settlement Conferences and other informal methods to resolve family issues as appropriate.

TIMELY NOTIFICATION OF HEARINGS

The Department follows the current regulations on timely notification of hearings for required parties. Foster caregivers are routinely noticed for hearings on children placed in their homes. Their contribution is welcomed and respected by the Juvenile Court. Additionally, the Department provides proper notice to federally recognized Indian tribes in accordance with ICWA regulations.

The Online Court Reports System has been implemented to track the delivery of Court Reports and their attachments to attorneys generated during a child's progress through the juvenile dependency court system. This system is designed to house the Court Reports and their attachments, provide secure email notification to attorneys once the reports and their attachments have been uploaded into the system, and provide an audit trail regarding if and when reports and their attachments are received and viewed.

PARENT-CHILD- YOUTH PARTICIPATION IN CASE PLANNING

Initial case plans are generally completed within 30 days of the case opening. Parents and youth are involved at the earliest stages of the process. Case plans are formally reviewed at court hearings every six months. Additionally, parents and older youth are encouraged to attend TDM meetings. TDM meetings are held from the very beginning of the case when a child removal is being considered.

GENERAL CASE PLANNING AND REVIEW

All case plans are developed and written using the CWS/CMS case plan function. Case plans are written to take account of the parent's cultural, economic, and educational background. Additionally, Alameda County makes every effort to comply with concurrent planning requirements. Child Welfare Workers are encouraged to consider alternate permanent options should reunification become impossible. Child Welfare Workers in the Family Reunification and Dependency Investigation programs must include sections on concurrent planning efforts in their reports to the Court. To promote permanence and appropriate concurrent planning, Child Welfare Workers locate birth parents and potential relative caretakers, establish paternity, and provide intensive reunification services from very early stages in the case.

FOSTER AND ADOPTIVE PARENT LICENSING, RECRUITMENT AND RETENTION

GENERAL LICENSING, RECRUITMENT AND RETENTION

Alameda County has its own licensing unit that licenses foster parents. Licensing staff review and approve applications for foster home licensure, monitor licensed facilities for regulatory compliance, and investigate complaints.

Foster parents are at the heart of the system that was designed to provide a safe and loving temporary environment for children who cannot live at home or with relatives. Foster parenting offers many rewards, but also takes a special kind of commitment. The number of foster homes has increased this past year; although the licensing unit has only three Licensing Evaluators which has slowed the licensing process somewhat. However, the centralization of record keeping by the use of CWS/CMS and Business Objects reports has streamlined the process and simplified the supervisor's report keeping. This new process enables the supervisor to better monitor, track and maintain statistics on pre-licensed and on ongoing licensed homes. The Supervisor is able to track the deficiencies and ensure the corrections to provide safe and appropriate homes for children.

Under the changes envisioned with the Family to Family initiative, we have been working to improve our entire process of Recruitment, Development, and Support of foster care Resource Families. The focus of these changes has been on finding and maintaining foster and kinship families who can support children and families in their own neighborhoods. It also involves eliminating the number of placement moves for a child by partnering with foster parents who are able to provide permanent homes to children who cannot be placed with relatives or return to their birth parents. This requires targeted efforts to expand the pool of skilled and experienced foster families in communities with high numbers of children in care. It also involves partnering with and providing better support to current foster families. We also added

the Foster Parent Liaison position to our staff as a means of supporting, partnering and retaining our current licensed caretakers.

DCFS has hired a designated Recruiter whose responsibilities to recruit and retain foster parents include:

- Twice a month Foster Parent Orientations
- Foster Parent Support Groups, available weekly throughout the county
- Support groups, trainings for specialized foster parents
- Facilitate monthly Foster Parent Association meetings
- Schedule PRIDE panels for trainings
- Offer Foster Parent Mentoring
- Offer other trainings for foster parents including trauma training and LGBT related training
- Recruitment efforts at various events throughout the county.

PLACEMENT RESOURCES

Alameda County struggles with a lack of adequate placement options, especially for high needs youth. The children in Alameda County who are hardest to place have serious developmental disabilities, have large sibling groups, are medically fragile, and/or have severe emotional and behavioral challenges.

There are a number of factors that contribute to the dearth of placement resources. For example, there is a lack of incentive and financial support for foster parents. Foster care rates are too low compared to the local cost of living, and foster care providers are given the same rate throughout the state regardless of the regional cost of living. In the San Francisco Bay Area, the cost of living is among the highest in the state, and foster parents and placement providers cannot provide adequate services to high needs children with the current rate. Additionally, foster care reimbursements are very limited and inflexible. Most children who have highly special needs are in very high levels of care because the counties are not able to move the children to lower levels and maintain the level of funding required to provide needed services.

DCFS has maintained an independent placement function with non-case carrying workers who are committed to maintaining high quality placements and effective relationships with our caregivers. Some unique qualities of the placement services at DCFS are the following:

- Maintain three units of non case-carrying Child Welfare Workers who are co-located with our Assessment Center and are primarily responsible for locating all non-kin placements, both emergency and long-term, as well as planned placement changes. They strive to create the least restrictive placements. Their responsibilities also include initial relative/NREFM placements and locating placements for non minor dependents.
- Maintain a Relative/NREFM (Non Related Extended Family Member) unit of non case-carrying Child Welfare Workers who are primarily responsible for completing the annual reassessments and the ICPC assessments.
- All placement staff are trained on the criminal record clearance protocol. Criminal record exemptions are completed by the placement worker who follows the exemption process protocol.
- The Adoptions Program has two Adoption Placement Specialists who are workers designated to support placements of children in foster-adopt homes and facilitate the particular child home study process for non-Alameda county foster parents who wish to adopt a child placed with them. Their duties include:
 - responsibilities related to children in need of adoptive placement, such as participating in adoption assessments, developing profiles for children in need of adoptive homes to be presented within the agency and throughout the state, and facilitating adoption pre-placement meetings.
 - responsibilities related to families, such as getting adoption applications to caregivers interested in adopting a child placed with them, contracting with other agencies for particular child adoptive home studies when necessary, and tracking the progress of the home study and approval process.
- In every case, the CWW must ask the child, the parents, Indian custodian if there is one, and/or legal guardians, whether the child is or may be an Indian child. This inquiry must be done by the ER worker, the DI worker and at the TDM meeting. It must also be done by any other CWW if he or she does not see definitively that the ICWA inquiry was previously documented. The inquiry must be completed using the form ICWA 010, which is filed with the petition.
- Purchasing four (two for boys and two for girls) emergency beds in high level group home settings that have no right of refusal. The children can stay for up to 3 business days, which provides some time to search for an appropriate placement. Alameda County pays 100% of the rate for each day the bed is empty in exchange for a guarantee

that they will take any child age 13-18 with little or no notice. These beds are usually full.

- Maintaining an Assessment Center for children new to foster care and children changing placements. A youth's stay should not exceed 23 hours. DCFS has strategically located placement staff at the Assessment Center to work with children and case-carrying social workers during the placement search process. NMDs also remain at the AC until placement is found.
- Contracting through the Assessment Center with a local counseling agency to implement the STAT program, which provides mental health and placement Screening, Stabilization, and Transition services to youth, including NDMs, who come through the Assessment Center.
- The Department's Child Care Program pays a day care subsidy for county licensed foster homes, relative/ NREFM homes and dependent teen parents. Foster parents often cite day care cost as a reason they are unable to care for very young children. The program, in the past, has shown significant promise as a tool for foster parent retention and recruitment. As of January 2014, the program is being renamed as the Childcare Allowance Program and modified with the intent of supporting the stabilization of placements. The revised program will allow certain caregivers caring for eligible children and youth to receive a childcare allowance of \$350 per month, per child, for up to six months.
- Collaborating with our county Behavioral Health Care Services to provide Early Periodic Screening Diagnosis and Treatment (EPSDT) services, which includes in home crises intervention and other mental health support for children and caregivers. These services often preserve placements and prevent disruptions.

Data on the number of youth in out-of-home placement, and related information, is available in the Outcome Data section.

STAFF, CAREGIVER AND SERVICE PROVIDER TRAINING

The Training and Consulting Team (TACT) is the Social Services Agency's Training Department and is responsible for planning, implementing, and conducting agency wide staff training and development programs through in-house professional staff and contracted vendors to achieve and exceed the Agency's goals and objectives.

In addition, TACT continuously identifies and defines training needs and objectives; consults and provides personal and professional development through a comprehensive training

program and professional consulting on organizational development initiatives, career development, emergency preparedness, and leadership development at all levels within the Agency.

Within TACT, the Child Welfare Training Team is primarily responsible for the scheduling, training, and supervision of all new CWWs on the fundamentals of public child welfare work. Additionally this team provides training for Title IV-E interns placed in Alameda County during their 2nd year MSW internship. The team also partners with the Bay Area Academy (BAA, our Regional Training Academy) to provide ongoing training to support Child Welfare staff in the provision of services to families involved in the Child Welfare system of care. Additional training topics include CWS/CMS, SDM, and SafeMeasures. This team is also instrumental in assisting the Department with maintaining the proper records in accordance with ACL 08-23.

Training needs for Department staff are determined along with the Department's Executive Team. An annual training assessment is completed by TACT, and monthly communication is maintained with the Department's Training liaison for changes in needs throughout the year.

Child Welfare Training achieved many accomplishments during fiscal year 2012-13, including:

- Ongoing participation and support of Linkages Training
- Development and implementation of training related to AB 12
- Provided training to new Title IV-E interns, including but not limited to the subjects of:
 - CWS/CMS
 - Ethics and Values
 - Working Together in a Multicultural Environment
 - Framework for Public Child Welfare
- Worked in collaboration with BAA to provide relevant training to Child Welfare staff:
 - Two supervisors completed the Common Core training,
 - Fifty-two CWWs completed their 40 ongoing training (MPP 14-611.5) hours.
- Provided these specific trainings:
 - Child Passenger Safety Training for Child Welfare staff
 - Mandated Reporting Training for Agency staff and community partners
 - Child Welfare Overview for community partners, including CASA

- o The Dependency Process training for Agency staff and community partners

INDUCTION TRAINING

There was not an induction class for line workers during the reporting period; however, the Department expects to hire 25 - 40 CWWs during the 2013-14 Fiscal Year. For all new Child Welfare Workers, the Child Welfare Training Team coordinates and provides training during a 9-10 week Induction course. Several of the Standardized CORE classes that are required during the first 12 and 24 months of hire are provided during Induction by the Child Welfare Training Team members. The classes that are provided in-house are Framework for Public Child Welfare, Introduction to CWS/CMS, Child Welfare Practice in a Multicultural Environment, Ethics and Values, and SDM. The Child Welfare Training Team coordinates with the Bay Area Academy, as well as other existing training vendors and community partners, to provide the remaining mandatory classes during their first 10 weeks of hire.

In addition to the classes required by the State, the training team provides additional classes to enhance the experience of our staff and better prepare them for their work with families in Alameda County. These additional classes include The Dependency Process, Mandated Reporting, Trial Skills, CWS/CMS Referral Investigation and Closure, CWS/CMS Case Plans and Court Reports, Grief and Loss in Child Welfare, Stress and Time Management, Substance Abuse, Risk Assessment, Domestic Violence, Worker Safety, and other topics relevant to child welfare and protective services.

ONGOING TRAINING

The Child Welfare Training Team is responsible for working in concert with our Regional Training Academy, and other vendors and community partners, to coordinate training to existing staff in order to continue their professional development, support the Department in the implementation of major initiatives toward achieving the larger goals of safety, well-being, and permanence, as well as to meet the training requirements outlines in ACL 08-23.

Within the 2013-14 fiscal year, the Department is considering whether to offer the following training topics for staff: LGBTQ youth, Safety Organized Practice, SDM use in all programs, Permanency Values Training, Fatherhood (the importance of father engagement in Child Welfare), Trauma Informed Practice, and training and support around issues stemming from AB 212 and AB 1712.

CAREGIVER TRAINING

Alameda County provides short-term training for prospective foster and adoptive parents and also collaborates with the Foster Parent Association, local Community Colleges, the Center for

the Vulnerable Child, and other community based organizations to conduct continuing education for foster parents.

Our potential foster and adoptive parents are required to attend our training program, Parent Resources for Information Development and Education (PRIDE). Our training team consists of community college contract staff including DCFS staff and foster parents. We provide training on effective foster parenting skills, grief and loss, attachment, working with birth families, crisis intervention, state and county regulations and policies, and self-assessment.

Existing foster and adoptive parents are also required to attend 8 hours of continuing education training each year. Alameda County collaborates with Los Positas & Chabot College to offer in-service training on a variety of topics, including money management, understanding anger, effective communication, self-esteem, and child sexual trauma. Additionally, the Alameda County Foster Youth Alliance, in conjunction with Chabot College, provides 10 professional development trainings each year that are open to foster parents.

One of the trainings offered to caregivers is the Community Action to Reach out to Infants (CARI)/Options For Recovery (OFR) training, which is made available to relatives, NREFM's and Foster Parents. It is offered twice a year and is 36 hours. The CARI/OFR Program is state funded and works in collaboration with other county departments to provide a comprehensive system of care for children, birth parents, and caregivers. The program provides services to substance-exposed and/or HIV infected children from ages 0 to 5 years.

During the 2012-13 fiscal year, 421 individuals participated in foster parenting orientation from in-service training, and 600 received Basic Parenting Skills training through the collaboration with local colleges.

A training resource is proposed to be made available in the future for relatives and NREFMS in coordination with the KSSP programs to provide orientation and other training topics.

NATIONAL RESOURCE CENTER TRAINING AND TECHNICAL ASSISTANCE

The Department has not received training and assistance from the National Resource Center.

AGENCY COLLABORATIONS

DCFS relies heavily on collaborative efforts with other public and private agencies to provide the support services both biological and foster families need to successfully and safely care for their children. Many collaborative efforts are described elsewhere in this document. For example, our collaboration with Behavioral Health Care in compliance with the *Katie A.*

settlement agreement and the prevention services provided by Another Road to Safety providers are listed in other sections in this document.

During a community meeting with CBO stakeholders present, the service providers mentioned that they would like to form a network of providers so that they can get to know each other and become of aware of services. There are several such networks in existence, such as Foster Youth Alliance (FYA), that is a collaborative of agencies that provide transition age youth services.

The following is a description of collaborative efforts not described elsewhere:

EDUCATION – FOSTER YOUTH SERVICES

DCFS has a long-standing relationship with the Alameda Office of Education Foster Youth Services program. Foster Youth Services is intended to improve educational outcomes for foster youth. One example of our partnership is with the educational mentoring program. The mentors serve a range of school age youth and provide one-on-one support.

KINSHIP

Most of our kinship services are provided by a collaborative effort through our contracted Kinship Support Services Program (KSSP). Services are provided by three kinship centers in West Oakland, East Oakland, and South Hayward, three high impact areas of the county. They provide respite, support groups, family activities, mentoring for youth, and up to 3 months of intensive in-home support.

MENTORING

In 2012, DCFS entered a 3-year partnership with a local mentoring organization, OreMi Mentoring operated by the Family Support Services of the Bay Area, to provide mentoring matches specifically for older youth. To date, the program has matched almost 30 youth with mentors.

SSI AND DISABILITY

DCFS engages services from Public Consulting Group to maintain our Department's compliance with AB1331 and AB1633 and to ensure that all youth, especially transition age youth, receive the SSI benefits when they are entitled to them. PCG is working with our managers and staff to help disabled youth make a successful transition from foster care, improve local practices in transition planning for disabled foster youth and develop a state and federal policy agenda to promote SSI utilization among foster youth in transition. PCG screens all youth for potential eligibility during on-site visits several times per year.

DISPROPORTIONALITY

The Department takes a systematic approach to address African American disproportionality and disparity. The Department has a workgroup that meets regularly and includes staff at all levels and community partners. The workgroup is an extension of the work we began with the statewide Breakthrough Collaborative Series, which was a program that encouraged counties to form teams to address this issue. The county teams received training and on-site technical assistance. Alameda County chose to continue the work, and the team continues to meet regularly. There is a youth and parent advocate as well as community providers and caregivers on the team.

The DCFS disproportionality workgroup developed a team name: Team RAISE (Racial Awareness in Social Services Everyday) and team motto: “Challenging Awareness and Responsibility for Equity in Public Child Welfare.” The disproportionality workgroup is charged with evaluating, examining and addressing the complex subject of racial disproportionality in the child welfare system. African American children are over represented in rates of substantiated maltreatment, entry into care, and length of stay.

The format of the group is to brainstorm ideas that might impact outcomes, and then find volunteer staff to conduct small tests in the area of focus. For example, the core team met with several staff in the Emergency Response units and asked about their practice when they first receive a phone call. We decided, as a group, to test a variety of strategies of asking clarifying questions when callers use certain “hot words” such as “crazy, angry, violent, inappropriate, beating” so that the screeners can always have objective information about specific words and behaviors that are concerning. We now discuss this process of always getting behavior specific feedback when people describe parents with vague “hot words”. This practice has a positive impact, and screening staff have anecdotally reported that the new information has reduced the outcome on Structured Decision Making tools and other ways of determining the severity of the referral.

BAY AREA COLLABORATIVE OF AMERICAN INDIAN RESOURCES

DCFS collaborates with the Bay Area Collaborative of American Indian Resources (BACAIR), a local partnership that unites services for American Indian and Alaska Native families, in support of children and families who are involved with the child welfare system. BACAIR’s goal is to work collectively to ensure that Bay Area Native American families are provided with culturally relevant services and, when a case is opened, are active participants in the dependency process.

The following organizations are members of BACAIR: Indigenous Nations Child and Family Agency, San Leandro; Intertribal Friendship House, Oakland; California Administrative Office

of the Court – Tribal Projects Unit, San Francisco; American Indian Child Resource Center, Oakland; San Francisco Human Services Agency and Children Services; Alameda County SSA – DCFS; Friendship House Association of American Indians, Inc, San Francisco; Native TANF (Washoe); and, Native American Health Centers of Alameda, San Francisco, Oakland and Richmond.

This collaboration involves ongoing monthly meetings among staff from Alameda and San Francisco counties, various Native American community partners and service providers in the Bay Area, and Casey Family Programs. Group discussions concern issues facing Native American children involved in the local child welfare system, including the issues of disproportionality, county services, ICWA, and the local impacts of various court decisions. Information from these meetings is used to plan and develop the agenda for annual internal trainings for Department staff, and BACAIR representatives also present information during the training. The 2012 training involved:

- Information and discussions about maintaining American Indian connections for youth regardless of their ICWA status
- A presentation on suicide prevention for Native American youth
- Education on the use of BACAIR reps during TDMs, and
- Presentations by service providers for Native American youth and families

The 2013 training will include a focus on the prevention of the break-up of Native American families. In addition to influencing practice changes through the annual trainings, the work with BACAIR also serves to inform program planning and new service delivery. An example of a potential area for improvement in services is with Native American youth and families receiving Family Maintenance or Permanent Youth Connections as they may benefit from establishing additional connections with tribes and Native American service providers.

BACAIR representatives also attend TDMs whenever the involved family may have Native American ancestry. During the meeting, the representative will distribute information about services for Native American youth and families. Their involvement in the meeting helps to ensure that ICWA issues are addressed.

LESBIAN, GAY, BISEXUAL, TRANSGENDER, AND QUESTIONING (LGBTQ) YOUTH AND CAREGIVERS

The Department, using Title IV-E Waiver reinvestment funds, has partnered with a local LGBTQ youth services agency to create the Youth Acceptance Collaborative to provide consultation related to older LGBTQ youth. The Youth Acceptance Collaborative is available to

offer consultation services to Child Welfare Workers and caregivers to support their ability to respond and address the needs of LGBTQ youth in out-of-home care.

Additionally, the Department facilitates a regular workgroup dedicated to improving outcomes for LGBTQ youth and caregivers. Members of the workgroup include youth, Department staff, and partners from community agencies.

Next year, in 2014, the National Center for Crime and Delinquency will begin 18 months of ongoing advanced level training related to sexual orientation and gender identity. DCFS has had a number of introductory trainings, and staff are ready for more advanced skill building.

YOUTH AND PARENT ENGAGEMENT

DCFS, using Title IV-E Waiver reinvestment funds, is able to contract with community agencies to hire, train, and engage parent and youth advocates.

Parents who have successfully reunified and navigated the Child Welfare system are invited to participate in a parent leadership team. From there, parents are recruited and hired as full time staff of a community agency. They are co-located at a county facility with our Child Welfare Workers, and parent advocates are assigned to assist birth parents from early in their involvement with the system. Parent advocates are especially involved in assisting the reunification process. There are currently ten parent advocates.

Youth Advocate Fellows are also full time staff of a community agency and work to provide support to youth and input for various programs and services. For example, youth advocates played a key role in the design, development, and execution of AB12 communication strategies for transition age foster youth over the past two years. It is likely that most if not all Alameda County foster youth who learned about AB12 did so via one of the Youth Advocate Program's direct communications or indirectly through trainings. Alameda County has had the largest percentage of participating AB 12 youth of all the large California counties from September through December of 2012.

Youth advocates also attend Team Decision Making meetings and Transition Living Conferences for older youth. Their participation in TDMs had a statistically significant effect on placement decisions only for meetings in which involved youth were absent. When YAP fellows attended such meetings, the TDM decision was significantly less likely to be a "more restrictive" placement. There are currently eleven youth advocates.

FATHERHOOD ENGAGEMENT

Alameda County had identified fatherhood engagement as a priority for DCFS. DCFS has convened a workgroup to develop a protocol of best practice for engaging fathers in child welfare. We have established a Fatherhood Advisory, in collaboration with Health Care

Services, the Department of Child Support Services, Workforce and Benefits Administration (WBA) and various community stakeholders, to discuss establishing father friendly policies and procedures.

The workgroup is headed by an Assistant Agency Director and various executive and senior managers. This group, with the assistance of a graduate intern, is conducting a survey, reviewing current policies and procedures and interviewing/observing child welfare staff around how fathers are engaged. The workgroup is also exploring providing a male only orientation for CalWORKS and General Assistance and the possibility of deferring child support payments and/or sanctions for fathers that are CFS involved and working toward reunification.

Recently, the department has purchased laptops with a built in webcam. This service is still in development. It is anticipated that the technology will be in place on the laptops in early 2014, it will allow fathers/parents to maintain contact with their children via Skype or other web based video conferencing.

Two services have been established that specifically address fatherhood engagement. DCFS has established a father support group that is available to any father that is involved in the department. The group meets weekly and is facilitated by two male Parent Advocates. Between 9-12 fathers attend on a regular basis. The group's focus is on providing support and practical knowledge to fathers. The second service is the ability to provide paternity testing to relatives. This has the ability to allow for earlier establishment of presumed father status and an increased pool of supportive, familial connections for children.

CHILD ABUSE PREVENTION AND EARLY INTERVENTION

Child Abuse Listening, Interviewing and Coordination Center (CALICO) is the agency that is designated to provide forensic interviewing to assist Child Welfare and law enforcement in response to allegations of child abuse. CALICO provides a safe environment for a child to answer questions a single time, without the trauma of multiple interviews. CALICO receives funding through various grants and donations, individual law enforcement agencies and CAPIT funding. The blending of all of these sources of funding allows CALICO to provide services to any child that is at risk of maltreatment; regardless of what jurisdiction is the initial responder. Along with providing forensic interviews, CALICO is also able to provide immediate referrals to caregivers to provide appropriate resources within the community.

The partnership between CALICO and DCFS also includes an annual joint collaborative training that provides training to staff, law enforcement and community organizations. DCFS is a member of the CALICO Program Advisory and CALICO case review. Additionally, CALICO and DCFS have begun a new partnership that will provide sexual abuse prevention training

throughout the county, to parents, caregivers, schools, churches and concerned community members. CALICO is one of two agencies, within Alameda County, that will provide the training.

DCFS also has a partnership with a local organization, Legal Assistance for Seniors, to provide diversion services after a referral is made. There are a number of child welfare cases where a child can be safe in the care, custody and control of a relative or a non-related extended family member (NREFM) and where the parents agree to allow the child to stay with the relative or NREFM and do not want reunification services. In such cases, it is determined at the first Team Decision Making meeting shortly after the referral was received that there is no demonstrable need for the ongoing involvement of DCFS. The safety issue for the child can be resolved in such instances by obtaining Legal Guardianship through the Probate Court.

Additionally, please refer to the Service Array section for more information on early intervention collaborations and agencies that receive Child Abuse Prevention and Promoting Safe and Stable Families funding.

INCARCERATED PARENTS AND REUNIFICATION

The Department of Children and Family Services and the Alameda County Sheriffs' department located at Santa Rita are submitting a joint proposal to increase and enhance visitation between parents who are incarcerated and their children who are placed by the Juvenile Court into foster care.

The purpose of the proposal is to increase connections and permanence between parents/children so that when the parent is released the parent/child bond has been maintained. We believe that maintaining the relationship by consistent and frequent visitation will increase timeliness to and the likelihood of reunification.

Another benefit that we hope to realize is a reduction in recidivism to Santa Rita or another penal institution. Maintaining familial relationships is important to all.

The proposal will create an opportunity for children to have contact visits with their parents two times per week (one evening per week and also on Saturday afternoons). The visit will be supported by staff from a community agency, Alternative Family Services, who currently contract with DCFS and The Gathering Place visitation center. All visitation will be either supervised or observed. No therapeutic visitation will occur via this proposal.

SERVICE ARRAY

This section describes the array of services provided for youth and families from DCFS and some of our contracted partners from child abuse prevention to after-care.

As noted earlier in the Demographic Profile, Alameda County is fortunate to have a 24 hour information line, 2-1-1. 2-1-1 is a free, accessible, 3-digit telephone number that enables all Alameda County residents access to customized multilingual health, housing and human services information 24 hours a day, 7 days a week and 365 days a year. The information available to residents includes services that are provided by community based organizations for housing, mental health, substance abuse and other service needs the community may seek help with. Many of our staff use this service to locate appropriate, local services beyond what our Department provides.

