

California - Child and Family Services Review

Annual SIP Progress Report

[2014 - 2019]



California – Child and Family Services Review Signature Sheet

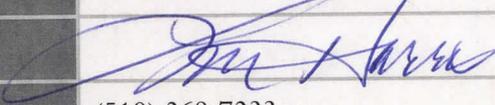
For submittal of: CSA SIP Progress Report

County	Alameda
SIP Period Dates	March 16, 2014 – March 16, 2019
Outcome Data Period	July 2013 (Q1 2013)

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Introduction

Probation Department

As outlined in the System Improvement Plan (SIP), Alameda County Probation Department is committed to improve system changes within the department and in partnership with other agencies which includes Children & Family Services. ACPD is focused and determined to achieve goals set out in the SIP Plan which are: the improvement of 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.

Alameda County Probation Department set the following strategies in the System Improvement Plan:

- Strategy 1: Improve aftercare planning and services for youth exiting foster care placement;
- Strategy 2: Improve data integrity in CWS/CMS case management system to reflect accurate number of youth in the appropriate level of care; and
- Strategy 3: Develop data driven guideline/criteria tool for probation staff and Screening for Out of Home Services (SOS) Committee.

Department of Children and Family Services

This Annual System Improvement Plan (SIP) Progress Report, a component of California's mandatory Child and Family Services Review (C-CFSR) process, provides an update on Alameda County's progress towards the goals established in the System Improvement Plan. In preparing this report, Alameda has reviewed and evaluated its system to ensure that the SIP addresses the needs of the local child welfare population. This document provides an opportunity for sharing progress, barriers, strengths, challenges, and adjustments to strategies with stakeholders and the CDSS. Additionally, this progress report provides a written analysis of current Outcome Data Measure performance since the beginning of the five-year SIP period in order to determine if the SIP continues to accurately reflect current needs in the county.

About The C-CFSR

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. Included in the C-CFSR are the County Self Assessment (CSA), which includes the Peer Review, and the SIP and SIP Progress Reports.

SIP Progress Narrative

Stakeholder Participation

Department of Children and Family Services

Alameda County has benefitted from strong collaboration with stakeholders, informing SIP strategy planning and implementation. Specific information about each strategy and the stakeholder participation supporting its success is included in the narrative discussing the status of each strategy, later in this report. Other efforts underway with the Department include stakeholder participation and are discussed in the Other Successes / Promising Practices section of this report.

Probation Department

As Probation began its participation in the Title IV-E Waiver, in October 2014, three interventions were established: Wraparound, Collaborative Court and Parenting with Love and Limits. These interventions serve as evidence based practice models that will enable the Department to carry out its intended goals of improving reunification efforts and the ultimate reduction of out-of-home placements. Through partnerships with stakeholders specializing in evidence based practices, along with collaborative efforts in utilizing effective programs in providing services for Probation youth, will aid in the achievement of systems change and the overall health and well-being of youth encountering various systems.

Wraparound Services

Project Permanence utilizes the Wraparound service delivery model to provide intensive youth-centered, family driven services. Alameda County Behavior Health holds a contract with a community based agency, Lincoln Child Center, to provide Wraparound services. Alameda County Probation Department shall utilize this intervention model intentionally as an alternative to out-of-home placement and for aftercare services for youth returning home from placement when appropriate. Leadership from Probation, BHCS and Lincoln Child Center has

identified indicators and a methodology for quality assurance to program fidelity and to monitor program outcomes. Program census has also been added to the Waiver Executive Team data dashboard for monthly review.

Collaborative Court

The Collaborative Court focuses on providing case management services for youth with high mental health needs and emphasizes family engagement. Collaborative Court is a team approach involving key stakeholders that include the court, behavioral health care providers, probation officers and intensive case management services delivered by a community provider. Services are aimed to reduce out-of-home placement for this specific population. This intervention has been underutilized for the female population and it is intended to increase utilization as an effort to avoid out-of-home placement and increase family engagement.

Probation officers and clinicians are dedicated to providing community support and services for youth and provide critical input to the Court on a weekly basis. This weekly, dedicated Court docket exists for youth involved in the program. Youth and families receive intensive case management services through a contracted community provider for up to 12 months.

Parenting with Love Limits (PLL)

Parenting with Love Limits (PLL) is an evidence based model that has been proven to increase family engagement, increase successful reunification and reduce foster care re-entry, while being a strategy aimed to reduce recidivism. It also improves outcomes for delinquent youth in out-of-home care, and community based strategies for re-entry youth transitioning home after being in out-of-home care

Services will be outcome-driven aiming to reduce a youth's overall length of stay in placement, improve timely family reunification, reduce recidivistic behaviors, reduce returns to placement, and enhance re-entry services for youth returning home and to their communities. Connections with family shall be made in order to help facilitate and improve youth and family relationships for timely reunification.

PLL combines group and family therapy to treat youth and help families reestablish adult authority through consistent limits while reclaiming a loving relationship. It includes six multi-family sessions. Families will receive up to 20 intensive therapy sessions in a home-based setting to practice the skills learned in the group setting.

ACPD plans to continue with the previous waiver interventions, which includes a 30% increase in wraparound slots with an intentional focus on deep end youth who are imminently at risk of removal for out-of-home placement. Probation plans to add PLL model as a placement alternative intervention and an aftercare strategy. This program is an evidenced based therapeutic intervention that combines group family therapy and individual parent coaching

techniques. Probation and Behavior Health have blended funding resources and will jointly develop an RFP through BHCS. Once a provider has been selected, the provider will conduct training and ramp up to implementation will begin. Probation plans to implement two teams dedicated to re-entry for placement youth returning home and one team dedicated as a placement alternative intervention.

Probation is also involved with Court stakeholders in evaluating Girls Court data, analyzing program/service utilization, detention and detention alternative utilization and seeking to define success for Girls Court participants. This process is in its early stages, with ultimately including recidivism data, with parameters yet to be determined by the stakeholder team.

Current Performance towards SIP Improvement Goals

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 in the Title IV-E goals, which are: to reduce the number of youth in out-of-home placements; to provide the least restrictive level of placement, when out-of-home placement is necessary; and promote family preservation and family reunification.

Outcomes Comparison: (Q1 2013 to Q2 2014)

C 1.2-Median Time to Reunification

The National Standard for this outcome measure is 5.4 months. For the CSA Baseline (Q1 2013) data, of the 90 youth who exited to reunification, between April 1, 2012 and March 31, 2013, the average length in foster care prior to reunification was 15.4 months. ACPD performed below the national standard at 35.1%. For the Comparison (Q2 2014) data, of the 42 youth who exited to reunification, between July 1, 2013 and June 30, 2014, the average length in foster care prior to reunification was 15.4 months, which again was below the national standard and an identical performance to the baseline.

Due to budgetary constraints, the Probation Department was limited in staffing assignments and also in need of dedicated staffing for the Placement Unit. In addition, existing placement programming is designed for 12-18 months completion and Probation plans to examine 6-12 month programming options. The overall cost benefit to less time in placement prior to reunification is optimal.

Specialized needs for severe mental health, sex offenders and CSEC often require and/or are limited to out-of-state placement, which in most cases the programs are 12-18 months in length. Probation plans to examine in-state options, where appropriate and feasible.

2F – Timely Monthly Casework Visits in Residence

The National Standard for this outcome measure was not applicable. CSA Baseline Performance was not applicable for the 2012/2013 period as noted in the SIP Plan; ACPD did not utilize the Timely Monthly Casework Visits in Residence outcome measure and therefore no data was extracted. Given that Year 1 is to identify open cases that are out of compliance and close appropriate cases, this outcome measure cannot be validated until Year 2 once, the data integrity for cases is assessed.

For Q2, covering July 2013 to June 2014, 376 clients were visited out of 2390 total, which reflects 15.7% and 17.5% of the National Standard/Goal, which is 90%.

Staffing and case identification where the number of DPOs to clients ratio in the Placement Unit, has been a challenge.

See OTHER OUTCOME DATA MEASURES NOT MEETING STATE AND/OR NATIONAL STANDARDS for explanation. We have begun to identify open cases that are out of compliance which include youth whose cases cannot be closed because they are AWOL from placement and the case is currently in warrant status. Our understanding is that even though the youth is AWOL from placement, the placement order continues to require a monthly contact. These cases are out of compliance if a contact is not made regardless of AWOL status. In addition, the total number for Placement youth includes cases assigned to 450NMD deputies and After Care deputies. We would like to request these cases be assigned a specific code or a separate unit in CWS/CMS. Alameda County Probation currently has 130 450NMD cases but only 4 450NMD DPOs. We also have added a unit supervisor to concentrate on this area. It is very difficult for us ensure that monthly contacts are occurring. We are currently working on a system that will allow us to provide contacts to all these youth moving forward.

C 1.3-Reunification within 12 months

The National Standard for this outcome measure is 48.4%. For the CSA Baseline (Q1 2013) data, of the 79 youth who exited to reunification, between October 1, 2011 to March 31, 2013, 10 youth reunified with a parent within 12 months. ACPD performed below the national standard at 26.2%. For the Comparison (Q2 2014) data, between January 1, 2013 to June 30, 2013, of the 68 youth who exited to reunification, 4 youth reunified with a parent within 12 months. ACPD performed far below the national standard at 12.2%.

See explanation referenced in *C 1.2-Median Time to Reunification*.

Implementation

ACPD has experienced changes in administration of the waiver project, predominantly in leadership roles within the probation department. Secondly, the Department transitioned to an intentional focus on youth who have involvement in both child welfare and probation systems. This joint effort with Social Services Agency has led the department to focus on implementation of the Crossover Youth Practice Model (CYPM). The Department also received a two year Positive Youth Justice Initiative implementation grant through the Sierra Health Foundation through October 2015. This initiative focuses on the overall treatment of crossover youth in the delinquency system and seeks to transition towards being a trauma informed and responsive system, infuse principles of positive youth development, examine the utilization of wraparound services model for crossover youth and to enhance youth and family engagement in the screening for out of home services committee for crossover youth.

Training

Trauma Informed Care Training began in October 2014 for Probation, Juvenile Justice, Child Welfare, Health/Behavioral health staff and community providers to participate in Think Trauma training that focused on Trauma and adolescent development and its influence on delinquency, coping strategies, issues related to vicarious trauma, organizational stress and self-care. Over 300 participants received training in the first set of sessions.

For Think Trauma training, the goal of the training is to understand behavior in the context of a trauma and cultural history and the use of a trauma-informed, strengths-based approach for youth and family members to enhance their practices and build training capacity; a Train the Trainers series will be implemented in the spring. This training occurred system-wide with the intention to gain a different perspective of youth affected by these systems.

The final phase of the trauma training held on February, 2015 involved Dr. Julian Ford's Trauma Affect Regulation Guide to Education and Training (TARGET) Model that can be implemented with juvenile field services and institutional staff and mental health service providers. The TARGET Model is a therapeutic intervention for the prevention and treatment of traumatic stress disorders. TARGET teaches a seven-step sequence of skills, the Focus, Recognize Triggers, Emotion Self-Check, Evaluate Thoughts, Define Goals, Options, Make a Contribution (FREEDOM) Steps, designed to enable youth and adults to understand and gain control of trauma-related reactions triggered by current daily life stressors. From this training, it is our hope that changes will occur at the direct service level, so that youth have a more holistic experience that addresses the trauma they have experienced in the past.

System Data and Information Management

In addition to the CWS/CMS system, ACPD utilizes an internal Probation Record Information System Management system (PRISM). There are other databases that supplement this system and are used by Probation staff to collect, analyze, and report data including an Access database that captures placement information. Since a large number of people collect and

enter data in various ACPD databases, there are a number of concerns about the timeliness of data entry, the accuracy of data that are entered, and the completeness of records.

Related to the challenge of ensuring accurate and timely data entry is the difficulty of managing so many different data collection systems and processes within one agency. ACPD has begun to use SafeMeasures to ensure accurate and timely data is being entered into CWS/CMS in order to improve the compliance rate.

ACPD continues work and assessment of our case management system that would be enable the department to collect data for all of our needs. We are close to building and transitioning our data needs change, but in doing so may need to return to the RFP process to achieve this.

Methodology and Utilization of Data

Alameda County Probation Department (ACPD) collects the number of youth placed in group homes, our Family Preservation Unit (FPU), and the number of youth who receive wraparound services from Project Permanence. This data is collected monthly and added to our Executive Waiver Dashboard and subsequently discussed within the Executive Waiver Committee.

ACPD uses an in-house, Access-based database to collect the group home data, individual case statistics from DPOs for youth in Family Preservation, and an Excel log that is sent to our department by Lincoln Child Care Center to collect data on youth in Project Permanence.

Department of Children and Family Services

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 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.

More information is provided about the Department’s Title IV-E Waiver under the State and Federally Mandated Child Welfare/Probation Initiatives section.

The Department also monitors its performance using the CFSR measures. Each SIP strategy is associated with one or more of these outcome measures. The outcome measure performance data comes from the CDSS Outcomes System Summary report¹. For this SIP Update, current performance is from the October 2014 (Q2 2014) CDSS report and is compared to the CSA Baseline Data from the July 2013 (Q1 2013) CDSS report. The target improvement goal for the first year of the SIP, (3/16/14 – 3/15/15), is displayed for comparison to performance on each outcome measure; however, it should be noted that the outcome measures in the current CDSS data report include time periods that occurred before the SIP’s first year. This means that an accurate analysis of performance compared to the SIP goals won’t be possible until a later time.

Outcome Measure: *Entry Rates*

Table 1

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.		
Time Period Measured	CSA Baseline - Q1 2013	Q2 2014 (1/1/13 – 12/31/13)
Baseline & Current Performance	1.7	2.0
Federal Goal	N/A	
SIP Year 1 Target Improvement Goal*	N/A	1.6
Number of Children	574	691 of 346,038
One-Year % Change	N/A	20.0%
Five-Year % Change	N/A	-25.3%

* The time period for SIP Year 1 (3/16/14 – 3/15/15) is different from the time period available for this outcome measure in the current CDSS data report (i.e. 1/1/13 – 12/31/13)

¹ <http://www.childsworld.ca.gov/PG1358.htm>

Data Analysis

For Q2 2014, the Department’s performance for this participation rate was 2.0. There were 691 children who entered foster care between January 1, 2013 and December 31, 2013, out of a county child population of 346,038. The increase in the participation rate appears to be the result of an overall increase in entries to care. Considering the table below, children of all ages and placement lengths entering foster care decreased every year since 2006 with the first increase occurring in 2013.

Table 2: Child Entries to Foster Care (January – December)

	2006	2007	2008	2009	2010	2011	2012	2013
TOTAL	1,161	1,076	935	734	646	625	575	694

Source: CWS/CMS 2014 Quarter 3 Extract²

There was an overall increase in entries to care in the county, and increases were experienced by most age and ethnic groups. Table 3 shows that the age groups of children 1 – 2 years old, 6 – 10 years old, and 16 – 17 years old experienced the largest percent increase from 2012 to 2013 when compared to all other age groups. Table 3 shows that all except one ethnic group experienced more than a 10% increase in entries to care from 2012 – 2013.

