

# California - Child and Family Services Review

## Alameda County System Improvement Plan 2024-29



California – Child and Family Services Review Signature Sheet

For submittal of: CSA  SIP  Progress Report

<b>County</b>	Alameda
<b>SIP Period Dates</b>	10/16/2024 – 3/15/2029
<b>Outcome Data Period</b>	2023 Q1

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**Board of Supervisors (BOS) Signature**

<b>BOS Approval Date</b>	
<b>Name</b>	
<b>Signature*</b>	

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# Table of Contents

<b>INTRODUCTION .....</b>	<b>5</b>
<b>SIP NARRATIVE .....</b>	<b>7</b>
<b>CHILD WELFARE / PROBATION PLACEMENT INITIATIVES.....</b>	<b>67</b>
<b>SIP 5-YEAR CHART.....</b>	<b>74</b>
<b>SERVICE PROVISION FOR CAPIT/CBCAP/PSSF PROGRAMS.....</b>	<b>86</b>

## Introduction

Alameda County is a large urban and suburban county in the East Bay region of the San Francisco Bay Area. Its population of 1,663,823 positions it as the 7th most populous county in the state.<sup>1</sup> The county's major cities include Oakland, Fremont, Berkeley, and Hayward. The San Francisco Bay borders the county on the west. The crest of the Berkeley Hills form part of the northeastern boundary, and reaches into the center of the county. A coastal plain several miles wide lines the bay; it is home to Oakland the most populous city in the county. Livermore Valley lies in the eastern part of the county where the tri-valley suburban cities of Dublin, Pleasanton, and Livermore sit.

### About The C-CFSR

The California Child and Family Services Review (C-CFSR) is a result of Assembly Bill 636 (2001), which provided a framework for the development of a new outcome-based review to be conducted in all 58 counties. The purpose of the C-CFSR is to strengthen the accountability system used in California for the entire continuum of services from prevention through aftercare for the child welfare and juvenile probation systems. Foremost, it establishes core outcomes that are central to maintaining an effective system of child welfare services, based on the mandated federal outcomes and measures. By design, the C-CFSR follows closely the federal emphasis on safety, permanency, and well-being. Included in the C-CFSR are the County Self-Assessment (CSA), which includes the Peer Review, and the SIP and SIP Progress Reports.

The County Self-Assessment (CSA) is the first component of the five-year C-CFSR cycle, and it informs the development of the County System Improvement Plan (SIP). The CSA is a comprehensive assessment of the county population, child welfare and probation services, C-CFSR outcome measure performance, and includes a Peer Review process. The CSA also fulfills some of the child abuse prevention requirements for a needs assessment that was previously known as the OCAP Plan. Alameda County completed its most recent CSA in 2024.

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

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

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<sup>1</sup> [https://www.california-demographics.com/counties\\_by\\_population](https://www.california-demographics.com/counties_by_population)

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

The stakeholder feedback received during the CSA influenced the development of the County's SIP. Stakeholders and core representatives provided insight into the needs of child welfare and Probation service recipients and their experiences. In addition, the CSA included quantitative data collected about Alameda County's demographics, child welfare and Probation populations, and outcome measure performance. The County has used all of the information to identify service strengths and gaps and determine the needed strategies in response to improve services and performance.

## SIP Narrative

### A. C-CFSR TEAM AND CORE REPRESENTATIVES

The C-CFSR Team and stakeholders completed the self-assessment using a variety of methods. The county engages the community in a conversation about the quality of the child welfare system and provision of services to children and families. Feedback from members of the population who might benefit or be affected by changes made to the system is critical.

#### C-CFSR Team

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

**Table A1: C-CFSR Planning Team**

FOCUS AREA	NAME, TITLE	ORGANIZATION
CDSS	Becky Counter, Consultant	CDSS
Child Welfare	Michelle Love, Assistant Agency Director	Alameda County Department of Children and Family Services (DCFS)
Probation	Dante Cercone, Deputy Chief Probation Officer	Alameda County Probation
Child Welfare	Budd Seeley, Management Analyst	Alameda County DCFS
Probation	Edy Elias, Division Director	Alameda County Probation
Child Welfare	Connie Linas, Supervising Program Specialist	Alameda County DCFS
Probation	Carissa Pappas, Probation Specialist	Alameda County Probation
Child Welfare	Colette Katuala, Child Abuse Prevention Services Coordinator	Alameda County DCFS
Child Welfare	Matt Winters, Management Analyst	Alameda County DCFS
Probation	Megan Pedrotti, Unit Supervisor	Alameda County Probation
Probation	Ian Long, Deputy Chief Probation Officer	Alameda County Probation

#### List of Core Representatives

All required core representatives participated either in the C-CFSR Planning Team or the stakeholder input events held for the County Self-Assessment (which includes the Peer Review and many focus groups). Distinct stakeholder groups were identified as important contributors to the C-CFSR focus group process and targeted for participation. Across both Child Welfare and Probation, a total of 116 participants contributed their input over the course of 19 focus group sessions. Participants represented multiple aspects of the Child Welfare and Probation systems—from parents and youth to staff and management to courts and community partners:

**Table A2: Stakeholder Participants**

<b>DCFS Total Participants: 111</b>	<b>JPS Total Participants: 31</b>
3 Managers	2 JPD Supervisors
9 Supervisors	15 JPD Probation Officers
29 Line Workers	1 JPD Youth
15 Clerical & Eligibility	4 Delinquency Court
5 Youth	1 Resource Parent
6 Bioparents and Guardians	8 Service Providers /
4 Resource Families	Community Partners
8 Dependency Court	
32 Service Providers /	
Community Agencies	
(including Tribal Partners)	

The 2024 Alameda CSA was a collaborative effort involving many external stakeholders and internal county staff, including Hay Consulting and Shared Vision Consultants. Their contributions provided essential information to this assessment and to ensuring the success of this SIP. These focus groups and conversations in 2023 and 2024 were held to explore strengths and needs within Alameda County from prevention through the continuum of care. These focus groups and community meetings asked for feedback on Alameda County’s current levels of performance, procedural and systemic practices, and available resources, as they related to children, youth, and families at risk or in need of child welfare or Probation services.

A variety of community-based organizations, consumers, service providers, and County staff participated in these group meetings. Each of the meetings was facilitated by non-county personnel (Hay Consulting) to encourage open participation on a variety of topics. Most participants were paid for their time by coming during regular business hours as a representative of a county agency or community-based organization. Birth parents/legal guardians, youth, and resource parents who attended focus groups were provided a stipend for their time by Alameda County.

Some community partners were invited and strongly encouraged to attend meetings and provide feedback in a variety of ways; however, other competing priorities kept them from active participation. Through ongoing relationships with community organizations, feedback is continuous, and those collaborations are detailed throughout this document.

## B. PRIORITIZATION OF OUTCOME DATA MEASURES/SYSTEMIC FACTORS AND STRATEGY RATIONALE

### Department of Children and Family Services

For all youth in Alameda County, the DCFS remains committed to improving their outcomes in the following areas:

- Safety — Preventing and responding to the maltreatment of children and youth.
- Permanency — Helping children remain with their family and out of foster care whenever possible, by preserving family relationships and connections for foster youth, and by establishing guardianships and adoptions when it is unsafe for youth to return home.
- Well-Being — Partnering with families as they improve their capacity for meeting their children's physical, mental health, and educational needs.

The Department understands that community feedback and internal analysis gathered during the CSA and SIP development is essential to upholding those commitments. As reported in the CSA report, the process helped to identify several needs and strengths in service provision and Department programs. The Department's Senior Management Team held several planning discussions in 2024 to review CSA findings and feedback. The management team used that information as a basis for its decisions on the strategies and action steps that would be included in this 5-year SIP. A summary of those findings are included below.

#### County Strengths

- A key strength of DCFS is a highly educated and experienced workforce who bring commitment, passion, and professionalism to meeting the needs of children, youth, and families on a daily basis. Caseworkers and supervisors alike apply a strengths-based approach to understand families' circumstances and experiences while ensuring youth and family voice and choice informs all decision-making. During the Peer Review, peers remarked at the depth of experience and commitment demonstrated by DCFS line staff who were interviewed.
- Many strong casework practices have taken hold across DCFS and its partners including robust early intervention/prevention programs, comprehensive risk/needs assessments, Safety Organized Practice, regular Child and Family Team meetings, progressive visitation, and a visible commitment to keep racial equity, inclusion, and justice at the center of case decisions. These efforts and more have produced positive changes in safety, permanency, and well-being outcomes for all children and families as well as reducing disparities for African American children in foster care.
- Every stakeholder group contributed to the topic of teaming. Recent efforts to increase family involvement and incorporate the parent perspective in teaming have contributed to more successful reunification and family stabilization. Many youth report feeling supported just knowing they have a team, appreciate check-ins, and feel welcomed to contribute their perspective.

#### Areas Needing Improvement

- Families with little or no natural or community supports when they leave DCFS may be more likely to re-enter; TAY and NMD youth are often in this position. Stakeholders encouraged DCFS to focus more on the clear benefit for families to develop a wide network of support incorporated into their case as early in a case as possible.

- Regarding preparing for reunification and supporting families afterward, all stakeholder groups commented on improving transitions. Families given time to adequately address issues prior to reunification enjoy better outcomes. While DCFS is held to timelines defined by federal and state standards, the reunification timelines were described as rushed to many stakeholders in focus groups. This doesn't allow parents or youth the time to adequately prepare and may contribute to reentry.
- At the same time, multiple stakeholders reported issues related to insufficient aftercare and the drop in resources or supports with which families are connected following reunification. This can destabilize the gains made by families during the reunification phase and result in re-entry. Despite strong independent living programs that support transition-aged youth, stakeholders indicated that many young people are being encouraged by the court and important people in their lives to enter AB-12 which often diminishes continued efforts to pursue reunification.
- The relational aspect of casework is compromised by existing line staff spread thin to cover persistent staffing shortages. Many stakeholders, especially community partners, noted the impact that overburdened DCFS staff has on quality teaming. Insufficient time is available for many Child Welfare Workers (CWWs) to build trust with hard to engage parents, gain a full understanding of the complexity of family's needs and broker linkages to services and resources that can help stabilize families over the long-term, or cultivate connections with relatives and others to strengthen the family's network of support.

#### Service Array Gaps and Needs

- Alameda County has a vast array of proven, well-resourced, skilled services spanning from independent living programs to kinship support services to effective combinations of SUD treatment with mental health services.
- There are some areas of supportive services such as concrete supports, transportation and the like, where established providers with sufficient capacity feel underutilized by DCFS. These providers expressed in focus group sessions the concern that CWWs do not know the full extent of both services and providers available throughout the county. In addition, stakeholders spoke of collaboration with service providers and other agencies being frequently constrained by a lack of availability of CWWs to take the time for care coordination, regular communication, or contingency planning.
- There is a significant shortage of mental health services to meet identified needs for many children and families. Youth and parents in focus group sessions reported experiencing long wait times and other barriers to care—from basic therapy to high level behavioral needs. In addition, there are gaps in SUD services (especially for parents who want to stay with their children while in treatment), CSEC services, child care, and housing. Transportation issues also compound service gaps. Overall, the high cost of living coupled with lack of affordable housing contributes to permanency delays due to lack of accessible resources to meet demand.

In addition to stakeholder and core representative feedback and other data, outcome measure performance was important for SIP development. The following table organizes outcome measures based on performance compared to the national or state standard, using the most recent data available, the Quarter 1, 2024 CDSS data report. The table only includes measures with a standard. More information about each of the measures is available on the California Child Welfare Indicators Project website.<sup>2</sup>

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<sup>2</sup> [California Child Welfare Indicators Project \(CCWIP\) \(berkeley.edu\)](https://www.berkeley.edu/ccwip)

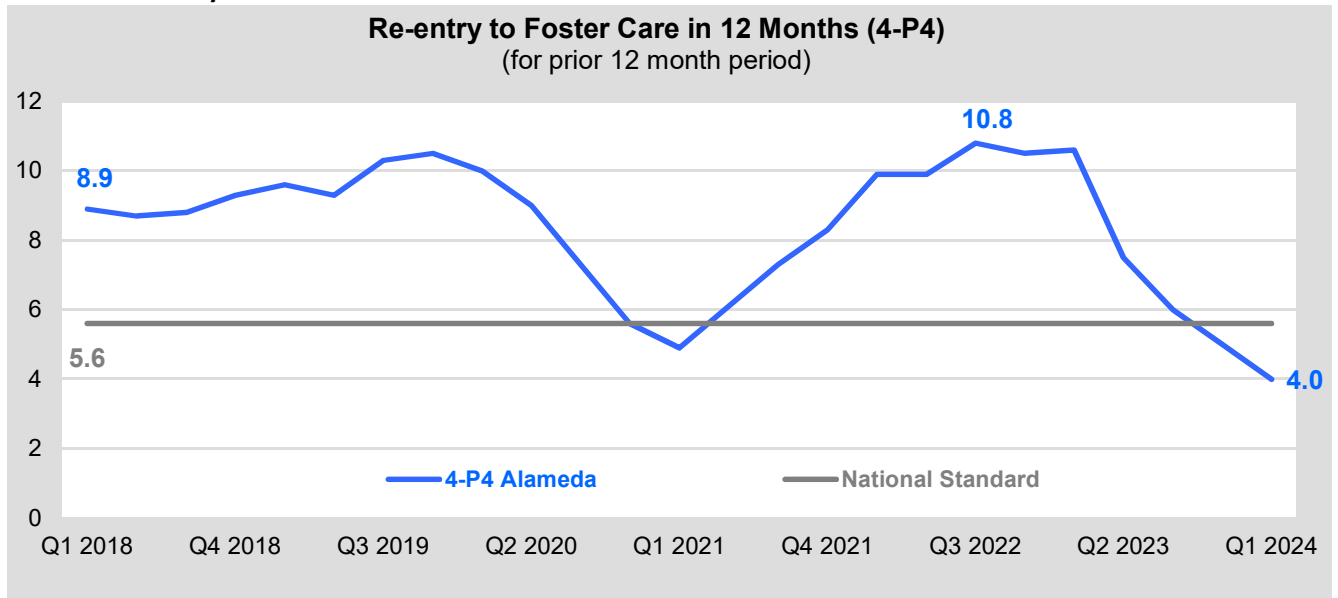
**Table B3: Alameda County Outcome Measure Performance Compared to Federal/CA Standard**