PRE-PLACEMENT PREVENTATIVE SERVICES

Pre-placement prevention services provided to families by the Emergency Response staff :

- Initial contact
- Crisis intervention
- Resource and referral to community agencies/organizations
- Education on child abuse issues
- Emergency food or financial resources on a limited basis through our emergency needs fund program

CPS HOTLINE/SCREENING

When a call comes into the hotline, the screening Child Welfare Worker takes information from the caller to assess safety and risk to child(ren) in a family. The screener asks specific questions of the caller to determine if the issue is one that child welfare is designed to address. If it is not, the caller is referred to another agency for services or information as appropriate. Next, the screener determines what type of abuse is being reported (neglect, physical abuse, sexual abuse, emotional abuse or an absent caretaker), and completes the SDM Response Priority Tool. Any decision to Override down the SDM Response Priority Tool requires that two Intake Supervisors and a Program Manager review the referral. The SDM Response Priority Tool will recommend one of the following dispositions for the referral:

- a) no investigation and possible referral to our alternate response system,
- b) an investigation with an immediate response, or

c) an investigation with a 10-day response.

As shown in Table 1, the Department uses an override to change the SDM Response Priority Tool decision less often than the state overall.

TABLE 1: INVESTIGATED REFERRALS RECEIVED DURING JULY 2013 WITH A COMPLETED HOTLINE SDM TOOL

	No Override		Override		Total
	n	%	n	%	n
Alameda County	220	89.1%	27	10.9%	247
California	13629	87.7%	1920	12.3%	15549

After completion of the tool and any review if needed, the referral is then forwarded to an Intake Supervisor for disposition. The decision making process for Intake Supervisors, includes but is not limited to the following factors: the age of the child; possible disabilities of the child; the severity, nature and location of an injury; the alleged perpetrator's access to the child; the ability of a parent or caretaker to protect the child pending an investigation; whether the child is afraid to go home; and prior reports of abuse or neglect.

Immediate responses legally require a response within 24 hours, however, our expectation is that an Emergency Response Child Welfare Worker will respond within 2 hours or sooner if a child is due to be released from school, day care, medical facility, or any other safe facility. Ten-day responses are investigated within 10 days.

CAPIT/CBCAP/CCTF/KIDS' PLATE FUNDED PROGRAMS

With CAPIT/CBCAP/CCTF/Kids' Plate funding, Alameda County has been able to provide a myriad of child abuse prevention and early intervention services to ensure the health and well-being of children and families.

The agencies that currently receive funding were selected based upon the needs identified in the 2009 County Self Assessment. The agencies currently provide services to families that are identified as high risk for child maltreatment or have a history of child maltreatment. Additionally, contractors are providing services to transition age youth, pregnant and parenting teens, homeless families and families at risk of mental illness and substance abuse. Services provided by contractors include parent education and support, individual, group and family counseling, school based prevention programs, transition age youth services, post partum depression and developmental screenings, tutoring and life skills, services to prevention homelessness and services for pregnant and parenting teens. Services that have been provided are available to families in need of immediate crisis intervention, preventative and transitional services. Many of the families who are receiving services are Medi-Cal ineligible and/or under-insured and do not qualify for other mental health services.

Blending the CAPIT/CBCAP funds has resulted in maximized funding and avoidance of duplication of services that may occur if funding was not coordinated. Alameda County has strengthened collaborations with our community partners to insure a smooth referral process to families that are in need of supportive services.

Alameda County CAPIT/CBCAP/CCTF/Kids' Plate funds are primarily awarded to agencies that are currently working with populations that have been identified as at the greatest risk of maltreatment. Each contractor was awarded \$70,000.00 for FY 2012-2013 and provides a comprehensive, evidence based assessment that is able to identify the specific needs of children.

The following contract agencies are able to meet the culturally diverse population of Alameda County through the availability of bi-lingual staff, utilization of a county-wide language line and through the employment of a cultural diverse staff:

- Abode Services Strengthening Families funded by Kids' Place/CCTF
 - Services Provided: Early childhood development/screening and Post-partum depression screenings, parenting education and support groups, respite care, child-enrichment activities and information and referral.
 - Target Population: Low income and homeless families currently residing in one of their housing programs.
 - Service Area: Alameda County
 - Evidence Based Tools: Ages and Stages Questionnaires; Edinburgh Post Natal Depression Scale.
- Axis Community Health Child Abuse Prevention, Intervention and Treatment Services funded by Kids' Place/CCTF
 - Services Provided: Individual, family and group therapy to families that do not qualify for private or public insurance, parent education classes, Post-partum depression screenings, case management and information and referral
 - Target Population: Low income, at risk families
 - Service Area: Tri-Valley (including Dublin, Pleasanton, and Livermore)
 - Evidence Based Tool: Edinburgh Post Natal Depression Scale.
- CALICO Center (Child Abuse Listening, Interviewing, and Coordination Center) Forensic Interviewing and Family Support Services funded by Kids' Place/CCTF

- Services Provided: Forensic interviews to assist Child Welfare workers and law enforcement officers in responding to child abuse allegations. Additional services include on-site referrals to appropriate medical, legal and therapeutic supports within the community and follow up with victims and caregivers to ensure supports are in place. Service area: Alameda County.
- Population Served: Children 2-17 who were subjected to abuse or neglect.
- Service Area: Alameda County
- Children's Hospital – Center for Child Protection Center for Child Protection – Child Abuse Prevention Services Program funded by Kids' Place/CCTF/CBCAP
 - Services Provided: A 0.8 full time clinical social worker to provide clinical assessments of children that have been exposed to child abuse and/or violence, individual and family psychotherapy sessions and group psychotherapy for children.
 - Target Population: Children and adolescence who are victims of abuse or violence and/or those deemed at-risk, and their families.
 - Service Area: Harder-Tennyson area of South Hayward
- East Bay Agency for Children (EBAC) Child Assault Prevention Training Center (CAPTC) funded by Kids' Place/CCTF/CAPIT
 - Services Provided: Child abuse and assault prevention curriculum via interactive workshops to children, youth, parents/caregivers and services providers at various sites throughout Alameda County. School based group and individual therapy.
 - Target Population: Underinsured or uninsured families that are identified as at-risk.
 - Service Area: CAP curriculum is available throughout Alameda County. CAP mental health services are available to identified schools within Southern Alameda County and the Afghan community in Fremont.
 - Evidence Based Tools: Child Assault Prevention Program Model; Nurturing Parent Program; Global Assessment of Functioning; Community Functioning Evaluation
- Emergency Shelter Program, Inc. Child Abuse Prevention, Intervention and Treatment Services funded by Kids' Place/CCTF/CAPIT

- Services Provided: Intake and assessment, individual counseling, parenting skills development, structured play groups, tutoring assistance and follow up consultation
- Target Population: Homeless women and children currently residing in the Hayward shelter.
- Service Area: Hayward
- Family Emergency Shelter Coalition (FESCO) Child Abuse Prevention for Homeless Families funded by Kids' Place/CCTF/CBCAP
 - Services Provided: Intake and assessment, parenting classes, youth support groups, individual and family counseling and childcare during parenting classes.
 - Target Population: Homeless families residing in one of their residential programs.
 - Service Area: Alameda County
 - Evidence Based Tools: Dyadic Adjustment Scale; Eye Movement Desensitization and Reprocessing; Child Behavior Checklist
- Family Paths, Inc. Child Abuse Prevention Services funded by Kids' Place/CCTF/CBCAP
 - Services Provided: Parent education, individual, group, couples and play psychotherapy and case management services. Parent education classes are held in three different locations and are conducted in both English and Spanish.
 - Target Population: Adults with a diagnosable mental health condition, substance abuse, severe social stressors and either have a history of abusing their children or are at risk of becoming abusive.
 - Service Area: Alameda County
 - Evidence Based Tools: Parental Acceptance/Rejection Questionnaire; Vulnerability to Stress scale; Global Assessment of Functioning
- Family Support Services of the Bay Area (FSSBA) The Family Reclaim Program funded by Kids' Place/CCTF
 - Services Provided: Family Preservation services, including family, child and mental health assessments, home visits, parent education, life skills, case management, supportive services and hands-on modeling and training.
 - Target Population: Families at risk of DCFS involvement

- Service Area: Oakland
- First Place for Youth Healthy Transitions funded by Kids' Place/CCTF/CAPIT
 - Services Provided: Intake and assessment, parent education, home visits, intensive case management, self-sufficiency/Life Skills training and education/job preparation.
 - Target Population: Former foster youth, who are pregnant/parenting and currently residing in/have graduated from the intensive transitional housing program.
 - Service Area: Alameda County
 - Evidence Based Tools: Child Abuse Potential Inventory
- Kidango, Inc. Child abuse, intervention and treatment services for children birth to twelve years old funded by Kids' Place/CCTF/CAPIT
 - Services Provided: parent education, individual, parent-child and family therapy, child assessment, home visits and follow up consultation.
 - Target Population: Families with at-risk children under 12 and children that exhibit emotional or behavioral symptoms that impede their optimal development.
 - Service Area: Residents of Fremont, Union City, Hayward, Newark, Tri-Valley and West Oakland
 - Evidence Based Tools: Relationship Based Family Therapy Model; Dyadic Developmental Psychotherapy
- La Clinica de la Raza Casa de la Sol funded by Kids' Place/CCTF/CAPIT
 - Services Provided: Assessments, parent education/prevention support groups, home visits, individual, family and play therapy, crisis intervention, child development education and workshops addressing life skills and stress management.
 - Target Population: Families with no other resources available to receive prevention and treatment services. Emphasis is placed on the provision of services to the population with linguistic, cultural and/or economic barriers, particularly the Spanish-Speaking community.
 - Service Area: Alameda County

- Lincoln Child Center Families Together funded by Kids' Place/CCTF/CAPIT
 - Services Provided: Parent education workshops and support groups, intake and assessment, outreach and transportation
 - Target Population: Families from Lincoln's Project Permanence, School Engagement, School-based programs, non-public school and Child Development Centers
 - Service Area: Oakland
 - Evidence Based Tools: Active Parenting Now; Families and Schools Together
- Pivotal Point Youth Services, Inc. Project EEVE (Educational Support, Employment Training, Vocational Skills Development and Entrepreneurship Training) funded by Kids' Place/CCTF/CAPIT
 - Services Provided: Intake and assessment, educational/job preparations, Life Skills, parenting education, group therapy, services to prevent homelessness and information and referrals
 - Target Population: Low income, transition age youth (16-24 years of age) and their immediate family members
 - Service Area: Alameda County with an emphasis on North/West Oakland
 - Evidence Based Tools: Test of Adult Basic Education; Strengthening Multi-Ethnic Families and Communities.
- Pleasanton Unified School District – Horizon Tri-Valley Teen Parents: Building a Better Tomorrow funded by Kids' Place/CCTF/CBCAP
 - Services Provide: Intake and assessment, individual and group therapy, crisis intervention, parent education, career counseling, job readiness assessments, college placement and career planning assistance.
 - Target Population: Pregnant and teen parents, ages 13-20, who have not completed high school and their families.
 - Service Area: Tri-Valley, Castro Valley, San Lorenzo, San Leandro, Hayward and Oakland

PSSF FUNDED PROGRAMS

In the 2009 County Self Assessment, Alameda County identified the following areas of critical need of immediate improvement. PSSF Funding provides services that address the following needs:

- Reduce new entries to foster care by 25% over the next five years.
- Increase relative placements as first placements by 50% over the next five years.
- Decrease percentage of children in group home placements at any given time by 50% over the next five years.
- Increase the number of children who are reunified safely, permanently, and timely (reducing re-entry).
- Increase the percent of timely guardianships and adoptions.
- Increase support for all foster care exits (reducing re-entry).
- Enhance the “Safety Net” for transitional age and emancipating youth.

Alameda County assures the State that these funds supplement, and do not supplant, other funding sources. PSSF funds are utilized to fund the following general areas (specific programs are listed below):

- Family Preservation Services (FP) (20%) are provided to families that are currently active to DCFS, who need services to maintain an intact family or to assist in the reunification of children to their parents/legal caregiver. Services provided include drug testing, intensive crisis stabilization and family-focused mental health services.
- Family Support Services (FS) (20%) are provided to families that are currently active to DCFS, who need services to maintain an intact family. Services provided include drug testing, parent education and family-focused mental health services
- Adoption Support Services (APS) (40%) are provided to families, in various stages of the adoption process, who need services to maintain a child in the home.
- Time-limited Reunification Services (TLFR) (20%) are provided to families that are currently active to DCFS, who need services to reunify with a child with a 12 month period. Services provided include drug testing, short-term supportive services through the Assessment Center and family-focused mental health services.

PSSF funded services

- PSSF FP, FS, and TLFR funds substance abuse testing through Bay Area Addiction Research and Treatment, Terra Firma, Axis, Bi-Bitt, and Options Recovery Services.
- PSSF FP, FS, TLFR funds Prevention Intervention-Preschool and School Aged Children through the Children’s Hospital-Oakland, which focuses on children up to age twelve who are in Permanent Youth Connections (PYC). Mental Health services to assist children in developing secure and positive connections to their families and communities.
- PSSF FP funds Family Reclaim, which provides intensive, home-based services to parents and relative caregivers whose children are at imminent risk of being removed or who need hands-on, supportive services.
- PSSF TLFR funds the Assessment Center through the West Coast Children’s Clinic Screening, Stabilization and Transition (STAT) Program, which provides short term mental health services to children as upon initial entry into the foster care system in Alameda County. STAT Clinicians complete mental health screenings, provide short term individual and milieu-based therapeutic interventions and community based transition services. These services provide emotional / mental health support to reduce trauma surrounding the initial transition from home into foster care. Children can receive services for up to thirty days, to bridge the gap, until on-going therapeutic services are put into place.
- PSSF FS funds Parenting Classes through Family Paths Inc.
- PSSF APS funds Child Welfare Worker Time Study Hours. Alameda County DCFS provides Post Permanency services to adoptive families who have finalized their adoption through Alameda County Social Services:
 - Support, education and referrals to adoptive parents around behavioral concerns, developmental needs of children and navigating the special education system
 - Complete and process on-going AAP paperwork
 - Provide resource and referral information to stabilize and support families and avoid out of home placement
 - Provide brief crisis intervention
 - Maintain a Post Permanency Telephone line to address various issues and concerns impacting adoptive families

- PSSF FP funds a portion of Alameda County’s Inter Agency Children’s Policy Council (ICPC). The ICPC is a County sponsored collaborative of agencies serving Alameda County’s low income and vulnerable children and families. The ICPC uses cross-agency collaboration as a strategy for improving outcomes for children and families while promoting institutional change at the county level. ICPC is an interagency network established to promote joint planning, collaboration and innovation in policy and program development resulting in effective children and family services. Additional ICPC funding is provided through waiver funding and MOU agreements with other county agencies.
 - Research, planning and policy development
 - Ensuring that interagency and cross-systems protocols and practices are effectively implemented and evaluated
 - Identifying and set priorities for interagency projects and cross-system reform to address unmet needs and service gaps that impact children and youth; and
 - Advising and make recommendations to the BOS on policies and issues regarding Alameda County children and youth.
 - Advocacy
 - Development of legislative policies that improve and enhance service delivery and outcomes for children and youth;
 - Advance the values, policies and practices of effective cross systems collaboration
 - Resource development
 - Reviewing funding and fiscal policies for children and youth services
 - Facilitate linkage to County sponsored services

ALTERNATIVE RESPONSE—ANOTHER ROAD TO SAFETY

The Department's Alternative Response System, the Another Road to Safety (ARS) program, diverts low to moderate risk families who have been referred to the child abuse and neglect hotline but do not legally warrant an ER investigation. ARS is a community-based, intensive family support service delivery program. These family-focused, strength-based services are

provided through contracts with three local community-based organizations (CBOs). CBO staff have been trained by DCFS supervisory staff to use the Structured Decision Making tool for ongoing safety or risk assessment.

At the first home visit, a CBO Program Supervisor conducts a thorough family assessment that reflects both risk factors and family strengths, and begins development of an individual service plan with family input. The primary intervention is then provided by community professional Family Advocates with support from a multidisciplinary team of consultants including mental health, substance abuse and child development specialists. Family advocates have weekly home visits for up to 9 months, with additional sessions provided as needed, especially in the early weeks or during a crisis. They offer in-home parent support and education services tailored to the family's needs, child health and developmental screening, and active referrals to providers along with support in accessing these services. In addition, advocates are authorized to purchase basic provisions for families (i.e. utilities, cribs, and car seats). The advocates coordinate the above services for the families using outside agencies and the community-based agencies' multidisciplinary team. The goal of ARS is to link families to those community resources that can stabilize and strengthen them to the extent that they will not enter the CPS system.

ASSESSMENT CENTER

In the fall of 2002, the Assessment Center opened its doors to children removed from home due to abuse or neglect. Children needing emergency placement no longer have to wait in cubicles, fast food restaurants, or cars until a placement is found. They are now brought to a child-friendly environment equipped to attend to their immediate needs. They are comforted, fed, and bathed if necessary. Physical and mental health screenings provide early identification of areas of concern and information to assist the foster family to better meet the child's needs. Children leaving the center are generally calmer and more communicative, which makes the transition into the placement easier for both the child and the foster family.

There are community partners with staff at the Assessment Center who provide advocates for LGBTQ youth and Commercially Sexually Exploited youth. The advocates are available to support and provide transition assistance to youth who move through the Assessment Center.

Our Assessment Center, in collaboration with Behavioral Health Care Services, has contracted with a local counseling agency to implement the Screening Stabilization and Transition (STAT) program, which provides mental health Screening, placement Stabilization, and placement Transition services to youth who come through the assessment center.

Goals of the STAT program are to:

- a. Screen children for mental health concerns who enter the foster care system either as a first time entry or change of placement
- b. Stabilize children in their current situation
- c. Transition the children to their next placement
- d. Identify and link services to children who may need it to support their placement

DEPENDENCY INVESTIGATIONS

When a child has been brought into protective custody, a petition must be filed within 48 court hours and a detention hearing is held within 72 court hours. Generally, another hearing date is set within 10 days. A Dependency Investigation Child Welfare Worker completes an investigation making recommendations to the juvenile court regarding the allegations of abuse/neglect, safety and the child's needs. The juvenile court judge makes the final determination of whether the child is made a dependent of the court and where the child is placed.

If the situation can be stabilized during the court process, the Judge may offer the family informal family maintenance services to prevent the child from being placed in foster care. The judge has the option of making the child a dependent of the court and placing the child in the home rather than in foster care. In either case, Alameda County provides services to help the family address the safety and risk to prevent future out-of-home placement.

If out-of-home placement is determined to be necessary, the first preference is to place the child with a relative, or with a non-relative with whom the child has a relationship. Otherwise, the child may be placed in a licensed foster home, Foster Family Agency home, or group home setting.

INFORMAL FAMILY MAINTENANCE SERVICES

In September, 2002 the Department reinstated an Informal Family Maintenance program (IFM) for families who are willing to accept voluntary in-home services. The informal family maintenance cases come from the Emergency Response (ERU) program and the Dependency Investigation (DI) program. The Informal Family Maintenance program is time limited offering services for 6-12 months with the intent of hooking the family up to services in the community. The time can be extended depending on the family's need. The IFM unit provides another early intervention option for some families and prevents the removal of children. This option is having an impact in reducing the number of children needing to be removed from their homes and placed in foster care.

FORMAL FAMILY MAINTENANCE SERVICES

The Family Maintenance (FM) program works with families whose children have been made dependents of the court due to abuse or neglect, and either remain in or are returned to the home where they can be safely cared for while services are being provided. The FM Program can help prevent or shorten foster care placement by supporting families to ameliorate risk factors, empowering families to protect and nurture their children, and connecting families with community resources.

The goals of the FM Program include:

- maintaining and strengthening the family unit whenever possible,
- assisting parents to develop skills to increase their effectiveness,
- ensuring that the child's needs for stability, nurturing, discipline, and protection can be met within the family,
- monitoring/assisting the parent's compliance with the case plan,
- connecting the family to existing, on-going community resources, and
- stabilizing the family so that the case may be closed.

The services provided by Child Welfare Workers in the FM program include but are not limited to: monthly home visits, transportation assistance, food vouchers, emergency assistance, parenting education, drug treatment, referrals, and general clinical case management services. Additional case management services may include supervised visitation, mental health assessments for adults and children, referral to or doing mediation for custody matters, arranging and attending IEP's, working with Juvenile and adult probation departments, and consultation with public health nurses and hospital staff for medically fragile children.

FAMILY REUNIFICATION SERVICES

The purpose of the Family Reunification (FR) program is to help reunify families whose children have been placed out of home. The FR workers take over from the Dependency Investigations (DI) program once the juvenile court has determined that the petition alleging abuse, neglect, or exploitation is true and the child cannot safely be maintained in the home.

The FR Child Welfare Workers typically meet with parents (and children, as appropriate) to review initial case plan and make any referrals that have not yet been provided (e.g., for therapy, parenting classes, drug treatment, etc.). They meet monthly with parents and youth to monitor progress with services and case plan and to ensure that there is an adequate and supportive visitation schedule as appropriate. The FR staff are also responsible for conducting Concurrent Planning to arrange for alternate permanent plan in the event that reunification does not occur.

SERVICES TO ENHANCE EARLY DEVELOPMENT (SEED)

The SEED program is a collaboration with Children's Hospital and Research Center of Oakland's Center for the Vulnerable Child to provide comprehensive services to address the special needs of children up to age three years, 11 months of age. The model has evolved over the course of 10 years and continues to offer services to the children and families that include: developmental and psychological assessments of child's functioning, guidance and education to families regarding their child's development and functioning, therapy, training and educational support groups, pediatric medical care, and limited child care. In 2008, the SEED unit expanded from 1 supervisor with 7 staff to 2 supervisors and 13 staff and 2 interns. Children's Hospital and Research Center also expanded their staff. Additionally, Public Health Nurses continue to support the SEED team approach.

SCREENING ASSESSMENT REFERRAL AND TREATMENT (SART)

The Department provides developmental screenings, assessment, referral, and treatment to all children in the child welfare system ages 0-5 who are not served by Services to Enhance Early Development Program (SEED) and fulfills the departments mandate to provide SART to all children 0-5 in the child welfare system.

The SART program is called Help Me Grow. The Department shares responsibility for this component with Children's Hospital and Research Center Oakland, Center for the Vulnerable Child (CVC). The personnel who perform these functions reside in the SEED program through CVC. SART is only provided to children who have full scope medical. The provision of these services will link to the county wide program that includes Pediatric SART that is under development through the leadership of Every Child Counts, the ARS program housed in the intake unit within the Department, Early Childhood Education programs and CHDP providers.

The Department assigned a Liaison, a SEED supervisor, to improve and ensure compliance. There is a monthly meeting between the Department Liaison and the Developmental Specialist of CVC to review eligible youth. One of the challenges has been distance of placement. Youth placed an hour or more away may not receive a timely screening.

FAMILY PRESERVATION

Family Preservation (FP) is a state-funded program designed to provide intensive services to families involved with the child welfare system in the Family Reunification program. The goal is to safely return children who have been in foster care.

Family Preservation Child Welfare Workers provide a wide range of clinical case management services to families in their homes to address the risks that brought the family to the attention of

the Department. Family Preservation Services are provided to families on a voluntary, time-limited basis.

Services provided by FP workers include: crisis intervention, family counseling, advocacy, case management, financial assistance, parenting training, and substance abuse relapse prevention. Families are assisted in accessing resources and services that support their goals.

Services are time-limited, with intensive involvement aimed at setting up the mechanisms for on-going success and self-sufficiency. For example, Child Welfare Workers implement after-care and relapse prevention plans and assist in developing social support networks.

KINSHIP UNIT

In May 2002, one unit was converted to a Kinship Unit. The purpose of the unit is to match kin caregivers and Non-Related Extended Family Members with Child Welfare Workers who expressed a desire to work with this population. The Department created this specialized unit anticipating that this specialization would result in the kind of attention to families required to achieve permanent placements for the children in kinship care. Specifically, more children in long-term relative placements will hopefully exit the child welfare system to adoptions or guardianships with the Kin-GAP option.

PERMANENT YOUTH CONNECTIONS (PYC)

After reviewing the outcomes for children and youth who do not reunify with their birth family, Alameda County made significant philosophical shifts. The Long Term Care section became known as Permanent Youth Connections (PYC). The emphasis is on a permanent connection for each foster youth, which may include reunification, adoption or legal guardianship.

There are a significant number of children for whom family reunification is not possible. When reunification does not occur, the Department looks for a permanent plan for these children and youth. If a permanent legal relationship does not occur through adoption or legal guardianship, the focus shifts to finding an individual who is able to make a lifelong commitment to the youth. This commitment does not always include a placement but rather the commitment to be available and to include the youth as a family member or an extended family member.

Currently, many of the youth served by PYC exit foster care to Adoption or Legal Guardianship. Yet, too many emancipate from foster care without permanence. Due to this, Alameda County is committed to the goal of ensuring that no child leaves foster care without a permanent connection to a committed and caring adult. By utilizing community partnerships to support permanency, such as Project Permanence and our internal Family Finding (outlined below) and Engagement staff, PYC strives to increase exits to Permanency.

FAMILY FINDING AND ENGAGEMENT

The Department uses Title IV-E Waiver reinvestment funds to maintain two non-case carrying units of secondary staff who are dedicated to family finding and engagement. Each youth is referred to the program who does not currently have a permanent connection to a relative or fictive kin. The staff have low caseloads and work to search for and engage relatives and fictive kin of foster youth. The staff interview youth and mine cases as well as receive internet search paperwork for relatives.

WRAP-AROUND SERVICES

Project Permanence is a collaborative wraparound program. Services are meant surround a child and family with professional, family, and community-based resources in order to smoothly transition a child into their new permanent placement. Although the program does not provide therapy services - these services are provided by community based Mental Health service providers.

Project Permanence began in January 2008, providing intensive services over a 6-12 month period to youth who had an identified caregiver willing to be their permanent family. Services are provided by a community based organization to support the relationship are identified by a Child & Family Team comprised of professional, community, and family members with the common goal of supporting the permanent placement.

