ALAMEDA COUNTY BOARD OF SUPERVISORS

** MINUTE ORDER **

The following was action taken by the Board of Supervisors on February 6, 2007

Approved as Recommended ☑ **Other** ☐

Unanimous ☑ **Carson** ☐ **Lai-Bitker** ☐ **Miley** ☐ **Steele** ☐ **Haggerty** ☐ **5**
Vote Key: N=No; A=Abstain; X=Excused

Documents accompanying this matter:

☐ **Resolution(s)**_____
☐ **Ordinance(s)** _____
☑ **Contract(s)** **C 2007-15**

MAR 1 6 2007

File No. **21786**
Item No. **6**

Copies sent to:

S. Harris, M. Torow & C. Adams

Special Notes:

I certify that the foregoing is a correct copy of a Minute Order adopted by the Board of Supervisors, Alameda County, State of California.
ATTEST:
Crystal Hishida Graff, Clerk of the Board
Board of Supervisors

By:_____
Deputy

Alameda County
Social Services
Agency

Chet P. Hewitt
Agency Director

Thomas L. Berkley Square
2000 San Pablo Avenue, Oakland, CA 94612
510-271-9100 / Fax: 510-271-9108
chewitt@co.alameda.ca.us
www.co.alameda.ca.us/assistance

January 19, 2007

Honorable Board of Supervisors
Administration Building
Oakland, CA 94612

Dear Board Members:

SUBJECT: Title IV-E Waiver – A plan to Reform the Delivery of Child Welfare Services in Alameda County

RECOMMENDATION:

In order to reform the child welfare system in Alameda County, better support at-risk families, and reduce the need for children to be placed in foster care, it is recommended that your Board:

- Approve and authorize the Board President to sign the Title IV-E Waiver Capped Allocation Demonstration Project (CAP) Plan for submission to the California Department of Social Services for final State approval.

SUMMARY/ DISCUSSION:

This letter requests action by your Board for approval and authority so that the Social Services Agency (SSA) may submit the County's Five Year (2007 – 2012) Title IV-E Waiver Capped Allocation Demonstration Project (CAP) Plan for final approval by the California Department of Social Services (CDSS). At present, federal funding for the child welfare system is oriented primarily toward supporting activities that remove children from their parents. California has negotiated a waiver with the federal government that will allow counties to redirect funds toward activities that better support at-risk families and are likely to reduce the need to place children in foster care. Although SSA serves the great majority of Alameda County's foster children, a significant number are also served by the Probation Department. Accordingly, SSA has worked with the Probation Department to develop Alameda's proposal.

Alameda was one of a handful of counties that worked closely with the state on the design of the California Waiver and the negotiation with the federal government. SSA staff have developed a plan to use the flexibility afforded by the Waiver to redesign child welfare system in the County. The plan is designed to operationalize the following goals:

- Safely maintain children in their homes, reducing the rate at which they enter foster care;
- When out-of-home placement is necessary, place children in the lowest/least expensive appropriate level of care;
- Reduce re-entry rates into the foster care system;
- Increase successful, permanent, timely reunifications of children with their families;
- Increase timely guardianships and adoptions; and
- Better support emancipating youth.

System changes necessary to redefine the child welfare system, supporting the above goals, will be phased in over the life of the Waiver.

The Waiver agreement specifies federal financial participation in the program for counties that opt in, and requires that the state/county meet maintenance of effort requirements. The federal payments are built off a base period including federal fiscal years 2002 – 2005, and allow for two percent annual inflation. This is beneficial to Alameda County, since Alameda's foster care caseload was significantly higher during the federal base period than it is at present. The state contribution, which was specified through a series of discussions with the state, is built off the actual amount of state money spent on foster care in state fiscal year 2005 – 2006, and the State Administrative Allocation to the county for 2006 – 2007, grown at two percent a year.

SSA and Probation have discussed the financial aspects of the Waiver and have reached agreement that SSA will pass through to Probation a capped and indexed allocation (derived from agreed-upon baselines) to support both Probation foster care administration and assistance expenditures.

The Waiver language requires that the county maintain its level of commitment to the child welfare system. SSA has been conferring with the County Administrator's Office regarding the financing of this project.

Submitting this plan is the next step in the process of implementing the waiver. However, before actual implementation occurs (projected for April 1, 2007), the Memoranda of Understanding must be finalized between the county and the state and between SSA and the Probation Department. SSA anticipates having MOUs ready for final approval and signature in March.

SELECTION CRITERIA/PROCESS:

Not applicable.

FINANCING:

In SSA's financial modeling, and in its discussions with the state and the County Administrator's Office, SSA has assumed that the current county level of investment in child welfare/foster care services would continue throughout the life of the Waiver.

Sincerely,

Chet P. Hewitt
Agency Director

Donald H. Blevins
Chief Probation Officer

CPH:DK

Attachment: Two original Title IV-E Waiver plans for signature by the President of the Board.

c: County Administrator
County Auditor-Controller
County Counsel

V:/BoardLetters/2007/IV-E_Waiver_Board_Letter_rev5

C2007-15

ALAMEDA COUNTY

SOCIAL SERVICES AGENCY AND PROBATION DEPARTMENT

TITLE IV-E WAIVER

CAPPED ALLOCATION DEMONSTRATION PROJECT (CAP)

FIVE-YEAR COUNTY PLAN

CHET P. HEWITT
SOCIAL SERVICES AGENCY DIRECTOR

DONALD H. BLEVINS
CHIEF PROBATION OFFICER

MAR 1 6 2007

FEBRUARY 6, 2007

All CAP County Plans are expected to comply with the following requirements:

A. CAP County Plans with original signatures will be submitted to CDSS at:

California Department of Social Services,

IV-E Waiver Unit

744 P Street Mail Station 11-86,

Sacramento, CA 95814

Upon Board approval, an electronic copy of the submission will be sent to IV-EWaiver.CAP@dss.ca.gov. The original signed plan must be received by CDSS within seven days of the electronic copy submission date. No faxes will be accepted.

B. The CAP County Plan must be completed, signed, and dated by the County Welfare Director, Chief Probation Officer, and the Board of Supervisors.

C. Time Schedule

1. Board of Supervisors Approval	**February 6, 2007**
2. CAP County Plan submission to CDSS.	**February 9, 2007**
3. Executed State/County Memorandum of Understanding	**March 31, 2007 (no later than)**
4. Implementation of Waiver	**April 1, 2007 (tentative)**

D. Technical Assistance

Counties can contact staff in the IV-E Waiver Unit for technical assistance in the development of the CAP County Plan. Request for assistance should be sent to the following e-mail address: IV-EWaiver.CAP@dss.ca.gov.

IN WITNESS WHEREOF, the parties hereto have executed this Agreement as of the day and year first above written.

COUNTY OF ALAMEDA

By: _____
Signature

Name: Scott Haggerty
(Printed)

Title: President of the Board of Supervisors

Date: 3/1/07

By: _____
County Counsel Signature

Date: _____

SOCIAL SERVICES AGENCY

By: _____
Signature

Name: Chet P. Hewitt
(Printed)

Title: Social Services Agency Director

Date: 1/23/07

PROBATION DEPARTMENT

By: _____
Signature

Name: Donald H. Blevins
(Printed)

Title: Chief Probation Officer

Date: _____

APPROVED AS TO FORM
RICHARD E. WINNIE

By _____

Alameda County Contacts:

Waiver Coordinator - *Randall Hudson, ACSSA CWS Policy Analyst, 510-891-0719, HudsoR@ACGov.org*

Fiscal - *Dan Kaplan, ACSSA Financial Director, 510-271-9130, Dkaplan@ACGov.org*

CWS Program/Policy - *Carol Collins, ACSSA Assistant Agency Director, 510-780-8600, Collic@ACGov.org*

Evaluation - *Tom Clancy, ACSSA Evaluation, 510-271-9187, Tclancy@ACGov.org*

County Profile:

Describe the county's population trends, CWS needs, goals and outcomes. Counties must attach portions of the County's SIP that correspond to the areas in which the county proposes to target in the plan. Highlight other initiatives, programs and/or pilot/demonstration projects that the county is currently implementing.

DEMOGRAPHIC PROFILE

Demographic information presented here for Alameda County is analyzed by population, health, childcare, housing, education and employment/income. Using a theoretical framework (the Ecological Model) that recognizes the many factors involved in examining racial/ethnic disparities in caseloads and outcomes, as well as the relationship between poverty and child involvement in the child welfare system, allows Alameda County Social Services Agency and Probation Department to serve our children and families with a fairness that protects and respects their dignity. Using the Ecological approach to understand the population we serve addresses not only the individual issues that youth and families face, it also addresses the interpersonal, organizational and community level factors that create a much clearer picture and allows for a more appropriate intervention. This report includes a general county description and a report on the cities of Oakland and Hayward.

Population

Alameda County grew from 1.2 million in 1990 to 1.45 million in 2000, a 10% increase[1]. In the last five years the population has decreased to 1.42 million. There are 187,243 households with one or more people under 18 years old. Children ages 17 and under make up a quarter of the county's total population at 356,892[2].

Alameda County is ethnically and economically diverse. Twenty-seven percent of the population is foreign born and just under 37% of the population reports speaking a language other than English at home.[3] The ethnic/racial composition of the county's total population for persons under 18 is compared to the county's total population in the table below:

[1] U.S. Census Bureau, State and County Quick Facts.
[2] U.S. Census Bureau, American Community Survey 2005
[3] U.S. Census Bureau. Census 2000.

Table 1.1

Alameda County	Total Population 2005 (American Community Survey)		Children 0-17 2005 (Children Now Data Book)	
African American	182,796	**12.9%**	52,463	**14.7%**
Asian	344,060	**24.2%**	84,583	**23.7%**
Hawaiian/Pacific Islander	9,448	**0.7%**	3,212	**0.9%**
Hispanic/Latino	297,212	**20.9%**	108,495	**30.4**
Other	8,756	**0.6%**	2,498	**0.7%**
Multiracial	40,900	**2.9%**	20,343	**5.7%**
White	533,065	**37.5%**	85,297	**23.9%**
Total	1,421,308		356,892	

Perhaps the most startling demographic statistic is that Alameda County Children and Family Services (CFS) receives referrals for, and removes from their homes, a significantly greater percentage (approx. 40%) of African American children than their percentage in the population (14.7%). This is not the only place that African Americans experience Disproportionality. African Americans have lower birth rates relative to Hispanic/Latino, Asian, and White populations.[i] The infant mortality rate has been twice the rate of other racial/ethnic groups for the past decade. African Americans are having fewer children than other racial/ethnic groups and those children have a greater risk of dying between ages 0-1. From birth to age four they have a three times greater risk of being hospitalized for asthma than other groups.[ii] In Alameda County 43% of arrests and 73% of CYA commitments are African American youth under 18. [iii] Although African Americans in Alameda County face disproportionate challenges to their health, livelihood and well-being from infancy to adulthood, over-reliance on the deficit model does not create solutions. CFS and the Probation Department seek to create a clear picture of the state of the county and all the populations we serve. With this picture in hand we will be able to collaborate with other county agencies to employ evidence-based prevention and treatment programs that will help maintain familial integrity while increasing their self-efficacy.

Figure 1.1 Alameda County Race/Ethnicity Categories Compared by Age Groups

Persons in thousands

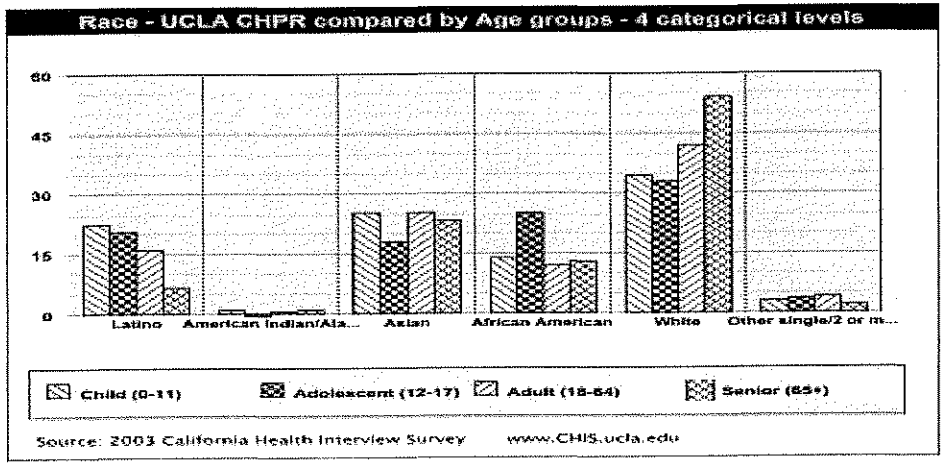
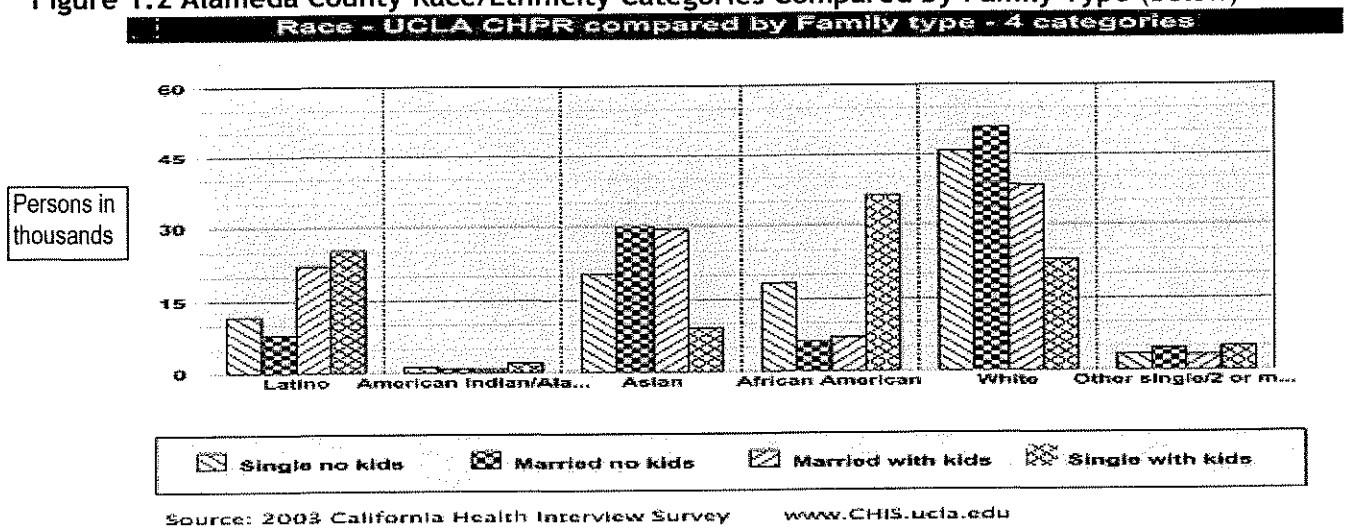


Figure 1.1 compares the age groups with each racial/ethnic category from 2003. First it shows that the Latino population is growing, with the greatest number in their population being ages 0-11 and 12-17, around 42,000 total. This appears to be correlated to CFS's growing number of Latino/Hispanic children entering the system. Latinos have a much smaller number of seniors (just over 10,000), particularly in relation to Whites, whose largest group is seniors (almost 50,000), and the largest age group in the population. Whites also have the greatest number of people in every age group. The Asian population has mostly equal numbers between the categories, with a noticeable deficit in adolescents; a trend mirrored by the Native American/Alaskan population. Interestingly African Americans display of the opposite trend, with mostly equal numbers for three age groups, and almost double the number of adolescents compared to any other group, an important factor to be aware of when planning population-specific programs.

Figure 1.2 Alameda County Race/Ethnicity Categories Compared by Family Type (below)



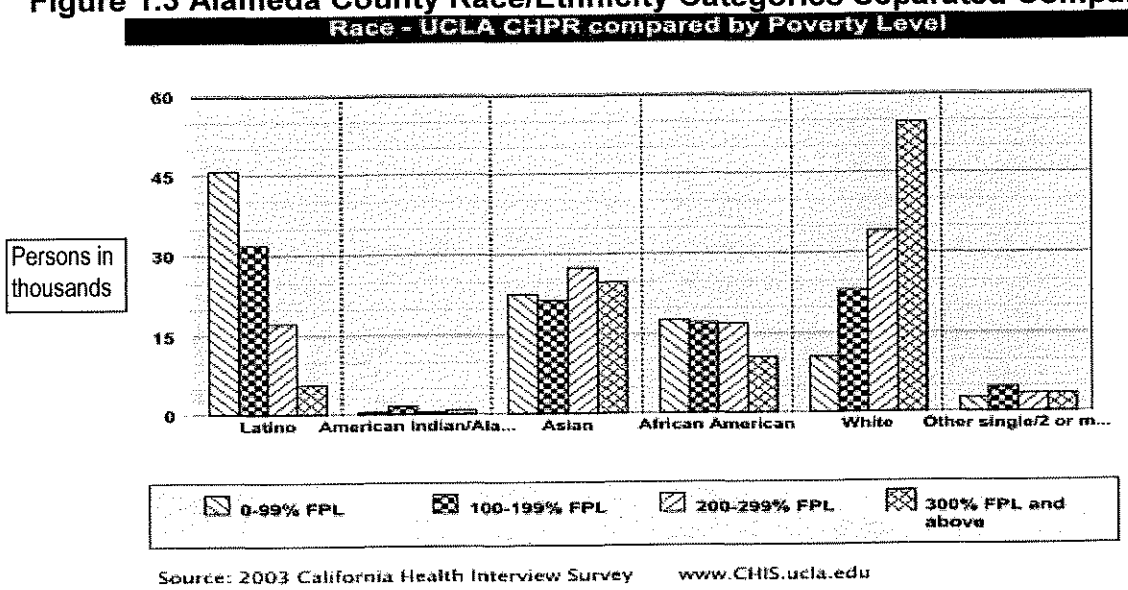
Another snapshot of the population in figure 1.2 shows the family profiles of the Racial/Ethnic groups. What stands out initially is that the profile of each racial/ethnic group is markedly different. The Latino population is heavily weighted in the two categories with children, single and married, single with children being slightly higher. **It is unusual to be married and not have children in the Latino population.** Alameda County has been able to reduce the teen birth rate in every ethnic group except Latina teens, which may account for a significant percentage of the single with children category in this group. **African Americans largest group is single with children; but they have low numbers in both married categories, with twice as many single people with no children and three times as many single people with children.** The Native American/Alaskan population has a much smaller difference between the different categories and a slightly higher number of single people with children. The Asian population is again very different from the African American, with a predominant number of people being married, with or without children. A smaller number are single without children and a much smaller number are single with children. It is clear that there is a high priority placed on getting married in the Asian population, and perhaps a greater social stigma of having children out of wedlock. The White group has the highest numbers in all categories except single with children, where African Americans exceed it. **The greatest numbers of White people are married with no children and single with no children. Married with children is significantly lower than the other two.** It appears to be a trend for Whites to delay both marriage and having children after marriage.