Table 3: Child Entries to Foster Care by Age Group

	2012 n	2013 n	% increase (2012 - 2013)
<1 mo	57	64	12.3%
1-11 mo	42	46	9.5%
1-2 yr	60	72	20.0%
3-5 yr	93	97	4.3%
6-10 yr	111	164	47.7%
11-15 yr	143	165	15.4%
16-17 yr	66	83	25.8%
Total	572	691	20.7%

Source: CWS/CMS 2014 Quarter 3 Extract²

² Needell, B., Webster, D., Armijo, M., Lee, S., Dawson, W., Magruder, J., Exel, M., Cuccaro-Alamin, S., Putnam-Hornstein, E., King, B., Sandoval, A., Yee, H., Mason, F., Benton, C., Pixton, E., Lou, C., & Peng, C. (2015). CCWIP reports. Retrieved February 2015, from University of California at Berkeley California Child Welfare Indicators Project website. URL: <http://cssr.berkeley.edu/ucb_childwelfare>

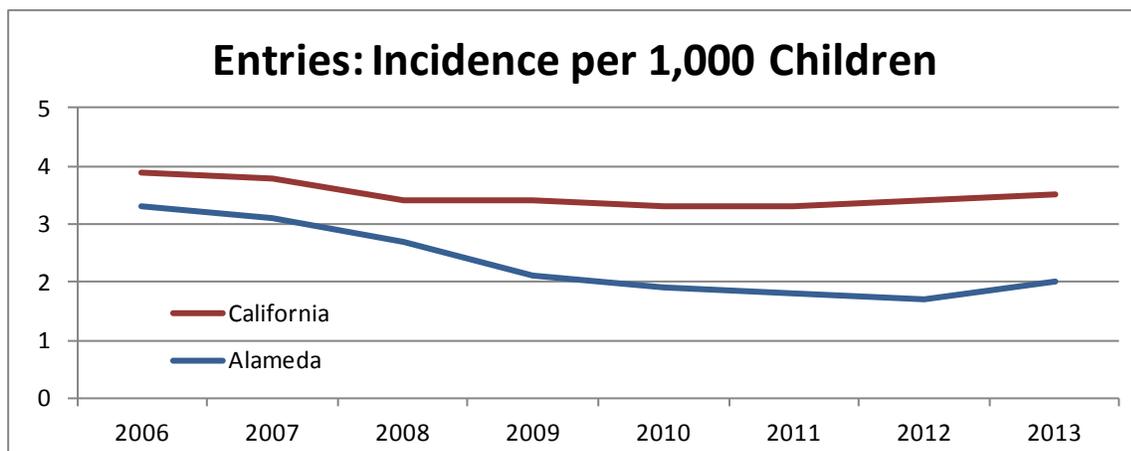
Table 4: Child Entries to Foster Care by Ethnicity

	2012 N	2013 N	% increase (2012 - 2013)
Black	282	311	10.3%
White	110	139	26.4%
Latino	146	190	30.1%
Asian/ Pacific Islander	25	50	100.0%
Native American	10	2	-80.0%
Total	573	692	20.7%

Source: CWS/CMS 2014 Quarter 3 Extract²

Without a national standard for this measure, counties are to set their own performance targets. With the absence of a required threshold, it is useful to compare county performance to the state for perspective. As seen in Chart 1, California also experienced an increase in its performance on this measure from 2012 to 2013. Alameda’s current performance (2.0) is well below California’s for 2013 (3.5).

Chart 1: Children Entries to Foster Care, Incidence per 1,000 Children



Source: CWS/CMS 2014 Quarter 3 Extract²

It is too early to determine the effectiveness of the strategies chosen to improve performance for this outcome measure. The most recent quarterly data report for the outcome measure uses the time period of 1/1/13 – 12/31/13, which is before the start of program revisions made for each of the strategies.

Outcome Measure: 4B Least Restrictive Entries – First Placement

Table 5

4B: LEAST RESTRICTIVE ENTRIES - FIRST PLACEMENT		
Of the children entering foster care during the time period, what percentage were first placed in a relative home or a group home?		
Time Period Measured	CSA Baseline - Q1 2013	Q2 2014 (7/1/13 – 6/30/14)
Baseline & Current Performance	33.1% (Relative/NREFM) 3.7% (Group Home)	36.5% (Relative/NREFM) 3.1% (Group Home)
Federal Goal	N/A	
SIP Year 1 Target Improvement Goal *	N/A	33.5% (Relative/NREFM) 3.6% (Group Home)
Number of Children	Of 514 total children, 170 in Relative/NREFM and 19 in group homes	Of 622 total children, 227 in Relative/NREFM and 19 in group homes
One-Year % Change	N/A	10.2% (Relative/NREFM) 5.3% (Group Home)
Five-Year % Change	N/A	46.0% (Relative/NREFM) -48.0% (Group Home)

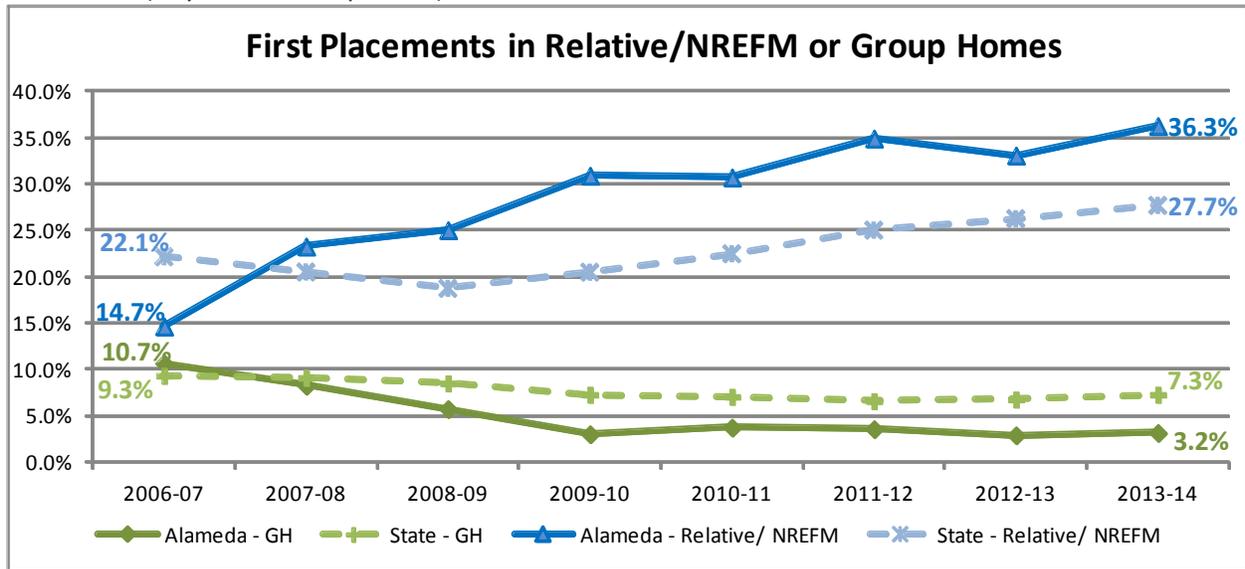
* The time period for SIP Year 1 (3/16/14 – 3/15/15) is different from the time period available for this outcome measure in the current CDSS data report (i.e. 7/1/13 – 6/30/14)

Data Analysis

Alameda has previously made system wide improvements with Family Finding and Relative Assessments to increase the percentage of youth placed with relatives, and to do so in a timely manner. These prior and ongoing efforts were described in the CSA and have likely contributed to the current performance, which meets the SIP Year 1 Target Improvement Goals for both placement types. The current SIP strategies will impact future performance, because the October 2014 CDSS data report includes a time period for this measure that occurs prior to the implementation of the action steps included in this strategy.

As discussed above under the Entry Rates measure, Tables 3 and 4 show that there has been an overall increase in the number of children entering foster care in Alameda County in 2013 when compared to 2012. During that time there was an increase in the percentage of children placed with relative/NREFMs as a first placement (36.3% up from 33.1%) and a slight increase in the percentage of youth placed in a group home (3.2% up from 2.9%) as their first placement. In comparison, Alameda’s performance is better than the state’s for both placement types (as shown in Chart 2).

Chart 2: 4B (July – June time periods)



Source: CWS/CMS 2014 Quarter 3 Extract²

Outcome Measure: C1.3 & C1.4

Table 6

C1.3 Reunification within 12 Months (entry cohort); C1.4 Reentry following reunification (exit cohort)		
Time Period Measured	CSA Baseline - Q1 2013	Q2 2014 (C1.3: 1/1/13 – 6/30/13; C1.4: 7/1/12 – 6/30/13)
Baseline & Current Performance	28.7% (C1.3); 16.4% (C1.4)	30.7% (C1.3); 14.8% (C1.4)
Federal Goal	+48.4% (C1.3); <9.9% (C1.4)	
SIP Year 1 Target Improvement Goal*	N/A	29.0% (C1.3); 16.4% (C1.4)
Number of Children	56 of 195 children (C1.3) 55 of 335 children (C1.4)	63 of 205 children (C1.3) 44 of 298 children (C1.4)
One-Year % Change	N/A	3.7% (C1.3); -14.4% (C1.4)
Five-Year % Change	N/A	-7.1% (C1.3); -27.0% (C1.4)

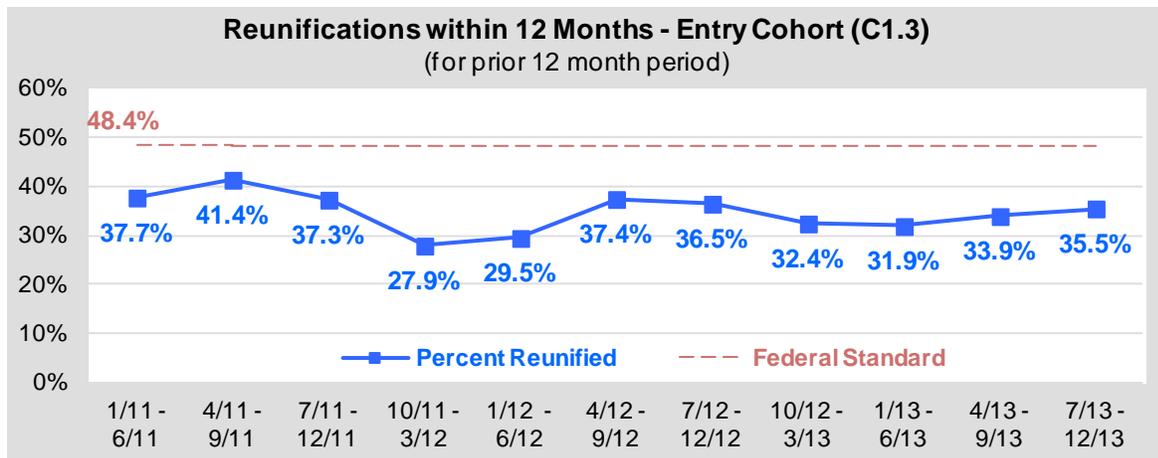
* The time period for SIP Year 1 (3/16/14 – 3/15/15) is different from the time period available for these outcome measures in the current CDSS data report

Data Analysis

The October 2014 CDSS data report includes a time period for these measures that occurs prior to the implementation of the action steps included in this strategy. Any effect this SIP has had so far on the outcome measures will not be observable until 2016 or 2017. This means that prior improvements and IV-E Waiver reinvestments were responsible for the Department exceeding the SIP Year 1 Target Improvement Goals for these outcome measures.

Additional improvement is expected in the next CDSS data report. Using data from SafeMeasures provides a look at Department performance during 7/01/13 – 12/13/13 for C1.3, which was not yet available on the UCB site at the writing of this report. The percentage of children who entered foster care for the first time during that period and exited to reunification within 12 months improved to 35.5%.

Chart 3: C1.3



Source: CWS/CMS 2014 Quarter 3 Extract² & SafeMeasures - Measure C1.3³

As noted in the CSA, not all ethnic groups are experiencing the same percentage of reunification within 12 months. As shown in the most recent time period, 31% of the 87 Black children who entered care for the first time during the period exited to reunification within 12 months. Whereas 46% of White children exited to reunification and 32.3% of Latinos did. It is anticipated that the implementation of the SOP strategy will improve the likelihood of reunification within 12 months for all ethnic groups.

³ SafeMeasures 5. Retrieved February 2015 from <https://app.safemeasures.org/ca/>

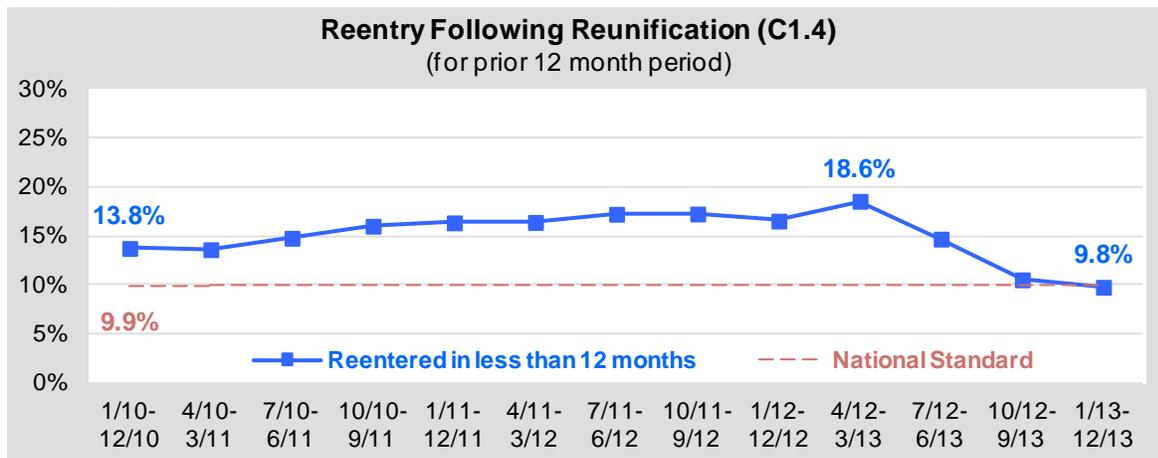
Table 7

C1.3: Number of youth included in the cohort and percentage of those youth exiting to reunification within 12 months										
	4/1/12 - 9/30/12		7/1/12 - 12/31/12		10/1/12 - 3/31/13		1/1/13-6/30/13		4/1/13 - 9/30/13	
	n	%	n	%	n	%	n	%	n	%
Black	79	31.6%	70	30.0%	79	22.8%	97	28.9%	87	31.0%
White	40	45.0%	35	40.0%	41	36.6%	44	31.8%	50	46.0%
Latino	40	42.5%	56	39.3%	51	45.1%	49	40.8%	62	32.3%
Asian /Pacific Islander	7	42.9%	6	66.7%	13	30.8%	18	22.2%	19	15.8%
Native American	4	0.0%	1	0.0%	0	-	1	0.0%	1	0.0%
All	170	37.4%	168	36.5%	184	32.4%	209	31.9%	219	33.9%

Source: CWS/CMS 2014 Quarter 3 Extract²

The Department also expects further improvements on C1.4 measure performance. Alameda has had difficulty meeting the national standard for the percentage of youth reentering care within 12 months of exiting to reunification. Despite recent improvements, the current performance in the CDSS Data Report, 14.8%, which represents a five year decrease of 27.0%, is still 4.9% more than the national standard. However, for this measure SafeMeasures shows that the number of youth reentering foster care within 12 months of their reunification fell to 10.2% for the 10/01/12 – 9/30/13 period and to 9.8% for reunifications that occurred during 1/01/13 – 12/31/13.

Chart 4: C1.4



Source: CWS/CMS 2014 Quarter 3 Extract² & SafeMeasures - Measure C1.4³

OUTCOME MEASURE: C2 & C3.2

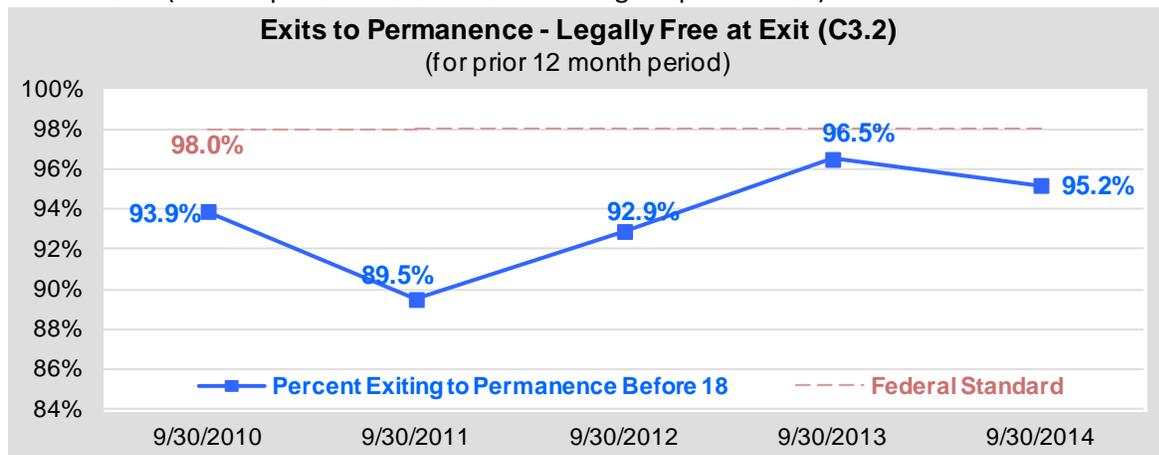
Table 8

C2 Adoption Composite; C3.2 Exits to Permanency (Legally Free at Exit)*		
Time Period Measured	CSA Baseline - Q1 2013	Q2 2014 (C3.2: 7/1/13 – 6/30/14)
Baseline & Current Performance	99.2 (C2); 95.8% (C3.2)	N/A (C2); 98.9% (C3.2)
Federal Goal	>106.4 (C2); >98.0% (C3.2)	
SIP Year 1 Target Improvement Goal	N/A	99.2 (C2); 95.8% (C3.2)
Number of Children	92 of 96 children (C3.2)	92 of 93 children (C3.2)
One-Year % Change	N/A	N/A (C2); 3.0% (C3.2)
Five-Year % Change	N/A	N/A (C2); 2.2% (C3.2)

*Data for the C2 Adoption Composite was not provided in the Q2 2014 CDSS Outcomes System Summary report

Data Analysis

Chart 5: C3.2 (all time periods are October 1st through September 30)



Source: CWS/CMS 2014 Quarter 3 Extract²

Department performance for the most recent period available on the UCB site is 95.2%, which would be 0.8% less than the SIP Year 1 Target Improvement Goal of 95.8%. For the 10/01/13 – 9/30/14 time period, of the 104 children who were legally free for adoption and exited from foster care during the period, 99 exited to permanency.