INDEPENDENT LIVING SKILLS PROGRAM SERVICES

The Independent Living Skills Program (ILSP) is a federal and state funded program designed to help eligible youth who are or were in foster care or probation and placed out of home on or after their 16th birthday to achieve self-sufficiency through training in independent living skills. The program is mandated to address the health, employment, education, and housing needs of foster youth between the ages of 16 and 21 and in some areas offers support until age 24.

ILSP programs are mandated to support emancipated foster youth until the age of 21. In an effort to better address the many needs of emancipated foster youth, Beyond Emancipation is the contracted agency that provides after care services and employs four full-time case workers to provide direct support for former foster/probation youth.

Emancipation Conferences, called Transition Living Conferences (TLCs), were launched in Alameda County in 2007 as a way to have a team discussion about a youth's plans. The team

usually consists of the youth, Child Welfare Supervisor, Emancipation Specialist, Child Welfare Worker, Caregiver, Youth Advocate, and other supporters of the youth. The goal is to develop an independent living plan by identifying areas where the youth may need further assistance. The planning includes the option of taking advantage of AB12 and remaining in care as a Non-Minor Dependent (NMD).

For youth still in-care and dependents/wards of the Court, ILSP contracts with a training provider who provides a curriculum that includes hands-on experience, guest speakers, and discussion. Topic areas include: interpersonal skills, cultural and political awareness, human sexuality, employability assessment, vocational exploration, job preparation workshops, living independently, cooking/nutrition, housing and housekeeping, self-esteem and self-image, money management, consumerism, education rights and options, public assistance, personal appearance and hygiene, emergency and safety skills, transportation, obtaining identification documents, and obtaining medical and placement histories. Last fiscal year, there were 413 youth served in Alameda County ILSP, 344 from DCFS and 64 Probation youth. We do not receive regular tracking from other counties to provide an aggregate number of youth served in out-of-county ILSP systems.

In addition to the core curriculum, ILSP staff offer the following additional opportunities to prepare for emancipation: job development and job matching, monitoring teens in job placement, tutoring, driver training for 18 year olds, assistance with Medi-Cal, acquiring birth certificates, book money for students, funds for uniforms, tools and interview outfits, bus or BART passes for participants who are attending school, working or seeking work, development of housing resources, identification of resources for participants who are not college-bound, SAT preparation, computer class (every participant who attends all of the five classes is given a new computer), referrals to state rehabilitation and other programs for the disabled, a resource manual on exit from the program, and follow-up after termination of ILSP services.

Additionally, DCFS collaborates with several agencies to provide the following transitional housing programs:

- THPP (Transitional Housing Placement Program) provides transitional housing for foster youth ages 16-to emancipation. This is a statewide program that provides a unique license to providers through Community Care Licensing to operate apartments with case management and other emancipation staff for foster youth. This program began in Alameda County approximately 3 years ago and is paid for with foster care funds. There are two providers in Alameda County. The RAFA Program at Sunny Hills Youth Project served 43 unique youth last fiscal year. The Youth Project THPP in Hayward is another provider with 7 beds.

- THP Plus (Transitional Housing Program Plus) provides housing for former foster youth ages 18-24 for up to two years. Alameda is the pioneer county in this effort. Originally, the County was required to provide 60% of the funding, and the State matched with 40% of the cost. Two local housing providers secured this match through fund raising efforts. Originally, the program could serve approximately 40 youth. At present, there is negotiation with the state to increase the allocation as the need for after-care housing is extensive. Currently, there are plans to expand and diversify housing services funded by THP Plus next fiscal year. At present, the two original housing providers in Alameda County have a capacity to serve 64 youth via State THP Plus funding, but are serving as much as 100% more due to the State formula changing to 100% state dollar, allowing providers to use their fund-raising efforts for additional services. There is a collaborative of THP+ providers in Alameda County called the Next Step Collaborative, which includes Next Step Collaborative: which includes Abode, First Place, RAFA at Sunny Hills Project, and Beyond Emancipation. These four providers served 246 unique youth last fiscal year.
- THP + Foster Care (Transitional Housing Program Plus Foster Care) provides housing for non-minor dependents (NMDs) who are taking advantage of AB12. THP-Plus Foster Care (THP+FC) is a licensed placement for youth, ages 18-21. THP+FC is modeled after the original THP-Plus Program and provides housing and comprehensive supportive services. THP+FC providers are certified by county departments of social services and licensed as Transitional Housing Placement Providers by the Community Care Licensing (CCL) Division of the California Department of Social Services. Alameda County has several THP + FC providers: Abode Services, First Place, RAFA at Sunny Hills Project, Rising Oaks at Fred Finch Youth Center, and Beyond Emancipation. Last fiscal year, 65 unique youth were served by the five providers.

LEGAL GUARDIANSHIP

This program provides support for a legally binding relationship between a caregiver and a youth. Our Legal Guardianship Unit works with guardians residing in Alameda County who are non-relatives receiving a foster care subsidy. Additionally, workers in the LG unit conduct investigations for applications of guardianship made in Probate Court for non-dependent youth. For former dependent youth, Child Welfare Workers stay in contact with the guardian and the youth meeting with them a minimum of two times a year (every 6 months). Child Welfare Workers provide case management services with an emphasis on referrals and intervention. The Child Welfare Worker continues contact with the legal guardians and youth

until the youth emancipates, an adoption is finalized, or the placement fails and the youth re-enters the child welfare system as a dependent.

Legal guardians are able to make decisions on behalf of the child including those related to educational, medical, and psychological needs. Dependency is dismissed once the guardianship is established, and the Juvenile Court is not involved in these cases unless there is a legal reason to reinstate dependency.

For applications for guardianship made in Probate Court, an investigation may be made and a report and recommendation filed with the court concerning each proposed guardianship of the person (or guardianship of the estate). When the proposed guardian is a relative, the investigation is made by a court investigator. When the proposed guardian is a non-relative, those investigations are made by the DCFS Legal Guardianship unit.

Child Welfare Workers have a caseload of approximately 60+ children. In addition, the Child Welfare Legal Guardianship Workers are responsible for conducting an initial home visit with the prospective non-relative caregiver to assess the appropriateness of the placement and guardianship. The Child Welfare Workers prepare a 5-6 page report which provides details to Probate Court regarding the prospective legal guardian, the youth, family dynamics and functioning, and an indication of whether or not the proposed guardianship is recommended. The Child Welfare Workers are also responsible for screening all parties on a case for Child Protective Services history and that information is then provided to the Probate Court Investigators for the relative cases.

ADOPTION

Alameda County Social Services Agency is licensed as a Public Adoption Agency by the California Department of Social Services. The DCFS Adoption Program provides services related to the adoption of Court Dependent children. When a child is not able to return to their parents' care and a permanent plan of adoption is ordered, services include legally freeing children for adoption by terminating parental rights. Adoption services also include recruiting and assessing prospective adoptive parents, completing and approving adoption home studies, placing children in prospective adoptive homes, and assisting the family in the finalization of the adoption. DCFS works cooperatively with other public and private adoption agencies.

The Adoption Program also provides Independent and Step-parent Adoption Services for non-court dependent children. Other program mandates are to provide ongoing financial support to adoptive parents is called the Adoption Assistance Program (AAP), post adoption services with referrals and support to families who have completed their adoption through Alameda County.

These services are at no cost to the families and are available after an adoption is final. Additionally, the post adoption program provides non-identifying information about birth parents to adult adoptees or non-identifying information about the adopting family to the birth family. If contact waivers are on file, the post adoption staff will work with family members to arrange contact with each other.

During meetings with various stakeholders, some service gaps were noted. For example, there is a lack of subsidized and affordable child care. Additionally, there are too few substance abuse programs for teens and birth parents with children. Stakeholders also noted that there are very few quality educational resources. The local schools are over-crowded and poor-performing.

QUALITY ASSURANCE SYSTEM

OUTCOMES AND ACCOUNTABILITY MONITORING

The DCFS Administrative Support Team of was created in 2008. Previously, there was a Quality Assurance unit and also several analysts who reported to various senior managers throughout the department. The department was restructured to bring quality assurance, legislative analysis, and policy into one unit so that the analysts who are responsible for monitoring and reporting on compliance, legislation, and internal practice and procedures are working together and reporting to one manager.

The Administrative Support Team provides ongoing structure and support for continuous quality improvement and outcome measurement. Each quarter, an analyst reviews key reports from Safe Measures regarding compliance on case plans, face to face visits, and Structured Decision Making. Additionally, each month, a report is prepared that highlights staff and units that meet key goals. Managers are encouraged to celebrate and reward high compliance.

Each of our staff, including line workers and supervisors, have a Safe Measures account. Supervisors and Managers are required by the Assistant Agency Director to review key measures at least monthly with their staff.

CAPIT/CBCAP/PSSF MONITORING

All CAPIT/CBCAP/PSSF contracts follow the county requirements for an RFP process. The Agency contracts manager is responsible for ensuring accountability and that fiscal controls are in place. This includes budgetary and claim processing controls and in-depth invoice reviews. In addition, a Program Financial Specialist conducts bi-annual site visits to ensure fiscal compliance with each contractor.

Each contractor is required to submit a monthly invoice requesting reimbursement for services provided. Included in those monthly invoices is documentation of units of service for each

service category. Each monthly invoice is reviewed by the designated CFS Program Liaison and Program Financial Specialist for accuracy prior to payment.

Quarterly Narrative reports are submitted, which document each contractor's challenges and accomplishments for the previous quarter. A Services Goals and Outcome Summary Report is submitted annually, which contains the actual number of services provided, actual number of individuals served, demographic information and Parent/Client Satisfaction Surveys.

The CAPC and DCFS Program staff actively monitor Contractor's provision of program services through Standard Case Recording and Reporting and by on-site visits to the contractor's service facilities. DCFS conducts audits in accordance with Government Auditing Standards issued by the Comptroller General of the United States (GAGAS) which are applicable to financial audits. All audits are conducted annually, except where specifically allowed otherwise by law. Audit reports must contain a separate schedule that identifies all funds passed through/from the County that is covered by the audit.

PROBATION

MANAGEMENT INFORMATION SYSTEMS

The Juvenile Division utilizes the Probation Record Information System Management (PRISM) as the primary case management system since 2007. Most probation officer caseload client information records are maintained in this system along with court records and detention facility information. A probation file is maintained with documents such as court reports, progress reports, case notes and court orders scanned and maintained in the youth's electronic record in PRISM. Initial placement information is entered into CWS/CMS by the placement clerical support staff. Placement probation officers enter monthly contact and other mandated information into the California Department of Social Services, Child Welfare case management system, CWS/CMS. Probation implemented this practice in 2011 with probation officers access via a token. In the event the officer is unable to enter the information, it is provided to support staff that is able to assist with data entry. Placement unit probation officers and unit support staff have access to safe measures. Placement review reports are generated and reviewed quarterly by the Title IVE Waiver Executive Team.

All youth being considered for removal to out-of-home placement are brought before the Screening for Out of Home Services committee (SOS). This committee is facilitated by a probation manager and consists of members who are probation unit supervisors, staff from a community based agency providing wraparound services to probation youth, a representative from Behavior Health Care Services providing Multi-Systemic Family Therapy to youth and their families, a liaison from DCFS who is co-located at the Probation Department. For youth who are being considered for removal to out-of-home placement, the youth's Probation Officer presents information to the committee about the youth and his/her family, supervision risk level and all previous interventions. The committee and Probation Officer discuss all information presented including consideration of other family members as possible placements prior to approving a recommendation to the Court for removal (placement).

Probation also maintains a Placement Database that tracks youth's placement, group home location, start date and end date along with other demographic information. Youth participating in the Family Preservation Unit (FPU) also enter information into the placement database as youth in this program have an active out of home placement order.

CASE REVIEW SYSTEM

ACPD completes a written disposition report for every youth with a recommendation for out of home placement that is filed with the Juvenile Court. For these youth, probation officers also complete a written case plan and independent living plan for youth who are 15 years 6 months and older. The Probation Officer will meet with the youth and make contact with the family for inclusion in the development of a placement case plan with specific achievable and measurable goals. Probation Officers address needs identified by an actuarial risk and needs assessment, the Youth Level of Service/Case Management Inventory (YLS/CMI), which identifies the youth's criminogenic needs and risk level. The case plan is reviewed monthly during the mandated monthly placement visits and progress provided to the Court as part of the permanency review hearings. Pre-permanency, permanency and post permanency court hearings are set upon a youth's original disposition of out of home placement.

All parents are notified by probation and the Courts of any future court proceedings. For all youth pending release from detention to a foster care placement a status review hearing is held every 15 days until the youth is placed in residential care. Pursuant 737 of the Welfare and Institutions Code, "during the course of each review the court shall inquire regarding the action taken by the probation department to carry out its order, the reasons for the delay, and the effect of the delay". Youth awaiting release to out of home placements remain detained for an average of 28 days.

There are four juvenile delinquency Courts with several specialty courts that include a Girls Court, a designated Court for dually involved youth, a Collaborative Court for youth with a severe mental health diagnosis, a truancy Court and a designated calendar for Non Minor Dependents. All courtrooms for delinquency matters are located at the Juvenile Justice Center located in San Leandro along with the offices of Probation, Public Defenders, the District Attorney and the ACPD Juvenile Hall.

STAFF, CAREGIVER AND SERVICE PROVIDER TRAINING

All new Probation Officers are required to attend the standard state certified 200-hour core training as well as 40 hours of training on the laws of arrest pursuant 832 of the Penal Code. These mandates must be completed within 12 months of date of hire. Additionally, each probation officer must complete 40 hours of state certified training annually that be comprised of county mandated training and other elective trainings as identified by the department. Alameda County Probation Department requires all newly hired probation officers complete the following classes:

- Child abuse
- Disaster preparedness
- Chemical agent policy
- Defensive tactics
- Customer service excellence
- Confidentiality
- Cultural diversity
- Disability awareness
- Workplace violence
- Drug-free awareness
- Sexual harassment

For probation youth, placement in a foster home is currently fairly rare. There are a few youth who may be receiving Family Preservation Services while residing with other relatives or with non-relatives. In such cases, the services provided to youth and their caregivers are intensive and address issues of reunification. As ACPD moves towards utilizing more foster home environments for probation youth, ACPD will be partnering with DCFS or other local resources to provide training to such providers that address the unique issues of probation youth.

Division Directors and Unit Supervisors are required to attend an 80-hour core course within 12 months of promotion or hire date and a local sexual harassment awareness class for supervisors within 6 months of promotion.

The Training Unit determines what classes will be offered each year by meeting with the Deputy Chief and other managers at the start of each fiscal year. In addition, the department also encourages staff to participate in a department wide training committee.

Placement probation officers also complete the Placement Probation Officer core course offered through UC Davis Extension, Resource Center for Family Focused Practices that consists of 63 hours of training. The Placement Unit Supervisor completes a similar training that is 63 hours of training and geared towards placement probation supervisors.

AGENCY COLLABORATIONS

Alameda County Probation and DCFS participate in the Title IV-E Waiver demonstration project with intentional goals related to reducing the number of youth in out of home care and providing an increased amount of community based, family focused services to probation youth. Monthly Executive Team meetings occur during which outcome data is reviewed through the waiver project dashboard and goals are reviewed and discussed.

Probation, Public Defender, Juvenile Court Presiding Judge, Child Welfare, Alameda County Public Health, Alameda County Office of Education and Lincoln Child Center have partnered together to improve services and response to youth involved in both delinquency and dependency systems. This collaborative is taking a systems improvement approach to dually involved youth through implementing wraparound services, becoming a trauma informed system, improving system operational capacity that includes data and system information sharing and employing positive youth justice principles. Through this collaborative, policy makers are working towards making vast system improvements for youth involved in the juvenile justice and child welfare systems.

Probation also participates in various other community based collaborative networks such as the Student Attendance Review Board for Oakland Unified School District. ACPD also participates in the Interagency Children's Policy Council which seeks to improve outcomes for Alameda County's low-income and vulnerable children, youth and their families through cross-system collaboration.

The Interagency Placement Review Committee (IPRC) is a peer review team with representation from Probation, Social Services, and Behavioral Health Care Services. The Committee reviews every recommendation a Probation Officer makes to a Level 14 or out of state facility prior to the placement of a youth there as mandated.

The partnership between child welfare and probation is vastly improving, seeking ways to collaborate and share resources for the benefit of youth in both systems. The Probation Department houses a Child Welfare Supervisor co-located in delinquency Court with Probation staff and participates in the screening for out of home services committee. Additionally, several trainings are being scheduled for staff from both departments to attend together to gain a stronger system understanding of each system's role. Probation has reached out to child welfare for assistance with utilizing foster home care in lieu of group home residential care.

Once a youth is being released from detention, there may be a referral to the transition center, where staff will re-connect youth to their school and make other community linkages to avoid re-arrest and return to the detention facility. The Transition Center averages about 150 youth per month and is a collaborative with Oakland Unified School District, Oakland Unite, Alameda County Public Health, Alameda County Office of Education and Probation.

SERVICE ARRAY

Probation provides a vast array of prevention and diversionary services for young first time offenders referred to the probation department. Youth who are eligible for diversion are often referred to services in the community through the Delinquency Prevention Network (DPN). The DPN consists of 17 community based organizations that are throughout the County and provide a vast array of youth and family services. Youth are referred to a community provider depending upon where they live and their needs as identified by the Probation Officer and or family. Probation also supports other services in the community that may include peer mentorship, job readiness and preparedness, educational supports, pro-social activities, gang awareness, anger management and substance use education.

Family preservation services are provided to higher risk youth who are at risk of removal to out of home care. In August 2013, approximately 80 youth were at home receiving services. Project Permanence utilizes the wraparound model to provide family focused, child centered services for youth at risk of removal and who could be involved or have been involved in the child welfare system. Project Permanence has 40 slots available for youth and families and provides services for up to six months. In August 2013, 29 youth and families were actively receiving wraparound services. Youth and families receive individualized services that meet

their needs. The probation risk assessment results are shared with project permanence staff to drive their treatment plan. This also provides a baseline to help the youth and family identify other strengths, needs and goals to achieve while participating in the program.

The majority of services for youth on different levels of probation are provided in their communities while youth remain at home. Probation contracts with many local community based agencies to provide various services for youth and their families. Probation coordinates with Behavior Health Care Services to facilitate a ten week class focused on young males who are fathers or fathers and is an evidence informed practice. ACPD currently administers Aggression Replacement Training (ART) to youth in detention and is seeking to administer the curriculum to youth in the community. ACPD is seeking to employ more practices and interventions that are evidence based for youth in the community in an effort to avoid recidivism and removal to out of home care.

When youth are close to completing their residential program, probation officers complete a transition independent living plan prior to 90 days of program graduation. Youth work with their probation officers on solidifying a transition plan and need for services once they return to the home. Often times youth need connections back to an appropriate school, continued after care services, employment readiness or other support services as identified by the youth. All youth have the goal of reunification with family, with very few exceptions for youth who transitioned from the child welfare system and lack a permanency plan with family. However, even in those circumstances, probation officers work with the youth to locate family members or previous foster parents with whom they may reside with upon completion of their program.

Once a youth is ordered by the Court into out of home placement, the probation officer begins reviewing all the available information regarding the youth as well as the completed risk assessment in order to identify the appropriate residential care facility to meet the needs of the youth. Local residential programs are considered first, as placement unit seeks to place youth in the least restrictive environment. Often, youth are inappropriate or are denied acceptance to local programs, therefore must look towards out of county residential programs. The placement unit currently utilizes approximately 38 group homes within the state of California. In the event that youth have high mental health needs or are victims of child sexual exploitation, the Court seeks to place youth in out of state placements. Out of state placements are also utilized as an alternative to a state commitment to the Department of Juvenile Justice. ACPD currently utilizes programs in five states. In all instances, probation staff seeks to place youth in culturally appropriate and responsive programs, including seeking appropriate placements for lesbian, gay, bisexual, transitioning youth. As a challenge, ACPD is consistently seeking other LGBT appropriate placements and services for youth as the needs of these youth are unique and have

a large impact upon their families. Additionally, ACPD has approximately 40 youth in out of state placements. Probation Officers have been allowed to make a recommendation for out of state placements as youth continue to fail or runaway from local in state programs. However, ACPD will be implementing a management approval process by which probation officers must undergo prior to placing a youth in an out of state facility.

QUALITY ASSURANCE SYSTEM

ACPD has been utilizing a validated detention risk assessment, DRAI, whenever a youth is arrested and booked into juvenile hall. Behavioral Health also completes the Massachusetts Youth Screening Instrument, MAYSI-2 to assist in determining mental health services for youth while detained.

Probation youth can be placed on various levels of supervision based upon many factors and the result of the youth's risk level. Officers complete the Youth Level of Service Case Management System, YLS/CMI, for all youth on probation supervision. The YLS/CMI is a validated, actuarial risk assessment instrument that assesses the youth's needs, strengths, barriers, and incentives that drives the development of an effective case plan aimed to reduce recidivism.

Probation officers must participate in the SOS committee prior to recommending a youth for out of home placement, a process by which the youth's level of risk and other social factors are reviewed and considered. This process consists of representatives from probation, local community partners and social services to produce a department recommendation presented to Court.

The placement database produces monthly placement reports that indicate the number of youth in out of home placement and their length of stay as well as length of stay awaiting placement in detention. Additionally, as Alameda County is currently a Title IV-E waiver pilot county, therefore, monthly data reviews examining aggregate data from the Waiver dashboard occur.

Placement probation officers are individual experts in programs and group homes they supervise youth in. The current process by which youth are deemed appropriate for a specific placement involves supervisory review the youth's circumstances for the placement order, a medical review and a mental health review, followed by an informal case staff among the probation officers in an effort to identify the most appropriate placement for that youth. The youth's YLS/CMI score, strengths and needs are also discussed with an updated review of the youth's criminality and level of risk to re-offend.

Critical Incident Review Process

A report of a child's death made to the Department, the ER hotline or any Child Welfare Worker, whether the case is active to the Department or not, is considered a critical incident and requires specific actions by Department staff. Child Welfare Worker ensures that timely notification and essential information regarding child fatalities is provided to the appropriate Department managers, law enforcement, Juvenile Court and any other essential entities. Child deaths that must be recorded in CWS/CMS are only those caused by abuse or neglect, as enacted by senate bill 525 in 1999, and contained in section 11166.9 of the Penal Code.

The Department's Child Fatality Protocol is followed in any of the following circumstances when a child dies:

- The child is active to the Department
- The child is not active to the Department
- There are prior referrals or a prior case
- There are other children who may be in danger

When a child fatality occurs, the response must meet certain timelines. If the circumstances of the death are questionable or there is possible endangerment to other children, the Child Welfare Worker immediately takes all action necessary to protect other children.

The assigned Child Welfare Worker (or after-hours worker) provides an in-person immediate response to the location where the child died if there is any question about the safety of other children. The Child Welfare Worker coordinates with law enforcement in order to prevent a delay that would endanger other children in the home.

In the case of a child fatality in a case active to the department, the process includes both an evaluation by Agency management (CIRT) and the Child Death Review Team (CDRT). The Internal Child Death Review Protocol is listed below.

The Critical Incident review Team (CIRT) reviews cases of child death as well as other significant incidents that occur in a case, including accident, injury, abduction, or any other event that attracts media attention. The internal review is done by Agency staff and management, including: Child Welfare Worker, Child Welfare Supervisor, Program Manager, Division Director, Agency Director and Child Abuse Prevention Coordinator.

During this CSA reporting period, the Critical Incident Review Team received 28 incident reports involving dependent children and/or their caregivers. 7 of 28 incident reports included verbal/physical threats of violence toward dependent children and/or their caregivers. An

additional 23 incident reports were received regarding concerns for Child Welfare staff safety. These reports included staff receiving threats of violence and vehicular accidents.

The Child Death Review Team is a multi-disciplinary group, which includes representatives from the public as well as private agencies that provide services to children. The team reviews all cases of child death (age 17 and under) referred to the Coroner's Office.

The purpose of the CDRT is to:

- Provide a mechanism for interagency communications, coordination and networking.
- Ensure appropriate referrals to the criminal justice system, community care licensing and child protective services.
- Identify issues and gaps in service in the areas of prevention, advocacy and public health.
- It keeps a log and maintains statistical data for annual review.

INTERNAL CHILD DEATH REVIEW (CDR) PROTOCOL

In an effort to assure the Department responded thoroughly and according to department protocol to all investigations of child abuse and/or neglect that have the unfortunate outcome of a child/youth fatality, an Internal Child Death Review (CDR) Protocol must be implemented. The goal of the CDR is to understand what contributed to a child/youth's death and to assure department policies and procedures are comprehensive in determining risk in all child abuse and/or neglect cases. Inherent in this process is examining every critical decision point during the case to assess what could have been done differently, if anything, during the course of the department's involvement in the referral or case for use in future investigations of child abuse and/or neglect. The CDR should be convened within 15 business days of the department being made aware of the child/youth's death.

To assure objectivity and consistency in the facilitation of the CDR, the CDR would be facilitated by a division director outside the chain of command where the where the child/youth death occurred.

The following staff persons should attend the CDR:

- Assistant Agency Director
- Division Director (of the division where the child/youth death occurred)
- Program Manager (of the program where the child/youth death occurred)

- Child Welfare Supervisor (of the Child Welfare Worker that was responsible for the case/referral when the child/youth death occurred)
- Division Director assigned to facilitate CDR
- Child Welfare Worker assigned to the case
- County Counsel

****We suggest the CWW not be required to attend due to the traumatic nature of the incident and to assure the department is supporting the CWW in managing possible difficult feelings.****

There are 5 essential steps to an effective CDR as follows:

1. IDENTIFY, QUESTION AND CLARIFY ALL RELEVANT INFORMATION REGARDING THE CIRCUMSTANCES SURROUNDING THE DEATH OF THE CHILD/YOUTH

A review of the circumstances of the child death should be discussed. Should include: previous history; is there an active dependency; were Division 31 requirements met; were SDM tools completed (hotline, safety, and risk) as appropriate.