Standard Met or Exceeded	Standard Not Met
<ul style="list-style-type: none"> <li>• 4-S1: Maltreatment in foster care</li> <li>• 4-S2: Recurrence of maltreatment</li> <li>• 4-P4: Re-entry to foster care in 12 months</li> <li>• 4-P5: Placement stability</li> <li>• 2F-2: Monthly visits in residence</li> </ul>	<ul style="list-style-type: none"> <li>• 4-P1: Permanency in 12 months (entering foster care)</li> <li>• 4-P2: Permanency in 12 months (in care 12- 23 months)</li> <li>• 4-P3: Permanency in 12 months (in care 24 months+)</li> <li>• 2B: Timely referral investigation (Immediates)</li> <li>• 2B: Timely referral investigation (10 day referrals)</li> <li>• 2F-1: Monthly face to face visits (children out of home)</li> </ul>

Source: CWS/CMS 2024 Quarter 1 Extract

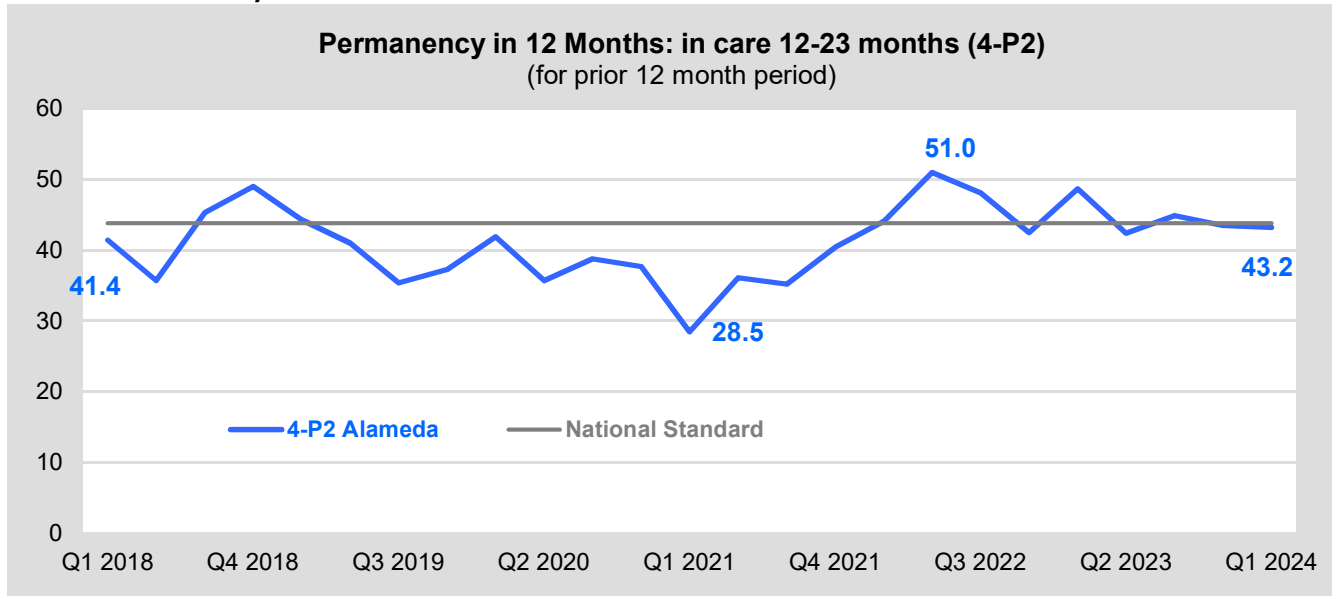
The Department considered measures not meeting the standard. There is some fluctuation quarter to quarter with performance on any measure experiencing some improvement or decline, but the above grouping is mostly consistent with recent past performance. The exceptions are with measures 4-P4 and 4-P2 (see charts below). With 4-P4, the Department has recently had improved performance and has recently met the federal standard. 4-P2 has consistently had performance that is close to or above the national standard for several years. In comparison for the most recent quarter, California’s overall performance exceeded the standard for P2 (44.7%) but was short of the standard for P4 (8.0%).

**Chart B4: Re-Entry into Foster Care in 12 Months**



Source: CWS/CMS 2024 Quarter 1 Extract

**Chart B5: Permanency in 12 Months for Youth in Care 12-23 Months**



Source: CWS/CMS 2024 Quarter 1 Extract

Because of the performance close to the respective standard for 4-P2, the Department did not select that measure for the SIP. That left the 4-P1, 4-P3, 2B (10 Days and Immediates), and 2F-1 measures for further consideration.

**Table B7: Alameda County Outcome Measure Performance Data**

Measure Number	Description	Performance	National/ CA Standard	1 yr % change	5 yr % change
4-S1	Maltreatment in foster care	1.55	9.07	-58.1%	-58.4%
4-S2	Recurrence of maltreatment	1.3	9.7	-27.7%	-76.9%
4-P1	Permanency in 12 months (entering foster care)	28.1	35.2	-10.3%	-27.8%
4-P2	Permanency in 12 months (in care 12- 23 months)	43.2	43.8	-11.4%	-2.5%
4-P3	Permanency in 12 months (in care 24 months+)	23.8	37.3	-25.6%	-33.0%
4-P4	Re-entry to foster care in 12 months	4.0	5.6	-62.7%	-58.8%
4-P5	Placement stability	2.6	4.48	25.3%	-27.6%
2B	Timely referral investigation (Immediates)	89.1	90.0	-4.2%	-7.0%
2B	Timely referral investigation (10 day referrals)	31.8	90.0	-29.3%	-65.2%
2F-1	Monthly face to face visits (children out of home)	90.8	95.0	-3.4%	-4.8%
2F-2	Monthly visits in residence	80.5	50.0	-1.0%	4.8%

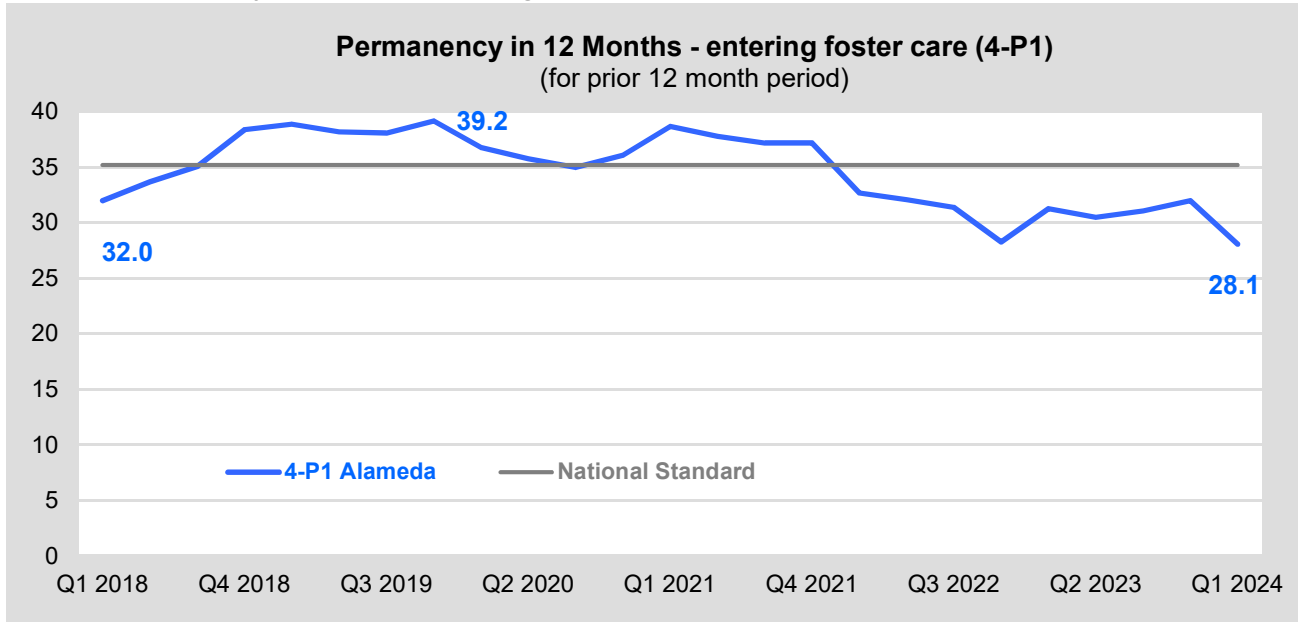
Source: CWS/CMS 2024 Quarter 1 Extract

Performance for 2F-1 was also relatively closer to its standard than the 2B (10-day), 4-P1, or 4-P3 measures were to their respective standards. The 2F-1 is also tracking a process of caseworker visits, which may contribute to permanency but it is less relevant than 4-P1 or 4-P3 than the findings and work from the CSA that provided extensive insight into timely and lasting permanency. The P3 measure was ultimately chosen over 4-P1, because its recent performance is further from the standard, it had a larger decline over 1 or 5 years (as shown in preceding table), and potential strategies to improve P3 performance appear to be closely related to CSA findings and feedback.

For comparison with California’s overall performance, in the most recent quarter, it fell short of the standard for 4-P1 (32.8%) as well as with 4-P3 (35.3%). California also recognized in its 2023 Statewide Assessment that it had failed to meet the national standard during the past three years.<sup>3</sup>

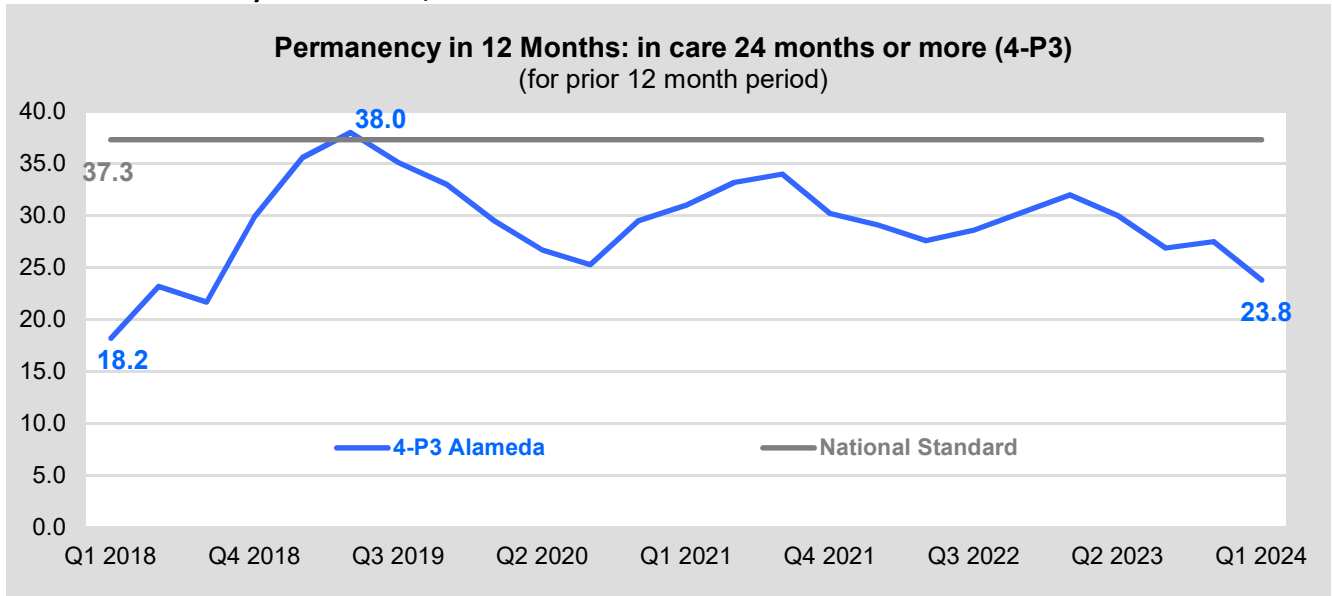
<sup>3</sup> [Round 4 of the CFSRs | The Administration for Children and Families \(hhs.gov\)](https://www.hhs.gov/round-4-of-the-cfsrs/)