Status of Strategies

Department of Children and Family Services

Outcome Measure: *Entry Rates*

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

STAKEHOLDER PARTICIPATION

This strategy is intended to improve existing intervention and prevention services and increase the access families have to those services and is inherently a collaborative effort with community based stakeholders. The Another Road to Safety (ARS) program is a collaboration between the Agency and three community providers: A Betty Way as the lead Agency and subcontractors La Familia and Prescott Joseph Center. The Agency is also working with Children's Hospital Oakland staff to include their input and observations to CFS staff in terms of implementation issues or model drift. As a collective team, this Agency coordinates on-going site visits with providers, facilitates Steering Committee Meetings, and will soon implement a Practice Workgroup to help ensure that input is received on overall successful implementation of ARS.

ANALYSIS

It is too early to determine the effectiveness of this strategy and its impact on the outcome measure. The most recent quarterly data report for the outcome measure uses the time period of 1/1/13 – 12/31/13, which is before the start of program revisions made to the ARS program. Data for future time periods will be needed to assess the impact of ARS changes.

ACTION STEP STATUS

A & B. In the spring of 2014, this Department developed and released a Request for Proposal for ARS services. In collaboration with the former ARS providers, the Department developed a transition plan and referrals for new ARS cases ended in April 2014, in anticipation of the new ARS contract beginning July 1, 2014. To ensure a seamless service transition, from April 1 to June 30, providers focused on the provision of client services to existing clients and, as cases closed, providing information, community referrals, and service recommendations to clients, as well as program data reporting to this Department.

The new contract was awarded to a community based agency, A Better Way (ABW), in July 2014. ABW subcontracts with two other community based organizations, La Familia and Prescott Joseph Center.

The ARS RFP provided an excellent opportunity for the Department to improve ARS client services based on qualitative and quantitative data analysis, best practices, and lessons learned. The Department has incorporated additional contractual goals and objectives developed as part of the Alameda County Social Services Agency's (SSA) Contracts Reform Process.

The new ARS scope of work included program enhancements such as contracting with one lead agency to ensure program fidelity, the implementation of an executive level ARS Steering Committee, a redesigned service delivery model to target client engagement that includes primary and secondary case managers, expanded client zip code eligibility to cover all (55) Alameda County zip codes, and ongoing clinical consultation services available to the provider from Children’s Hospital Oakland. In addition, the focus of ARS referral eligibility has expanded beyond “targeted” zip codes to include an emphasis on ARS referral priority based on DCFS referral disposition and risk assessment.

C. This step has also been completed.

D. The plan for accomplishing the enhanced communication is to establish ARS Practice Workgroups. Within these workgroups, management from both ARS and this Agency will regularly come together to discuss program success, flow, and issues. Through the workgroups, there will be opportunities for ARS caseworkers and Agency CWWs to also participate, once they begin.

E. The majority of the ARS program changes have been made. A planned change that is in development is the database to be shared with the contracted CBO. Statistic and reporting templates and Agency forms have been created and approved. The reporting templates are completed and attached to a monthly report that is submitted each month by the CBO to this Agency along with an update of the program. Ongoing considerations of any procedural changes that are needed are being made to properly fit the ARS program as practice situations occur.

F. Planning work has begun for this action step and a sample survey instrument may be drafted in early 2015.

LESSONS LEARNED / SUCCESSES EXPERIENCED

Thus far, the implementation of this strategy has been successful. The trainings were facilitated by ARS management and provided to Agency staff, which also allowed for Agency staff to meet in-person with ARS staff. Referrals have steadily been made to ARS and they have been successfully making initial contact within 3 business days.

A promising practice in this new ARS model includes the use of Parent Partners, called Family Resources Specialists in the program. These staff positions are for parents that have had successful reunification in the Child Welfare System. It is believed that Parent Partners will have more success engaging families to voluntarily participate in ARS. Furthermore, the concept of Teaming as an engagement strategy is being deployed as Parent Partners and Family Support Specialists (MSW level case managers with clinical education and experience) work together with families. This collaboration allows for families to benefit from the experience the Parent Partner has from successfully navigating Agency involvement, as well as the Family Support Specialist’s clinical focus and skill set. This teaming practice gives families the best of both perspectives, allowing for a well-rounded source of support that increases positive family

performance and successful outcome of families mitigating their concerns and issues, ultimately contributing to the prevention of the family’s need for Child Welfare services in the future.

Despite the issues that are to be expected with the launch of a program and potential delays in services, the ARS program served more families during the last six months of 2014 than the prior version of the program did in its last six months of services. Additionally, there has been an increase in the percentage of families who received services after referral (i.e. Family Engagement). As shown in Table 9, 66% of the families referred during the 7/1/14 – 12/31/14 period received services, compared to just 41% of referrals having family engagement during the 7/1/13 – 12/31/13 period.

Table 9

ARS Service Provision

	New Families Referred	Families Served	Family Engagement*	Successful Service Closure	Other Closure Reason
7/1/13 – 12/31/13	180	73	41%	28	152
7/1/14 - 12/31/14	149	99	66%	8	46

* (# of families served / families referred)

Source: CWS/CMS 2014 Quarter 3 Extract²

METHOD OF EVALUATION AND/OR MONITORING

The Agency has monitored the early efforts under this strategy through Steering Committee Meetings and Monthly Report narratives. ABW completes these narratives, and they provide a general overview of the functionality of the ARS program, including successes, challenges, and staffing developments occurring in the past month. Information/data about the strategy’s progress is also collected by a Management Analyst in the Department.

Site visits to the ARS providers by Agency staff are planned for the 1st quarter of 2015.

OBSTACLES AND BARRIERS TO FUTURE ACTION STEP IMPLEMENTATION

In order to delivery services quickly, ABW has collaborated with SSA administration to temporarily waive qualifications for Parent Advocate positions. Additionally, ABW was able to retain a substantial number of ARS Advocates from the previous ARS providers in order to avoid losing their institutional and operational program knowledge. This retention of service knowledge and experience has supported the implementation of this strategy. ABW has also hired an experienced Clinical Supervisor to support implementation.

Additionally, training is occurring steadily with the support of CHO consultants. The planned enhancements to the ARS database system are expected to better support operations, case management capacity, and data tracking for report analysis. These changes are needed but have contributed to a delay in full operations; however, it has not caused any delay in service and no denials of referrals. ARS has properly served/responded to all referrals since July 2014.

ADDITIONAL STRATEGIES (WHEN APPLICABLE)

None are planned at this time.

PROGRAM REDUCTION

Not applicable

Strategy 2: Increase public awareness of child abuse prevention

STAKEHOLDER PARTICIPATION

The sexual abuse prevention training provided through the Enough Abuse campaign is part of a regional prevention effort sponsored by the Greater Bay Area Child Abuse Prevention Council Coalition, which includes membership from the 10 Greater Bay Area Child Abuse Prevention Councils. The project is managed collaboratively by the CBACAPCC and the Center for Innovation and Research (CIR). The campaign is scheduled to continue through fiscal year 2014-2015 throughout the region.

ANALYSIS

Due to the timeframes planned for this strategy in the 5 year SIP, none of the action steps were scheduled to be completed during this reporting period. Although the action steps have begun, it is not possible for this strategy to have had an impact on the county's entry to care rates, for the time periods used in this update.

ACTION STEP STATUS

A. Alameda County has completed the trainings of the trainers from community based organizations. They will provide the trainings in the community planned under this strategy. Each of the trainers has made a commitment to completing 4 trainings a year. The trainers are providing trainings both within their own agencies and to CBO's within their communities.

B. Bookmarks are distributed to each participant in a mandated reporter training. They have also been provided to each trainer for distribution within their organization and the community. As of December 2014, over 2,500 campaign items have been distributed within Alameda County.

C. A baseline poll was conducted in 2013, prior to the beginning of the campaign. The follow up poll is not anticipated to be completed until early 2016. Until the follow up poll is completed, the impact this campaign has had upon the general population within each community will be unknown.

There is ongoing monitoring and oversight of the campaign conducted by the Center for Innovation and Research (CIR). CIR activities for this strategy include: gathering data from each of the 10 coalition counties, maintaining a centralized database, interacting with the national site in Massachusetts, and managing the website <http://www.bayareapreventchildabuse.org>

LESSONS LEARNED / SUCCESSES EXPERIENCED

Not applicable as the action steps are not yet complete.

METHOD OF EVALUATION AND/OR MONITORING

The Enough Abuse campaign utilizes the following:

1. Public Opinion poll
2. Pre & Post tests
3. Post training evaluation

OBSTACLES AND BARRIERS TO FUTURE ACTION STEP IMPLEMENTATION

Not applicable as the action steps are not yet complete.

ADDITIONAL STRATEGIES (WHEN APPLICABLE)

Not applicable

PROGRAM REDUCTION

Not applicable

Strategy 3: Increase public awareness of infant health risks due to bed-sharing

STAKEHOLDER PARTICIPATION

UCSF Benioff Children’s Hospital Oakland, Alameda County Public Health, and Alameda Health System-Highland Hospital are partnering with CFS in the development, implementation, and monitoring of this county-wide campaign. In addition, a Parent Partner and Youth Advocate will be involved in the development of materials and decision-making regarding campaign messaging and implementation.

ANALYSIS

Due to the timeframes planned for this strategy in the 5 year SIP, none of the action steps were scheduled to be completed during this reporting period. Although the first action step has begun, it is not possible for this strategy to have had an impact on the county’s entry to care rates, for the time periods used in this update.

ACTION STEP STATUS

A. The development of the public education campaign is still in progress. There have been some delays in developing MOUs with partnering agencies to utilize their services and products. There has also been difficulty accessing the medical professionals needed to provide training and education. It has taken longer than initially anticipated to schedule presentations due to

low staffing levels and scheduling conflicts. It is now expected that the campaign will be developed by March 2015.

B. Due to the delay in the completion of the campaign development, this action step is also now rescheduled.

C. This action step has also been rescheduled due to the shift in planned dates for action steps A. and B. Initial baseline data is tentatively scheduled for collection during fiscal year 2014-2015. Data collection has been challenging because there are multiple risk factors that may have an impact on families, and there are multiple systems collecting some of the data needed to support the strategy but not one source with all of the data that is needed.

LESSONS LEARNED / SUCCESSES EXPERIENCED

The information is provided under the other headings for this strategy.

METHOD OF EVALUATION AND/OR MONITORING

Additional sources will be used for data collection to gather demographic information about families. Additional members from hospitals and law enforcement have been added to the Alameda County Child Death Review Team (CDRT) to provide additional information regarding children and families that may have been in contact with their agency.

It is anticipated that a public opinion poll will be utilized to establish a baseline regarding messaging that is being provided by birthing hospital nurses and medical providers. The poll will again be conducted 18-24 months after the initial campaign roll out to evaluate whether or not medical professionals and birthing hospital nurses have modified their messaging due to the campaign.

The Alameda County CDRT will continue to collect data regarding the frequency of deaths due to unsafe sleep practices throughout the course of the campaign to evaluate if the number/percentage of preventable sleep related deaths has decreased.

OBSTACLES AND BARRIERS TO FUTURE ACTION STEP IMPLEMENTATION

See information provided above.

ADDITIONAL STRATEGIES (WHEN APPLICABLE)

Not applicable

PROGRAM REDUCTION

Not applicable

Outcome Measure: *4B Least Restrictive Entries – First Placement*

Strategy 1: Implement Trauma Informed Practices

STAKEHOLDER PARTICIPATION

As stated in the 5 year SIP narrative, this strategy is closely related to the Department’s collaboration with Probation concerning crossover youth. In its efforts to better serve crossover youth, the Department has been involved with the Alameda County Probation Department in the Positive Youth Justice Initiative (PYJI). For PYJI implementation, the Department has participated in a Trauma Informed Positive Youth development workgroup. Membership in the workgroup included the following: CHO, Probation, Girls Inc., Family Services Counseling Center in Fremont, Berkeley Youth Alternatives, City of Fremont, Center for Youth Wellness, and Behavioral Health Care Services (BHCS).

ANALYSIS

The October 2014 CDSS data report includes a time period for this measure that occurs prior to the implementation of the action steps included in this strategy. Any effect on the outcome measures from this strategy will not be observable until a later CDSS data report is released.

ACTION STEP STATUS

A. Part C of this action step, providing trauma-informed practice training to collaborative partners, has been completed. The Department invited representatives from community based organizations serving probation and child welfare youth to participate in the trainings. The other parts of this action step are scheduled for completion in 2015-16.

B. The Department has provided coaching training to its managers but not yet trauma informed practices training. This will be provided as scheduled under action step A.

LESSONS LEARNED / SUCCESSES EXPERIENCED

In planning for this strategy, Department management has decided that trauma informed care training should be provided along with SOP training, as they complement each other. SOP training is also planned for implementation in 2015-16. Please see the additional information about SOP provided under that strategy.

METHOD OF EVALUATION AND/OR MONITORING

No changes are planned to the monitoring activities described in the five year SIP.

OBSTACLES AND BARRIERS TO FUTURE ACTION STEP IMPLEMENTATION

None

ADDITIONAL STRATEGIES (WHEN APPLICABLE)

N/A

PROGRAM REDUCTION

N/A

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

STAKEHOLDER PARTICIPATION

The Department's Director is planning to meet with local FFA managers in January 2015 to discuss the need for their timely response to calls from Department staff searching for a placement when a child is awaiting placement and already at the Department's Assessment Center (AC). Given that children can stay at the AC for no more than 23 hours, it is important that the Department can speak with all available placement resources to find the best possible placement for a child as quickly as possible. It is expected that this meeting will help strengthen the Department's relationship with placement providers and improve the Department's ability to quickly find placements for children when necessary.

Department policy provides that children ten and older have the right to be informed about a Team Decision Making (TDM) meeting at the time of removal, to participate in a TDM and have a Youth Advocate Program (YAP) fellow present. YAP fellows are important stakeholders in this process who provide a unique point of view for placement and case planning decisions, and they are a vital support to youth. Please see action step D below for an update on this part of the strategy.

ANALYSIS

The October 2014 CDSS data report includes a time period for this measure that occurs prior to the implementation of most of the action steps included in this strategy. Any effect on the outcome measures from this strategy will not be observable until a later CDSS data report is released. However, the current CDSS quarterly data report (January 2015 (Q3 2014)) shows that for measure 4B Least Restrictive PIT Placement: Group/Shelter the Department reduced the percentage of youth in this placement type to 7.4%. That is a one-year percent decrease of 2.0%.

ACTION STEP STATUS

A. The Department's Child Welfare Workers (CWWs) regularly assess the youth on their caseload who are placed in a group home to determine whether the placement remains suitable and appropriate based upon the youth's identified needs and strengths. When the outcome of the assessment indicates that the youth no longer requires group home care, a plan is developed, with a TDM meeting, to transition the youth to a more family-based setting best suited to meet the child's needs.

In accordance with ACIN I 43-14 and ACL 13-86, the Department's Administrative Managers (AM) Group is collecting information, at least every six months, from CWWs about the assessments they completed with youth in group home care during recent home visits. The AM Group identified the youth by using the list provided by the CDSS, and the information was entered into the CWS/CMS. The AM Group consists of a Supervising Program Specialist, Program Specialists, and Management Analysts. AM Group members first collected this

information from CWWs in the fall of 2014. The AM Group will continue to support this process on an ongoing basis.

The specific number of youth who have transitioned out of group home care solely because of this action step is not yet known.