Poverty

Significant pockets of poverty persist in various communities across Alameda County. Over 14% of all children in 2005 were living in households below the Federal Poverty Level, which is consistent with the percentage in 2000. Of the 340,752 families in Alameda County 52,940 (15.5%) earned less than 25,000 in 2005.(ACS)

Figure 1.3 below provides 2000 US Census data regarding the percent of the population in Alameda County living below the poverty level by race and age. The information includes the percent of each racial group living below the poverty level as well as the percent of all children under the age of eighteen in each racial group living in poverty.[iv] These measures reflect differences in household size and composition. For example, the poverty threshold for one person in 1999 was $8,501 and $17,029 for a family of four.[v] Figure 1.3 below shows which how many people in each racial/ethnic group live at the 0-99% FPL, 100-199% FPL, 200-299% FPL and those who live at ≥ 300% the Federal Poverty Level.

Figure 1.3 Alameda County Race/Ethnicity Categories Separated Compared by Poverty Level



The most prominent trend in Figure 1.3 is that the Latino and White profiles are a mirror of each other. The majority of the Latino population are between 0-99% FPL, and the majority of Whites live at 300% or above the FPL, the largest two groups in the population. The Latino numbers trend down as the FPL percentage increases, while the White numbers trend down as the FPL decreases. The Asians were very close in all four categories,

with the largest number being 200-299%FPL. The African Americans are also similar in 3 out of the 4 categories, with a marked decline in the 300%or above category. Native American/Alaskan and Other/Biracial are both similar across the categories with a slight rise in 100-199% FPL.

Neighborhood Service Delivery

In 2002 CFS initiated neighborhood services delivery based on a geographic analysis of substantiated abuse by zip code. The results of that analysis resulted in 3 identified geographic "focus areas" of South Hayward, East Oakland, and West Oakland. Our ACSSA Evaluation and Research division has begun to partner with UC Berkeley to expand on identifying target neighborhoods and mapping their demographic trends, services and resources. Until that project is completed sometime in 2007, CFS has continued to focus its efforts in the already mentioned geographic "focus areas" [Hayward (South) and Oakland (East and West)].

Hayward

Hayward is similar to the county profile in median household income, poverty level, home ownership, and unemployment rates. It has lower rates of high school dropouts and health insurance coverage with higher housing costs. While there is a more equitable income distribution, there are more low-paying jobs and a higher cost of living. Hayward is more diverse than the county with a higher proportion of Hispanic/Latinos and multiracial populations with a lower proportion of White, Asian and African American populations. A quarter of Hayward residents speak Spanish and 10% speak an Asian language at home. The three leading causes of death were heart disease, cancer and stroke (50% of all deaths in 2004). A study by the RAND institute suggested that one of the reasons that Hayward has a higher homicide rate than the rest of the U.S. is that the city has a younger population than the country. In 2000, 58% of the nation's population was over 30 while Hayward's rate was 53%; correlating to increases in homicide victimization and offending rates that consistently peak in early adulthood.

South Hayward has a population of 37,639 residents, 40% of which were not born in the United States. This neighborhood is more diverse than the rest of Hayward, or Alameda County, with 40% of Hispanic origin, 40% White, 20% Asian, 7% Mixed Race, and 8% African American. Nearly 80% of the households are families[vi]. Neighborhoods with the highest poverty rates have the worst health outcomes, specifically Eden, Tennyson and Downtown with high rates of tuberculosis, diabetes-related hospitalizations, and all cause mortality as well as teen births[vii]. South Hayward accounts for approximately 18% of all foster care entries countywide.

Oakland

Oakland's population has a greater proportion of African Americans and Hispanic/Latinos with a lower proportion of Whites and Asians than the county. Twenty percent of the population speaks Spanish at home and 10% speaks an Asian language at home. Home ownership is much lower in Oakland than in the county.

Poverty in Oakland has a wide variance based on neighborhood. While the city as a whole has less than 10% of its population in poverty, West Oakland has neighborhoods with up to 40% of its inhabitants living in poverty. One in three children aged 5 were living in poverty in 1999. These geographic locations have large inequalities in income as well. Unemployment rates rose sharply from 2000 to 2002 and have flattened out since then, but have remained much higher than the county in general. Oakland has the second highest homicide rate and highest number of rapes for a city in California. Although homicides in Oakland peaked in 1992 (165) and then declined until 1999 (60), they have trended upwards in the subsequent years, with a significant spike in 2006 estimated to be as high as 150 for the year.[viii] West Oakland accounts for approximately 12% of foster care entries while East Oakland accounts for approximately 27% of foster care entries.

Health

In terms of health factors, African Americans consistently rank at the bottom in outcomes for mortality and morbidity in the major categories of Health Coverage, Maternal and Child Health, Injury and Violence, and Death.

The number of children without health insurance skyrocketed from 26,000 in 2001 to 33,000 in 2003. Twice as many children (66,000) were without dental insurance in 2003, while 69% of third graders are experiencing dental disease. Other key areas for attention are that, for African Americans, only 60% of African American children were fully immunized, they had the highest percentage (12.4%) of low birth weight babies, and startling higher rates of asthma for children under 5 years of age.

In 2003, 16.3% of Alameda County children had asthma, which exceeds the California rate and HP2010 national objectives (2.7 times higher). Asthma rates for African American boys were 5 times higher than for Asian Pacific Islanders and 3 to 4 times higher than for Whites and Latinos. Over the last decade African American rate has been consistently 2.2 to 2.5 times the county rate

Infant mortality rates in the state of California have steadily fallen over the last 10 years, from 7.0 deaths per 1000 in 1994 to 5.2 in 2003. Rates for all ethnicities have fallen as well, but the rate for African Americans in 2003 was twice as high as the state (12.3). Alameda County has followed the downward trend. Although African Americans rate also declined during that time, it was not statistically significant and remained 1.5 to 2.5 times higher than the county rate. The infant mortality rate in 2003 in Alameda County was 4.5 (97 deaths), lower than the state, but higher than

neighboring counties of Santa Clara (4.1), Contra Costa (3.6), and San Francisco (3.1). The rate for African Americans countywide was 11.7. The rate for African Americans worsens when specific zip codes are examined and can be characterized by high levels of health and socioeconomic risk factors for infant mortality.[ix]

A quarter of CalWORKs recipients have a child with a health problem that requires intensive personal care to the extent that they could not seek full-time work[x]. Children in low-income families have a 40% higher rate of some form of disability than the general population; which may be because children with disabilities create greater financial burdens for already at-risk families[xi], causing them to slide deeper into poverty. Alameda County Public Health Department reported this year that:

> *African Americans bear the burden of the greatest health inequities. Among Alameda County's race/ethnic groups, African Americans fair the poorest on most key measures of morbidity and mortality examined in this report. They have the highest rate of death from all causes, as well as the highest rates of both death and illness from coronary heart disease, stroke, along cancer, prostate cancer, asthma, motor vehicle crashes, and homicide/assault. African Americans also have the highest rates of new AIDS cases, diabetes hospitalizations, and deaths from unintentional injury, all cancer, breast cancer, and colorectal cancer. Infant mortality, low birth weight, and low childhood immunization rates also take greatest toll on African Americans.*
>
> *Alameda County 2006 Health Status Report, Dept. Of Public Health*

In spite of the dismal statistics, there are a few key exceptions and progress has been made in a few key areas with suicide rates and teen births decreasing dramatically in the African American community. Of note, Latina teen births do continue to be five times higher than for White or Asian teens. Other positive trends, during the past decade, are the percentage of women seeking early prenatal care, which has increased among every race/ethnic group in Alameda County.

Other encouraging recent developments are that Alameda County Social Services Agency has actively participated in an outreach effort to enroll eligible children in available health and dental insurance programs[xii], with such success that it was named a state leader in the effort[xiii] and the Governor of California announced plans to expand the number of health care clinics in public schools, especially in low-income neighborhoods[xiv]. In addition, Public Health Department is evaluating the possibility of re-starting the Nurse Family Partnership Program, which has been shown nationally to have excellent and far reaching outcomes[xv]. Both programs would provide an excellent opportunity for CFS to expand collaboration efforts with other agencies and allow us to reach children and families through prevention and onsite treatment. Other programs that Alameda County potentially can partner with are the Urban Strategies Council, Children Now and the First Five Foundation, Oak to 9th Community Benefits Coalition, Safe Passages and Lower San Antonio Collaborative (Oakland).

Mental Health

Alameda County Social Services Agency and Probation Department partner with Alameda County Behavioral Health Care Services for a range of mental health services for children and families with a good portion of these services being Title XIX Medicaid EPSDT funded. Alameda County's Maternal and Child Health Needs Assessment made mental health one of its priorities for the next five years. In particular the program has found that WIC clients and women in Domestic Violence shelters commonly experienced depression and did not have adequate support and resources to get help. The assessment also reported that children at the greatest risk for mental health issues were those experiencing poverty, low birth weight, caregiver separation or abuse and neglect, essentially listing those children and families that Alameda County CFS serves.

Child Care

In 2005 the cost of full time licensed childcare ranged from $8000-$12500[xvi]. A needs assessment completed for Alameda County[xvii] found that an Alameda County family with two working parents earning the median income of 68,000 is likely to spend a third of that income on childcare for an infant and a preschooler. The needs assessment also predicted that by 2010 there will be a childcare gap between the number of children needing care and the number of slots available. The deficit in slots is expected to be 1600 for preschoolers, 3600 for infants/toddlers and 13,500 for school age children. In 2004 difficulty finding childcare was cited, along with lack of transportation, as the two primary barriers to CalWorks recipients being able to get a job[xviii].

Housing

Housing costs are extremely high, particularly for those under or near the poverty level. For example, the monthly fair market rent in 2003 represented 54% of the income for families earning 200% of the federal poverty level.[xix]

The housing market in Alameda County has seen sharply rising prices with low interest over the last several years, with a slowdown in the last year. While all ethnic groups increased their rate of home purchasing from 2001 to 2003, African Americans started and ended at a much lower rate. Only 7% of the African American population applied for home loans and 23% of those applications were denied[xx].

A comprehensive survey of Alameda County's homeless residents in 2003[xxi] found that 4,460 adults used homeless services and were accompanied by 1,755 children. It is estimated that an even larger population has housing or marginal housing and still utilizes emergency food, shelter and homeless services. Half of the adults were female, and over half (54%) were African American. While the majority of the homeless individuals were found in

Oakland and Berkeley, a homeless person with children was more likely to receive services outside of those cities. Homeless service users were twice as likely to be involved with CFS (20%) in comparison to the general population (10%), and 70% were institutionalized by the criminal justice system. All of those receiving services experienced high levels of physical, mental and behavioral health problems; between 40-50% were classified disabled.

Education

Alameda County has a highly educated population. Over 34% of the adult population has a college degree or higher. Eighty-two percent of adults are high school graduates. However, educational deficiencies continue to restrict the economic possibilities for low-income residents. Almost 10% of all young people ages 16-19 were not employed and not in school in 2000. Twenty percent of new mothers and 18% of new fathers had fewer than 12 years of education in 2003. Only 40% of high school students in Alameda County graduate with the academic skills required to enter the University of California or California State University system. Between 2002 and 2004 just under a quarter of African American and Hispanic youth (24.1% and 22.7% respectively) were prepared to enter the U.C. or C.S.U. systems while over half (48.4%) of white students met the entrance requirements.[xxii]

Alameda County public school system has a racially diverse student population. Hispanic and White students both equal about a quarter of the county enrollment, with Hispanic/Latino slightly higher. African American and Asian are also close at 17.3% and 19.3% respectively. African Americans, Asians and Filipinos represent at over twice the state percentage, while Hispanic/Latino is almost 20% lower than the state. White is 8% lower.

The county school system struggles with achieving high levels of educational attainment for all children. African American and Latino children have a higher drop out rate, lower scores on the high school exit exam, make up over half the special education population with a designation of Emotional Disturbance,[4] are less likely to take the SAT (college entrance exam), and, of those who take the SAT, are less likely to score 1000 or higher than white children.

While white students are over-represented in the total enrollment for Special Education, Asian, Filipino, and Pacific Islander students are under-represented. African American students are also over-represented in Special Education, especially with designations of Mental Retardation, Specific Learning Disorder, and Emotional Disturbance.[5]

For additional demographic indicators please see the Appendix.

County SIP Identified Outcome/Systemic Factors

The following elements extracted from Alameda County's Children and Family Services System Improvement Plan are directly supported by Alameda County's IV-E Waiver Plan:

- Decrease the percentage of African American children in all out-of-home placements, including relatives (*Number and Rate of Children in Care).*
- Reduce First Entries to care for African American children *(CWS Participation Rate - Number and Rate of First Entries).*
- Recruit, retain and support county licensed and approved resource families.
- Recruit, train and retain resource families.
- Collaborate with all resource families, Foster Family Agencies (FFAs) and congregate care providers on ways to improve permanency outcomes.

County SIP Identified Safety Outcome Targets

- Children are maintained safely in their homes whenever possible and appropriate.
- Families have enhanced capacity to provide for their children's needs.

County SIP Identified Permanency Outcome Targets

- Increase the percentage of children with only 1-2 placements over a one-year period. Reduce (*Multiple Foster Care Placements, Measure 3B and 3C).*
- Children have permanency and stability in their living situations without increasing reentry to foster care (*Rate of Foster Care Re-Entry, Measure 3F and 3G).*
- Increase the number of children placed with kin who make permanent commitments that result in exits from foster care and dependency dismissal (*Length Of Time To Exit To Reunification, Measure 3E and 3A).*

SIP Identified Well Being Outcome Targets

- Use of least restrictive foster care placements, reducing the number of children placed in congregate care. (*Foster Care Placement in Least Restrictive Settings, Measure 4B).*
- The family relationships and connections of the children served by the Child Welfare System will be preserved, as appropriate (*Foster Care Placement in Least Restrictive Settings, Measure 4B).*
- Children receive services adequate to their physical, emotional, cultural and mental health needs. *(Under development).*
- Children receive services appropriate to their educational needs (*Children Transitioning to Self-Sufficient Adulthood, Measure 8A).*
- Youth emancipating from foster care are prepared to transition to adulthood (*Measure Children Transitioning to Self-Sufficient Adulthood, Measure 8A).*

The IV-E Waiver Plan expands on the County SIP by specifically addressing the following outcomes:

Safety Outcome:

- Recurrence of Maltreatment (Measure 1A and 1B).

Permanency Outcomes

- Length of Time to Exit Foster Care to Adoption (Measure 3D and 3A).
- Increase the number of emancipating youth that achieve Self-Sufficiency and decrease the number that experience pregnancy, welfare dependency, homelessness, and poor health outcomes.

Update on Current "Family to Family" CWS Reform Efforts

As Alameda County Social Services Agency (ACSSA), Department of Children and Family Services (CFS) moves forward, the four core Family 2 Family strategies are becoming integrated into practice.

Building Community Partnerships (BCP) involves a number of our community-based-organizations (CBOs) with Another Road to Safety (ARS) being a central component of public/private service delivery. ARS started about four years ago and we have recently received a $600k federal grant to expand the program to include West Oakland. Along with the other two existing collaborative in East Oakland and South Hayward, the expansion into this third community is significant in that about 70% of the children who enter foster care reside in these three communities.

The **Bay Area Heart Gallery** is a community outreach traveling photography exhibit, which involves 9 public agencies, 15 non-profits, 30 photographers, and scores of volunteers. The Heart Gallery made its debut in Alameda County on April 24, 2006 and has been traveling throughout the area since. The Gallery's goal is to raise community awareness about the needs of children and youth in foster care and to promote adoption and permanency.

The **Permanent Youth Connections** section, in conjunction with the community based organization (CBO) Family Builders by Adoption, is working on securing permanence for more than 200 youth between the ages of 12 to 17 over the course of a five year period. Family Builders, in collaboration with CFS, received a 1.5 million dollar Adoption Opportunities grant from the Federal Government. Our goal is to work with youth and families to secure a permanent connection for older youth and maintain the birth family relationship.

Another reform effort underway is the implementation of **Reunification Celebrations** for families that have successfully reunified. This entails a celebratory gathering of newly reunified families and staff, with food provided and a brief program focused on their success and fortitude at overcoming major obstacles.

Team Decision Meetings (TDMs) have been expanded and now include all new intake and changes of placements. The TDM has proven to be a significant tool to more fully engage staff, parents, youth, many service providers, and informal supports. Since its implementation in September 2004, well over 2,050 TDMs have been conducted.

Summary of TDM activity for 2005				
Risk of Placement	Emergency Placement	Placement Move	Placement Exit	Total
195	744	354	31	1324
15%	*56%*	*27%*	*2%*	*100%*

Seventy one percent of all TDMs conducted in 2005 were for new intakes where children were at risk of placement or had been removed and placed in protective custody. The other TDMs involved Placement Moves (27%) and Exits from Placement (2%). The TDMs for children entering the Child Welfare system resulted in 57% of children being placed out of home (with kin or non-kin) and 43% of the children being returned to, or maintained at, home. This is a much higher rate of children being returned home at the intake point than the historical pattern in Alameda County.

