6/3/14 #3

California – Child and Family Services Review Signature Sheet

County	Alameda
CSA Period Dates	June 17, 2009 - October 16, 2013
SIP Period Plan Dates	March 16, 2014 - March 16, 2019
Outcome Data Period	July 2013 (Q1 2013)
County Child Welfare Agency Director	
Name	Michelle Love, Assistant Agency Director
Signature*	Michelle Love
Phone Number	(510) 667-7614
Mailing Address	PO Box 1828 Oakland, Ca 94604
County Chief Probation Officer	
Name	LaDonna Harris, Chief Probation Officer
Signature*	LaDonna Harris
Phone Number	(510) 268-7233
Mailing Address	400 Broadway, 4th Floor Oakland, Ca 94607
Board of Supervisors (BOS) Signature	
BOS Approval Date	Tuesday, June 3, 2014
Name	KEITH CARSON
Signature*	Keith Carson

*Signatures must be in blue ink

Logged and rec'd 7/3/14 RK

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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

California - Child and Family Services Review

System Improvement Plan

[2014 - 2019]

6/3/14 #3

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Introduction

Children & Family Services

The California Child and Family Services Review

The California Child and Family Services Review (C-CFSR) is a result of Assembly Bill 636 (Steinberg – 2001), which provided a framework for the 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 County Self Assessment (CSA) is the first component of the five year C-CFSR cycle, and it informs the development of the County System Improvement Plan (SIP). The CSA is a comprehensive assessment of the county population, child welfare and probation services, C-CFSR outcome measure performance, and it includes a Peer Review process. The CSA now fulfills some of the child abuse prevention requirements for a needs assessment that was previously known as the OCAP Plan.

The CSA's Peer Review component provides counties with qualitative information about their programs by examining child welfare practices and policies that impact outcomes for children and families. The Peer Review also offers the opportunity for sharing successful efforts across counties. Peers from counties assisting with the review share information on best or promising practices used in their own county.

Following the CSA is the completion of the operational agreement between the CDSS and the county known as the System Improvement Plan (SIP). The SIP is developed every five years by the lead agencies in collaboration with their local community, prevention and early intervention partners and is approved by the county Board of Supervisors (BOS). It provides an outline for how the county will improve their system of care for children and families. The SIP identifies how programs and services funded with CAPIT/CBCAP/PSSF funds will address priority needs within the CWS continuum.

Following the development of the five-year SIP, County Child Welfare Departments and Probation Placement Agencies, in collaboration with their community partners, will develop and submit to the CDSS an annual SIP Progress Report.

Probation

Alameda County Probation Department (ACPD) has been committed to expanding and building support services aimed to improve system changes that impact youth who are at risk of removal, and their families while achieving the identified goals, which are to: improve reunification of youth in group home placements within the 12 month period; and provide the least restrictive level of care, when out-of-home placement is necessary.

SIP Narrative

SIP Development Process

Children & Family Services

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, with some team members changing for the different parts of the C-CFSR process, as needed. 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).

FOCUS AREA	NAME, TITLE	ORGANIZATION
Child Welfare	Michelle Love, Assistant Agency Director	Children & Family Services
Child Welfare	Marcy Takeuchi, Child Welfare Supervisor	Children & Family Services
Child Welfare	Budd Seeley, Management Analyst	Children & Family Services
Child Welfare	Connie Linas, Supervising Program Specialist	Children & Family Services
Child Welfare	Barbara Loza-Muriera, Program Specialist	Children & Family Services

Child Welfare	Denise Smernes, Program Manager	Children & Family Services
Child Abuse Prevention	Irma Munoz, Social Services Consultant	CDSS
Outcomes & Accountability	Korena Hazen, Social Services Consultant	CDSS
Probation	Kathy Martinez, Deputy Chief	Probation Juvenile Services
Probation	Paulynne Jones, Division Director	Probation Juvenile Services
Probation	Rick Martinez, Division Director	Probation Juvenile Services
Probation	Natasha Middleton, Management Analyst	Probation Juvenile Services

Probation

A county designated 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). Additionally in August of 2013, the County held a series of focus groups that included various stakeholders and county staff, including youth, parents and courts.

Alameda County Peer Review

In July 2013, a Peer Review was conducted which initially invited twelve (12) peer Child Welfare Social Workers and Probation officers from various counties within the state of California. Nine counties participated during the week long peer review process, which included three (3) Peer Review Orientations.[1]

Two Federal Outcome Measures were addressed at the 2013 Peer Review: 1) C1.1 Reunification within 12 months (exit cohort) and 2) C1.2 Median time to reunification (exit cohort). Probation's performance during the January 1 through December 31, 2012 period was 28.8% for C1.1 Reunification within 12 months where the federal standard at the time was 75.2%. For C1.2 Median time for reunification during the same time frame, Probation's performance was at 17.1 months compared to the federal standard of 5.4 months.
Successes and challenges were discussed regarding reunification along with subsequent recommendations based on peer methodologies. Of the successes in maintaining connections

[1] California – Child and Family Services Review: County Self-Assessment (July 2012-2013): Alameda County Social Services Agency & Probation Department

with youth in placement, some of following examples were provided: video conferencing provided by Agency for family connections; providing means for transportation, e.g., bus tickets, hotels, plane fares, etc.; probation officer maintained monthly visits with youth; involvement of relatives; and parents participation with services. Regarding the challenges faced with reunification, some of the highlights were: AWOL youth; mental health issues; Family Finding information was not shared with Probation and the family often not wanting youth to return home due to previous behavior problems.

From these debriefing sessions, recommendations were outlined and identified as training and resource needs along with establishing or revising Policies and Procedures. For training needs for Probation, areas identified were: extension of Foster care for Court staff and Probation staff; Placement CORE; Family Finding; and training with regard to policies and procedures. For resource needs, the key areas included were more transitional housing; a Liaison between CWS and Probation; increase staffing to reduce caseload sizes; and reduce paperwork and convert to automation. For policies and procedures, the focus areas were: improve understanding and education around reunification and levels of expectation regarding timing; improve Court order process; establish written policies and procedures; and overall education on placement and deliverables.

Probation Officers new to the placement unit or who have not yet attended the Placement Probation Officer Core training are scheduled to attend or have attended since the peer review. Additional trainings related to CWS/CMS, family finding efforts and AB12 are scheduled to occur in early 2014.

Probation Foster Care Cases – Point in Time

Regarding Probation, 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. The Probation management team is working on increasing utilization and training opportunities to ensure that there is accurate and timely data entry. As reflected in the table below, it appears that number of youth in foster care placement has been increasing; however, this reflects ACPD data integrity that management is working on improving.

County	Point In Time		
	Oct 1, 2011	Oct 1, 2012	Oct 1, 2013
	n	n	n
Alameda	363	391	420

During 2012 approximately 71% of probation youth remained in foster care for 13 to 60 months, with 36% of youth reunifying within the 12 to 23 month time period. ACPD shall impose several strategies aimed to improve timely reunification within the 12 month period. Due to the time it will take to implement some strategies and methodologies, the county does not anticipate any significant data changes until Year 2. However, some strategies may reflect immediate results, provided data integrity is improved within the intended timeframe.

Participation of Core Representatives & Stakeholders

The 2013 Alameda CSA was a collaborative effort involving many external stakeholders and internal county staff. Their contributions provided essential information to this assessment and to ensuring the success of this SIP. Stakeholder 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 the group meetings. 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.

A list of the Core Representatives and Other Stakeholders who participated are listed in Attachment A. Please note that parents and youth are noted 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 have supported our C-CFSR process.

The county's Peer Review was completed during the week of July 29, 2013 with twelve peer Child Welfare Social Workers and Probation Officers from surrounding counties participating in the review. The focus of the review for both departments was family reunification.

Child welfare selected cases randomly of children who entered foster care during the same time period and also received Family Reunification services, with a combination of cases that resulted in successful reunification within 12 months and others that did not. Other factors considered during case selection were placement type, child ethnicity, and age of removal. Findings from the Peer Review were reviewed with staff in August 2013.

In December 2013, the SIP planning process began as an extension of the CSA and Peer Review with an internal meeting involving the C-CFSR team to outline the planning process. In January 2014, the C-CFSR team identified potential strategies using the C-CFSR Planning Team's recommendations from the Peer Review, and in consideration of the unmeet needs and service gaps identified during the CSA. These potential strategies were considered for their probable impact on the Department's existing Title IV-E Waiver (Waiver) goals and related Outcome Data Measures.

The C-CFSR team used this information to collaborate with all other Department Senior Managers and consider the potential inclusion of other strategies from existing or planned Waiver services. These strategy ideas were then reviewed for final selection by the Department's Division Directors and Assistant Agency Director. The reasoning for the selection of each strategy and additional analyses that were considered for development of the SIP are described within this report's next section.

Prioritization of Outcome Data Measures/Systemic Factors and Strategy Rationale

Probation

In 2010, Alameda County Probation Department (ACPD) experienced a decrease in staffing which greatly impacted supervision including the Placement Supervision Unit. Since then, the Department has been attempting to increase staffing levels in an effort to improve caseload ratios. The Department has provided an additional probation officer to the unit to supervise the growing number of youth participating in extended foster care services. Two additional probation officers plan to be added to the unit with 2014 in an effort to reduce caseloads. Additionally, in late 2013, the Department added a Program Services Coordinator to serve as a placement unit expediter. This position will assist DPO's with transition planning for youth exiting placement and reviewing progress with assigned DPO of youth who have been in placement 180 days or longer for appropriateness to return home with support services. This, in turn, will impact the timely reunification of youth. It is anticipated that by increasing the number of probation officers assigned to the placement unit combined with utilizing lower level

of supervision upon a youth's completion of placement will also reduce caseload sizes for probation officers. Designating a probation officer to supervise youth upon their return from placement will provide additional supports to foster successful reunification for youth.

Federal Outcome Measure: ***C1.3 Reunification within 12 months (Entry Cohort)***

In an effort to reduce group home placements in probation, ACPD contracts with community organizations that provide Multi-Systemic Therapy (MST) and Wraparound services to youth at risk of removal to out of home placement or as supportive services to shorten a youth's length of stay in group home care. These models are either evidence based or identified as best practices for youth at high risk of removal and reoffending. ACPD continues to utilize these programs with plans to increase the number of youth served for pre-placement services in an effort to divert the youth from being removed into group home care. Additionally, these services shall be used at an increased rate to provide additional aftercare supports for youth and families in need of intensive family supports and services upon their youth completing a group home placement.

A planned strategy to reduce the number of youth in group home placements ACPD is exploring the use of Team Decision Making (TDM) practices or Family Group Conferencing (FGC) as a means of developing stronger service plans or use of alternate placements prior to requesting a youth be removed for placement in a group home facility. Through the use of TDMs or FGCs, this will enhance family engagement and participation in services or potential placement and assist in the development of stronger aftercare/transition plans with potential to shorten the length of time in out of home care. This effort combined with utilization of Wraparound and MST services for youth and their families should yield positive outcomes and improved results.

ACPD plans to contract with the National Council on Crime and Delinquency (NCCD) to develop a structured decision making tool to serve as a guideline and clearly defining the criteria for use by Probation staff when considering out of home placement. Screening for out of home Services (SOS) Committee will also utilize the tool for stronger consistency in Probation recommendations with regard to removal for foster care placements. This tool will be based upon outcome data tracked by the SOS, stakeholder interviews and placement data. It is anticipated that the tool will be developed with training provided to probation staff, court stakeholders and committee members after piloting of the tool. This system change effort will involve the need to track outcomes from the committee and tracking of respective Court orders. Open communication with the Courts is also necessary around systems change and to address issues outlined in the Peer Review.

As noted in the County Self Assessment, stakeholders had mentioned a lack of local placements and Probation Officers were not engaging with families. They also viewed budget reductions over the past five years had contributed to limited resources and staff.

ACPD is attempting to resolve this issue with the recent addition of one DPO for the growing AB12 population and plans to add additional staff this fiscal year in an effort to reduce their caseload sizes. Probation has assigned two DPOs to supervise youth who have transitioned home in an effort to reduce the placement DPO's caseloads while providing additional support for those youth and their families. .

Federal Measure: ***Medium Time to Reunification (Entry Cohort -Increase number of children and youth in least restrictive settings)***

ACPD continues to experience challenges in locating appropriate placements for youth with mental health issues, LGBTQ youth and CSEC involved youth. There are only a few options within the State for LGBTQ youth. However, this population also encounters substance abuse and therefore, those placements do not necessarily meet the additional needs. The Department continues to seek other least restrictive care placements for these difficult to place youth.

Due to the high needs of the mental health and CSEC youth, the most optimum approach in best addressing the needs of these populations is out of state program placement. At the same time, this places a strain on family engagement. The Department is exploring other local options and additional preventative services for this population.

Strategies aimed at increasing the number of youth placed in a least restrictive setting include the use of foster home placements in lieu of group home placement with additional therapeutic services. Probation departments typically utilize group homes when removal is ordered by the Court. However, ACPD will be developing a pilot program using foster homes for probation youth. Results from this effort may not be impacted until after Year 2, as protocols need to be developed with a participating Foster Family Agency in additional to recruiting and training of foster parents and probation staff.

Additional results in the area will be evident through the implementation of the Crossover Youth Practice Model within the juvenile justice system. This model allows for enhanced partnership between Probation and Children and Family Services when coordinating services for youth who become involved in both systems. In a joint development effort, ACPD is implementing this practice model in an effort to utilize the least restrictive care for youth crossing over into the juvenile justice system. This partnership with Children and Family Services will benefit all youth involved in both systems.

State Outcome Measure: ***2F Time Monthly Caseworker Visits in Residence***

ACPD is also examining practices by which data entry is occurring into CWS/CMS system. Additional training is planned for probation officers and the placement unit support staff in an effort to reflect more accurate entry and outcome data within CWS/CMS system. A review of

data within CWS/CMS will occur to close out cases that may have remained open unnecessarily. This will assist in providing a more accurate number of youth in out of home care and reflect an increase number of timely caseworker visits in their place of residence, thus impacting the 2F--Timely Monthly Caseworker Visits.

Children & Family Services

Child Welfare Population

The CSA helped to identify the following information about the county's population and potential service needs.

Child Abuse and Neglect Referrals

Between 2007 and 2012, the number of child abuse and neglect referrals decreased by 15%, from 13,171 to 11,179. The number of substantiated referrals decreased by 52.8%, while unfounded dispositions increased by 12.2%. Black children, compared to other ethnic groups, continued to have the highest share of all referrals as well as those that include a substantiated allegation.

Other notable information learned about referrals for suspected child abuse or neglect includes:

- Of the total referrals received between 2007 and 2012, the following zip codes had the highest percentage of child abuse referrals: 94601, 94603, 94605, 94621 (Oakland); 94538, 94536 (Fremont); 94578 (San Leandro); 94587 (Union City); 94501 (city of Alameda); and 94544, 94541 (Hayward).
- When considering the most serious allegation type within referrals, in 2012, physical abuse was the most common allegation and was found in 3,934 referrals, followed by general neglect (3,468), sexual abuse (1,520), emotional abuse (1,483), and caretaker absence/incapacity (498). However, when considering the most serious allegation type for *substantiated* referrals during 2012, the most common allegation type was general neglect (277), followed by caretaker absence/incapacity (240), physical abuse (136), sexual abuse (88), severe neglect (68), and emotional abuse (37).

Entries to Foster Care & Caseload

The number of children entering foster care for the first time decreased by 39.8% for 2012 when compared to entries in 2007. Within that overall decrease, all ages and ethnicities also declined. However, disproportional experiences in entries continue as Black children were 47.7% of the first entries in 2012, compared with White children, the second highest group, at 26.7%.

CSA stakeholders communicated that the overall 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 supportive services. Stakeholders also reported that Team Decision Making (TDM) meetings have been a helpful process for finding a suitable relative placement.

The total child welfare caseload decreased by 1,446 children (42.6%) between 2007 and 2012. With the exception of Native American children, all ethnic groups have experienced a decrease over this time period. However, Black children remain the largest percentage of the caseload at 54.7%.

Other notable information learned about the child welfare caseload includes:

- Of the total child welfare caseload in 2012, over 14% had the service component of Family Reunification, 26.0% were assigned Family Maintenance, 6% were in Emergency Response, and slightly more than half (53.5%) were in Permanent Placement.
- 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 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. This is also one of the highest rates in California.

CSA 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. 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 some children from entering the system.

Outcome Measures

During the CSA, the Department's C-CFSR outcome measure performance was analyzed thoroughly. The following includes several of the strengths and needs from that portion of the report. Additional information about these measures can be found at the California Child Welfare Indicators Project[2]. Performance within each measure is based on this report's outcome data period (Q1 2013), with comparison to earlier data periods as needed.

Although many of the C-CFSR measures offer valuable information about the outcomes foster children are experiencing, there are also limitations with their ability to capture the impact of recent services. Exit cohorts are used for several of the measures, for example, and as noted by Austin et al., "they are inherently likely to be biased in several ways, such as excluding youth who did not leave care, or including youth who entered care at very different times." [3] These issues should be considered while undergoing a review of C-CFSR data.

Measures with performance above, or close to, the state or federal requirement.	
#	Information concerning the DCFS' performance
S1.1	The recurrence of victimization as indicated through substantiated maltreatment allegations has improved by 2.9% since the baseline and exceeded the federal goal during the most recent performance.
S2.1	Absence of maltreatment in foster care compliance rates have consistently remained close to 100%.
C2.1	Concerning the timely discharge of children to adoption from foster care, the Department's performance exceeded the federal standard by 2.4% during the time period. *[Exit cohort]*
C2.2	This measure tracks the median length of stay in foster care for children who exited care to a finalized adoption. Department performance exceeded the federal goal by less than one month (.6) during the time period. *[Exit cohort]*
C2.5	This measure tracks the timely exit of legally free children from foster care to adoption. 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.
C4.1 & C4.2	These measures provide information on children in foster care for certain lengths of time during the period, to determine if they have had two or fewer placements. The Department exceeded the federal goal by 13.3% for measure C4.1 and 7.5% for C4.2.
2F	The Department is continuing to make timely social worker contacts with youth. Current performance exceeds the new 2F-1 (overall compliance) and 2F-2 (visits in child's

[2] http://cssr.berkeley.edu/ucb_childwelfare/default.aspx
[3] http://cssr.berkeley.edu/bassc/public/outcomes_summ.pdf

	residence) federal standards for visits with youth.
2B	The Department has continued to exceed the state standard for timely investigations of child abuse and neglect referrals (for both 10 day and Immediate response times).
2C	The Department is continuing to make timely social worker contacts with youth. For recent time periods, performance on the former 2C state measure has been above the state standard of 90%.

Measures with performance not yet meeting the state or federal requirement.	
#	**Information concerning the DCFS' performance**
C1.1	This measure is used to consider whether the children who exited from foster care to reunification during a certain time period did so in less than 12 months. Department performance fell short of the federal standard by 6.3% during the period in question. It should be noted that, as a measure using an exit cohort, there are inherent flaws with C1.1 that prevent the tracking of recent Department efforts and service delivery. *[Exit cohort]*
C1.2	Another exit cohort measure, this measure considers the median length of time (in months) children spent in foster care before exiting to reunification. For the most recent time period, Alameda's performance was .5 months short of the federal goal. However, this still represents a 16.9% decrease (i.e. an improvement) from the 4/1/08 - 3/31/09 time period. *[Exit cohort]*
C1.3	This measure uses an entry cohort to determine the percentage of foster youth who exited to reunification from foster care in less than 12 months from the date of removal from home, for their first entry into foster care. The Department's performance was 19.7% short of the federal goal. *[Entry cohort]*
C1.4	This measure provides the percentage of youth who reenter foster care after exiting care to reunification. The Department's performance represents a 23.4% decrease in reentries from the 4/31/07 - 3/31/08 time period; however, performance missed the federal goal by 6.5%. *[Exit cohort]*
C2.3	Performance in this measure indicates that more exits to adoption are needed for youth who have been in care for at least 17 months or longer, in order to reach the federal standard.
C3.1	Performance in this measure indicates that an increase is needed in the percentage of youth who are exiting foster care to a permanent home, prior to their 18th birthday, after being in care for 24 months or longer.
C3.2	The measure considers whether the children, who were legally free and exited from foster care during the time period, exited to a permanent home prior to age 18. Alameda's performance has decreased by 3.2% since the baseline period, and it is 2.2% below the federal goal. *[Exit cohort]*

C3.3	This measure considers whether the children in foster care during the time period, who either exited to emancipation or turned 18 while still in care, had been in foster care for 3 years or longer. Alameda's performance was 17.7% below the federal goal for the most recent time period. *[Exit cohort]*
C4.3	This measure provides information on children in foster care for certain lengths of time during the period, to determine if they have had two or fewer placements. For the most recent time period, the Department fell short of the federal standard for this measure by 7.1%.

As a county operating under the Title IV-E Child Welfare Waiver Demonstration Capped Allocation Project (Waiver), the County has chosen to utilize its existing Waiver goals for the SIP rather than only the C-CFSR outcome measures. Through the expanded data monitoring and research made possible by the Waiver, Alameda has been able to develop relevant and useful performance targets for each Waiver goal and avoid sole reliance on the C-CFSR outcome measures.

Alameda County first sought participation in the Waiver to utilize spending flexibility for a series of proactive reinvestment strategies to better direct financial resources away from expensive congregate care and ineffective services to prevention, early intervention, and long-term support strategies that serve youth and their caretakers with engaging, cost effective, localized, familial, and neighborhood and mentor-based supports. The Waiver goals were first developed with intent to strategically invest in programs that affect the level of care and the time that youth spend in foster care.