B. This action step has been completed as planned in the five year SIP.

C. The completion of this action step is pending negotiations with Labor. As discussed in this report, the Department has several strategies planned for implementation, and many include planned staff training. Department management is working with Labor representatives to reach an agreement on the timing of these trainings.

The Department's overall plan for Family Finding and Engagement (FFE) is described in the 2014-2019 SIP Report.

D. YAP fellows already participate in TDMs for youth ages 10 and older, and for other TDMs involving consideration of a placement change. More YAP fellows were needed in order to expand the YAP involvement as planned for this action step. The implementation and completion dates for this action step have been revised now that hiring of additional YAP fellows has occurred.

As of March 2015, the Department's YAP liaison will screen each applicable youth's placement and ensure that a YAP fellow is present, whenever possible, for all TDMs involving a youth placed in a group home setting. The YAP liaison will coordinate with YAP's management to be more specific about screening TDMs.

E. As described above for action step A., AM Group members are assisting with the evaluation of these efforts by collecting information about placement reassessments required by state law. The Department's Executive Team (DET) will continue to evaluate the effectiveness of this strategy and determine whether any changes are needed.

The Department will continue to monitor the rate of group home placements for youth while it also ensures that children stay at the AC for no more than 23 hours. Pending the availability of more placement resources, and the strengthening of the Department's relationship with FFAs (as noted above), there may be a short-term increase in the number of youth placed in group homes to ensure that youth are not at the AC for more than 23 hours. The Department will continue to monitor the placement of youth in group homes.

LESSONS LEARNED / SUCCESSES EXPERIENCED

The Department is currently implementing several improvements to case practice that require changes in work for staff. Because of these other changes and negotiations with Labor, the DET determined that alternative arrangements were needed for compliance with the CDSS data

entry requirements described above. The use of the AM Group for reassessment information collection and data entry has proven to be successful.

METHOD OF EVALUATION AND/OR MONITORING

This is described above.

OBSTACLES AND BARRIERS TO FUTURE ACTION STEP IMPLEMENTATION

None

ADDITIONAL STRATEGIES (WHEN APPLICABLE)

N/A

PROGRAM REDUCTION

N/A

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)

STAKEHOLDER PARTICIPATION

The Department will receive technical assistance and consulting services from the Center for Juvenile Justice Reform (CJJR) 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 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. Thus far, the 42 communities across the country currently implementing the CYPM are having success in improving both cross-system collaboration and youth-specific outcomes.

ANALYSIS

The October 2014 CDSS data report includes a time period for this measure that occurs prior to the implementation of most of the action steps included in this strategy. Any effect on the outcome measures from this strategy will not be observable until a later CDSS data report is released.

ACTION STEP STATUS

A. The planned improvements have not yet been implemented. The strategy is still in the planning stages. There has been some internal turnover that has contributed to a delay, and the action step implementation and completion dates have been adjusted to allow for more time. It is anticipated that an extension will be made to the existing contract with CJJR to allow for their continued support.

B. The action step was implemented ahead of schedule. The data is being shared with the strategy's stakeholders, and it is informing considerations for any changes that may be needed.

C. The Department has identified several possible curriculums for trauma informed care trainings. The Department is also identifying potential trainers of the curriculum. Any curriculum that is chosen will be congruent with the SOP framework.

D. This action step has been completed. Two sessions offering an overview of trauma informed care were provided by Dr. Monique Marrow, and a historical trauma training was provided by Dr. Nobles and Dr. Goddard in collaboration with Probation and BHC.

LESSONS LEARNED / SUCCESSES EXPERIENCED

This strategy's connection to trauma informed care and staff development makes it closely related to other efforts underway in the Department including other SIP strategies. This has made clear the importance of coordinating planning efforts to ensure that efforts remain on schedule and resources are used effectively.

METHOD OF EVALUATION AND/OR MONITORING

This is discussed above.

OBSTACLES AND BARRIERS TO FUTURE ACTION STEP IMPLEMENTATION

None

ADDITIONAL STRATEGIES (WHEN APPLICABLE)

N/A

PROGRAM REDUCTION

N/A

Outcome Measure: C1.3 & C1.4

Strategy 1: Implement Safety Organized Practice (SOP)

STAKEHOLDER PARTICIPATION

For this strategy the Department is collaborating with the Children's Research Center (CRC), Casey Family Programs, and the Bay Area Academy (BAA). The CRC is assisting with planning and works with the BAA to provide the planned trainings. Casey Family Programs is providing technical assistance for the Department's implementation science work.

ANALYSIS

The October 2014 CDSS data report includes a time period for these measures that occurs prior to the implementation of the action steps included in this strategy. Any effect on the outcome measures from this strategy will not be observable until 2016 or 2017. That is, when the date for the SIP year 1 time period becomes available.

ACTION STEP STATUS

A. The Department has recently implemented Katie A. practice changes, and the implementation of SOP will also present a major shift in service delivery to children and families. Incorporating implementation science into SOP planning and roll-out presents a challenge to Department resources, and the Department has delayed the planned start of this strategy in order to support its eventual success.

To support SOP, all Department managers and supervisors are receiving training on the art of coaching in child welfare. The course provides participants with coaching techniques, opportunities to practice fostering a learning environment that supports the development of trust and healthy conversations, and skills to recognize ways to implement coaching techniques as a part of the participant's leadership role. It is expected that this training will better prepare managers for the implementation of SOP.

B. The Department has determined that resources will be better utilized by providing the case plan training that was planned under Action Step D. during the SOP training. With the delay of Action Step A., dates for all other steps have been rearranged.

C. The start date of this action step has been adjusted so that it still occurs after the training of staff.

D. This action step is discussed above and now included in Action Step B.

E. The planned completion date of this action step has been adjusted in response to the delayed start of this strategy. It is expected that the implementation of SOP will help to improve the quality and number of case plan objectives.

F. This action step has been modified to clarify that in addition to the planned case plan improvements, SOP implementation will also be monitored through the use of a survey to training participants.

G. The planned start and completion dates of this action step have been adjusted in response to the delayed start of this strategy.

LESSONS LEARNED / SUCCESSES EXPERIENCED

There are lessons learned by the Department about the implementation of multiple large practice changes discussed above for Action Step A.

METHOD OF EVALUATION AND/OR MONITORING

This information is provided above.

OBSTACLES AND BARRIERS TO FUTURE ACTION STEP IMPLEMENTATION

There are no known obstacles or barriers at this time.

ADDITIONAL STRATEGIES (WHEN APPLICABLE)

N/A

PROGRAM REDUCTION

N/A

Strategy 2: Improve the identification and engagement of fathers

STAKEHOLDER PARTICIPATION

A significant amount of work has been done within Alameda County at the Healthcare Services Agency, the Department of Child Support Services, the First 5 Alameda County Commission, and this Department. The Alameda County Fathers Corps was launched in August 2013 as a collaboration between First 5 Alameda County and the Alameda County Public Health Department. In 2014, the collaboration supporting Fathers Corps expanded to include Alameda County's SSA and Department of Child Support Services. The Fathers Corps is a County-wide team of male service providers trained to help strengthen families by fostering constructive engagement of fathers in the care and upbringing of their children. In addition to partnering with the Fathers Corps, SSA will collaborate with other county, community, and faith-based organizations to advance this effort.

To continue these efforts, SSA is forming a new Advisory Council that will assist SSA's executive and senior managers in developing an SSA platform for Father/Male Engagement, and it will recommend trainings for staff. The Advisory Council will include five male staff from each of SSA's four departments, with a focus on including line and non-management male staff. The Council will be facilitated by Abner J. Boles III, Ph.D.

ANALYSIS

The October 2014 CDSS data report includes a time period for these measures that occurs prior to the implementation of the action steps included in this strategy. Any effect on the outcome measures from this strategy will not be observable until 2016 or 2017.

ACTION STEP STATUS

A. The father engagement trainings provided to staff will be identified through the efforts of the Advisory Council described above. Therefore, the completion date for this action step is being revised to allow for the work of the council to begin.

B. This action step is expected to be completed in February 2015.

C. A revision is being made to the expected completion date for this action step, allowing for additional time for negotiations with labor about the planned changes in work for staff. It is now expected that the changes described for this action step will be completed in December 2015.

D. This action step helped to increase the number of fathers in the Parent Engagement (PE) program by 50% (from 2 Parent Advocates to 3). The Department is using several avenues to recruit interested fathers in the PE program. Each quarter the department holds a “FR celebration” party honoring the families who have successfully reunified with their child(ren). PE and the Parent Advocates attend these celebrations and inform parents about the PE program. The Department also has a fatherhood support group facilitated by two of the male Parent Advocates. Department staff are notified about the program and encouraged to refer fathers to the support group. Parent Advocates also attend TDMs and encourage fathers they meet in those meetings to attend the support group. In the support group, the PE program is discussed. Child Welfare Workers may also refer parents directly to the PE program for consideration.

All Parent Advocates and PE managers attended a fatherhood training in June 2014, where they learned the latest strategies for engaging fathers and successful programs being utilized in other counties.

The three current Parent Advocates represent African-American, Latino, and Caucasian ethnicity. The program would benefit from adding a Spanish speaking male.

E. The Department will monitor the number of fathers that are identified in open child welfare services cases through the use of Business Objects reports.

LESSONS LEARNED / SUCCESSES EXPERIENCED

The Department has had success in messaging its father engagement efforts with staff. It is also a success to be forming the Advisory Council that is described above, giving non-management staff a new avenue for influencing an Agency platform and trainings provided in this department.

METHOD OF EVALUATION AND/OR MONITORING

This is described above.

OBSTACLES AND BARRIERS TO FUTURE ACTION STEP IMPLEMENTATION

None

ADDITIONAL STRATEGIES (WHEN APPLICABLE)

N/A

PROGRAM REDUCTION

N/A

Outcome Measure: C2 & C3.2

Strategy 1: Implement Permanency Roundtables with targeted populations

STAKEHOLDER PARTICIPATION

As described below, the Department is collaborating with stakeholders on this strategy, including the potential involvement of Parent Advocates and Youth Adult Partnership fellows.

ANALYSIS

The staff trainings that are part of this strategy began in 2014; therefore, it is unlikely the strategy had an impact on the C3.2 measure due to the time period used in the November 2014 CDSS data report.

The Department is conducting Permanency Roundtables (PRTs). The PRT consultation is open to any child or youth receiving Department services, but the initial focus has been to serve children and youth in PRTs who do not have a permanent plan and are not on the verge of reunification. As of December 2014:

- 38 Permanency Roundtables (PRTs) have been completed.
- In those meetings, PRT plans were created for 49 children and youth.
- 17 PRT follow up meetings have been completed.
- At least 4 children and youth are now in a permanent setting (including from reunification) partially as a result of a PRT.

Each PRT plan continues to be worked on as the Department strives to ensure that no child or youth leaves foster care without permanency.

ACTION STEP STATUS

A. Three of these trainings were provided in 2014, as planned. A training calendar is being developed that will include additional values and skills trainings offered during 2015. The Department has been successful in training staff but will need to offer more training sessions in order to train all CWWs.

B. The Department has created three workgroups and solicited staff membership in each group. Any and all staff members in the Department were encouraged to participate. Additionally, a work group announcement and request for participation was also sent to the Parent Advocate and Youth Adult Partnership programs.

Three workgroups were created, each with a different focus area:

- Sustainability of PRT's
- Data/Evaluation and
- Review/Follow up meetings

The overall goal for each group is to develop recommendations that will impact practice in the department and improve wellness and stability for children and families.

C. See the Analysis section for the initial data collected for PRTs. The Department will continue to track the data associated with this strategy.

LESSONS LEARNED / SUCCESSES EXPERIENCED

The Department has learned from the PRTs that have been conducted that PRTs are more successful when action plans are understood to be a shared responsibility among the members of the PRT team, rather than the sole responsibility of the CWW. Additionally, ninety day review meetings have been viewed as important by participants as an opportunity to check-in about the efforts.

The Department continues to refine its PRT efforts to ensure that all staffing roles (facilitator, scribe, outside consultant, etc) are filled quickly for each and every PRT, as well as other tasks such as assignment of the responsibility for completion of the case summary form.

METHOD OF EVALUATION AND/OR MONITORING

This information is provided above.

OBSTACLES AND BARRIERS TO FUTURE ACTION STEP IMPLEMENTATION

None

ADDITIONAL STRATEGIES (WHEN APPLICABLE)

Not applicable

PROGRAM REDUCTION

Not applicable

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

ANALYSIS

The October 2014 CDSS data report includes a time period for this measure and most of the C2 measures that occur around the same time as the implementation of most of the action steps included in this strategy. Any effect on the outcome measures from this strategy will not be observable until a later CDSS data report is released.

ACTION STEP STATUS

A. An agreement was reached with Labor permitting the Department to use the SAFE format, on 1/4/2014, for 6 months with a review as needed after that. The implementation plan was to complete no more than one home study per caseload using SAFE and use the former model for all other homes studies. However, based on feedback from staff that working with two different types of home studies was too difficult, the Department began using only the SAFE model in September 2014.

B. This action step has been completed. As reported in the Department’s 2014-2019 SIP report, the Adoption Home Study/Finalization Supervisor is the Department’s SAFE liaison. This Supervisor performs job duties supervising CWWs in the Adoptions program in addition to SAFE liaison responsibilities.

As the SAFE liaison for DCFS, the supervisor continues to work with the Consortium for Children (CFC), proprietor of the SAFE home study, for support and technical assistance as needed. Additionally, the liaison performs other duties not limited to:

- Receiving any updates to the SAFE home study format or trainings from CFC
- Collaborates with CFC to resolve any technical issues that DCFS staff may experience, such as accessing the SAFE website or hotline
- Performs administrative duties to arrange for DCFS staff training

C. This action step has been completed. Staff members were provided a second SAFE training on 3/24/14 and 3/25/14. The first trainings were provided in 2012.

D. Due to the demands on ongoing casework practice, the initial evaluation is now expected to be completed before April 2015.

LESSONS LEARNED / SUCCESSES EXPERIENCED

Staff members are now trained to use SAFE and focus on the skills and life experiences of perspective parents. The process assists staff in determining what family strengths exist as well as identifying areas of concern. Interviews are focused on strengths and concerns rather than just biographical information (e.g. where the caregiver went to school or their birth order).

The Department recognizes that, in order to fully implement the SAFE model as intended, it needs to continue to practice using the SAFE model and help families focus on the important items in their histories that could affect their care and supervision of children in their home. The Department’s Homestudy and Adoption Finalization CWS works with her staff to give case specific ideas to assist in re-focusing conversations that families find difficult to talk about. The Department expects that after an additional six months of using the tool most staff will be more comfortable in moving the conversation with prospective caregivers back to the topics that are salient to the safety of the child. Additionally, the CWS assists her staff in “scoring” the questionnaires completed by potential caregivers and works with staff to determine which items need focused conversation. After the interviews, the CWW meets again with the CWS to review the items to consider whether the conversation (investigation) addressed the concerns that were picked up on the questionnaire. It is expected that after the additional six months of using the tool, the CWS should be able to spend less time in assisting the worker in guiding the interview.

METHOD OF EVALUATION AND/OR MONITORING

Please see the information that is provided above.

OBSTACLES AND BARRIERS TO FUTURE ACTION STEP IMPLEMENTATION

N/A

ADDITIONAL STRATEGIES (WHEN APPLICABLE)

N/A

PROGRAM REDUCTION

N/A

Probation Department

Strategies aimed to reduce the number of youth in out-of-home placements through a collaborative effort that reviews all probation recommendations increasing available interventions that are family focused, youth centered and community based. Probation provides alternatives to out-of-home placement to increase number of youth participating in alternative interventions as multi-systemic therapy or Project Permanence, which utilizes the wraparound service delivery model. Additionally, other preventative interventions include collaborative efforts through the Juvenile Justice Transition Center and Collaborative Court.

Probation Strategies – Update

Strategy 1: Improve aftercare planning and services for youth exiting foster care placement (Median Time to Reunification (Entry Cohort))

As the primary intervention model for Title IV-Waiver, Wraparound Services serves as the evidenced based practice model that meets the federal outcome measure in reunification in a timely manner, in addition to the improvement of aftercare planning. Aftercare supervision has been assigned to aftercare deputies for case planning. These are intermediate steps that have been implemented until PLL is officially phased into the model.