The intention of this step is to understand all of the circumstances that led to the death. Team members should be prepared to discuss the case being reviewed and bring all relevant information to the meeting for discussion. At the CDR, department staff takes turns sharing the information they have on the child/youth, the family and the circumstances of the death. Team members should feel free to ask questions of the person presenting the case information.

2. DISCUSS THE LAW ENFORCEMENT INVESTIGATION

During the CDR, staff should discuss the details of the law enforcement investigation including:

- What police jurisdiction, if any, is involved in the investigation?
- Was there a scene investigation conducted by the police?
- Were there other investigations conducted?
- Is the investigation completed?
- Will charges be filed against caretaker(s)?
- What were the key findings of the investigation(s)?

- Does the team feel the any concerns by the department were addressed in the investigation?
- If there are surviving children, if appropriate, was a CALICO interview conducted?
- What more do we need to know?

The intention of this part of the discussion is to determine if all pertinent questions the ICDR Team needs to know about the circumstances of the death have been answered.

3. DISCUSS SERVICES PROVIDED

During the CDR, staff should discuss the following questions regarding the delivery of services to the referral or case in question including:

- Were there any services that the family was accessing prior to the death?
- Were services provided to family members as a result of the death?
- Are there additional services that should be provided to anyone?
- Who will take the lead in following up on these service provisions?
- In hindsight, are there additional services that could have been provided?
- Does the team have suggestions to improve our service delivery systems?

4. IDENTIFY RISK FACTORS

The team has a discussion of SDM Hotline, Safety, and Risk tools. Identifying the risk factors involved in a child/youth's death during the review can lead to recommendations that the team believes could reduce those same risk factors in other referrals and cases, thereby assuring comprehensive assessment of risk in child abuse/neglect cases. It is important to identify the risk factors involved in each death, as these become the basis upon which the CDR team will formulate its findings. These findings can then be used to generate recommendations for improved investigations/service delivery and changes in agency policy and practice.

5. RECOMMEND SYSTEM IMPROVEMENTS

Once all the facts of the case have been shared and discussed, there may be issues involving department response that need to be addressed. Following the discussion the CDR Team may identify gaps in policy and procedure in response to the death.

A completed *"Internal Child Death Review Summary"* is to be forwarded to the Assistant Agency Director by the senior manager of the CDR within 72 business hours of the CDR. Included in

the *Child Death Review Summary* are any recommendations for systems change as identified in the CDR. After review, a copy should be forwarded to the Agency Director.

The original *Child Death Review Summary* is to be kept by the Department Secretary. Additional copies are to be held by the Agency Director's Office and County Counsel.

Peer Review Summary

The Peer Review was held in Hayward, California during the week of July 29, 2013. Twelve peer Child Welfare Social Workers and Probation Officers from surrounding counties were invited to participate in the Peer Review. The peer counties providing staff were Sacramento, Tulare, Kern, Madera, San Diego, Los Angeles, San Bernardino, San Francisco, and Santa Clara. In addition, on July 17, 2013 three (3) Peer Review Orientations via webinar format were conducted for Child Welfare Staff, Probation Staff, and for the county peers.

Children and Family Services and Probation focused on C1.1 Reunification within 12 months (exit cohort) and C1.2 Median time to reunification (exit cohort) in their Peer Review. The C1.1 Reunification within 12 months (exit cohort) outcome measure determines whether the children who were discharged from foster care to reunification, after being in care for at least 8 days, had reunified in less than 12 months from the date of their latest removal from home. From January 1 – December 31, 2012, Alameda Child Welfare’s performance for C1.1 was 66.4%. The federal standard for this measure is 75.2%. Probation’s C1.1 rate was 28.8%.

The C1.2 Median Time to Reunification measure identifies the median length of stay (in months) in foster care for the children discharged to reunification during the year who had been in care for at least 8 days. For January 1 - December 31, 2012, Child Welfare’s performance on C1.2 was 7.6 months and Probation measured 17.1 months. The federal standard for this measure is 5.4 months.

Source: Outcome Measure data included in this section of the report was collected from Needell, B., Webster, D., Armijo, M., Lee, S., Dawson, W., Magruder, J., Exel, M., Cuccaro-Alamin, S., Putnam-Hornstein, E., Williams, D., Yee, H., Hightower, L., Lou, C., Peng, C., King, B., Henry, C., & Lawson, J. (2013). *Child Welfare Services Reports for California*. From University of California at Berkeley Center for Social Services Research website. URL: <http://cssr.berkeley.edu/ucb_childwelfare>

TABLE 1: CURRENT PERFORMANCE C1.1 AND C1.2 – CFS AND PROBATION

C1.1 REUNIFICATION WITHIN 12 MONTHS (EXIT COHORT)		
JANUARY 1 – DECEMBER 31, 2012	CHILD WELFARE	PROBATION
CURRENT PERFORMANCE:	66.4%	28.8%
FEDERAL STANDARD:	75.2%	
C1.2 MEDIAN TIME TO REUNIFICATION (EXIT COHORT)		
JANUARY 1 – DECEMBER 31, 2012	CHILD WELFARE	PROBATION
CURRENT PERFORMANCE:	7.6 MONTHS	17.1 MONTHS
FEDERAL STANDARD:	5.4 MONTHS	

Peer Review Summary

TABLE 2: CHILD WELFARE C1.1 BY AGE GROUP FOR JANUARY 1 - DECEMBER 31, 2012

	UNDER 1	1-2	3-5	6-10	11-15	16-17	ALL
REUNIFIED IN <i>LESS THAN</i> 12 MONTHS	100%	73.1%	68.1%	60.0%	66.1%	50.0%	66.4%
REUNIFIED IN <i>12</i> <i>MONTHS OR</i> <i>MORE</i>	0%	26.9%	31.9%	40.0%	33.9%	50.0%	33.6%

TABLE 4: PROBATION C1.1 BY AGE GROUP FOR JANUARY 1 - DECEMBER 31, 2012

	UNDER 1	1-2	3-5	6-10	11-15	16-17	ALL
REUNIFIED IN <i>LESS THAN</i> 12 MONTHS	0	0	0	0	27.3%	29.6%	29.2%
REUNIFIED IN <i>12</i> <i>MONTHS OR</i> <i>MORE</i>	0	0	0	0	72.7%	70.4%	70.8%

TABLE 5: CHILD WELFARE C1.2 BY AGE FOR JANUARY 1 - DECEMBER 31, 2012

AGE GROUP	MONTHS IN CARE MEDIAN
UNDER 1	2.5
1-2	8.1
3-5	7.0
6-10	8.4
11-15	6.5
16-17	11.8
TOTAL	7.6

TABLE 6: PROBATION C1.2 BY AGE GROUP

AGE GROUP	MONTHS IN CARE MEDIAN
UNDER 1	0
1-2	0
3-5	0
6-10	0
11-15	13.7
16-17	17.5
TOTAL	17.1

METHOD

Over three and a half days, six interview sessions were held with debriefing discussions occurring after each interview. Altogether twenty-four Child Welfare Workers and Probation Officers were interviewed.

First an overview of Alameda County, DCFS, and Probation was provided to orient the peer reviewers. Then a training regarding the interview process and tools was conducted. Finally, after the interviews, a group debriefing and report out was held.

Child Welfare selected 16 cases randomly from all of the children in foster care during 10/1/11 - 3/1/12 who received Family Reunification services. 10 cases were selected where reunification occurred within 12 months, and the remaining 6 cases did not involve a successful reunification.

The following were the placement types for the child either at the time of reunification or 12 months from removal (for the 6 non-reunification cases):

- 7 Relative or Non-Relative Extended Family Member homes
- 3 Foster Family Homes
- 4 Foster Family Agency Homes
- 2 Group Homes

Probation selected 8 cases. The cases included the following breakdown:

- 2 cross over youth
- 2 out of state
- 2 youth with multiple placements (One that reunified and one that did not reunify)
- 2 youth that did not reunify (One that reunified and one that did not reunify)

For Child Welfare, the breakdown by ethnicity, placement type, and age of removal which was the case selection criteria is provided below in Table 7. Although case selection was random, an attempt was made to include proportions for child ethnicity, age, etc that were similar to those found in the C1.1 outcome measure data during 2012. The random selection resulted in slight variation from the planned numbers. Table 8 illustrates the breakdown of those who reunified and did not reunify within 12 months by placement, ethnicity, and age of removal.

Peer Review Summary

TABLE 7: CHILD WELFARE CASE SELECTION -- OVERALL PLANNED VERSUS ACTUAL NUMBERS

Reunification of child in 12 months						
	Not					
	Reunified	Reunified	Total			
# planned	10	6	16			
# actual	10	6	16			
Placement at 12 months or time of reunification						
	Relatives / Fictive					
	Kin	FFA	FFH	GH	Total	
# planned	7	4	3	2	16	
# actual	7	4	3	2	16	
Child's ethnicity						
	Black	White	Hispanic	Asian / Pacific Islander	Native American	Total
# planned	6	5	4	1	0	16
# actual	7	5	3	1	0	16
Child's Age at time of removal from home						
	under 1	1 - 6	7 - 11	12 - 17	Total	
# planned	3	5	3	5	16	
# actual	4	3	5	4	16	

TABLE 8: REUNIFICATION AND NO REUNIFICATION GROUP COMPARISON – CHILD WELFARE

Placement at 12 months or time of reunification						
	Kin	FFA	FFH	GH	Total	
# reunified	3	1	2	0	6	
# no rf	4	3	1	2	10	
Child's ethnicity						
	Black	White	Hispanic	Asian / Pacific Islander	Nat American	Total
# reunified	3	1	2	0	0	6
# no rf	4	4	1	1	0	10
Age at removal						
	under 1	1 - 6	7 - 11	12 - 17	Total	
# reunified	2	1	3	0	6	
# no rf	2	2	2	4	10	

SUMMARY OF FINDINGS

CHILD WELFARE

The Peer Review found that reunification is successful when parents are engaged early in cases as evidenced by:

- Parents accepted services
- Parent communicated with staff
- Maintained contact with child while in placement
- Parent advocated for themselves
- Child showed resiliency and received needed services (i.e. mental health)

Reunification is less successful when

- Agency was not able to provide ongoing, reasonable efforts in maintaining contacts, arranging visitation and delivering reunification services.
- Parents demonstrated an inability to engage due to mental health issues and/or AOD issues, etc.
- Parents have financial needs that are unable to be met: Housing, Food, Concrete Services, etc.
- Agency lacked consistent search efforts for parents, especially fathers, and relatives.

Other positive reunification components include parent-child visitation, relative finding and placements, family teaming, and resource sharing. Relative Placements worked well when the family was engaged early, took responsibility for visits and resulted in fewer and more stable placements. However, some relative placements were challenged financially when they were not able to get federal foster care benefits and there was no funding for child care.

Family Finding and utilization of Team Decision Making (TDM) meetings showed positive results when conducted early and consistently through the life of the case. Other positive impacts to reunification included regular parent-child visitation. Often reunification was impacted when visitation could not be offered during non-traditional hours and when placements were far from Alameda County. Finally, there were limited resources for parents as it relates to mental health, housing, and financial support.

PROBATION

There were a number of youth and parent related qualities that corresponded to positive reunification. The Peer Review found that reunification was successful when the youth wanted to return home and the parents were receptive to this return. When a youth was motivated and took responsibility for their behavior, participated in treatment and was stable in placement with parental support, reunification was more successful. Maintaining connections with the youth in placement was important as well. Some examples included:

- Agency provided video conferencing to maintain family connections
- Therapeutic Phone Visits
- Agency provided bus tickets, hotels, plane fares, etc. for parents to visit the youth
- Youth maintained connections with a sibling and agency facilitated the visitation
- Probation Officer maintained monthly visits with the youth
- Relatives were involved
- Probation Officer worked with relatives and kept communication
- Parents participated with services (i.e. WRAP, Counseling, ILP, Aftercare)

The Peer Review found there were some factors that created a negative correlation with reunification:

- Youth had AWOL (not currently in placement) history and was currently AWOL
- Youth had mental health issues/behavioral health issues and treatment was not successful or utilized by youth
- Family had rigid parenting styles or not engaged to have child return
- There were no Family Finding efforts
- Family Finding information was not shared from Child Welfare to Probation.
- Family not wanting youth to come back due to their behavior
- Placement would not allow youth to visit parents because of the youth's level status
- There were infrequent visits between parent and youth because they are out of state or far out of county.

Peer Review Summary

The following Training Needs were identified:

Child Welfare	Probation
<ul style="list-style-type: none"> Working with engaging fathers and services for them Referrals to services Training for social workers on finding out about out of county services 	<ul style="list-style-type: none"> Extension of Foster care for Court staff and Probation staff Placement CORE Family Finding Training on Policies & Procedures

The following Resource Needs were identified:

Child Welfare	Probation
<ul style="list-style-type: none"> More housing for family reunification Transportation for out of county visitation and reunification services Transportation for extended family members to maintain connections Counseling for extended family members Need for service providers to work non-traditional hours Out of county placement resources for social workers as well as the caregivers 	<ul style="list-style-type: none"> Would like to have lower caseloads and more staff Ability to attend more training More Transitional Housing Reduce paperwork by having automation Liaison between CWS and Probation

Policies and Procedures:

Child Welfare	Probation
<ul style="list-style-type: none"> Written policy and procedures and Access to P&P More time to work on high-need cases Better process for case hand off Timely notifications for ICWA Systemic Gap between training and what is actually implemented within the county Establish a system of training the managers along with the SW's. 	<ul style="list-style-type: none"> No common understanding of the definition and timeline of reunification Would like to have written Policies & Procedures No common understanding of what a placement is The process of changing the Court order when a child moves from placement to home

PEER PROMISING PRACTICES

CHILD WELFARE

Relative Support:

Santa Clara County:

- Has a relative support team – assisting them with their needs they go out and visit them
- Works with another county when youth are placed with them
- Uses Linkages staff to help with applications and access to funds and services

Kern County:

- Collaborated with a Community Based Organization to develop a resource directory

Sacramento County:

- Piloted project with Community Based Organization FFA to take relative placements and certify as foster parents so they are eligible for additional services
- Relative gets certified and receives FFA rate (good for non federal families with any age child)

San Francisco County:

- Uses all county funds to support relatives through the transition to accessing federal funds

Madera County:

- Re-evaluates non-federal cases and provides transportation and other services

Maintaining Connections:

Visitation Recommendations:

Kern:

- Minute order must indicate amount of time for visits, engage parents to increase time schedule.

Madera:

- SOP (Safety Organized Practice) helps schedule/address visitation/child's needs.

San Francisco:

- Have a standardized range of hours to meet expectations; incarcerated or hospitalized parents can cause prolonged reunification; facilitate visitation during these conditions

Tulare:

- Family engagement meetings; Invite family, community partners, etc.; Regional centers are involved; have family create their own schedule

Placement Matching:

Sacramento County:

- Assigned cases in detention and Family Finding happens early on
- Placement workers and child workers for children 3 and under conduct family finding; additionally an adoption worker is assigned.

Santa Clara County:

- Immediately assign Family Reunification social worker after detention
- FM/FR is not separate

Kern County:

- Family Reunification is involved from the beginning of the case

Reunification:

San Francisco County:

- Social Workers do not ask for drug testing; Community Based Organization provides assessment and they recommend services and are triaged from there. If parent needs drug testing, then they make the arrangements
- Work with Drug Courts and they make determinations

Kern County:

- Sent to a “gate keeper” who determines level of treatment, where to go and who to see

PROBATION

Background:

Los Angeles County:

- Probation Officer has option to be assigned to particular group home or assigned regionally
- Have a caseload and are also assigned a particular placement, but can follow a particular youth if feasible.

San Diego County:

- Can keep some cases even if they move, if appropriate

Maintaining Connections:

Los Angeles County:

- Has an entire team for Family Finding – but limits to certain cases.
- Use ancestry.com and prison search system - find information on incarcerated/formerly incarcerated family members and their contact info

Presumed Fathers:

Los Angeles County:

- Verify the presumed father through DNA testing.

Reunification:

San Bernardino County:

- Required to have back-up plan
- Has lower caseloads (generally not more than 17) in placement to supervise and to enable search for family members

Los Angeles, San Diego and San Bernardino Counties:

- Have Warrant Officers (or Unit) assigned to warrant cases – actively looking for youth

Case Assignments:

Los Angeles:

- Assigned by group if feasible, Probation Officer (PO) can choose to follow case. Sometimes placement has PO office on site/home, which is better for child because of direct, timely contact.
- LA to reduce caseload: Assigned POs work with “certain types” (AWOL, etc.) of cases.

San Diego:

- Allowed to stay with case. Took initiative to stay with case.

RECOMMENDATIONS FROM PEER COUNTIES:

CHILD WELFARE

Santa Clara County:

- Training is mandatory for all social workers, Managers, Supervisors with monitoring of compliance

Sacramento County:

- Uses Safety Organized Practice

PROBATION

Santa Clara County:

- Have Dual Status – Probation Officer and Social Worker talk to each other and understand each other’s work/policies better

Los Angeles County:

- Youth goes to court and this alleviates the time waiting for the minute order

- Provide extended Home Pass

San Diego County:

- Youth goes to court to vacate the order
- Placement supervisors oversee in home for 30 – 45 days

San Bernardino County:

- Youth not required to be in court
- Placement supervisors not responsible once child returns home

Case Transfer

Madera County:

- Combine Family Maintenance and Family Reunification. It allows more opportunity to build relationships with the family members.
- For transfer from Emergency Response to Ongoing services social worker, meet with this social worker/supervisor. Also has a court worker assigned to document services information.

Kern County:

- Family Services Unit – FR/FM/PP – separate family finding unit
- Anytime a case is transferred – develop a transfer summary and checklist

Sacramento County:

- Assigned at Detention

Santa Clara County:

- From ER after removal – information sent up to secondary worker who has been assigned

San Francisco County:

- Have joint visit with new social worker when case assigned.
- Administrative Review – invite previous unit that had the case.

Outcome Data Measures

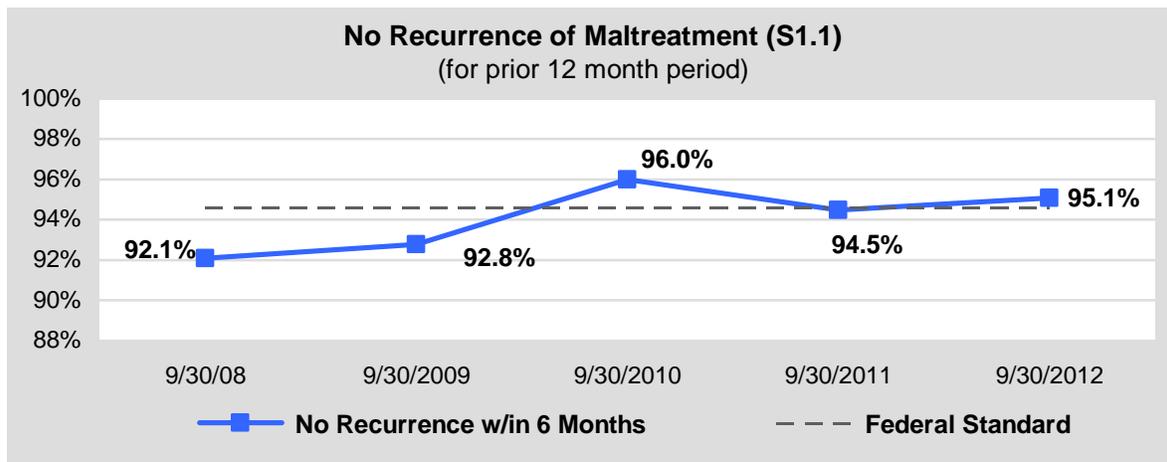
S1.1 NO RECURRENCE OF MALTREATMENT

CHILD WELFARE

TABLE 1: S1.1 SINGLE TIME PERIOD

TIME PERIOD MEASURED	4/1/12-9/30/12
CURRENT PERFORMANCE	95.1%
FEDERAL GOAL	94.6%
NUMBER OF CHILDREN	370 OUT OF 389
COMPARISON TO 2009 CSA PERFORMANCE	92.1%
COMPARISON TO BASELINE (% CHANGE)	2.9%

TABLE 2: S1.1 MULTIPLE PERIODS



ANALYSIS FOR CHILD WELFARE OUTCOME S1.1

CHILD WELFARE

The measure considers whether or not the children who were victims of a substantiated maltreatment allegation during the reporting period were again victims of another substantiated maltreatment allegation within the following 6 months.

Alameda County has exceeded or been within .1% of the standard for the last three 12 month periods. The most recent performance represents a 3.3% increase from the 10/1/09 - 9/30/08 period. This measure takes a different look at the issue of maltreatment recurrence than the C1.4 measure of reentry to care. However, they are related and the Department focused on reentry following reunification in its 2008 PQCR. Performance for both measures, S1.1 and C1.4, has improved since that time.

Many stakeholders noted that there were funds to help support families with needs prior to opening a case. These funds have increased since the Title IVE waiver and have been helpful for families. They also reported that father engagement has improved, although they noted that there is still bias in the system as mothers do not need to establish maternity to receive services and fathers do. There are concerns about workload reported by staff and they are worried about basic safety on referrals when they are unable to respond in a timely manner and spend enough time on referrals to engage the family in appropriate services. Some early intervention services provided to families include the Department's Differential Response System, the Another Road to Safety (ARS) program, which diverts low to moderate risk families to community based agencies, the Family Preservation program, and Informal Family Maintenance Services.

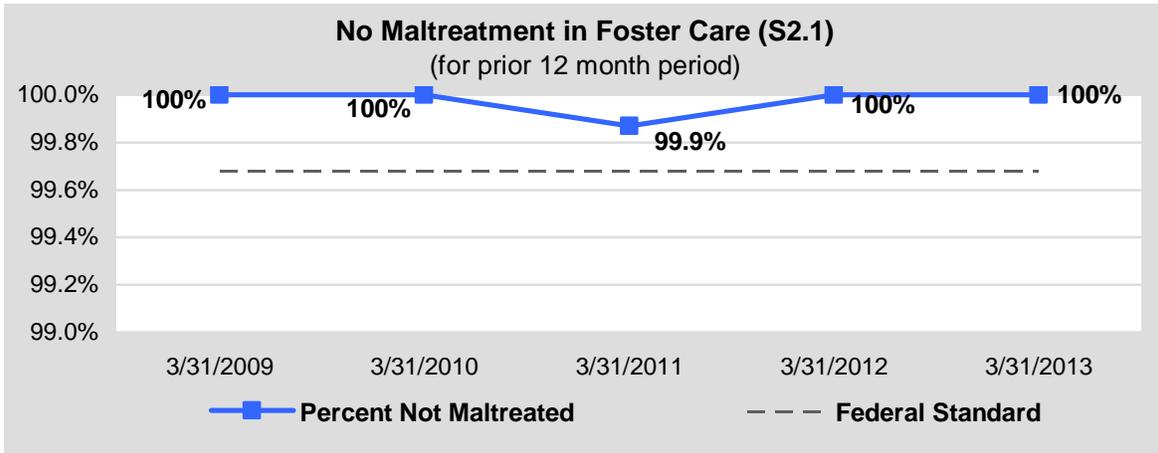
S2.1 NO MALTREATMENT IN FOSTER CARE

CHILD WELFARE

TABLE 3: S2.1 CHILD WELFARE SINGLE TIME PERIOD

TIME PERIOD MEASURED	4/1/12—3/31/13
CURRENT PERFORMANCE	100%
FEDERAL GOAL	99.7%
NUMBER OF CHILDREN	1834 OUT OF 1834
COMPARISON TO 2009 CSA PERFORMANCE	100%
COMPARISON TO BASELINE (% CHANGE)	0.0%

TABLE 4: S2.1 CHILD WELFARE MULTIPLE PERIODS



PROBATION

TABLE 5: S2.1 PROBATION SINGLE TIME PERIOD

TIME PERIOD MEASURED	
4/1/12—3/31/13	PROBATION
CURRENT PERFORMANCE	100%
FEDERAL GOAL	99.68%
NUMBER OF CHILDREN	531 OUT OF 531
COMPARISON TO PRIOR SIP (2009)	433 OUT OF 433
COMPARISON TO BASELINE	POSITIVE MOVEMENT

ANALYSIS FOR CHILD WELFARE AND PROBATION S2.1

CHILD WELFARE

Alameda County has exceeded the federal goal during each of the last 5 reported time periods. The measure reports on the percent of foster children who were not victims of a substantiated maltreatment allegation by a foster parent or facility staff member.

PROBATION

No Children in probation were abused in out of home placement during this period.