Resource Development and Support (RDS)

The RDS workgroup is structured to specifically address F2F workplan issues and its meetings focus on specific goals in each of the three categories of Recruitment, Development, and Support. There are a number of strategies underway to address one of the department's most pressing problems, which is the dire need for county-licensed foster homes. Our current projects include:

Recruitment: Faith Based Recruitment Effort, Bay Area Heart Gallery, LGBTQ (lesbian, gay, bisexual, transgender, questioning youth) Targeted Recruitment Media campaign, "Recruitment is Everybody's Business" (RIEB) staff and Resource Parent engagement.

The **Alameda County Faith Initiative** is a collaboration between ACSSA and local faith/religious institutions. The diverse membership consists of faith leaders from approximately 80 mosques, temples, churches, synagogues, halls and religious/faith institutions throughout Alameda County. This partnership was forged to ensure that no child leaves foster care without a permanent lifelong connection to a family or caring individual. Our goal

in working with the faith community is to recruit an additional 400 county-licensed foster homes over the next three years. A major marketing campaign is underway and the message is that we are committed to putting every child on the "Pathway to Home."

Development: PRIDE (Foster Parent Training) has been enhanced with structural modifications to the program - expanding the target population - and the development and utilization of a PRIDE database. Over the past six months, the PRIDE training program was expanded for resource and adoptive parents and was integrated with our existing licensing process. We trained 14 families in our first three PRIDE classes in the fall of 2005. We are in the process of evaluating changes to the structure that would allow us to train more families, as we hope to have an influx as a result of our Faith-based Recruitment Initiative, the Bay Area Heart Gallery, and the LGBTQ recruitment efforts.

The development and implementation of a one-tier foster care approach, **"One Child, One Home"**, is another development priority for the agency.

Support: - Develop and implement **Resource Parent Mentoring Program**, assessment of resource parent needs - to increase membership, full engagement with the **Foster Parent Association**, regular **"Teas"** for Resource Parents and CFS staff, and ongoing publication of support services available to Resource Parents.

In February 2005, Alameda County began earnest efforts to engage birth parents in new and exciting ways. Birth parents who have successfully reunified were recruited, from a parent support group offered through the County's Family Preservation Program, to participate in a **Parent Leadership Team.** Parent Leaders are now co-facilitating Parent Orientation Groups for incoming parents, as well as, attending departmental meeting and conferences to help inform agency practice. These Parent Orientation classes have been very successful in that all evaluations from participants have been positive - stimulating parents to engage and request more time and information. Upon attending the first meeting, there is about a 95% retention rate through to the third meeting.

In June 2006, **Parent Advocates** began working more intensively with incoming parents new to the Child Welfare System. This critical strategy is aimed at expediting and increasing the number of successful reunifications. Parent Advocates have been chosen from our Parent Leader Team and they are parents who have successfully reunified with their children and had their cases closed. Parent Advocates are available to support newly incoming parents in their case plan activities such as accessing resources, attending appointments, helping with housing resources, and encouraging regular visitation with their children. This is a very exciting program and has shown positive results in Contra Costa County and other parts of the

country.

In the near future, **Icebreaker Meetings** will be implemented. These meetings will be held with the biological parent, the resource parent, and a facilitator to discuss the child's needs while in foster care. The goal of this meeting will be to help transition the child into out-of-home care while minimizing the trauma of being removed from their birth families. It is hoped that Icebreaker meetings will help dispel myths that resource parents have about birth parents, and vice versa, so they can create a team-approach to meet the needs of the children in foster care.

Data Integrity Self-Evaluation

The DISE (Data Integrity Self-Evaluation) Workgroup has done some reorganization and reevaluated its direction, overall purpose, and goals to support Children and Family Services management in decision-making that relates policy and programs to outcomes.

DISE goals are to understand and explain the Child Welfare Review process, identify our data and information sources and understand their interactions, support management and staff by relating the data from their programs to the AB636 outcomes of Safety, Permanency and Well Being in order to evaluate the impact of program interventions on those outcomes.

DISE Activities:

- **"Data Bytes"** emails go to all CFS staff with a focus on outcome measurements and how they relate to practice.
- **Data Roadshow**,is a user-friendly data presentation for staff and community and is a collaborative with Chabot/Las Positas Community College District's Training and Development Solutions. New material is rolling out in Summer and Fall 2006.
- **Regular Updates** to information with a focus on the Child Welfare Review process, the AB 636 Outcome Measures and the California Children and Family Services Review, which includes the Self-Assessment Plan (SAP), the Systems Improvement Plan (SIP) and the Peer Quality Case Review (PQCR).
- **Racial Disproportionality of African American children** continues to be a focus of CFS in several areas including, reducing the numbers of children coming into care, increasing placements with relatives and facilitating reunification of short and long term care youth. Efforts to insure these goals are met are conducted though improving service access, promoting economic stability and increasing cultural competency in CFS. Although there has been a decrease in the number of African American children with first entries into foster care in recent reporting periods, there is still a significant disproportion of African American children coming into care.

Other Initiatives

The **Group Home Family Preservation Program (GH FPP),** which was piloted for six months, has now been fully incorporated into CFS practice. This work by a team of dedicated Child Welfare Workers continues to have dramatically successful results, as youth placed in group homes are getting connected with their families, often being reunited and able to leave foster care or move out of group home care into kin placements. Initial reports indicate that 43 youth have been reconnected and/or reunited with kin.

The **California Permanency for Youth Project (CPYP)**, a project of the Public Health Institute, started in January 2003 as a result of a five-year grant awarded by the Stuart Foundation. This grant has since been extended through 2009. The Project Vision is to achieve permanency for older children and youth in California so that no youth leaves foster care without a lifelong connection to a caring adult. Alameda is one of four counties receiving technical assistance to develop programs to achieve permanency for more youth. Alameda County has developed a youth permanence plan that includes the following target areas: administrative practices, permanency practice, identification of the project target group, staff development, partnerships, involvement of youth in finding their own permanency, and integration with other initiatives.

The **Youth Engagement Workgroup** is charged with fulfilling the CFS's commitment to better engage youth in a meaningful way, including the possibility of creating a speaker's bureau and advisory counsel. In the initial efforts to create the membership of this work group, it was discovered that CASA, Foster Youth Alliance (FYA), and the ILSP auxiliary were all in various stages of creating their own youth engagement process. The group has agreed to merge efforts, and is in the process of hiring a part time, former foster youth, to focus on engaging youth at the planning table.

California Connected By 25 Initiative (CC25) is a multi-partner collaborative between ACSSA and various community partners and is funded, in part, by the Charles M. Schwab Foundation. CC25 enables the Alameda County Independent Living Skills Program (ILSP) and the associated ILSP Auxiliary to more fully serve emancipating and emancipated youth. CC25I aims to connect these youth to a comprehensive continuum of services that prepare them to live independently and successfully by the age of 25. As part of this project, the Alameda County Foster Youth Alliance (FYA) is a membership-based coalition of 24 service providers and community organizations and has become the hub of network activity working to maximize the capacity of its members to serve emancipated youth. This project proposes to develop a case-management model for connecting a cohort of 75 emancipated youth to an expanded array of intensive comprehensive support services. These services will include mentoring, housing referrals, health care (physical and mental), education and employment skills training, leadership development opportunities, and financial literacy. The project will also include a the formation of a Youth Advisory Board to provide youth with an opportunity to have direct input into programs related to aftercare services.

Since 2002, after receiving a small grant and ongoing technical assistance from the California Center for Research on Women and Families, ACSSA has engaged in a **Linkages Pilot Project**. The Linkages pilot project is part of a statewide effort to improve coordination between CalWORKs and Child Welfare. Linkages provides coordinated and cohesive case planning and service delivery to families who receive services from both CalWORKS and Child Welfare. Linkages has set out to better provide economic and employment resources while simultaneously strengthening family interactions through case management. Linkages provides a single point of entry for dually-active clients by coordinating the activities of the Child Welfare Workers (CWW) and Employment Counselors (EC), and including both an EC and CWW in Team Decision Making (TDM) meetings for Linkages families.

Another key initiative is the agency's implementation of the long anticipated **CalWIN System** with its associated **Foster Care Eligibility** business process changes and subsystem development.

Other Key Family to Family Strategic Goals from the 6/13/06 Site Visit

1. Address Disproportionality
2. Initiate Re-Engineering (examine workforce issues and placement concerns)
3. Deeper/differential work with RDS Strategy - enhance Resource Family Support
4. Building Community Partners -(BCP) enhance relationships with service providers
5. Enhanced Concurrent Planning Model
6. Improved Communication (internal/external)
7. Youth Engagement

For specific Family to Family Outcome Goals and Strategy Implementation Plans please refer to the Appendix.

Waiver Implementation: *Provide a detailed description for each of the following:*

Objectives for Flexible Funding *- Describe what the county is trying to achieve that it could not do without the use of flexible funding.*

Specific goals for Alameda County's IV-E Waiver Capped Allocation Plan demonstration are directly in line with the Federal Terms and Conditions for the State of California:

- To improve the array of services for children and families and engage families through more individualized approaches that emphasize family involvement;
- To increase child safety without an over-reliance on out-of-home care;
- To improve permanency outcomes and timeliness;
- To improve child and family well being.

By proposing to participate in the Title IV-E Waiver (Capped Allocation Plan), Alameda County Social Services Agency and Probation Departments (PD) aim to utilize spending flexibility for a series of proactive reinvestment strategies to better direct financial resources away from expensive congregate care and ineffective services to prevention, early intervention, and long-term support strategies that serve youth and their caretakers with engaging, cost effective, localized, familial, and neighborhood and mentor-based supports.

Redirecting financial resources from the existing congregate group home care model to family-based resource homes and community-based services that more directly engage children and families with health, mental health, education, social, and self-sufficiency supports will achieve higher levels of safety, permanency, and well-being. [xxiii], [xxiv]

General strategies that Alameda County will employ include the expansion of early intervention and preventive service partnerships (e.g. Another Road to Safety (ARS)), development of Therapeutic Foster Care (TFC) homes, enhancing the County's Group Home Family Preservation (GH FPP) home finder program for group home (GH) youth, strengthening Family Reunification efforts, employment of intensive level-of-care assessment and "placement matching" for foster youth, and consistent use of Structured Decision-Making (SDM) Risk Assessments for FC entries, placements, and reunification.

Alameda County understands that policies for effective social service programs center on social development and well being of children and families which, based on role modeling and mentoring, have shown significant improvements in health, education, and safety.[xxv,xxvi] Additionally, specific interventions that utilize a mentoring approach have a documented history of reductions in substance abuse[xxvii] and juvenile delinquency.[xxviii] Particularly relevant to Child Welfare and Probation foster youth are the therapeutic foster care (TFC) models that have produced dramatic improvements in academic performance, social adjustment, and reductions in substance abuse and delinquent conduct for youth traditionally in GH care, who are provided placement in a foster home, and receive significant one-to-one mentoring with a foster parent.[xxix] It is noteworthy to add that a 2004 study by the Center for Disease Control (CDC) found that, in addition to lower rates of juvenile delinquency, significant cost savings were achieved by the use of TFC versus the use of GH care.[xxx]

Alameda County would like to explore the effects of foster care rate restructuring for Group Homes and Foster Family Agencies with the intent to provide incentives for better outcomes (earlier reunification, Adoption, Guardianship, or preparedness for emancipating youth).

Alameda County also intends to explore housing supports for high-risk families and emancipating youth. Redirection of traditional FC funding streams/services to more comprehensive peer-based sober living environments that allows parents and children to reside together, as well as, the development of an "Emancipation Village" for transitional age youth, both of which can provide the necessary long-term structural supports that reduce the risk of future maltreatment and entry into out-of-home care.

Waiver Logic Model - *Describe the county's implementation process using a logic model. What are the on-going actions associated with the county's program. Use the logic model format provided* ***in Attachment A.*** *For more information on how to complete a logic model access the following link: http://www.friendsnrc.org/outcome/toolkit/evalplan/logic/index.htm. Ideally, a logic model will contain concise information on the key steps the county will take during the CAP demonstration.* (NEXT PAGE)

Title IV-E Waiver CAP Logic Model					
Inputs – Focus Areas, Target Population	**Processes, Activities, Strategies, or Methods**	**Outputs** Tangible results of major processes in the org.	**Short Term Outcomes**	**Intermediate Outcomes**	**Long Term Outcomes**
1. To Increase The Number Of Children Who Remain Safely In Their Home Of Origin (Reducing FC Entry). Impact: To reduce the total number of new entries to foster care by 25% over 5 years. Data Baselines (FC Entries 2-year period, FY04-05 = 853, FY05-06 = 758, Average = 805 Targeted reduction would be 40 new entries per year for a total of 200 over 5 years. ARS children with Risk Assessments (Jan 04 - Dec. 05 = 146 children. Avg. = 73 per year Of all children who enter Foster Care, the relative percentage of African American children who enter care has a 5-year average of 45% from a high in FY01-02 of 50% to a low of 38% in FY04-05. For the most recent available reporting period (FY05-06) this percentage has jumped back to 46%.	1a. Expand to all ages countywide Differential/ Alternative Response (Another Road to Safety (ARS)) services that target families at-risk of entering foster care in our focus zip-code communities.	1a. Expand the target population to all children 0-18 years. Increase the number of referrals to ARS service providers. Increase the number of families served, and risk assessments done, by ARS before formal CWS involvement. CFS will receive fewer referrals, have fewer open cases, and bring fewer youth into FC, as a result of ARS services.	1a. Youth and families receive earlier intervention, more pro-active, culturally competent preventative services.	1a. Families are more effectively supported with helpful preventative services.	***Safety*** *1. Children are protected from abuse and neglect* *2. Children are maintained in their own homes.* *3. Decrease the rate of first time victims.* ***Permanency*** *1. Children have permanency and stability in their living situation.* *2. The continuity of family and community relationships and connections is preserved for children.* ***Well-Being*** *1. Families have enhanced capacity to provide for their children's needs* *2. Children have opportunities for healthy social, emotional, and academic development.*
1. cont'd - see above	1b. Develop Voluntary Diversion program.	1b. Increase the number of identified kin that can appropriately care for children before formal CWS involvement. .	1b. Connect youth to supportive kin.	1b. Encourage supportive family relationships between youth and kin.	***Safety*** *1. Children are protected from abuse and neglect* *2. Children are maintained in their own homes.* *3. Decrease the rate of first time victims.* ***Permanency*** *1. Children have permanency and stability in their living situation.* *2. The continuity of family and community relationships and connections is preserved for children.* ***Well-Being*** *1. Families have enhanced capacity to provide for their children's needs*

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					2. Children have opportunities for healthy social, emotional, and academic development.
2. To Increase the Percentage Of Children Whose Placement Care Level Is Appropriate (Maximizing Kin And Fictive Kin Placements). Impact: To increase the percentage of first placements with kin and fictive-kin from 7.2% to 15% over 5 years. Data Baseline Kin/NREFM (1st placements) = 51 (2 yr avg. July 1 2004-Jun 30, 2006) Targeted increase would be approximately 12 additional initial placements per year. Impact: To increase the percentage of relative and fictive-kin primary placement rate from 23 % to 35% over 5 years. Data Baseline Kin/NREFM = 975 (3 month average –Jan, Apr & July, 2006) Impact: To reduce the group home population by 50% over 5 years; Data Baseline GH = 378 (3 month average –Jan, Apr & July, 2006) Targeted reduction 38 per year for a total of 190 over 5 years.	2a-i. Implement the new Placement Model with "One Child, One Placement" philosophy, using CWW's for Relative Approvals and Placement. 2a-ii. Enhance the Relative Approval process at the Assessment Center with the ability to immediately approve identified Kin/Fictive-Kin (NREFM) caregivers. 2a-iii. Develop Kinship care supports (financial and therapeutic) in order to place and maintain children with kin.	2a. Increase the number and type of enhanced child and family-based support including financial, social support, and mental health resources.	2a. Provide an increasing number of children, parents, and kin reinforced Family and Kinship care supports (financial and therapeutic)	2a. Place and safely maintain more children with kin and fictive-kin.	***Safety*** *1. Children are protected from abuse and neglect.* *2. Children are maintained in their own homes.* ***Permanency*** *1. Children have permanency and stability in their living situation.* *2. The continuity of family and community relationships and connections is preserved for children.* ***Well-Being*** *1. Families have enhanced capacity to provide for their children's needs* *2. Children have opportunities for healthy social, emotional, and academic development.*

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2. cont'd – see above.	2b. Enhance Family Finding and engagement efforts for youth entering foster care.	2b. Increase the number of identified kin and fictive kin, as well as, placement with kin and fictive-kin.	2b. Connect FC Youth to supportive kin and fictive-kin.	2b. Encourage placement and supportive relationships between FC youth and kin/fictive-kin.	***Safety*** *1. Children are protected from abuse and neglect* *2. Children are maintained in their own homes.* *3. Decrease the rate of first time victims.* ***Permanency*** *1. Children have permanency and stability in their living situation.* *2. The continuity of family and community relationships and connections is preserved for children.* ***Well-Being*** *1. Families have enhanced capacity to provide for their children's needs* *2. Children have opportunities for healthy social, emotional, and academic development.*
2. cont'd - see above.	2c. Develop and enhance Licensed County Foster Homes.	2c. Develop 400 County Licensed Foster Homes, some of which have a therapeutic orientation.	2c. Redirection of children from placement in congregate group and foster family agency care into foster family-based support resources.	2c. Increase the number of youth that are placed in and connected to supportive county licensed foster homes.	***Permanency*** *1. Children have permanency and stability in their living situation.* ***Well-Being*** *2. Children have opportunities for healthy social, emotional, and academic development.*
2. cont'd - see above.	2d. Facilitate Relative Approvals by creating more responsive CLETS/Livescan capabilities at the Assessment Center.	2d. Increase the number of, and time to, Relative Approvals.	2d. Increase the number of placements with kin and fictive-kin.	2d. Foster youth will benefit from placement of with kin and fictive-kin.	***Safety*** *1. Children are protected from abuse and neglect* *2. Children are maintained in their own homes.* *3. Decrease the rate of first time victims.* ***Permanency*** *1. Children have permanency and stability in their living situation.* *2. The continuity of family and community relationships and connections is preserved for children.* ***Well-Being*** *1. Families have enhanced capacity to provide for their children's needs*