**Table B8: Permanency in 12 Months, Entering Foster Care**



Source: CWS/CMS 2024 Quarter 1 Extract

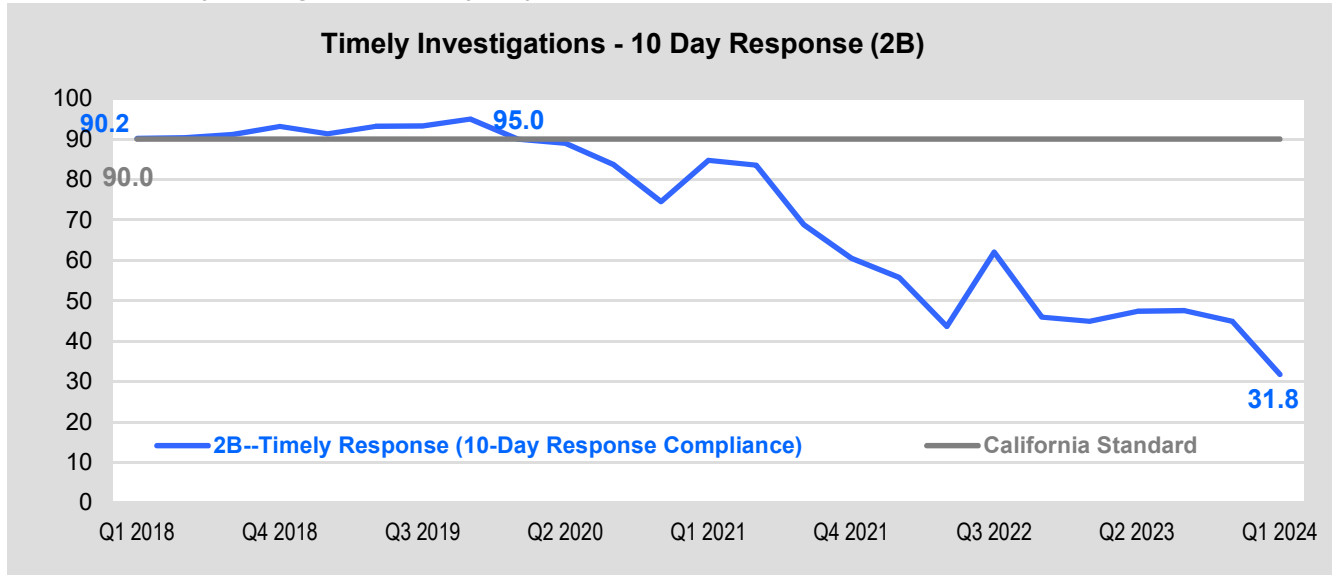
**Table B9: Permanency in 12 Months, in Care for 24+ Months**



Source: CWS/CMS 2024 Quarter 1 Extract

The Department considers its performance with the 2B measure as an issue that it must prioritize in the SIP, given the gap between the standard and actual performance, especially for 10 day referrals. The Department has been working diligently to improve timely referral investigations and this will continue during this SIP period.

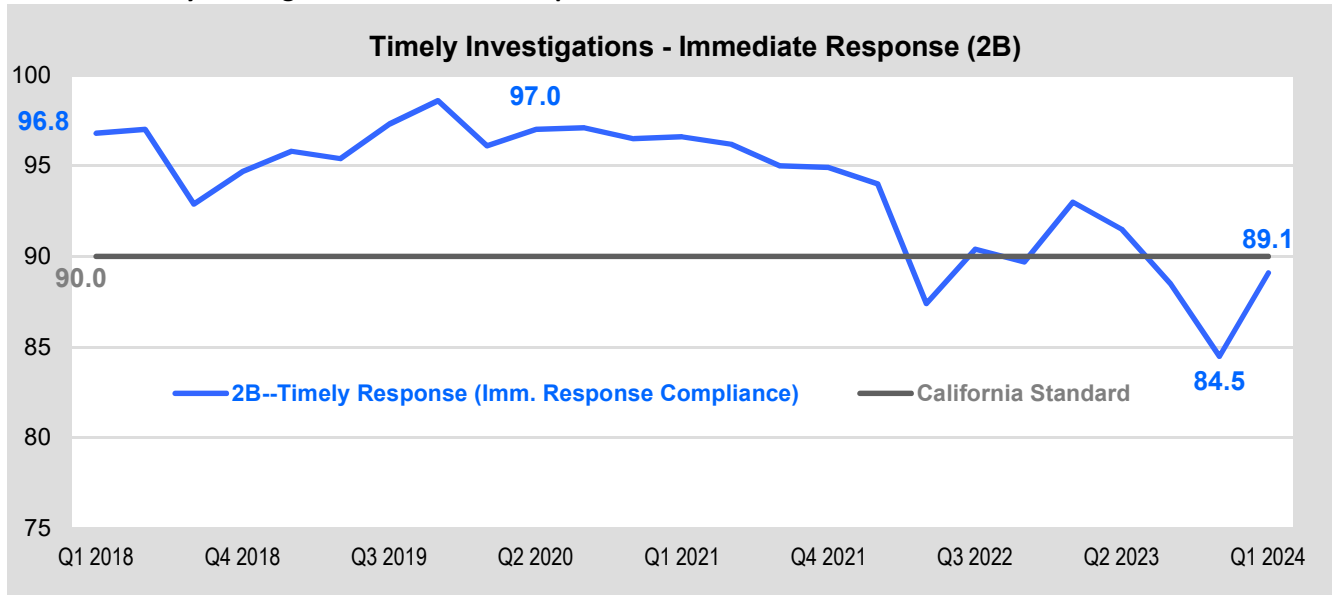
**Table B10: Timely Investigations, 10-Day Response**



Source: CWS/CMS 2024 Quarter 1 Extract

As shown below, the 2B (Immediate) performance for the most recent quarter was very close to the standard, within just 0.8%. However, performance has not met the standard during the most recent timeframes.

**Chart B6: Timely Investigations, Immediate Response**



Source: CWS/CMS 2024 Quarter 1 Extract

**Juvenile Probation Services**

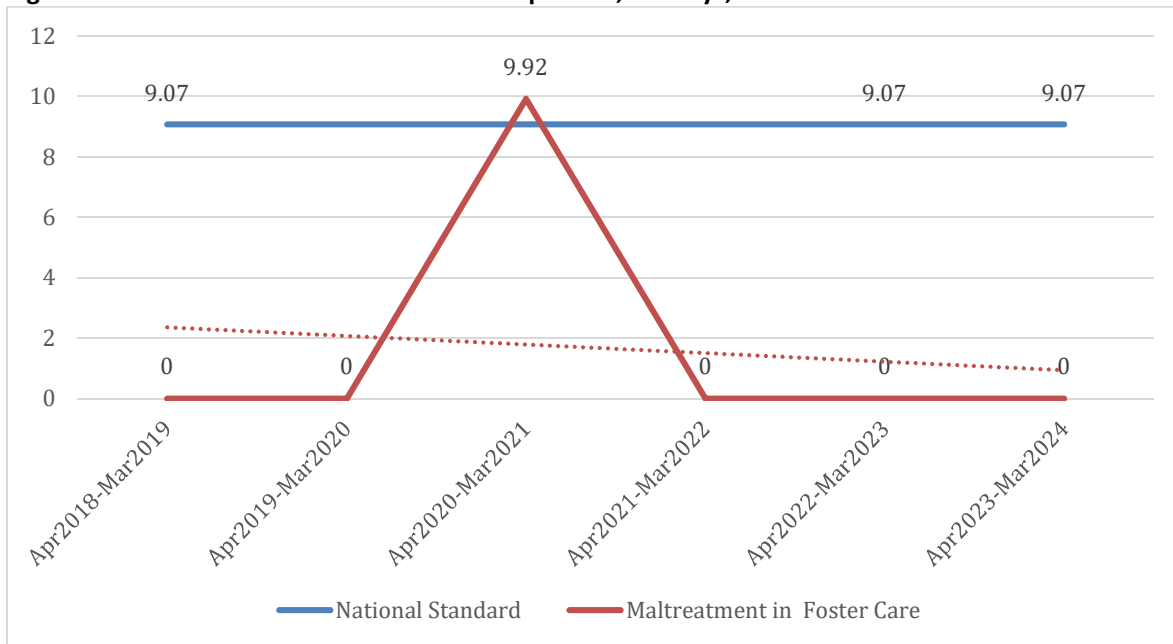
Outcomes Above the Standard

### S1 - Maltreatment in Foster Care per 100,000 days

This measure is defined as “Of all children in care during the 12-month period, what is the rate of victimization per day?”

The national standard for this measure is 9.07. During the CSA reporting period, April 1, 2022, to March 31, 2023, Alameda County Probation youth experienced a victimization rate of 0 (0 of 16,723 days), exceeding the national standard. This has remained consistent in Q1 2024 (0 of 14,606). Probation has only not met the standard once during the past six years with a rate of 9.92 in 2020-2021. Probation attributes their performance in this measure to the high rates of STRTP placements which have strict conduct regulations, and Relative/NREFM placements which are known to the youth resulting in better relationships.

Figure B11: S1 - Maltreatment in Foster Care per 100,000 days, 2018 – 2024



Source: Webster, D., Lee, S., Dawson, W., Magruder, J., Exel, M., Cuccaro-Alamin, S., Putnam-Hornstein, E., Wiegmann, W., Saika, G., Chambers, J., Hammond, I., Williams, C., Miramontes, A., Ayat, N., Sandoval, A., Benton, C., Hoerl, C., McMillen, B., Wade, B., Yee, H., Flamson, T., Hunt, J., Carpenter, W., Casillas, E., & Gonzalez, A. (2020). CCWIP reports. Retrieved from University of California at Berkeley California Child Welfare Indicators Project website. URL: <[http://cssr.berkeley.edu/ucb\\_childwelfare](http://cssr.berkeley.edu/ucb_childwelfare)

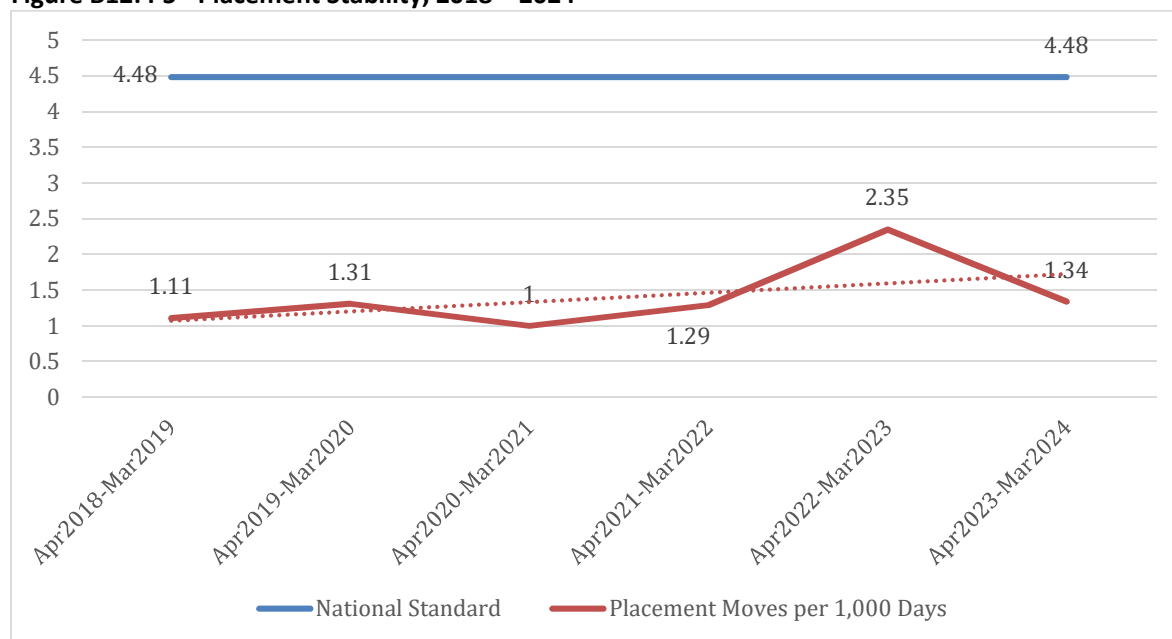
### P5 - Placement Stability

This measure is defined as “Of all children who enter care in the 12-month period, what is the rate of placement moves per day?”

The National Standard is less than or equal to 4.48 moves per 1,000 days. During the reporting period, April 1, 2022, to March 31, 2023, Alameda Probation youth experienced a 2.4 rate of placement moves per 1,000 placement days (14 placement moves over 5,841 placement days), which is less than (better than) the national standard. This has remained constant for Q1 2024 (8 of 5,979). The County has exceeded the standard for the past five years. Probation attributes their performance in this measure to the utilization of relative placements, which tend to be more consistent and successful. In cases where youth have more complex needs, probation officers take into consideration the specific needs of each youth in combination with STRTP programming and STRTP location to facilitate appropriate placement

matching. Additionally, when a placement is not appropriate for a youth and that youth AWOL's or is not engaging in the program, probation officers take this into consideration when changing a placement.