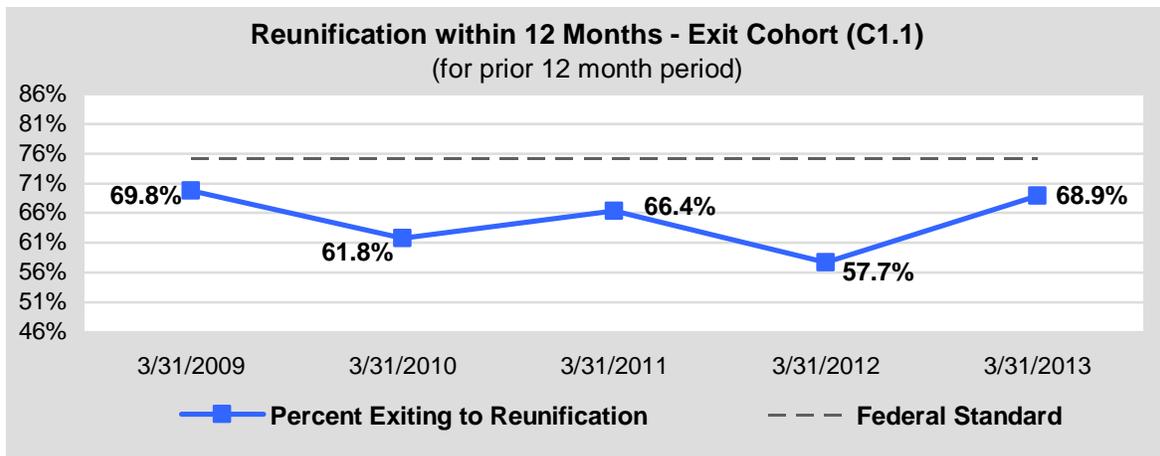
C1.1 REUNIFICATION WITHIN 12 MONTHS (EXIT COHORT)

CHILD WELFARE

TABLE 6: C1.1 CHILD WELFARE SINGLE TIME PERIOD

TIME PERIOD MEASURED	4/1/12—3/31/13
CURRENT PERFORMANCE	68.9%
FEDERAL GOAL	75.2%
NUMBER OF CHILDREN	155 OUT OF 225
COMPARISON TO 2009 CSA PERFORMANCE	70.3%
COMPARISON TO BASELINE (% CHANGE)	7.6%

TABLE 7: C1.1 CHILD WELFARE MULTIPLE PERIODS



PROBATION

TABLE 8: C1.1 PROBATION SINGLE TIME PERIOD

TIME PERIOD MEASURED	
4/1/12 – 3/31/13	PROBATION
CURRENT PERFORMANCE	29.2%
FEDERAL GOAL	75.2%
NUMBER OF CHILDREN	16 OUT OF 65
COMPARISON TO PRIOR SIP (2009)	
COMPARISON TO BASELINE	NEGATIVE MOVEMENT

ANALYSIS FOR CHILD WELFARE AND PROBATION C1.1

CHILD WELFARE

This measure considers whether the children who had been in foster care for 8 days or longer, and discharged from foster care to reunification during the reporting period, did so within 12 months from the date of the latest removal from their home.

Performance during the current period was 6.3% short of the federal goal. The most recent performance represents a 1.3% decrease from the 4/1/08 - 3/31/09 time period. It is hoped that services from The Gathering Place, which began in 2011, will improve visitation, help families meet their case plan goals for reunification, and ultimately result in more children returning in a timely manner to their family. An evaluation of this program is currently underway. There are notable differences in the timeliness of reunification among age groups. For the most recent period, children ages 5 and younger had more timely reunifications than children ages 6 and older.

TABLE 9

C1.1 Outcomes for CWS – Comparison by Age Groups							
	Under 1 (n = 26)	1-2 (n = 24)	3-5 (n = 40)	6-10 (n = 56)	11-15 (n = 54)	16-17 (n = 25)	All (n= 225)
Reunified in less than 12 months	100%	70.8%	72.5%	60.7%	64.8%	52%	68.4%
Reunified in 12 months or more	0%	29.2%	27.5%	39.3%	35.2%	48%	31.6%
Total	100%	100%	100%	100%	100%	100%	100%

Child Welfare focused on this outcome for its Peer Review in July 2013. As discussed in the Peer Review Summary section, reunification is more successful when parent engagement and family finding efforts occur early in the case and there are resources available for families. Parents shared in stakeholder groups that reunification was most successful when they had support and resources, such as transportation support and parent advocates. Other stakeholders shared that the Gathering Place visitation center and the various therapeutic supports available were improvements in the system. There is a desire to see the Gathering Place program to be available in more parts of the county.

When asked about reunification, parents discussed the importance of communication with their social worker and how it was difficult when it didn't work well. There were examples of social workers not returning phone calls, parents not understanding their case plan and how/when they could reunify, and a lack of understanding of what happens at court hearings. One parent reported that he was thankful for CPS because CPS "educated" him and "better prepared him to be a good parent." He can reflect back on what his partner and him accomplished through parenting, counseling which "made us better people."

PROBATION

During the current period, 29.2% of probation youth reunified within 12 months. This is 50% lower than the federal goal and less than Alameda's rate of reunification of 37.9% in 2008/09. Probation staff believe that there are multiple factors that could contribute to the low reunification rate. This outcome will be further explored and likely addressed in the next System Improvement Plan.

Stakeholder Feedback

Probation Youth Focus Group:

Some Probation youth shared that family counseling helped their families. Others wished for basic needs assistance such as help with money and housing. Other youth shared returning back to their neighborhoods was challenging due to the safety risks and environmental temptations.

Probation Parent Focus Group:

Parents shared concerns about working with probation once their child was in placement. They noted issues about communication with probation such as not being aware of when Court hearings were being held, receiving written notification after the scheduled Court date and a lack of understanding or written materials about the various Court hearings. Some parents voiced a concern that they "never knew (I) could say anything at the hearings."

Parents recommended parent classes or groups to be able to receiving information related to what is going on. Parents suggested they receive:

- Written information sheet
- Placement/group home visitation information
- This is how you can talk with your youth before they go to placement
- Information on services their youth will receive
- Parenting information and guidance

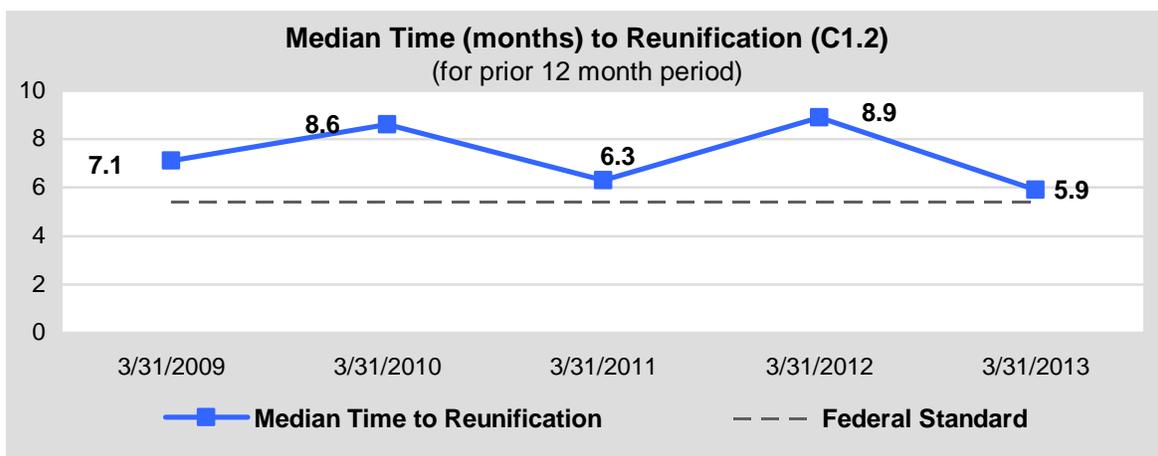
C1.2 MEDIAN TIME OF REUNIFICATION (EXIT COHORT)

CHILD WELFARE

TABLE 10: C1.2 CHILD WELFARE SINGLE TIME PERIOD

TIME PERIOD MEASURED	4/1/12—3/31/13
CURRENT PERFORMANCE	5.9 MONTHS
FEDERAL GOAL	5.4 MONTHS
NUMBER OF CHILDREN	225 OUT OF 225
COMPARISON TO 2009 CSA PERFORMANCE	7.1 MONTHS
COMPARISON TO BASELINE (% CHANGE)	-19.2%

TABLE 11: C1.2 CHILD WELFARE MULTIPLE PERIODS



PROBATION

TABLE 12: C1.2 PROBATION SINGLE TIME PERIOD

TIME PERIOD MEASURED	
4/1/12 – 3/31/13	PROBATION
CURRENT PERFORMANCE	16.9 MONTHS
FEDERAL GOAL	5.4 MONTHS
NUMBER OF CHILDREN	NA OUT OF 65
COMPARISON TO PRIOR SIP (2009)	14.8 MONTHS
COMPARISON TO BASELINE	NEGATIVE MOVEMENT

ANALYSIS FOR CHILD WELFARE AND PROBATION C1.2**CHILD WELFARE**

This measure reports on the median length of stay in foster care, for stays of at least 8 days or more, for children discharged from foster care to reunification during the period as compared to their latest date of removal from home.

For the most recent time period, Alameda's performance was .5 months short of the federal goal. The most recent performance is a 16.9% decrease (i.e. an improvement) from the 4/1/08 - 3/31/09 time period.

It is hoped that services from The Gathering Place, which began in 2011, will improve visitation, help families meet their case plan goals for reunification, and ultimately result in more children returning in a timely manner to their family. An evaluation of this program is currently underway.

Since the 2009 CSA, there has been a decrease of 1.2 months, closing in on the federal goal of 5.4 months. You can, however, see great variation in the alternating years of 2010 and 2012 where the measure spiked over 8 months median time. Stakeholders repeatedly shared that the Gathering Place was a positive resource and perhaps has made an impact on decreasing the length of time to reunification. Others shared that they "cannot find any subsidized child care and the parent cannot afford childcare. Now that there is no funding for it, has been impactful to our families."

Resources are very important for families. Some parents shared how resources positively impacted their families and reunification:

- One birth mother reported the SEED Program to be helpful with providing diapers, food vouchers and gift certificates and stated that her parent advocate was “very supportive.”
- Another birth father reported resources being available to him and his son that were useful which included transportation (buss & BART passes), Building Futures for Women and Children (agency that paid for rent for 1 year), and a baby play group. The baby play group provided a car seat.
- One birth mother reported she had a CWW that was “amazing” who reviewed her case plan and made her feel positive about her decisions. The CWW was straightforward and honest. She recalls one time crying in front of her worker and she didn’t make her feel like a weak parent

Stakeholders reflected on what contributes to children remaining in out-of-home care versus being provided services in-home (Family Maintenance). Some reported that “kids aren’t returning home because the parents aren’t getting it together” and others thought child welfare could do a better job increasing visitation in order to transition children home. Still others reported they were not sure how the decisions to return children home were made and felt they seemed “arbitrary”.

Another factor impacting return may be related to housing. Stakeholders reported a “huge problem finding affordable housing. There have been no housing vouchers for over 2 years just in Oakland. Once they do get a voucher, clients cannot find housing that will take a voucher”. In response to housing deficits in the bay area, DCFS has initiated a supportive housing program collaborative using Title IV-E reinvestment funds. This program seeks to stabilize housing through housing search assistance and support services to stabilize and maintain housing.

When asked what would help them with reunification, birth parents shared that “it depends on the case and the process of each parent. Some parents need more time especially if they are recovering from drug abuse, or may not have drug abuse but a prior extensive drug abuse history in which they may relapse. Most birth parents believed the process could be easier and individualized based on the birth parents’ needs.

PROBATION

It took a median of 16.9 months for reunification to occur. This is higher than the national goal. In stakeholder focus groups, several Probation Officers indicated difficulty finding appropriate placements for youth with mental health issues, LGBTQ youth with assaultive or runaway history, and youth engaged in commercially sexually exploited activities. Given the unique

needs of these populations, there are not any group homes within Alameda County that meet their needs. There are currently a few out-of-county placements being utilized for some youth and others are in out-of-state placements. The Probation Department is reviewing its utilization of least restrictive care and will be exploring other options for these populations.

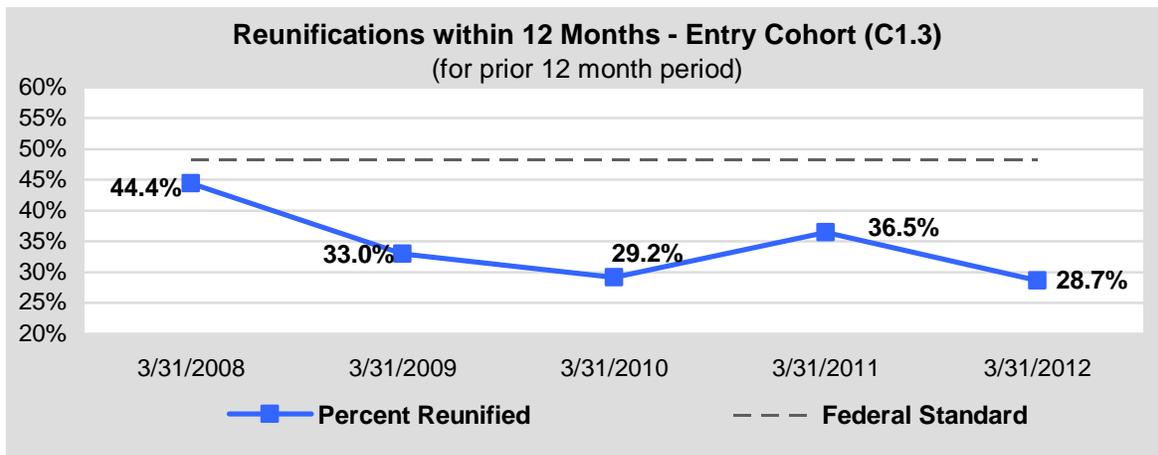
C1.3 REUNIFICATION WITHIN 12 MONTHS (ENTRY COHORT)

CHILD WELFARE

TABLE 13: C1.3 CHILD WELFARE SINGLE TIME PERIOD

TIME PERIOD MEASURED	10/1/11—3/31/12
CURRENT PERFORMANCE	28.7%
FEDERAL GOAL	48.4%
NUMBER OF CHILDREN	56 OUT OF 195
COMPARISON TO 2009 CSA PERFORMANCE	44.4%
COMPARISON TO BASELINE (% CHANGE)	-31.0%

TABLE 14: CHILD WELFARE C1.3 MULTIPLE PERIODS



PROBATION

TABLE 15: C1.3 PROBATION SINGLE TIME PERIOD

TIME PERIOD MEASURED	
11/1/11 – 3/31/12	PROBATION
CURRENT PERFORMANCE	12.2%
FEDERAL GOAL	48.4%

NUMBER OF CHILDREN	9 OUT OF 74
COMPARISON TO PRIOR SIP (2009)	5 OUT OF 54 (9.3%)
COMPARISON TO BASELINE	NEGATIVE MOVEMENT

ANALYSIS FOR CHILD WELFARE AND PROBATION C1.3

CHILD WELFARE

This measure provides the percent of foster youth discharged from foster care to reunification in less than 12 months from the date of latest removal from home, after they had entered care for the first time during the period and remained for at least 8 days.

Child welfare’s more recent performance is 19.7% short of the federal goal. Over the 3 most recent time periods reported above, performance has not been closer than 11.9% of the federal goal.

There are notable differences among ethnic groups for this outcome measure. For the most recent time period, Black children had reunified within 12 months at a percentage that was almost half of the percentage of White children who reunified (23.3% versus 38.2%). About 32% of Latino children and 25% of Asian / Pacific Islander children had also exited to reunification.

TABLE 16

C1.3 Outcomes for CWS – Comparison by Ethnic Groups (10/1/11—3/31/12)						
	Black (n = 86)	White (n = 34)	Latino (n = 65)	Asian / Pacific Islander (n = 8)	Native American (n = 2)	All (n= 195)
Reunified	23.3%	38.2%	32.3%	25%	0%	28.7%
Adopted	0%	0%	1.5%	25%	0%	1.5%
Guardianship	1.2%	0%	1.5%	0%	0%	1%
Emancipated	0%	0%	1.5%	0%	0%	0.5%
Other	0%	0%	1.5%	12.5%	0%	1%
Still in care	75.6%	61.8%	61.5%	37.5%	100%	67.2%
Total	100%	100%	100%	100%	100%	100%

Since 2008, there has been a steady decrease in reunification for the entry cohorts measured. Some birth parents did not feel they were included in the process. Some felt they were involved in the case plan. Some stakeholders reported that reunification is sometimes impacted by the child or youth's decision to return home. For example, in one case the birth father thought his teenage daughter was given more control since it was her choice when she feels ready to be referred to family therapy with her father even though the birth father thought they needed it now. They also noted that perhaps increasing visitation frequency would help improve this measure.

As it relates to the amount of time it takes to reunify, most birth parents reported it depends on the case and the process of each parent. Some parents need more time especially if they are recovering from drug abuse, or may not have drug abuse but a prior extensive drug abuse history in which they may relapse. They reported there is need for more substance abuse treatment centers especially rehabilitation housing facilities where the birth fathers could reside with their families. Most birth parents believed the process could be easier and should be individualized based on the birth parents' needs. Parents wished that CWW's would be more aware of the SLE (Sober Living Environment) and the drugs/alcohol in the community. They want them to be familiar with topics and language that the birth parents are taught in their substance abuse programs such as SLE and to be aware that a birth parent feels "overwhelmed" when their child is first removed from their care which may trigger a relapse if there are multiple demands and multiple appointments made on him/her (birth parent).

Parents reported that their parent advocates are beneficial since the parent advocates understood the experience of being reunified with their child. The parent advocates were able to "break it down" and explain things to them. They were able to vent when feeling stressed to their parent advocates. Some birth parents stated the TDM's are helpful. Most birth fathers felt there was a difference in services being offered between the birth mothers and birth fathers. Most felt the maternal relatives were included in finding a relative placement for their child but not necessarily the paternal relatives.

When asked what services are offered to families that effectively assist them in reunifying with the child/children, foster parents shared the following:

- Parents have come with the foster parents to the medical appointments.
- Foster parents have taken a lead in getting information out of the parents or scheduling visitation.
- County has employed Youth Advocates, which foster parents believe are effective in helping the youth make decisions about whether to stay with current foster parents.

They also noted the following gaps:

- No residential treatment programs in the county. There have been cuts due to budgets and places closing down.
- Parents sometimes do not follow through with services.
- Need more mental health services for families

PROBATION

For probation, there was a 12.2% rate of reunification (9 out of 74 children). This is slightly higher than the rate in 2009, but still much lower than the national goal of 48.4%.

During focus groups with stakeholders, a group of delinquency and dependency attorneys were asked what the gaps are for families. Court stakeholder’s mentioned a lack of “good, local placements” and Probation Officers not engaging with the families. Stakeholders believe that probation has experienced some difficulties with budget reductions over the past five years and believe this has impacted probation’s ability to provide adequate supervision.

As mentioned in the Participation Rates section, 62% of probation youth are African American. The intake has the discretion not to send certain crimes to the District Attorney, but the Police Departments are charging youth with felony crimes. We have noticed 14 year olds be charged for felony burglary when it should be a petty theft.

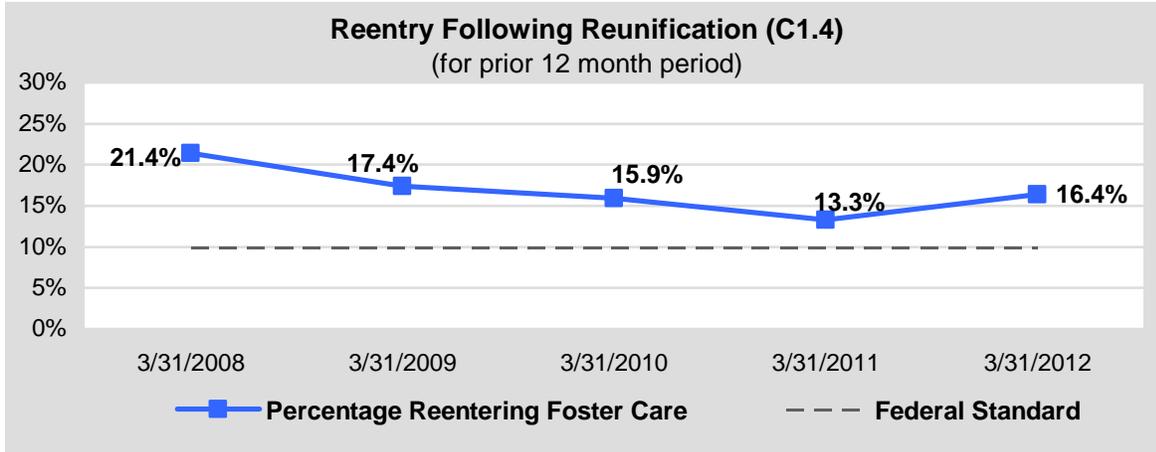
C1.4 REENTRY FOLLOWING REUNIFICATION

CHILD WELFARE

TABLE 17: C1.4 CHILD WELFARE SINGLE TIME PERIOD

TIME PERIOD MEASURED	10/1/11—3/31/12
CURRENT PERFORMANCE	16.4%
FEDERAL GOAL	9.9%
NUMBER OF CHILDREN	55 OUT OF 335
COMPARISON TO 2009 CSA PERFORMANCE	21.3%
COMPARISON TO BASELINE (% CHANGE)	6.0%

TABLE 18: C1.4 CHILD WELFARE MULTIPLE PERIODS



PROBATION

TABLE 19: S2.1 PROBATION SINGLE TIME PERIOD

TIME PERIOD MEASURED	
4/1/11 – 3/31/12	PROBATION
CURRENT PERFORMANCE	6.1%
FEDERAL GOAL	9.9%
NUMBER OF CHILDREN	4 OUT OF 66
COMPARISON TO PRIOR SIP (2009)	8 OUT OF 115 (7%)
COMPARISON TO BASELINE	POSITIVE MOVEMENT

ANALYSIS FOR CHILD WELFARE AND PROBATION C1.4

CHILD WELFARE

This measure identifies whether children discharged from foster care to reunification during the reporting period reentered foster care in less than 12 months from the date of the earliest discharge to reunification.

Alameda County continues to make progress towards the federal goal for children reentering foster care. The most recent performance represents a 23.4% decrease in reentries from the 4/31/07 - 3/31/08 time period.

Existing programs such as ARS, the Voluntary Diversion to Legal Guardianship Program, and others may have influenced the reduction in reentries as well as the increased use of SDM.

Since the last SIP, there has been improvement in this measure. Although, not meeting the federal measure of 9.9%, there has been a steady decrease in re-entry into foster care. The foster parents reported resources (services) for birth parents is sometimes lacking in housing, adequate child care, mental health, and jobs. Foster parents expressed a need for birth parents to receive more services after they reunified with the children not just six months especially if birth parents received 1-2 years of services.

PROBATION

For the 66 children in probation who were reunified, 4 re-entered foster care. This is 3.8% lower than the national goal of 9.9%. Staff report that the Juvenile Court is reluctant to modify the placement orders after the child has already returned home. They want to make sure that if things do not work out at home, the youth can return to placement. This is an area that is being explored by Probation staff with anticipation of presenting an alternative to the Delinquency Court Judges.

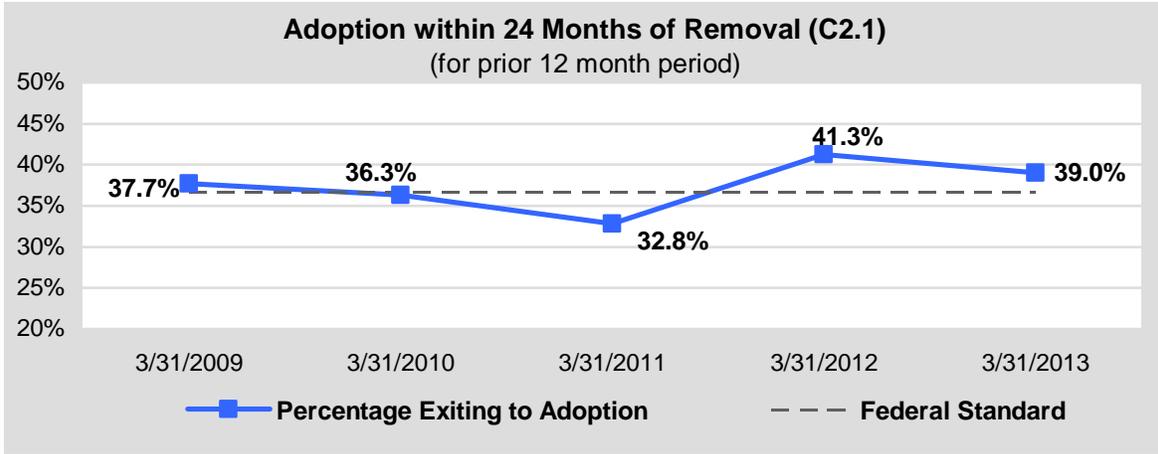
C2.1 ADOPTION WITHIN 24 MONTHS (EXIT COHORT)

CHILD WELFARE

TABLE 20: C2.1 CWS SINGLE TIME PERIOD

TIME PERIOD MEASURED	4/1/12—3/31/13
CURRENT PERFORMANCE	39%
FEDERAL GOAL	36.6%
NUMBER OF CHILDREN	32 OUT OF 82
COMPARISON TO 2009 CSA PERFORMANCE	39.6%
COMPARISON TO BASELINE (% CHANGE)	113.9%

TABLE 21: C2.1 CHILD WELFARE MULTIPLE PERIODS



ANALYSIS FOR CHILD WELFARE C2.1

This measure tracks the children discharged from foster care to a finalized adoption during the reporting period, and what percent of those exits occurred in less than 24 months from the date of the latest removal from home.

CHILD WELFARE

Alameda has exceeded the federal goal for the two most recent time periods reported above, exceeding the goal by 2.4% in the latest period. The most recent performance is also a 3.4% increase from the 4/1/08 - 3/31/09 time period.

Thirty-nine percent (39%) of child welfare youth are adopted within 24 months of removal. This is higher than the federal standard of 36.6%. Alameda County Social Services Agency is licensed as a Public Adoption Agency by the California Department of Social Services. The Adoption Program provides services related to the adoption of Court Dependent children and to children who are voluntarily relinquished by their parents to the Department. When a child is not able to return to their parents' care and a permanent plan of adoption is ordered, services include legally freeing children for adoption by terminating parental rights. Adoption services also include recruiting and assessing prospective adoptive parents, completing and approving adoption home studies, placing children in prospective adoptive homes, and assisting the family in the finalization of the adoption. The Department works cooperatively with other public and private adoption agencies.