The goals of Wraparound are to: improve the array of services and supports available to children, youth and families involved in the child welfare and juvenile probation systems; engage families through a more individualized casework approach that emphasizes family involvement; increase child safety without an over dependence on out-of-home care; improve permanency outcomes and times; improve child and family well-being; and to decrease recidivism and delinquency for youth on probation.

Outcome measures are monitored by the Waiver Executive Dashboard and from the last dashboard reported in November, the caseload reflected the 42 youth as of August, 2014. The expected outcome is to reduce the number of youth in out-of-home care, and provide aftercare supports for youth returning home from out-of-home care to increase timely family reunification.

Probation added Parenting with Love and Limits (PLL) model as a placement alternative intervention and an aftercare strategy. PLL is an evidenced based therapeutic intervention that combines group family therapy and individual parent coaching techniques. Probation and Behavior Health have blended funding resources and have jointly developed an RFP through BHCS. A bidders' conference in selecting a provider for the program was completed in mid-April, 2015. Evaluation of proposals will begin in the first week of June. The anticipated timeframe to complete this process is by August/September 2015. ACPD/BHCS had more responses than anticipated, so the dates of the evaluation had to change. Once a provider has been selected, the provider will conduct training and ramp up to implementation will begin. Probation plans to implement two teams dedicated to re-entry for placement youth returning home and one team dedicated as a placement alternative intervention. The time to train probation officers in referring youth for aftercare is anticipated to conclude by December 2015.

We expect the evaluation process to begin in January 2016 and end in March 2018, but an evaluator cannot be selected/determined until the provider is established.

PYJI Model

Working collaboratively with the PYJI Technical Assistance Providers, the Alameda County PYJI Team (ACPYJI) have engaged in a collective learning process to build a shared understanding of the four PYJI design elements (Positive Youth Development, Trauma Informed Care, Wraparound, and Operational Capacity) and the needs of crossover youth and their families through stakeholder feedback. With this information the ACPYJI Team, refined previous planning goals and identified new support strategies, such as uplifting youth, family, and community engagement.

The ACPD also intends to align departmental efforts from the Departments Strategic Plan to the work of the PYJI Project Teams that consists of key agency and community partners. These partners include: Alameda County Social Services Agency (SSA), Alameda County Office of Education (ACOE), Health Care Services (HCSA), family advocates, Juvenile Court Presiding Judge, the Public Defender's Office (PD), Alameda County District Attorney's Office (DA), the Delinquency Prevention Network (DPN), and other youth-serving community-based organizations and a wide array of probation department staff. Throughout the planning process, the ACPYJI team has strengthened their collaborative leadership structure and developed data driven outcomes.

CSEC Youth

Probation is also involved with Court stakeholders in evaluating Girls Court data, analyzing program/service utilization, detention and detention alternative utilization and seeking to define success for Girls Court participants. This process is in its early stages, with ultimately including recidivism data, with parameters yet to be determined by the stakeholder team.

Probation will continue to enhance its collaborative efforts with Social Services Agency through its work with crossover youth and also with commercially sexually exploited youth population. Probation participates in a weekly Safety Net meeting, which involves community providers, chaired by the District Attorney's Office and includes probation staff in conjunction with Girls Court. This team strives to obtain positive outcomes for youth who are being sexually exploited.

Group Home Placement

Group home placement is tailored towards youth for a 12-month period. Historically, Alameda County Probation Department has accepted placements beyond 12 months. The demand is to have a 6-month plan in order to reduce out of home placement for youth who are not ready to return home.

Camp Sweeney Transition Program

The purpose of this pilot program is to enhance the rehabilitative process for youth with minimal to no improvement while in placement. The goal and intent of the program is to provide safe and supportive family reunification services as the youth transition home.

The program is targeted towards youth who initially demonstrate great strides in their rehabilitative process, but over an extended period of time where they either digress or become stagnant in their rehabilitative growth. We will also screen youth in placement for 6 or more months portraying little to no progress.

Eligible youth would be identified by the Placement DPO. This youth would be one who has been in placement for an extended period of time (6 months or longer) and even with behavioral improvements has plateaued or become stagnant in his placement program. Based on their placement program expectations or the program design, this youth would not be eligible to return home within an additional six months' time.

Youth would not be considered suitable for participation if:

- The youth has not participated in their current placement program for at least 180 days (6 months)
- By exiting their placement prior to their 18th birthday the youth will forfeit AB12 eligibility
- Youth who present a safety risk to themselves, staff and residents within the camp setting
- Youth who present a high flight risk if placed at camp
- Youth who do not have family support for program participation

Strategy 2: Improve data integrity in CWS/CMS case management system to reflect accurate number of youth in the appropriate level of care

Youth currently in placement are entered in the CWS/CMS database no later than 15th of the following month. The challenge encountered in this process is that school information is behind. Probation has to wait for IT to incorporate school information in our probation case management system. Another challenge is that Probation needs to work a plan for data entry for youth warrants and improve the overall data entry in CWS/CMS for placement youth with active warrants and bringing in compliance.

Review and examination of open cases is an ongoing process. Assessment and identification of open cases was completed when reviewing with CDSS. Next step is the data clean-up. Identifying and closing cases is an ongoing process and also requires specialized training. The anticipated timeframe to train key probation staff in the utilization of Safe Measures and Business Objects for continuous quality improvement is February 2015 to October 2016.

Strategy 3: Develop data driven guideline/criteria tool for probation staff and Screening for Out of Home Services (SOS) Committee.

The placement grid profile was completed by NCCD and analysis was done; sample grid developed with finalization pending. As ACPD leadership transitioned and meeting schedules were challenging, the placement grid finalization is still in progress. Probation is exploring the opportunity to gather key stakeholders to discuss the maximization and usage of the placement grid in partnership with fellow agencies in order to optimize case management.

SOS Committee

The Screening for Out of home Services Committee (SOS), utilizes a review and approval process aimed to reduce the number of out-of-home placement recommendations by probation officers. SOS is a Multi-Disciplinary Team (MDT) comprised of medical, mental health, social services and probation experts who meet twice weekly to review and discuss all youth considered for an out-of-home placement by a probation officer. The DPO initiates the process by assessing a youth who is under formal supervision and determines if supervision and escalate it to the Family Preservation Unit, Camp or out-of-home placement. The DPO meets with SOS committee to consult with committee members in determining the next steps for the case. SOS discusses the youth's circumstances including his/her needs, strengths, services previously provided and resources available in the identified areas of support within the local community and approves a recommendation for the Court. The Court ultimately decides and makes its orders.

Youth who went through SOS committee, potentially face an out-of-home placement recommendation. It is anticipated the placement grid will be completed by the May or June

2015. The overall intent is for the SOS committee to make fewer recommendations for youth to be removed to out-of-home care and the Court continues to make fewer orders for out-of-home care when compared to the probation officers' original recommendations.

As of June 30, 2013, 116 youth were placed out of the home and 81 were placed in a group home where the average length of stay was 136 days. For Jan. 1, 2015-April 2015, of the 89 cases total, 34 were presented to SOS Committee for placement; Post SOS: 30 were designated for Placement; and Court Disposition sent 17 to Placement.

The committee continues to recommend placement and camp less frequently than alternative recommendations of intensive family centered services, keeping youth in the community. The Probation department will continue to monitor this process and the rate by which the court follows the recommendations of the committee. Probation continues discussions around process by which placement data is currently being reviewed by a local research firm in an effort to develop a placement grid to aid probation officers and the SOS committee in making appropriate recommendations for placement for the most appropriate youth while gaining the Court's confidence in the alternative services provided to youth and their families. The placement grid is in its final stages of completion. Early data indicated that 30% of placement youth over a three year period entered a group home as a result of a recent probation violation.

Obstacles and Barriers to Future Implementation of a Strategy and Action Step Not Currently Under Implementation

Probation Department

Leadership Transition

ACPD has undergone staffing changes and departmental transitions. The most recent key transition was the deputy chief role in juvenile services in December 2014 which created shifts in other departmental units and leadership changes within the department. As the shift in roles settles and leaders get acclimated, the department intends to address adjustments and areas of improvement.

Case Management System (CMS) Project

Database integration is the greatest barrier. Our current case management system is a major obstacle to capturing information in a synthesized manner where there is not one uniform system, but multiple platforms serving varied programs and populations. A constant creation of individual databases to capture unique information leads to an inability to capture the overall needs and expectations.

A Case Management System Project Team was assigned to address this barrier and initial meetings beginning in October 2014 were conducted on the background of the case management system project where roles, expectations and department requirements within the scope of the process were identified in anticipation of a planned transition to a new CMS system. The assigned CMS Project team analyzes the current “functionality” and “data” that is supported by existing systems in order to determine and collect new requirements for desired enhancements. Through this review process, the final product is assessed as a department in order to ensure updated requirements for the project are adequate.

The focus on validating and defining technology-based functionality has been the greatest challenge for Probation’s current database management system. The progress in defining requirements for a new Case Management System continues and throughout this process, there are periodic reviews. There is an opportunity to define what a new case management system solution should look like with respect to new and innovative technology solutions while incorporating requirements. This provides better informed language and functionality requirements for the current RFP.

Department of Children and Family Services

This information is provided in this report’s Status of Strategies section.

Other Promising Practices/Other Successes

Department of Children and Family Services

Family Drug Court

The Superior Court, County of Alameda is currently operating under a three-year grant, through September 2015, from the Substance Abuse Mental Health Services Administration (SAMHSA) for two family drug courts in Alameda County. This Department is a stakeholder in the process along with attorneys, court staff, and Alameda County BHCS.

Within 24 hours of the placement of a child or youth into protective custody, the Family Drug Court staff administers an evidence-based addiction-severity assessment and attempts to place the parent into an appropriate substance abuse treatment modality the same day. Project goals are to serve at least 83 drug-affected families, with a targeted reunification rate of at least 50 percent.

Youth Transitions Partnership

In addition to the work with stakeholders on SIP strategies, the Department has strengthened its work with community partners on other Department efforts. An example is the Youth Transitions Partnership (YTP). In September 2013, this Department was awarded a Youth At Risk of Homelessness federal planning grant. The goal of the YTP planning collaborative is to identify the most effective, evidence-based housing and necessary supportive service array to assist foster youth identified as being at high risk of housing insecurity. Focusing on current and former foster youth ages 14-21, the planning process includes a variety of stakeholders from public and private sectors, a leadership team, and several specialized workgroups focused on four critical outcome areas: Stable Housing, Permanent Connections, Education and Employment, and Social/Emotional Well-Being. Some of the organizations involved in the leadership team and workgroups are THP providers, mental health service providers, youth advocate fellows, legal advocates, youth employment service providers, and housing and behavioral health care local government agency staff.

The two year project includes several opportunities for community partners and young people to contribute to the YTP planning process. One of the opportunities involved a “Charrette” where over 150 community members participated in structured fishbowl conversations to deliver recommendations on the project and how best to solve community problems related to homelessness within a very short period of time.

Making Proud Choices

In 2011, the Department partnered with The National Campaign to Prevent Teen and Unplanned Pregnancy and the American Public Human Services Association (APHSA), with support from the Annie E Casey Foundation and a network of child welfare and teen pregnancy professionals and state and local teams, to adapt and implement an evidence-based pregnancy prevention curriculum for youth in out of home care called Making Proud Choices (MPC). MPC provides youth in out of home care with the knowledge, confidence, and skills necessary to make informed choices. The goal is to empower young adolescents to change their behavior in ways that will reduce their risk of an unplanned pregnancy or becoming infected with HIV and other STDs. The Department continues to utilize staff and community partners as trainers for the curriculum.

In December 2014, the Department’s MPC coordinator attended a pregnancy prevention initiative in Los Angeles to share information about the Department’s experience planning and implementing MPC. The six counties participating in the initiative learned about MPC and the experiences of other jurisdictions and the programs they have implemented. The initiative participants are to choose from the program options, including MPC, to implement in their area.

Implementation Science

The Department is engaged in an “Implementation Science Project” with Casey Family Programs to integrate and plan for the success of the county’s multiple initiatives including Safety Organized Practice, which is described in more detail above. It is expected that the tenets of Implementation science will be embedded in the delivery of all new initiatives of the department.

Continuous Quality Improvement (CQI)

The Department is also working to implement CQI and expecting improvements from the effort in the alignment of work to outcomes and increased data integration – allowing the agency’s programs and services to better meet goals and objectives. With CQI, the Department will show improved accountability and staff morale, a refined service delivery process, flexibility to meet needed changes, enhanced information management, client tracking and documentation, and means to determine and track program integrity and effectiveness.

Probation Department

Positive Youth Justice Initiative (PYJI)

The Alameda County Positive Youth Justice Initiative set up a Crossover Youth Data Tracking system in September 2014. For the Positive Youth Development and Trauma Informed Care goal, 169 county agency staff and community partners attended the “Think Trauma” training during the same time period along with 137 county agency staff and community partners attended the “Historical Cultural Grounding” training in December 2014.

Community engagement forums were held in October 2014 and February 2015 in key demographic areas where the largest numbers of referrals of crossover youth reside within Alameda County. The purpose of these forums is to inform the community and political stakeholders of progress made via a town hall setting.

Internal Departmental Improvements

ACPD has updated its form ID for crossover youth. The referral form for the District Attorney’s office was updated to be utilized as an internal document to identify crossover youth in our outtake unit. The department also added a supervisor in the Placement Unit for Non Minor Dependents and aftercare. The Placement Unit also split into two units with 2 dedicated supervisors for each unit.

Outcome Measures Not Meeting State/National Standards

Probation Department

Alameda County Probation has created a committee to improve data integrity in the CWS/CMS case management system using SafeMeasures. The committee held two meetings with CDSS to understand the system and how we can more easily identify cases in need of closure. This information is critical for the system to reflect the accurate number of youth in the appropriate level of care. In addition, we are working to ensure that staff has entered contact information to ensure we are in compliance with this outcome measure and state standards.

We have begun to identify open cases that are out of compliance which include youth whose cases cannot be closed because they are AWOL from placement and the case is currently in warrant status. Our understanding is that even though the youth is AWOL from placement, the placement order continues to require a monthly contact. These cases are out of compliance if a contact is not made regardless of AWOL status. In addition, the total number for Placement youth includes cases assigned to 450NMD deputies and After Care deputies. We would like to request these cases be assigned a specific code or a separate unit in CWS/CMS. Alameda County Probation currently has 130 450NMD cases but only 4 450NMD DPOs. We also have added a unit supervisor to concentrate on this area. It is very difficult for us ensure that monthly contacts are occurring. We are currently working on a system that will allow us to provide contacts to all these youth moving forward.

Department of Children and Family Services

An outcome measure has been included in this section of the report if the Department's performance in the current CDSS data report either:

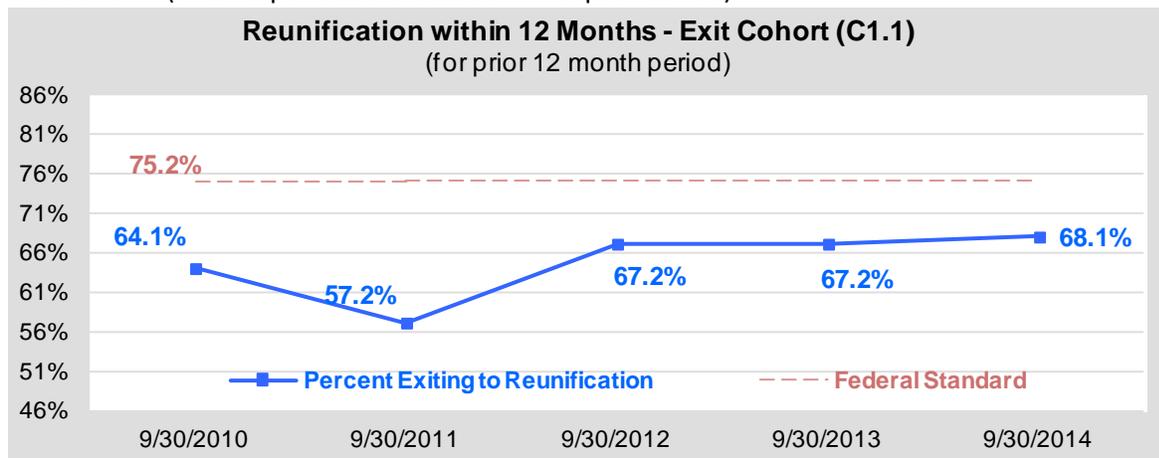
- Fell below the national standard, or
- Has regressed by 5.0% or more for the most recent 5 year percent change⁴

Given that the Department is less than a year into the SIP, there is no immediate intention to add any additional measures at this time. The Department will continue to monitor all measures to assess whether additional strategies are needed.