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					2. Children have opportunities for healthy social, emotional, and academic development.
2. cont'd - see above.	2e. Develop and implement a screening mechanism "Placement Matching" to ensure children are not placed into Group Homes unless appropriate. Perform more intensive Level-of-Care Assessments for group home youth that incorporate highly qualitative interviews between foster youth and current /prospective caregiver.	2e. Perform "Placement Matching (intensive Level-of-Care Assessments) for group home youth for every youth in care and find matching placements.	2e. Appropriate matching can yield increased reunifications and more permanent connections to kin and prospective Adoptive parents or guardians.	2e. Connections between family, kin, fictive-kin, and foster homes can reduce dependency on GH care and foster lasting supportive relationships.	***Permanency*** *1. Children have permanency and stability in their living situation.* *2. The continuity of family and community relationships and connections is preserved for children.* ***Well-Being*** *1. Families have enhanced capacity to provide for their children's needs* *2. Children have opportunities for healthy social, emotional, and academic development.*
2. cont'd - see above.	2f. Expand on current Family Finder (e.g. Group Home FPP, Dumisha Jamaa)	2 f. Expand the number of foster youth that receive GH FPP or Dumisha Jamaa services.	2f. Create strengthened, more seamless easy-to-access support, mutual contact, and mentoring resources between kin, fictive-kin, foster parents, and foster youth.	2f. Foster youth will be better connected (less isolated) to supportive family or "family-like" people and supports.	***Permanency*** *1. Children have permanency and stability in their living situation.* *2. The continuity of family and community relationships and connections is preserved for children.* ***Well-Being*** *1. Families have enhanced capacity to provide for their children's needs* *2. Children have opportunities for healthy social, emotional, and academic development.*
2. cont'd - see above.	2g. Eliminate the distinction between Emergency Foster Homes (EFH) and Regular Foster Home (RFH) rates.	Payment rates will be equalized between EFH and RFH removing incentives to do short term	2d. More permanent and stable concurrent planning placements.	2d. Enhanced permanence for foster youth.	***Permanency*** *1. Children have permanency and stability in their living situation.* *2. The continuity of family and community relationships and connections is preserved for children.*

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		short-term temporary care. Reduce the number of placement changes.			***Well-Being*** *1. Families have enhanced capacity to provide for their children's needs* *2. Children have opportunities for healthy social, emotional, and academic development.*
3. To Increase The Number Of Children Who Are Reunified Safely, Permanently, And Timely (Reducing FC RE-ENTRY). **Impact: To increase the percentage of successful reunifications to 60% over 5 years.** **Data Baseline** **These measures will need to be defined more fully including timeframes.** **Current overall reunification rate within 12 months = 52.7% for state measure 3A and = 81.6% for Federal measure 3E.** **Impact: To reduce the total number of re-entries to foster care by 20% over 5 years.** **Data Baseline** **The percentage of children re-entering foster care within 12 months after reunification is 66 of 393 children reunified between 7/1/03 to 6/30/04.**	3a. More consistently perform SDM Risk Assessments on all children and families formally involved with Child Welfare Services, including discussion of SDM in all TDMs.	3a. CFS to perform SDM Risk Assessments on all (100%) of families/children served by CFS and ARS	3a. Incorporate SDM findings into providing targeted and effective services for children and families at high-risk for abuse and neglect.	3a. Informed decision-making based on SDM Risk Assessments will better serve families at high risk and reduce the likelihood of involvement (or re-involvement) with CWS.	***Safety*** *1. Children are protected from abuse and neglect* *2. Children are maintained in their own homes.* *3. Decrease the rate of first time victims.* ***Permanency*** *1. Children have permanency and stability in their living situation.* *2. The continuity of family and community relationships and connections is preserved for children.* ***Well-Being*** *1. Families have enhanced capacity to provide for their children's needs* *2. Children have opportunities for healthy social, emotional, and academic development.*
3. cont'd - see above	3b. Expand Reunification TDMs	3b. Increase the number of Reunification TDMs	3b. Increased Reunification TDMs will enhance case plan activities that support reunification.	3b. Improved case plans will enhance the success of reunifications.	***Safety*** *1. Children are protected from abuse and neglect* *2. Children are maintained in their own homes.* *3. Decrease the rate of first time victims.* ***Permanency*** *1. Children have permanency and stability in their living situation.* *2. The continuity of family and community*

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					relationships and connections is preserved for children. ***Well-Being*** *1. Families have enhanced capacity to provide for their children's needs* *2. Children have opportunities for healthy social, emotional, and academic development.*
3. cont'd - see above	3c. Expand CWS-CalWORKs Linkages.	3c. Linkages ET III to attend all Reunification TDM's to review the family situation for eligibility for all aid types and to process necessary applications for CalWORKs, Food Stamps, and Medi-Cal, as appropriate.	3c. Linkages ET III is to be attached to current FM units to enroll and engage families in utilizing available benefits.	3c. Linkages ET III will ensure the receipt of on-going benefits prior to all dismissals. (Duration of involvement to be determined).	***Safety*** *1. Children are protected from abuse and neglect* *2. Children are maintained in their own homes.* *3. Decrease the rate of first time victims.* ***Permanency*** *1. Children have permanency and stability in their living situation.* *2. The continuity of family and community relationships and connections is preserved for children.* ***Well-Being*** *1. Families have enhanced capacity to provide for their children's needs* *2. Children have opportunities for healthy social, emotional, and academic development.*
3. cont'd – see above.	3d. Implement vertical case management (case continuity) on a case by case basis for cases moving between programs, such as FR to FM, FR to PYC, and PYC to FM.	3d. Decrease the number of case workers assigned during the life of a case.	3d. Foster youth and families will experience fewer "worker disruptions."	3d. Youth and families will form better and longer-lasting working relationships with Child Welfare Workers enhancing communication and attachments.	***Safety*** *1. Children are protected from abuse and neglect* *2. Children are maintained in their own homes.* *3. Decrease the rate of first time victims.* ***Permanency*** *1. Children have permanency and stability in their living situation.* *2. The continuity of family and community relationships and connections is preserved for children.* ***Well-Being*** *1. Families have enhanced capacity to provide for their children's needs* *2. Children have opportunities for healthy social, emotional, and academic development.*

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Inputs – Focus Areas, Target Population	**Processes, Activities, Strategies, or Methods**	**Outputs** Tangible results of major processes in the org.	**Short Term Outcomes**	**Intermediate Outcomes**	**Long Term Outcomes**
3. cont'd – see above.	3e. Develop and implement Family-to-Family "Icebreakers"	3e. Perform a series of Icebreakers in the first year.	3e. Icebreakers will facilitate more normative and frequent visits in foster homes, parent's homes, friend's homes, churches, etc.	3e. Enhanced interaction between, the foster home, parent, and child are beneficial.	***Safety*** *1. Children are protected from abuse and neglect* *2. Children are maintained in their own homes.* *3. Decrease the rate of first time victims.* ***Permanency*** *1. Children have permanency and stability in their living situation.* *2. The continuity of family and community relationships and connections is preserved for children.* ***Well-Being*** *1. Families have enhanced capacity to provide for their children's needs* *2. Children have opportunities for healthy social, emotional, and academic development.*
4. To Increase The Percent Of Timely Guardianships And Adoptions. Impact: Increase the percentage of timely adoptions by 20% over 5 years. Data Baseline Adoption within 24 months, the current adoption rate = 4.7% for state measure 3A and = 29.3% for federal measure 3D. Adoption Exits were 14% (177 / 1283) of all Exits in 2005. Impact: Increase the percentage legal guardianships established by 20% over 5 years. Data Baseline The percentages of legal guardianships for 2005 are: 3% Kin-Gap (44/1283) & 6% (83 / 1283) Other Guardianships.	4a. Implement Permanency TDMs, renewing the County's commitment to alternate permanent plans (Concurrent Planning) that lead to Adoption or Guardianship.	4a. Establish Concurrent Plans early in the life of a CWS case.	4a. More children will achieve permanence (Adoption or Guardianship) more quickly.	4a. Research on adopted children, through age 18, shows that approximately $65,422 to $126,825 is saved for every child who is adopted rather than placed in long-term foster care.	***Permanency*** *1. Children have permanency and stability in their living situation.* *2. The continuity of family and community relationships and connections is preserved for children.* ***Well-Being*** *1. Families have enhanced capacity to provide for their children's needs* *2. Children have opportunities for healthy social, emotional, and academic development.*

Title IV-E Waiver CAP Logic Model					
Inputs – Focus Areas, Target Population	**Processes, Activities, Strategies, or Methods**	**Outputs** Tangible results of major processes in the org.	**Short Term Outcomes**	**Intermediate Outcomes**	**Long Term Outcomes**
For all Alameda County children who entered foster care for the first time from April 2004 to March 2004, 5.9% were adopted. The statewide average for the same time period was 7.0%. *Of those Alameda County children that exited during 2005, 14% (n=177) were adopted. For the same period, the Statewide percent was 21%.*					
4. cont'd – see above	4b. Develop permanency expertise (for all staff) to connect foster youth with kin, fictive-kin, and foster families willing and able to provide a permanent home.	4b. Increase the number of permanency options for foster youth.	4b. Connect more youth with more permanent and supportive family, or family-like, living options.	4b. Appropriate connections between youth and supportive family environments can provide critical long-term attachment and stability.	***Permanency*** *1. Children have permanency and stability in their living situation.* *2. The continuity of family and community relationships and connections is preserved for children.* ***Well-Being*** *1. Families have enhanced capacity to provide for their children's needs* *2. Children have opportunities for healthy social, emotional, and academic development.*
5. To Increase/Develop Supports For All Foster Care Exits (Reducing FC Re-Entry). **Impact: Reduce the number of disrupted adoptions and Legal Guardianships in years 3, 4, and 5 of the Waiver by a percentage to be determined after the baselines are established.** **Data Baseline** **Would need to be established for these measures.** **Impact: To reduce the total number of re-entries to foster care by 20% over 5 years.**	5a. Establish a data baseline for disrupted Adoptions and Legal Guardianships in years 1 and 2 of the Waiver.	5a. Track the number of disrupted Adoptions and Legal Guardianships.	5a. Identifying disrupted Adoptions and Guardianships will allow for enhanced understanding of the dynamics involved.	5a. Development of strategic interventions to prevent disrupted Adoptions and Guardianships.	***Permanency*** *1. Children have permanency and stability in their living situation.* *2. The continuity of family and community relationships and connections is preserved for children.* ***Well-Being*** *1. Families have enhanced capacity to provide for their children's needs* *2. Children have opportunities for healthy social, emotional, and academic development.*

Title IV-E Waiver CAP Logic Model					
Inputs – Focus Areas, Target Population	**Processes, Activities, Strategies, or Methods**	**Outputs** Tangible results of major processes in the org.	**Short Term Outcomes**	**Intermediate Outcomes**	**Long Term Outcomes**
Data Baseline The percentage of children re-entering foster care within 12 months after reunification is 66 of 393 children reunified between 7/1/03 to 6/30/04.					
5. cont'd – see above	5b. Link Families to agency, community and neighborhood-based resources that support families with children with health, education, vocational, and social/recreational services.	5b. Increase the number of children and families that receive supportive services.	5b.Families with children will be better supported with community and neighborhood based resources.	5b. Appropriately connecting children and families with more and better supportive resources will decrease stress and isolation that at-risk families experience.	***Safety*** *1. Children are protected from abuse and neglect.* *2. Children are maintained in their own homes.* ***Permanency*** *1. Children have permanency and stability in their living situation.* *2. The continuity of family and community relationships and connections is preserved for children.* ***Well-Being*** *1. Families have enhanced capacity to provide for their children's needs* *2. Children have opportunities for healthy social, emotional, and academic development.*
5. cont'd – see above.	5c-i. Extend "After-Care" Services to reunified CWS families that need graduated home-based supports to maintain family unity. Develop community-based, ARS-like providers to provide after-care services. 5c-ii. Expand on current Parent Advocate-type programs for birth parents or guardians.	5c. Initiate services and increase the number of families that receive assistance from "After-Care" ARS and Parent Advocate type programs.	5c. Create more seamless easy-to-access support, contact, and mentoring resources for birth parents/guardians.	5c. Families will experience less stress and be better connected (less isolated) from supportive people and resources.	***Safety*** *1. Children are protected from abuse and neglect* *2. Children are maintained in their own homes.* ***Permanency*** *1. Children have permanency and stability in their living situation.* *2. The continuity of family and community relationships and connections is preserved for children.* ***Well-Being*** *1. Families have enhanced capacity to provide for their children's needs* *2. Children have opportunities for healthy social, emotional, and academic development.*

Title IV-E Waiver CAP Logic Model					
Inputs – Focus Areas, Target Population	**Processes, Activities, Strategies, or Methods**	**Outputs** Tangible results of major processes in the org.	**Short Term Outcomes**	**Intermediate Outcomes**	**Long Term Outcomes**
6. To Enhance the "Safety Net" For Transitional Age And Emancipating Youth. **Impact: All appropriate emancipation services will be provided to all emancipating youth. Emancipating youth will achieve higher levels of self-sufficiency and well-being.** Data Baseline Would need to be established for these measures. Of the 681 Transitional Age Youth age 16-18 473 (69%) are African American, 106 (16%) are White, and 81 (12%) are Hispanic.	6a. Expand and strengthen outreach efforts to **all** eligible youth and former foster youth. Expand seamless easy-to-access support services, contact with kin/fictive kin, and mentoring to strengthen long-term connections for transitional age and emancipating foster youth. (ILSP, THP, THP+, Beyond Emancipation, etc).	6a. Expand the number of services to transitional age and emancipating youth.	6a. Create more seamless easy-to-access (long-term) support, mutual contact, and mentoring resources for transitional age and emancipating youth.	6a.Transitional Age Youth will be better connected (less isolated) to long-term supportive resources.	***Permanency*** *1. Emancipating youth will have permanency and stability in their living situation.* *2. The continuity of family and community relationships and connections is preserved for children.* ***Well-Being*** *1. Emancipating youth have enhanced capacity to provide for their own needs.* *2. Emancipating youth have opportunities for healthy social, emotional, educational, and professional development.*

Program Assurances -

Describe how the county plans to ensure that program requirements such as IV-E eligibility determinations, provider payment requirements, and Division 31 will continue. If a county concludes a State Waiver is necessary for a specific compliance requirement, identify/describe the waiver being requesting.

Alameda County's plan will be implemented incrementally with all core CWS services (including FC Eligibility) to remain intact. Primary efforts to improve and sharpen business and fiscal processes with more frequent monitoring and oversight will ensure fidelity to IV-E eligibility criteria, Division 31, and any possible provider payment "rate restructure" changes and current requirements. Expanded eligibility of youth and families and expanded services to those youth and families will hinge on expanding and integrating a new ancillary services payment process into a revised FC Eligibility processes. In order to help ensure consistent and uniform tracking of all payments whether they are for IV-E eligible clients or services, Alameda County will pursue expanded eligibility outreach/linkages to ensure AFDC-FC (Title IV-E), Medi-Cal (EPSDT or Title XIX), CalWORKs (TANF), and "Waiver" services are delivered where necessary and appropriate. In addition, Alameda county will look to clarifying all contracted services Memoranda of Understanding to include enhanced accountability for client identification, service delivery units, efficiency, and efficacy.

Requested CDSS Director Waiver "Exemptions"

Unified Assessment - Coordinated Licensing, Relative and Adoptions Assessments (aka AB2161: Family Resource Pilot)

The current system requires duplication of efforts for fingerprints and "social study" assessments. Alameda County requests a waiver to demonstrate the effectiveness of a "Unified Assessment" and licensing process. Alameda County requests that the current language of this bill be incorporated into the Waiver.

Rate Restructure

The current rate system for GH, FFA, and FH does not support positive outcomes. Alameda County would like to engage with the provider community, Los Angeles County DCFS, and CDSS to explore a possible change to the way the foster care rate system is structured. Most importantly, Alameda would like to examine the role that a provider plays, vis-à-vis foster youth, so that additional financial and service "wrap-around" supports can be applied for youth as they are reunified with family, "stepped-down" to lower levels of care, or achieve permanency in the form of adoption or guardianship. At this juncture, Alameda would like to reserve the future option to bring forward and implement specific, and CDSS approved, plans for Rate Restructuring of all types of placement homes.

Planning Process and Community Support -

Describe the agency collaboration between Child Welfare Services and Probation and the proposed structure for the CAP implementation. Provide the names of local organizations, agencies, advocacy groups, caregivers, parents or parent organizations and the role or responsibility of the community partners in the development of the CAP County Plan.

County planning efforts to more effectively engage public and private community partners and stakeholders precede the formal development of this IV-E Waiver proposal. CFSR- Self-Assessment and System Improvement Plans, foundation collaborations (e.g. Casey Foundation Family to Family Initiative), Faith Initiative Foster Parent Recruitment efforts, Differential Response (Another Road to Safety (ARS)) in conjunction with Every Child Counts (Prop. 10)), GH & FFA Provider Network development and consultation are some of the most developed efforts to collaborate with community partners to date.

In October 2005, ACSSA held a large multi-day conference with CFS staff and community partners to participate in a 2-day "visioning retreat" to help guide the department into the future by developing a "road map" [Pathway to Home]. This "road map," in conjunction with the County System Improvement Plan (SIP), is an integral part of the County's effort to provide more effective services and better outcomes for children and families in Alameda County.

Collaboration between ACSSA and ACPD for this project will take the form of our IV-E Waiver - Integrated Policy Team (Waiver IPT) for policy and program coordination between organizations. This policy team will be comprised of various departmental representatives from administration, policy, program, and finance from each department.

Internal to ACSSA, a Waiver Workgroup has been established to include representatives from Agency Administration, Finance, Policy, Children and Family Services, and Evaluation.

More recently, ACSSA hosted a full-day Provider Network forum with more than 40 in attendance. Discussions concerning the Waiver and the new and expanded roles that GH, FFA, and other service providers might play are ongoing.

Additionally, ACSSA has continued meeting with the County Board of Supervisors Social Service Committee for public discussion of the Waiver and the strategies, initiatives, and financing involved. The final Board of Supervisors Hearing is scheduled for February 6, 2007.