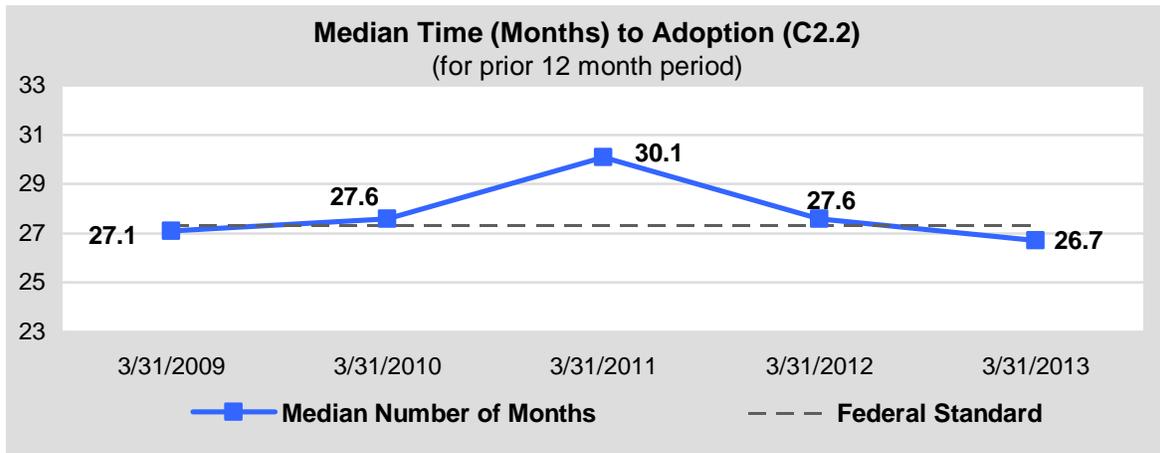
C2.2 MEDIAN TIME TO ADOPTION (EXIT COHORT)

CHILD WELFARE

TABLE 22: C2.2 CHILD WELFARE SINGLE TIME PERIOD

TIME PERIOD MEASURED	4/1/12—3/31/13
CURRENT PERFORMANCE	26.7 MONTHS
FEDERAL GOAL	27.3 MONTHS
NUMBER OF CHILDREN	82 OUT OF 82
COMPARISON TO 2009 CSA PERFORMANCE	26.5 MONTHS
COMPARISON TO BASELINE (% CHANGE)	-32.2%

TABLE 23: C2.2 CHILD WELFARE MULTIPLE PERIODS



ANALYSIS FOR CHILD WELFARE C2.2

This measure considers the median length of stay in care (date of latest removal until discharge to adoption) for all children discharged from foster care to a finalized adoption during the period.

Alameda exceeded the federal goal by .6 months during the most recent time period. Although this is a slight increase in time as compared to the last CSA, performance is still greatly improved in comparison to the baseline.

During this reporting period, Alameda has measured below the federal goal. However, it has generally measured at or slightly above the federal measure. The Adoption Program also provides Independent and Step-parent Adoption Services for non- court dependent children. Other program mandates are to provide ongoing financial support to adoptive parents called the Adoption Assistance Program (AAP), post adoption services with referrals and support to families who have completed their adoption through Alameda County. These services are at no cost to the families and are available after an adoption is finalized. Additionally, the post adoption program provides non-identifying information about birth parents to adult adoptees or non-identifying information about the adopting family to the birth family. If contact waivers are on file, the post adoption staff will work with family members to arrange contact with each other.

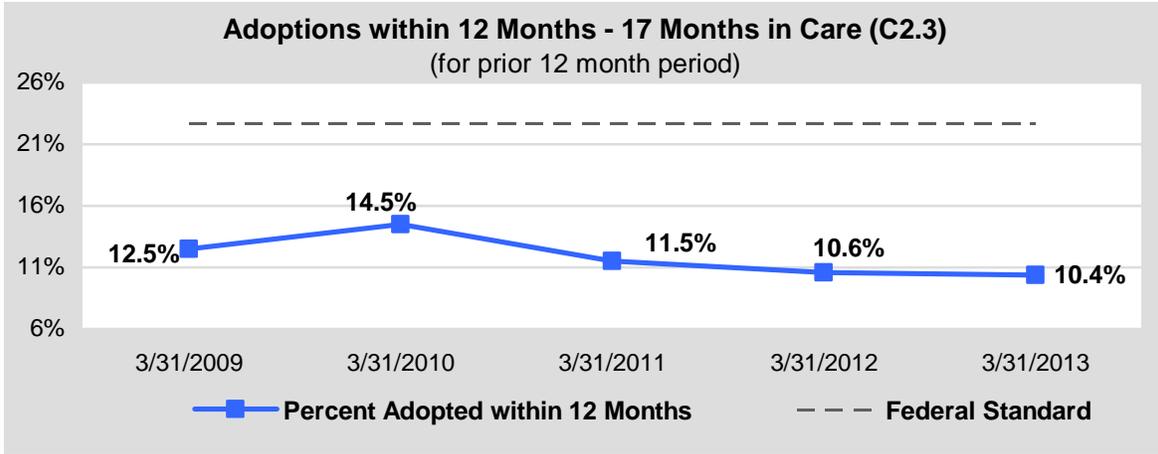
C2.3 ADOPTION WITHIN 12 MONTHS (17 MONTHS IN CARE)

CHILD WELFARE

TABLE 24: C2.3 CHILD WELFARE SINGLE TIME PERIOD

TIME PERIOD MEASURED	4/1/12—3/31/13
CURRENT PERFORMANCE	10.4%
FEDERAL GOAL	22.7%
NUMBER OF CHILDREN	57 OUT OF 546
COMPARISON TO 2009 CSA PERFORMANCE	26.5%
COMPARISON TO BASELINE (% CHANGE)	-1.7%

TABLE 25: C2.3 CHILD WELFARE MULTIPLE TIME PERIODS



ANALYSIS FOR CHILD WELFARE C2.3

This measure is used to determine the percent of children discharged to a finalized adoption by the last day of the period for all children in foster care for 17 continuous months or longer on the first day of the period.

Alameda County continues to need more improvement in order to meet the federal goal of 22.7% for this measure. Although current performance is only 1.7% less than the baseline, it is 4.1% less than performance during 4/1/09 - 3/31/10.

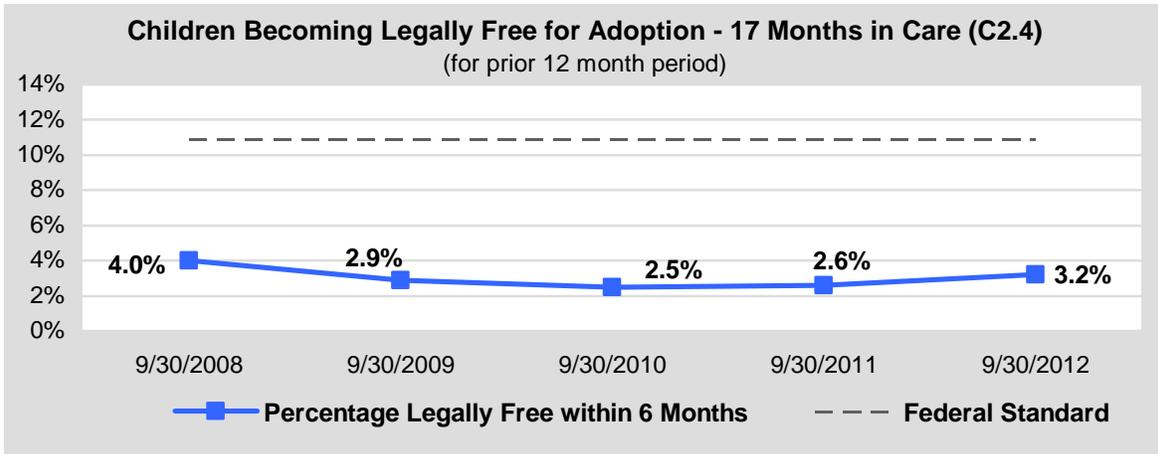
C2.4 LEGALLY FREE WITHIN 6 MONTHS (17 MONTHS IN CARE)

CHILD WELFARE

TABLE 26: C2.4 CHILD WELFARE SINGLE TIME PERIOD

TIME PERIOD MEASURED	4/1/12—9/30/12
CURRENT PERFORMANCE	3.2%
FEDERAL GOAL	10.9%
NUMBER OF CHILDREN	14 OUT OF 437
COMPARISON TO 2009 CSA PERFORMANCE	3.8%
COMPARISON TO BASELINE (DIFFERENCE)	78.9%

TABLE 27: C2.4 CHILD WELFARE MULTIPLE PERIODS



ANALYSIS FOR CHILD WELFARE C2.4

This measure includes all children in foster care for 17 continuous months or longer and not legally free for adoption on the first day of the period to determine what percent became legally free within the next 6 months.

Although Alameda’s performance has increased by 78.9% since baseline, current performance is still 7.7% short of the federal goal.

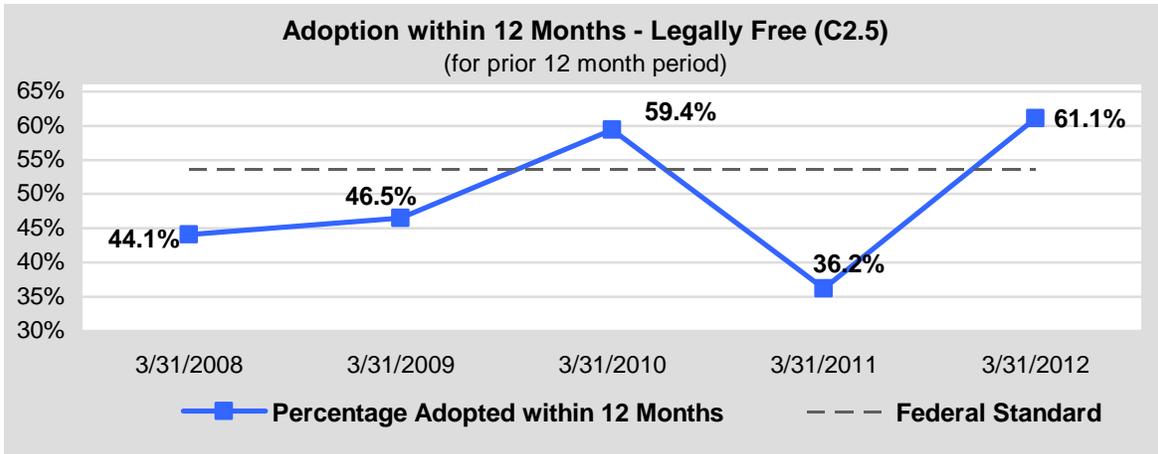
C2.5 ADOPTION WITHIN 12 MONTHS (LEGALLY FREE)

CHILD WELFARE

TABLE 28: C2.5 CHILD WELFARE SINGLE TIME PERIOD

TIME PERIOD MEASURED	4/1/11—3/31/12
CURRENT PERFORMANCE	61.6%
FEDERAL GOAL	53.9%
NUMBER OF CHILDREN	44 OUT OF 72
COMPARISON TO 2009 CSA PERFORMANCE	44.4%
COMPARISON TO BASELINE (DIFFERENCE)	234.2%

TABLE 29: C2.5 CHILD WELFARE MULTIPLE PERIODS



ANALYSIS FOR CHILD WELFARE C2.5

This measure includes all children in foster care who became legally free for adoption during the period and reports the percent who were then discharged to a finalized adoption in less than 12 months.

Child welfare exceeded the federal goal by 7.4% during the most recent time period, with performance increasing by 38.5% from the 4/1/07 - 3/31/08 time period. Performance is also greatly improved from the baseline.

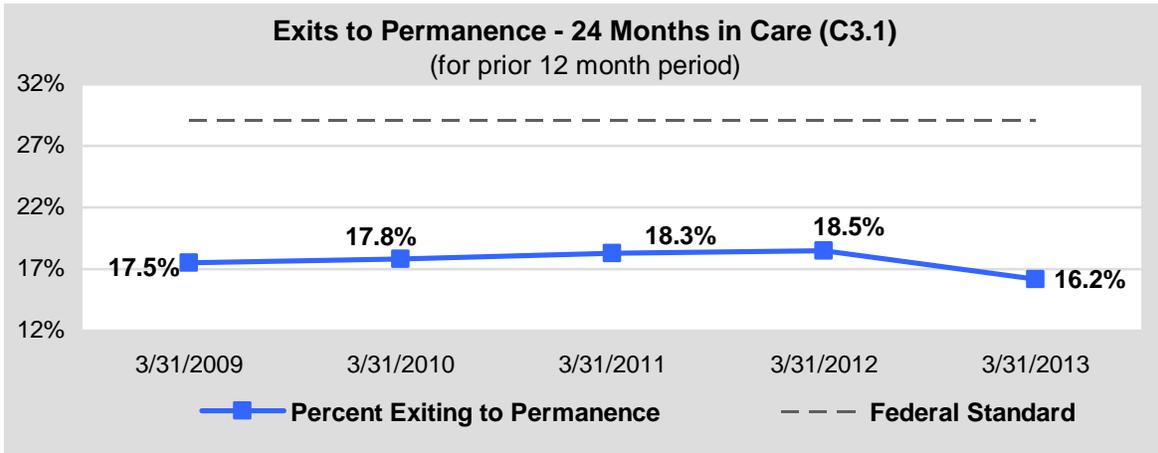
C3.1 EXIT TO PERMANENCY (24 MONTHS IN CARE)

CHILD WELFARE

TABLE 30: C3.1 CHILD WELFARE SINGLE TIME PERIOD

TIME PERIOD MEASURED	4/1/12—3/31/13
CURRENT PERFORMANCE	16.2%
FEDERAL GOAL	29.1%
NUMBER OF CHILDREN	82 OUT OF 506
COMPARISON TO 2009 CSA PERFORMANCE	16.2%
COMPARISON TO BASELINE (DIFFERENCE)	-5.3%

TABLE 31: C3.1 CHILD WELFARE MULTIPLE PERIODS



PROBATION

TABLE 32: C3.1 PROBATION SINGLE TIME PERIOD

TIME PERIOD MEASURED	
4/1/12 – 3/31/12	PROBATION
CURRENT PERFORMANCE	15%
FEDERAL GOAL	29.1%
NUMBER OF CHILDREN	9 OUT OF 60
COMPARISON TO PRIOR SIP (2009)	15 OUT OF 40 (37.5%)
COMPARISON TO BASELINE	NEGATIVE MOVEMENT

ANALYSIS FOR CHILD WELFARE AND PROBATION C3.1

CHILD WELFARE

Alameda experienced a slight decrease in performance (1.3%) in comparison to the 4/1/08 - 3/31/09 time period, and current performance is 12.9% short of the federal goal. This indicates that children who were in foster care for 24 months or longer, during the current time period, had a slightly lower chance of exiting to a permanent home within 12 months and prior to their 18th birthday, in comparison to the children in care during the baseline period.

When considering ethnicity within the most recent performance, the percentage of youth still in care is fairly consistent for Black, White, and Latino children. There are some minor differences in the percentage of youth who experienced a particular type of exit from care; however,

approximately 80% of the children in those ethnic groups did not exit from care to a permanent home prior to their 18th birthday.

TABLE 33:

C3.1 Outcomes for CWS – Comparison by Ethnic Groups (4/1/12—3/31/13)						
	Black (n = 329)	White (n = 68)	Latino (n=84)	Asian / Pacific Islander (n = 17)	Native American (n = 7)	All
Exited to reunification	1.8%	5.9%	2.4%	0%	0%	2.4%
Exited to adoption	7.6%	7.4%	8.3%	11.8%	0%	7.7%
Exited to guardianship	7%	1.5%	2.4%	5.9%	42.9%	5.9%
Exited to non-permanency	1.8%	1.5%	6%	5.9%	0%	2.6%
Still in care	81.8%	83.8%	81%	76.5%	57.1%	81.4%
Total	100%	100%	100%	100%	100%	100%

Although Alameda has made steady progress in reducing the number of youth in care, as well as the youth who are in higher level placements, more progress is needed in securing permanence for the children in care. IV-E Waiver funded strategies in the SEED program, PHN, and BACAIR are intended to improve the percentage of children moving to timely guardianships and adoptions when necessary.

Over the past five periods, child welfare has measured below the federal goal of 29.1%. Currently, 16.2% of youth in care 24 months have exited to permanency. The most recent dip may be related to the inception of Extended Foster Care via AB12 legislation. When reunification does not occur, the Department looks for a permanent plan for these children and youth. If a permanent legal relationship does not occur through adoption or legal guardianship, the focus shifts to finding an individual who is able to make a lifelong commitment to the youth. This commitment does not always include a placement but rather the commitment to be available and to include the youth as a family member or an extended family member.

Currently, many of the youth served by PYC exit foster care to Adoption or Legal Guardianship. Yet, too many simply emancipate from foster care without permanency. Due to this, Alameda County is committed to the goal of ensuring that no child leaves foster care

without a permanent connection to a committed and caring adult. By utilizing community partnerships to support permanency, such as Project Permanence, PYC strives to increase exits to Permanency.

PROBATION

This period, 15% of probation youth exited to permanency. This is a decline from 37.5% in 2009 and is still lower than the national goal. As noted in the Participation Rates section, most probation youth enter as older teens, thus reducing the time frame for reunifying with parents or looking for other types of permanency.

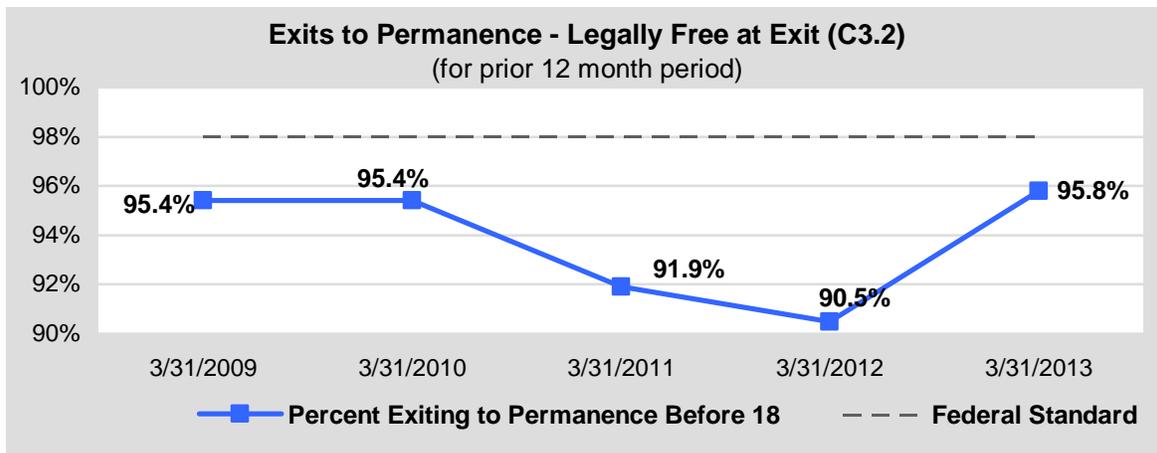
C3.2 EXITS TO PERMANENCY (LEGALLY FREE AT EXIT)

CHILD WELFARE

TABLE 34: C3.2 CHILD WELFARE SINGLE TIME PERIOD

TIME PERIOD MEASURED	4/1/12—3/31/13
CURRENT PERFORMANCE	95.8%
FEDERAL GOAL	98.0%
NUMBER OF CHILDREN	92 OUT OF 96
COMPARISON TO 2009 CSA PERFORMANCE	95.1%
COMPARISON TO BASELINE (DIFFERENCE)	-3.2%

TABLE 35: C3.2 CHILD WELFARE MULTIPLE PERIODS



PROBATION

TABLE 36: C3.2 PROBATION SINGLE TIME PERIOD

TIME PERIOD MEASURED	
4/1/12 – 3/31/12	PROBATION
CURRENT PERFORMANCE	50%
FEDERAL GOAL	100%
NUMBER OF CHILDREN	1 OUT OF 2
COMPARISON TO PRIOR SIP (2010)*	1 OUT OF 2 (50%)
*NO DATA FROM 2009	
COMPARISON TO BASELINE	0.0% / POSITIVE MOVEMENT

ANALYSIS FOR CHILD WELFARE AND PROBATION C3.2

CHILD WELFARE

Alameda’s performance has decreased by 3.2% since the baseline period, and it is 2.2% below the federal goal. For the measure, 92 of the 96 children who were legally free for adoption and discharged from foster care in the current period did so prior to turning 18 years of age.

As mentioned under C3.1, certain IV-E Waiver strategies are intended to improve performance in this area.

PROBATION

50% of probation youth who were legally free exited to permanency in the current period, as well as in the previous 2009 SIP period. For probation, the numbers are so few that it is hard to measure this outcome accurately.

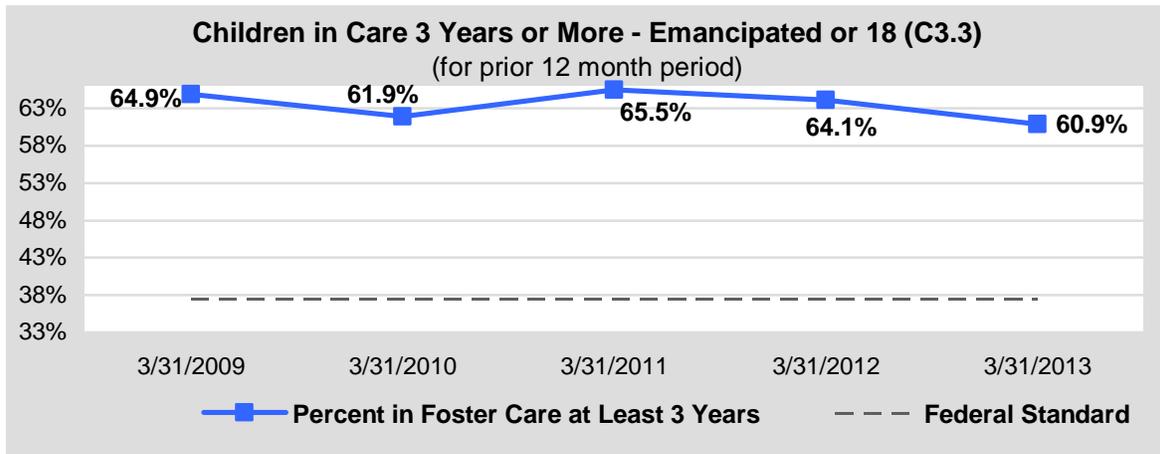
C3.3 IN CARE 3 YEARS OR LONGER (EMANCIPATION/AGE 18)

CHILD WELFARE

TABLE 37: C3.3 CHILD WELFARE SINGLE TIME PERIOD

TIME PERIOD MEASURED	4/1/12—3/31/13
CURRENT PERFORMANCE	60.9%
FEDERAL GOAL	37.5%
NUMBER OF CHILDREN	106 OUT OF 174
COMPARISON TO 2009 CSA PERFORMANCE	64.9%
COMPARISON TO BASELINE (DIFFERENCE)	-12.4%

TABLE 38: C3.3 CHILD WELFARE MULTIPLE PERIODS



PROBATION

TABLE 39: C3.3 PROBATION SINGLE TIME PERIOD\

TIME PERIOD MEASURED	
4/1/12 – 3/31/12	PROBATION
CURRENT PERFORMANCE	19.8%
FEDERAL GOAL	37.5%
NUMBER OF CHILDREN	24 OUT OF 121
COMPARISON TO PRIOR SIP (2009)	8 OUT OF 81 (11.5%)
COMPARISON TO BASELINE	POSITIVE MOVEMENT

ANALYSIS FOR CHILD WELFARE AND PROBATION C3.3

CHILD WELFARE

Although performance has improved by 12.4% in comparison to the baseline, Alameda continues to need to reduce the percentage of youth who are emancipating or turning 18 while in care after spending 3 or more years in care.

Alameda has made progress in moving youth into least restrictive placements and reducing the number of children entering and remaining in foster care. However, of those youth who remain in care, more of those youth need to transition to permanence prior to age 18. It is hoped that some of the IV-E Waiver funded services, such as Project Permanence, will assist caregivers and youth in strengthening their relationships and stability leading to better permanence outcomes.

With the inception of AB12 in 2012, fewer youth are exiting to permanency. Staff shared concerns about not having enough materials to understand AB12 and see the differences with adoption and guardianship. Some stakeholders believe “County workers are wanting to keep kids in the system. It’s a complicated issue because they want these youth to have the same services as their sibling but it creates a dependency.”

PROBATION

During this period, 19.8% of youth were in care 3 years or longer, less than the national goal of 37.5%. This continues to be a positive trend for Alameda Probation since the last SIP period of 2009.

Extension for care has impacted probation as well. Service Providers indicated that youth were given services, but they’re still figuring out how to give the probation youth services.

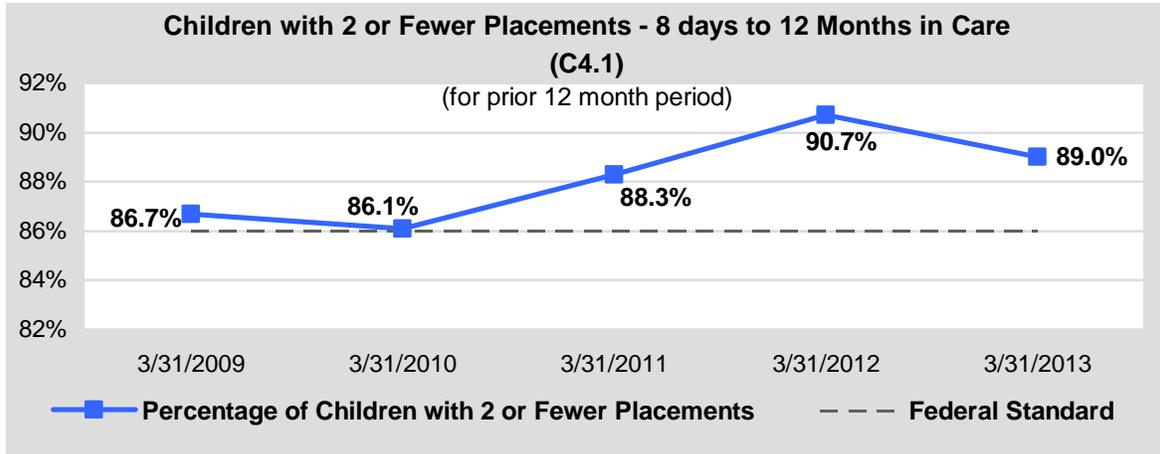
C4.1 PLACEMENT STABILITY (8 DAYS TO 12 MONTHS IN CARE)**CHILD WELFARE**

TABLE 40: C4.1 CHILD WELFARE SINGLE TIME PERIOD

TIME PERIOD MEASURED	4/1/12—3/31/13
CURRENT PERFORMANCE	89.0%
FEDERAL GOAL	86.0%
NUMBER OF CHILDREN	467 OUT OF 525
COMPARISON TO 2009 CSA PERFORMANCE	85.8%

COMPARISON TO BASELINE (DIFFERENCE)	7.6%
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TABLE 41: C4.1 CHILD WELFARE MULTIPLE PERIODS



PROBATION

TABLE 42: C4.1 PROBATION SINGLE TIME PERIOD

TIME PERIOD MEASURED	
4/1/12 – 3/31/12	PROBATION
CURRENT PERFORMANCE	99.3%
FEDERAL GOAL	86%
NUMBER OF CHILDREN	145 OUT OF 146
COMPARISON TO PRIOR SIP (2009)	159 OUT OF 164 (97%)
COMPARISON TO BASELINE	POSITIVE MOVEMENT

ANALYSIS FOR CHILD WELFARE AND PROBATION C4.1

This measure considers whether the children served in foster care during the report period, who were in foster care for at least 8 days but less than 12 months, had two or fewer placement settings.