Outcome Measure: C1.1

⁴ Percent change=(comparison performance/baseline performance -1)*100 for C1.2 and C2.2; [(comparison n/comparison d)/(baseline n/ baseline d)-1]*100 for others

Chart 6: C1.1 (all time periods are October 1 – September 30)



Source: CWS/CMS 2014 Quarter 3 Extract²

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

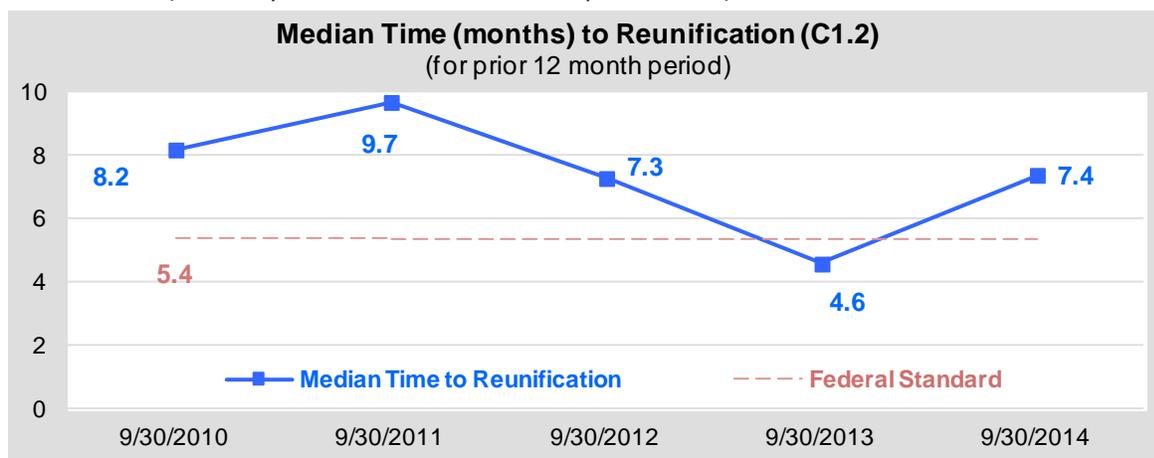
For the 10/01/13 – 9/30/14 time period, the Department performance for this measure was 68.1%. Although this is 7.1% short of the national standard, it is a 6.2% increase from the 10/01/09 – 9/30/2010 time period. These improvements are the result of prior Department strategies and Title IV-E Waiver reinvestment. Any effect on the outcome measures from the current SIP strategies will not be observable until a later time period.

The Department’s 2013 CSA identifies several factors influencing this outcome measure and current performance including family finding efforts, the availability of resources for parents attempting to reunify with their child(ren), and the Department’s visitation center called The Gathering Place.

Since this measure is closely related to C1.3 and C1.4, it is expected that the SIP strategies designed to impact those measures will also improve performance on C1.1.

Outcome Measure: C1.2

Chart 7: C1.2 (all time periods are October 1 – September 30)



Source: CWS/CMS 2014 Quarter 3 Extract²

This measure reports on the median length of stay in foster care, for stays of at least 8 days, for children discharged from foster care to reunification during the period as compared to their latest date of removal from home. Because this measure uses an exit cohort and includes children who have been in care for different amounts of time, it is difficult to identify the changes in practice that could be impacting department performance for this specific cohort of children.

Although Department performance met the national standard during the 10/1/12 – 9/30/13 time period, it increased to 7.4 months for the 10/1/13 – 9/30/14. It is unclear at this time what may have caused the increase; although, as shown in Table 10, the increase was experienced by the three ethnic groups with the largest number of children exiting to reunification during the periods: Black, White, and Latino children.

Table 10

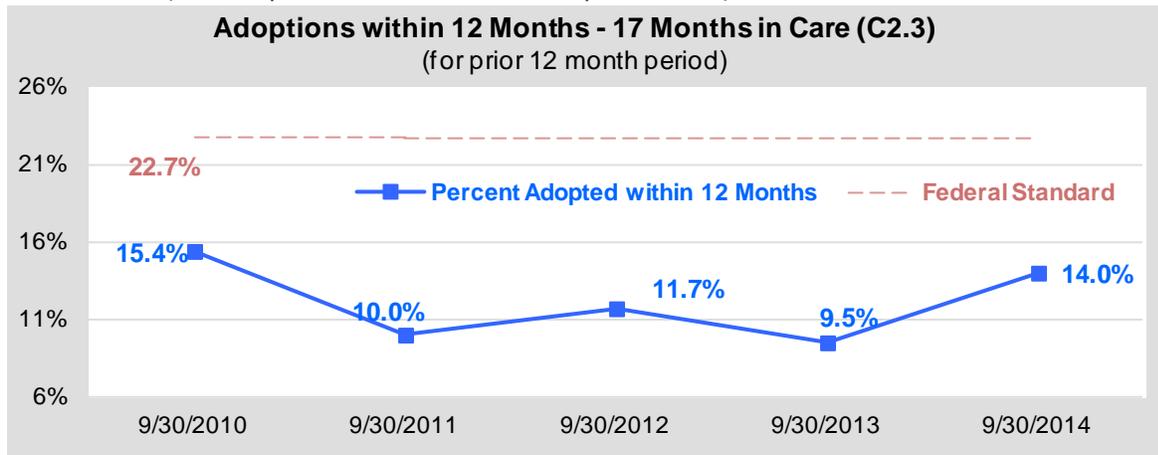
C1.2 Median Time to Reunification (months) and Number of Youth Exiting to Reunification				
	10/1/12 - 9/30/13		10/1/13 - 9/30/14	
	N	Months	N	Months
Black	110	3.3	100	6.4
White	55	6.5	56	11.3
Latino	65	5.7	96	7.8
Asian/ Pacific Islander	7	6.9	19	1.3
Nat American	3	15.4	1	12.4
Missing	1	0.5	1	1.3
Total	241	4.6	273	7.4

Source: CWS/CMS 2014 Quarter 3 Extract²

Since this measure is closely related to C1.3 and C1.4, it is expected that the SIP strategies designed to impact those measures will also improve performance on C1.2.

Outcome Measure: C2.3

Chart 8: C2.3 (all time periods are October 1 – September 30)



Source: CWS/CMS 2014 Quarter 3 Extract²

This measure is used to determine the percent of children discharged to a finalized adoption by the last day of the period for all children who were in foster care for 17 continuous months or longer on the first day of the period. Excluded from this measure are those children who were in care for 17 continuous months or longer, but exited foster care during the year with a placement episode termination reason of reunification with parents or primary caretakers, or discharge to guardianship. For the 10/1/2013 – 9/30/2014 period, the Department’s performance was 14.0%, which was 8.7% short of the national standard. Because this measure uses an exit cohort and includes children who have been in care for different amounts of time, it is difficult to identify the changes in practice that could be impacting department performance for this specific cohort of children.

Using data from SafeMeasures, Table 11 shows that the likelihood of adoption decreases as the length of time a child has spent in care increases, and most of the children included in the measure had been in care for 37 months or longer as of the first day of the time period. Given that these groups of children are less likely to be adopted in 12 months, the Department’s performance is typically below the standard for this measure. While several of the Department’s strategies seek to increase the likelihood of permanence for children who remain in foster care, other strategies are intended to reduce the number of children who need permanence because they were not reunified with a parent or guardian.

Table 11: C2.3 - % of Children in Measure by Time In Care and % of Children Adopted

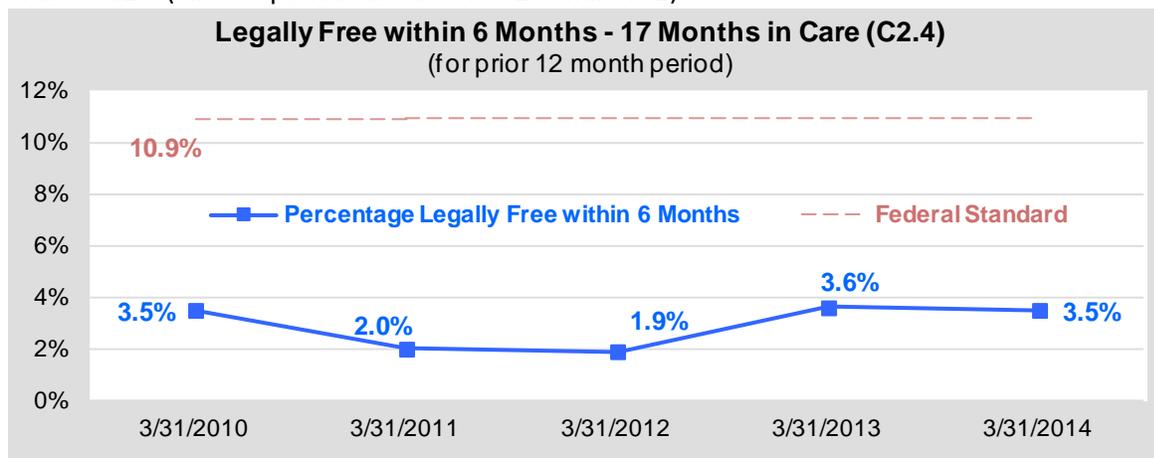
		13 to 24 Months	25 to 36 Months	37 to 48 Months	49 to 60 Months	61 Months or More	Total
% of Children Included in C2.3	10/1/13 - 9/30/14	1.5%	9.8%	20.0%	17.2%	51.6%	100.0%
	7/1/13 - 6/30/14	1.0%	9.7%	19.5%	17.8%	52.0%	100.0%
	4/1/13 - 3/31/14	1.4%	9.7%	17.5%	17.5%	53.9%	100.0%
	1/1/13 - 12/31/13	1.0%	8.1%	17.2%	17.8%	56.0%	100.0%
% Adopted	10/1/13 - 9/30/14	100.0%	87.0%	7.4%	7.4%	3.3%	14.4%
	7/1/13 - 6/30/14	100.0%	74.5%	9.6%	3.5%	2.0%	11.8%
	4/1/13 - 3/31/14	100.0%	74.5%	8.2%	0.0%	1.9%	11.1%
	1/1/13 - 12/31/13	100.0%	80.0%	9.4%	0.0%	2.5%	10.5%

Source: SafeMeasures - Measure C2.3³

It is expected that the SIP strategies implementing PRTs and SAFE to impact measures C2 and C3.2 will also help improve performance on this closely related measure.

Outcome Measure: C2.4

Chart 9: C2.4 (all time periods are October 1 – March 31)



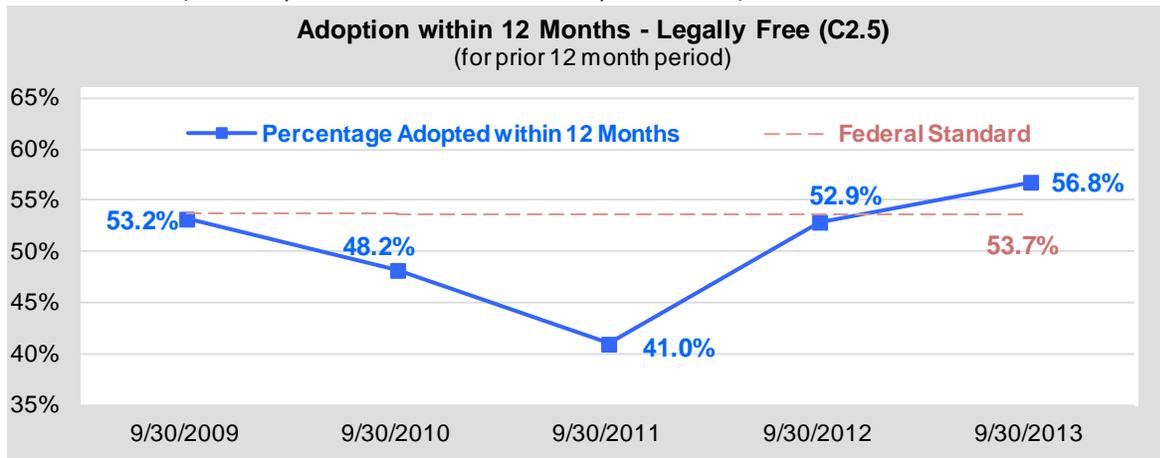
Source: CWS/CMS 2014 Quarter 3 Extract²

This measure includes all children in foster care for 17 continuous months or longer and not legally free for adoption on the first day of the period to determine what percent became legally free within the next 6 months. The Department’s performance for the most recent CDSS data report (3.1%) is a 71.7% five-year⁴ improvement. Performance from the most recent data period available on the UC Berkeley site, 10/1/13 – 3/31/14, is 3.5%.

It is expected that the SIP strategies implementing PRTs and SAFE to impact measures C2 and C3.2 will also help improve performance on this closely related measure.

Outcome Measure: C2.5

Chart 10: C2.5 (all time periods are October 1 – September 30)



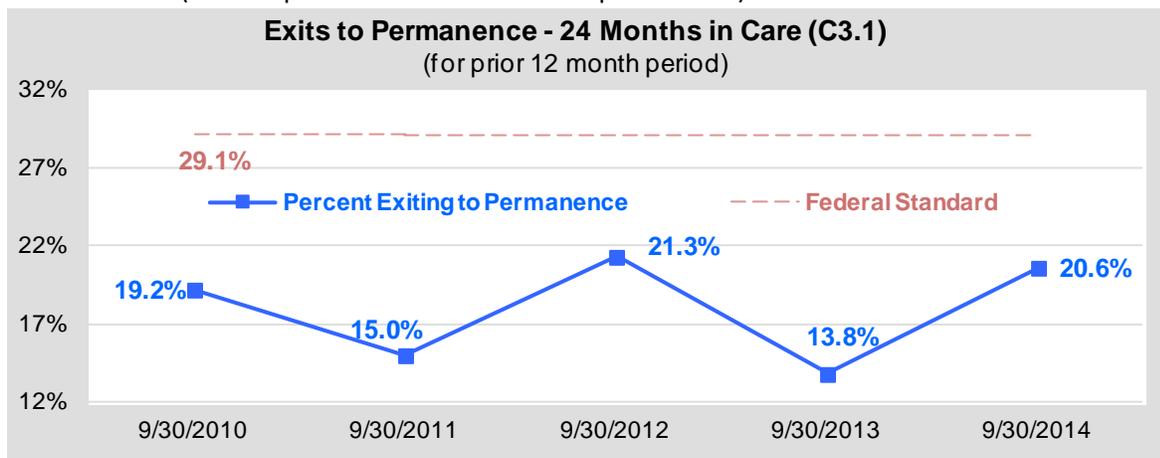
Source: CWS/CMS 2014 Quarter 3 Extract²

This measure includes all children in foster care who became legally free for adoption during the period and reports the percent of those children who were discharged to a finalized adoption in less than 12 months. Although Department performance on this measure for the time period included in the most recent CDSS data report was 49.5% and short of the national standard by 7.3%, performance for the most recent period available on the UC Berkeley website (10/1/12 – 9/30/13) was 56.8%, above the national standard by 3.1%. This improvement is shown in chart 10.

It is expected that the SIP strategies implementing PRTs and SAFE to impact measures C2 and C3.2 will also help improve performance on this closely related measure.

Outcome Measure: C3.1

Chart 11: C3.1 (all time periods are October 1 – September 30)



Source: CWS/CMS 2014 Quarter 3 Extract²

Department performance for the time period included in the most recent CDSS data report was 15.9%, and performance for the most recent period available on the UC Berkeley site (10/1/13 – 9/30/14) was 20.6%, which was 8.5% less than the federal standard. For the most recent time period, there were 412 youth who were in care on the first day of the period and had been in care for at least 24 months. Of those youth, 85 had exited to permanency by the end of the period and before their 18th birthday.