**Figure B12: P5 - Placement Stability, 2018 – 2024**



Source: Webster, D., Lee, S., Dawson, W., Magruder, J., Exel, M., Cuccaro-Alamin, S., Putnam-Hornstein, E., Wiegmann, W., Saika, G., Chambers, J., Hammond, I., Williams, C., Miramontes, A., Ayat, N., Sandoval, A., Benton, C., Hoerl, C., McMillen, B., Wade, B., Yee, H., Flamson, T., Hunt, J., Carpenter, W., Casillas, E., & Gonzalez, A. (2020). CCWIP reports. Retrieved from University of California at Berkeley California Child Welfare Indicators Project website. URL: <[http://cssr.berkeley.edu/ucb\\_childwelfare](http://cssr.berkeley.edu/ucb_childwelfare)

### Outcomes Below the Standard

Focus for current SIP

### **P-1 Permanency in 12 months**

This measure is defined as “Of all children who enter foster care in a 12-month period, what percent discharged to permanency within 12 months of entering foster care?”

The National Standard for this measure is 35.2%. During the CSA reporting period, April 1, 2021, to March 31, 2022, and the subsequent quarter, Q1 2024, Alameda County achieved permanency for 8.8% of youth and 2.2% respectively, not meeting the national standard. However, the dynamic data indicates that only 63.8% during the CSA reporting period and 74.5% during Q1 2024 of youth counted in this measure remain in foster care. This data discrepancy is likely due to the number of youths counted in the “Other” category, which are not counted as achieving permanency. For Alameda County, this “Other” category encompasses probation youth who have run away from placement, been incarcerated, or have died. Unfortunately, according to the City of Oakland Department of Violence Prevention, in 2022 50% (15 of 30) of youth homicide victims were probation involved, and in 2023 27% (7 of 26) of youth homicide victims were probation involved. Oftentimes these homicides are gang related.

Regarding reunification in all timeframes (P1, P2, P3), participants in the probation officer focus group highlighted several barriers and challenges. Probation officers reported that youth tend to be more

successful in achieving permanency when they are held accountable for their actions, however, sometimes the court and probation officers disagree about what consequences are appropriate. Some youths do not see the upside in changing their criminal behavior because it can be more lucrative than the jobs that they are qualified to hold. Some families and home environments that contributed to the youths' criminal behaviors do not change while the youth is in placement, making reunification an unsafe option for the youth and the community. There is a lack of approved resource family homes available to probation youth. This results in most youth being placed in STRTPs, making a smooth transition back into their family homes and/or society more difficult. Finally, many older youths do not achieve permanency before their 18<sup>th</sup> birthday, and so they continue into non-minor dependent status.

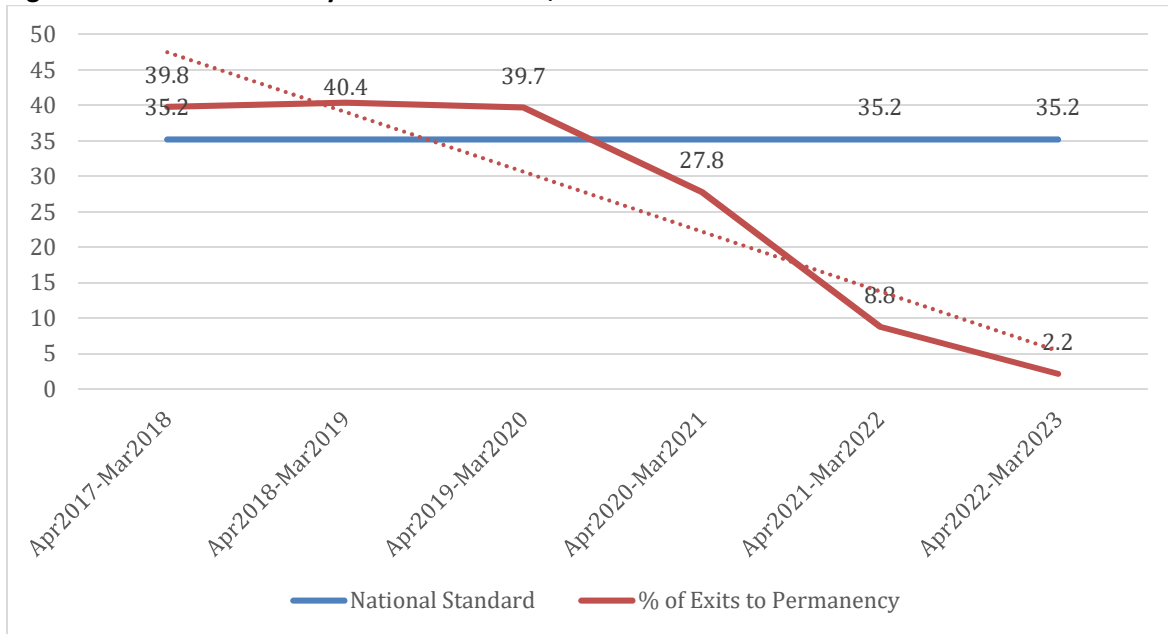
Participants in the probation supervisor focus group also reported similar barriers and challenges. Supervisors stated that factors such as unemployment, unstable housing, poverty, and/or large family sizes can present challenges for parents when engaging in the youths' case plan goals to achieve reunification. Many families see the youth as having the issue(s) and are hesitant to engage and make the required changes to facilitate successful reunification. Some youth experience trauma and/or anxiety as reunification draws near, which can result in "acting out" because they are doing well in their program and wish to stay. Additionally, there are no consequences for parents who do not engage in the reunification process, except that youths may spend more time in placement. Some parents take in youth who have run away from placement and even abscond with youth or generally support what is not in the youth's best interests. This can be the case when the youth is helping to support the family financially through criminal activities. Supervisors suggested mandatory parenting classes for all parents of probation placement youth.

Probation chose to focus on Outcome Measures P1 – Permanency in 12 Months (Entering Care) and P2 – Permanency in 12 Months (In Care 12-24 Months) for the previous SIP cycle. As discussed throughout this report, it continues to be challenging to meet the standard for these measures. The greatest challenge has been the high cost of housing and overall cost of living in the Bay Area. Therefore, judges and attorneys have advocated for Extended Foster Care (AB12) and attempt to keep youth in care until their 18th birthday to ensure eligibility for housing services. This is great for youth who now have more assistance in achieving independence, however, this negatively impacts P-1 and P-2 Outcome Measure Data.

Additionally, in an effort to improve permanency outcomes during the previous SIP cycle, Probation was able to successfully implement the Carey Guides for both cognitive based intervention and as a case management tool. The Carey Guides provides officers a structured supervision model to engage and work with youth while focusing on the criminogenic needs of the youth involved. This program assists in transitioning youth from placement to home, working specifically with youth at risk of removal, and is available 24/7. Activities with each youth and family vary, but are goal driven and typically include case management, crisis intervention services available 24/7, skill development, and educational and vocational work.

During the previous SIP cycle, Probation was also able to enhance their contract with Family Builders to include family finding services. During the RFA process, Family Builders reaches out to youth and finds family members that may be willing to accept placement. Family Builders employs staff with the appropriate skills and credentials to conduct interviews and background checks. All Probation staff have been trained in family finding methods from Family Builders.

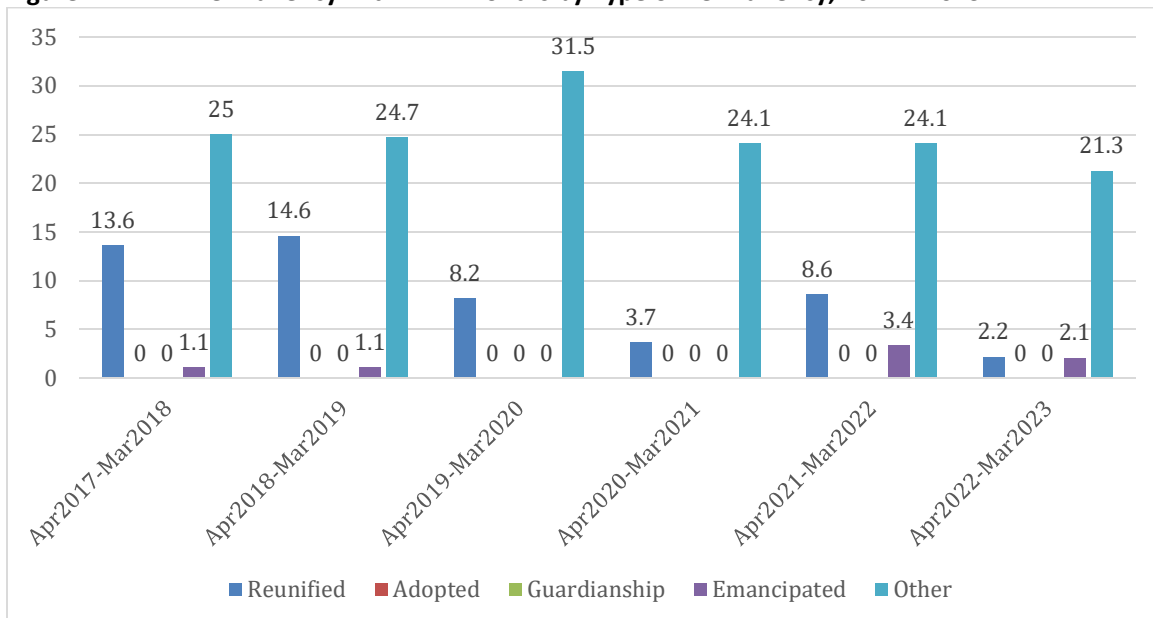
**Figure B13: P1 - Permanency within 12 months, 2017 – 2023**



Source: Webster, D., Lee, S., Dawson, W., Magruder, J., Exel, M., Cuccaro-Alamin, S., Putnam-Hornstein, E., Wiegmann, W., Saika, G., Chambers, J., Hammond, I., Williams, C., Miramontes, A., Ayat, N., Sandoval, A., Benton, C., Hoerl, C., McMillen, B., Wade, B., Yee, H., Flamson, T., Hunt, J., Carpenter, W., Casillas, E., & Gonzalez, A. (2020). CCWIP reports. Retrieved from University of California at Berkeley California Child Welfare Indicators Project website. URL: <[http://cssr.berkeley.edu/ucb\\_childwelfare](http://cssr.berkeley.edu/ucb_childwelfare)>

Figure B14 shows that “Other” is the predominant type of permanency achieved during the five-year period.

**Figure B14: P1 - Permanency within 12 Months by Type of Permanency, 2017 – 2023**

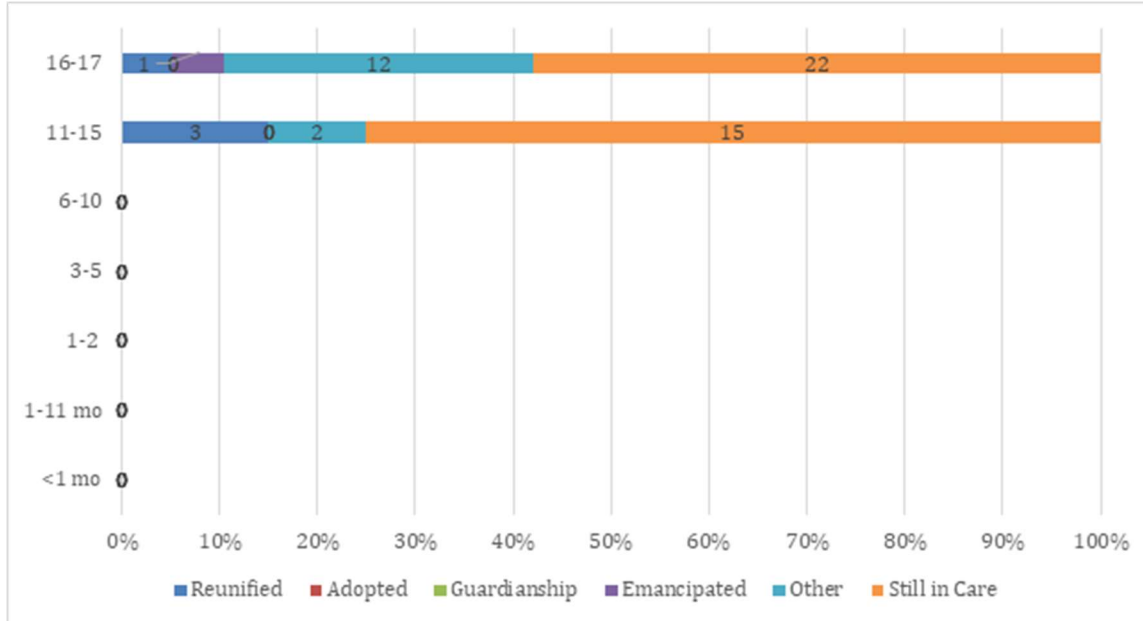


Source: Webster, D., Lee, S., Dawson, W., Magruder, J., Exel, M., Cuccaro-Alamin, S., Putnam-Hornstein, E., Wiegmann, W., Saika, G., Chambers, J., Hammond, I., Williams, C., Miramontes, A., Ayat, N., Sandoval, A., Benton, C., Hoerl, C., McMillen, B., Wade, B., Yee, H., Flamson, T., Hunt, J., Carpenter, W., Casillas, E., & Gonzalez, A. (2020). CCWIP reports. Retrieved from

University of California at Berkeley California Child Welfare Indicators Project website. URL: <[http://cssr.berkeley.edu/ucb\\_childwelfare](http://cssr.berkeley.edu/ucb_childwelfare)>

Most youth exiting to permanency within 12 months during this reporting period exited via “Other.”