CHILD WELFARE

For the most recent time period, almost 90% of the children in care for the specified length of time had 2 or fewer placements. Alameda County has exceeded the federal goal by 3% and

performance improved by 7.6% since the baseline period. The Department strives to hold TDMs as soon as possible for children entering care, assess all relatives interested in placement, and attempt to have the child's first placement become their only placement in foster care. This has helped to ensure that children are experiencing two or fewer placements during this length of time in care.

This period, 89% of youth in placement between 8 days and 12 months had 2 or fewer placements. This is above the federal goal of 86%. Foster parents were asked what they saw as impactful changes to the system. They mentioned a reduction in payments for childcare. This becomes difficult when foster parents need to attend trainings but have no childcare, or need work to support themselves but can't afford childcare with the foster care funds they receive.

Some positive change over the last three years includes the multiple training for foster parents offered through the Community College. Foster parents were able to identify the types of trainings they would like to receive through a survey. However, foster parents expressed a desire to have more trainings on AB 12 and LBGT Youth. The foster parents felt it is important to be trained on AB 12 and how foster parents could support the non-minor dependents and the need for a TDM to occur when a child will be receiving AB 12 services. One foster parent reported we need to be "mindful when a foster youth is questioning his/her sexuality, be fair to them at the home, and care for them just like we would for other foster youth." Another foster parent reported the trainings have helped her on how to handle situations when teenagers go AWOL.

Another issue that the foster parents reported is not being told ample information on the children placed in home due to confidentiality. Foster parents expressed a need for more information from the birth parents on a child's health background, diet, clothes, and how they could redirect the child and make them feel more comfortable in their foster homes.

PROBATION

There is consistent stability in placement for probation youth in care under 12 months. During this period, the performance was 99.3%.

When asked about gaps in the system as they relate to placement, probation staff shared that high caseloads impact their ability to engage families. Their priorities are seeing the youth on a monthly basis in their placement and submitting Court Reports on time.

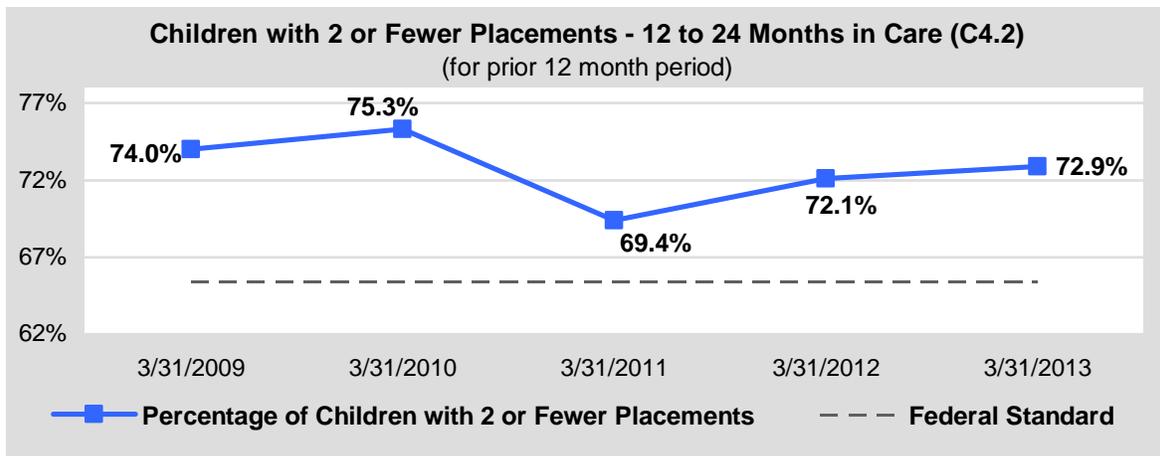
C4.2 PLACEMENT STABILITY (12 MONTHS TO 24 MONTHS IN CARE)

CHILD WELFARE

TABLE 43: C4.2 CHILD WELFARE SINGLE TIME PERIOD

TIME PERIOD MEASURED	4/1/12—3/31/13
CURRENT PERFORMANCE	72.9%
FEDERAL GOAL	65.4%
NUMBER OF CHILDREN	291 OUT OF 399
COMPARISON TO 2009 CSA PERFORMANCE	71.7%
COMPARISON TO BASELINE (DIFFERENCE)	25.0%

TABLE 44: C4.2 CHILD WELFARE MULTIPLE PERIODS



PROBATION

TABLE 45: C4.2 PROBATION SINGLE TIME PERIOD

TIME PERIOD MEASURED	4/1/12 – 3/31/12
CURRENT PERFORMANCE	81.2%
FEDERAL GOAL	65.4%
NUMBER OF CHILDREN	147 OUT OF 181
COMPARISON TO PRIOR SIP (2009)	119 OUT OF 158 (79.5%)
COMPARISON TO BASELINE	POSITIVE MOVEMENT

ANALYSIS FOR CHILD WELFARE AND PROBATION C4.2

This measure considers whether the children served in foster care during the report period, who were in foster care for at least 12 months but less than 24 months, had two or fewer placement settings.

CHILD WELFARE

For the most recent time period, almost 73% of the children in care for the specified length of time had 2 or fewer placements. Alameda County has exceeded the federal goal by 7.5% and performance improved by 25% since the baseline period.

The Department's emphasis on early efforts to place children in the most appropriate and stable placement has resulted in strong outcomes for this measure and C4.1. Additionally, supportive services for children and caregivers, such as KSSP and Subsidized Child Care, may have also helped with keeping placements stable, preventing additional changes for youth in care.

Youth in care 12 to 24 months experienced 2 or fewer placements at a rate of 72.9%. This is higher than the national goal of 65.4%.

When asked their thoughts about placement, foster youth shared:

- Some of the foster youth reported having a Big Brother/Big Sister would be good for the youth. This would allow a youth to have a long term relationship with their Big Brother/Big Sister than a mentor who may not be there long term.
- One foster youth requested to be assigned the same placement worker when a youth is placed at the assessment center. This would allow the foster youth and placement worker to keep a relationship than to have a new placement worker every time you are at the assessment center.
- One foster youth reported wanting a place where a youth can have a 24 hour break (respite) when things are not going well at placement.
- One foster youth reported foster youth should "know their rights" and "know what we have access to we shouldn't struggle." The foster youth explained the Ombudsman Program which some of the youth were not aware of.

- A significant suggestion made by the foster youth was to continue funding the clothing allowance that is no longer available. One foster youth reported clothing allowances for foster youth should be a “law.” Another foster youth suggested to have a clothing closet with new clothes to be available at the ILSP office in Oakland so youth could have access to it.
- One foster youth reported her little sister was adopted and she has not contact with her. She wished siblings were allowed contact when one sibling is adopted.

PROBATION

Youth in care 12 to 24 months also experience placement stability at a rate of 81.2%. This is higher than the national goal of 65.4%.

Stakeholders noted that placement is difficult due to the increase in the number of young girls that are commercially sexually exploited.

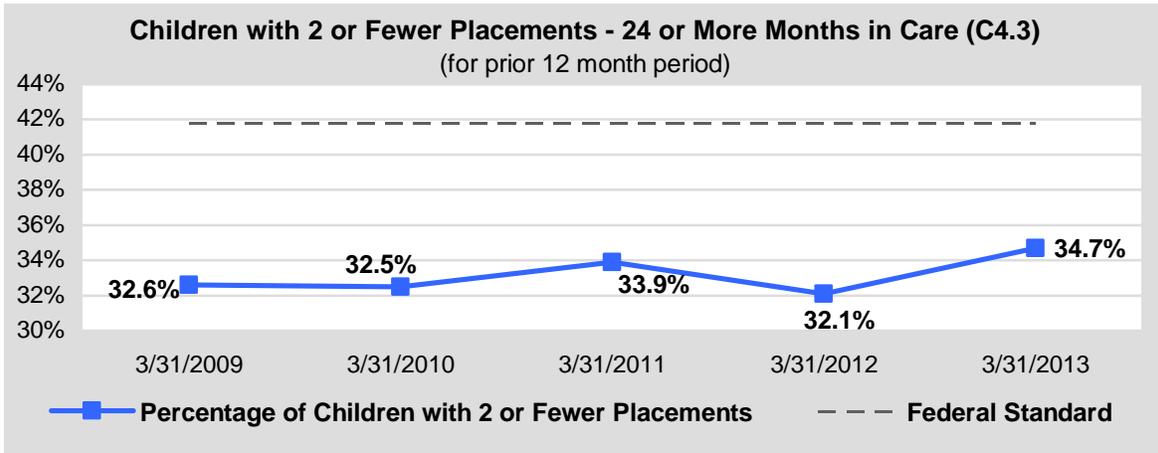
C4.3 PLACEMENT STABILITY (AT LEAST 24 MONTHS IN CARE)

CHILD WELFARE

TABLE 46: C4.3 CHILD WELFARE SINGLE TIME PERIOD

TIME PERIOD MEASURED	4/1/12—3/31/13
CURRENT PERFORMANCE	34.7%
FEDERAL GOAL	41.8%
NUMBER OF CHILDREN	239 OUT OF 688
COMPARISON TO 2009 CSA PERFORMANCE	30.0%
COMPARISON TO BASELINE (DIFFERENCE)	-11.5%

TABLE 47: C4.3 CHILD WELFARE MULTIPLE PERIODS



PROBATION

TABLE 48: C4.3 PROBATION SINGLE TIME PERIOD'

TIME PERIOD MEASURED	
4/1/12 – 3/31/12	PROBATION
CURRENT PERFORMANCE	46.7%
FEDERAL GOAL	41.8%
NUMBER OF CHILDREN	71 OUT OF 152
COMPARISON TO PRIOR SIP (2009)	28 OUT OF 98 (28.6%)
COMPARISON TO BASELINE	POSITIVE MOVEMENT

ANALYSIS FOR CHILD WELFARE AND PROBATION C4.3

This measure considers whether the children served in foster care during the report period, who were in foster care for at least 24 months, had two or fewer placement settings.

CHILD WELFARE

Child welfare did not meet the federal goal for youth in care for 24 months or more, and current performance is an 11.5% decrease from baseline performance.

Unfortunately Alameda has not been able to continue the strong performance for youth in care for up to 24 months (i.e. C4.1 & C4.2) for those youth who remain in placement for a longer period. The Department continues to work towards placing more youth in relative/NREFM homes. It is hoped that continued IV-E Waiver funding for Family Finding and Engagement efforts and Project Permanence (Wraparound program), as well as new funding for additional FFE staff, will result in more relative placements occurring for children early in the case, thereby reducing the total number of placements they experience.

This period, 34.7% of children have experienced placement stability. This is lower than the federal goal. When asked about placement, one foster youth reported “you never know who you are moving in with.” Another foster youth reported it would be good to talk to the foster parent or meet the foster parent before we move into the home.

PROBATION

Although there were less youth in care over 24 months that remained in 2 or few placements, probation continues to meet the national goal by measuring above it by 5%.

During focus groups, youth were asked why they run away. The youth reported reasons such as they were going to be placed out of county when their support system was in Oakland. Youth indicated feeling too confined/locked down in a group home.

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

CHILD WELFARE

TABLE 49: 2B CHILD WELFARE SINGLE TIME PERIOD

IMMEDIATE RESPONSE

TIME PERIOD MEASURED	1/1/13—3/31/13
CURRENT PERFORMANCE	93.0%
FEDERAL GOAL	N/A
NUMBER OF CHILDREN	543 OUT OF 584
COMPARISON TO 2009 CSA PERFORMANCE	91.8%
COMPARISON TO BASELINE (DIFFERENCE)	2.2%

TABLE 50: 2B CHILD WELFARE MULTIPLE PERIODS -- IMMEDIATE RESPONSE

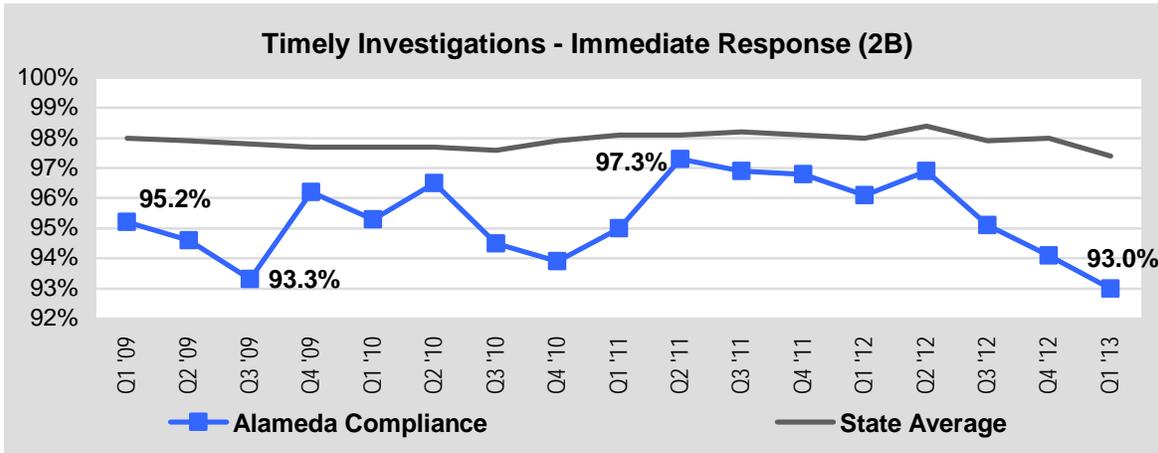
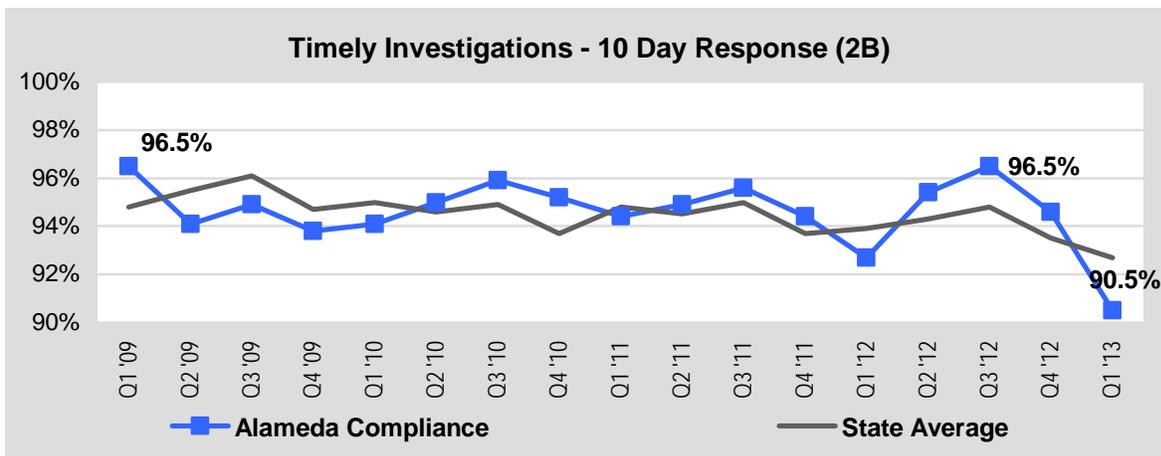


TABLE 51: 2B CHILD WELFARE SINGLE TIME PERIOD

10-DAY RESPONSE

TIME PERIOD MEASURED	1/01/13 - 3/31/13
CURRENT PERFORMANCE	90.5%
FEDERAL GOAL	N/A
NUMBER OF CHILDREN	607 OUT OF 671
COMPARISON TO 2009 CSA PERFORMANCE	95.9%
COMPARISON TO BASELINE (DIFFERENCE)	-5.1%

TABLE 52: 2B CHILD WELFARE SINGLE TIME PERIOD -- 10 DAY RESPONSE



ANALYSIS FOR CHILD WELFARE 2B (BOTH RESPONSE TYPES)

These measures count both the number of child abuse and neglect referrals that require, and then receive, an in-person investigation within the time frame specified by the referral response type. Referrals are classified as either immediate (within 24 hrs) or 10-day response.

CHILD WELFARE

Alameda County continues to exceed the state goal of 90% for this measure, for referrals with either response type. It has also consistently measured above 90% for 10 day response, but has most recently begun to trend downward.

2F TIMELY CASEWORKER VISITS WITH CHILDREN

CHILD WELFARE

TABLE 53: CHILD WELFARE 2F-1 SINGLE TIME PERIOD

OVERALL

TIME PERIOD MEASURED	4/1/12 - 3/31/13
CURRENT PERFORMANCE	91.9%
FEDERAL GOAL	90.0%
NUMBER OF CHILDREN	11,431 OUT OF 12,436
COMPARISON TO 2009 CSA PERFORMANCE	N/A
COMPARISON TO BASELINE (DIFFERENCE)	165.3%

TABLE 54: 2F-1 CHILD WELFARE MULTIPLE PERIODS

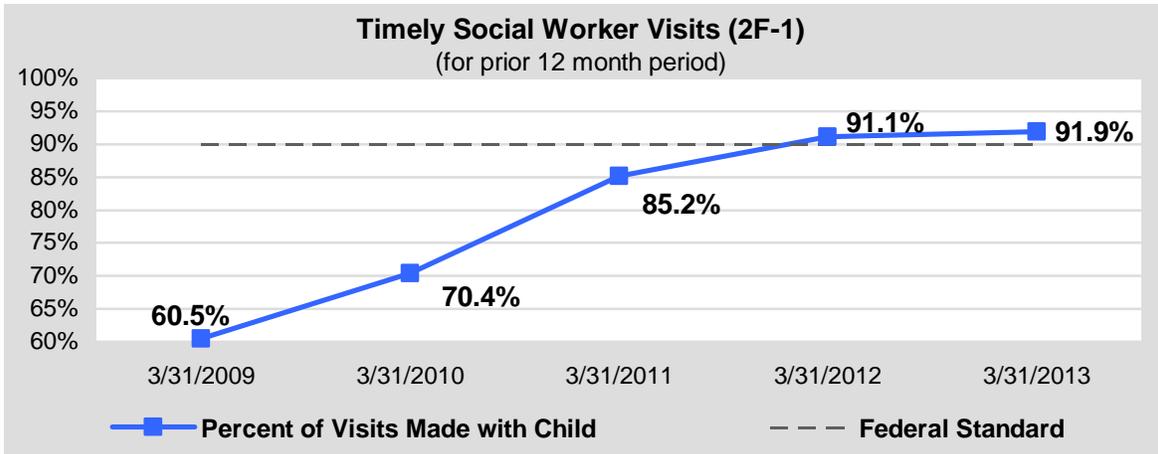
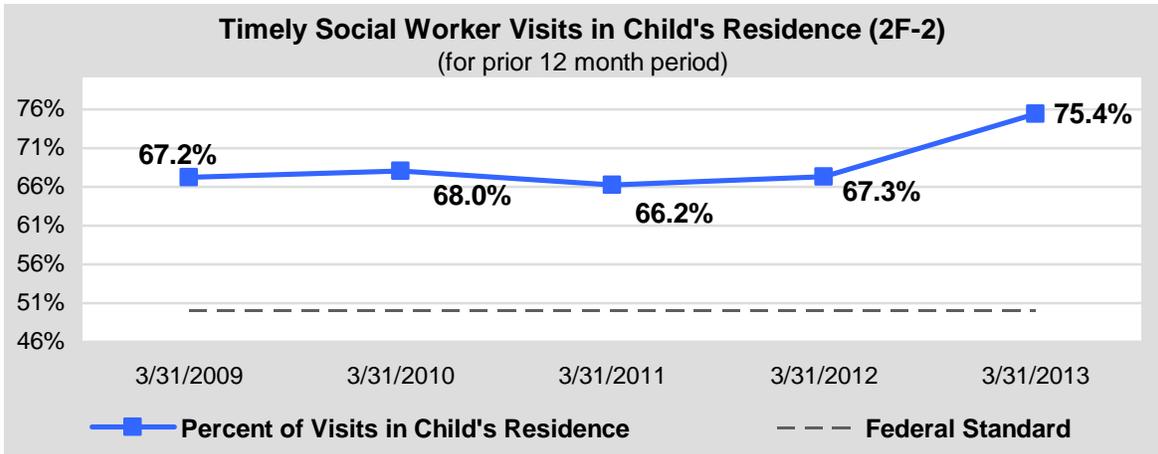


TABLE 55: 2F-2 CHILD WELFARE SINGLE TIME PERIOD

VISITS IN RESIDENCE

TIME PERIOD MEASURED	4/01/12 - 3/31/13
CURRENT PERFORMANCE	75.4%
FEDERAL GOAL	51%
NUMBER OF CHILDREN	8,614 OUT OF 11,431
COMPARISON TO 2009 CSA PERFORMANCE	N/A
COMPARISON TO BASELINE (DIFFERENCE)	3.7%

TABLE 56: 2F-2 CHILD WELFARE MULTIPLE PERIODS



ANALYSIS FOR CHILD WELFARE 2F

These measures calculate the percentage of children in placement who are visited by caseworkers. Each child in placement for an entire month must be visited at least once.

CHILD WELFARE

For overall visit compliance, Alameda County exceeded the federal goal by 1.9%. Although this measure was not in effect during the baseline period, current performance is an increase of over 160% in comparison to what would have been baseline performance.

For measure 2F-2, three quarters of the visits made by social workers with children were made in the child’s residence. The current performance exceeds the federal goal by more than 25%.

Alameda has made tremendous strides with caseworker visits since the prior visit measure (2C) was created. Department managers emphasize with staff the importance of these visits and their impact on the well-being of children, and worker compliance is monitored via SafeMeasures.

Timely social worker visits has steadily increased since the last SIP and has peaked above the state average and goal of 90%. Staff mentioned during stakeholder focus groups that it is difficult to maintain this upward trend recently due to an increase in out of county and state visits for Non-Minor Dependent Youth.

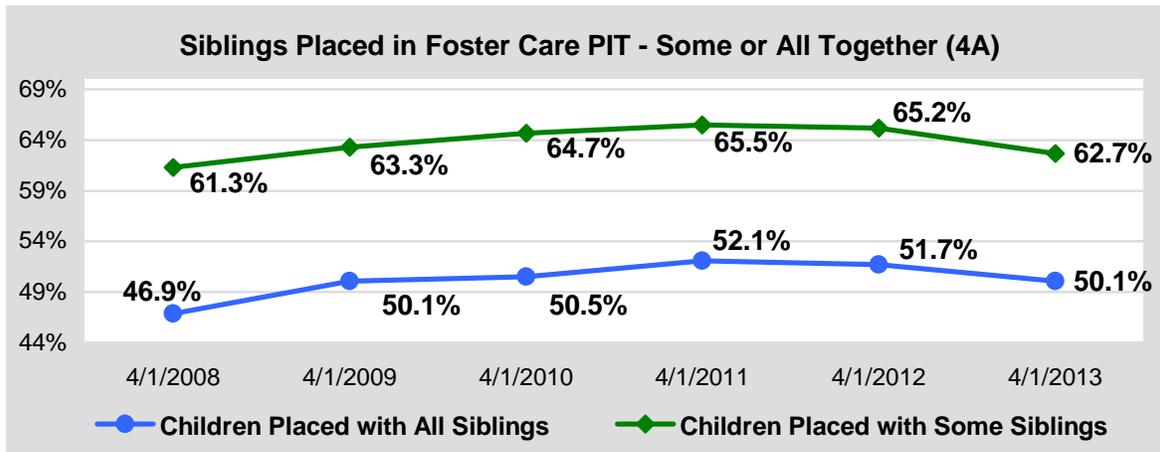
4A SIBLINGS PLACED TOGETHER IN FOSTER CARE

CHILD WELFARE

TABLE 57: 4A CHILD WELFARE SINGLE TIME PERIOD

TIME PERIOD MEASURED	4/01/13 PIT	
	ALL SIBLINGS	ALL OR SOME SIBLINGS
CURRENT PERFORMANCE	50.1%	62.7%
FEDERAL GOAL	N/A	N/A
NUMBER OF CHILDREN	352 OUT OF 702	440 OUT OF 702
COMPARISON TO 2009 CSA PERFORMANCE	51.1%	63.7%
COMPARISON TO BASELINE (DIFFERENCE)	36.8%	8.2%

TABLE 58: 4A CHILD WELFARE MULTIPLE PERIODS



ANALYSIS FOR CHILD WELFARE 4A

CHILD WELFARE

This measure reports point in time counts of sibling groups placed in foster care, identifying whether children are placed with some or all of their siblings. This measure is related to the department’s focus on placing children with relatives, as siblings are a part of the familial system.