The following are the Department's Waiver goals:

- Reduce the number of children entering foster care by increasing the availability of early intervention/prevention strategies.
- Increase the number (percentage) of children appropriately placed in relative homes (reducing unnecessary group home care).
- Increase the percent of children who are reunified safely, permanently, and timely; thus, reducing the percentage of children who must re-enter foster care
- Increase the percent of timely adoptions and guardianships.
- Enhance services for emancipating (also known as transition age) youth.

Despite the problems noted above with the C-CFSR Outcome Measures, the Department has chosen several to focus on for this SIP, as required by the C-CFSR process. Each of these Outcome Measures is related to one of the Department's Waiver goals.

Strategies in Support of Waiver Goals and Outcome Measures

Outcome Measure or Systemic Factor: ***Participation Rates: Entry to Care Rates***

The Department's Target Improvement Goals for this C-CFSR measure are included on page 1 of the SIP Chart (Attachment A). The Department Waiver goal that is similar to this C-CFSR measure seeks to reduce the percentage of children entering foster care by increasing the availability of early intervention/prevention strategies.

A national standard is not included in the C-CFSR for Participation Rates: Entry to Care Rates. However, in comparison to counties similar in size to Alameda, the Department has one of the lower entry to care rates in the state for the CSA baseline period, with 1.7 entries to foster care per 1,000 children in the county population.

Additional analysis of our data completed for the CSA identified that although first entries to foster care decreased by 39.8% between 2007 and 2012, disproportional experiences in entries continue as Black children were 47.7% of the first entries in 2012, compared with White children, the second highest group, at 26.7%. This is similar to other prior findings that have been made from our data. It has also been identified that certain zip codes within the county experience a greater share of the children entering foster care for the first time than others. The Department continues to recognize decreases in children entering foster care and decreasing disproportionate entries to care as priorities.

Further reductions in the number of youth entering and remaining in foster care should provide with additional savings to reinvest in support of all SIP strategies under the Waiver. Therefore, Alameda County has developed plans for new strategies or enhancements to existing ones to target the needs identified in the CSA associated with this Waiver goal and C-CFSR Outcome Measure. A thorough review of the literature was completed to ensure that the evidence informed our practice, including research by Daro (2011) which found that providing a wide range of prevention strategies has demonstrated an ability to reduce child abuse and neglect reports as well as other child safety outcomes such as reported injuries and accidents.[4]

[4] Child Maltreatment Prevention: Past, Present and Future, Child Welfare Information Gateway, in partnership with Deborah Daro, Ph.D. This document is made possible by the Children's Bureau, Administration on Children, Youth and Families, Administration for Children and Families, U.S. Department of Health and Human Services, published 2011

Strategy 1: Improve existing intervention and prevention services and increase the access families have to those services.

Alameda County's first strategy involves enhancements to its Another Road to Safety (ARS) program. ARS is an early intervention and prevention program offered through DCFS by designated Community Based Organizations (CBOs). Such organizations consist of Prescott Joseph Center (PJC), Family Support Services of the Bay Area (FSSBA) and La Familia Counseling Services. Each of these CBOs provides family centered early intervention and prevention services within designated zip codes in West Oakland, East Oakland, Hayward and parts of southern and eastern Alameda County, high need community areas as validated in the CSA. The ARS program was developed to address the high recidivism rate of referrals and increased need for services to families.

ARS uses the North Carolina Family Assessment & Scale (NCFAS) within part of the assessment process used by caseworkers. The NCFAS has been found to have demonstrated reliability and validity by The California Evidence-Based Clearinghouse for Child Welfare.[5]

During September 2013, an internal workgroup of Department management and SSA's Program Evaluation and Research Unit (PERU) was convened in order to assess the ARS program and consider potential program enhancements (see Action Step A on page 3 of the SIP Chart). The information from the workgroup was used in the development of a Request For Proposal (RFP) process seeking to award a new contract(s) by July 1, 2014. Prevention & Intake Services Division Managers in DCFS are collaborating with SSA's Fiscal and Program Evaluation & Research Units (PERU) to ensure that the RFP is issued timely.

With the new contract established through the RFP process, to be completed by July 2014, SSA is intending to improve the quality and consistency of services provided to families through ARS, thereby reducing the number of children entering foster care (See Action Step B on page 3 of the SIP Chart). SSA intends, through the RFP, to:

- Select one lead agency to provide ARS services. This is expected to increase accountability to SSA, and improve the consistency and efficiency of the services provided to families.
- Enhance staffing levels of the ARS provider by education, training, and having priority/preference for Masters level staff and licensed supervisory staff to support quality of services and staff retention. The supervisory staff will provide clinical supervision to line staff and offer licensure hours.
- Increase engagement levels with families by hiring a Parent Advocate.

[5] http://www.cebc4cw.org/assessment-tool/north-carolina-family-assessment-scale/

- Support families with substance abuse issues and domestic violence by having a substance abuse and domestic violence specialist on staff.
- Improve the quality of data collected for ARS by the provider in order to support evaluation and research efforts.

SSA intends to improve the quality of contract monitoring by using a more collaborative and integrated process between PERU, Prevention & Intake Services, Contracts, and Fiscal. These improvements are intended to further align SSA goals, the ARS contract, and the actual services provided. SSA's coordinated effort will provide better support to the ARS contractor, and improve contract monitoring to ensure further effective use of public funds.

Training of Department staff (see Action Step C on page 3 of the SIP Chart) within Intake services and Emergency Response will be provided in July and August 2014. The goals of the training include:

- Increased collaboration between Intake and ERU Programs to ensure internal consistency of referrals to ARS and services offered to eligible families;
- Ensuring a "warm hand off" for families between SSA and ARS, within increased collaboration between SSA staff and ARS providers.

Internal trainings called road shows will be conducted bi-annually with ERU Programs to promote and clarify on-going ARS goals and services. The road show team will be a collaborative effort of Intake and ERU management, ARS, and Specialty Team providers.

Other changes are planned with the purpose of enhancing communicating and collaboration between CWWs and ARS providers (see Action Steps D & E on page 3 of the SIP Chart). These activities will be implemented in stages beginning in July 2014, to be fully operational by January 2015. Planned improvements include:

- Use joint initial home visits by the CWW and ARS provider at the time of referral to ARS; prior to closing the SSA referral. This will also help with the "warm hand" off described in Action Step C.
- Case conference and multidisciplinary team case consultation at the time of ARS referrals. The team will include a CWW, a CBO case manager, a CWS, a Parent Advocate and a specialty consultation team provider.
- Staff will be encouraged to increase their utilization of technology to promote on-going communication between CBOs and CWWs; for example, Skype, email, phone, or text messaging.
- Consistent utilization of SDM to guide the determination of the services needed.
- Including ARS Providers in TDMs.

SSA will monitor the intended improvements to ARS by

- Conducting and initial round of client satisfaction surveys with PERU (see Action Step F on page 3 of the SIP Chart) between September 2014 and June 2015.
- Child Welfare Supervisors will monitor the effectiveness of each SSA referral at the time of closure to track the consistency of referrals, and to ensure that all families who are eligible for ARS received a referral to ARS (see Action Step G on page 3 of the SIP Chart). This action step will be fully implemented and part of ongoing Department practice by June 2015. There will also continue to be ongoing reviews of ARS referrals conducted randomly by the Intake and ERU Program Manager.
- Conducting monthly Collaborative Management meetings to include a review process of the ARS referrals. SSA, along with the new ARS contract(s), will set clear expectations of the ARS provider agency for collaborating with the assigned CWW.

Strategy 2: Increase public awareness of child abuse prevention

In 2012, 573 children ages 0 - 17 entered foster care in Alameda County. This is an incidence rate of 1.7 per 1,000 children, which is lower than the statewide total of 3.4 for California. As noted in the CSA, Black children had a disproportionate experience in Alameda as 6.9 per 1,000 of those children entered foster care; although, that is also lower than the statewide rate of 11.1 per 1,000 children. It was also noted in the CSA that the number of total referrals received decreased by 15% from 2007 (13,171) to 2012 (11,179), while over that same period substantiated referrals have decreased by 52.8%.

Alameda County's decision to utilize this particular strategy was influenced by research suggesting that features of impoverished neighborhoods are linked to child maltreatment and entrance into the child welfare system has prompted some researchers and practitioners to call for more neighborhood-based prevention efforts.[6] Utilizing secondary prevention programs to target a wide range of resources and services to families in at-risk neighborhoods may help reduce the child maltreatment rates.[7]

Alameda's second strategy for this Waiver goal is to increase public awareness of child abuse prevention, thereby improving the community's knowledge of child abuse and how to report suspected child maltreatment. Alameda County has partnered with other agencies for completion of the action steps within this strategy.

[6] Melton, G. B., Thompson, R. A., & Small, M. A. (Eds.) (2002). Toward a child-centered, neighborhood-based child protection system: A report of the consortium on children, families, and the law. Praeger: Westport, CT.
[7] Lemon, K., D'Andrade, A., & Austin, M. J. (2005, July). Understanding and addressing disproportionality in the front end of the child welfare system. Berkeley, CA: Bay Area Social Services Consortium. http://cssr.berkeley.edu/bassc/public/EvidenceForPractice3_Disproportionaliy_FullReport.pdf

- Continue participation in the Enough Abuse Campaign to build community awareness of child sexual abuse and provide education regarding prevention services and resources. These efforts are expected to continue until June 2015, and may extend after that date if the strategy proves to be effective (see Action Step A on page 4 of the SIP Chart).
    - Enough Abuse is a regional prevention campaign sponsored by the Greater Bay Area Child Abuse Prevention Council Coalition, which includes membership from the 10 Greater Bay Area Child Abuse Prevention Councils. Technical assistance for this campaign is provided by the Center for Innovative Research (CIR).
    - CALICO Center and Alternative Family Services provide sexual abuse prevention training to parents, caregivers, faith based organizations, schools, and community organizations. These trainings are part of the Enough Abuse Campaign. This effort will be implemented no later than April 2014 (see Action Step A on page 4 of the SIP Chart)
        - CALICO Center conducts trainings for child welfare workers and a wide range of professionals in the community focused on the welfare of children. CALICO's outreach staff raises awareness about child abuse and services available to victims.
- Distribute prevention program brochures to the public. This action step will be implemented in April 2014 and completed by June 2015 (see Action Step B on page 4 of the SIP Chart).

Alameda County intends to monitor the effectiveness of the trainings with pre and post tests of training participants, as well as participant evaluations (see Action Step C on page 4 of the SIP Chart). The initial round of these monitoring efforts will occur between September 2014 and June 2015. The information gathered will be used to modify the program guidelines as needed.

<u>Strategy 3: Increase public awareness of infant health risks due to bed-sharing</u>

Alameda's third strategy attempts to address the community awareness of the infant health risks due to bed-sharing. That is, the health risks to a child who is sleeping in the same bed as another individual, typically their parent(s). CDSS (2013) has found that, during calendar year 2010, 53 of the child fatalities reported to the CDSS via the SOC 826 form involved a child under one year of age. Of those deaths, 6 were due to shaken baby, 6 were due to asphyxiation, and 10 were considered sleep related.[8]

[8] The California Department of Social Services (2013). California Child Fatality and Near Fatality Annual Report Calendar Year 2010.

Other research has identified the risks for SIDS are especially great for the youngest children, with 90% of SIDS cases occurring before an infant reaches 6 months of age. Additionally, there was found to be an increased rate of SIDS in African American (99 per 100,000) and Native American babies (112 per 100,000) vs. non-Hispanic white infants (55 per 100,000).[9]

In response to these safety risks for young children, Alameda County will develop a public education campaign about safe sleeping habits for infants (see Action Step A on page 5 of the SIP Chart). For this effort, the Alameda County Department of Public Health and Children's Hospital Oakland are available to provide technical assistance, including data and subject matter expertise in developing any curriculum or training that is involved with the campaign. It is expected that the campaign will be developed and implemented between March 2014 and July 2015. (see Action Step B on page 5 of the SIP Chart)

After implementation, the Department will monitor the effectiveness of the public education campaign. The monitoring plan will be developed and implemented by September 2014, with initial results about the campaign to be gathered by June 2015 (see Action Step C on page 5 of the SIP Chart). The Department will consider using the following within its monitor plan:

- Distributing surveys at any forums where the campaign is used to educate the public about safe sleeping.
- Conduct pre and post test evaluations to determine whether the campaign has increased community member knowledge of the dangers and risks of bed sharing.

The results of the monitoring plan will be used to adjust the campaign as needed, to improve its effectiveness.

Outcome Measure or Systemic Factor: ***4B Least Restrictive: Entries First Placement***

The C-CFSR has not an established performance standard for Outcome Measure 4B Least Restrictive: Entries First Placement. The Department's Target Improvement Goals for 4B are described in the SIP Chart. The following strategies under this outcome measure also support the Department's Waiver goal of increasing the number and percentage of children appropriately placed in relative homes thereby reducing unnecessary group home care.

http://www.childsworld.ca.gov/res/pdf/2010AnnualChildReport.pdf

[9] SIDS and Other Sleep-Related Infant Deaths: Expansion of Recommendations for a Safe Infant Sleeping Environment. Task Force on Sudden Infant Death Syndrome, *Pediatrics*; Vol 128 No. 5, November 1, 2011.

Analysis of Measure 4B Least Restrictive: Entries First Placement data completed for the CSA found that the Department placed 33.1% of the youth entering foster care between April 1, 2012 and March 31, 2013 in relative or NREFM homes, which is greater than California's overall performance (26.1%) for the same period. The Department also placed 31.9% of youth entering care in a Foster Family Agency Certified Home (FFA), which is a decrease from 45.3% during the April 1, 2008 to March 31, 2009 time period. Children placed in a group home as their first placement also decreased, from 5.9% during the April 1, 2008 to March 31, 2009 period to 3.7% during the CSA outcome data period.

The Department intends to build on the success it has had with this Outcome Measure and Waiver goal. Just as with a reduction in the number of children entering foster care, placing foster children in the least restrictive setting possible allows the Department the opportunity to reinvest Waiver savings in support of its other strategies to improve the outcomes for children and families. Indeed, placing a greater percentage of children who are in care into relative placements is supported by evidence to improve the outcomes for children. Research by Winokur et al., demonstrated that children in relative placements, as compared to children in non-relative care, had significantly fewer placements, were less likely to stay in care or have a subsequent allegation of institutional abuse or neglect, or be involved with the juvenile justice system.[10] Additionally, Conway & Hutson have summarized the results from several studies documenting the advantages of relative placements, including fewer placement changes or changes in schools, a reduced percentage of reentries to foster care after reunification, and fewer reported behavioral problems while in care.[11]

Strategy 1: Implement trauma informed practices

Children entering foster care are more likely to be victims of complex trauma and polyvictimization, meaning that they have experienced six or more forms of abuse. Cook et al. (as cited in Klain and White, 2013), found that children who have experienced more than one form of trauma tend to have more severe and complicated reactions, impacting their emotional, behavioral, and cognitive functioning. [12]

[10] Winokur, Crawford, Longobardi, & Valentine (2008). *Matched Comparison of Children in Kinship Care and Foster Care on Child Welfare Outcomes*. Families in Society: The Journal of Contemporary Social Services. Volume 89, 3, 338-346.
[11] Conway & Hutson (2007). Is Kinship Care Good for Kids? Center for Law and Social Policy. http://www.clasp.org/resources-and-publications/files/0347.pdf
[12] Klain. E. and White, A. (2013). Implementing Trauma-Informed Practices in Child Welfare. ABA Center on Children and the Law. http://childwelfaresparc.org/wp-content/uploads/2013/11/Implementing-Trauma-Informed-Practices.pdf

Although children in foster care often have not had the benefit of living consistently in safe and stable homes, which would aid in their development of resiliency, research by Schneider et al. has documented that interventions designed for building healthy child-caregiver relationships, processing painful memories, and making a child feel safe can support the child in developing strategies and tools for overcoming future trauma.[12]

In response to this understanding of the potential impact of trauma on children who experience abuse or neglect—and the potential for strategies to improve child's well-being after experiencing trauma—the Department will embed trauma-informed thinking within its organization, to ensure that staff members have a basic understanding of how trauma affects the life of a foster child. As a trauma-informed organization, the Department will have an understanding of the vulnerabilities or triggers of trauma survivors that traditional service delivery approaches may exacerbate, so that the services and programs provided to foster children and their families can be more supportive and avoid re-traumatization.[13]

A review of evidenced based curriculums will be used to identify the particular training model for this Department. Training (see Action Step A on page 6 of the SIP Chart) will then be provided to the following groups:

- DCFS management by April 2016
- DCFS line staff by April 2016
- Collaborative partners (Probation and relevant stakeholders) by January 2015

This strategy is related to the Crossover Youth Practice Model, which is the third strategy under this Outcome Measure. Both strategies include training on Trauma Informed Care but a slightly different schedule due to the populations involved.

After receiving training and implementation occurs in February 2015, Child Welfare Supervisors, as coaching resources, will monitor how CWWs in their unit are utilizing trauma informed thinking within their case management activities and engagement with families (see Action Step B on page 6 of the SIP Chart). The Department's Executive Team (DET) will monitor placement stability and placement type data (4B) for foster children before and after implementation, to monitor the effectiveness of the strategy.

<u>Strategy 2: Move youth placed in a group home to a lesser restrictive placement whenever possible</u>

[13] Trauma-informed Care and Trauma Services. Substance Abuse and Mental Health Services Administration. Retrieved on February 11, 2014 from http://www.samhsa.gov/nctic/trauma.asp

The Department has made great strides in its commitment to placing children in the least restrictive setting whenever possible. Only 8.9% of all children in out of home care on July 1, 2013 were placed in a group home, which is down from 15.1% on July 1, 2007. However, the Department will continue to maintain its focus on these efforts and intends to further reduce the number of children in group home care.

The Department's goal is consistent with state law and policy restricting the use of group home placements. To accomplish its goal, the Department's first action step is to review the cases of all children residing in group home care every 90 days, in order to determine whether that placement is still necessary and how to transition the youth to a lower level of care. Each Division Director will work with their staff to ensure that the reviews and case assessments begin in January 2014 (see Action Step A on page 7 of the SIP Chart). These reviews will continue after the completion date of June 2015, as part of the Department's ongoing efforts.

To ensure that relative and NREFM placements are identified for youth as an alternative to group home care, the Department will make the following improvements:

- Ensure that Family Finding & Engagement (FFE) efforts occur as part of the case management activities of all case carrying staff. An internal evaluation of the Department's FFE program indicated that FFE was more or as successful when done by the case carrying worker, rather than a secondary assignment FFE staff. Therefore, the Department will transition its FFE efforts to occur within units and as part of the case management duties practiced by all case carrying staff. For this transition in FFE services, the Department will:
    - Embed former Family Finding & Engagement program staff within Dependency Investigation units for early identification of relative/NREFM placements for youth. The earlier these potential caregivers are found, the less likely it is for youth to be placed in a more restrictive setting. (see Action Step B on page 7 of the SIP Chart)
    - Provide FFE training to all case carrying CWWs and their Supervisors (see Action Step C on page 7 of the SIP Chart).
- Have YAP fellow participate in all TDMs for youth who are placed in group home settings. Another internal evaluation has found that YAP fellow presence in a TDM increases the quality of placement decision making and efforts to move youth out of an existing group home placement. (see Action Step D on page 7 of the SIP Chart)

The Department will continue to evaluate the effectiveness of these action steps and the transitions of youth from group homes to lower levels of care (see Action Step E, page 7 of the

SIP Chart). At least once per quarter, Program Managers and Clerical Managers will receive and review a report on the youth in group home care, to assist with follow-up with staff about each youth's plan for transition to a lower level of care. The Department will implement changes to monitoring efforts and services, as needed, based on these data reviews. The action steps within this strategy will continue after January 2016 as part of the Department's ongoing efforts to improve the outcomes for youth. Feedback collected from staff will be used to modify these action steps, as needed.

Strategy 3: Improve the communication and coordination between Alameda County DCFS and Probation for the services delivered to crossover youth, using the Crossover Youth Practice Model

The Department will receive technical assistance and consulting services from the Center for Juvenile Justice Reform[14] in support of its implementation of the Crossover Youth Practice Model (CYPM) in Alameda County. The CYPM seeks to improve outcomes for youth in child welfare who cross over into the juvenile justice system and vice versa. A disproportionate number of them are youth of color and girls, and the population as a whole generally requires a more intense array of services and supports than other youth known to each system individually. The 42 communities across the country currently implementing the CYPM are having success in improving both cross-system collaboration and youth-specific outcomes.

The model seeks improvements in system performance by ensuring greater uniformity in mission and vision of child welfare and juvenile justice agencies, developing specific policies and guiding changes in practice, improving cross-systems communication and engagement in case management and planning, and creating mechanisms that support continuous quality improvement.

The goals sought through implementation of this model are to reduce

- The number of youth placed in out-of home care,
- The use of congregate care,
- The number of crossover youth, and
- The disproportionate representation of children of color in the crossover population.

Within CYPM, the Department will collaborate with Probation to implement, by January 2015, improvements to joint assessments of youth, case planning, and case management and supervision conducted by both departments. After full implementation in June 2015, these

[14] http://cjjr.georgetown.edu/

efforts will continue on an ongoing basis, with monitoring of this action step by DET. The Department will collect data on crossover youth to monitor progress towards the goals of the model (from bulleted list above) to examine the impact of this action step. Changes will be implemented to the action step as needed (see Action Steps A and B on page 8 of the SIP Chart).