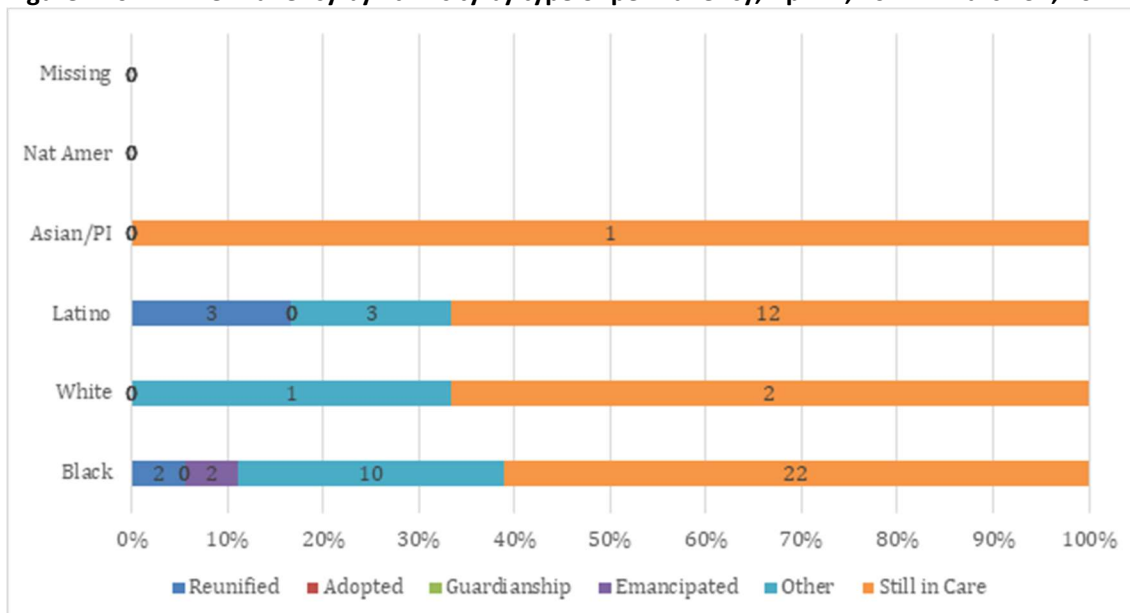
**Figure B15: P1 - Permanency by Age group by type of permanency, April 1, 2021 – March 31, 2022**



Source: Webster, D., Lee, S., Dawson, W., Magruder, J., Exel, M., Cuccaro-Alamin, S., Putnam-Hornstein, E., Wiegmann, W., Saika, G., Chambers, J., Hammond, I., Williams, C., Miramontes, A., Ayat, N., Sandoval, A., Benton, C., Hoerl, C., McMillen, B., Wade, B., Yee, H., Flamson, T., Hunt, J., Carpenter, W., Casillas, E., & Gonzalez, A. (2020). CCWIP reports. Retrieved from University of California at Berkeley California Child Welfare Indicators Project website. URL: <[http://cssr.berkeley.edu/ucb\\_childwelfare](http://cssr.berkeley.edu/ucb_childwelfare)>

Figure B16 shows that Black youth exit foster care at the highest rate.

**Figure B16: P1 - Permanency by Ethnicity by type of permanency, April 1, 2021 – March 31, 2022**



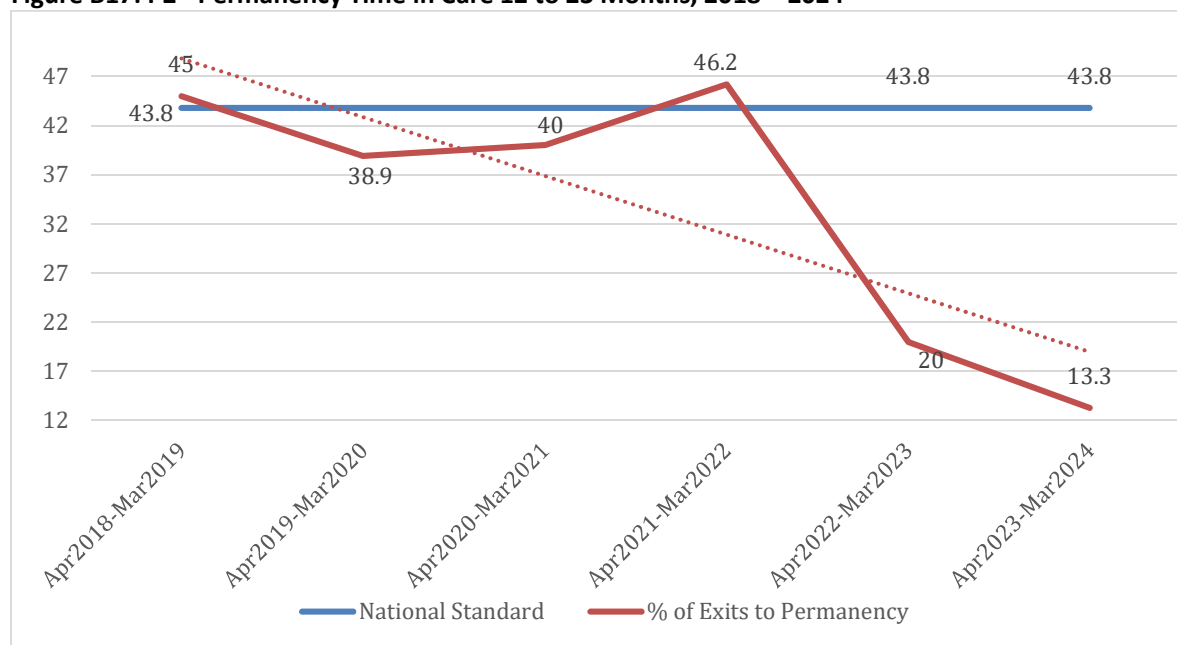
Source: Webster, D., Lee, S., Dawson, W., Magruder, J., Exel, M., Cuccaro-Alamin, S., Putnam-Hornstein, E., Wiegmann, W., Saika, G., Chambers, J., Hammond, I., Williams, C., Miramontes, A., Ayat, N., Sandoval, A., Benton, C., Hoerl, C., McMillen, B., Wade, B., Yee, H., Flamson, T., Hunt, J., Carpenter, W., Casillas, E., & Gonzalez, A. (2020). CCWIP reports. Retrieved from University of California at Berkeley California Child Welfare Indicators Project website. URL: <[http://cssr.berkeley.edu/ucb\\_childwelfare](http://cssr.berkeley.edu/ucb_childwelfare)>

## P2 - Permanency Time in Care 12 to 23 Months

This measure is defined as “Of all children in foster care on the first day of the 12-month period who had been in foster care (in that episode) between 12 and 23 months, what percent discharged from foster care to permanency within 12 months of the first day of the 12-month period?”

The National Standard is 43.8% exiting to permanency. During of the CSA reporting period, April 1, 2022, to March 31, 2023, 20% of children in care 12-23 months exited to permanency, not meeting the national standard. However, the dynamic data indicates that only 70% of youth counted in this measure remain in foster care. This trend continued in Q1 2024 with only 13.3% of youth exiting to permanency. Again, this data discrepancy may be due to youth being counted in the “Other” category. The County has fluctuated above and below the standard for the past five years.

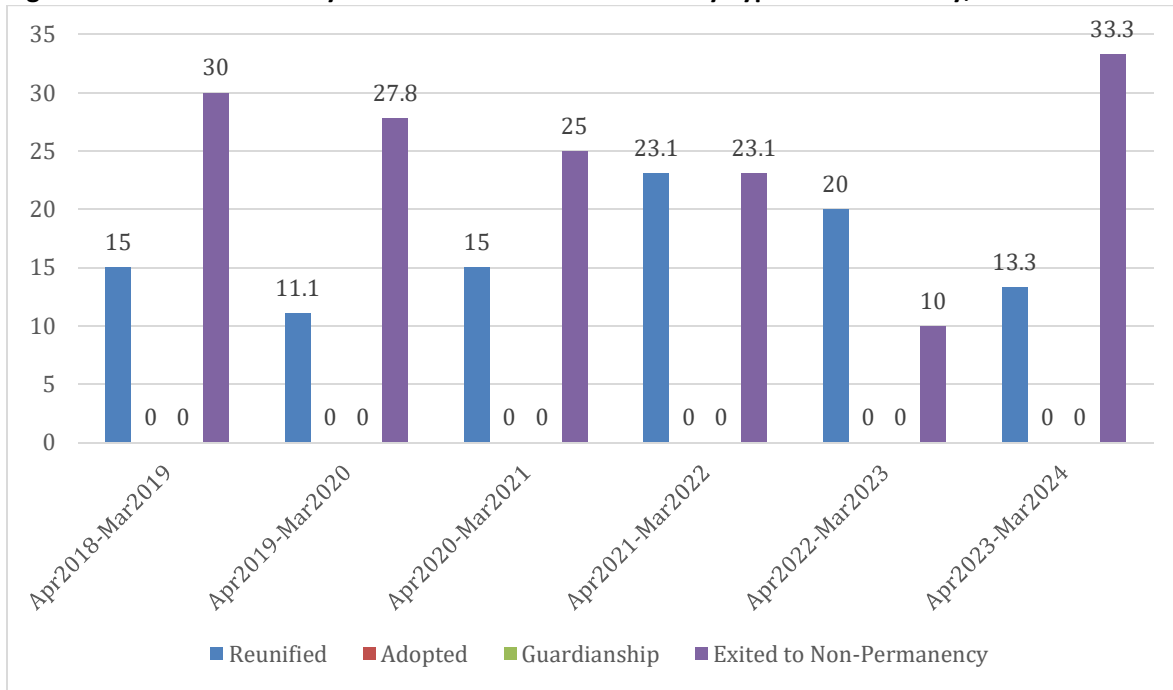
**Figure B17: P2 - Permanency Time in Care 12 to 23 Months, 2018 – 2024**



Source: Webster, D., Lee, S., Dawson, W., Magruder, J., Exel, M., Cuccaro-Alamin, S., Putnam-Hornstein, E., Wiegmann, W., Saika, G., Chambers, J., Hammond, I., Williams, C., Miramontes, A., Ayat, N., Sandoval, A., Benton, C., Hoerl, C., McMillen, B., Wade, B., Yee, H., Flamson, T., Hunt, J., Carpenter, W., Casillas, E., & Gonzalez, A. (2020). CCWIP reports. Retrieved from University of California at Berkeley California Child Welfare Indicators Project website. URL: <[http://cssr.berkeley.edu/ucb\\_childwelfare](http://cssr.berkeley.edu/ucb_childwelfare)>

The predominant type of permanency for youth included in this measure is “Exited to Non-Permanency.” According to the CCWIP methodology, “The category, ‘Exited to non-permanency’, includes those who exited care before 12 months, but not to one of the permanent exit types that make up the numerator” (reunification, guardianship, adoption). The youth are counted as having “Exited to Non-Permanency” for the same reasons youth are included in the “Other” category in measure P-1.

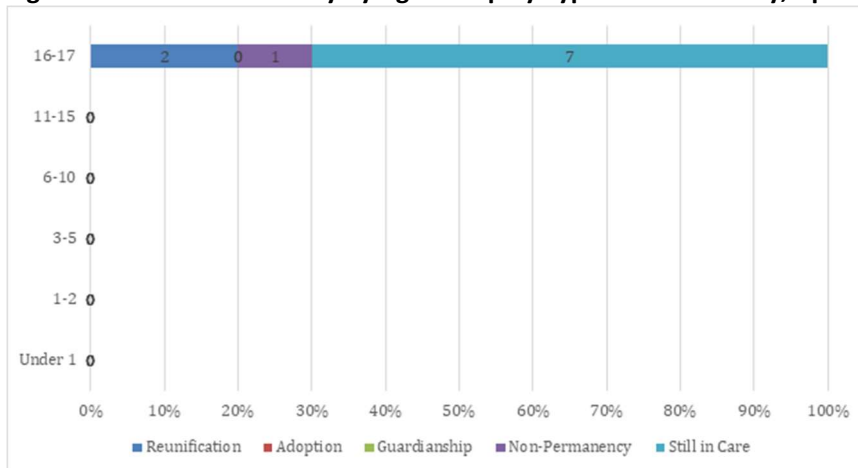
**Figure B18: P2 - Permanency Time in Care 12 to 23 Months by Type of Permanency, 2018 – 2024**



Source: Webster, D., Lee, S., Dawson, W., Magruder, J., Exel, M., Cuccaro-Alamin, S., Putnam-Hornstein, E., Wiegmann, W., Saika, G., Chambers, J., Hammond, I., Williams, C., Miramontes, A., Ayat, N., Sandoval, A., Benton, C., Hoerl, C., McMillen, B., Wade, B., Yee, H., Flamson, T., Hunt, J., Carpenter, W., Casillas, E., & Gonzalez, A. (2020). CCWIP reports. Retrieved from University of California at Berkeley California Child Welfare Indicators Project website. URL: <[http://cssr.berkeley.edu/ucb\\_childwelfare](http://cssr.berkeley.edu/ucb_childwelfare)>

Figure B19 shows that only youth aged 16-17 are included in this measure, and 70% are still in care.