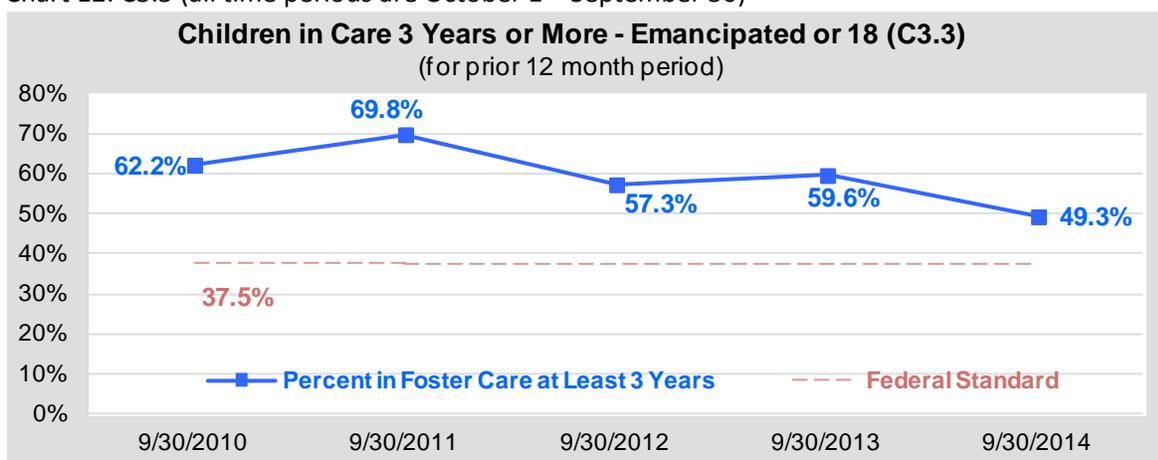
As noted in the Department’s 2013 CSA, although Alameda has made steady progress in reducing the number of youth in care, as well as the youth in higher level placements, more progress is needed in securing permanence for the children in care. Waiver and SIP strategies are intended to improve the percentage of children moving to timely guardianships and adoptions when necessary.

In addition to these planned strategies, the Department’s CWWs work with current and potential caregivers for youth to encourage those caregivers to provide legal permanence for the youth. Sometimes relative caregivers are opposed to adoption due to the termination of parental rights but are willing to become the youth’s legal guardian. Other caregivers believe that they should delay legal permanence until after the youth’s 16th birthday to ensure that the youth is eligible for extended AAP or guardianship benefits after age 18. The CWWs support the caregivers and provide information about legal permanence to address any misunderstandings and provide services and resources as needed.

It is expected that the SIP strategy implementing PRTs to impact measures C2 and C3.2 will also help improve performance on this closely related measure.

Outcome Measure: C3.3

Chart 12: C3.3 (all time periods are October 1 – September 30)



Source: CWS/CMS 2014 Quarter 3 Extract²

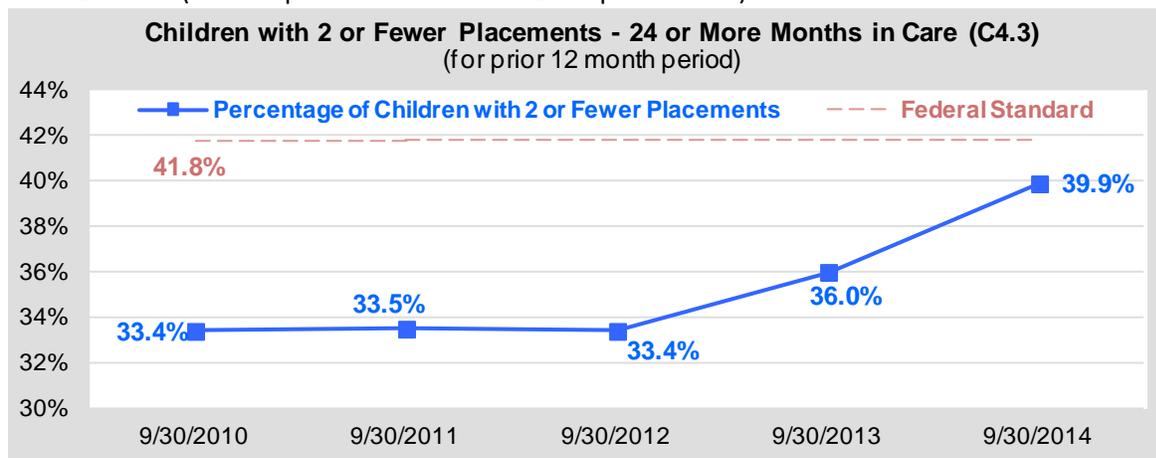
This measure includes all children who were in foster care and either emancipated or turned 18 while still in care, during the time period. The measure determines the percent of those youth that had been in care for at least 3 years. For the most recent CDSS data report, Department performance was 50.8%, which was a one year percent decrease of 14.1% and a five year percent decrease of 20.2%. For the most recent time period available on the UC Berkeley site, shown in the chart above, Department performance improved again to 49.3%, which is 11.8% above the federal standard. For the most recent time period, this means that of the 138 youth who emancipated or turned 18 while in care, 68 of those youth had been in care for 3 years or more. Based on the total number of youth included in the measure, in order to meet the national goal only 51 youth of the 138 youth would have been in care for 3 years or more.

It is expected that the Department performance will continue to improve on this measure as implementation of the SIP strategies intended to support permanence for youth continues.

It is expected that the SIP strategy implementing PRTs to impact measures C2 and C3.2 will also help improve performance on this closely related measure.

Outcome Measure: C4.3

Chart 13: C4.3 (all time periods are October 1 – September 30)



Source: CWS/CMS 2014 Quarter 3 Extract²

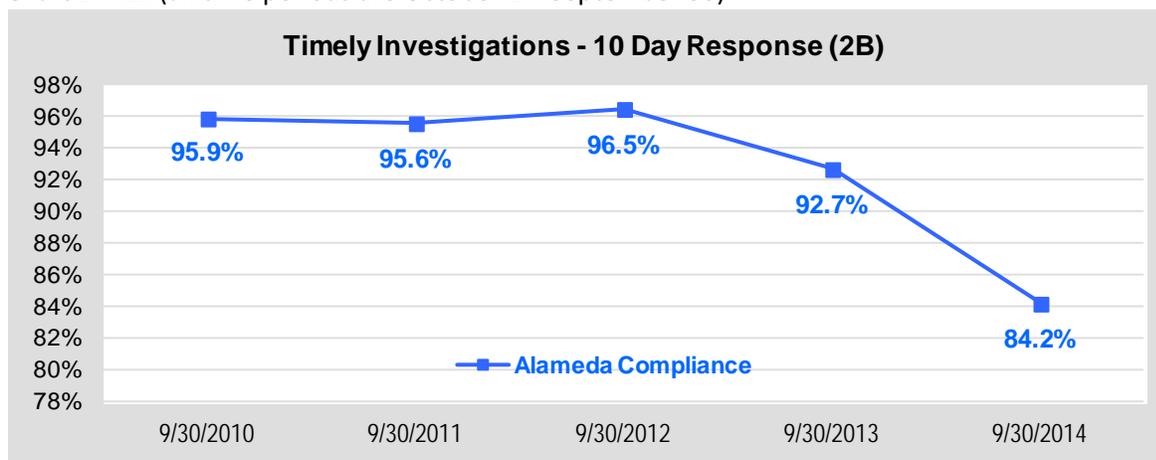
This measure computes the percentage of children with two or fewer placements out of all children who had been in foster care for 24 months or more. For the most recent CDSS data report, Department performance was 37.9%, which was a one year percent increase of 8.0% and a five year percent increase of 18.9%. For the most recent time period available on the UC Berkeley site, included in the chart above, Department performance improved again to 39.9%, just 1.9% short of the national goal. Despite the problems associated with this outcome measure (e.g. includes children in care for any length longer than 24 months together), the chart still reflects the performance improvements brought about by the Department’s continued focus on finding stable, least restrictive placements for children that can provide permanence, if reunification is not successful, as quickly as possible.

As reported in the Department’s 2013 CSA, the Department continues to work towards placing more youth in relative/NREFM homes as early as possible in order to achieve timely permanency for more youth. It is expected that continued IV-E Waiver funding and SIP strategies will result in more relative placements occurring for children early in the case, thereby reducing the total number of placements they experience.

It is expected that the strategy implementing trauma informed practices will help reduce the number of placements that children experience. By receiving trauma informed practice training, caregivers will be better prepared to support youth with traumatic experiences and maintain them in their home, reducing the need for a new placement that would typically be needed because of the youth’s behaviors.

Outcome Measure: 2B

Chart 14: 2B (all time periods are October 1 – September 30)



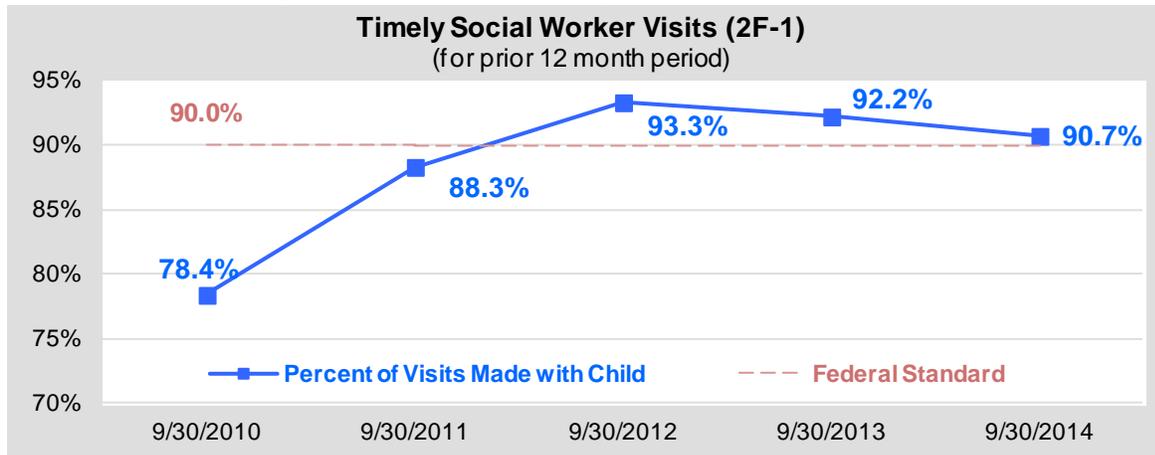
Source: CWS/CMS 2014 Quarter 3 Extract²

The Department has historically had strong performance on this measure, typically exceeding 90%. For the most recent CDSS data report, Department performance was 85.8%. Performance fell to 84.2% for the most recent time period available on the UC Berkeley site. Recent staffing shortages in the Emergency Response program had some impact on the ability of the Department to maintain its strong performance for this measure. Recently hired staff members have joined the program and performance is expected to improve for future time periods.

Department managers continue to monitor investigation timeliness using SafeMeasures reports. Additionally, supervisors discuss issues potentially affecting timely investigation during supervision meetings with CWWs to identify solutions to any issues and prioritize case management duties. Department managers have recently received Art of Coaching training, which is expected to support and improve their ability to hold these discussions with staff.

Outcome Measure: 2F

Chart 15: 2F-1 (all time periods are October 1 – September 30)



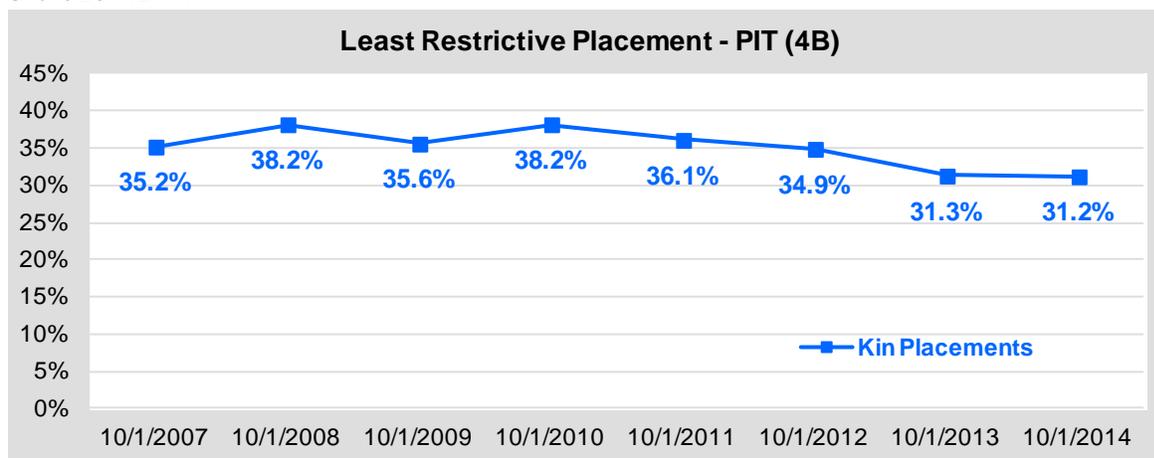
Source: CWS/CMS 2014 Quarter 3 Extract²

This measure calculates the percentage of children in placement who were visited by caseworkers. Each child in placement during the time period for an entire month must be visited at least once. The measure summarizes monthly data by 12-month periods. This measure is included in this section because the Department performance in the most recent CDSS data report was 89.9%, 0.1% short of the federal standard. That performance appears to be an anomaly and doesn't reflect the tremendous improvement the Department has made in visiting children on a monthly basis. The Department's performance is a five year percent improvement of 43.5%. Additionally, the Department performance from the most recent time period available on the UC Berkeley site is 90.7%, and included in the chart above.

Department managers continue to monitor compliance with face to face contact with children using SafeMeasures reports. Additionally, supervisors discuss issues potentially affecting face to face contact compliance during supervision meetings with CWWs to identify solutions to any issues and prioritize case management duties. Department managers have recently received Art of Coaching training, which is expected to support and improve their ability to hold these discussions with staff.

Outcome Measure: 4B Least Restrictive PIT (Placement: Relative)

Chart 16: 4B PIT



Source: CWS/CMS 2014 Quarter 3 Extract²

This report includes all children and youth who have an open child welfare supervised placement episode in the CWS/CMS system. This measure is included in this section because the Department’s performance in the current CDSS data report is 32.8%, which is a five year decline of 10.5%.⁴ Performance in the most recent data period available through the UC Berkeley site is 31.2%, as shown in the chart above.

This measure includes youth of all ages and it is useful to consider children and youth ages 18 and older separately. This is because older youth who do not yet have a placement with a prospective legal guardian or adoptive parent often benefit from a Supervised Independent Living Placement (SILP) or transitional housing that helps the youth prepare for independence after foster care. Alameda County has been successful in placing a high percentage of older youth in SILPs or transitional housing, and this decreases the overall percentage of children and youth placed with kin.

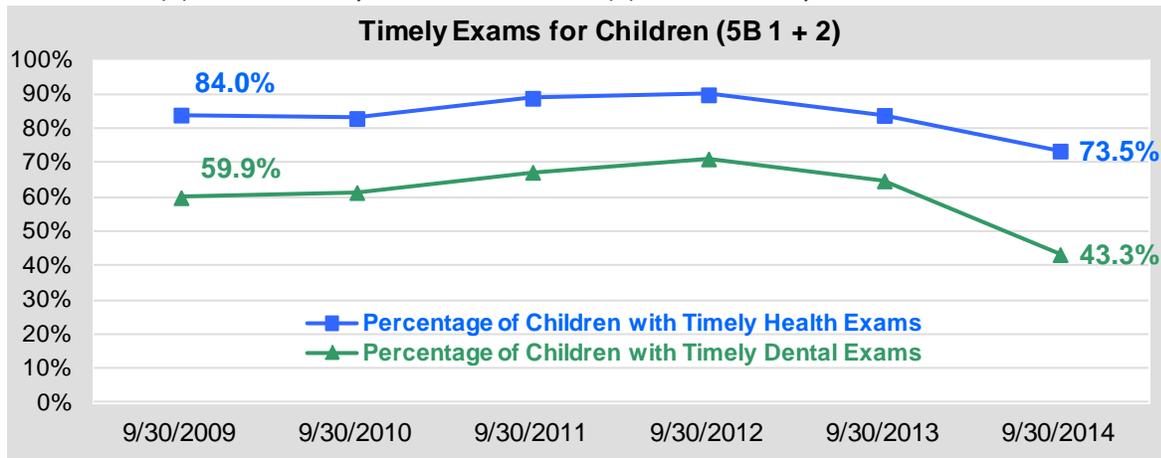
Table 12: 4B PIT Placements as of 10/1/14

	17 and under		18 and older	
	n	%	n	%
Kin	492	40.1%	28	6.3%
All Placements	1226	100.0%	442	100.0%

Source: CWS/CMS 2014 Quarter 3 Extract²

In comparing Chart 16 and Table 12, although 31.2% of youth of all ages were placed in relative or NREFM (Kin) homes as of 10/1/14, 40.1% of all children (ages 0 – 17) were in Kin placements. The percentage of youth ages 18 and older with Kin was only 6.3% and most of these youth (67.4% or 298) were in either a SILP or transitional housing.