The Department will embed trauma-informed thinking within its organization, to include a basic understanding of how trauma affects the life of crossover youth. To initiate this process, the Gateways to Permanence Division Director will oversee an effort to research, vet, and identify a trauma informed care curriculum by August 2014 (see Action Step C on page 8 of the SIP Chart). Staff will then be given an overview of trauma informed practices by December 2015 (see Action Step D on page 8 of the SIP Chart). These Action Steps are closely related to efforts made for the first strategy identified under this same targeted Outcome Measure (see page 6 of the SIP Chart). That strategy intends to embed trauma informed thinking into all areas of the Department and improve all of its services with families, which will encompass this strategy dealing specifically with crossover youth. The training for this strategy will be implemented sooner than the more comprehensive training under the first strategy.

Outcome Measure or Systemic Factor: ***C1.3 Reunification within 12 months (entry cohort); C1.4 Reentry following reunification (exit cohort)***

The Department's Target Improvement Goals for C1.3 and C1.4 are included in the SIP Chart (Attachment A). The following strategies under this outcome measure also work in support of the Department's Waiver goal that seeks to increase the percent of children who are reunified safely, permanently, and timely; thus, reducing the number of children who must re-enter foster care.

For the Peer Review component of the CSA, the Department chose to focus on Family Reunification. The Department performance in Measures C1.1, C1.2, and C1.3 for January - December 2012 data was not meeting the C-CFSR standards, and the area was also chosen due to its potential impact on many other different outcomes. Once a child is removed from his or her parent or guardian and placed in foster care, safely returning that child to their home is the primary goal of Child Welfare.

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

- Parent(s) accepted services
- Parent(s) communicated with staff
- Parent(s) maintained contact with their child(ren) who were in foster care placement
- Parent(s) advocated for themselves
- Child showed resiliency and received needed services (i.e. mental health), especially when they were able to advocate for and identify their own needs

Reunification was less successful when

- The Agency was not able to provide ongoing, reasonable efforts in maintaining contacts, arranging visitation and delivering reunification services.
- The parent(s) demonstrated an inability to engage due to mental health issues and/or AOD issues, etc.
- The parent(s) have financial needs that are unable to be met: Housing, Food, Concrete Services, etc.
- The 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, and took responsibility for visits, which 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.

The strategies identified below for this Waiver goal and the chosen C-CFSR Outcome Measures are intended to address as many of the findings of the Peer Review as possible.

<u>Strategy 1: Implement Safety Organized Practice (SOP)</u>

"Safety-organized practice (SOP) is a holistic approach to collaborative teamwork in child welfare that seeks to build and strengthen partnerships within a family, their informal support network of friends and family, and the agency. SOP utilizes strategies and techniques in line

with the belief that a child and his or her family are the central focus and that the partnership exists in an effort to find solutions that ensure safety, permanency and well-being for children."[15]

The SOP methodology is informed by a variety of best- and evidence-informed practices, including group supervision, Motivational Interviewing, solution-focused treatment, and Structured Decision Making. Safety-organized practice provides a common language and framework for improved critical thinking and judgment on the part of all involved with a family in the pursuit of a balanced, complete picture of child welfare issues.[16]

Staff members have been effectively using SDM to support their decision making, interventions, referrals, and supports for families. SDM is proven as a tool for helping assess safety and risk of child maltreatment; however, it does not provide practical skills for genuinely engaging families and children to draw out specific safety, harm, and risk issues.

Implementing the use of SOP along with SDM will help staff to be more inclusive with family engagement, better engage in exploratory inquiry, develop creative solutions to reduce harm, and contribute to interventions that are more focused on the root issues or causes contributing to the child maltreatment. This will also better position the Department to successfully include families in case planning, something that may be the most critical component needed to achieve positive outcomes in child welfare.[17]

The Department intends to increase family engagement with case plans and case plan quality by using participatory case planning, which is expected to be an effective way to encourage positive family changes because the process helps to align services and supports with the family's needs that they have identified. Maddux found that people included and asked to participate in making decisions that affect them are more likely to follow through with the plans and decisions that are made (as cited in Hatton, Brooks, & Hafer, 2008). Using participatory case planning will improve the abilities of staff to assess family progress towards case plan goals and objectives, but also provide families with the specific requirements needed for compliance and reunification.[18] These efforts will support the Department's use of SOP.

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[15] Safety-Organized Practice: Trainer & Coaching Institutes for California. UC Davis Extension Center for Human Services. http://humanservices.ucdavis.edu/Academy/pdf/122_218.pdf
[16] http://safetyorganizedpractice.blogspot.com/p/sop-home.html
[17] Engaging Families in Case Planning (2012). Child Welfare Information Gateway, Bulletin for Professionals. https://www.childwelfare.gov/pubs/engaging_families.pdf
[18] Hatton, Brooks, Hafer (2008). Participatory Case Planning in Child Welfare Services: A Resource Guide. Northern California Training Academy, The Center for Human Resources University of California, Davis. http://humanservices.ucdavis.edu/Academy/pdf/104187-PCP.pdf

For the first step under this strategy, the Prevention & Intake Services Division Director and Intake Services I Program Manager, between July 2014 and January 2015, will determine an implementation plan for integrating SOP into Department practices. This will include identification of a training plan (See Action Step A on page 9 of the SIP Chart).

Beginning in February 2015, SOP training will be provided to staff. All staff receiving the training will be asked to participate in pre and post training surveys to determine the effectiveness of the training. The survey will measure staff understanding of SOP and the associated strategies to be used with families (See Action Step B on page 9 of the SIP Chart). To supplement the formal training, supervisors will provide on-going coaching and development to CWWs in their units to assist with the utilization of SOP during home visits and interviews with families.

As of August 30, 2015, the implementation efforts to incorporate SOP into case management practice will begin (See Action Step C on page 9 of the SIP Chart). In order to ensure that this is successful, SSA's Training and Consulting Team (TACT) and the Bay Area Academy will provide SOP trainings on an ongoing basis.

Using the foundation of SOP, the Department will provide program specific (e.g. Family Reunification, Family Maintenance) participatory case plan training to staff (See Action Step D on page 9 of the SIP Chart). Planning for the trainings will be completed by June 2014, with trainings provided thereafter on an ongoing basis for new and existing staff. The effect of these trainings will be enhanced by SOP as that will support staff in having more effective interviews with families, and help to better engage families in case planning.

In support of the information that staff will receive within their training about developing case plan objectives, the Department will adopt a policy, by June 2014, concerning the use of case plan objectives. The policy will establish the following for the Department's case plans (See Action Step E on page 9 of the SIP Chart):

- The number of case plan objectives included at any time are limited to no more than five; at least two objectives must be family driven
- Objectives can be adjusted as necessary based on the family's situation and needs
- Objectives must be relevant to safety and risk factors and supported by SDM assessment
- The family's progress towards the goals and objectives should be monitored, reviewed, and acknowledged regularly
- Goals are to be utilized that are mutually agreed upon and may be generated primarily by the family and stated in their own language

- Work with the family's definitions of the problems (i.e. safety and risk factors), as much as possible

To monitor the implementation of participatory case planning with families, the Department intends to perform the following actions on an ongoing basis, after June 2014 (See Action Step F on page 9 of the SIP Chart):

- Administer a survey to staff at the completion of the participatory case plan training. The intent of the survey is to learn about staff knowledge of the training content.
- Monitor the number of objectives that are included in case plans. This can be done by supervisors during their review and approval of a case plan for their staff.

A SOP workgroup will be established to review, discuss, and make recommendations to the Department's Executive Team regarding SOP. The workgroup will consider the results of a follow-up survey that will be provided to CWWs 1 year after their implementation of SOP. The survey results will be used to identify training needs (see Action Step G on page 9 of the SIP Chart). The intent of the survey is to learn about CWW knowledge of SOP and their use of it in their work with families, 1 year after implementation of the practice. By allowing 1 year of time to pass before administering the survey, the Department will allow staff to have used SOP over enough time to acquire more useful information about services to families.

The SOP workgroup will pursue, as part of its duties, avenues for collecting and considering family feedback about the services they have received, including their perceived level of case plan engagement, as another method for attempting to examine the implementation of SOP and service effectiveness.

Information collected during all of the monitoring efforts of this strategy will be used to support any changes to the action steps, as needed.

<u>Strategy 2: Improve the identification and engagement of fathers</u>

A Peer Review finding determined that reunification was more likely to be successful when parents were engaged early in the child welfare case and the parent advocated on their own behalf. This strategy will improve our reunification outcomes by enhancing our efforts to identify and engage fathers to children involved with our department.

Research conducted by Velazquez, Edwards, Vincent, and Reynolds (as cited in Folaron, Bai, & Schneider, 2011) suggests that father engagement with children who have been victims of

abuse or neglect can contribute to safety, permanence, and well-being as evidenced by a lower rate of subsequent child abuse referrals, decreased time in foster care, a higher reunification rate, and greater placement stability while in care.[19]

The ERU Hotline and Investigation narratives are the foundation for the written documentation for each case in child welfare. Initial case planning decisions can stem from the information in these documents. By identifying all fathers (including potential fathers) at these early stages, and being deliberate of the documentation of the engagement attempts, a solid platform of father engagement is initiated.

These efforts should begin when a report of suspected child abuse or neglect is made to our Department's Hotline. To assist staff, protocols will be developed outlining the inquiries to be made to identify and locate fathers. Hotline staff (CWS and CWW) will then be provided with training on the topic of Father Engagement, specifically for interviewing techniques and effective methods for gathering paternity information. The protocols and training are to be implemented in July 2014 and fully operational by January 2015 (See Action Steps A & B on page 10 of the SIP Chart). For all calls received, the Hotline protocol will involve:

- An inquiry by the CWW to learn the identity and whereabouts of any potential father or paternal family members of the child(ren) involved.
- A review by the CWW of any historical information within available computer databases to identify a potential father.
- Documentation of these efforts in each referral narrative and the potential father's identity and whereabouts, if known.

To monitor these Hotline improvements, the following will occur along the same timeline.

- The CWS will review each referral to ensure that the inquiry into the potential father was made. Any referrals lacking the required information will be returned to the Intake CWW for follow- up phone call and inquiry.
- The CWS will discuss the quality of inquiries made regularly in supervision with each CWW.
- The Program Manager will review referrals submitted for overrides of SDM recommendations to ensure that the proper inquiry was made of the identity and whereabouts of any potential father.

[19] Folaron, Bai, & Schneider (2011). *Empowering Fathers: Changing Practice in Public Child Welfare*. Bringing Back the Dads: Changing Practices in Child Welfare Systems. Protecting Children, vol 26, November 2011. http://www.americanhumane.org/assets/pdfs/children/fatherhood/pc262.pdf

The enhancements made to the Hotline will be continued through the Emergency Response Units, as the Department is planning to implement several changes in support of improved Emergency Response Investigations. The first action step is for staff in those units to receive training on fatherhood engagement, between June 2014 and June 2015, to support the value of including fathers as an equal party of concern and decision making about their children (See Action Step A on page 10 of the SIP Chart). This is part of the Department's effort to provide FFE training to all staff by June 2015. Along with improving the ability of staff to provide better father engagement, through training, the Department will also attempt to improve the documentation of this information in the Emergency Response Investigation Narrative. To do so, the Department will plan and implement the following enhancements between June 2014 and June 2015 (See Action Step C on page 10 of the SIP Chart):

- Provide all ERU staff with training on writing Investigation Narratives and specifically highlighting and focusing on documentation of father engagement and efforts to identify fathers or possible fathers.
- Develop an Investigation Narrative Template Review Team to assess the current Investigation Narrative template for possible enhancements that would specifically support documentation of fatherhood engagement efforts
- Develop a Supervisory Checklist for review and approval of Investigation Narratives, to include the monitoring of father engagement information. The checklist will include a method to document whether the ERU CWW:
    - Provided paternity testing referrals to possible fathers if the child abuse referral is being promoted to a child welfare case.
    - Accessed the appropriate data bases to attempt to identify potential fathers (e.g. Child Support, inmate locators, CalWin)

The Department will also seek enhancements to its Parent Engagement Program by adding more male staff with the expectation that this will allow for more fathers to better relate to the staff within the program (See Action Step D on page 10 of the SIP Chart). With those improved relationships, more fathers are expected to actively participate in their child(ren)'s reunification plan. Anthony, Berrick, Cohen, & Wilder (2009) examined a Parent Engagement program and found that parents paired with parents who had successfully navigated the child welfare system were more than four times as likely to be reunified with their children as parents in a comparison group (as cited in Child Welfare Information Gateway, 2011).[20]

The associated activities with this action step include:

[20] Child Welfare Information Gateway. (2011). *Family reunification: What the evidence shows.* Washington, DC: U.S. Department of Health and Human Services, Children's Bureau. https://www.childwelfare.gov/pubs/issue_briefs/family_reunification/family_reunification.pdf

- Developing a referral mechanism for staff in Family Reunification and Family Maintenance to feed interested fathers that have successfully reunified with their children/youth to the Parent Engagement Program
- Utilize existing Parent Advocates to discuss potential involvement in the Parent Engagement Program with fathers to spark individual interest.
- Engaging interested fathers in the Parent Engagement Program with a thorough and concise training
- Actively recruiting culturally diverse fathers for the Parent Engagement Program by distributing information that highlights the benefits of fathers as Parent Advocates.

The Department will monitor the number of fathers that are identified and located through these efforts and modify the associated strategies based on this information, as needed. (see Action Step E on page 10 of the SIP Chart).

Outcome Measure or Systemic Factor**: *C2 Adoption Composite; C3.2 Exits to Permanency (Legally Free at Exit)***

The Department's Target Improvement Goals for C2 and C3.2 are included in the SIP Chart (Attachment A). Both of these measures are related to the Department's Waiver goal to increase the percent of timely adoptions and guardianships.

Measure C2 is a composite score based on the C2.1 – C2.5 measures. For the CSA outcome data period, the Department has met or exceeded the federal standards for the C2.1, C2.2, and C2.5 measures; however, performance did not meet the standard for C2.3, for the CSA outcome data period.

For measure C3.2, Alameda experienced a slight decrease in performance (1.3%) during the CSA outcome data period (4/1/12 - 3/31/12) in comparison to the 4/1/08 - 3/31/09 time period. Additionally, performance for the CSA outcome data period is 12.9% short of the federal goal. This indicates that children who were in foster care for 24 months or longer, during the CSA outcome data 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 CSA baseline period.

Both of these Outcome Measures and the IV-E Waiver goal involve securing permanency for youth. Although many of the foster youth served by the Department are existing foster care to a permanent home via Adoption or Legal Guardianship—whenever family reunification is not

possible—an unacceptable number emancipate from foster care without permanency. Therefore, 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, the Department strives to increase exits to permanency with the following strategies.

Strategy 1: Implement Permanency Roundtables with targeted populations

A permanency roundtable (PRT) is an intervention designed to facilitate the permanency planning process by identifying realistic solutions to permanency obstacles for youth. PRTs are a two-pronged intervention process that utilizes collaboration with child welfare experts while also developing the direct care staff's knowledge of practices that support safe permanency. PRTs haven been used in Georgia's Permanency Roundtable project to successfully help youth transition to permanence.[21]

PRTs seek to improve the staff competencies needed to support permanency for all youth. Participants strengthen their understanding of permanency through a permanency values training, followed by a PRT skills training.[22] The permanency values training will be offered again in March 2014, with this round of trainings to be completed by December 2014, and each skills training within the PRTs will occur on an on-going basis thereafter (See Action Step A on page 11 of the SIP Chart).

The Department implemented a sustainability workgroup in January 2014, and the group will continue to meet for at least 12 months to ensure the successful implementation of the strategy (See Action Step B on page 11 of the SIP Chart). The sustainability workgroup will create procedures for PRTs in Alameda County, develop a sustainability plan, and coordinate marketing and training efforts. The group will also identify any needed changes to the PRT target population, which is initially children between ages 5 and 12 who are in need of permanence. The initial target population was chosen based on data reviewed by the Department indicating that this group of children experiences the longest time in placement, compared to other age groups. However, children of other ages may receive a PRT, if needed. A child will not be excluded from the service based on their age.

[21] Permanency Roundtable Project 12-Month Outcome Report (June 2011). Casey Family Programs. http://www.casey.org/Resources/Publications/garoundtable/12month.htm
[22] The Multi-Site Accelerated Permanency Project Technical Report: 12-Month Permanency Outcomes (August 2013). Case Family Programs. http://www.casey.org/Resources/Publications/pdf/MSAPP_12Month_FR.pdf

The workgroup will also monitor the use of PRTs and related data for participants (See Action Step C on page 11 of the SIP Chart). Pre and post PRT data will be examined, including youth placement type and permanency status. At 3 to 6 month intervals, each youth's case will be reviewed to assess the progress made in the youth's PRT action plan and identify any ongoing barriers to permanence. Program guidelines will be modified, as needed, based on the information collected by the workgroup. PRTs may be expanded to serve all youth at a later time, depending on the final sustainability plan developed by the workgroup.

Strategy 2: Implement the use of SAFE (Structured Analysis Family Evaluation)

SAFE is a structured evaluation process that will provide staff with a structured methodology to support interviews with prospective adoptive families, and a uniform methodology of interpreting and assessing information collected during a home study.[23] The Department identified SAFE as a potential strategy when gathering information from peer counties about home study processes that reduce bias and offer the potential for timelier home study completion.

The Gateways to Permanence Division Director and Adoptions Program Manager are responsible for determining the implementation plan for SAFE by April 2014 (See Action Step A on page 12 of the SIP Chart). Upon full implementation, SAFE will be used with all Alameda County caregivers who are participating in the adoptive home study process. The Department has identified the Adoption Home Study/Finalization Supervisor as its SAFE liaison (See Action Step B on page 12 of the SIP Chart).

Training on the use of SAFE will be provided to the Adoption Home Study/ Finalization unit by the end of April 2014 (See Action Step C on page 12 of the SIP Chart). Evaluation and monitoring of the strategy will be ongoing, with an initial evaluation completed by January 2015 to assess the time needed from start to finish of the home study process. Specifically the evaluation is intended to examine whether a SAFE home study can be completed consistently within 4 months in order to improve timeliness to adoptions (See Action Step D on page 12 of the SIP Chart). Under current Department practice, home studies can take at least 6 months and sometimes longer depending on the family, CWW, and time taken for completion of related paperwork.

[23] http://www.safehomestudy.org/SAFE/SAFE-Overview.aspx

Prioritization of Direct Service Needs

Probation

ACPD strives to implement services and practices that are evidence informed or identified as best practices. ACPD has identified several practices such as utilization of MST and Wraparound treatment modalities for youth at risk of being removed or reoffending. These services are family centered practices that involve a high level of family engagement. These strategies were intentionally selected because of proven positive outcomes for juvenile justice involved youth, which is inclusive of youth involved in both child welfare and juvenile justice systems. Practices such as the use of TDMs or FGCs have also been intentionally selected as these strategies have been identified as ones that deliberately enhance family involvement in a youth's care and treatment within Probation.

As Probation and Child Welfare examine practices that affect youth involved in both systems, ACPD in conjunction with Child Welfare, have taken the initiative to implement the Crossover Youth Practice Model (CYPM) within juvenile justice system. Children and Family Services initiated a team of stakeholders to engage in a Georgetown Capstone Project, from which CYPM has evolved. Additionally, as part of a Probation initiative, ACPD is examining a trauma informed model to implement within probation that will provide probation officers with practical tools aimed at trauma effect regulation. Finally, for education around youth and trauma, it is anticipated that additional tools can be provided to Probation staff that can aid youth in learning tools for impulse control and skills for emotional regulation.

Children & Family Services

Alameda County's Child Abuse Prevention Council (CAPC), the agency authorized by the Board of Supervisors to administer CAPIT and CBCAP funds, is making every effort to actively encourage data collection. Through the use of standardized outcome measures, consistent Quality Assurance monitoring and on-going client satisfaction reviews it is believed that services will be enhanced and higher quality services will be provided. It is the belief that providing quality services to the county's most at-risk populations will enhance and improve future outcomes.

A competitive Request for Proposal (RFP) process will be used to select and fund prevention, intervention and treatment programs according to Alameda County's Contract Handbook. The

RFP will be open to all community based organizations serving children and families within Alameda County. On February 4, 2014 the RFP was announced and published on the County's Social Services website. It is expected that new CAPIT/CBCAP contracts will be in place for July 1, 2014. Contracts will be awarded on a 12 month basis with the possibility of extension. PSSF providers will participate in a staggered RFP process based upon length of time of current contract and BOS authorization for extension.

CAPIT Funds

Priority will be given to non profit agencies that provide services to children that are at high risk of child maltreatment or are currently served by child welfare. Services will not be duplicated in the county and will be based upon the needs of children at risk. Services will be culturally and linguistically appropriate for the populations they are serving. Services will be based upon identified priority unmet needs and will help the county make progress toward outcome indicators.

CBCAP Funds

Priority will be given to activities that are designed to strengthen and support families to prevent child abuse and neglect. Services will offer assistance to families, increase family stability and improve access to other formal and informal resources available within communities. Funds will be used to support programs and strategies that are available to all families, as well as children and families at risk for abuse and neglect. The goal is to provide a continuum of preventative services for children and families in Alameda County.