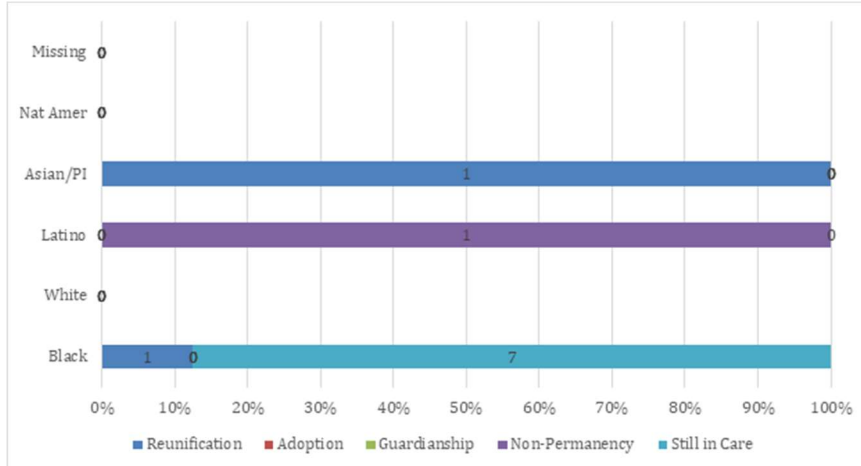
**Figure B19: P2 - Permanency by Age Group by Type of Permanency, April 1, 2022, to March 31, 2023**



Source: Webster, D., Lee, S., Dawson, W., Magruder, J., Exel, M., Cuccaro-Alamin, S., Putnam-Hornstein, E., Wiegmann, W., Saika, G., Chambers, J., Hammond, I., Williams, C., Miramontes, A., Ayat, N., Sandoval, A., Benton, C., Hoerl, C., McMillen, B., Wade, B., Yee, H., Flamson, T., Hunt, J., Carpenter, W., Casillas, E., & Gonzalez, A. (2020). CCWIP reports. Retrieved from University of California at Berkeley California Child Welfare Indicators Project website. URL: <[http://cssr.berkeley.edu/ucb\\_childwelfare](http://cssr.berkeley.edu/ucb_childwelfare)>

Figure B20 shows that 80% of youth included in this measure were Black, one of which achieved permanency.

**Figure B20: P2 - Permanency by Ethnicity by Type of Permanency, April 1, 2022, to March 31, 2023**



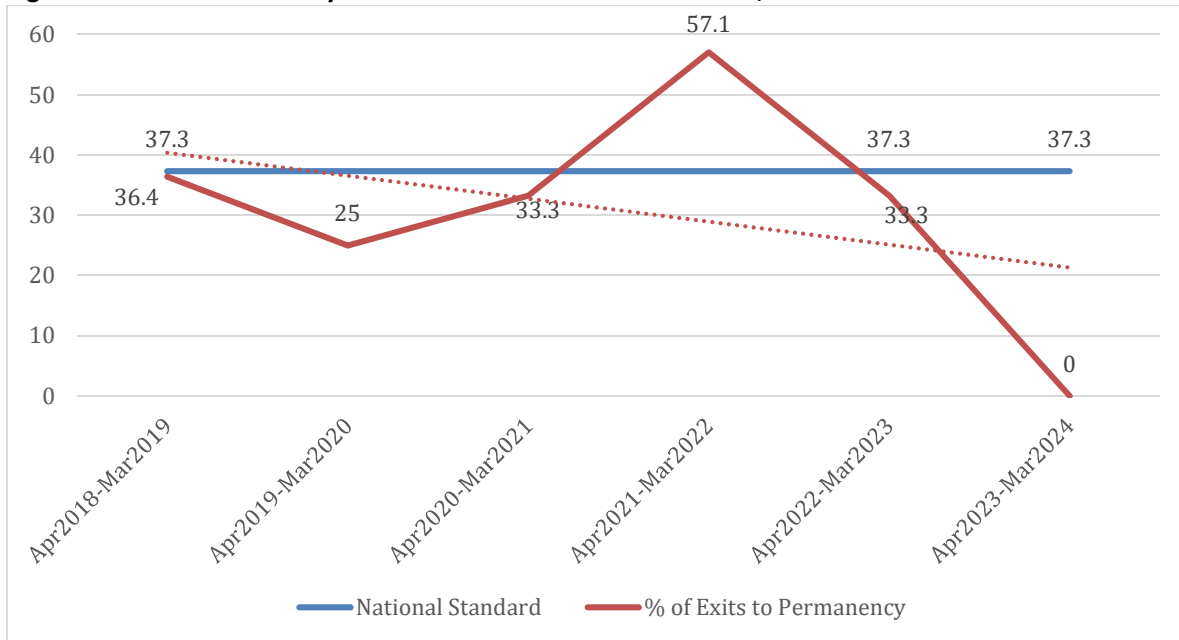
Source: Webster, D., Lee, S., Dawson, W., Magruder, J., Exel, M., Cuccaro-Alamin, S., Putnam-Hornstein, E., Wiegmann, W., Saika, G., Chambers, J., Hammond, I., Williams, C., Miramontes, A., Ayat, N., Sandoval, A., Benton, C., Hoerl, C., McMillen, B., Wade, B., Yee, H., Flamson, T., Hunt, J., Carpenter, W., Casillas, E., & Gonzalez, A. (2020). CCWIP reports. Retrieved from University of California at Berkeley California Child Welfare Indicators Project website. URL: <[http://cssr.berkeley.edu/ucb\\_childwelfare](http://cssr.berkeley.edu/ucb_childwelfare)>

### **P3 - Permanency for Children in Care over 24 months**

This measure is defined as “Of all children in foster care on the first day of a 12- month period, who had been in foster care (in that episode) for 24 months or more, what percent discharged to permanency within 12 months of the first day of the 12-month period?”

The national standard for this measure is 37.3%. During the reporting period, April 1, 2022, to March 31, 2023, 33.3% children exited to permanency, below (not meeting) the national standard. However, the dynamic data indicates that 100% of youths included in this measure remain in foster care. This trend remains consistent for Q1 2024. Over the five years included in the CSA reporting period, the total number of youths included in this measure decreased by 72.7%.

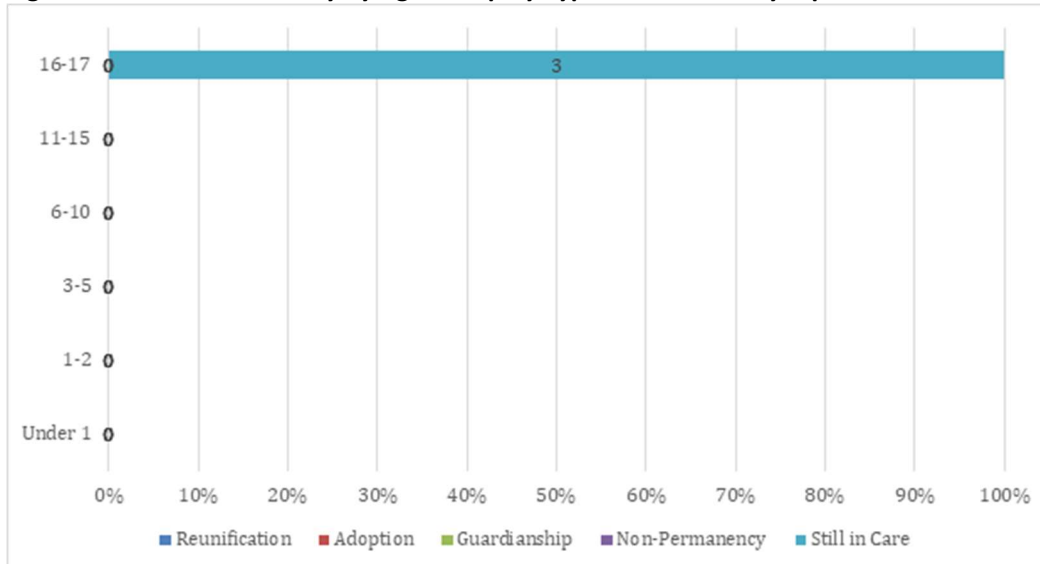
**Figure B21: P3 - Permanency for Children in Care over 24 months, 2018 – 2024**



Source: Webster, D., Lee, S., Dawson, W., Magruder, J., Exel, M., Cuccaro-Alamin, S., Putnam-Hornstein, E., Wiegmann, W., Saika, G., Chambers, J., Hammond, I., Williams, C., Miramontes, A., Ayat, N., Sandoval, A., Benton, C., Hoerl, C., McMillen, B., Wade, B., Yee, H., Flamson, T., Hunt, J., Carpenter, W., Casillas, E., & Gonzalez, A. (2020). CCWIP reports. Retrieved from University of California at Berkeley California Child Welfare Indicators Project website. URL: <[http://cssr.berkeley.edu/ucb\\_childwelfare](http://cssr.berkeley.edu/ucb_childwelfare)>

Figure B22 shows that all youth included in this measure are aged 16-17.

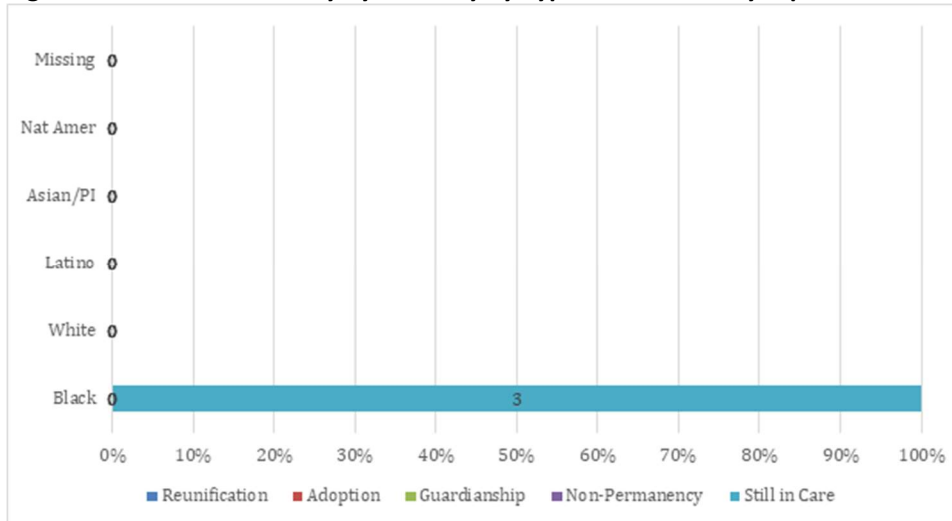
**Figure B22: P3 - Permanency by Age Group by Type of Permanency, April 1, 2022, to March 31, 2023**



Source: Webster, D., Lee, S., Dawson, W., Magruder, J., Exel, M., Cuccaro-Alamin, S., Putnam-Hornstein, E., Wiegmann, W., Saika, G., Chambers, J., Hammond, I., Williams, C., Miramontes, A., Ayat, N., Sandoval, A., Benton, C., Hoerl, C., McMillen, B., Wade, B., Yee, H., Flamson, T., Hunt, J., Carpenter, W., Casillas, E., & Gonzalez, A. (2020). CCWIP reports. Retrieved from University of California at Berkeley California Child Welfare Indicators Project website. URL: <[http://cssr.berkeley.edu/ucb\\_childwelfare](http://cssr.berkeley.edu/ucb_childwelfare)>

Figure B23 shows that all youth included in this measure are Black.

**Figure B23: P3 - Permanency by Ethnicity by Type of Permanency, April 1, 2022, to March 31, 2023**



Source: Webster, D., Lee, S., Dawson, W., Magruder, J., Exel, M., Cuccaro-Alamin, S., Putnam-Hornstein, E., Wiegmann, W., Saika, G., Chambers, J., Hammond, I., Williams, C., Miramontes, A., Ayat, N., Sandoval, A., Benton, C., Hoerl, C., McMillen, B., Wade, B., Yee, H., Flamson, T., Hunt, J., Carpenter, W., Casillas, E., & Gonzalez, A. (2020). CCWIP reports. Retrieved from University of California at Berkeley California Child Welfare Indicators Project website. URL: <[http://cssr.berkeley.edu/ucb\\_childwelfare](http://cssr.berkeley.edu/ucb_childwelfare)>

#### **P4 - Re-Entry into Foster Care**

This measure is defined as “Of all children who enter foster care in a 12-month period who discharged within 12 months to reunification, living with a relative(s), or guardianship, what percent re-enter foster care within 12 months of their discharge?”

The National Standard for P4 is 5.6%. During this period, April 1, 2021, to March 31, 2022, 14.3% of youth re-entered after achieving permanency, not meeting the national standard. The youth who re-entered care was aged 16-17 and Latino. The County has not met the standard for the past six years. However, over the five years included in the CSA reporting period, the number of youths included in this measure has decreased by 74%.