Contracted Services *- Identify the services that will be contracted out and the purpose/need for contracted services, describe the standards of quality and safety and practice requirements the county has with providers.*

Below is a listing off all current contracts the CFS has with community agencies and partners.

Community Agency/Partner	Program Description	Community Agency/Partner	Program Description
American Indian Child Resource Cent	Child Abuse-Fee Funded	First Place Fund for Youth	Independent Living
Axis Community Health	CWS Health Related	First Place Fund for Youth	Transtl Hsng-Emancipated Youth
Bananas, Inc.	Child Care	Healthy Oakland, Inc	Children and Family Services
Bananas, Inc.	Child Care	Independent Living Skills Program	Independent Living
Bi-Bett Corporation	CWS Health Related	Independent Living Skills Program	Independent Living
Black Adoption Placement and Resear	Child Abuse-State Funds	Kairos Unlimited, Inc.	CWS Directs
Calico Center	Child Abuse-Fee Funded	Kidango	Child Abuse-Fee Funded
Chabot-Las Positas Community Colleg	Child Welfare Services	La Clinica de la Raza	Child Abuse-State Funded
Chabot-Las Positas Community Colleg	CARI Training	La Familia Counseling Services	Child Abuse-State Funded
Child Care Links	Child Care	Lankford, Raymond E.	Children and Family Services
Child Care Links	Child Care	Lincoln Child Center	Kinship Support Services Program
Children's Hospital - Oakland	Child Abuse-State Funded	Livermore Valley Joint USD	Child Care

Children's Hospital - Oakland	CARI Training	National Council on Crime & Delinq	CWS Directs
Children's Hospital - Oakland	Foster Parent Training/Recruitment	Open Heart Kitchen	Child Care
Children's Hospital - Oakland	CWS Health Related	Pivotal Point Youth Services, Inc	Child Abuse-Fee Funded
Community Child Care Coord Council	Child Care	Pivotal Point Youth Services, Inc	Independent Living
Community Child Care Coord Council	Child Care	Pleasanton Unified School District	Child Abuse-State Funded
East Bay Agency for Children	Child Abuse-State Funded	Prescott-Joseph Center	Family Preservation
Eden I & R, Inc.	CWS Directs	Robert Jemerson	Independent Living
Emergency Shelter Program, Inc.	Child Abuse State & Fee Funded	Safe Alternatives to Violent Enviro	Child Abuse-State Funded
F. M. Blake & Associates, Inc	Children and Family Services	San Francisco Foundation	Adoption Services
Family Emergency Shelter Coalition	Child Abuse-Fee Funded	Terra Firma Diversion	CWS Health Related
Family Paths, Inc.	Child Abuse-Fee Funded	The Refuge	FC Care of Court Wards
Family Paths, Inc.	CWS Directs	Tri-City Homeless Coalition	Transtl Hsng-Emancipated Youth
Family Support Services of the Bay	CWS Directs	Tri-City Homeless Coalition	Independent Living
Family Support Services of the Bay	CWS Directs	Upright Treatment Center	FC Care of Court Ward
Family Support Services of the Bay	CARI Respite	West Oakland Health Council, Inc.	CWS Health Related
Family Support Services of the Bay	Child Abuse-Fee Funded	14th Street Medical Group, Inc., Th	CWS Health Related
Family Support Services of the Bay	CWS Directs		

System Capacity Development *- Describe the county's organizational changes and information technology needs.*

Enhanced system integration, data collection, and analysis and coordinated system development are vital areas of concerted effort for Alameda County when attempting to better understand the nexus between fiscal outlays and service delivery efficacy. Key to this is the refinement and/or development of county business processes (including minor system code modifications) that will utilize CalWIN payment and case/client identification subsystems. Since the CalWIN system has an established link to the county payment system (AlcoLink), the overhead for implementation, maintenance and operations relates primarily to County CWS/FC Eligibility/Fiscal business processes, staffing, reporting, monitoring, and oversight. Expanding beyond tracking of payment and services to more general information technology needs, ACSSA looks to develop of a cross-program, intra-agency data warehouse that will allow for longitudinal and multi-dimensional analysis of fiscal inputs, service delivery, and client status across multiple domains and programs.

Cost and Budget Neutrality -

Describe the county's budget model including start-up and development costs. Describe the strategies for generating savings and/or matching funds needed to be budget neutral. Counties must provide the county fiscal template included as Attachment B.

Alameda County has compared projected baseline expenses to County, State and Federal revenue streams, in order to estimate the amount of "reinvestment capital" likely to be generated to support system change/improvement work. Projected expenditures are based on conservative estimates of salary and benefit cost increases of 6% and a caseload decrease of 1%. The revenues have been agreed upon by Alameda and CDSS in accordance with the Federal -California Terms and Conditions Agreement dated March 31, 2006. The table on the following page summarizes this analysis.

Alameda County IV-E Waiver Fiscal Analysis - Baseline Model

Revenues

	Federal	State	County	Total
Base Yr	$47,321,324	$36,037,042	$49,051,409	$132,409,774
2007	$49,725,436	$36,327,071	$49,051,409	$135,103,916
2008	$50,719,945	$36,719,577	$49,051,409	$136,490,930
2009	$51,734,344	$37,119,932	$49,051,409	$137,905,685
2010	$52,769,031	$37,528,295	$49,051,409	$139,348,734
2011	$53,824,411	$37,944,825	$49,051,409	$140,820,645
Total	**$258,773,167**	**$185,639,700**	**$245,257,043**	**$689,669,910**

Projected Expenditures

Waiver Yr	SSA Administration	Probation Administration	Assistance Payments	Total
2007	$51,781,180	$18,176,738	$60,305,267	$130,263,185
2008	$54,320,333	$18,176,738	$59,986,793	$132,483,863
2009	$56,999,935	$18,176,738	$59,520,243	$134,696,917
2010	$59,828,108	$18,176,738	$59,041,179	$137,046,026
2011	$62,813,452	$18,176,738	$58,566,430	$139,556,620
Total	**$285,743,007**	**$90,883,690**	**$297,419,913**	**$674,046,610**

Projected "Reinvestment Capital"		
Waiver Yr		Reinvestment Capital
2007		$4,840,731
2008		$4,007,067
2009		$3,208,768
2010		$2,302,709
2011		$1,264,025
Total		$15,623,300

This baseline model does not anticipate significant reductions in caseload costs due to system change investments. However, expenses will be monitored closely throughout the life of the waiver. If greater savings in caseload costs result, these too will become available for investment in system change/improvement activities.

Alameda is well positioned to capitalize on recent investments in innovative practices. For the first phase of this demonstration project, Alameda intends to strategically invest in promising pilots that have shown significant results to date. Specifically, Alameda County intends to invest in programs that affect level of care and the time that youth spend in foster care.

In a 2005 working paper, Dr. Fred Wulczyn, PhD., explains that costs associated with foster care are a direct function of how many children enter care, how long they stay, and their care setting. "We can refer to these [dynamics and outcomes] as the volume (the number of admissions to care), duration (length of stay in care), and unit cost parameters (...level of care)."[xxxi] Alameda County has adopted Dr. Wulczyn's framework and adapted it into a Strategy Matrix as noted in the Appendix.

For Alameda County, the key to implementing this framework is to focus on what we have referred to as "key filters" (see chart next page). As noted below, the basic elements of this model are Intake Filters, In-Care Filters, and After-Care Filters/Safety Net. These filters impact the flow of children and families through the Child Welfare System. Our goal is to apply the appropriate filter (or intervention strategy) at the appropriate point.

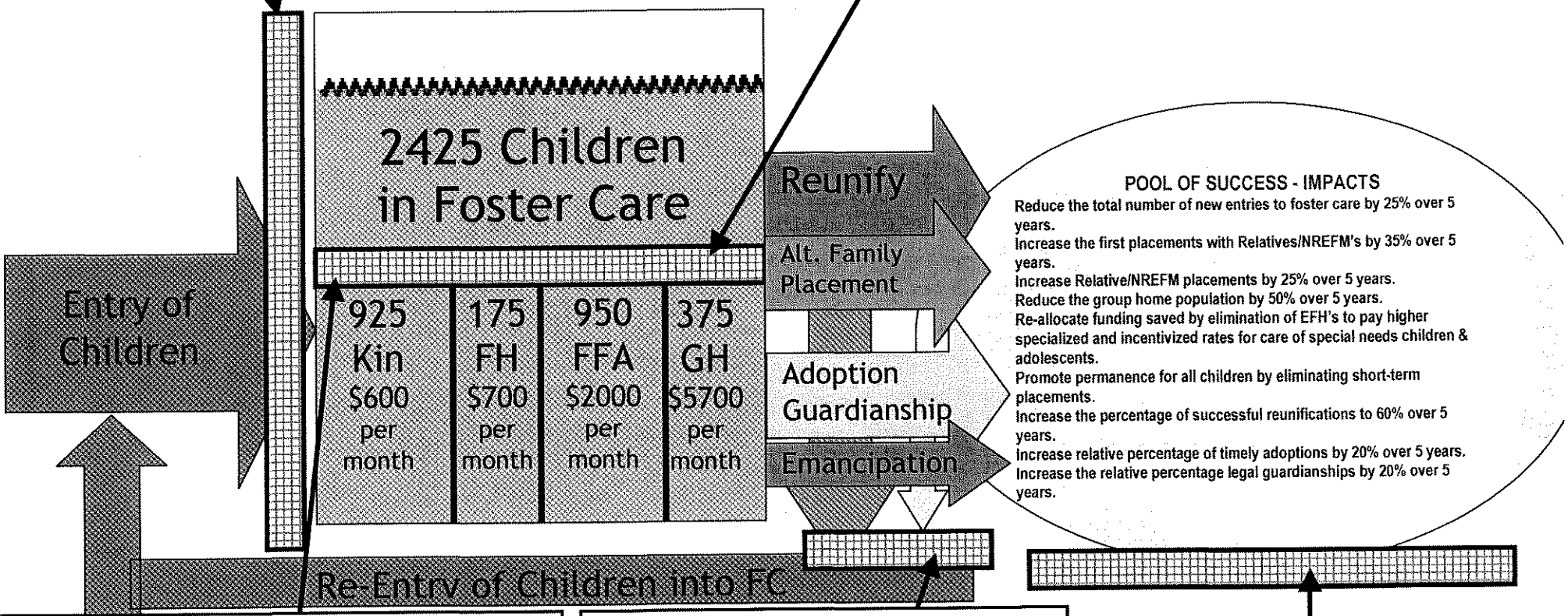
Alameda County has done a high-level cost-benefit analysis on a range of strategies. Our Logic Model (pgs 23-33) and "Tank" Flow Chart (below - next page) include interventions that we believe offer the most outcome improvement for the least cost. The strategies we propose to fund, as part of the first phase of our Waiver, all fall under the In-Care Filters of Goal 2 Appropriate Level of Care for Children in OHP, Goal 3 Increase Successful Reunifications, and Goal 4 Increase Timely Adoptions and Guardianships. Specifically, the interventions proposed are; Goal 2a-One Child, One Placement - CWW Relative Approvals, Goal 2b-Enhanced Family Finding, Goal 3b-Expand Reunification TDMs, Goal 3c-Expand CalWORKs-CWS Linkages, and Goal 4a Increase Timely Adoptions and Guardianships.

Staffing requirements for these strategies include two Eligibility Technicians, three Child Welfare Supervisors, four Specialist Clerks, and five Child Welfare Workers for a total cost of $1.6 million, a projected expense reduction of $4.8 million, and a projected net savings of $3.2 million.

Alameda County Title IV-E Waiver
Foster Care "Tank" Flow Model
(Jan. 2007)

"Intake Filters"
Goal 1: Safely maintain children in their homes.
a. Expand ARS
b. Voluntary Diversion

"In-Care Filters"
Goal 2: Appropriate Level of Care for Children in OHP.
a. *One Child, One Placement - CWW Relative Approvals*
b. *Enhanced Family Finding*
c. Develop more County Licensed FHs
d. Enhance CLETS/Livescan response at Assm. Center.
e. GH Placement Screen/Placement Matching
f. Continue GH Family Preservation and Dumisha Jamaa
g. Blend EFH and RFH.



"In-Care Filters"
Goal 3: Increase Successful Reunifications
a. Formalize SDM in TDMs.
b. *Expand Reunification TDMs.*
c. *Expand CalWORKs-CWS Linkages.*
d. Voluntary Vertical Case Management.
e. Implement F2F Icebreakers.

Goal 4: Increase Timely Adoptions and Guardianships
a. *Permanency "Concurrent Planning" TDMs*
b. "Permanency Expertise" in Placement Program

"After Care Filters"
Goal 5: Increase/Develop Supports for all FC Exits
a. Establish Baseline for Disrupted Adoptions and Guardianships.
b. Link Families to Post-Care Supportive Services.
c. Develop ARS-like "After Care" Services.

"Safety Net"
Goal 6: Enhance Safety Net for All Emancipating Youth
a. Expand Outreach to ***ALL*** eligible transitional-age and emancipated youth.

PM

Project Phase Down Description *- Describe how the county will ensure that children and families will not be harmed when the project ends in five years and in the event that the county opts out of the demonstration before the end of five years.*

If this demonstration project is proven successful, with better outcomes and more effective and cost neutral services, the County will actively seek to engage the Federal and State governments to fashion new policies to create a more permanent Title-IV-E CAP Waiver-style delivery system with appropriate growth factors to maintain stability and effective service delivery. It is hoped that both the State and Federal governments will endorse and support a county run Foster Care program that can produce marked improvement in outcomes for children and families, while maintaining cost neutrality, by acknowledging that continuity in funding is critical in supporting lasting permanent change. The County also feels it is critical that some long-term flexibility and durability be built into any revised CWS funding strategies in order to respond to rapidly changing environmental or demographic factors beyond the control of the County.

The criteria for continuing participation in the Waiver versus "Opting-Out" are also a paramount concern in regards to ending the demonstration project. The convoluted nature of our current system makes it a particular challenge to effectively and pro-actively serve children and families, while attempting to adhere to stringent foster care eligibility criteria. Alameda County recognizes there are significant challenges in implementing a different way of doing business and the County is committed to serving children and families more pro-actively and effectively while enhancing a FC eligibility and payment tracking system for all youth and families served. For the duration of the five-year demonstration project, Alameda County intends to track existing FC eligibility criteria for each foster care youth served under the Waiver and monitor the service delivery costs associated with them and their families. If "Opting-Out" is deemed necessary, the County would detail all Federally FC eligible and Non-Federally FC eligible clients served and then factor costs accordingly. For those services and costs that are not federal or state eligible, the County would look to any and all available funding sources both internally and from local community or foundation sources.

Alameda County is highly motivated in seeing a successful outcome for this Title IV-E Waiver Demonstration: the alternative is a continuation of business-as-usual, which serves few children and families well. We imagine a day where effective and cost neutral services are the norm for children and families. Alameda County has a vision that embraces best practices and better outcomes. It is with this vision that we aim to be model of what an effective foster care system can be, in light of the challenges facing poor and disadvantaged families in the 21st century.

Evaluation -

Describe the county's capacity to ensure that a county evaluation liaison will be appointed to act as a contact person and participate in various meetings/workgroups, procedures will be established to assure data is entered into CWS/CMS and that county documents are made available to the State and the evaluation contractor.

Alameda County is committed to doing extensive evaluation of the Waiver and welcomes collaboration with CDSS and the Contract Evaluator. Evaluation plans are in the preliminary stages of development and will center on the three primary aspects of program service delivery, financial impacts, and the federal/state Outcome Measures.

Alameda County Evaluation Contact
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TClancy@ACGov.org

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[xxx] Chamberlain, P., Moore, K., op. cit. Also see Chamberlain, P, Multidimensional Treatment Foster Care, Oregon Social Learning Center, July 17, 2006 retrieved from URL: http://www.helpingamericasyouth.gov/programdetail.cfm?id=362,
[xxxi] Wulczyn, F. (2005). Ibid. p.3.

Alameda County Title IV-E Waiver APPENDIX - January 2007

DEMOGRAPHIC APPENDIX

HEALTH

Table 1.2 Healthy People 2010 Outcome Measures for Alameda County, Oakland and Hayward

The Centers for Disease Control created a prioritized list of 28 health outcome goals, called Healthy People 2010 (HP2010). The HP2010 indicators that are prevalent for the families served by Children and Family Services in Alameda County are listed in the table below, with comparisons for County rates with the cities of Oakland and Hayward.