PSSF Funds

Services will be offered to provide supportive services to children and families that are at risk or in crisis. Children and families that are at-risk of abuse or neglect, as well as families that have demonstrated a need for intervention and have an open child welfare case. Services to help children remain safely at home; reunify safely, appropriately and in a timely fashion; remain home after return from a foster care placement; and/or support stability within an adoptive family. Services should promote safety and well-being and increase the strength and stability of families.

The current contracts were awarded in FY 10-11 and have been rolled over since then. During that RFP process there was limited information provided regarding evidence-based and/or evidence-informed programs and practices. Subsequently, the department has had a difficult

time providing information regarding Evidence Based and Evidence Informed Programs and Practices (EB EIP). What we have found is that a majority of contract providers are utilizing EB EIP models when providing mental health services but other areas of services are not as strongly based in research and documented support. Moving forward, it is the department's vision to encourage all providers to utilize EB EIP and to develop enhanced data collection to be able to evaluate the success of their individual service(s). The upcoming contract period will encourage standardized programs and practices and it is the expectation that each contractor will be able to demonstrate progress toward reaching their stated goals through the use of standardized models of best practice. The department will be actively reviewing each provider for documentation of positive outcomes for supporting children and families within Alameda County.

Prior to the release of the Request For Proposal (RFP), effective FY 14-15, the CAPC held two Community Needs Assessment Forums and conducted an on-line survey. Each of the forums was facilitated by three CAPC Task Force members and between the two sessions 19 community partners attended and provided input. An additional 30 community partners participated in the on-line survey. The goal was to gather information regarding the following:

- Individual, familial and societal risk factors
- Underserved populations with unmet needs
- Services to improve outcomes for children and families

The summary of results of the forum and on-line survey are listed below.

Top responses for each category	Community Needs Assessment Forum	On-line Survey
Parental/Familial Risk Factors	1. Parental trauma as a child/youth 2. Substance use/abuse 3. Mental Health 4. Human Trafficking 5. Age of parent	1. Mental Health 2. Substance use/abuse 3. Parental history of abuse as a child/youth 4. Limited family support 5. Lack of parent-child bonding *(tied)* 5. Parental conflict/domestic violence
Societal Risk Factors	1. Poverty 2. Community Violence 3. Lack of service coordination 4. Isolation 5. Poor/ineffective schools	1. Poverty 2. Lack of access to services 3. Stressful life events 4. Unemployment / underemployment 5. Social isolation

Child Risk Factors	1. LGBTQ 2. Undiagnosed learning disability / developmental delay 3. Mental Health 4. Ineffective education/lack of importance of school	1. Lack of adult supervision 2. Cognitive/learning disabilities 3. Behavioral concerns 4. Sexual activity/exploitation 5. Substance use/abuse
Underserved populations with unmet needs / limited services	1. Homeless 2. LGBTQ 3. Older youth 4. Sexually Exploited Minors	1. Homeless/at risk of homelessness 2. Adult former victims of child abuse and neglect or domestic violence 3. Sexually Exploited Minors 4. Ethnic/Racial minorities 5. Fathers *(tied)* 5. Relative Caregivers
Important services to prevention child abuse and neglect	1. Wrap-around services 2. Trauma Informed care 3. Home visiting 4. Life Skills 5. Mental Health services	1. Early Childhood Education, Care and Intervention 2. Parent Education 3. Domestic Violence Services 4. Substance Abuse Treatment 5. Concrete Services

Identified priority needs from the CSA, SIP Waiver Goals responses from the Community Needs Assessment Forums and on-line survey were utilized to develop the priority needs and target populations for the upcoming RFP process and distribution of CAPIT/CBCAP/PSSF funds. Enhancing services to high-risk youth and underserved adult populations is a priority for the upcoming contracts. Also being taken into consideration are the geographical areas that historically have higher rates of child abuse and neglect referrals, investigations and substantiated allegations.

The CSA identified the following trends in Alameda County demographics

- 43.3% of individuals 5 years and older spoke a language other that English at home.
- 59.2% of female headed households were led by an African American
- The rate for hospitalizations for mental health issues for youth is higher overall than the state.
- Between 2007 and 2012, the following zip codes hand the highest percentage of child abuse referrals: 94601, 94603, 94605, 94621 (Oakland); 94538, 94536 (Fremont); 94578 (San Leandro); 94587 (Union City); 94501 (city of Alameda); and 94544, 94541 (Hayward)
- African American children continue to have the highest share of all referrals as well as those that include a substantiated allegation, among ethnic groups
    - African American children were 47.7% of the first entries in 2012

CAPIT/CBCAP funding is monitored by the Alameda County Child Abuse Prevention Council. This funding will focus on prevention and intervention, primarily to children and families that are high risk of child maltreatment. It is anticipated that CAPIT/CBCAP funding will address the above noted trends and expand services and supports to the following target populations:

- Cross-over youth
- Fathers
- LGBTQ
- Sexually Exploited Minors
- Teen Parents
- Transition-age Youth

PSSF funding is awarded and monitored within DCFS. Funds are provided to enhance services to children and families that child welfare involved. PSSF funding will continue to align with the Waiver Goals and support Outcome Measures that are contained in the SIP. The CSA identified the following needs:

- Reduce the percentage of youth who reenter foster care after exiting care to reunification.
- Reduce the median length of stay in foster care for children discharging to reunification from foster care.
- Increase the percentage of foster youth who discharge reunification from foster care in less than 12 months from the date of removal

Child Welfare/Probation Placement Initiatives

Probation

The Waiver Executive Team began its planning phase in January, 2014, with a structure outlined by the Waiver Executive Team. Through these monthly planning sessions, there will be a continued focus on waiver goals, including joint goals amongst Children and Family Services and the Probation Department. Some of the joint agency/department strategies include implementation of the Crossover Youth Practice Model within the Juvenile Justice System. This model seeks to improve the system's response to dually involved youth and will address system improvements for a pilot target population defined as youth with active probation supervision (non-wardship) and an active dependency case. Additional efforts will be focused on improving youth and family engagement at key decision points within the Juvenile Justice System through

implementation of either Team Decision Making or Family Group Conferencing. The Probation Department plans to implement practices relative to trauma informed care and positive youth development as part of a juvenile justice initiative.

Children & Family Services

Title IV-E Waiver Demonstration Project

In July 2007, the 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 CDSS is currently awaiting federal approval for the multiyear extension of the Waiver.

The current Alameda County Waiver Executive Team (WET) is comprised of representatives from the Alameda County DCFS, Probation Department, Alameda County Social Services Agency departments of Finance and Program Evaluation and Research (PERU), Behavioral Health Care Services, and Casey Family Programs. The WET meets monthly to discuss new and existing CAP strategies, strategy evaluations and outcomes, progress made towards 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 2013-14 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 PERU 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							
Reduce First Entries into Foster Care	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)		
Increase use of Least Restrictive Placement Settings	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)
Increase Reunification	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)				
Increase Timely Guardianships and Adoptions	Services to Enhance Early Development (SEED) program ($86,593)	Enhancement - Public Health Nurse ($138,320)	Bay Area Collaborative of American Indian Resources ($39,305)					
Increase Supports for Youth Exiting from Foster Care	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)
Enhance Safety Net for Transitioning Age/Emancipating Youth	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)	MISSSEY Advocates -- services for sexually exploited youth ($71,271)	Creating Entrepreneurship Opportunities (CEO) Youth Program ($76,402)
General Goals	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 (AB1/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 turns 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, Adoption Assistance Payments (AAP), 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.

5 – YEAR SIP CHART

Priority Outcome Measure or Systemic Factor: Participation Rates: Entry Rates (A county's entry rate for a given year is computed by dividing the county's unduplicated count of children entering care by the county's child population and then multiplying by 1,000)

National Standard: N/A

CSA Baseline Performance: 1.7 (Q1 2013). There were **574** children who entered foster care between January 1, 2012 and December 31, 2012 (the CSA outcome data period), out of a county child population of 343,820.

Target Improvement Goal: Reduce the entry rate to

Year 1 (March 16, 2014 - March 15, 2015): 1.6
Year 2 (March 16, 2015 - March 15, 2016): 1.6
Year 3 (March 16, 2016 - March 15, 2017): 1.5
Year 4 (March 16, 2017 - March 15, 2018): 1.4
Year 5 (March 16, 2018 - March 15, 2019): 1.4

If the county population remains the same for the next 5 years, Alameda County will have to reduce the number of entries to foster care to 496 children during Year 5 to reach the Target Improvement Goal's participation rate of 1.4.

Priority Outcome Measure or Systemic Factor: 4B Least Restrictive: Entries First Placement (Of the children entering foster care for the first time during the time period, what percentage were first placed in a relative home or a group home?)

National Standard: N/A

CSA Baseline Performance: 33.1% were placed win a relative/NREFM home; **3.7%** were placed in a group home (Q1 2013). Out of 514 children entering foster care for the first time between April 1, 2012 and March 31, 2013 (the CSA outcome data period), **170** children were placed in a relative/NREFM home and **19** were placed in a group home as their first placement.

Target Improvement Goal:

Year 1 (March 16, 2014 - March 15, 2015): 33.5% (Relative/NREFM) and 3.6% (Group Home)
Year 2 (March 16, 2015 - March 15, 2016): 34.1% (Relative/NREFM) and 3.3% (Group Home)
Year 3 (March 16, 2016 - March 15, 2017): 34.8% (Relative/NREFM) and 3.0% (Group Home)
Year 4 (March 16, 2017 - March 15, 2018): 35.6% (Relative/NREFM) and 2.5% (Group Home)
Year 5 (March 16, 2018 - March 15, 2019): 36.5% (Relative/NREFM) and 2.0% (Group Home)

If the same number of children enter foster care for the first time during year 5 as did during the baseline

period, Alameda County will need to place **188** of those children in a relative/NREFM home and **10** of those children in a group home, for their first placement, in order to meet the Year 5 Target Improvement Goals.

Priority Outcome Measure or Systemic Factor: C1.3 Reunification within 12 months (entry cohort); C1.4 Reentry following reunification (exit cohort)

National Standard: +48.4% (C1.3) and <9.9% (C1.4)

CSA Baseline Performance: 28.7% (Q1 2013) for C1.3. Of the 195 children who entered foster care for the first time between October 1, 2011 and March 31, 2012 (the CSA outcome data period) and stayed in foster care for at least 8 days, 56 exited foster care to reunification within 12 months or less.

16.4% (Q1 2013) for C1.4. Of the 335 children who exited foster care to reunification between April 1, 2011 and March 31, 2012, 55 reentered foster care within 12 months from the date of discharge to reunification during the year.

Target Improvement Goal:

Year 1 (March 16, 2014 - March 15, 2015): 29.0% (C1.3) and 16.4% (C1.4)
Year 2 (March 16, 2015 - March 15, 2016): 31.3% (C1.3) and 16.0% (C1.4)
Year 3 (March 16, 2016 - March 15, 2017): 35.0% (C1.3) and 13.8% (C1.4)
Year 4 (March 16, 2017 - March 15, 2018): 40.9% (C1.3) and 11.3% (C1.4)
Year 5 (March 16, 2018 - March 15, 2019): 48.4% (C1.3) and 9.9% (C1.4)

If the same number of children enter foster care for the first time, and stay in care for at least 8 days, during the Year 5 period as did during the baseline period, Alameda County will need to reunify 95 of those children within 12 months or less to meet the Year 5 Target Improvement Goal for C1.3.

If the same number of children reunify from foster care during the Year 5 period as did during the baseline period, Alameda County will need to reduce the number of children who reenter foster care within 12 months from the date of discharge to 33, to meet the Year 5 Target Improvement Goal for C1.4.

Priority Outcome Measure or Systemic Factor: C2 Adoption Composite; C3.2 Exits to Permanency (Legally Free at Exit)

National Standard: >106.4 (C2) and >98.0%

CSA Baseline Performance: 99.2 (Q1 2013) for C2. This is a CCFSR composite score based on the five adoption measures (C2.1 – C2.5) for the period ending March 31, 2013 (the CSA outcome data period). Information about the composite score and other measures is available from the Children's Bureau website: http://www.acf.hhs.gov/programs/cb/resource/data-indicators-second-round-of-cfsrs

95.8% (Q1 2013) for C3.2. Of the 96 children who were discharged from foster care between April 1, 2012 and March 31, 2013 (the CSA outcome data period) and who were legally free for adoption, **92** were

discharged to a permanent home prior to reaching age 18.

Target Improvement Goal:

Year 1 (March 16, 2014 - March 15, 2015): 99.2 (C2) and 95.8% (C3.2)
Year 2 (March 16, 2015 - March 15, 2016): 101.0 (C2) and 96.3% (C3.2)
Year 3 (March 16, 2016 - March 15, 2017): 102.8 (C2) and 96.9% (C3.2)
Year 4 (March 16, 2017 - March 15, 2018): 104.6 (C2) and 97.5% (C3.2)
Year 5 (March 16, 2018 - March 15, 2019): 106.4 (C2) and 98.0% (C3.2)

Alameda County will need to improve its performance with the adoption CCFSR measures of C2.1 – C2.5 in order to reach the Year 5 Target Improvement Goal of 106.4.

If the same number of children who are legally free for adoption are discharged from foster care during Year 5 as were during the CSA outcome data period, Alameda County will need to discharge 94 of those children to a permanent home prior to their 18th birthday, in order to reach the Year 5 Target Improvement Goal of 98.0%.

Strategy 1: Improve existing intervention and prevention services and increase the access families have to those services	☐ CAPIT ☐ CBCAP ☐ PSSF ☒ N/A	Applicable Outcome Measure(s) and/or Systemic Factor(s): Participation Rates: Entry Rates Applicable Waiver Goal: Reduce the number of children entering foster care by increasing the availability of early intervention/prevention strategies. ☒ Title IV-E Child Welfare Waiver Demonstration Capped Allocation Project	
Action Steps:	**Implementation Date:**	**Completion Date:**	**Person Responsible:**
A. Convene ARS Workgroup to review program and provide recommendations for enhancements.	September 2013	September 2013	Prevention & Intake Services Division Director Community Services Program Manager
B. Complete RFP Process and award new contract(s).	In progress	July 2014	Prevention & Intake Services Division Director Community Services Program Manager
C. Training of CWW staff to ensure eligible families are referred. Utilize "warm hand off" to CBOs.	July 2014	August 2014	Prevention & Intake Services Division Director Community Services Program Manager
D. Enhance communication between CWWs and ARS providers.	July 2014	January 2015	Prevention & Intake Services Division Director Community Services Program Manager
E. Implement changes to the ARS program	July 2014	January 2015	Prevention & Intake Services Division Director Community Services Program Manager
F. Conduct client satisfaction surveys	September 2014	June 2015	Prevention & Intake Services Division Director Community Services Program Manager PERU
G. Monitor SSA investigated referrals to ensure that all families eligible for ARS have received a referral to ARS	September 2014	June 2015	Prevention & Intake Services Division Director Community Services Program Manager PERU

Strategy 2: Increase public awareness of child abuse prevention	☐ CAPIT ☒ CBCAP ☐ PSSF ☐ N/A	Applicable Outcome Measure(s) and/or Systemic Factor(s): Participation Rates: Entry Rates Applicable Waiver Goal: Reduce the number of children entering foster care by increasing the availability of early intervention/prevention strategies. ☐ Title IV-E Child Welfare Waiver Demonstration Capped Allocation Project	
Action Steps:	Implementation Date:	Completion Date:	Person Responsible:
A. Provide sexual abuse prevention training to community members.	April 2014	June 2015	Prevention & Intake Services Division Director ER Swing Program Manager Child Abuse Prevention CWS
B. Distribute prevention program brochures to the public.	April 2014	June 2015	Prevention & Intake Services Division Director ER Swing Program Manager Child Abuse Prevention CWS
C. Monitor the effectiveness of the sexual abuse prevention training by conducting pre and post surveys of training participants	September 2014	June 2015	Prevention & Intake Services Division Director ER Swing Program Manager Child Abuse Prevention CWS PERU

Strategy 3: Increase public awareness of infant health risks due to bed-sharing	☐ CAPIT ☒ CBCAP ☐ PSSF ☐ N/A	Applicable Outcome Measure(s) and/or Systemic Factor(s): Participation Rates: Entry Rates Applicable Waiver Goal: Reduce the number of children entering foster care by increasing the availability of early intervention/prevention strategies. ☐ Title IV-E Child Welfare Waiver Demonstration Capped Allocation Project	
Action Steps:	**Implementation Date:**	**Completion Date:**	**Person Responsible:**
A. Develop a public education campaign about safe sleeping habits for infants	March 2014	June 2014	Prevention & Intake Services Division Director ER Swing Program Manager Child Abuse Prevention CWS
B. Implement the public education campaign	July 2014	July 2015	Prevention & Intake Services Division Director ER Swing Program Manager Child Abuse Prevention CWS
C. Monitor the effectiveness of the public education campaign	September 2014	June 2015	Prevention & Intake Services Division Director ER Swing Program Manager Child Abuse Prevention CWS

Strategy 1: Implement trauma informed practices	☐ CAPIT ☐ CBCAP ☐ PSSF ☒ N/A	Applicable Outcome Measure: 4B Least Restrictive: Entries First Placement Applicable Waiver Goal: Increase the number (percentage) of children appropriately placed in relative homes (reducing unnecessary group home care). ☒ Title IV-E Child Welfare Waiver Demonstration Capped Allocation Project	
Action Steps:	Implementation Date:	Completion Date:	Person Responsible:
A. Identify and provide system-wide training in trauma-informed practice to: a. DCFS management b. Line staff c. Collaborative partners	a. February 2015 b. September 2015 c. July 2014	a. April 2016 b. April 2016 c. January 2015	DET
B. Develop and deploy coaching resources to embed trauma-informed thinking in operational units	February 2015	November 2016	DET

Strategy 2: Move youth placed in a group home to a lesser restrictive placement whenever possible	☐ CAPIT ☐ CBCAP ☐ PSSF	Applicable Outcome Measure: 4B Least Restrictive: Entries First Placement Applicable Waiver Goal: Increase the number (percentage) of children appropriately placed in relative homes (reducing unnecessary group home care).	
	☒ N/A	☒ Title IV-E Child Welfare Waiver Demonstration Capped Allocation Project	
Action Steps:	**Implementation Date:**	**Completion Date:**	**Person Responsible:**
A. Review the cases of all children residing in group home care every 90 days, in order to determine whether that placement is still necessary and how to transition the youth to a lower level of care.	January 1, 2014	June 2015	DET
B. Embed Family Finding & Engagement staff within Dependency Investigation units for early identification of relative/NREFM placements for youth.	April 14, 2014	April 14, 2014	DET
C. Train all case carrying staff and supervisors on FFE for implementation on their caseloads	September 1, 2014	June 30, 2015	DET
D. Have YAP Fellows participate in all TDMs for youth placed in group home settings.	May 1, 2014	June 2014	DET
E. Evaluate the effectiveness of these action steps and the transitions of youth from group homes to lower levels of care. Implement changes to monitoring efforts and services, as needed, based on results of the evaluation.	January 2014	January 2016	Program and Clerical Managers (PCM)

Strategy 3: Improve the communication and coordination between Alameda County DCFS and Probation for the services delivered to crossover youth, using the Crossover Youth Practice Model (CYPM)	☐ CAPIT ☐ CBCAP ☐ PSSF ☒ N/A	Applicable Outcome Measure: 4B Least Restrictive: Entries First Placement Applicable Waiver Goal: Increase the number (percentage) of children appropriately placed in relative homes (reducing unnecessary group home care). ☒ Title IV-E Child Welfare Waiver Demonstration Capped Allocation Project	
Action Steps:	Implementation Date:	Completion Date:	Person Responsible:
A. Implement improvements to joint assessments of youth, case planning, and case management/supervision conducted by DCFS and Probation	January 2015	June 2015	DET
B. Collect data on crossover youth to examine the strategy's impact. Implement changes to the strategy as needed.	March 2015	August 2015	DET PERU
C. Research, vet, and identify trauma informed care curriculum	January 2014	August 2014	Gateways to Permanence Division Director
D. Provide an overview of trauma informed practices to staff	September 2014	December 2015	Gateways to Permanence Division Director

Strategy 1: Implement Safety Organized Practice (SOP)	☐ CAPIT ☐ CBCAP ☐ PSSF ☒ N/A	Applicable Outcome Measure(s): C1.3 and C1.4 Applicable Waiver Goal: Increase the percent of children who are reunified safely, permanently, and timely; thus, reducing the number of children who must re-enter foster care ☒ Title IV-E Child Welfare Waiver Demonstration Capped Allocation Project	
Action Steps:	**Implementation Date:**	**Completion Date:**	**Person Responsible:**
A. Determine implementation plan, by Division.	July 2014	January 2015	Prevention & Intake Services Division Director Intake Services I Program Manager
B. Train staff on SOP.	February 2015	August 2015	Prevention & Intake Services Division Director Intake Services I Program Manager
C. Incorporate SOP into case management practice.	August 30, 2015	December 2015	Prevention & Intake Services Division Director Intake Services I Program Manager
D. Provide case plan training to all staff	February 2014	August 2015	Prevention & Intake Services Division Director Intake Services II Program Manager Gateways to Permanence Division Director Gateways to Permanence Program Manager
E. Implement policy concerning case plan objectives	June 2014	June 2014	Prevention & Intake Services Division Director Intake Services II Program Manager Gateways to Permanence Division Director Gateways to Permanence Program Manager
F. Monitor the implementation of case plan improvement action steps: • Administer a survey to staff after their participation in the case plan training. • Monitor the quality and number of case plan objectives.	February 2014	September 2015	Prevention & Intake Services Division Director Intake Services II Program Manager Gateways to Permanence Division Director Gateways to Permanence Program Manager
G. Survey staff using SOP 1 year after implementation to gather information about practice and inform management of additional training needs.	January 2017	February 2017	Prevention & Intake Services Division Director Intake Services I Program Manager PERU