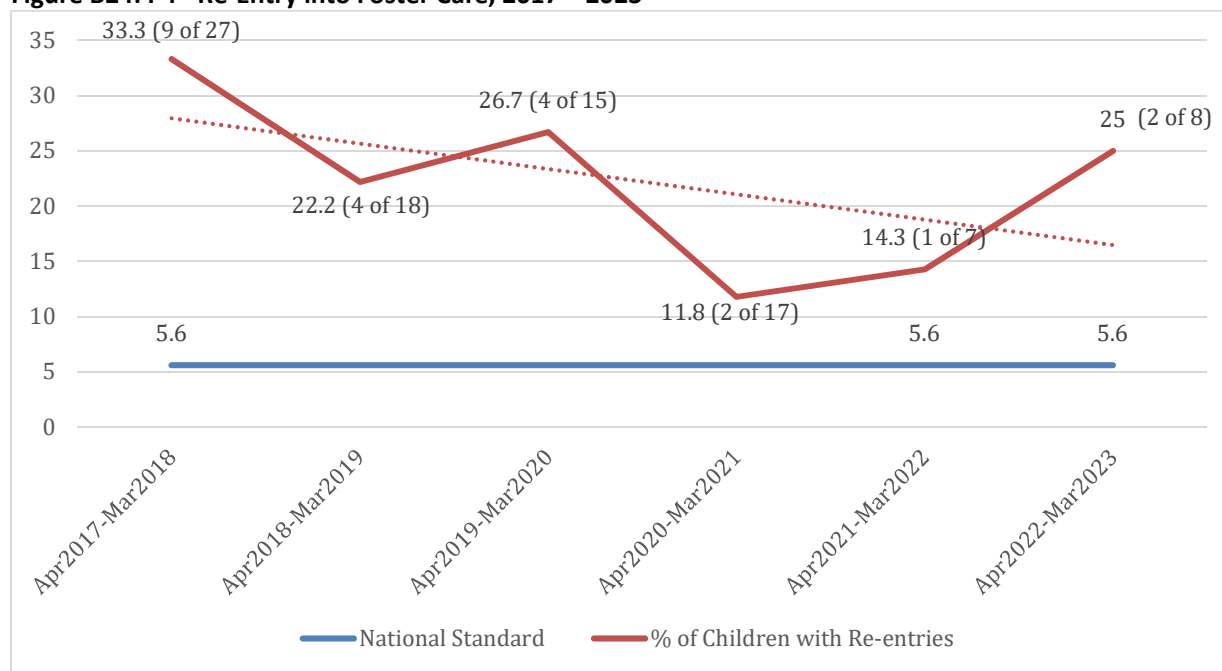
Participants in the Probation Officer focus group attributed this performance to several possible reasons. The first reason mentioned was the high rates of youth “AWOL-ing.” Probation officers reported that it is very easy for youth to AWOL, and there are very few, if any, consequences. This results in youth not receiving the needed services to prevent re-entry. Another reason is lack of structure. The STRTPs that many probation youths are placed in provide structure, rules, expectations, routines, and schedules. When these youth step down to RFA homes or achieve permanency, this structure often diminishes, youth have difficulty continuing to progress, and youth may reoffend. Another reason is a lack of service provision and continuity. Community based organizations have high staff turnover rates resulting in difficulties building “true partnerships” with agencies. Oftentimes it takes time before youth can be connected to community resources after permanency is achieved, and in the meantime, some youths reoffend. Finally, sometimes there are differing opinions regarding the youths’ needs among Probation, the court, and the attorneys. Sometimes attorneys request independent living for their youth before the youth have acquired the needed skills to be successful. Participants recommended that upper

management act as a bridge between probation officers and the court to enhance collaboration and understanding between the court and placement officers.

Participants in the community partners focus group reported that some re-entries may be attributed to the housing instability many families faced because of the COVID-19 pandemic. They also stated that youth are often not given a choice regarding their placement, which may lead to youth re-offending or AWOL-ing. They also reported that sometimes probation officers and probation leadership have differing views on permanency; probation officers tend to recommend emancipation while leadership tends to recommend reunification.

Participants in the probation supervisor focus group reported that high re-entry rates may partly be attributed to the lack of a robust Wraparound program to support youth and families after permanency is achieved. As a result, the court is requiring more detailed planning ahead of reunification or permanency to ensure that support and services are planned and in place prior to closing the case. Supervisors attribute this lack of aftercare support partly to a 30% decrease in overall staff since the COVID-19 pandemic. They reported that providing support and services for 90 days after reunification would improve outcomes and suggested reinstating the Aftercare Probation Officer position solely assigned to intensive involvement with reunified youth, in addition to family and individual counseling for 90 days after reunification.

**Figure B24: P4 - Re-Entry into Foster Care, 2017 – 2023**



Source: Webster, D., Lee, S., Dawson, W., Magruder, J., Exel, M., Cuccaro-Alamin, S., Putnam-Hornstein, E., Wiegmann, W., Saika, G., Chambers, J., Hammond, I., Williams, C., Miramontes, A., Ayat, N., Sandoval, A., Benton, C., Hoerl, C., McMillen, B., Wade, B., Yee, H., Flamson, T., Hunt, J., Carpenter, W., Casillas, E., & Gonzalez, A. (2020). CCWIP reports. Retrieved from University of California at Berkeley California Child Welfare Indicators Project website. URL: <[http://cssr.berkeley.edu/ucb\\_childwelfare](http://cssr.berkeley.edu/ucb_childwelfare)>

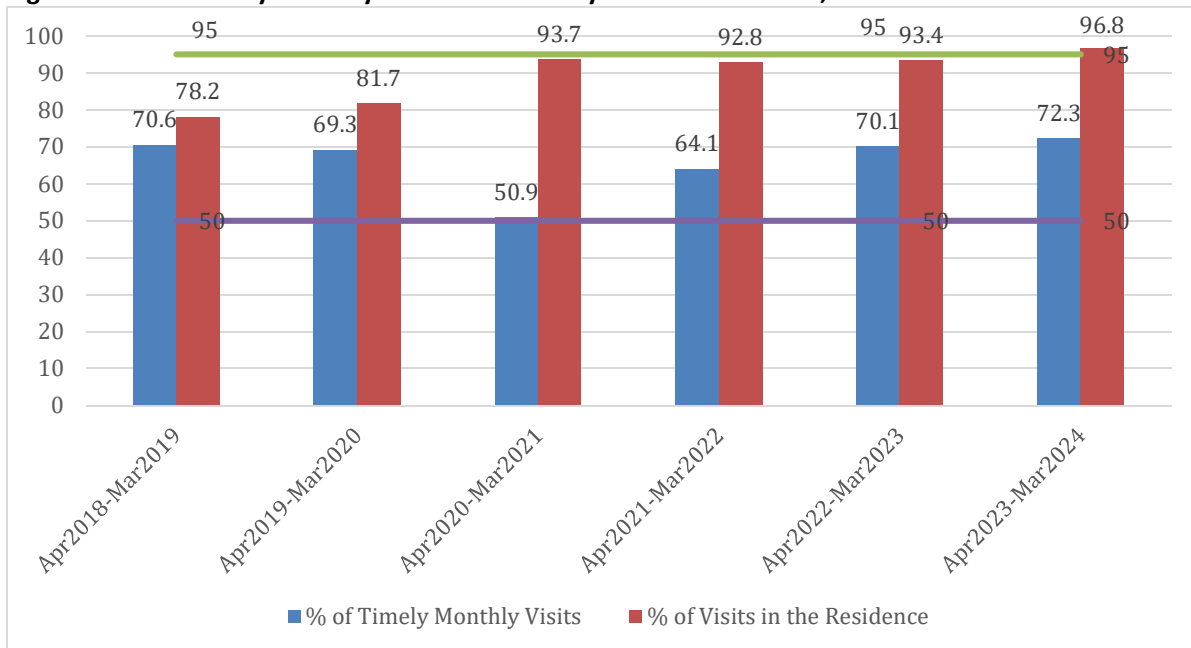
## 2F - Timely Monthly Visits and Monthly Visits in Residence

There are two aspects of the performance measure on caseworker visits: timeliness and location. The required frequency is monthly. The data is defined as “the percentage of children in placement who are

visited by caseworkers. Each child in placement for an entire month must be visited at least once”. The national standard for 2F is 95%. At least 50% of those visits must be at the child’s residence to meet the standard.

During the reporting period, April 1, 2022, to March 31, 2023, Alameda County achieved timely caseworker visits on 70.1% of cases, not meeting the standard, and 93.4% of visits were in the residence, meeting the standard. This trend continued during Q1 2024. Over the last six-year period, the County has not met the standard for timely monthly visits and exceeded the standard for percent of visits in the residence. Probation attributes this performance in part to data entry compliance issues.

**Figure B25: 2F - Timely Monthly Visits and Monthly Visits in Residence, 2018 – 2024**



Source: Webster, D., Lee, S., Dawson, W., Magruder, J., Exel, M., Cuccaro-Alamin, S., Putnam-Hornstein, E., Wiegmann, W., Saika, G., Chambers, J., Hammond, I., Williams, C., Miramontes, A., Ayat, N., Sandoval, A., Benton, C., Hoerl, C., McMillen, B., Wade, B., Yee, H., Flamson, T., Hunt, J., Carpenter, W., Casillas, E., & Gonzalez, A. (2019). CCWIP reports. from University of California at Berkeley California Child Welfare Indicators Project website. URL: [http://cssr.berkeley.edu/ucb\\_childwelfare](http://cssr.berkeley.edu/ucb_childwelfare)

Neither age group met the standard for timely visits, and both age groups exceeded the standard for the percentage of visits in the residence.

**Table B26: 2F - Timely Monthly Visits By Age, April 2022 – March 2023**

Age Group	Children in Out-of-Home Placement	Placement Months	Months with Visits	Percent with Visits	Months with Visits in the Residence	Percent with Visits in the Residence
	n	n	n	%	n	%
Under 1	.	.	.	.	.	.
1-2	.	.	.	.	.	.
3-5	.	.	.	.	.	.
6-10	.	.	.	.	.	.
11-15	26	150	114	76	103	90.4
16-17	47	297	202	68	193	95.5
<b>Total</b>	<b>73</b>	<b>447</b>	<b>316</b>	<b>70.7</b>	<b>296</b>	<b>93.7</b>

Source: Webster, D., Lee, S., Dawson, W., Magruder, J., Exel, M., Cuccaro-Alamin, S., Putnam-Hornstein, E., Wiegmann, W., Saika, G., Chambers, J., Hammond, I., Williams, C., Miramontes, A., Ayat, N., Sandoval, A., Benton, C., Hoerl, C., McMillen, B., Wade, B., Yee, H., Flamson, T., Hunt, J., Carpenter, W., Casillas, E., & Gonzalez, A. (2019). CCWIP reports. from University of California at Berkeley California Child Welfare Indicators Project website. URL: <[http://cssr.berkeley.edu/ucb\\_childwelfare](http://cssr.berkeley.edu/ucb_childwelfare)>

No ethnic groups met the standard for timely visits, and all ethnic groups exceeded the standard for percent of visits in the residence.

**Table B27: 2F - Timely Monthly Visits By Ethnicity, April 2022 – March 2023**

Ethnic Group	Children in Out-of-Home Placement	Placement Months	Months with Visits	Percent with Visits	Months with Visits in the Residence	Percent with Visits in the Residence
	n	n	n	%	n	%
Black	53	310	216	69.7	199	92.1
White	5	40	35	87.5	34	97.1
Latino	12	86	59	68.6	57	96.6
Asian/PI	3	11	6	54.5	6	100
Nat Amer	.	.	.	.	.	.
Missing	.	.	.	.	.	.
<b>Total</b>	<b>73</b>	<b>447</b>	<b>316</b>	<b>70.7</b>	<b>296</b>	<b>93.7</b>

Source: Webster, D., Lee, S., Dawson, W., Magruder, J., Exel, M., Cuccaro-Alamin, S., Putnam-Hornstein, E., Wiegmann, W., Saika, G., Chambers, J., Hammond, I., Williams, C., Miramontes, A., Ayat, N., Sandoval, A., Benton, C., Hoerl, C., McMillen, B., Wade, B., Yee, H., Flamson, T., Hunt, J., Carpenter, W., Casillas, E., & Gonzalez, A. (2019). CCWIP reports. from University of California at Berkeley California Child Welfare Indicators Project website. URL: <[http://cssr.berkeley.edu/ucb\\_childwelfare](http://cssr.berkeley.edu/ucb_childwelfare)>