	Excerpts from the 2006 Alameda County Health Status Report	Oakland	Hayward
All Cause Mortality	• While mortality rates overall have declined in the past 40 years, the inequity in mortality between Whites and African Americans has grown larger • Except for Latinos, the mortality rate for each race/ethnicity increases with neighborhood poverty level	• The annual average death rate from all causes was 15% higher in Oakland than in the rest of the county. • Within Oakland the areas with the highest death rates are concentrated in East Oakland and parts of North and West Oakland neighborhoods.	• Hayward's mortality rate declined 17% from 1994 to 2004, but it still maintained a higher mortality rate than the county. • Life expectancy in general is lower for Hayward residents than the county.
Tuberculosis	• Although TB cases and case rates have decreased over the past five years in Alameda County, with an average annual rate of 12.4 per 100,000 population for 2002-2004, the rate is 1.5 times greater than the state rate. • 77% of TB cases occurred among persons born outside of the US	• Oakland's TB rate is 1.5 times the county rate and five times the national rate. • Males, Asian/Pacific Islanders, seniors and foreign born individuals are all at higher risk of having TB in Oakland.	• The majority of tuberculosis cases in Hayward were found in Asians and Latinos • 86% of all the cases were foreign born.
Sexually Transmitted Diseases	• AIDS cases, case rates and deaths have declined for all race/ethnic groups. However , African Americans of both genders continue to have rates several times greater than other race/ethnic groups. • Chlamydia rates among females aged 15-19 years was nearly three times the male rate	• Oakland's AIDS case rate of 32.3 per 100,000 is more than double the rate of Alameda County. • African Americans had an AIDS case rate three times higher than Whites. • Oakland bears a disproportionate burden of Chlamydia and gonorrhea in Alameda County.	• AIDS in Hayward has the greatest impact on Men, African Americans and those ages 30-39 • Adolescent and adult females have the highest rates of Chlamydia and gonorrhea.
Children's Health			
Asthma under 5 years	• Rates exceed California rates and HP2010 national objectives (2.7 times higher) • Rates for African American boys were 5 times higher than for APIs and 3-4 times higher than for Whites and Latinos • Over the last decade African American rate has been consistently 2.2-2.5 times the county rate	• High rates of asthma hospitalization among children were concentrated in North and West Oakland, and Downtown and Chinatown. • African American children were hospitalized for asthma four times more than White	

	Excerpts from the 2006 Alameda County Health Status Report	Oakland	Hayward
		children.	
Immunizations	• Seventy three percent of Alameda County children were fully up-to-date on their immunizations by two years of age which is well below the HP2010 objective of at least 90% • Only 60% of African American children were fully immunized, while 80% of Asian children were.		
Health Coverage			
Persons with health insurance	Alameda County has one of the lowest percentage of persons who are uninsured in the state- 8.4%	• Oakland has among the highest proportion of uninsured adults among cities in the county. It is estimated at 1.5 times higher. • Oakland bears a greater burden of persons who lack adequate access to health care are at risk for poor health as a result.	• Hayward has among the highest proportion of uninsured adults among cities in the county. It is estimated at 1.5 times higher. • Hayward bears a greater burden of persons whop lack adequate access to health care are at risk for poor health as a result.
Dental Health	• Overall 69% of Alameda County third graders have had dental disease, either treated or untreated. This figure is 64% higher than the HP2010 objective of 42 % • As school poverty level goes up so does the proportion of children with untreated tooth decay.		
Injury and Violence			
Intimate Partner Violence (IPV)	• In 2003 6,491 calls were made reporting Domestic Violence to police, and • 3,128 temporary restraining orders were filed in 2004[i].		
Intentional Injury	• Suicide rates are the highest among older White males, and has been 30-50% higher for Whites for the last decade. • Rates of self-inflicted injury declined over the last decade for every race/ethnic group except Whites. • Between 2000-2002 there were an average of 116 suicides per year[ii].	• The average annual number of suicides between 1999 and 2001 was 33. • Among both males and females in Oakland, self-inflicted injury hospitalization rates were highest between the ages of 15 and 54.	• Suicide was the third leading cause of death among adolescents and young adults 15-24 in Hayward.
Homicides	• Leading cause of death among 15-24 year olds. • Rates much higher for African American men and women • Homicide rates declined for every race/ethnic group in Alameda County until 2000 when they began to climb again among African Americans and Latinos	• Homicide was the leading cause of death of those 15-34 years old. • African Americans in Oakland have a homicide rate two times that of all the other races combined.	• Homicide was the 2nd leading cause of death among adolescents and young adults 15-24 in Hayward.
Unintentional Injury	• Leading cause of death among people 1-14 and 25-44 years old • Second leading cause of death for 15-24 year olds.	• In Oakland, unintentional injuries was the second leading cause of death for 15-34 year olds, but the leading cause for 1-14 year olds.	• Unintentional injury was the leading cause of death for 15-44 year olds in Hayward.
Maternal and Child Health			
Teen Births	• The teen birth rate in Alameda County was 31 per 1000 females aged 15-19 years.	• The rate of teen births among 15-19 year olds in Oakland is almost twice as high as the	• Teen pregnancy rates increase in areas where poverty is higher.

	Excerpts from the 2006 Alameda County Health Status Report	Oakland	Hayward
	• The teen birth rate in Alameda County has declined steadily since 1990. The decline among African Americans has been dramatic, while for Latinas it was minimal. • All race/ethnic groups show an increase in teen births at every increase of poverty level.	county rate. • The teen birth rate among Latino teens is five times higher than for White or Asian teens. • Teen births tend to be concentrated in poorer areas.	
Low Birth Weight	• During the last decade, the percentage of low birth weight (LBW) babies in Alameda County has remained approximately 7% higher than the HP2010 objectives of less than 5% • African Americans in Alameda County had the highest rate of LBW at 12.4%	• Oakland had an annual average of 524 live births, or 7.9% that were LBW between 2000 and 2002, significantly higher than the county rate of 6.8%	
Live Births	• The birth rate has decreased from 18.3 per 1000 people in 1990 to 14.4 in 2003. • In 2003, over half (52%) of the births were to foreign-born mothers.		
Early prenatal care	• During the past decade, the percentage of women seeking early prenatal care has increased among every race/ethnic group in Alameda County. • HP2010 goal is 90%	• The rate for early prenatal care in Oakland has increased from 73.6% in 1990 to 86% in 2002.	

HOUSING

Oakland

- According to HUD definitions, in 2003 in Oakland
  - 1,921 homeless adults, with 529 children used some form of homeless service
  - 627 of those adults are chronically homeless
  - Housed people also used homeless services, and the number is estimated to be larger than the number of homeless
- According to more inclusive community definitions, in 2003 in Oakland 2,206 homeless adults, with 699 children used some form of homeless service
- Over half of this population was male with a majority of Black services users, and a significant number reported White or Hispanic
- The population was fairly evenly matched in gender, with slightly less women then men
- 16% of the population were in couples and 13% had children with them
- 76% reported a criminal justice history
- 64% were disabled

EDUCATION SYSTEM PROFILE

This section provides a brief outline of the profile for the public educational systems throughout Alameda County.[iii]

Table 1.3 Total Enrollment for Alameda County and California by Ethnicity/Race for Academic Year 2005-6

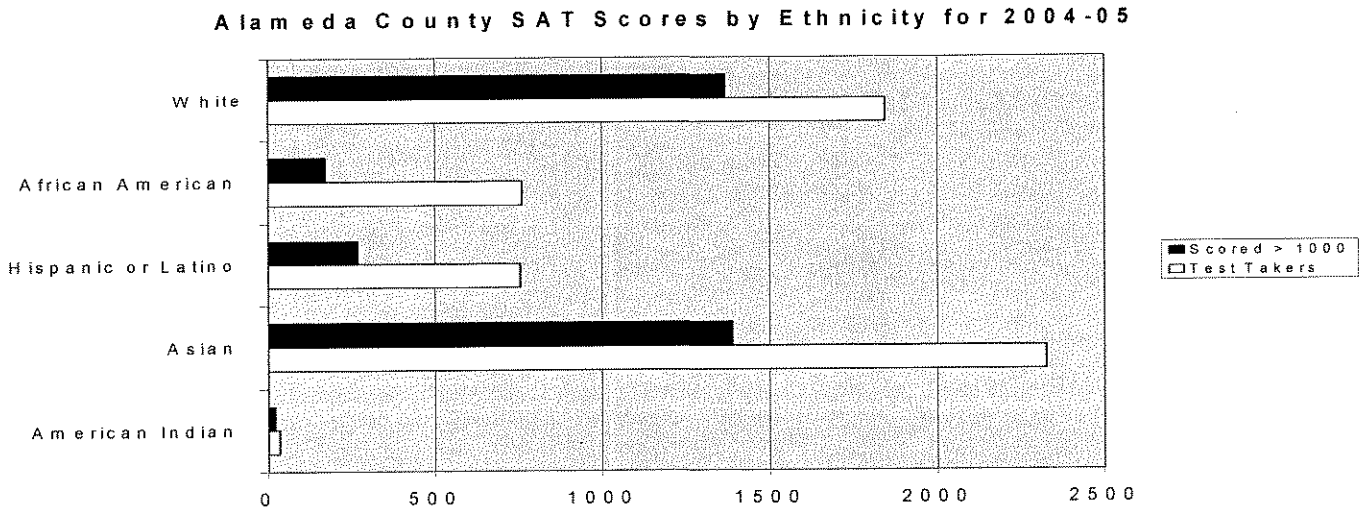
	African American	American Indian	Asian	Filipino	Hispanic or Latino	Pacific Islander	White not Hispanic	Multiple or No Response	Total Enrollment
County Totals:									
Students (n)	37,022	1,133	41,455	10,980	58,354	2988	55,069	7,270	214,271
% of Total	17.3%	0.5%	19.3%	5.1%	27.2%	1.4%	25.7%	3.4%	100.0%
State Totals:									
Students (n)	515,805	53,898	502,676	156,549	2,819,504	41,446	2,106,042	48,483	6,244,403
% of Total	8.3%	0.9%	8.1%	2.5%	45.2%	0.7%	33.7%	0.8%	100.0%

Table 1.4 Dropout Rate By Ethnicity for Alameda County School Year 2004-2005

Drop-out rates for African American students are higher than for any other ethnic group, as shown in Table 1.4 below.

Ethnic Group	Total Enroll (9-12)	Total Drop (9-12)	Percent Drop
Native American	379	17	4%
Asian	12,362	121	1%
Pacific Islander	871	26	3%
Filipino	3,470	43	1%
Hispanic	14,513	498	3%
African American	12,122	578	5%
White	20,186	296	1%
MULT./NO RESP	2,487	123	5%
County Total	66,390	1,702	3%
State Totals	1,936,969	60,255	3%

Figure 1.4 The following chart provides information on how many children of each ethnic group took the SAT exam and, of those who took the exam, how many students scored greater than or equal to 1000.



African American children make up 17% of the total student population for Alameda County in 2005-2006. Of those African American children who took the exam, 22.5% scored greater than or equal to 1000, while 73.4% of White children who took the exam scored greater than or equal to 1000.

Special Education

Table 1.4 Special Education Enrollment by Ethnicity December 1, 2005

Ethnicity	Total (n)	Total (%)	% of Student Population
Native American	177	0.8%	0.5%
Asian	2394	10.5%	19.3%
Pacific Islander	231	1.0%	1.4%
Filipino	752	3.3%	5.1%
Hispanic	5989	26.3%	27.2%
African-American	5858	25.8%	17.3%
White	7348	32.3%	25.7%
Multiple or No Response			3.4%
Total	22,749	100.0%	100.0%

Social Services Agency -Department of Children and Families
Community Assessment for the Title IV-E Waiver Pilot Project 2007-2012

Following the model of Alameda County Public Health Maternal, Paternal, Child and Adolescent Health program

Key Staff Members

A. CFS Planning Coordination team
   1. CFS Director-Carol Collins
   2. CFS MA-Connie Linas
   3. Waiver Coordinator-Randall Hudson
   4. Program Supervising Specialist-Tom Clancy

B. Representative group of Alameda County CFS staff
   1.DD's
   2. PM's
   3. Selection of Sups
   4. Selection of Line workers

C. Community Partners
   1.Each PM id two individuals to participate-needs to have an understanding of a specific group's needs, asked to attend at least 4 0f 6 meetings
   2. CBOs
   3. Clients
   4. Churches
   5, Foster families'
   6. Group Homes

Components

A. Work Plan for completing community assessment
B. Demographic Review
C. Literature Reviews (MSW grad students, interns) for # of topical areas (10-20)
D. Mission and goal statements
E. Community Input
   1. Focus Groups (maybe use PQCR?)
   2. Submission of community assets map from majority of community planning partners (also use GIS mapping and ARS data)
   3. Documentation of community planning partner comments and feedback during meetings; and
   4. Inclusion of community planning partners in the prioritization of MPCAH indicators and problem analysis

F. Six key planning sessions with community partners (time banking?)
   1. Review of AC socio-demographic data, overview of qualitative data (focus groups, caregiver survey)
   2. Development, augment CFS mission statement and goals
   3. Overview of quantitative data part I;
   4. Overview of quantitative data part II;
   5. Indicator prioritization and review of community asset mapping
   6. Problem analysis

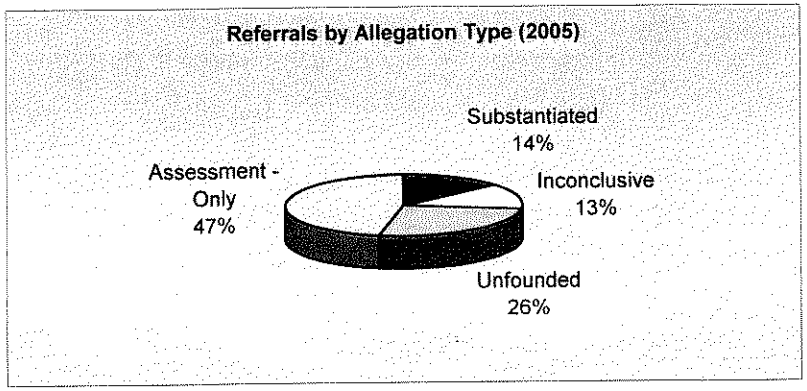
Family to Family Outcome Goals and Strategy Implementation Plans

Outcome 1: Reducing the number and rate of children placed away from their birth families.

Current Data on Outcome 1 (include any differences based on race):

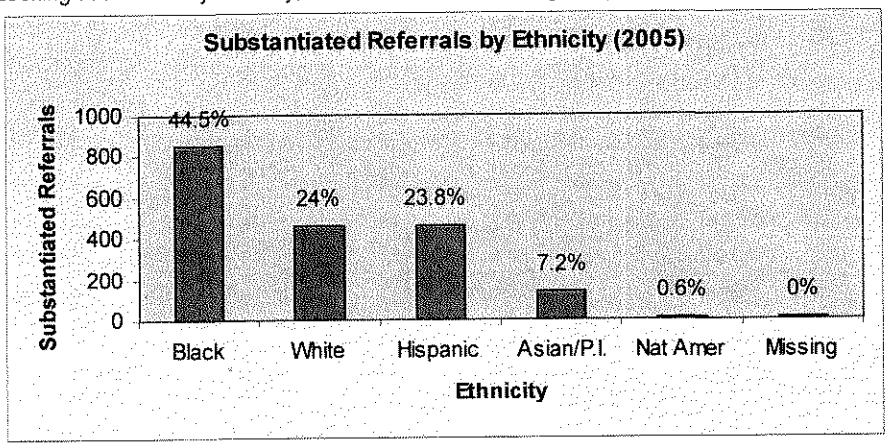
Referrals by allegation type (2005)

In 2005, nearly 50% of referrals received were assessment only. Of those referrals investigated, 14% of were substantiated, 13% Inconclusive, and 26% Unfounded.



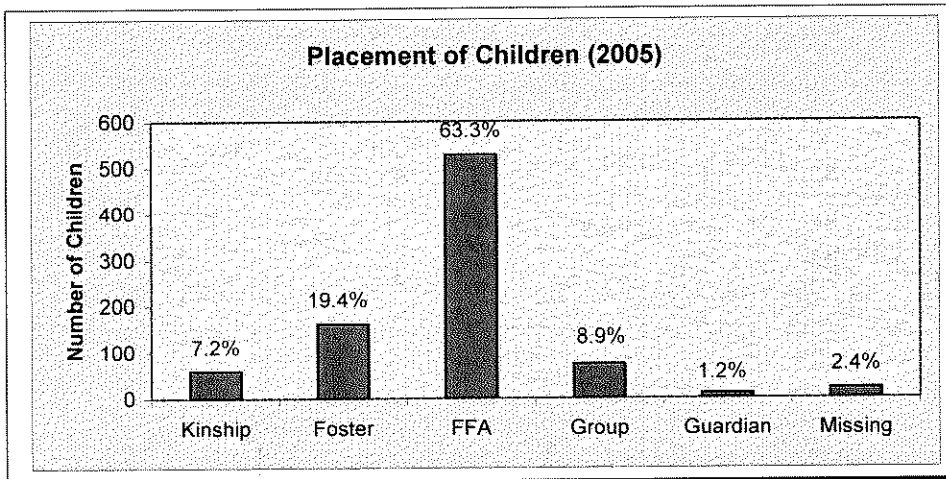
Substantiated Referrals by Ethnicity

Looking at the data by ethnicity, Black children had the highest proportion of substantiated referrals (44.5%).



First Entry Placement Type (2005)

In 2005, a majority of the children were placed in FFA (63.3%).



Implementation Plans to Improve This Outcome, including racial disparities (feel free to add rows for each action step)		
Action Step	Related Strategy	Target Date for Completion
County will increase and more fully support reunification efforts.	BCP, RDS	On-going
County will work to expand community capacity and resource supports to strengthen families.	BCP, RDS	On-going
Family Engagement and Reinforced Kinship Care supports (financial and therapeutic). W-2 (Waiver Outcome 2).	RDS, BCP	Dec. 2008
Focus on Alameda County "GH Family Preservation" program. W-3.	RDS	Jun. 2007
Consistently use and apply SDM Risk Assessment criteria. W-4.	Self-Eval.	Jun. 2007
Extend "After-Care" Services to Reunified CWS families. W-5.	BCP	Jan. 2008
Utilize and jointly develop community/neighborhood-based resources for foster youth. W-6	BCP	Jun. 2008
Expand Differential Response (Another Road to Safety (ARS)). W-7.	BCP	Dec. 2007
Refine oversight of service delivery with a focus on conflict resolution/relationship-attachment work. W-9.	BCP, TDM	Jun. 2008
Target parent/caretaker incapacity issues (sober living environments and peer-based alcohol or other drug (AOD) treatment). W-10.	BCP	Jun. 2008

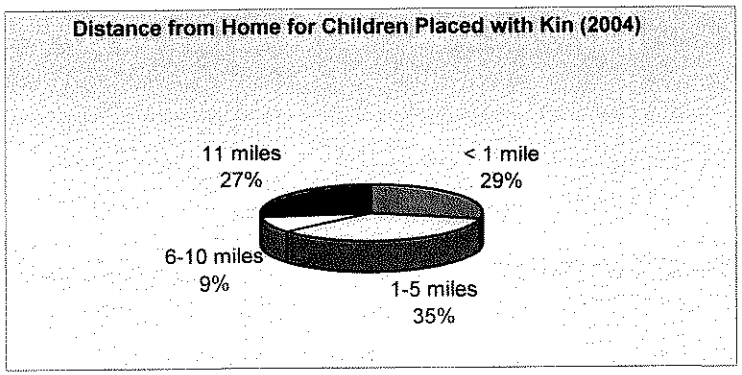
Barriers	
Barrier	How & When Will You Address This Barrier?
1. Limited agency financial and staffing resources.	1. The CWS Title IV-E Waiver may allow for the redirection and reinvestment of funds for more effective service delivery. (Jan. 2008)
2. Lack of vibrant community engagement precludes involvement of formal and informal of localized neighborhood-based preventative and supportive resources.	2. The County will continue to direct an increasing proportion of agency resources to building strong community partnerships. The Faith Advisory Council being a prime example. (Current-ongoing).
3. Community based organizations have limited infrastructure and expertise.	3. The County will provide increased financial and technical assistance to local partner CBOs. (Jan. 2008).
4. Juvenile Court involvement delays or impedes placement decisions.	4. The County will continue its ongoing dialogue and engagement process with the Juvenile Court. (on-going).