Over 62% of the children in foster care on 4/1/13 with one or more siblings in care were placed with at least some of their siblings. Of those children, 50.1% were placed with all of their siblings.

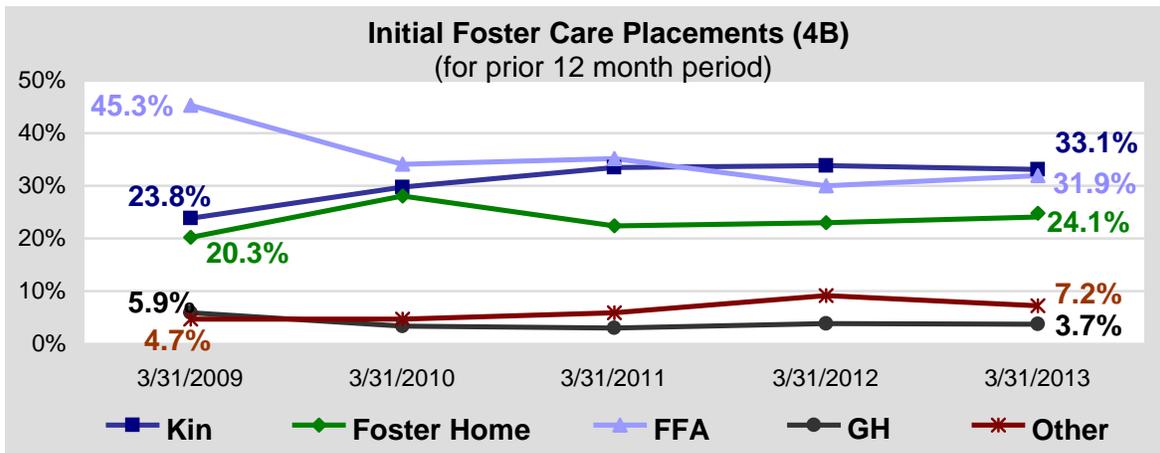
4B LEAST RESTRICTIVE PLACEMENT (ENTRIES FIRST PLACEMENT)

CHILD WELFARE

TABLE 59: 4B CHILD WELFARE SINGLE TIME PERIOD

FIRST ENTRIES – CHILD WELFARE 4/01/12 - 3/31/13		
TYPE OF PLACEMENT	NUMBER OF CHILDREN	CURRENT PERFORMANCE
RELATIVE	170 OUT OF 514	33.1%
FOSTER HOME	124 OUT OF 514	24.1%
FFA	164 OUT OF 514	31.9%
GROUP/SHELTER	19 OUT OF 514	3.7%
OTHER	37 OUT OF 514	7.2%

TABLE 60: 4B CHILD WELFARE MULTIPLE PERIODS



Other includes these placement types: Pre-Adopt, Court Specified, Shelter, Non-FC, Transitional Housing, Runaway, Trial Home Visit, SILP, Guardian, Other

PROBATION

TABLE 61: 4B PROBATION SINGLE TIME PERIOD

FIRST ENTRIES – PROBATION	
TYPE OF PLACEMENT	4/1/12 – 3/31/13
RELATIVE	1
FOSTER HOME	0
FFA	0
GROUP/SHELTER	130 OUT OF 132 (98.5%)
OTHER	1

ANALYSIS FOR CHILD WELFARE AND PROBATION 4B FIRST ENTRIES

CHILD WELFARE

Child welfare placed 33.1% of the youth entering care with relatives, which is greater than California’s overall performance (26.1%). Alameda has made system wide improvements with Family Finding and Relative Assessments to more often place children with relatives in a timely manner. These efforts will continue with the current IV-E Waiver strategies.

One third of youth entering foster care are placed with relatives, which has slightly increased. The next largest group are those placed in Foster Family Homes. This has been a decrease from 45.3% to 33.1%. Group home placements have also decreased from 5.9% to 3.7%.

Stakeholders commented in focus groups that they have seen a focus on decreasing group home placements in the agency. Additionally stakeholders have shared that TDM’s have been a helpful process in terms of finding a suitable relative placement.

PROBATION

All but 2 youth entering foster care are placed in residential/Group home placements.

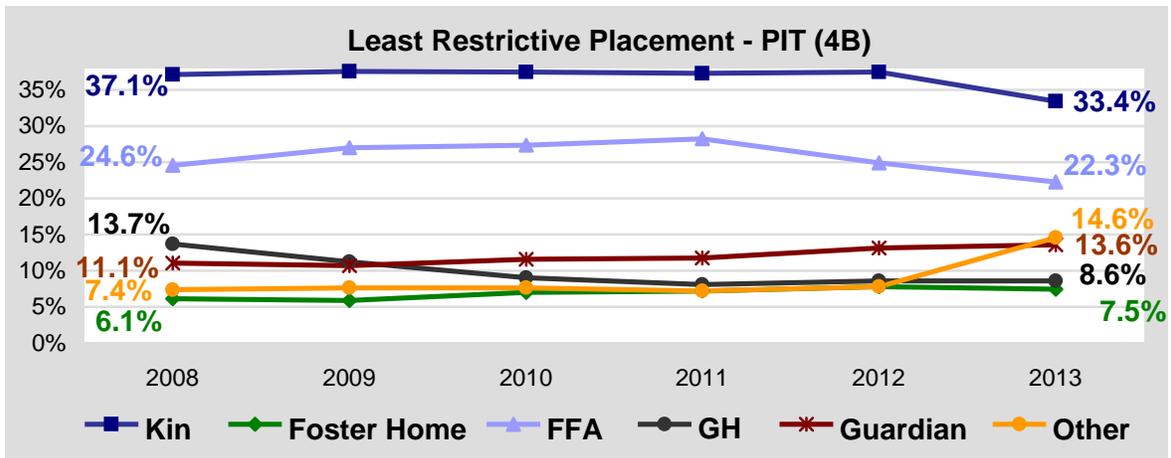
4B LEAST RESTRICTIVE PLACEMENT (POINT IN TIME)

CHILD WELFARE

TABLE 62: 4B CHILD WELFARE SINGLE TIME PERIOD

FIRST ENTRIES – CHILD WELFARE		4/01/13 PIT
TYPE OF PLACEMENT	NUMBER OF CHILDREN	CURRENT PERFORMANCE
RELATIVE	520 OUT OF 1,555	33.4%
FOSTER HOME	116 OUT OF 1,555	7.5%
FFA	347 OUT OF 1,555	22.3%
GROUP/SHELTER	133 OUT OF 1,555	8.6%
OTHER	439 OUT OF 1,555	28.2%

TABLE 63: 4B CHILD WELFARE MULTIPLE PERIODS



Other includes these placement types: Pre-Adopt, Court Specified, Shelter, Non-FC, Transitional Housing, Runaway, Trial Home Visit, SILP, Other

PROBATION

POINT-IN-TIME – PROBATION	
TYPE OF PLACEMENT	4/1/12 – 3/31/13
RELATIVE	1
FOSTER HOME	0
FFA	0
GROUP/SHELTER	191 out of 430 (44.4%)
OTHER	238 out of 430 (55.3%)

ANALYSIS FOR CHILD WELFARE AND PROBATION 4B POINT-IN-TIME

CHILD WELFARE

Child welfare continues to have success placing children with relatives and establishing guardianships for children when necessary. Of the 14.6% of youth in the “Other” placement category, 6.9% are in SILP placements.

A point-in-time measure shows that 33.4% of youth are placed with kin. In this measure, group home placements are relatively higher at 8.6%. One challenge noted by stakeholders is the removal of clothing allowances for relatives.

PROBATION

A point-in-time measure shows that probation youth remain in group care at a rate of 44.4%, while the majority of youth (55.3%) reside in “Other” placements.

4E ICWA & MULTI-ETHNIC PLACEMENT STATUS

CHILD WELFARE

TABLE 64: 4E CHILD WELFARE SINGLE TIME PERIOD

Placement Type	4E -1	4E-2
Relatives	15	17
Non Relatives, Indian SCPs	3	4
Non Relatives, Non Indian SCPs	12	18
Non Relatives, SCP Ethnic Missing	.	1
Group Homes	6	6
Other	.	.
Missing	1	4
Total	37	50

TABLE 65: 4E-1 CHILD WELFARE MULTIPLE PERIODS

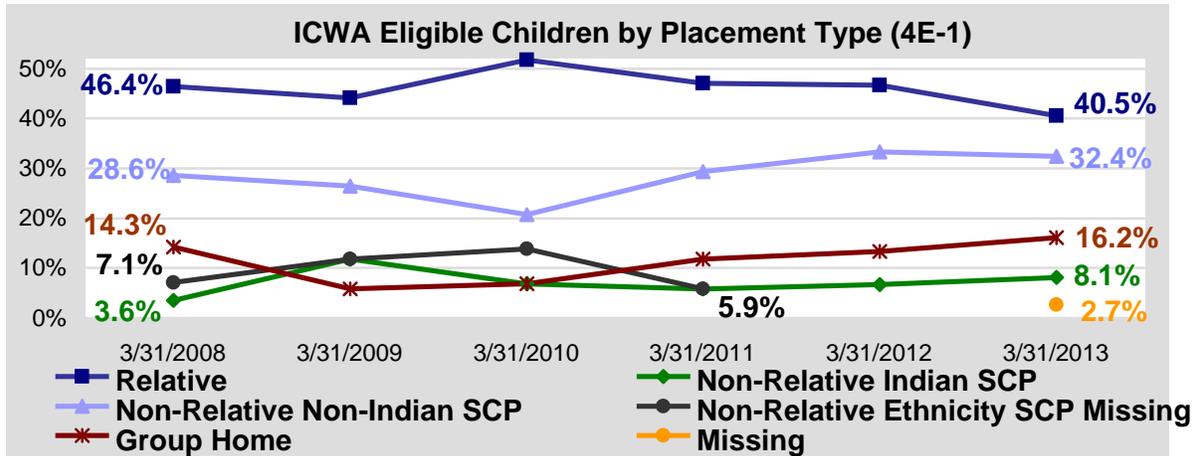
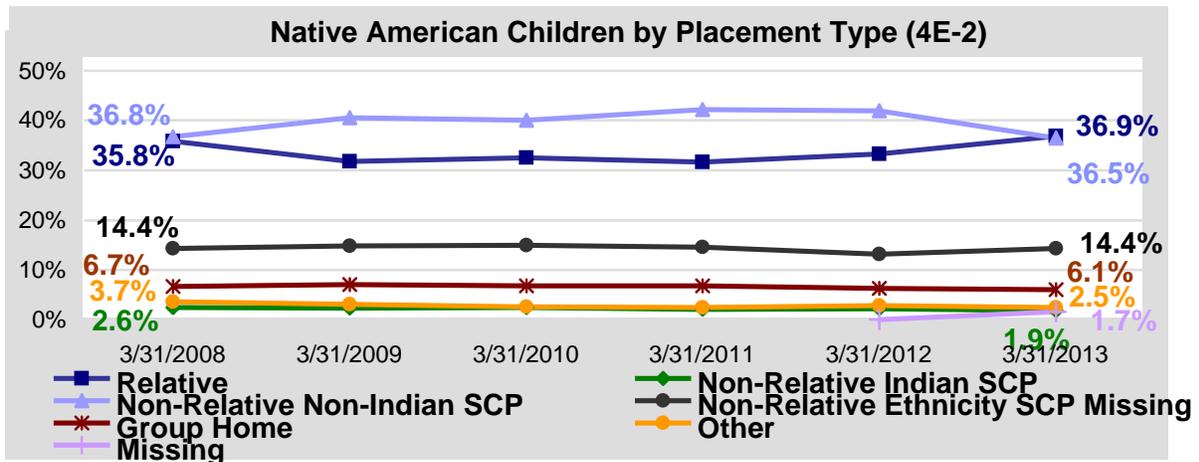


TABLE 66: 4E-2 CHILD WELFARE MULTIPLE PERIODS



ANALYSIS FOR CHILD WELFARE 4E

CHILD WELFARE

Slightly more than 40% of ICWA eligible children were placed with relatives during the most recent point-in-time. Of the multi-ethnic Native American children in care, almost 37% were placed with relatives. Both groups of children have approximately one-third of each group placed with non-relative, non-indian care providers.

The Department is continuing efforts to correctly identify ICWA eligible children in CWS/CMS, as well as children with Native American ancestry. With this accomplished, placement efforts

with these children will also become more accurate. Additionally, the Department is continuing to work with a local organization, BACAIR, on the improvement of services for Native American youth.

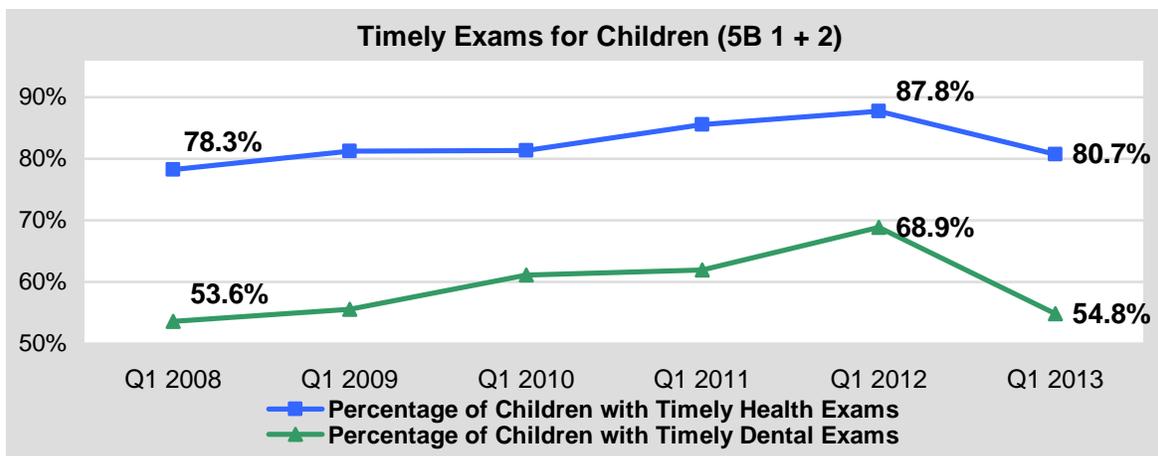
5B (1) RATE OF TIMELY HEALTH EXAMS

CHILD WELFARE

TABLE 67: 5B-1 SINGLE TIME PERIOD

	01/01/13 - 03/31/13
RATE OF TIMELY HEALTH EXAMS	980 of 1215 80.7

TABLE 68: 5B-1 + 2 MULTIPLE PERIODS



ANALYSIS FOR CHILD WELFARE 5B

CHILD WELFARE

In comparison with 2008's first quarter, the percentage of children with timely health exams has increased by 3.1%. The percentage of children with timely dental exams has increased by 2.2%.

The Department continues to utilize its Central Placement Unit (CPU) for all updates to health and dental information in CWS/CMS. It is hoped that recent changes to court report templates that better outline the required health and dental information will result in staff submitting the child's info more often to CPU for data entry, leading to more exams recorded in CWS/CMS.

Eighty percent of children have had timely medical exams. Foster parents reported that there is an issue related to obtaining medical cards in a timely manner. A huge disconnect in communication occurs when Child Welfare Workers change from different units/case plans (FR to FM).

Foster parents also shared that when they receive youth for placement, the “County never seems to know enough about the child. I think the County needs to provide more information to the foster parents about this child. More information about health issues, such as the medically fragile children. County should be more open with the parents in getting health information for the child. We should be more updated than we are.”

Foster parents also voice a concern about the Health and Education Passport (HEP). The HEP is not being updated properly. The agency is not uploading the latest information even though the foster parent and doctor are filling out the County forms.

5B (2) RATE OF TIMELY DENTAL EXAMS

CHILD WELFARE

TABLE 69: 5B-2 CHILD WELFARE SINGLE TIME PERIOD

	01/01/13 - 03/31/13
RATE OF TIMELY DENTAL EXAMS	568 OF 1037 54.8

ANALYSIS

CHILD WELFARE

In comparison with 2008’s first quarter, the percentage of children with timely dental exams has increased by 2.2%.

The Department continues to utilize its Central Placement Unit (CPU) for all updates to health and dental information in CWS/CMS. It is hoped that recent changes to court report templates that better outline the required health and dental information will result in staff submitting the child’s info more often to CPU for data entry, leading to more exams recorded in CWS/CMS.

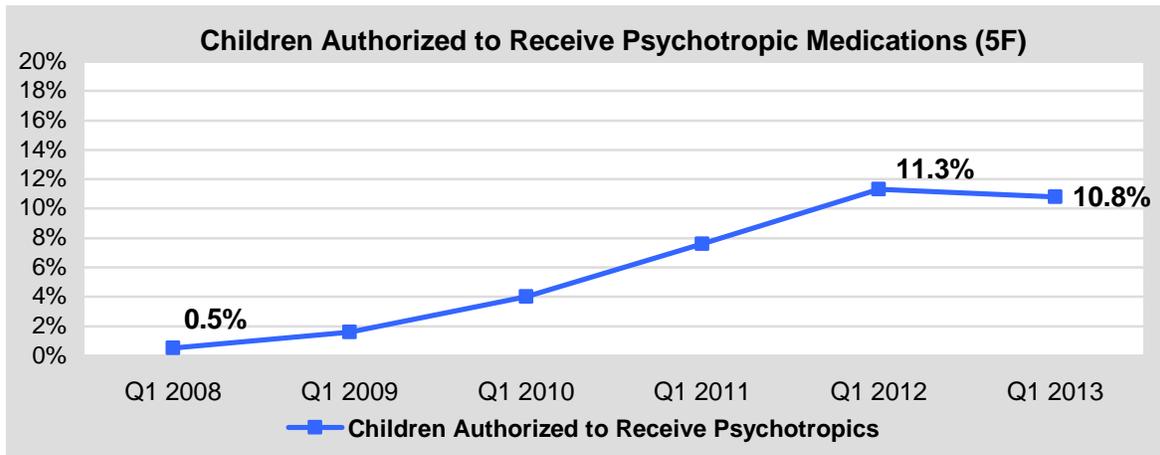
5F PSYCHOTROPIC MEDICATIONS

CHILD WELFARE

TABLE 70: 5F CHILD WELFARE SINGLE TIME PERIOD

	01/01/13 - 03/31/13	
PSYCHOTROPIC MEDICATIONS	144 OF 1332	10.8%

TABLE 71: 5F MULTIPLE PERIODS



ANALYSIS FOR CHILD WELFARE 5F

CHILD WELFARE

This measure was added to the CWS Outcome Measures for Quarter 2, 2008, which may explain the increase in psychotropic medication authorizations over the last 5 years as data entry practices have improved.

There has been an increase in children authorized to receive psychotropic medications, peaking in 2012 at 11.3% of children. During a focus group with youth, many reported medication was not useful.

- One foster youth reported the medication “made the illness worse and more of a problem.” He was better off coping by himself than to deal with the medication “side effects.”
- One foster youth reported she was put on a lot of medication in the past but didn’t need it. “We are just teenagers...nothing is wrong with us.”

- One foster youth reported being on medication since age 15, then taking herself off the medication when she moved on her own.
- One foster youth felt if you have ADHD you should learn how to manage it in case you can't get medication. You need to learn how to manage your ADHD on a daily basis.
- Another foster youth reported you have no control with medication and should only take it if you severely need it.

Child Welfare staff shared concerns about mental health resources and its impact on foster youth:

- Limited resources for very high needs children in county, no high level group home in the county, and TBS is only available in the county not for out of county placements.
- Resources not being available when children are placed out of county. Only group home option is not a best placement.
- No accountability with providers.
- Lack of placements for teens, non-minor dependents, young mothers.

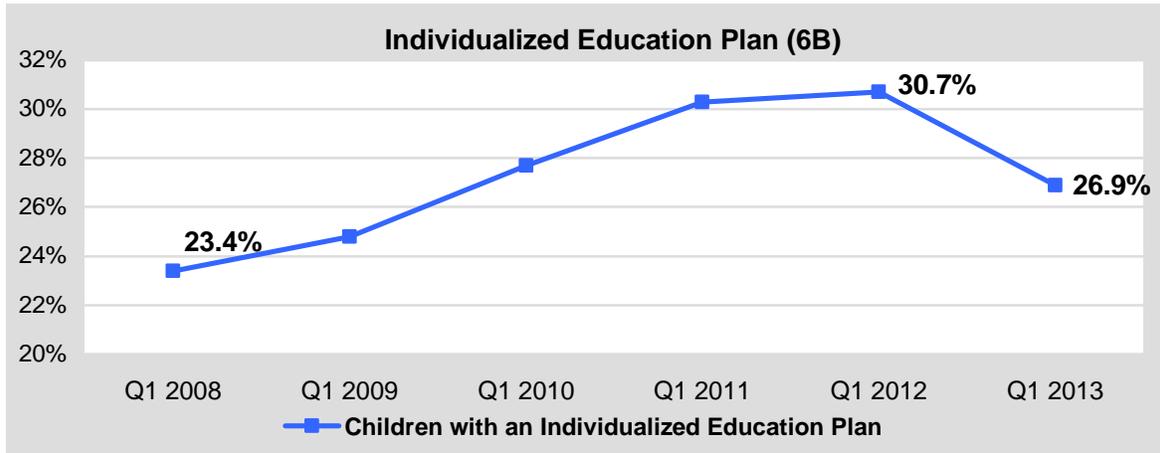
6B INDIVIDUALIZED EDUCATION PLAN

CHILD WELFARE

TABLE 72: 6B CHILD WELFARE SINGLE TIME PERIOD

	01/01/13 - 03/31/13
INDIVIDUALIZED EDUCATION PLAN	323 OF 1202 26.9%

TABLE 73: 6B CHILD WELFARE MULTIPLE PERIODS



ANALYSIS FOR CHILD WELFARE 6B

CHILD WELFARE

Of the children in care during the reporting period with a placement episode of 31 days or more, 26.9% of those youth have ever had an Individualized Education Plan. This is a greater percentage in comparison to the first quarter of 2008, but a lower percentage of youth than last year’s first quarter.

Foster parents shared a need for training on IEP’s. In one incident it took five months for a foster child to receive an IEP due to a child’s behavioral issues at the school which the child’s attorney was the first to bring up an IEP request.

8A OUTCOMES CHILD WELFARE AND PROBATION

8A COMPLETED HIGH SCHOOL OR EQUIVALENCY

TABLE 74: 8A SINGLE TIME PERIOD

	01/01/13 - 03/31/13	
CHILD WELFARE	2 OF 3	66.7%
PROBATION	4 OF 9	44.4%

8A OBTAINED EMPLOYMENT

TABLE 75: 8A SINGLE TIME PERIOD

	01/01/13 - 03/31/13
CHILD WELFARE	0 OF 3 0%
PROBATION	2 OF 9 22.2%

8A HOUSING ARRANGEMENTS

TABLE 76: 8A SINGLE TIME PERIOD

	01/01/13 - 03/31/13
CHILD WELFARE	3 OF 3 100%
PROBATION	8 OF 9 88.9%

8A RECEIVED ILP SERVICES

TABLE 77: 8A SINGLE TIME PERIOD

	01/01/13 - 03/31/13
CHILD WELFARE	3 OF 3 100%
PROBATION	7 OF 9 77.8%

8A PERMANENCY CONNECTION WITH AN ADULT

TABLE 78: 8A SINGLE TIME PERIOD

	01/01/13 - 03/31/13
CHILD WELFARE	3 OF 3 100%
PROBATION	9 OF 9 100%

ANALYSIS FOR 8A

CHILD WELFARE

The 8A measures report information on foster youth and non-dependent non-related legal guardian youth who exited supervised foster care placement due to attaining age 18 or 19, or those youth who emancipated prior to age 18, during the quarter.

The small number of youth reported may be due to more youth remaining in foster care and taking advantage of AB12/Extended Foster Care.

2 out of the 3 youth who emancipated in quarter 1, 2013, completed high school or the equivalency. During a focus group with youth, one foster youth reported a need for programs that encourage foster youth to attend college, as well as, paying for youth to attend private schools so they can receive a “better education.”

Foster youth reported enjoying going to the ILP office, but felt that with the exception of the first two sessions most of the classes were very useful. Most of the foster youth felt the ILSP resources were better in the Oakland office than the Hayward ILSP office.

During stakeholder focus groups with staff, Child Welfare Workers reported some issues with the implementation of AB 12., including:

- Needing to visit a young adult once a month especially if the non- minor adult is in college or works during the day.
- Lack of resources for non-minor dependents such as housing and specific substance abuse programs for this age range.
- Child Welfare Workers reported they feel they only receive a call from the non-minor dependents to receive their paychecks. The role of the Child Welfare Worker is only to be a “check distributor”.
- There is not enough guidance or strength-based relationships between the Child Welfare Workers and the non-minor dependents.

All child welfare youth had a permanent connection upon emancipation. The Peer Review found that early and consistent Family Finding was helpful in finding permanent connections for youth.

PROBATION

It is difficult to make comparisons about the data with so few youth included. Although less than 50% of youth have completed high school or its equivalency, or obtained employment, more than 88% of youth have housing and a permanent connection with an adult.

This measure indicates that 4 out of the 9 youth who emancipated completed high school or the equivalency. A youth who participated in the focus group requested that probation provide resources “so we can succeed.” Resources identified were finding employment, teaching life skills and housing. One youth shared that he did get assistance from his probation officer to get employment.

Court and community stakeholders discussed a program called "Highway to Work", which has been very successful in finding employment for youth. An unintended consequence of the program has been that some stakeholders have been asked by youth how they can enter the system so they can get services.

The majority of probation youth took advantage of the Independent Living Skills Program (ILSP) services available to them. One youth who participated in the focus group indicated that he wished he could have learned more about AB 12 services as he "didn't know what it was." Some youth reported the AB 12 eligibility was confusing. Some youth have told their probation officers that their education in Juvenile Hall was the best they've had. Community stakeholders indicate that they are "working with the Oakland School District in obtaining the transcripts for these youth. Very often these youth fall through the cracks and we want to make sure these youth are on track. We have also offered stipends/incentives for meeting their goals."