Strategy 2: Improve the identification and engagement of fathers	☐ CAPIT ☐ CBCAP ☐ PSSF ☒ N/A	Applicable Outcome Measure(s): C1.3 and C1.4 Applicable Waiver Goal: Increase the percent of children who are reunified safely, permanently, and timely; thus, reducing the number of children who must re-enter foster care ☒ Title IV-E Child Welfare Waiver Demonstration Capped Allocation Project	
Action Steps:	**Implementation Date:**	**Completion Date:**	**Person Responsible:**
A. Provide father engagement trainings to staff	June 2014	June 2015	DET
B. Develop clear Hotline protocols for asking questions about the identification and location of fathers.	July 2014	January 2015	Prevention & Intake Services Division Director Community Services Program Manager
C. Plan and implement program enhancements for Emergency Response Investigations.	June 2014	June 2015	Prevention & Intake Services Division Director Intake Services I Program Manager
D. Expand presence of fathers in the Parent Engagement Program.	April 2014	December 2014	Eligibility, Transition, & Placement Services Division Director Transition & Partnership Services Program Manager Gateways to Permanence Division Director Gateways to Permanence Program Manager
E. Monitor the number of fathers that are identified and located through these efforts	August 2014	June 2015	DET

Strategy 1: Implement Permanency Roundtables with targeted populations	☐ CAPIT ☐ CBCAP ☐ PSSF ☒ N/A	Applicable Outcome Measure(s): C2 and C3.2 Applicable Waiver Goal: Increase the percent of timely adoptions and guardianships ☒ Title IV-E Child Welfare Waiver Demonstration Capped Allocation Project	
Action Steps:	Implementation Date:	Completion Date:	Person Responsible:
A. Provide Permanency Values training to identified staff	March 2014	December 2014	Gateways to Permanence Division Director
B. Utilize a sustainability workgroup to support the success of this strategy	January 2014	January 2015	Gateways to Permanence Division Director
C. Review related data as part of monitoring/evaluation plan	April 2014	March 2015	Gateways to Permanence Division Director

Strategy 2: Implement the use of SAFE (Structured Analysis Family Evaluation)	☐ CAPIT ☐ CBCAP ☐ PSSF	Applicable Outcome Measure(s): C2 and C3.2 Applicable Waiver Goal: Increase the percent of timely adoptions and guardianships
	☒ N/A	☒ Title IV-E Child Welfare Waiver Demonstration Capped Allocation Project

Action Steps:	Implementation Date:	Completion Date:	Person Responsible:
A. Determine implementation plan for SAFE.	In progress	April 2014	Gateways to Permanence Division Director Adoptions Program Manager
B. Identify Department's SAFE Liaison	Completed	Completed	Gateways to Permanence Division Director Adoptions Program Manager
C. Provide training for staff	In progress	April 2014	Gateways to Permanence Division Director Adoptions Program Manager
D. Conduct initial evaluation examining the timeliness of SAFE home studies	May 2014	January 2015	Gateways to Permanence Division Director Adoptions Program Manager

5 – Year SIP Chart

Priority Outcome Measure or Systemic Factor: C1.3 Reunification within 12 months (entry cohort)

National Standard: +48.4%

CSA Baseline Performance: 12.2%. Of the 74 youth who entered foster care placement between October 1, 2011 and March 31, 2012, 9 youth reunified with a parent within 12 months.

During 2012 approximately 71% of probation youth remained in foster care for 13 to 60 months with 36% of youth reunifying within a 12 to 23 month timeframe.

Target Improvement Goal:
Year 2: Increase the percentage of youth who reunify within 12 months by 10% by March 3, 2016.
Year 3: Increase the percentage of youth who reunify within 12 months by 5% by March 3, 2017.
Year 4: Increase the percentage by 5% by March 3, 2018.
Year 5: Increase the percentage by 5% by March 3, 2019.

ACPD shall impose several strategies aimed to improve timely reunification within the 12 month period. Due to the time it will take to implement some strategies and methodologies, the county does not anticipate any significant data changes until Year 2. However, some strategies may reflect immediate results, provided data integrity is improved within the intended timeframe.

Priority Outcome Measure or Systemic Factor: C1.2 Median Time to Reunification

Increase number of children and youth in least restrictive settings

National Standard: -5.4 months

CSA Baseline Performance: 16.9 months. Out of 65 youth who exited to reunification between April 1, 2012 and March 31, 2013, the average length in foster care prior to reunification was 16.9 months.

ACPD has only utilized group home placements with typical Rate Classification Level 9 to 14 with few relative or non-relative placements being utilized. During the last quarter of 2013, ACPD performed well below the national standard at 36.8%.

Target Improvement Goal:

Year 2: Decrease the average length of stay from 16.9 months to 14 months by
Year 3: Decrease the average length of stay in from 14 months to 12 months by
Year 4: Decrease the average length of stay in foster care from 12 months to 10 months
Year 5: Maintain the average length of stay in foster care at 10 months.

Utilization of lesser RCL will be a new strategy requiring protocols to be developed, foster parents willing to accept probation involved youth, training for staff and potential foster parents prior to implementation. ACPD does not anticipate significant data changes until after year 2.

Priority Outcome Measure or Systemic Factor: 2F--Timely Monthly Caseworker Visits in Residence

National Standard: N/A

CSA Baseline Performance: N/A for the 2012-2013 period -- ACPD did not utilize the Timely Monthly Casework Visits in Residence outcome measure and therefore no data was extracted.

Target Improvement Goal:
Year 1: Identify open cases that are out of compliance and close appropriate cases
Year 2: Increase the percentage of timely visits within 12 months to 60% by March 3, 2015
Year 3: Increase the percentage of timely visits within 12 months to 70% by March 3, 2016
Year 4: Increase the percentage of timely visits within 12 months to 80% March 3, 2017.
Year 5: Increase the percentage of timely visits within 12 months to 90% by March 3, 2018.

ACPD's efforts in improving data integrity include a review of open cases that are out of compliance which will aid in identifying those youth and their probation status. Training and accessibility to key probation staff of CWS/CMS system will increase the quality improvement and timeliness of monthly visits.

Strategy 1: Improve aftercare planning and services for youth exiting foster care placement.	☒ CAPIT ☐ CBCAP ☐ PSSF ☒ N/A / IVE Waiver Funds	Applicable Outcome Measure(s) and/or Systemic Factor(s): C1.2--Median Time To Reunification (Exit Cohort
Action Steps:	**Timeframe:**	**Person Responsible:**
A. Identify probation population needing aftercare services in order to reunify with family at earlier times. (March 2014 – Sept. 2014) B. Complete RFP process for transitional aftercare services who can provide individual therapy, family therapy, and case management services for youth who have returned from foster care placement. (March 2014 – July 2014) C. Train probation officers in referring youth for aftercare services (September 2014 – December 2015) D. Refer youth to aftercare program (September 2014 – December 2015) E. Evaluate program for aftercare services (Jan 2016 – March 2018)	March 2014 –March 2018	Probation Management and staff, Children and Family Services, use of consultants,

Strategy 2: Improve data integrity in CWS/CMS case management system to reflect accurate number of youth in the appropriate level of care	☒ CAPIT ☐ CBCAP ☐ PSSF ☒ N/A IVE Waiver Funds	Applicable Outcome Measure(s) and/or Systemic Factor(s): 2F--Timely Monthly Caseworker Visits in Residence

Action Steps:	Timeframe:	Person Responsible:
A. Identify open cases in CWS/CMS who are out of compliance in this outcome measure (April 2014 through May 2014) B. Identifying those youth and their probation status as identified in CWS/CMS compared to the Probation Case Management System. (May 2014 through July 2014) C. Close appropriate probation cases in CWS/CMS (July 2014 through September 2014 D. Increase accessibility of CWS/CMS to key probation staff and obtain appropriate training (July 2014 through December 2014) E. Train key probation staff in utilization of Safe Measures and Business Objects for continuous quality improvement (Jan 2015 through March 2015)	April 2014 – March 2018	Probation Services Coordinator, Community Based Organization through contracted services

Strategy 3: Develop data driven guideline/criteria tool for probation staff and Screening for Out of Home Services (SOS) Committee;	☐ CAPIT ☐ CBCAP ☐ PSSF ☒ N/A IVE Waiver Funds	Applicable Outcome Measure(s) and/or Systemic Factor(s): C 1.3 Reunification within 12 months (entry cohort)
Action Steps:	**Timeframe:**	**Person Responsible:**
A. Identify researcher to help ACPD develop a structured decision making tool for use by DPO's and SOS Committee. (March 2014) B. ACPD will conduct sample profile of placement youth for criminogenic and social needs analysis; (April 2014) C. Researcher will interview key Court Stakeholders and SOS Committee for key criteria when considering removal to out of home care. (April 2014) D. ACPD and Researcher will construct and pilot the tool. (May 2014) E. Implement tool and identify tracking of recommendations and court disposition outcomes. (May 2014)	April 2014 through March 2018	Probation Management, Families, Youth, Court Stakeholders; consultants, Children and Family Services

CAPIT/CBCAP/PSSF Expenditure Workbook
Proposed Expenditures
Worksheet 1

Appendix B

(1) DATE SUBMITTED: 2/18/14
(2) DATES FOR THIS WORKBOOK 7/1/13 thru 7/1/14
(3) DATE APPROVED BY OCAP 3/27/2014
Internal Use Only
(4) COUNTY: ALAMEDA
(5) PERIOD OF SIP: 3/16/14 thru 3/16/19
(6) YEARS: 1

(7) ALLOCATION (Use the latest Fiscal or All County Information Notice for Allocation): CAPIT: CBCAP: PSSF:

No.	Program Name	Applies to CBCAP Programs Only	Name of Service Provider	Service Provider is Unknown, Date Revised Workbook to be Submitted to OCAP	CAPIT		CBCAP		PSSF						OTHER SOURCES	NAME OF OTHER	TOTAL
					Dollar amount to be spent on CAPIT Programs	CAPIT is used for Administration	Dollar amount to be spent on CBCAP Programs	CBCAP is used for Administration	Dollar amount to be spent on Family Preservation	Dollar amount to be spent on Family Support	Dollar amount to be spent on Time Limited Reunification	Dollar amount to be spent on Adoption Promotion & Support	Dollar amount to be spent on PSSF activities (Sum of columns G1-G4)	PSSF is used for Administration	Dollar amount from other sources	List the name(s) of the other funding source(s)	Total dollar amount to be spent on this Program (Sum of Columns E, F, G5)
A	B	C	D1	D2	E1	E2	F1	F2	G1	G2	G3	G4	G5	G6	H1	H2	I
1	Adoptions Promotion & Support		Adoptions Post Permananecy Unit		$0		$0		$0	$0	$0	$354,830	$354,830		$0		$354,830
2	Adult Services	Direct Service	First Place for Youth, Pivotal Point Youth Services and Pleasanton USD-Horizon School		$81,710		$1,885		$0	$0	$0	$0	$0		$17,436	CCTF/KIDS PLATE	$101,031
3	Adult Services		TBD via RFP process	7/1/14	$0		$0		$0	$0	$0	$0	$0		$0		$0
4	Child Care		WestCoast Children's Center & Lincoln Child Center				$0		$0	$0	$100,944	$0	$100,944		$625,323	STOP / Waiver / CCTF / KIDS PLATE	$726,267
5	Case Management	Direct Service	First Place for Youth, La Clinica de la Raza & Horizons		$43,558		$5,364		$0	$0	$0	$0	$0		$56,405	CCTF/KIDS PLATE	$105,327
6	Case Management		TBD via RFP process	7/1/14	$0		$0		$0	$0	$0	$0	$0		$0		$0
7	Child Abuse Prevention Workshops		East Bay Agency for Children (EBAC)				$0		$0	$0	$0	$0	$0		$39,984	CCTF/KIDS PLATE	$39,984
8	Child Abuse Prevention Workshops		TBD via RFP process	7/1/14	$0		$0		$0	$0	$0	$0	$0		$0		$0
9	Home Visiting (Voluntary)		Family Support Services of the Bay Area (FSSBA)		$39,983		$0		$95,133	$0	$0	$0	$95,133		$31,417	CCTF/KIDS PLATE	$166,533
10	Home Visiting (Voluntary)		TBD via RFP process	7/1/14	$0		$0		$0	$0	$0	$0	$0		$0		$0
11	Mental Health	Direct Service	Multiple Providers-See program description for specific provider		$120,259		$39,794		$12,267	$12,266	$0	$0	$24,533		$165,771	CCTF/KIDS PLATE	$350,357
12	Mental Health	Direct Service	TBD via RFP process	7/1/14	$0		$0		$0	$0	$0	$0	$0		$0		$0

CAPIT/CBCAP/PSSF Expenditure Workbook
Proposed Expenditures
Worksheet 1

Appendix B

No.	Program Name	Applies to CBCAP Programs Only	Name of Service Provider	Service Provider is Unknown, Date Revised Workbook to be Submitted to OCAP	CAPIT		CBCAP		PSSF						OTHER SOURCES	NAME OF OTHER	TOTAL
					Dollar amount to be spent on CAPIT Programs	CAPIT is used for Administration	Dollar amount to be spent on CBCAP Programs	CBCAP is used for Administration	Dollar amount to be spent on Family Preservation	Dollar amount to be spent on Family Support	Dollar amount to be spent on Time Limited Reunification	Dollar amount to be spent on Adoption Promotion & Support	Dollar amount of PSSF allocation to be spent on PSSF activities (Sum of columns G1-G4)	PSSF is used for Administration	Dollar amount from other sources	List the name(s) of the other funding source(s)	Total dollar amount to be spent on this Program (Sum of Columns E, F, G5)
A	B	C	D1	D2	E1	E2	F1	F2	G1	G2	G3	G4	G5	G6	H1	H2	I
13	Parent Education & Support	Direct Service	Multiple Providers-See program description for specific provider		$115,095		$9,714		$0	$98,271	$0	$0	$98,271		$89,450	FFP / CCTF / KIDS PLATE	$312,530
14	Parent Education & Support	Direct Service	TBD via RFP process	7/1/14	$0		$0		$0	$0	$0	$0	$0		$0		$0
15	Substance Abuse Services		Multiple Providers-See program description for specific provider		$0		$0		$70,015	$66,878	$76,471	$0	$213,364		$27,848	Waiver	$241,212
	Substance Abuse Services		TBD via RFP process	7/1/14													
	Youth Services	Direct Service	Emergency Shelter Program and Family Support Services of the Bay Area (FSSBA)		$44,511		$1,234								$10,305	CCTF / KIDS PLATE	
	Youth Services		TBD via RFP process	7/1/14						$5							
	Totals				$445,116		$57,991		$177,415	$177,420	$177,415	$354,830	$887,075		$1,063,939		$2,398,071
									20%	20%	20%	40%	100%				

CAPIT/CBCAP/PSSF Expenditure Workbook
CBCAP Programs
Worksheet 2

Appendix B

(1) COUNTY: ALAMEDA (2) YEARS: 1

No.	Program Name	Logic Model			EBP/EIP ONLY						Parent Involvement Activities		
					EBP/EIP Level As determined by the EBP/EIP Checklist								
		Logic Model Not Applicable	Logic Model Exists	Logic Model Will be Developed	Program Lacking support (Level 0)	Emerging & Evidence Informed Programs & Practices (Level 1)	Promising Programs & Practices (Level 2)	Supported (Level 3)	Well Supported (Level 4)	EBP/EIP Checklist is on file or N/A	Planning	Implementation	Evaluation
A	B	C1	C2	C3	D1	D2	D3	D4	D5	D6	E1	E2	E3
	CHILDREN'S HOSPITAL OAKLAND, CENTER FOR THE VUNERABLE CHILD			x					x				x
	FAMILY EMERGENCY SHELTER (FESCO)			x					x				x
	FAMILY PATHS			x					x				x
	PLEASANTON UNIFIED SCHOOL DISTRICT, HORIZON SCHOOL			x	x								x

Rev. 8/2013

Page 1 of 1

CAPIT/CBCAP/PSSF
PROGRAM AND EVALUATION DESCRIPTION

County: Alameda
DATE APPROVED BY OCAP: 3-27-14

PROGRAM DESCRIPTION

PROGRAM NAME
Adoption Promotion and Support

SERVICE PROVIDER
Alameda County Adoptions Program

PROGRAM DESCRIPTION
Alameda County's Post Permanency Unit provides Post Permanency Services to adoptive and relative legal guardian families who are receiving Adoption Assistance Program (AAP) or Kin-Gap funding from Alameda County.

Services provided include: referring adoptive parents to wraparound services to stabilize the family and avoid out of home care; brief telephone crisis intervention; complete AAP Rate Reassessments; participate in Inter-Agency MDT with Behavioral Health Care to support adoptive parents seeking temporary voluntary placement in a group home or residential treatment facility; and provide education and support regarding behavioral, developmental and emotional needs of adoptive children.

FUNDING SOURCES

SOURCE	LIST FUNDED ACTIVITIES
CAPIT	
CBCAP	
PSSF Family Preservation	
PSSF Family Support	
PSSF Time-Limited Family Reunification	
PSSF Adoption Promotion and Support	Short term case management, crisis intervention, I & R, MDT, AAP funding re-assessments
OTHER Source(s): (Specify) Waiver	

IDENTIFY PRIORITY NEED OUTLINED IN CSA

- 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.
- Moving children and youth from foster care to permanence is paramount to ensuring their social and emotional well-being, and foster parents play an important role in that process. Foster parent adoption currently accounts for nearly half the adoptions of children from foster care.
  - Source: https://www.childwelfare.gov/pubs/f_fospro/f_fospro.pdf
- Post-adoption services can help children and youth to deal with their emotions, mourn previous losses, and come to terms with their experiences and present circumstances. Services also can support adoptive parents in understanding and addressing issues related to their child's loss, separation, trauma, attachment, and identity.
  - Source: https://www.childwelfare.gov/pubs/f_postadoptbulletin/f_postadoptbulletin.pdf

TARGET POPULATION

Families who have finalized adoption through Alameda County

TARGET GEOGRAPHIC AREA

County-wide

TIMELINE

7/1/2013 – 6/30/2015, with the possibility of an annual contract extension and BOS approval.

EVALUATION

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

Desired Outcome	Indicator	Source of Measure	Frequency
Decrease number of disrupted adoptions	Reduced percentage of disrupted, post adoptive placement by 15% over the next 5 years	CWS/CMS data	Monthly

CLIENT SATISFACTION (EXAMPLE* PROVIDED BELOW)

Method or Tool	Frequency	Utilization	Action

There are no standardized tools that are being utilized to assess client satisfaction

PROGRAM DESCRIPTION

County: Alameda
DATE APPROVED BY OCAP: 3-27-14

PROGRAM NAME

Transition Age Youth Services

SERVICE PROVIDER

First Place For Youth
Pivotal Point Youth Services
Pleasanton Unified School District, Horizon School

PROGRAM DESCRIPTION

First Place for Youth provides case management, education and employment services and self-sufficiency and life skills. Services are provided through on-going workshops and trainings for pregnant and parenting teens that are currently residing in My First Place Transitional Housing or have graduated and returned as alumni.

Pivotal Point Youth Services (PPYS) provides education and job preparation services, life skills and/or self-sufficiency and services to prevent homelessness. PPYS utilizes a variety of assessment tools (self-assessment, Career Assessment and "*Test of Adult Basic Education (TABE)*" Assessment) and training curriculum ("*Blueprint of Workplace Success*" and the "*National Foundation for Teaching Entrepreneurship (NFTE*)" workbook) to provide individualized support to youth in their program.

Pleasanton Unified School District, Horizon School provides post secondary counseling services to pregnant and parenting students. The specialized curriculum offers academic support, career preparation and job readiness skills. Career counseling services are provided by credentialed Career Counselor, academic Teachers, Career Educator and Resource Specialist. Services are individualized to meet the needs of each individual student. Horizon also provides on-site day care that allows each student to improve their parenting skills through observation, coaching and modeling.

FUNDING SOURCES

SOURCE	LIST FUNDED ACTIVITIES
CAPIT	Transition Age Youth Services
CBCAP	Transition Age Youth Services
PSSF Family Preservation	

PSSF Family Support	
PSSF Time-Limited Family Reunification	
PSSF Adoption Promotion and Support	
OTHER Source(s): (Specify) CCTF, Kids Plate	Transition Age Youth Services

IDENTIFY PRIORITY NEED OUTLINED IN CSA

- 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

- Overall, the percentage of Alameda County children living in poverty has increased from 15% in 2005 to 17% in 2010

- 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.

- 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.

- 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.