Outcome 2: Among children coming into foster care, increasing the number and rate at which children are placed in their own neighborhoods or communities.

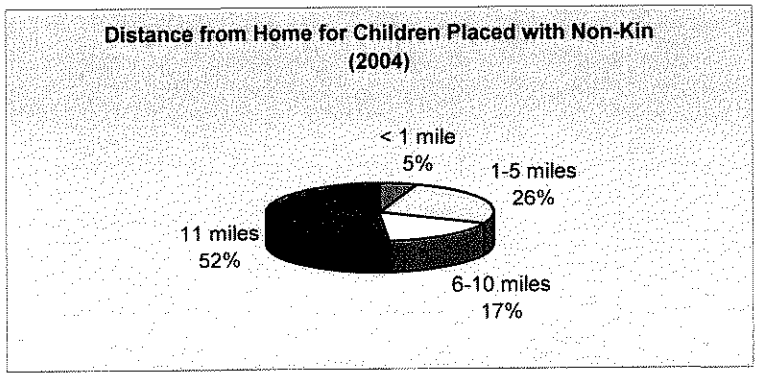
Current Data on Outcome 2 (include any differences based on race):

Home Placement Distances (2004)

64% of the children that were placed with kin resided within 5 miles of their home address.



When placed with non-kin, 31% of the children resided within 5 miles of their home address.



Implementation Plans to Improve This Outcome, including racial disparities (feel free to add rows for each action step)

Action Step	Related Strategy	Target Date for Completion
County will work to expand community capacity and resource supports to strengthen families.	BCP, RDS	On-going
Implement a TFC program. Perform care level assessments for Group Home youth and place as appropriate W-1.	RDS	Sep. 2007
Perform care level assessments for FFA foster youth and place into newly developed TFC homes. W-1a.	RDH	Dec. 2007
Family Engagement and Reinforced Kinship Care supports (financial and therapeutic). W-2.	RDS, BCP	Dec. 2008
Focus on Alameda County "GH Family Preservation" program. W-3.	RDS	Jun. 2007
Extend "After-Care" Services to Reunified CWS families. W-5.	BCP	Jan. 2008
Utilize and jointly develop community/neighborhood-based resources for foster youth. W-6.	BCP	Jun. 2008

Expand Differential Response (Another Road to Safety (ARS)). W-7.	BCP	Dec. 2007
Refine oversight of service delivery (conflict resolution/relationship-attachment). W-9.	BCP, TDM	Jun. 2008
Target parent/caretaker incapacity issues (sober living environments and peer-based substance abuse treatment). W-10.	BCP	Jun. 2008

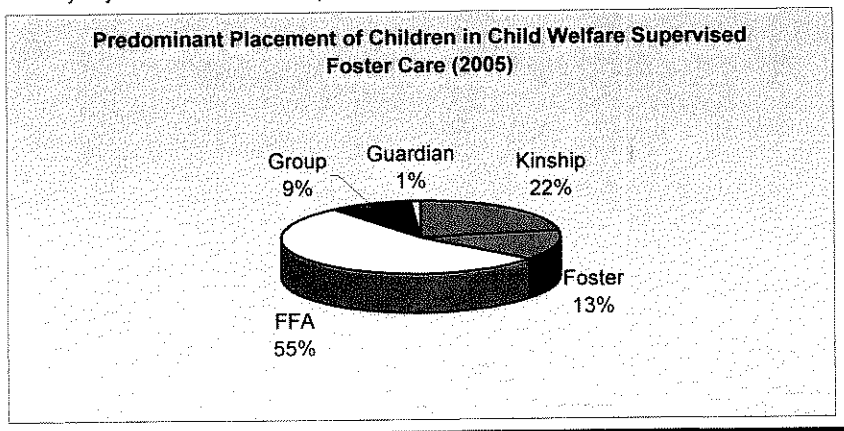
Barriers

Barrier	How & When Will You Address This Barrier?
1. Limited agency financial and staffing resources. 2. Lack of vibrant community engagement precludes involvement of formal and informal of localized neighborhood-based preventative and supportive resources. 3. Community based organizations have limited infrastructure and expertise. 4. Juvenile Court involvement delays or impedes placement decisions.	1. The CWS Title IV-E Waiver may allow for the redirection and reinvestment of funds for more effective service delivery. (Jan. 2008) 2. The County will continue to direct an increasing proportion of agency resources to building strong community partnerships. The Faith Advisory Council being a prime example. (Current-ongoing). 3. The County will provide increased financial and technical assistance to local partner CBOs. (Jan. 2008). 4. The County will continue its ongoing dialogue and engagement process with the Juvenile Court. (Current-ongoing).

Outcome 3: Reducing the number of children served in institutional and group care and shifting resources from institutional and group care to kinship care, family foster care, and family-centered services.

Current Data on Outcome 3 (include any differences based on race):

Placement in Child Welfare Supervised Foster Care (Jan 1st 2006)
The majority of the children were placed with kin (22%) or FFA (55%), 9% of the children were placed in group homes.



Implementation Plans to Improve This Outcome, including racial disparities (feel free to add rows for each action step)

Action Step	Related Strategy	Target Date for Completion
County will work to expand community capacity and resource supports to strengthen families.	BCP, RDS	On-going
County will increase and more fully support reunification efforts.	BCP, RDS	On-going

Implement a TFC program. Perform care level assessments for Group Home youth, place as appropriate. W-1.	RDS	Sep. 2007
Family Engagement and Reinforced Kinship Care supports (financial and therapeutic). W-2.	RDH	Dec. 2007
Focus on Alameda County "GH Family Preservation" program. W-3.	RDS	Jun. 2007
Extend "After-Care" Services to Reunified CWS families. W-5.	BCP	Jan. 2008
Utilize and jointly develop community/neighborhood-based resources for foster youth. W-6.	BCP	Jun. 2008
Renewed emphasis on Concurrent Planning - Adoption or Guardianship. W-8.	TDM	Dec. 2007
Refine oversight of service delivery (conflict resolution/relationship-attachment). W-9.	BCP, TDM	Jun. 2008
Target parent/caretaker incapacity issues (sober living environments and peer-based substance abuse treatment). W-10.	BCP	Jun. 2008

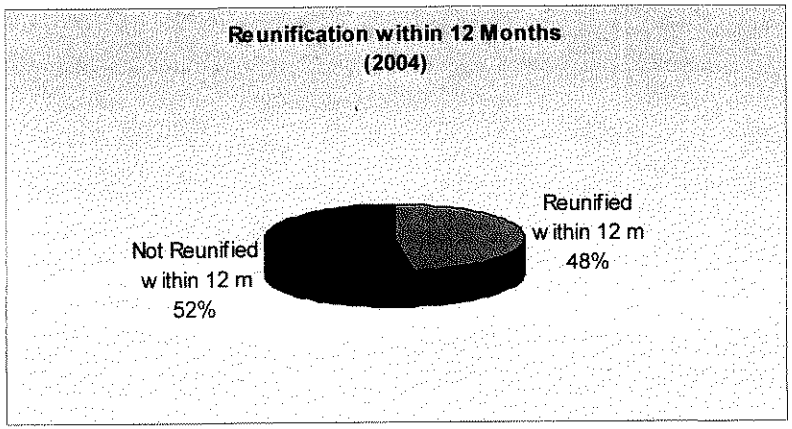
Barriers

Barrier	How & When Will You Address This Barrier?
1. Limited agency financial and staffing resources.	1. The CWS Title IV-E Waiver may allow for the redirection and reinvestment of funds for more effective service delivery. (Jan. 2008)
2. Lack of vibrant community engagement precludes involvement of formal and informal of localized neighborhood-based preventative and supportive resources.	2. The County will continue to direct an increasing proportion of agency resources to building strong community partnerships. The Faith Advisory Council being a prime example. (Current-ongoing).
3. Community based organizations have limited infrastructure and expertise.	3. The County will provide increased financial and technical assistance to local partner CBOs. (Jan. 2008).
4. Juvenile Court involvement delays or impedes placement decisions.	4. The County will continue its ongoing dialogue and engagement process with the Juvenile Court. (Current-ongoing).

Outcome 4: Decreasing lengths of stay of children in placement.

Current Data on Outcome 4 (include any differences based on race):

In 2004, in Alameda County 47.5% of the children were reunified within 12 months. Statewide 37.5% of the cases were reunified within 12 months.



Implementation Plans to Improve This Outcome, including racial disparities (feel free to add rows for each action step)

Action Step	Related Strategy	Target Date for Completion
County will work to expand community capacity and resource supports to strengthen families.	BCP, RDS	On-going
County will increase and more fully support reunification efforts.	BCP, RDS	On-going
Implement a TFC program. Perform care level assessments for Group Home youth and place as appropriate W-1.	RDS	Sep. 2007
Perform care level assessments for FFA foster youth and place into newly developed TFC homes. W-1a.	RDH	Dec. 2007
Family Engagement and Reinforced Kinship Care supports (financial and therapeutic). W-2.	RDS, BCP	Dec. 2008
Focus on Alameda County "GH Family Preservation" program. W-3.	RDS	Jun. 2007
Consistently use and apply SDM Risk Assessment criteria. W-4.	Self-Eval.	Jun. 2007
Extend "After-Care" Services to Reunified CWS families. W-5.	BCP	Jan. 2008
Utilize and jointly develop community/neighborhood-based resources for foster youth. W-6.	BCP	Jun. 2008
Renewed emphasis on Concurrent Planning - Adoption or Guardianship. W-8.	TDM	Dec. 2007
Refine oversight of service delivery (conflict resolution/relationship-attachment). W-9.	BCP, TDM	Jun. 2008
Target parent/caretaker incapacity issues (sober living environments and peer-based substance abuse treatment). W-10.	BCP	Jun. 2008

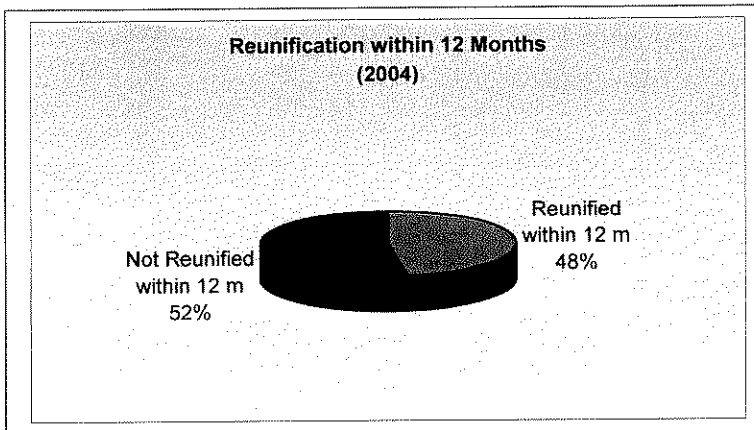
Barriers

Barrier	How & When Will You Address This Barrier?
1. Limited agency financial and staffing resources. 2. Lack of vibrant community engagement precludes involvement of formal and informal of localized neighborhood-based preventative and supportive resources. 3. Community based organizations have limited infrastructure and expertise. 4. Juvenile Court involvement delays or impedes placement decisions.	1. The CWS Title IV-E Waiver may allow for the redirection and reinvestment of funds for more effective service delivery. (Jan. 2008) 2. The County will continue to direct an increasing proportion of agency resources to building strong community partnerships. Example: Faith Advisory Council (Current-ongoing). 3. The County will provide increased financial and technical assistance to local partner CBOs. (Jan. 2008). 4. The County will continue its ongoing dialogue and engagement process with the Juvenile Court. (Current-ongoing).

Outcome 5: Increasing the number and rate of children reunified with their birth families.

Current Data on Outcome 5 (include any differences based on race):

In 2004 in Alameda County 47.5% of the children were reunified within 12 months. Statewide 37.5% of the cases were reunified within 12 months.



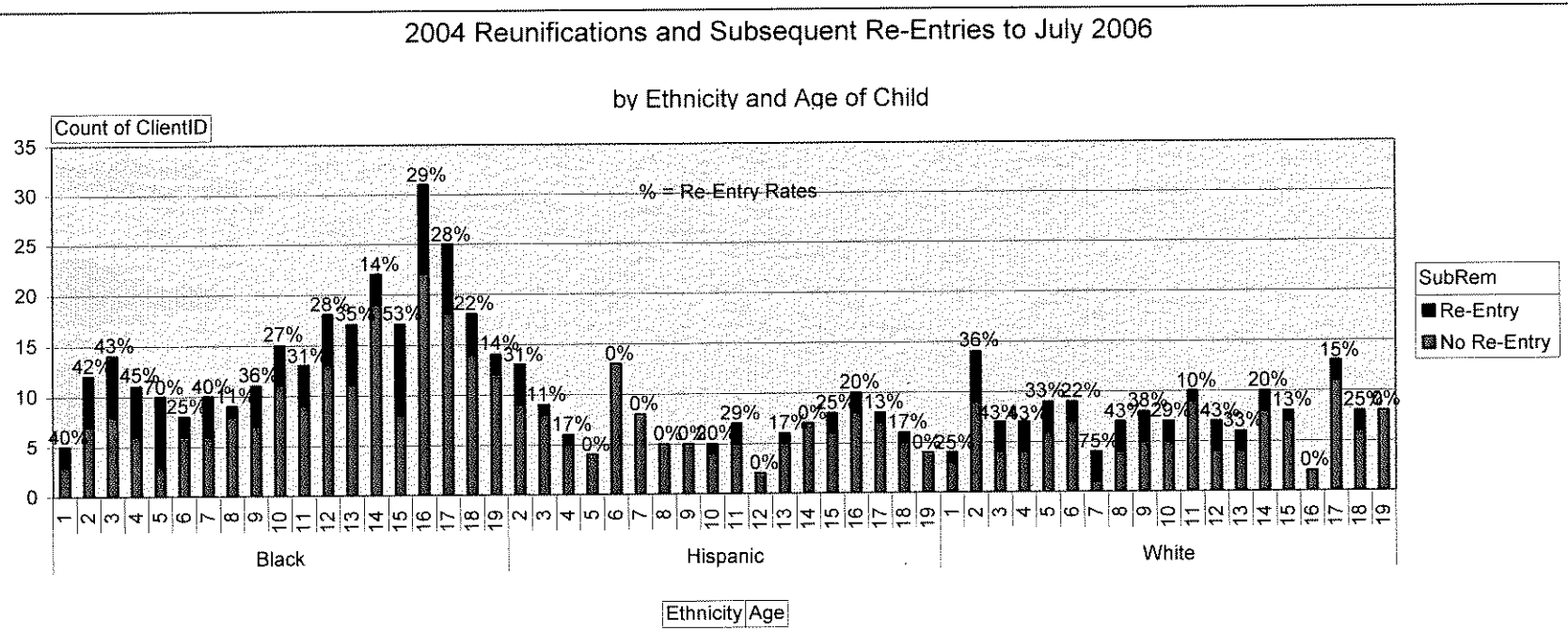
Implementation Plans to Improve This Outcome, including racial disparities (feel free to add rows for each action step)		
Action Step	Related Strategy	Target Date for Completion
County will work to expand community capacity and resource supports to strengthen families.	BCP, RDS	On-going
County will increase and more fully support reunification efforts.	BCP, RDS	On-going
Implement a TFC program. Perform care level assessments for Group Home youth, place as appropriate. W-1.	RDS	Sep. 2007
Perform care level assessments for FFA foster youth and place into newly developed TFC homes. W-1a.	RDH	Dec. 2007
Family Engagement and Reinforced Kinship Care supports (financial and therapeutic). W-2.	RDS, BCP	Dec. 2008
Focus on Alameda County "GH Family Preservation" program. W-3.	RDS	Jun. 2007
Consistently use and apply SDM Risk Assessment criteria. W-4.	Self-Eval.	Jun. 2007
Extend "After-Care" Services to Reunified CWS families. W-5.	BCP	Jan. 2008
Utilize and jointly develop community/neighborhood-based resources for foster youth. W-6.	BCP	Jun. 2008
Refine oversight of service delivery (conflict resolution / relationship-attachment work). W-9.	BCP, TDM	Jun. 2008
Target parent/caretaker incapacity issues (sober living environments and peer-based substance abuse treatment). W-10.	BCP	Jun. 2008

Barriers	
Barrier	How & When Will You Address This Barrier?
1. Limited agency financial and staffing resources. 2. Lack of vibrant community engagement precludes involvement of formal and informal of localized neighborhood-based preventative and supportive resources. 3. Community based organizations have limited infrastructure and expertise. 4. Juvenile Court involvement delays or impedes placement decisions.	1. The CWS Title IV-E Waiver may allow for the redirection and reinvestment of funds for more effective service delivery. (Jan. 2008) 2. The County will continue to direct an increasing proportion of agency resources to building strong community partnerships. 3. The County will provide increased financial and technical assistance to local partner CBOs. (Jan. 2008). 4. The County will continue its ongoing dialogue and engagement process with the Juvenile Court. (Current-ongoing).

Outcome 6: Decreasing the number and rate of children re-entering placement.

Current Data on Outcome 6 (include any differences based on race):

In 2003, in Alameda County, 15.7% of the cases re-entered placement. The statewide percentage is 11.8%.
In 2004, 613 children were reunified with their parents, of those 613 children, 495 have not subsequently re-entered care and 158 children re-entered (26%). Of those 158 Re-entries, 89 were African American children comprising 56% of the re-entries. The chart below breaks down Re-entries (red) and NO Re-entries (blue) by Ethnicity and Child Age showing a disproportionately high number of African American children re-entering care.