Chart 17: 5B (1) Rate of Timely Health Exams & 5B (2) Rate of Timely Dental Exams



Source: CWS/CMS 2014 Quarter 3 Extract²

These reports provide the percentage of children meeting the schedule for Child Health and Disability Prevention (CHDP) and Division 31 medical and dental exams. Per the California Code of Regulations (17 CCR s. 6847(c)), persons will be considered overdue for an assessment on the first day he or she enters a new age period without assessment having been performed in the previous age period. Minors must have a medical and/or dental exam by the end of their age period.

Department performance in the current CDSS data report saw a 5 year change (decline) in the percentage of youth with a timely health exam (-8.9%) and youth with a timely dental exam (-22.9%). In the Department’s 2013 CSA, concerns were noted by stakeholders regarding insufficient information known about the child’s health being shared with caregivers, including Health and Education Passports that were not up to date. The Department is continuing to focus on efforts to address these issues by improving the information that is sent to the Department’s HEP unit and entered into a child’s HEP by having updated court report templates to ensure that medical, schooling, development, and other important areas are recorded in court reports. The Department also continues to work with its staff to ensure that court reports and other documents are submitted to the HEP unit for recording in the child’s HEP. The Department expects that the SIP strategies implemented to address measure 4B Entries: First Placement will also improve performance on this close related measure.

State and Federally Mandated Child Welfare/Probation Initiatives

Probation Department and Department of Children and Family Services

Title IV-E California Well-Being Project (Waiver)

In July 2007, the CFS Department and the Probation Department 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 Departments 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 prior Waiver. The first bridge extension year expired in June 2013. A second extension was later granted, and expired in June 2014. The CDSS received federal approval for the multiyear extension of the Waiver, which will expire in 2019.

The current Alameda County Waiver Executive Team (WET) is comprised of representatives from the CFS Department, the 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.

For the 2014-19 Waiver, DCFS has planned the following for its three Waiver interventions:

1. Safety Organized Practice (SOP)
2. Evidence Based Parent Training Program
3. Services for Commercially & Sexually Exploited Children (CSEC)

SOP is also a SIP strategy. The DCFS SOP strategy is discussed elsewhere in this report. More information about the Probation and DCFS Waiver interventions is currently available in the Alameda County five-year Waiver plan.

Department of Children and Family Services

Katie A

Since the last reporting period for Katie A. (8/31/14), the Department has trained CWWs on its Katie A. procedure, developed a referral process, and continues to streamline our data sharing process with BHCS. The Alameda County Katie A. Workgroup, which includes staff from DCFS, BHCS, parent and youth advocates & partners from both agencies, and county counsel, continues to meet monthly to further implement Katie A. and address any issues that arise.

Between 3/1/14 and 8/31/14, Alameda County identified 906 youth as Katie A. subclass members. For criteria points that BHCS tracks, subclass was defined as receiving any of the following in the previous 12 months:

- Wraparound,
- TBS,
- Crisis Stabilization,
- Psychiatric Hospitalization, or
- Intensive EPSDT services (defined as Level I county clinic services--which includes psychiatry, therapy and case management)

For DCFS, the subclass criteria applied to any child welfare case that, as of 1/1/13, met any of the following criteria:

- Receiving a special care rate due to behavioral health needs,
- Experienced three or more placements within 24 months due to behavioral reasons,
- Was placed in ITFC or a group home placement.

Child and Family Team meetings are occurring for youth and Intensive Care Coordination (ICC) and Intensive Home-Based Services (IHBS) are being provided.

For more detailed information regarding Katie A. implementation in Alameda, please see the most recent Katie A. Semi-Annual Progress Report on the CDSS website.

Fostering Connections after 18 Program (AB 12)

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 extended 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 October 1, 2014, there were 1,668 youth in a child welfare placement. Of those youth, 442 (or 26.5%) were non-minor dependents (NMDs) ages 18 and older.

This is a 179% increase in the number of NMDs in care compared to 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 13

Non-Minor Dependents in Child Welfare Placement on October 1, 2014		
	n	%
Kin	28	6.3%
Foster	5	1.1%
FFA	34	7.7%
Group	16	3.6%
Transitional Housing	159	36.0%
Guardian	41	9.3%
SILP	139	31.4%
Other	20	4.5%
Total	442	100%

Source: CWS/CMS 2014 Quarter 3 Extract²

Most of the youth are in a placement type that provides them with the opportunity to practice living independently but with support as needed. Of the 442 youth ages 18 and older in placement on 10/1/14, as shown in Table 13, approximately 67% were in either Transitional Housing or a Supervised Independent Living Placement (SILP).

National Resource Center (NRC) and Technical Assistance

Alameda County has not received assistance from any NRC. The Department has received technical assistance from other organizations. That work is described for some of the strategies, as applicable, in the Status of Strategies section of this report.

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 in 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%.

Children & Family Services

Five-Year SIP Chart - Alameda County

Strategy 1: Improve existing intervention and prevention services and increase the access families have to those services	<input type="checkbox"/> CAPIT	Applicable Outcome Measure(s) and/or Systemic Factor(s): Participation Rates: Entry Rates	
	<input type="checkbox"/> CBCAP		
	<input type="checkbox"/> PSSF	Applicable Waiver Goal: Reduce the number of children entering foster care by increasing the availability of early intervention/prevention strategies.	
	<input checked="" type="checkbox"/> N/A	<input checked="" type="checkbox"/> 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 Completed	Prevention & Intake Services Division Director Community Services Program Manager
B. Complete RFP Process and award new contract(s).	In progress July 2014	July 2014 Completed	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 Completed	Prevention & Intake Services Division Director Community Services Program Manager
D. Enhance communication between CWWs and ARS providers. (i.e. Practice Workgroup)	July 2014	January 2015	Prevention & Intake Services Division Director Community Services Program Manager
E. Implement changes to the ARS program	July 2014 In Progress	January 2015	Prevention & Intake Services Division Director Community Services Program Manager
F. Conduct client satisfaction surveys	September 2014 In Progress	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	<input type="checkbox"/> CAPIT	Applicable Outcome Measure(s) and/or Systemic Factor(s): Participation Rates: Entry Rates	
	<input type="checkbox"/> CBCAP		
	<input type="checkbox"/> PSSF	Applicable Waiver Goal: Reduce the number of children entering foster care by increasing the availability of early intervention/prevention strategies.	
	<input checked="" type="checkbox"/> N/A	<input type="checkbox"/> 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	<input type="checkbox"/> CAPIT	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. <input type="checkbox"/> Title IV-E Child Welfare Waiver Demonstration Capped Allocation Project	
	<input checked="" type="checkbox"/> CBCAP		
	<input type="checkbox"/> PSSF		
	<input type="checkbox"/> N/A		
Action Steps:	Implementation Date:	Completion Date:	Person Responsible:
A. Develop a public education campaign about safe sleeping habits for infants	March 2014 July 2014	June 2014 March 2015	Prevention & Intake Services Division Director ER Swing Program Manager Child Abuse Prevention CWS
B. Implement the public education campaign	July 2014 March 2015	July 2015 March 2017	Prevention & Intake Services Division Director ER Swing Program Manager Child Abuse Prevention CWS
C. Monitor the effectiveness of the public education campaign	September 2014 July 2015	June 2015 March 2017	Prevention & Intake Services Division Director ER Swing Program Manager Child Abuse Prevention CWS

Strategy 1: Implement trauma informed practices	<input type="checkbox"/> CAPIT	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).	
	<input type="checkbox"/> CBCAP		
	<input type="checkbox"/> PSSF		
	<input checked="" type="checkbox"/> N/A	<input checked="" type="checkbox"/> 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

Children & Family Services

Five-Year SIP Chart - Alameda County

Strategy 2: Move youth placed in a group home to a lesser restrictive placement whenever possible	<input type="checkbox"/> CAPIT	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). <input checked="" type="checkbox"/> Title IV-E Child Welfare Waiver Demonstration Capped Allocation Project	
	<input type="checkbox"/> CBCAP		
	<input type="checkbox"/> PSSF		
	<input checked="" type="checkbox"/> N/A		
Action Steps:	Implementation Date:	Completion Date:	Person Responsible:
A. Review the cases of all children residing in group home care every 90 days <u>six months</u> , 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 <u>November 2014</u>	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 <u>February 2015</u>	June 2014 <u>March 2015</u>	DET <u>Transition & Partnership Services Program Manager</u> <u>YAP Liaison CWS</u>
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	<u>Administrative Managers</u> <u>DET</u> 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)	<input type="checkbox"/> CAPIT	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).	
	<input type="checkbox"/> CBCAP		
	<input type="checkbox"/> PSSF		
	<input checked="" type="checkbox"/> N/A	<input checked="" type="checkbox"/> 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 December 2015	DET
B. Collect data on crossover youth to examine the strategy's impact. Implement changes to the strategy as needed.	March 2015 June 2014	August 2015	DET PERU
C. Research, vet, and identify trauma informed care curriculum	January 2014	August 2014 August 2015	Gateways to Permanence Division Director
D. Provide an overview of trauma informed practices to staff	September 2014	December 2015 November 2014	Gateways to Permanence Division Director

Children & Family Services

Five-Year SIP Chart - Alameda County

Strategy 1: Implement Safety Organized Practice (SOP)	<input type="checkbox"/> CAPIT	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	
	<input type="checkbox"/> CBCAP		
	<input type="checkbox"/> PSSF		
	<input checked="" type="checkbox"/> N/A	<input checked="" type="checkbox"/> Title IV-E Child Welfare Waiver Demonstration Capped Allocation Project	
Action Steps:	Implementation Date:	Completion Date:	Person Responsible:
A. Determine implementation plan, by Division. Convene implementation team	July 2014 March 2015	January 2015 January 2016	Prevention & Intake Services Division Director Intake Services I Program Manager
B. Train staff on SOP and provide case plan training.	February 2015 May 2015	August 2015 May 2016	Prevention & Intake Services Division Director Intake Services I Program Manager Gateways to Permanence Division Director Gateways to Permanence Program Manager
C. Incorporate SOP into case management practice.	August 30, 2015 August 2015	December 2015 August 2016	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 Policy concerning case plan objectives to be developed by the implementation team	June 2014	June 2014 July 2016	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 SOP case plan improvement action steps : <ul style="list-style-type: none"> Administer a survey to staff after their participation in the case plan SOP training. Monitor the quality and number of case plan objectives. 	February 2014 May 2016	September 2015 August 2016	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 August 2017	February 2017 September 2017	Prevention & Intake Services Division Director Intake Services I Program Manager PERU

Strategy 2: Improve the identification and engagement of fathers	<input type="checkbox"/> CAPIT	Applicable Outcome Measure(s): C1.3 and C1.4	
	<input type="checkbox"/> CBCAP		
	<input type="checkbox"/> PSSF	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	
	<input checked="" type="checkbox"/> N/A	<input checked="" type="checkbox"/> 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 December 2015	DET
B. Develop clear Hotline protocols for asking questions about the identification and location of fathers.	July 2014	January 2015 February 2015	Prevention & Intake Services Division Director Community Services Program Manager
C. Plan and implement program enhancements for Emergency Response Investigations.	June 2014	June 2015 December 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	<input type="checkbox"/> CAPIT	Applicable Outcome Measure(s): C2 and C3.2	
	<input type="checkbox"/> CBCAP		
	<input type="checkbox"/> PSSF	Applicable Waiver Goal: Increase the percent of timely adoptions and guardianships	
	<input checked="" type="checkbox"/> N/A	<input checked="" type="checkbox"/> 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 December 2015	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)	<input type="checkbox"/> CAPIT	Applicable Outcome Measure(s): C2 and C3.2	
	<input type="checkbox"/> CBCAP		
	<input type="checkbox"/> PSSF	Applicable Waiver Goal: Increase the percent of timely adoptions and guardianships	
	<input checked="" type="checkbox"/> N/A	<input checked="" type="checkbox"/> 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 March 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 Caseworker 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.

Probation Department

Five-Year SIP Chart - Alameda County

<p>Strategy 1: Improve aftercare planning and services for youth exiting foster care placement.</p>	<input checked="" type="checkbox"/> CAPIT <input type="checkbox"/> CBCAP <input type="checkbox"/> PSSF <input checked="" type="checkbox"/> N/A / IVE Waiver Funds	<p>Applicable Outcome Measure(s) and/or Systemic Factor(s): C1.2--Median Time To Reunification (Exit Cohort)</p>
<p>Action Steps:</p>	<p>Timeframe:</p>	<p>Person Responsible:</p>
<p>A. Identify probation population needing aftercare services in order to reunify with family at earlier times. (March 2014 – Sept. 2014) Needed to extend timeframe as RFP was being finalized and still in process after many meetings and upcoming bidders conference</p> <p>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 September 2015) See above answer</p> <p>C. Train probation officers in referring youth for aftercare services (September 2014 – December 2015) Same as above answer</p> <p>D. Refer youth to aftercare program (September 2014 2015 – December 2015) Same as above</p> <p>E. Evaluate program for aftercare services (Jan 2016 – March 2018) Same as above –Evaluators cannot be determined until Provider is in place</p>	<p>March 2014 –March 2018</p>	<p>Probation Management and staff, Children and Family Services, use of consultants,</p> <p>Jeff Rackmill, Behavioral Health Care Services (BHCS)</p> <p>Probation Management</p> <p>Probation Management and BHCS</p> <p>TBD</p>

Probation Department

Five-Year SIP Chart - Alameda County

<p>Strategy 2: Improve data integrity in CWS/CMS case management system to reflect accurate number of youth in the appropriate level of care</p>	<input checked="" type="checkbox"/> CAPIT <input type="checkbox"/> CBCAP <input type="checkbox"/> PSSF <input checked="" type="checkbox"/> N/A IVE Waiver Funds	<p>Applicable Outcome Measure(s) and/or Systemic Factor(s): 2F--Timely Monthly Caseworker Visits in Residence</p>
<p>Action Steps:</p>	<p>Timeframe:</p>	<p>Person Responsible:</p>
<p>A. Identify open cases in CWS/CMS who are out of compliance in this outcome measure (April 2014 through May 2014) Review and examination of open cases is an ongoing process. Assessment and identification of open cases was completed when reviewing with CDSS.</p> <p>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 March 2015 – December 2015) In process and also requires training</p> <p>C. Close appropriate probation cases in CWS/CMS (July 2014 through September 2014 March 2015 – July 2015) In process</p> <p>D. Increase accessibility of CWS/CMS to key probation staff and obtain appropriate training (July 2014 through December 2014 March 2015 to December 2015) Includes training time</p> <p>E. Train key probation staff in utilization of Safe Measures and Business Objects for continuous quality improvement (Jan February 2015 through March 2015 October 2016) same as above and account for staff turnover</p>	<p>April 2014 – March 2018 September 2019</p>	<p>Probation Services Coordinator, Community Based Organization through contracted services</p> <p>Probation Management</p> <p>Probation Management</p> <p>Probation Management</p> <p>Probation Management</p>

<p>Strategy 3: Develop data driven guideline/criteria tool for probation staff and Screening for Out of Home Services (SOS) Committee;</p>	<input checked="" type="checkbox"/> CAPIT <input type="checkbox"/> CBCAP <input type="checkbox"/> PSSF <input checked="" type="checkbox"/> N/A IVE Waiver Funds	<p>Applicable Outcome Measure(s) and/or Systemic Factor(s): C 1.3 Reunification within 12 months (entry cohort)</p>
<p>Action Steps:</p>	<p>Timeframe:</p>	<p>Person Responsible:</p>
<p>A. Identify researcher to help ACPD develop a structured decision making tool for use by DPO’s and SOS Committee. (March 2014) NCCD identified</p> <p>B. ACPD will conduct sample profile of placement youth for criminogenic and social needs analysis; (April 2014) Profile completed and analysis was done; sample grid developed with finalization pending.</p> <p>C. Researcher will interview key Court Stakeholders and SOS Committee for key criteria when considering removal to out of home care. (April 2014) Completed</p> <p>D. ACPD and Researcher will construct and pilot the tool. (May 2014) Completed</p> <p>E. Implement tool and identify tracking of recommendations and court disposition outcomes. (May 2014 May 2015)</p>	<p>April 2014 through March 2018</p>	<p>Probation Management, Families, Youth, Court Stakeholders; consultants, Children and Family Services</p>