TARGET POPULATION

- Alameda County transition age youth who are at risk of child maltreatment
- Alameda County transition age youth who are involved in child welfare
- Low income Alameda County transition age youth who are at risk of homelessness
- Alameda County pregnant and parenting youth

TARGET GEOGRAPHIC AREA

- First Place For Youth - Countywide
- Pivotal Point Youth Services - Countywide with target population in Oakland
- Horizon School – Livermore, Pleasanton, Dublin, Castro Valley, Hayward, San Leandro, San Lorenzo and Oakland

TIMELINE

7/1/2013 – 6/30/2014

New CAPIT/CBCAP provider contracts are anticipated to be awarded, through an RFP process, beginning July 1, 2014

EVALUATION

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

Desired Outcome	Indicator	Source of Measure	Frequency
Enhance and increase the service array related to independent living services and available to transition age youth	50% of transition age youth, participating in educational supportive services, re-engage in high school or begin preparation to complete a H.S. Equivalency exam	Improved school attendance/grades or enrollment in a GED preparation course	Throughout FY 13-14
	50% of transition age youth, participating in employment related services, will be secure paid employment / internship	Employment placement data	Throughout FY 13-14
	75% of participants will demonstrate improved job readiness and employment skills	Needs assessment at beginning of services	Service enrollment
		Post workshop/program assessment	Upon completion of workshop/program
CAPIT/CBCAP contract providers provide monthly billing invoices that provide documentation as to the number of clients that are serviced per service category. Each provider maintains a database of individual clients that are involved in services. Each of the CAPIT/CBCAP providers receives a portion of funding from CCTF as well as either CAPIT or CBCAP funds. Effective FY 13-14 the County redesigned the CAPIT/CBCAP/CCTF quarterly reporting documents to better track outcomes and progress. The County reviews the client tracking documents on a monthly basis. On a quarterly basis each provider will document the goals, objectives, accomplishments, challenges, progress toward reaching those goals and unduplicated clients that they served during the quarter.			

CLIENT SATISFACTION (EXAMPLE* PROVIDED BELOW)

Method or Tool	Frequency	Utilization	Action
Client Satisfaction Survey	Intake, periodically throughout participation and 12 months post exit	Staff review for evaluation of progress	Problem areas will be addressed to improve the quality of services

One on one interview	Periodic and on-going	Staff identifies emerging problems	Immediate response to emerging problems and crisis intervention
Exit Interview	Upon completion of program	Staff to review for continued areas of need/support	Staff to refer to community organizations that can provide additional supportive services
At the end of this contract year, each provider has been asked to provide copies of their client satisfaction surveys. A summary of outcomes from exit interviews will be reported via the Annual Goals and Outcomes report.			

PROGRAM DESCRIPTION

County: Alameda
DATE APPROVED BY OCAP: 3-27-14

PROGRAM NAME

Case Management

SERVICE PROVIDER

First Place for Youth
La Clinicia de la Raza
Pleasanton Unified School District, Horizon School

PROGRAM DESCRIPTION

First Place For Youth provides case management services to residents that are currently residing in Our First Place transitional housing. Case management services include weekly visits to ensure they are maintaining their housing and providing for their child/ren. Case managers support youth in accessing community services and preparing them for exit from transitional housing.

La Clinica de la Raza provides case management through their Family Intervention and Intensive Services component. These services are offered to families that are identified as high risk through the agency's intake process. Services available to families include, home visiting, crisis intervention, life skills and stress management and therapeutic services. All of the services are provided by bi-lingual/bi-cultural staff. All services are available in both English and Spanish.

Pleasanton Unified School District, Horizon School provides case management services in a school-based setting. Each student receives educational, vocational and parenting support. Each student receives an

intake and assessment to determine the individualized services to provide support each student. Services are available in English and Spanish.

FUNDING SOURCES

SOURCE	LIST FUNDED ACTIVITIES
CAPIT	Case Management
CBCAP	Case Management
PSSF Family Preservation	
PSSF Family Support	
PSSF Time-Limited Family Reunification	
PSSF Adoption Promotion and Support	
OTHER Source(s): (Specify) CCTF, Kids Plate	Case Management

Identify Priority Need Outlined in CSA

- 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.

TARGET POPULATION

- Alameda County families that are at high risk of child maltreatment
- Alameda County families that have a history of child maltreatment
- Alameda County families that are child welfare involved
- Alameda County teen parents and their children who are at-risk of child maltreatment

TARGET GEOGRAPHIC AREA

- First Place For Youth – Countywide
- La Clinica de la Raza - Countywide, target families who reside primarily in North County
- Pleasanton Unified School District – Livermore, Pleasanton, Dublin, Castro Valley, San Lorenzo, Hayward, San Leandro and Oakland

TIMELINE

07/01/2013 – 6/30/2014

New CAPIT/CBCAP provider contracts are anticipated to be awarded, through an RFP process, beginning July 1, 2014

EVALUATION

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

Desired Outcome	Indicator	Source of Measure	Frequency

Reduce the number (percentage) of children entering foster care by increasing availability of early intervention/prevention strategies.	65% of participants will demonstrate an improvement in positive interactions with their children	Direct observation of parenting skills	Throughout course of services
	75% of parents will develop new coping and stress management skills	One on one interviews	As needed
CAPIT/CBCAP contract providers provide monthly billing invoices that provide documentation as to the number of clients that are serviced per service category. Each provider maintains a database of individual clients that are involved in services. Each of the CAPIT/CBCAP providers receives a portion of funding from CCTF as well as either CAPIT or CBCAP funds.			

CLIENT SATISFACTION
(EXAMPLE* PROVIDED BELOW)

Method or Tool	Frequency	Utilization	Action
Client satisfaction survey	During services and upon completion of services	Review upon receipt	Providers will respond to any concerns regarding possible maltreatment
At the end of this contract year, each CAPIT/CBCAP provider will provide copies of their client satisfaction surveys. A summary of referrals will be reported via the Annual Goals and Outcomes report.			

PROGRAM DESCRIPTION

County: Alameda
DATE APPROVED BY OCAP: 3-27-14

PROGRAM NAME

Childcare

SERVICE PROVIDER

Lincoln Child Center
WestCoast Children's Center

PROGRAM DESCRIPTION

Lincoln Child Center provides childcare while parents, relative caregivers are participating in either the "*1, 2, 3, 4 Parenting!*" or *Active Parenting NOW"* parent education workshops.

WestCoast Children's Center (WCC) provides staffing for Alameda County's 24-hour Assessment Center. The WCC component that is funded through PSSF-TFR provides 24 hour supervision of child welfare involved children/NMD's ages 0-18 years, currently placed in out-of-home care and the parents/primary caregiver are participating in services in order to facilitate the reunification of the children, safely, appropriately and in a timely fashion. Services are providing during the 15-month period that began when the child entered foster care.

STAT Support Counselors are on site 24 hours per day to provide for the basic care and supervision of children during their stay at the Alameda County Children's Assessment Center. Support Counselors intervene to reduce a child's distress from neglect and/or abuse as well as the trauma of removal from their home or placement. Working in partnership, mental health clinicians, administrative staff and support staff create a multidisciplinary team available to provide support to children based upon his/her individual needs.

FUNDING SOURCES

SOURCE	LIST FUNDED ACTIVITIES
CAPIT	Childcare
CBCAP	
PSSF Family Preservation	
PSSF Family Support	
PSSF Time-Limited Family Reunification	Childcare
PSSF Adoption Promotion and Support	
OTHER Source(s): (Specify) CCTF, Kids Plate	Childcare

IDENTIFY PRIORITY NEED OUTLINED IN CSA

12.5% of Alameda County children, in care 8 days to 12 months experienced 2 or more placements during latest reporting period (January – December 2012).

Source: http://cssr.berkeley.edu/ucb_childwelfare/

Children in the NSCAW study with multiple placements had more compromised outcomes across domains than children who experienced greater placement stability.

Source: U.S. Department of Health and Human Services, Administration for Children, Youth and Families. *National survey of child and adolescent well-being (NSCAW).* Wave 1 Child Protective Services Report. Washington, DC: DHHS, 2003.

TARGET POPULATION

- Children that have a previous substantiated allegation of child maltreatment.

- Children 0-18 that are removed from relative/NREFM or foster care.
- Children currently involved in Child Welfare services and residing in out of home placement.

TARGET GEOGRAPHIC AREA

County-wide

TIMELINE

7/1/2013 – 6/30/2015, with the possibility of an annual contract extension and BOS approval.

EVALUATION

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

Desired Outcome	Indicator	Source of Measure	Frequency
Increase the number (percentage) of children who are reunified safely, permanently, and timely: this, reducing the number of children who must re-enter foster care	75% of children will have less than 2 placements while in out of home care	CWS/CMS data	Monthly
		Intake log of all children served at the Assessment Center	Monthly
		Overview of services provided to each child	Monthly
		Review of child's file	Quarterly and/or upon re-entry to the Assessment Center

CLIENT SATISFACTION (EXAMPLE* PROVIDED BELOW)

Method or Tool	Frequency	Utilization	Action
Site Visits	Random	CFS CW staff observe interactions between Childcare Support Staff and children	CFS will address any concerns that may arise from observations

PROGRAM DESCRIPTION

County: Alameda

DATE APPROVED BY OCAP: 3-27-14

PROGRAM NAME

Home Visiting (Voluntary)

SERVICE PROVIDER

Family Support Services of the Bay Area (FSSBA), Family Reclaim

PROGRAM DESCRIPTION

Family Reclaim provides a range of intensive home-based services to families whose children are at risk of out-of-home placement due to child maltreatment. This is a voluntary program that offers individualized services to meet the needs of each family. Possible services that are available include, parenting training, ILS support, counseling and crisis intervention, concrete supports, linkage to other resources, advocacy and case management.

Services are intended to lead the family towards empowerment and independence. Services offer greater assistance in the beginning and move towards less intensive and less frequent visits as the family moves toward completion of services. Services are available in English and Spanish

FUNDING SOURCES

SOURCE	LIST FUNDED ACTIVITIES
CAPIT	Voluntary in-home services
CBCAP	
PSSF Family Preservation	Voluntary in-home services
PSSF Family Support	
PSSF Time-Limited Family Reunification	
PSSF Adoption Promotion and Support	
OTHER Source(s): (Specify) CCTF, Kids Plate	Voluntary in-home services

IDENTIFY PRIORITY NEED OUTLINED IN CSA

- 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.

- From 2007 – 2012 the percentage of youth in Family Maintenance rose from 20.8% to 26.0%.

TARGET POPULATION

- Alameda County families that have a prior substantiated allegation of abuse or neglect.
- Families that are child welfare involved and/or at risk of a child being placed in out-of-home care.

TARGET GEOGRAPHIC AREA

Northern Alameda County (Albany, Berkeley, Emeryville, Oakland and San Leandro)

TIMELINE

7/1/2013 – 6/30/2014 (CAPIT)

New CAPIT/CBCAP provider contracts are anticipated to be awarded, through an RFP process, beginning July 1, 2014

7/1/2013 – 6/30/2015 (PSSF), with the possibility of an annual contract extension and BOS approval

EVALUATION

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

Desired Outcome	Indicator	Source of Measure	Frequency
Reduce the number (percentage) of children entering foster care by increasing availability of early intervention/prevention strategies Children remain safely in their home	85% of participant families will demonstrate improved family functioning	Pre and post services survey	Entry and exit of program
	85% of participant families will have no reoccurrence of child maltreatment during service participation	CWS/CMS data indicators	Monthly reports
CAPIT/CBCAP contract providers provide monthly billing invoices that provide documentation as to the number of clients that are serviced per service category. Each provider maintains a database of individual clients that are involved in services. Each of the CAPIT/CBCAP providers receives a portion of funding from CCTF as well as either CAPIT or CBCAP funds. PSSF Component: during the contract year, provider will address the status of the program through meetings with CFS liaison. A 9 month report will be prepared addressing the status of the program objectives and progress toward reaching program goals.			

CLIENT SATISFACTION (EXAMPLE* PROVIDED BELOW)

Method or Tool	Frequency	Utilization	Action
CWS/CMS data indicators	Monthly	CFS liaison will monitor for indicator improvement	CFS liaison will discuss data outcomes with contractor should issues arise
One on one interviews	Monthly Quarterly Annual	CFS Staff will monitor family's progress and satisfaction	CFS Staff will discuss concerns with contractor should the need arise
Client Satisfaction Surveys	End of service period	Program staff will review upon receipt	If gaps in services are noted, program will

			provide additional referrals. If concerns are noted regarding possible child maltreatment, report to appropriate authority will be made Problem areas will be addressed by clinicians to enhance service delivery
At the end of this contract year, each CAPIT/CBCAP provider will provide copies of their client satisfaction surveys. A summary of referrals will be reported via the Annual Goals and Outcomes report.			

PROGRAM DESCRIPTION

County: Alameda

DATE APPROVED BY OCAP: 3-27-14

PROGRAM NAME

Mental Health Services

- Individual, family, couple, group counseling/therapy
- Assessment and Screening
- Case Consultation
- Psychological Evaluation

SERVICE PROVIDER

Children's Hospital Oakland, Center for Child Protection
Children's Hospital Oakland, Center for the Vulnerable Child, PASSAGE Program
East Bay Agency for Children (EBAC)
Family Emergency Shelter Coalition (FESCO)
Family Paths
Family Support Services of the East Bay (FSSBA)
Kidango
La Clinica de la Raza
Pleasanton Unified School District, Horizons

PROGRAM DESCRIPTION

Mental Health Services are offered to strengthen families, improve emotional well being of at risk children and to reduce the occurrence/reoccurrence of child maltreatment. Counseling services assist in stabilizing families and maintaining children safely in their homes.

Mental Health Services are provided in a variety of modalities (individual, family, group counseling) to meet the individual needs of each family. Services are provided in English, Spanish, Farsi, Tagalog by bi-lingual clinicians. Services are provided by either licensed clinicians or Master or Doctoral Level interns that are supervised by licensed clinicians.

Children's Hospital Oakland, Center for Child Protection utilizes several EB EIP tools when providing mental health services to children and families. Clinicians provide therapeutic services utilizing Trauma-focused Cognitive Behavioral Therapy, crisis intervention and Parent-Child Psychotherapy. Utilization of standardized assessments can include any of the following: "*UCLA PTSD index for DSM-IV child, adolescent or parent"; "Trauma Symptom Checklist of Young Children and Children"; "Child Behavior Checklist for ages 1 ½ to 5 or 4-18"; "CRAFFT Screening Tool and Danger Assessment"*.

PSSF (FP, FSS)
Children's Hospital Oakland, Center for the Vulnerable Child, PASSAGE Program (PSSF) provides psychological evaluations for foster youth to identify therapeutic services to stabilize placement, maintain children in the home and/or to assist families to reunify.

East Bay Agency for Children (EBAC) utilizes play and sand tray and expressive art therapy, crisis intervention, Parent-Child psychotherapy and Cognitive-Behavioral Therapy. Clinicians providing therapeutic services are all Master's level interns that are supervised by a licensed LCSW or MFT.

Family Emergency Shelter Coalition (FESCO) utilizes several EB EIP tools when providing mental health services to children and families. Clinicians utilize various techniques base upon different models of therapeutic work including: Cognitive Behavioral Therapy; Parent-Infant; Parent-Child; and Attachment theory. In addition, FESCO utilizes a Bio-Psycho-Social model for their intake process.

Family Paths utilizes trauma-informed play and expressive art therapies with young children, Cognitive-Behavioral therapy and Motivational Interviewing with adolescents and parents. The "*Structured Sensory Intervention for Children, Adolescents and Parents*" (SITCAP) model is utilized as needed.

Kidango utilizes Dyadic Developmental Psychotherapy when providing parent-child therapeutic work.

La Clinica de la Raza provides therapeutic services from a holistic strength-based perspective and accommodates the cultural parenting of various ethnic and racial groups. Crisis intervention is available should a family require this service.

Pleasanton Unified School District, Horizon School provides crisis intervention focusing on the immediate needs of pregnant and parenting teens. Individual mental health services are not provided on a long term

basis. The focus of group counseling is to reinforce concepts learned in Parent Education classes, increase self esteem and build positive interpersonal relationship skills.

FUNDING SOURCES

SOURCE	LIST FUNDED ACTIVITIES
CAPIT	Individual, family, group counseling
CBCAP	Individual, family, group counseling
PSSF Family Preservation	Psychological Evaluation
PSSF Family Support	Psychological Evaluation
PSSF Time-Limited Family Reunification	
PSSF Adoption Promotion and Support	
OTHER Source(s): (Specify) CCTF, Kids Plate	Individual, family, group counseling

IDENTIFY PRIORITY NEED OUTLINED IN CSA

The rate for hospitalization for mental health issues for youth in Alameda County is higher overall than the state.

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.

TARGET POPULATION

- Alameda County children and families that are at high risk of child maltreatment
- Alameda County children and families that have a history of maltreatment
- Alameda County children and families that are currently involved in child welfare
- Priority is given to children and their families that demonstrate a medical need and are either uninsured or underinsured.

TARGET GEOGRAPHIC AREA

Mental Health Services are offered county wide

TIMELINE

7/1/2013 – 6/30/2014 (CAPIT/CBCAP)

New CAPIT/CBCAP provider contracts are anticipated to be awarded, through an RFP process, beginning July 1, 2014

7/1/2013 – 6/30/2015 (PSSF), with the possibility of an annual contract extension and BOS approval.

EVALUATION

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

(EXAMPLE* PROVIDED BELOW)

Desired Outcome	Indicator	Source of Measure	Frequency
Reduce the number (percentage) of children entering foster care by increasing availability of early intervention/prevention strategies.	85% of children will not suffer any form of maltreatment while the family/child is receiving services	Client self report	Throughout course of service, minimum of quarterly
		Reports to the Child Abuse Reporting Hotline	Monthly
Increase the number (percentage) of children who are reunified safely, permanently, and timely; thus, reducing the number of children who must re-enter foster care	65% of children will not suffer a reoccurrence of maltreatment while family is receiving services	CWS/CMS data	Monthly
CAPIT/CBCAP contract providers provide monthly billing invoices that provide documentation as to the number of clients that are serviced per service category. Each provider maintains a database of individual clients that are involved in services. Each of the CAPIT/CBCAP providers receives a portion of funding from CCTF as well as either CAPIT or CBCAP funds. Effective FY 13-14 the County redesigned the CAPIT/CBCAP/CCTF quarterly reporting documents to better track outcomes and progress. The County reviews the client tracking documents on a monthly basis. On a quarterly basis each provider will document the goals, objectives, accomplishments, challenges, progress toward reaching those goals and unduplicated clients that they served during the quarter.			

CLIENT SATISFACTION
(EXAMPLE* PROVIDED BELOW)

Method or Tool	Frequency	Utilization	Action
EB EIP Assessment	Prior to start of services	Determine appropriate therapeutic modality	Develop individualized treatment plan
Client Satisfaction Survey	Beginning and end of treatment service	Reviewed upon receipt	Problem areas will be addressed by clinicians to enhance service delivery
Client Exit Interviews	Upon exiting a program/service	Discuss during interview process	Referrals to identified supportive services to provide on-going

			services and support
At the end of this contract year, each CAPIT/CBCAP provider will provide copies of their client satisfaction surveys. A summary of referrals will be reported via the Annual Goals and Outcomes report.			

PROGRAM DESCRIPTION

County: Alameda
DATE APPROVED BY OCAP: 3-27-14

PROGRAM NAME

Parent Education and Support

SERVICE PROVIDER

Emergency Shelter Program aka Ruby's Place
Family Emergency Shelter Coalition (FESCO)
Family Paths
La Clinica de la Raza
Lincoln Child Center
Pivotal Point Youth Services
Pleasanton Unified School District - Horizons

PROGRAM DESCRIPTION

Providers offer classes to parents with a focus on enhancing knowledge, coping skills and esteem building to improve confidence, nurturing and attachment so that families are able to provide a safe, stable and nurturing home environment. Topics include child development, non-corporal forms of discipline, child abuse and neglect prevention, attachment and bonding, understanding the effects of child maltreatment and improving parental confidence.

Emergency Shelter Program (Ruby's Place) currently provides parenting support through individual counseling. The focus of the sessions includes positive parenting strategies, discipline alternatives and one on one sessions regarding a particular child's behavior. The Emergency Shelter Program does not utilize any specific parent education curriculum.

Family Emergency Shelter Coalition (FESCO) utilizes the "*Building on Strengths, Homeless Family Parenting Program*" curriculum to address the unique needs of homeless families. Currently, parent education is offered in English only.

Family Paths CAPIT/CBCAP funded parent education utilizes a Positive Parenting curriculum based upon the *"Systematic Training for Effective Parenting*"(STEP) model. Classes are offered in both English and Spanish.

Family Paths PSSF-FSS funded parent education utilizes a Positive Parenting curriculum where parenting skills are practiced through structured classroom exercises and homework. The following are completed both pre-and post-class for evaluation purposes:

- Class review exam to measure basic parenting information
- Personal evaluation report to measure each parent's self report of increased knowledge of communication skills and positive discipline methods
- Vulnerability to Stress
- Parental Acceptance Rejection Questionnaire

Classes are offered in both English and Spanish

La Clinica de la Raza offers classes in both English and Spanish and is available to parents and extended family members that are involved in the raising of children.

Lincoln Child Center utilizes *1, 2, 3, 4 Parenting!*" to provide parent education to parents of 1-4 year olds. This curriculum is provided in both English and Spanish. "*Active Parenting NOW"* video based curriculum to provide parent education workshops in English for parents of children 6-12 years old.

Pivotal Point Youth Services utilizes the "*Strengthening Multi-Ethnic Families and Communities*" parent education curriculum. This curriculum is also a violence prevention tool. This curriculum is provided in English only.

Pleasanton Unified School District, Horizon School offers a modified curriculum that addresses the unique needs of pregnant and parenting teens. Pleasanton USD contracts with Brighter Beginnings to provide the parent education curriculum. Currently, parent education is offered in English only.