Implementation Plans to Improve This Outcome, including racial disparities (feel free to add rows for each action step)

Action Step	Related Strategy	Target Date for Completion
County will work to expand community capacity and resource supports to strengthen families.	BCP, RDS	On-going
County will increase and more fully support reunification efforts.	BCP, RDS	On-going
Family Engagement and Reinforced Kinship Care supports (financial and therapeutic). W-2.	RDS, BCP	Dec. 2008
Consistently use and apply SDM Risk Assessment criteria. W-4.	Self-Eval.	Jun. 2007
Extend "After-Care" Services to Reunified CWS families. W-5.	BCP	Jan. 2008

Utilize and jointly develop community/neighborhood-based resources for foster youth. W-6.	BCP	Jun. 2008
Expand Differential Response (Another Road to Safety (ARS)). W-7.	BCP	Dec. 2007
Refine oversight of service delivery (conflict resolution / attachment work). W-9.	BCP, TDM	Jun. 2008
Target parent/caretaker incapacity issues (sober living environments and peer-based substance abuse treatment). W-10.	BCP	Jun. 2008

Barriers

Barrier	How & When Will You Address This Barrier?
1. Limited agency financial and staffing resources.	1. The CWS Title IV-E Waiver may allow for the redirection and reinvestment of funds for more effective service delivery. (Jan. 2008)
2. Lack of vibrant community engagement precludes involvement of formal and informal of localized neighborhood-based preventative and supportive resources.	2. The County will continue to direct an increasing proportion of agency resources to building strong community partnerships. The Faith Advisory Council being a prime example. (Current-ongoing).
3. Community based organizations have limited infrastructure and expertise.	3. The County will provide increased financial and technical assistance to local partner CBOs. (Jan. 2008).
4. Juvenile Court involvement delays or impedes placement decisions.	4. The County will continue its ongoing dialogue and engagement process with the Juvenile Court. (Current-ongoing).

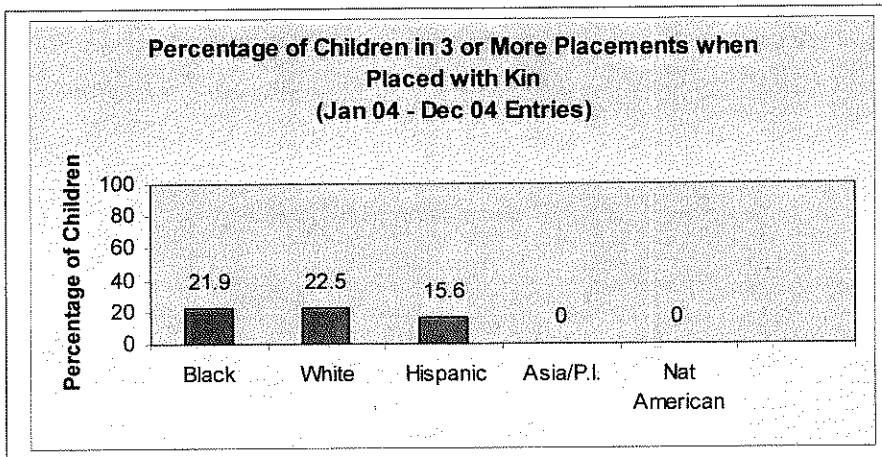
Outcome 7: Reducing the number of placement moves children in care experience.

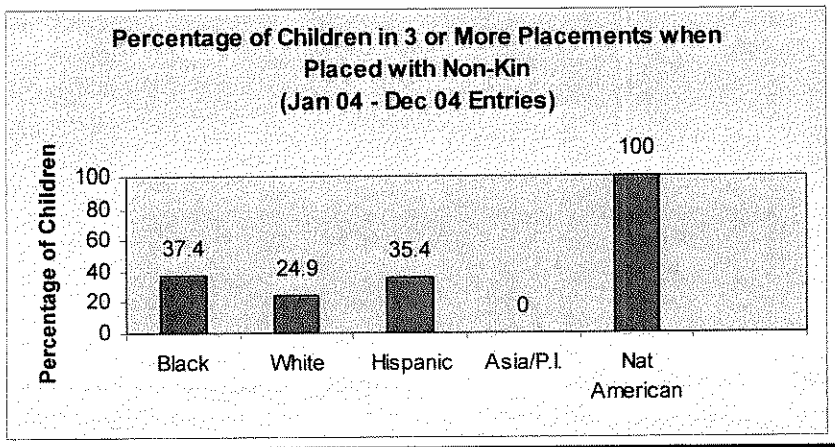
Current Data on Outcome 7 (include any differences based on race):

For those children who entered care in 2004 and were still in care after 12 months, 73.6% of those children experienced 1 or 2 placements (Alameda). The statewide percentage for the same time period and in-care duration is 67.1%.

Conversely, as shown in table and charts below, for those children who experienced 3 or more placements for Jan 2004 to Dec 2004 First Entries and still in care at 12 Months by ethnic group, it is noteworthy to see that placement instability is more pronounced for Non-Kin placements, particularly for Hispanic, Black, and Native American children. (Please note that while the percentage of Native American children experiencing placement instability was 100%, this number represents a total of 2 Nat. American children in care during the reporting period).

# of children w/ 3+ Kin Placements	Ethnicity	Percentage %		# of children w/ 3+ Non-Kin Placements	Ethnicity	Percentage %
16 of 73 (still in care)	Black	21.9		34 of 91	Black	37.4
9 of 40	White	22.5		13 of 52	White	24.9
5 of 32	Hispanic	15.6		17 of 48	Hispanic	35.4
0 of 11	Asia/P.I.	0		0 of 15	Asia/P.I.	0
0 of 0	Nat American	0		2 of 2	Nat American	100





Implementation Plans to Improve This Outcome, including racial disparities (feel free to add rows for each action step)

Action Step	Related Strategy	Target Date for Completion
Implement a TFC program. Perform care level assessments for Group Home youth, place as appropriate. W-1.	RDS	Sep. 2007
Perform care level assessments for FFA foster youth and place into newly developed TFC homes. W-1a.	RDH	Dec. 2007
Family Engagement and Reinforced Kinship Care supports (financial and therapeutic). W-2.	RDS, BCP	Dec. 2008
Focus on Alameda County "GH Family Preservation" program. W-3.	RDS	Jun. 2007
Consistently use and apply SDM Risk Assessment criteria. W-4.	Self-Eval.	Jun. 2007
Utilize and jointly develop community/neighborhood-based resources for foster youth. W-6.	BCP	Jun. 2008
Renewed emphasis on Concurrent Planning - Adoption or Guardianship. W-8.	TDM	Dec. 2007
Refine oversight of service delivery (conflict resolution / attachment work). W-9.	BCP, TDM	Jun. 2008
Target parent/caretaker incapacity issues (sober living environments and peer-based substance abuse treatment). W-10.	BCP	Jun. 2008

Barriers

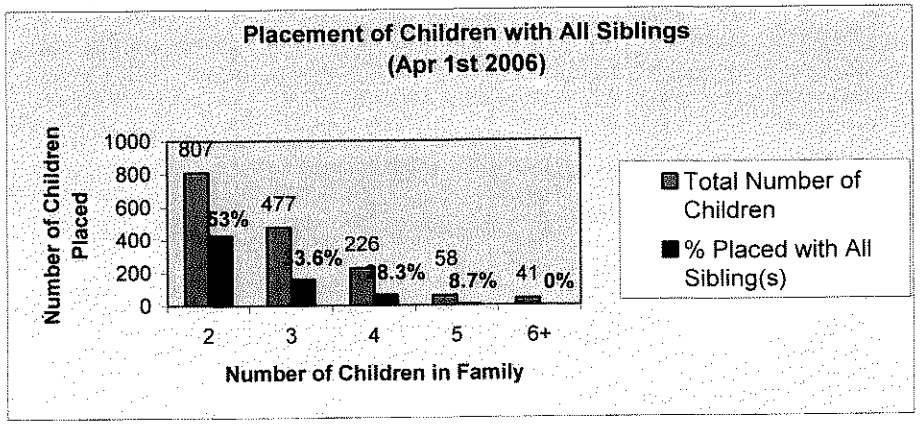
Barrier	How & When Will You Address This Barrier?
1. Limited agency financial and staffing resources. 2. Lack of vibrant community engagement precludes involvement of formal and informal of localized neighborhood-based preventative and supportive resources. 3. Community based organizations have limited infrastructure and expertise. 4. Juvenile Court involvement delays or impedes placement decisions.	1. The CWS Title IV-E Waiver may allow for the reinvestment of funds for more effective service delivery. (Jan. 2008) 2. The County will continue to direct an increasing proportion of agency resources to building strong community partnerships. (Current-ongoing). 3. The County will provide increased financial and technical assistance to local partner CBOs. (Jan. 2008). 4. The County will continue its ongoing engagement process with the Juvenile Court. (Current-ongoing).

Outcome 8: Increasing the number and rate of brothers and sisters placed together.

Current Data on Outcome 8 (include any differences based on race):

Placement with siblings (Apr 1st 2006)

Of all children with at least one sibling, 40.9% were placed with all their brothers or sisters. 53% of those with one sibling were placed together. The success rate of placement with siblings decreases as the number of siblings in the family increases.



Implementation Plans to Improve This Outcome, including racial disparities (feel free to add rows for each action step)

Action Step	Related Strategy	Target Date for Completion
Family Engagement and Reinforced Kinship Care supports (financial and therapeutic). W-2.	RDS, BCP	Dec. 2008
Focus on Alameda County "GH Family Preservation" program. W-3.	RDS	Jun. 2007
Consistently use and apply SDM Risk Assessment criteria. W-4.	Self-Eval.	Jun. 2007
Utilize and jointly develop community/neighborhood-based resources for foster youth. W-6.	BCP	Jun. 2008
Renewed emphasis on Concurrent Planning - Adoption or Guardianship. W-8.	TDM	Dec. 2007
Refine oversight of service delivery (conflict resolution / relationship-attachment work). W-9.	BCP, TDM	Jun. 2008
Target parent/caretaker incapacity issues (sober living environments and peer-based substance abuse treatment). W-10.	BCP	Jun. 2008

Barriers

Barrier	How & When Will You Address This Barrier?
1. Limited agency financial and staffing resources.	1. The CWS Title IV-E Waiver may allow for the reinvestment of funds for more effective service delivery. (Jan. 2008)
2. Lack of vibrant community engagement precludes involvement of formal and informal of localized neighborhood-based preventative and supportive resources.	2. The County will continue to direct an increasing proportion of agency resources to building strong community partnerships. (Current-ongoing).
3. Community based organizations have limited infrastructure and expertise.	3. The County will provide increased financial and technical assistance to local partner CBOs. (Jan. 2008).
4. Juvenile Court involvement delays or impedes placement decisions.	4. The County will continue its ongoing engagement process with the Juvenile Court. (Current-ongoing).

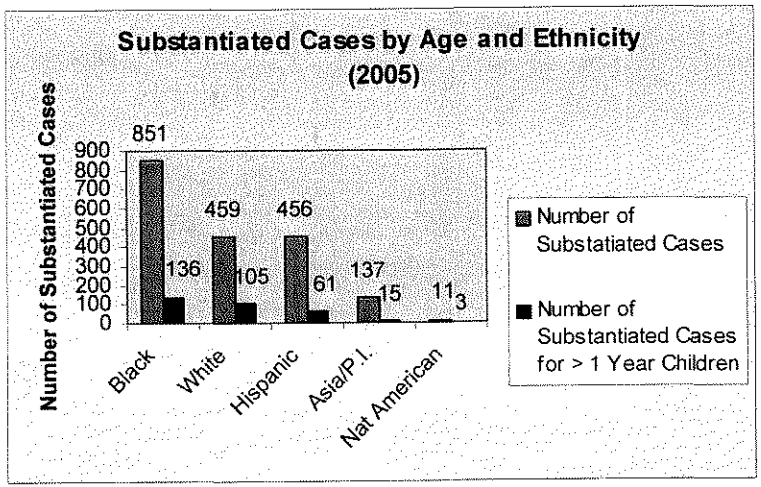
Outcome 9: Reducing any disparities associated with race/ethnicity, gender, or age *in each of these outcomes.*

Current Data on Outcome 9 (include any differences based on race):

The breakdown, by ethnicity, for 2005 of the total population of children in Alameda County is as follows: *Total child population 376,520, African American 14.7%, Asian 24.6%, Latino 30.2%, Other/Multiracial 5.6%, Native American 0.6%, Pacific Islander 0.9%, White 24%.*

Referrals by Ethnicity and Age (2005)

Black children had the highest number of substantiated referrals (851). Given that Black children represent 15% of the child population the high number of substantiated referrals represents a very disparate outcome for these children. In all ethnic groups reported, children less then 1 year old had the highest percentage of substantiated referrals.



Implementation Plans to Improve This Outcome, including racial disparities (feel free to add rows for each action step)

Action Step	Related Strategy	Target Date for Completion
County will work to expand community capacity and resource supports to strengthen families.	BCP, RDS	On-going
Implement a TFC program. Perform care level assessments for Group Home youth, place as appropriate. W-1.	RDS	Sep. 2007
Perform care level assessments for FFA foster youth and place into newly developed TFC homes. W-1a	RDH	Dec. 2007

Family Engagement and Reinforced Kinship Care supports (financial and therapeutic). W-2.	RDS, BCP	Dec. 2008
Focus on Alameda County "GH Family Preservation" program. W-3	RDS	Jun. 2007
Consistently use and apply SDM Risk Assessment criteria. W-4.	Self-Eval.	Jun. 2007
Extend "After-Care" Services to Reunified CWS families. W-5.	BCP	Jan. 2008
Utilize and jointly develop community/neighborhood-based resources for foster youth. W-6.	BCP	Jun. 2008
Expand Differential Response (Another Road to Safety (ARS)). W-7.	BCP	Dec. 2007
Renewed emphasis on Concurrent Planning - Adoption or Guardianship. W-8.	TDM	Dec. 2007
Refine oversight of service delivery (conflict resolution / attachment work). W-9.	BCP, TDM	Jun. 2008
Target parent/caretaker incapacity issues (sober living environments and peer-based substance abuse treatment). W-10.	BCP	Jun. 2008

Barriers	
Barrier	How & When Will You Address This Barrier?
1. Limited agency financial and staffing resources.	1. The CWS Title IV-E Waiver may allow for the reinvestment of funds for more effective service delivery. (Jan. 2008)
2. Lack of vibrant community engagement precludes involvement of formal and informal of localized neighborhood-based preventative and supportive resources.	2. The County will continue to direct an increasing proportion of agency resources to building strong community partnerships. (Current-ongoing).
3. Community based organizations have limited infrastructure and expertise.	3. The County will provide increased financial and technical assistance to local partner CBOs. (Jan. 2008).
4. Juvenile Court involvement delays or impedes placement decisions.	4. The County will continue its ongoing engagement process with the Juvenile Court. (Current-ongoing).

Alameda County Waiver Strategy Matrix (Appendix C)

Strategy	**Volume** ***(Entries/Re-entries)***	**Duration** ***(Time in Care/Exits)***	**Unit Cost** ***(Level of Care)***
Implement a TFC program. Perform care level assessments for Group Home youth, place as appropriate.	N/A	Appropriate placement matching may result in less time in care for GH youth.	Therapeutic FH and FFA care are lower cost alternatives to GH care.
Perform care level assessments for FFA foster youth and place into newly developed TFC homes.	N/A	N/A	FHs are a lower cost care alternative to foster family agency (FFA) care.
Focus on Alameda County "GH Family Preservation" program.	N/A	Reunifying families, establishing connections to kin and NREFMs, results in less time in care for GH youth.	Therapeutic FH and FFA are a lower cost alternative.
Consistently use and apply SDM Risk Assessment criteria.	SDM will allow targeted services to high-risk families reducing the entry of low-risk children.	SDM will focus services to high-risk families increasing early reunification of low-risk children.	SDM will focus services to high-risk youth allowing placement of low-risk children in FHs and FFAs.
Extend "After-Care" Services to Reunified CWS families.	Reduce the recurrence of maltreatment and re-entry into FC.	Services will allow earlier reunification reducing time in care.	N/A
Utilize and jointly develop community/neighborhood-based resources for foster youth.	Community based resources can reduce the recurrence of maltreatment and re-entry into FC.	Community based resources will allow "hard-to-place" youth to return home.	Community based resources will support FHs in caring for "hard-to-place" youth (instead of GH care).
Expand Differential Response (Another Road to Safety (ARS)).	Appropriate Assessment and use of community-based resources can reduce the occurrence and entry of youth into FC.	N/A	N/A
Reinforced Kinship care supports (financial and therapeutic).	Reduce the recurrence of maltreatment and re-entry into FC.	Financial and therapeutic supports will support placement of "hard-to-place" youth with kin.	Financial and therapeutic supports for Kin/NREFMs will support them in caring for "hard-to-place" youth.
Renewed emphasis on Concurrent Planning - Adoption or Guardianship.	N/A	Emphasis on Adoption and Guardianship enhances more timely permanency and can reduce time in care.	Adoption/Guardianship is shown to be more cost effective than long-term foster care.
Refine oversight of service delivery.	Effective counseling for families and youth can prevent the entry of children into FC.	Improved family functioning can lead to earlier reunification.	Effective counseling for foster youth allows for placement in less restrictive care (i.e. Kin, FH, FFAs).
Target parent/caretaker incapacity issues (sober living environments and peer-based substance abuse treatment)	Sober living environment for families can prevent entry of children into FC and effective treatment for youth can facilitate self-sufficiency.	Sober living environment for families can allow for earlier reunification of children.	Effective AOD treatment of foster youth allows for placement in less restrictive care (Kin, FH, FFAs).

[i] A profile of family violence in Alameda County. Public Health Department. 2005
[ii] A Lifetime Commitment to Violence Prevention: Alameda County Blueprint, 2005.

[iii] CBEDS - California Basic Educational Data System Educational Demographics Unit, California Department of Education. Found March 2004 at http://www.cde.ca.gov/demographics/reports/index.html#descriptions