FUNDING SOURCES

SOURCE	LIST FUNDED ACTIVITIES
CAPIT	Parent Education
CBCAP	Parent Education
PSSF Family Preservation	
PSSF Family Support	Parent Education
PSSF Time-Limited Family Reunification	
PSSF Adoption Promotion and Support	
OTHER Source(s): (Specify) CCTF, Kids Plate	Parent Education

IDENTIFY PRIORITY NEED OUTLINED IN CSA

- 43% of Alameda County residents, ages 5 and older, speak a language other than English
- 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.

- The Centers for Disease Control (CDC) identified a combination of individual, relational, community and societal factors that contribute to the risk of child maltreatment
  - Children younger than 4
  - Parents lack of understanding of children's needs, child development and effective parenting skills
  - Parental characteristics such as young age, low income, single parenthood, large number of dependent children and low income
  - Parenting stress, poor parent-child relationship, and negative interactions
    - Source: http://www.cdc.gov/ViolencePrevention/childmaltreatment/riskprotectivefactors.html

TARGET POPULATION

- Alameda County parents with children 0-17 who are at high risk of child welfare involvement.
- Alameda County parents with children 0-17 that are child welfare involved and either at risk of removal from the home or actively participating in services to reunify with their child/ren.

TARGET GEOGRAPHIC AREA

Parent Education is offered county-wide.

TIMELINE

7/1/2013 – 6/30/2014 (CAPIT/CBCAP)

New CAPIT/CBCAP provider contracts are anticipated to be awarded, through an RFP process, beginning July 1, 2014

7/1/2013 – 6/30/2015 (PSSF), with the possibility of an annual contract extension and BOS approval.

EVALUATION

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

Desired Outcome	Indicator	Source of Measure	Frequency
Reduce the number (percentage) of children entering foster care by increasing availability of early intervention/prevention services	75% of parents acquire additional skills to appropriately discipline their child/ren	Paper pre and post test survey	At entry and exit of parent education course
Reduce the number (percentage) of children entering foster care by increasing availability of early	80% of parents will report an improved relationship with their child/ren	Parent Satisfaction Survey – post only	Completion of parent education course

intervention/prevention services			
Contract providers provide monthly billing invoices that provide documentation as to the number of clients that are serviced per service category. Each provider maintains a database of individual clients that are involved in services. Each of the CAPIT/CBCAP providers receives a portion of funding from CCTF as well as either CAPIT or CBCAP funds. Effective FY 13-14 the County redesigned the CAPIT quarterly reporting documents to better track outcomes and progress. The County reviews the client tracking documents on a monthly basis. On a quarterly basis each provider will document the goals, objectives, accomplishments, challenges, progress toward reaching those goals and unduplicated clients that they served during the quarter.			

CLIENT SATISFACTION
(EXAMPLE* PROVIDED BELOW)

Method or Tool	Frequency	Utilization	Action
Paper pre & post test	Beginning and end of each parent education series	Staff review after each series	Problem areas will be addressed by facilitators to provide additional support and resources to participants.
Parent Survey	Completion of workshop series	Reviewed at end of series	Additional support groups and/or referrals to community-based providers who will work with families on any challenges.
At the end of this contract year, each provider has been asked to provide copies of their client satisfaction surveys and provide a summary of any pre and post test documentation they have collected.			

PROGRAM DESCRIPTION

County: Alameda
DATE APPROVED BY OCAP: 3-27-14

PROGRAM NAME

Substance Abuse Services

SERVICE PROVIDER

Substance Abuse Services

- Axis Community Health
- Bay Area Addiction, Research and Treatment (BAART)
- Options For Recovery
- Terra Firma

PROGRAM DESCRIPTION

Substance Abuse Services
Each of the four agencies offers outpatient treatment and random monitored substance abuse testing. Each program completes an intake assessment and provides domestic violence/anger management, individual counseling and group sessions. Terra Firma provides services in English and Spanish

FUNDING SOURCES

SOURCE	LIST FUNDED ACTIVITIES
CAPIT	
CBCAP	
PSSF Family Preservation	Substance abuse services
PSSF Family Support	Substance abuse services
PSSF Time-Limited Family Reunification	Substance abuse services
PSSF Adoption Promotion and Support	
OTHER Source(s): (Specify) Waiver/FFP	Substance Abuse Services

IDENTIFY PRIORITY NEED OUTLINED IN CSA

Total admissions to alcohol and other drug treatment programs increased by 11.5% from 2000 to 2008.

The rate for hospitalizations for mental health issues for youth in Alameda County is higher overall than the state.

The Centers for Disease Control (CDC) identified a combination of individual, relational, community and societal factors that contribute to the risk of child maltreatment

- Parents' history of child maltreatment in family of origin
- Substance abuse and/or mental health issues including depression in the family
- Parents' lack of understanding of children's needs, child development and parenting skills
- Parenting stress, poor parent-child relationships, and negative interactions
- Family disorganization, dissolution, and violence, including intimate partner violence

Source: http://www.cdc.gov/ViolencePrevention/childmaltreatment/riskprotectivefactors.html

TARGET POPULATION

Substance Abuse Services are available in various geographical locations countywide. Services are available to all families that are child welfare involved and have had an occurrence of child maltreatment. Terra Firma provides services in English and Spanish.

TARGET GEOGRAPHIC AREA

Substance Abuse Services are available countywide. There are service providers located in areas of the county that have the highest percentage of child welfare involved families (Hayward and Oakland)

TIMELINE

7/1/2013 – 6/30/2014

New Substance Abuse Service provider contracts are anticipated to be awarded, through an RFP process, beginning July 1, 2014

EVALUATION

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

Desired Outcome	Indicator	Source of Measure	Frequency
Reduce the number (percentage) of children entering foster care by increasing availability of early intervention/prevention strategies	50% of parents will reduce the risk to their children by decreasing or eliminating their substance use	Test results	Provided monthly
		Drug test completion rates	
Increase the number (percentage) of children who reunified safely, permanently, and timely, thus reducing the number of children who must re-enter foster care.	50% of parents will remain drug free for 90+ days of treatment	Test results	Provided monthly
		Drug test completion rates	
Providers will participate in random site visits as outlined in their contract.			

CLIENT SATISFACTION (EXAMPLE* PROVIDED BELOW)

Method or Tool	Frequency	Utilization	Action
One on one interviews	Monthly	CWW will assess client satisfaction	CWW will provide feedback to program

		with services during monthly visits with families	regarding any concerns that arise during home visits
Currently there are no standardized client satisfaction tools being utilized by any of the Substance Abuse service providers.			

PROGRAM DESCRIPTION

County: Alameda
DATE APPROVED BY OCAP: 3-27-14

PROGRAM NAME

Youth Services

SERVICE PROVIDER

Emergency Shelter Program (ESP)

PROGRAM DESCRIPTION

Emergency Shelter Program's Youth Services providing support for children who are currently homeless and/or experiencing family violence. Families receiving services are currently residing in ESP's family shelter.

Children/youth residing in the shelter receive academic support through one on one and/or group tutoring, access to computer based educational games and programs and structured play activities. Age appropriate children's groups are provided to assist children with understanding abuse, including domestic violence and to develop skills to recognize and deal with inappropriate/danger behaviors. The basis for group activities is based upon the "*Neurosequential Model of Therapeutics*" and incorporates art, music and play into activities. Activities are tailored to provide activities to a wide age range of children.

FUNDING SOURCES

SOURCE	LIST FUNDED ACTIVITIES
CAPIT	Youth Services
CBCAP	
PSSF Family Preservation	
PSSF Family Support	
PSSF Time-Limited Family Reunification	
PSSF Adoption Promotion and Support	
OTHER Source(s): (Specify) CCTF, Kids Plate	Youth Services

IDENTIFY PRIORITY NEED OUTLINED IN CSA

- In 2012 the number of domestic violence calls for assistance for adults ages 18 -69 was 6.2 per 1,000.
- The percentage of children living in poverty has increased from 15% in 2005 to 17% in 2010.
- Children living in crowded households* has increased significantly since 2008, from approximately 17% to 24%.

TARGET POPULATION

- Alameda County children and families that are at high risk of child maltreatment
- Alameda County children that have a history of child maltreatment
- Alameda County children that are child welfare involved
- Priority is given to children and their families that demonstrate a medical need and are either uninsured or underinsured.
- Alameda County children that are homeless or at risk of homelessness

TARGET GEOGRAPHIC AREA

County-wide

TIMELINE

7/1/2013 – 6/30/2014

New CAPIT/CBCAP provider contracts are anticipated to be awarded, through an RFP process, beginning July 1, 2014

EVALUATION

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

Desired Outcome	Indicator	Source of Measure	Frequency
Reduce the number (percentage) of children entering foster care by improving academic performance and reducing trauma symptoms and trauma based behaviors	85% of children will show an improvement in school attendance and academic performance	Self reports Attendance records Report cards/grade	As provided by the school
	75% of children will demonstrate improvement in their emotional regulation and self-esteem	Observation Parent Reports	Weekly
CAPIT/CBCAP contract providers provide monthly billing invoices that provide documentation as to the number of clients that are serviced per service category. Each provider maintains a database of individual clients that are involved in services. Each of the CAPIT/CBCAP providers			

receives a portion of funding from CCTF as well as either CAPIT or CBCAP funds.

Effective FY 13-14 the County redesigned the CAPIT/CBCAP/CCTF quarterly reporting documents to better track outcomes and progress. The County reviews the client tracking documents on a monthly basis. On a quarterly basis each provider will document the goals, objectives, accomplishments, challenges, progress toward reaching those goals and unduplicated clients that they served during the quarter.

CLIENT SATISFACTION
(EXAMPLE* PROVIDED BELOW)

Method or Tool	Frequency	Utilization	Action
Exit Interview	At exit from program	Review upon receipt	Problem areas/gaps in services will be reviewed for possible addition to program
At the end of this contract year, each provider has been asked to provide copies of their client satisfaction surveys and provide a summary of any pre and post test documentation they have collected.			

CAPIT/CBCAP/PSSF
PROGRAM AND EVALUATION DESCRIPTION

PROGRAM DESCRIPTION - PROPOSED FY 14-15

County: Alameda
DATE APPROVED BY OCAP: 3-27-14

PROGRAM NAME

Transition Age Youth Services

SERVICE PROVIDER

Alameda County is currently involved in a new RFP process. It is anticipated that new CAPIT/CBCAP contracts will be awarded effective July 1, 2014. At that time an updated Program Description will be provided once contracts are finalized.

PROGRAM DESCRIPTION

CAPIT/CBCAP Transition Age Youth Services will offer services to improve outcomes for youth ages 14-21. These services are anticipated to include: Needs Assessment; Case Management; Life Skills/Self Sufficiency; Job Readiness; Educational Support; Services to Prevent Homelessness and Information and Referral. Services will utilize models of best practice and EB EIP when appropriate.

FUNDING SOURCES

SOURCE	LIST FUNDED ACTIVITIES
CAPIT	Transition Age Youth Services
CBCAP	
PSSF Family Preservation	
PSSF Family Support	
PSSF Time-Limited Family Reunification	
PSSF Adoption Promotion and Support	
OTHER Source(s): (Specify) CCTF, Kids Plate	Transition Age Youth Services

IDENTIFY PRIORITY NEED OUTLINED IN CSA

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

Overall, the percentage of Alameda County children living in poverty has increased from 15% in 2005 to 17% in 2010

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.

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.

TARGET POPULATION

Alameda County transition age youth who are at risk of child maltreatment
Alameda County transition age youth who are involved in child welfare/probation
Low income Alameda County transition age youth who are at risk of homelessness or homeless
Alameda County teen parents

The following target population(s) may also be served

- Sexually Exploited Minors
- Cross-over youth
- Low income youth
- LGBTQ

TARGET GEOGRAPHIC AREA

Countywide with a focus on youth in Oakland and Hayward

TIMELINE

7/1/2014 – 6/30/2015, with the possibility of an additional 1-2 year contract extension.

New provider contracts are anticipated to be awarded, through an RFP process, beginning July 1, 2014

It is not anticipated that PSSF providers will be required to participate in an RFP process for FY 14-15. Currently, contracts may be extended via BOS authorization.

EVALUATION

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

Desired Outcome	Indicator	Source of Measure	Frequency
Enhance services for emancipating youth	50% of transition age youth, who are participating in	Improved grades and attendance	Throughout contract year
		If applicable, high	Annual

	educational services, will improve their academic knowledge and move toward successful graduate high school or complete a H.S. Equivalency exam	school diploma or GED Certificate	
Enhances services for emancipating youth	50% of high risk youth populations (CSEC, Cross-over, LGBTQ) will receive an intake and either participate in or receive referrals to services	Data collection regarding participation in services and attendance	Monthly
	75% of participants will demonstrate improved job readiness and employment skills	Needs assessment at beginning of services	Service enrollment
		Post workshop/program assessment	Upon completion of workshop/program

During the RFP process each bidder will provide goals and objectives and number of anticipated clients they expect to serve over the course of any contract year. It is anticipated that each bidders will describe educational/vocational curriculum and any if applicable, the EB EIP, that will be utilized to provide this service.

Contract providers will provide monthly billing invoices that document the number of clients that receive services per each service category. Each provider will maintain a database of individual clients that are involved in services.

Effective FY 13-14 the County redesigned the CAPIT quarterly reporting documents to better track outcomes and progress. The County reviews the client tracking documents on a monthly basis. On a quarterly basis each provider will document the goals, objectives, accomplishments, challenges, progress toward reaching those goals and unduplicated clients that they served during the quarter.

CLIENT SATISFACTION
(EXAMPLE* PROVIDED BELOW)

Method or Tool	Frequency	Utilization	Action
Client Satisfaction Survey	Intake, periodically throughout participation and 12 months post exit	Staff review for evaluation of progress	Problem areas will be addressed to improve the quality of services

One on one interview	Periodic and on-going	Staff identifies emerging problems	Immediate response to emerging problems and crisis intervention
Exit Interview	Upon completion of program	Staff to review for continued areas of need/support	Staff to refer to community organizations that can provide additional supportive services
At the end of this contract year, each provider has been asked to provide copies of their client satisfaction surveys. A summary of outcomes from exit interviews will be reported via the Annual Goals and Outcomes report.			

PROGRAM DESCRIPTION - PROPOSED FY 14-15

County: Alameda

DATE APPROVED BY OCAP: 3-27-14

PROGRAM NAME

Case Management / Home Visiting (voluntary)

SERVICE PROVIDER

Alameda County is currently involved in a new RFP process. It is anticipated that new contracts will be awarded effective July 1, 2014. At that time an updated Program Description will be provided once contracts are finalized.

PROGRAM DESCRIPTION

Programs providing case management / home visiting (voluntary) are anticipated to offer an array of intensive treatment and self sufficiency services to stabilize and maintain children that are at high risk of being removed due to child maltreatment. These services should include one or more of the following: demonstrative parent education; life skills; concrete supports; crisis intervention; short term therapeutic services; ILS services; and access to services.

Therapeutic services should utilize trauma-informed best practice modalities and EB EIP (TBD) models. Services are intended to lead the family towards empowerment and independence. Services should be offered in English and Spanish

FUNDING SOURCES

SOURCE	LIST FUNDED ACTIVITIES
CAPIT	Case Management / Home Visiting (Voluntary)

CBCAP	Case Management / Home Visiting (Voluntary)
PSSF Family Preservation	
PSSF Family Support	
PSSF Time-Limited Family Reunification	
PSSF Adoption Promotion and Support	
OTHER Source(s): (Specify) CCTF, Kids Plate	Case Management / Home Visiting (Voluntary)

IDENTIFY PRIORITY NEED OUTLINED IN CSA

In 2012 the number of domestic violence calls for assistance for adults ages 18-69 was 6.2 per 1,000.

- The Centers for Disease Control (CDC) identified a combination of individual, relational, community and societal factors that contribute to the risk of child maltreatment
    - Children younger than 4
    - Parents lack of understanding of children's needs, child development and effective parenting skills
    - Parental characteristics such as young age, low income, single parenthood, large number of dependent children and low income
    - Parenting stress, poor parent-child relationship, and negative interactions

Source: http://www.cdc.gov/ViolencePrevention/childmaltreatment/riskprotectivefactors.html

TARGET POPULATION

- Alameda County children and families that are at high risk of child maltreatment
- Priority is given to children and their families that demonstrate a medical need and are either uninsured or underinsured.
- Target populations
    - Children residing in areas that have high child maltreatment referrals, investigations and entries into child welfare
    - Children residing in areas of high community violence
    - Teen parents
    - Fathers

TARGET GEOGRAPHIC AREA

County-wide

Target areas

- High incidents of community violence
- High incidents of reports of child maltreatment

TIMELINE

7/1/2014 – 6/30/2015, with the possibility of an additional 1-2 year contract extension.

New CAPIT/CBCAP provider contracts are anticipated to be awarded, through an RFP process, beginning July 1, 2014

EVALUATION

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

Desired Outcome	Indicator	Source of Measure	Frequency
Reduce the number (percentage) of children entering foster care by increasing availability of early intervention/prevention strategies	85% of participant families will demonstrate improved family functioning	Pre and post services survey	Entry and exit of program
Children remain safely in their home	85% of participant families will have no reoccurrence of child maltreatment during service participation	CWS/CMS data indicators	Monthly reports

During the RFP process each bidder will provide goals and objectives and number of anticipated clients they expect to serve over the course of any contract year. It is anticipated that each bidder will describe the EB EIP that will be utilized to provide this service.

CAPIT/CBCAP contract providers provide monthly billing invoices that provide documentation as to the number of clients that are serviced per service category. Each provider maintains a database of individual clients that are involved in services. Each of the CAPIT/CBCAP providers receives a portion of funding from CCTF as well as either CAPIT or CBCAP funds.

Effective FY 13-14 the County redesigned the CAPIT/CBCAP/CCTF quarterly reporting documents to better track outcomes and progress. The County reviews the client tracking documents on a monthly basis. On a quarterly basis each provider will document the goals, objectives, accomplishments, challenges, progress toward reaching those goals and unduplicated clients that they served during the quarter.

CLIENT SATISFACTION (EXAMPLE* PROVIDED BELOW)

Method or Tool	Frequency	Utilization	Action
One on one interviews	Monthly Quarterly Annual	CFS Staff will monitor family's progress and satisfaction	CFS Staff will discuss concerns with contractor should the need arise
Client Satisfaction Surveys	End of service period	Program staff will review upon receipt	If gaps in services are noted, program will provide additional referrals. If concerns are noted regarding possible

			child maltreatment, report to appropriate authority will be made Problem areas will be addressed by clinicians to enhance service delivery
At the end of this contract year, each provider has been asked to provide copies of their client satisfaction surveys and provide a summary of any pre and post test documentation they have collected.			

PROGRAM DESCRIPTION - PROPOSED FY 14-15

County: Alameda
DATE APPROVED BY OCAP: 3-27-14

PROGRAM NAME

Child Abuse Prevention / Violence Prevention Awareness Curriculum

SERVICE PROVIDER

Alameda County is currently involved in a new RFP process. It is anticipated that new contracts will be awarded effective July 1, 2014. At that time an updated Program Description will be provided once contracts are finalized.

PROGRAM DESCRIPTION

CAPIT/CBCAP Child Abuse Prevention Awareness Training provider(s) will offer an EB EIP curriculum that supports both short term and long term learning. The curriculum should be tailored to provide developmentally appropriate workshops for children under the age of 14. Workshops should provide education to enhance a child's short and long term health and well-being. CAPIT/CBCAP Child Abuse Prevention Awareness providers will offer informational materials that can be distributed to the general public. Materials will provide education and awareness of identified child abuse prevention topics.

Workshops will have the capacity to be provided in English and Spanish and made available to any school, community organization, youth serving organization and faith-based provider that requests the training.

FUNDING SOURCES

SOURCE	LIST FUNDED ACTIVITIES

CAPIT	
CBCAP	Child Abuse Prevention Workshops
PSSF Family Preservation	
PSSF Family Support	
PSSF Time-Limited Family Reunification	
PSSF Adoption Promotion and Support	
OTHER Source(s): (Specify) CCTF, Kids Plate	Child Abuse Prevention Training

IDENTIFY PRIORITY NEED OUTLINED IN CSA

In 2012 the number of domestic violence calls for assistance for adults ages 18-69 was 6.2 per 1,000.

Many children and youth experience trauma. Depending on their circumstance, between 25-90 percent of children and youth experience events that leave them traumatized. They include:

- Up to 50 percent of children and youth in child welfare
- Between 60 to 90 percent of youth in juvenile justice
- Between 83-91 percent of children and youth in neighborhoods with high levels of violent crime
    - Source: http://www.nccp.org/publications/pub_746.html#9

TARGET POPULATION

- Alameda County children and families that are at high risk of child maltreatment
- Priority is given to children and their families that demonstrate a medical need and are either uninsured or underinsured.
- Target populations
    - Children residing in areas that have high child maltreatment referrals, investigations and entries into child welfare
    - Children residing in areas of high community violence

TARGET GEOGRAPHIC AREA

County-wide

Target areas

- High incidents of community violence
- High incidents of reports of child maltreatment

TIMELINE

7/1/2014 – 6/30/2015, with the possibility of an additional 1-2 year contract extension.

New CAPIT/CBCAP provider contracts are anticipated to be awarded, through an RFP process, beginning July 1, 2014

EVALUATION

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

(EXAMPLE* PROVIDED BELOW)

Desired Outcome	Indicator	Source of Measure	Frequency
Reduce the number (percentage) of children entering foster care by increasing availability of early intervention/prevention strategies.	75% of the participants will demonstrate an increased understanding of the skills an concepts to prevent abuse and assault	Student evaluations	Post workshop
		Paper pre- and post-test	Beginning and end of workshop
Increase public awareness of child abuse prevention	50% of participants will demonstrate an increased understanding of the risk factors and how to prevent them	Pre- and post test	Beginning and end of training/workshop

During the RFP process each bidder will provide goals and objectives and number of anticipated clients they expect to serve over the course of any contract year. It is anticipated that each bidder will describe the EB EIP that will be utilized to provide this service.

CAPIT/CBCAP contract providers provide monthly billing invoices that provide documentation as to the number of clients that are serviced per service category. Each provider maintains a database of individual clients that are involved in services. Each of the CAPIT/CBCAP providers receives a portion of funding from CCTF as well as either CAPIT or CBCAP funds.

Effective FY 13-14 the County redesigned the CAPIT/CBCAP/CCTF quarterly reporting documents to better track outcomes and progress. The County reviews the client tracking documents on a monthly basis. On a quarterly basis each provider will document the goals, objectives, accomplishments, challenges, progress toward reaching those goals and unduplicated clients that they served during the quarter.

CLIENT SATISFACTION
(EXAMPLE* PROVIDED BELOW)

Method or Tool	Frequency	Utilization	Action
Verbal evaluation by teacher/staff member of agency receiving workshop	Post workshop	Review upon receipt	Problem areas will be addressed by Program Director. Feedback will be provided to Prevention Educators to enhance service delivery

Written evaluation by agency administrator	Post Workshop	Review upon receipt	Problem areas will be addressed by Program Director. Feedback will be provided to Prevention Educators to enhance service delivery
At the end of this contract year, each provider has been asked to provide copies of their client satisfaction surveys and provide a summary of any pre and post test documentation they have collected.			

PROGRAM DESCRIPTION - PROPOSED FY 14-15

County: Alameda
DATE APPROVED BY OCAP: 3-27-14

PROGRAM NAME

Mental Health Services

- Individual, family, couple, group counseling/therapy
- Clinical Assessments
- Crisis Intervention
- Mental Health Screenings

SERVICE PROVIDER

Alameda County is currently involved in a new RFP process. It is anticipated that new contracts will be awarded effective July 1, 2014. At that time an updated Program Description will be provided once contracts are finalized.

PROGRAM DESCRIPTION

CAPIT/CBCAP Mental Health Services providers will offer therapeutic services to strengthen families, improve emotional well being of at risk children and to reduce the occurrence/reoccurrence of child maltreatment. Services will be provided in a variety of modalities and will be based upon EB EIP (TBD) protocols. Counseling services will assist in stabilizing families and maintaining children safely in their homes.

Services will be provided in English and Spanish by bi-lingual clinicians. Services will be provided by either licensed clinicians or interns that are supervised by licensed clinicians who are trained in trauma-informed care best practices.

The following target population(s) may also be served

- Adult Former Victims of Child Abuse or Domestic Violence, with children
- Commercially Sexually Exploited Children (CSEC)
- Fathers
- Homeless
- LGBTQ

FUNDING SOURCES

SOURCE	LIST FUNDED ACTIVITIES
CAPIT	Assessment, Individual, family, group counseling
CBCAP	Assessment, Individual, family, group counseling
PSSF Family Preservation	
PSSF Family Support	
PSSF Time-Limited Family Reunification	
PSSF Adoption Promotion and Support	
OTHER Source(s): (Specify) CCTF, Kids Plate	Assessment, Individual, family, group counseling

IDENTIFY PRIORITY NEED OUTLINED IN CSA

The rate for hospitalization for mental health issues for youth in Alameda County is higher overall than the state.

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.

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 Island languages. Of those two groups, about 50% identify as not speaking English very well.

Many children and youth experience trauma. Depending on their circumstance, between 25-90 percent of children and youth experience events that leave them traumatized. They include:

- Up to 50 percent of children and youth in child welfare
- Between 60 to 90 percent of youth in juvenile justice
- Between 83-91 percent of children and youth in neighborhoods with high levels of violent crime
    - Source: http://www.nccp.org/publications/pub_746.html#9

TARGET POPULATION

- Alameda County children and families that are at high risk of child maltreatment
- Alameda County children and families that have a history of maltreatment
- Alameda County children and families that are currently involved in child welfare
- Priority is given to children and their families that demonstrate a medical need and are either uninsured or underinsured.

TARGET GEOGRAPHIC AREA

Mental Health Services are offered county wide

TIMELINE

7/1/2014 – 6/30/2015, with the possibility of an additional 1-2 year contract extension.

New provider contracts are anticipated to be awarded, through an RFP process, beginning July 1, 2014

It is not anticipated that PSSF providers will be required to participate in an RFP process for FY 14-15. Currently, contracts may be extended via BOS authorization.

EVALUATION

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

Desired Outcome	Indicator	Source of Measure	Frequency
Reduce the number (percentage) of children entering foster care by increasing availability of early intervention/prevention strategies.	85% of children will not suffer any form of maltreatment while the family/child is receiving services	Client self report	Throughout period of service
		Reports to the Child Abuse Reporting Hotline	Throughout period of service
	65% of children will not suffer a reoccurrence of maltreatment while family is receiving services	CWS/CMS data	Throughout period of service

During the RFP process each bidder will provide goals and objectives and number of anticipated clients they expect to serve over the course of any contract year. It is anticipated that each bidder will describe the EB EIP that will be utilized to provide this service.

Contract providers provide monthly billing invoices that provide documentation as to the number of clients that are serviced per service category. Each provider maintains a database of individual clients that are involved in services. Each of the 15 CAPIT/CBCAP providers receives a portion of funding from CCTF as well as either CAPIT or CBCAP funds.

Effective FY 13-14 the County redesigned the CAPIT quarterly reporting documents to better track outcomes and progress. The County reviews the client tracking documents on a monthly

basis. On a quarterly basis each provider will document the goals, objectives, accomplishments, challenges, progress toward reaching those goals and unduplicated clients that they served during the quarter.

CLIENT SATISFACTION
(EXAMPLE* PROVIDED BELOW)

Method or Tool	Frequency	Utilization	Action
EB EIP Assessment	Prior to start of services	Determine appropriate therapeutic modality	Develop individualized treatment plan
Client Satisfaction Survey	Beginning and end of treatment service	Reviewed upon receipt	Problem areas will be addressed by clinicians to enhance service delivery
Client Exit Interviews	Upon exiting a program/service	Discuss during interview process	Referrals to identified supportive services to provide on-going services and support
At the end of this contract year, each provider has been asked to provide copies of their client satisfaction surveys. A summary of referrals will be reported via the Annual Goals and Outcomes report.			

PROGRAM DESCRIPTION - PROPOSED FY 14-15

County: Alameda
DATE APPROVED BY OCAP: 3-27-14

PROGRAM NAME

Parent Education and Support

SERVICE PROVIDER

Alameda County is currently involved in a new RFP process. It is anticipated that new CAPIT/CBCAP contracts will be awarded effective July 1, 2014. At that time an updated Program Description will be provided once contracts are finalized.

It is not anticipated that PSSF providers will be required to participate in an RFP process for FY 14-15. Currently, contracts may be extended via BOS authorization.

PROGRAM DESCRIPTION

Providers will offer classes/workshops that are EB EIP (TBD) curriculums. Providers will offer classes to parents with a focus on enhancing knowledge, coping skills and esteem building to improve confidence, nurturing and attachment so that families are able to provide a safe, stable and nurturing home environment. Topics will include information on child development, non-corporal forms of discipline, child abuse and neglect prevention, attachment and bonding, understanding the effects of child maltreatment and improving parental confidence. It is anticipated that specific Father Engagement curriculum and support will be offered during the next contract year. Classes should have the capacity to be conducted in both English and Spanish.

FUNDING SOURCES

SOURCE	LIST FUNDED ACTIVITIES
CAPIT	Parent Education
CBCAP	Parent Education
PSSF Family Preservation	
PSSF Family Support	
PSSF Time-Limited Family Reunification	
PSSF Adoption Promotion and Support	
OTHER Source(s): (Specify) CCTF, Kids Plate	Parent Education

IDENTIFY PRIORITY NEED OUTLINED IN CSA

- 43% of Alameda County residents, ages 5 and older, speak a language other than English
- 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.
- The Centers for Disease Control (CDC) identified a combination of individual, relational, community and societal factors that contribute to the risk of child maltreatment
    - Children younger than 4
    - Parents lack of understanding of children's needs, child development and effective parenting skills
    - Parental characteristics such as young age, low income, single parenthood, large number of dependent children and low income
    - Parenting stress, poor parent-child relationship, and negative interactions
        - Source: http://www.cdc.gov/ViolencePrevention/childmaltreatment/riskprotectivefactors.html

TARGET POPULATION

- Alameda County parents with children 0-17 who are at high risk of child welfare involvement.
- Alameda County parents with children 0-17 that are child welfare involved and either at risk of removal from the home or actively participating in services to reunify with their child/ren.

- Parent education coursework may include a modified curriculum to meet the needs of the following target populations.
  - Spanish Speaking
  - Teen Parents
  - Fathers
  - Homeless

TARGET GEOGRAPHIC AREA

Parent Education will be offered county-wide.

TIMELINE

7/1/2014 – 6/30/2015, with the possibility of an additional 1-2 year contract extension.

New provider contracts are anticipated to be awarded, through an RFP process, beginning July 1, 2014

It is not anticipated that PSSF providers will be required to participate in an RFP process for FY 14-15. Currently, contracts may be extended via BOS authorization.

EVALUATION

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

Desired Outcome	Indicator	Source of Measure	Frequency
Reduce the number (percentage) of children entering foster care by increasing availability of early intervention/prevention services	75% of parents acquire additional skills to appropriately discipline their child/ren	Paper pre and post test survey	At entry and exit of parent education course
Reduce the number (percentage) of children entering foster care by increasing availability of early intervention/prevention services	80% of parents will report an improved relationship with their child/ren	Parent Satisfaction Survey – post only	Completion of parent education course
Reduce the number (percentage) of children entering foster care by increasing availability of	50% increase in fathers that are offered services	Program registration and attendance reports	Monthly

early intervention/prevention services	25% increase in number of fathers that engage in services		
During the RFP process each bidder will provide goals and objectives and number of anticipated clients they expect to serve over the course of any contract year. It is anticipated that each bidder will describe the EB EIP that will be utilized to provide this service. Currently in place: Contract providers provide monthly billing invoices that provide documentation as to the number of clients that are serviced per service category. Each provider maintains a database of individual clients that are involved in services. Each of the 15 CAPIT/CBCAP providers receives a portion of funding from CCTF as well as either CAPIT or CBCAP funds. Effective FY 13-14 the County redesigned the CAPIT quarterly reporting documents to better track outcomes and progress. The County reviews the client tracking documents on a monthly basis. On a quarterly basis each provider will document the goals, objectives, accomplishments, challenges, progress toward reaching those goals and unduplicated clients that they served during the quarter.			

CLIENT SATISFACTION
(EXAMPLE* PROVIDED BELOW)

Method or Tool	Frequency	Utilization	Action
Paper pre & post test	Beginning and end of each parent education series	Staff review after each series	Problem areas will be addressed by facilitators to provide additional support and resources to participants.
Parent Survey	Completion of workshop series	Reviewed at end of series	Additional support groups and/or referrals to community-based providers who will work with families on any challenges.
At the end of this contract year, each provider has been asked to provide copies of their client satisfaction surveys and provide a summary of any pre and post test documentation they have collected.			

PROGRAM DESCRIPTION-PROPOSED FY 14-15

County: Alameda
DATE APPROVED BY OCAP: 3-27-14

PROGRAM NAME

Substance Abuse Services

SERVICE PROVIDER

Alameda County is currently involved in a new RFP process. It is anticipated that new contracts will be awarded effective July 1, 2014. At that time an updated Program Description will be provided once contracts are finalized.

PROGRAM DESCRIPTION

Substance Abuse Services
Each of the contract agencies are anticipated to offer random monitored substance abuse testing. Each program will complete an initial assessment to determine level of services for each individual. It is the expectation that services will be offered in Spanish and English

Additional substance abuse services will be funded through waiver dollars.

FUNDING SOURCES

SOURCE	LIST FUNDED ACTIVITIES
CAPIT	
CBCAP	
PSSF Family Preservation	Substance abuse services
PSSF Family Support	Substance abuse services
PSSF Time-Limited Family Reunification	Substance abuse services
PSSF Adoption Promotion and Support	
OTHER Source(s): (Specify) Waiver	Substance Abuse Services

IDENTIFY PRIORITY NEED OUTLINED IN CSA

Total admissions to alcohol and other drug treatment programs increased by 11.5% from 2000 to 2008.

The rate for hospitalizations for mental health issues for youth in Alameda County is higher overall than the state.

The Centers for Disease Control (CDC) identified a combination of individual, relational, community and societal factors that contribute to the risk of child maltreatment

- Parents' history of child maltreatment in family of origin
- Substance abuse and/or mental health issues including depression in the family
- Parents' lack of understanding of children's needs, child development and parenting skills
- Parenting stress, poor parent-child relationships, and negative interactions
- Family disorganization, dissolution, and violence, including intimate partner violence

Source: http://www.cdc.gov/ViolencePrevention/childmaltreatment/riskprotectivefactors.html

Target Population

Alameda County families that are child welfare involved

Target Geographic Area

Substance Abuse Services are available countywide. Service providers will be located in all areas of the county with an emphasis on providers that are located in areas that have the highest percentage of child welfare involved families (Hayward and Oakland)

Timeline

7/1/2013 – 6/30/2014

New Substance Abuse Service provider contracts are anticipated to be awarded, through an RFP process, beginning July 1, 2014

Evaluation

Program Outcome(s) and measurement & Quality Assurance (QA) Monitoring (example* provided below)

Desired Outcome	Indicator	Source of Measure	Frequency
Reduce the number (percentage) of children entering foster care by increasing availability of early intervention/prevention strategies	50% of parents will reduce the risk to their children by decreasing or eliminating their substance use	Test results	Provided monthly
Increase the number (percentage) of children who reunified safely, permanently, and	50% of parents will remain drug free for 90+ days of treatment	Test results	Provided monthly

timely, thus reducing the number of children who must re-enter foster care.			
Providers will participate in random site visits as outlined in their contract. Beginning FY 14-15 providers will be expected to maintain a database that is able to track unduplicated participants. Data provided will include race/ethnicity, disability and zip code.			

CLIENT SATISFACTION
(EXAMPLE* PROVIDED BELOW)

Method or Tool	Frequency	Utilization	Action
One on one interviews	Monthly	CWW will assess client satisfaction with services during monthly visits with families	CWW will provide feedback to program regarding any concerns that arise during home visits
Currently there are no standardized client satisfaction tools being utilized by any of the Substance Abuse service providers.			

PROGRAM DESCRIPTION –PROPOSED FY 14-15

County: Alameda
DATE APPROVED BY OCAP: 3-27-14

PROGRAM NAME

Youth Services

SERVICE PROVIDER

Alameda County is currently involved in a new RFP process. It is anticipated that new contracts will be awarded effective July 1, 2014. At that time an updated Program Description will be provided once contracts are finalized.

PROGRAM DESCRIPTION

Youth Services is anticipated to offer services that focus on EB EIP (TBD) curriculum. Components of these services may include self esteem building, violence prevention, child abuse and neglect awareness, programs to improve healthy development and well-being and/or social/interpersonal skill building. Public awareness may be included in this category.

FUNDING SOURCES

SOURCE	LIST FUNDED ACTIVITIES
CAPIT	
CBCAP	Youth Services
PSSF Family Preservation	
PSSF Family Support	
PSSF Time-Limited Family Reunification	
PSSF Adoption Promotion and Support	
OTHER Source(s): (Specify) CCTF, Kids Plate	Youth Services

IDENTIFY PRIORITY NEED OUTLINED IN CSA

- In 2012 the number of domestic violence calls for assistance for adults ages 18-69 was 6.2 per 1,000.
- The percentage of children living in poverty has increased from 15% in 2005 to 17% in 2010.
- Children living in crowded households* has increased significantly since 2008, from approximately 17% to 24%.

TARGET POPULATION

- All Alameda County children
- Alameda County children and families that are at high risk of child maltreatment
- Alameda County children and families that have a history of child maltreatment
- Priority is given to children and their families that demonstrate a medical need and are either uninsured or underinsured.
- Target Populations:
    - Homeless children
    - Children who have witnessed violence
    - Children under 14 years old
    - Immigrant and refugee children

TARGET GEOGRAPHIC AREA

County-wide

Target areas

- High incidents of community violence
- High incidents of reports of child maltreatment
- Areas of limited resources and supportive services

TIMELINE

7/1/2014 – 6/30/2015, with the possibility of an additional 1-2 year contract extension.

New provider contracts are anticipated to be awarded, through an RFP process, beginning July 1, 2014

EVALUATION

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

Desired Outcome	Indicator	Source of Measure	Frequency
Reduce the number (percentage) of children entering foster care by increasing availability of early intervention/prevention strategies.	75% of children will show an increased understanding of child abuse prevention and violence prevention	Self reports School or community reports Pre- and post-test survey	Beginning and end of service
	75% of children will demonstrate improvement in their emotional regulation and self-esteem	Classroom observation Parent Reports	Weekly
CAPIT/CBCAP contract providers provide monthly billing invoices that provide documentation as to the number of clients that are serviced per service category. Each provider maintains a database of individual clients that are involved in services. Each of the CAPIT/CBCAP providers receives a portion of funding from CCTF as well as either CAPIT or CBCAP funds. Effective FY 13-14 the County redesigned the CAPIT/CBCAP/CCTF quarterly reporting documents to better track outcomes and progress. The County reviews the client tracking documents on a monthly basis. On a quarterly basis each provider will document the goals, objectives, accomplishments, challenges, progress toward reaching those goals and unduplicated clients that they served during the quarter.			

CLIENT SATISFACTION (EXAMPLE* PROVIDED BELOW)

Method or Tool	Frequency	Utilization	Action
Participant survey	Random throughout service delivery period	Review upon receipt	Problem areas/gaps in services will be reviewed for possible addition to program
Exit Interview	Upon exit from program	Review upon receipt	If unmet needs are noted – referrals to community organizations that can provide additional services, resources and/or support
At the end of this contract year, each provider has been asked to provide copies of their client			

satisfaction surveys and provide a summary of any pre and post test documentation they have collected.

CAPIT/CBCAP/PSSF PROGRAM FUNDING ASSURANCES
FOR __ALAMEDA___ COUNTY

PERIOD OF PLAN (MM/DD/YY): 12/31/2011_____THROUGH (MM/DD/YY) 03/16/2019_____

DESIGNATION OF ADMINISTRATION OF FUNDS

The County Board of Supervisors designates __Alameda County Social Services Agency_ as the public agency to administer CAPIT and CBCAP.

W&I Code Section 16602 (b) requires that the local Welfare Department administer the PSSF funds. The County Board of Supervisors designates _Alameda County Social Services Agency_ as the local welfare department to administer PSSF.

FUNDING ASSURANCES

The undersigned assures that the Child Abuse Prevention, Intervention and Treatment (CAPIT), Community Based Child Abuse Prevention (CBCAP), and Promoting Safe and Stable Families (PSSF) funds will be used as outlined in state and federal statute[24]:

- Funding will be used to supplement, but not supplant, existing child welfare services;
- Funds will be expended by the county in a manner that will maximize eligibility for federal financial participation;
- The designated public agency to administer the CAPIT/CBCAP/PSSF funds will provide to the OCAP all information necessary to meet federal reporting mandates;
- Approval will be obtained from the California Department of Social Services (CDSS), Office of Child Abuse Prevention (OCAP) prior to modifying the service provision plan for CAPIT, CBCAP and/or PSSF funds to avoid any potential disallowances;
- Compliance with federal requirements to ensure that anyone who has or will be awarded funds has not been excluded from receiving Federal contracts, certain subcontracts, certain Federal financial and nonfinancial assistance or benefits as specified at http://www.epls.gov/.

In order to continue to receive funding, please sign and return the Notice of Intent with the County's System Improvement Plan to:

California Department of Social Services
Office of Child Abuse Prevention
744 P Street, MS 8-11-82
Sacramento, California 95814

_____ _____
County Board of Supervisors Authorized Signature Date

_____ _____
Print Name Title

[24] Fact Sheets for the CAPIT, CBCAP and PSSF Programs outlining state and federal requirements can be found at: http://www.dss.cahwnet.gov/cfsweb/PG2287.htm

List of Core Representatives and Stakeholders

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

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 Rick McCracken Robert Jemerson	Beyond Emancipation Beyond Emancipation Independent Living Skills Program (ILSP)
Prevention (Another Road to Safety Provider)	Belinda Hernandez Erica Hilton	La Familia Counseling Services 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 Deanne Pearn	Fred Finch Youth Center First Place for Youth
Foster Family Agency	Taura Greenfield Alisa Moore	Casey Family Programs Family Builders
Parent Advocate and CAPC	Dorothy Lewis	A Better Way

representative		
Forensic Interviewing and Sexual Abuse training	Kristen Brodeur	Child Abuse Listening, Interviewing and Coordination Center (CALICO)
Housing Support Services Consultant	Elaine deColiguy	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 (MISSSEY)
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 Jointer	Deputy Probation Officer
Probation	Elizabeth Dooylus	Deputy Probation Officer
Probation	Milla Dion	Deputy Probation Officer
Probation	Carlos Sanchez	Deputy Probation Officer