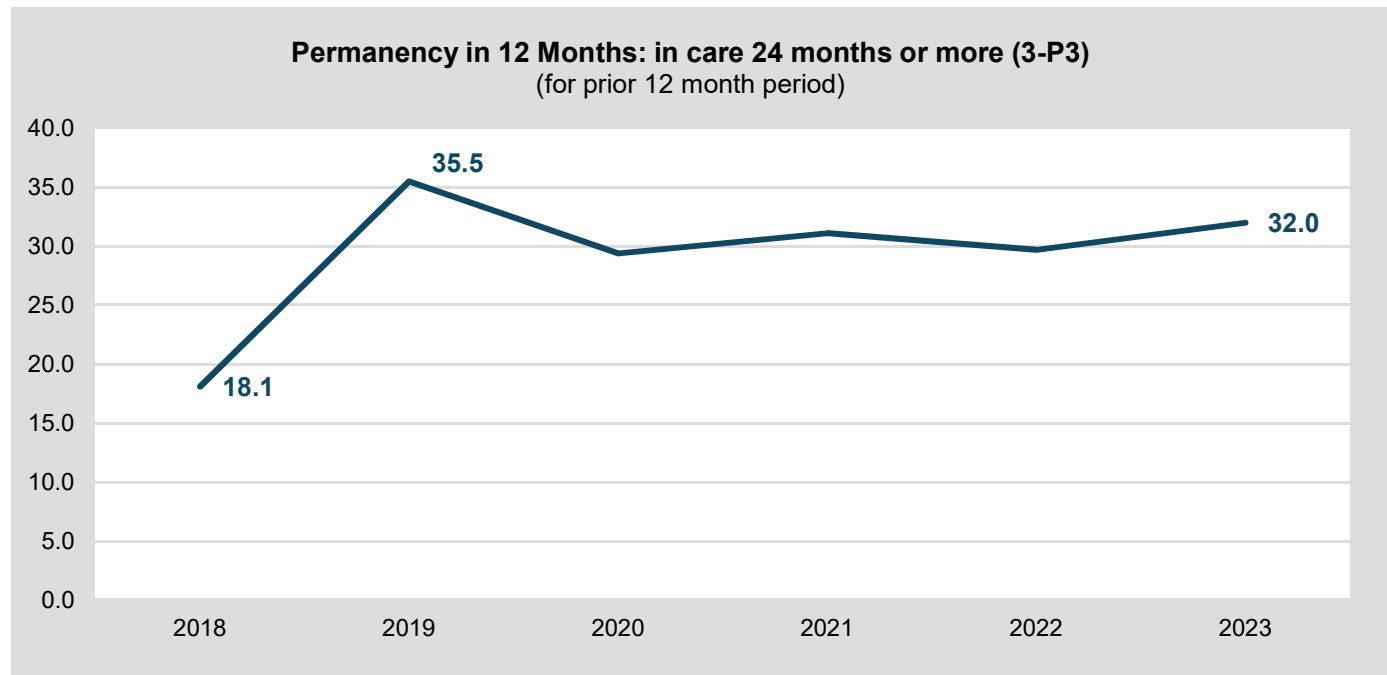
## STRATEGIES AND ACTION STEPS

### Department of Children and Family Services

#### 4-P3 TIMELY PERMANENCY FOR CHILDREN IN FOSTER CARE 24 MONTHS OR LONGER

The 4-P3 measure includes children in foster care on the first day of a 12-month period who had been in their foster care episode for 24 months or more. The measure then determines what percent of those youth exited to permanency (reunification, legal guardianship, or adoption) within 12 months of the start of that 12-month period. As previously discussed, this measure was chosen because of department performance consistently not meeting the standard for several years, with the exception occurring during the third quarter of 2019.

**Chart B28: P-3 Permanency in 12 Months for Youth in Care 24+ Months**



Q1 2023 extract

For the CDSS data report for Q1 2024, department performance was a one-year decline of 25.6% and a decline of 33.0% over five years.

The 4-P3 measure was also chosen because it involves a large amount of the children and youth in care in Alameda County. For the Q1 2024 CDSS report, 231 children and youth were included in the measure, representing 30.4% of all children and youth in care on 4/1/23 (n=760). Strategies for this measure are also expected to help the NMDs in care even though they are not included in the measure. During April 2023, there were 159 NMDs who had been in care for at least 24 months.

Each of the strategies for the 4P-3 measure are designed with recognition of the ages of children and youth included in the measure. As shown in the following table, for the most recent quarter available (Q1 2024), most of the youth included in the measure (58%) were 11 years of age and older, while 42% were 10 and younger. However, youth under 10 were much more likely to achieve permanency and represented 72.7% of all exits to permanence for the quarter. This analysis is consistent with research findings showing that generally children of older ages are much less likely to be adopted.<sup>4</sup> This means that the Department’s efforts can make progress towards the national standard for this measure by improving

<sup>4</sup> [Northern California Training Academy, Achieving Permanency for Children: Timely Adoption Practices in Child Welfare Services](#)

on existing rates for all age groups, but also recognizing that the most improvement is possible with older youth.

**Table B29: 4P-3 by child/youth age - April 1, 2023 – March 31, 2024**

	1 5	6 10	11 15	16 17	All
<b>Exited to permanence</b>	49%	31%	20%	M	24%
<b>Total youth</b>	55	42	60	74	231

Source: CWS/CMS 2024 Quarter 1 Extract  
M=masked data for value that is less than 10

The following table shows the percentage of total exits to permanency for the quarter by exit type. For example, the children and youth who had an exit to adoption for Q1 2024 represented 60% of all exits to permanency for the quarter. Similar to potential improvements by the age of youth, this shows that the most potential for improved exits to permanency is with increasing the percentage of youth who reunify or receive legal guardianship.

**Table B30: 4P-3 by type of permanency exit - April 1, 2023 – March 31, 2024**

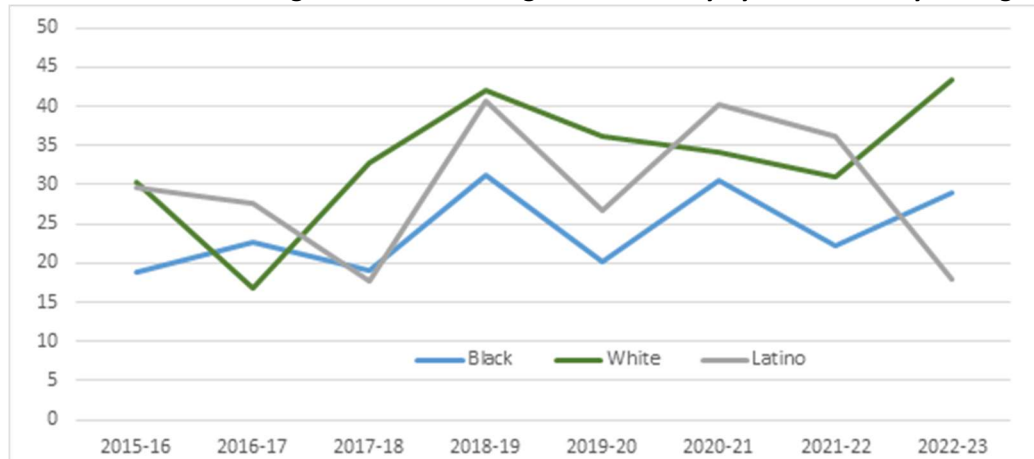
	%
<b>Reunification</b>	9%
<b>Adoption</b>	60%
<b>Guardianship</b>	31%

Source: CWS/CMS 2024 Quarter 1 Extract

In addition to looking at this measure by a child or youth’s age, it is important to consider their race/ethnicity. As discussed in the Department’s CSA, all ethnic groups are not achieving timely permanence at the same rates. The following chart only includes the three ethnic groups with the most children included in the measure. The other two groups identified on the UCB child welfare site are included in the next table, which is used to represent the disparities by child ethnicity in the number of children who are in care and exits to permanency.

For the Q3 2023 data, Black children were 53.3% (128/240) of the children in care for at least two years on 10/1/22, which is much larger than the next largest group, Latino children at 32.5%. However, 28.9% of those Black children had exited to permanency by 9/30/23, compared to 17.9% of Latino children and 43.5% of White children. This and the following tables show that the largest improvements are needed with timely permanence for Black and Latino children, and Department performance needs to improve across all ethnic groups and reach the national standard of 37.3%.

**Chart B31: 4-P3 Percentage of Children Exiting to Permanency by Child Ethnicity, rolling 12 months**



Source: CWS/CMS 2023 Quarter 3 Extract<sup>2</sup>

Note: October – September rolling 12-month timeframe

**Table B32: 4-P3 Child Ethnicity, 10/1/22 – 9/30/23**

	Black	White	Latino	Asian / Pacific Islander	Native American	Total
<b>Exited to permanency</b>	28.9%	43.5%	17.9%	28.6%	50.0%	26.7%
<b>Total youth</b>	128	23	78	M	M	240

Source: CWS/CMS 2023 Quarter 3 Extract

Note: The above counts exclude 2 youth with a missing ethnicity

M=masked data for value that is less than 10

Within the SIP chart attachment of this report, the Department outlines its targeted improvement goals for the measure, with expected improvements for each year of this SIP.

**STRATEGY 1:** Develop and update permanency planning tools and policies, and promote the utilization of referrals to services, increasing permanency options and planning for staff, youth/families, and community partners.

As discussed earlier in this report, the Department’s CSA provided a reflection on the county’s vast array of proven, well-resourced, skilled services spanning from independent living programs to kinship support to effective combinations of SUD treatment with mental health services. The assessment also showed that sometimes families are not connected to these services for a variety of reasons, including a lack of awareness of the resource by staff, families, or other providers involved with a family. Another issue can occur when time constraints due to staffing shortages and high caseloads impact the teaming process to reduce the amount of collaboration and service planning that might otherwise occur.

The Department chose this strategy because it is well designed to address these issues. It will bring about a greater understanding of permanency options with staff and Child and Family Teams, and also the practice of permanency planning. This is expected to improve the Department’s performance on this

outcome measure for all age and ethnic groups of children and youth who have been in foster care for at least two years.

Specifically, the Department expects that more youth will receive timely permanency because this strategy will ensure the following:

- Staff, caregivers, and youth have increased awareness of permanency options. This will help improve the conversations and planning that families have about permanency.
- Permanency planning tools are available and utilized by staff. These tools support those permanency conversations and the decisions that families are considering.
- Resources that support permanency are promoted and provided to families. The resources can support families address any issues that may interfere with permanency and improve relationships to promote lasting connections.

These action steps are expected to bring permanency to more youth, and support the establishment of permanency at an earlier point in the child’s case than what was previously occurring. This will result in fewer children remaining in foster care.

Please see the SIP chart attachment of this report on page 75 where the Department outlines its targeted improvement goals for the measure, with expected improvements for each year of this SIP based on this and other strategies.

#### Action Steps

### **1. Revise, launch, and evaluate an improved Permanency Guide and a concise version for youth. Develop related tools to support use of the guide and permanency planning.**

The Department has an existing resource titled “[A Guide to Permanency Options for Youth](#)” that was last revised in 2018. Those revisions included updated information about options available to children, youth, and young adults for extended foster care at age 18, under the California Fostering Connections to Success Act, or AB12. Amendments were intended to support work with children, youth, and young adults in extended foster care (who are referred to as non-minor dependents, NMDs) regarding permanency options.

The guide is designed to serve as a tool for many different audiences including:

- Foster and Kin Caregivers, Foster Family Agency Staff and Families, Short-Term Residential Therapeutic Program (STRTP) Providers and those who care for and/or support youth/NMDs in Foster Care
- Youth and NMDs in Foster care
- Community Partners and those agencies serving youth and NMDs in foster care and their families
- Child Welfare staff

It acknowledges that a permanent connection for a youth may be relational, physical, or legal. While reunification is typically the primary goal for a family after a child enters foster care, a youth may later need a plan of Adoption or Legal Guardianship if reunification efforts are not successful. To support conversations and planning, a complete exploration and understanding of all options is needed, and the guide was intended to serve as a tool for this exploration.

Recently the Department has received feedback from youth, families, and staff that for some groups, including youth, the guide may no longer be in the best format for effectively providing information and reaching all intended audiences. The guide is currently 38 pages (when including the accompanying “Comparison of Financial Benefits” chart), and there are other formats that may be more accessible.

The permanency guide and related resources are based on several important concepts and values, some of which are discussed in the current version of the guide.

- Exploring options for permanence must begin with the needs, desires, and experiences of the youth or NMD.
- Professionals should support older youth to learn about and understand permanency options, so they can make an informed decision that represents their best interests and supports their success.<sup>5</sup>
- Through discussion and exploration with social workers and caregivers, youth and young adults need to develop an understanding of what permanency means to each of them in their own lives.
- Having authentic engagement of youth and families is more likely to lead to permanent families for youth<sup>6</sup>
- Exploring options for permanence must include an in-depth discussion with youth and young adults. Working towards permanence may focus on their placement with their current caregivers, or depending on their unique situation, a reconsideration of family reunification may be explored. The exploration may lead to reconnecting and/or establishing relationships and ties with extended family members.
- Discussions and planning for permanency among Child and Family Team members can help address obstacles that may interfere with steps towards permanence, including misconceptions about how guardianship or adoption work, who is eligible, financial support available, and connections with birth family after adoption.
- Having strategies in place like a CFT help ensure that families have important supports in place and help get them the resources needed to move towards permanence.

Youth and adults who are better informed of their options for permanency are more likely to have a timely exit from foster care to guardianship or adoption, whenever reunification is not possible. The Department will be revising the permanency guide and creating a concise version for youth. This action step is planned for completion by December 2027.

*A. Establish workgroup comprised of staff, youth/parent advocates, and community partners to improve permanency planning resources.*

This action step will allow the Department and stakeholders to create a workgroup that will result in a revised permanency guide and related resources. The existing permanency guide, last revised in 2018, does not have any other versions that may be more appealing to youth and other audiences. This workgroup is intended to include diverse members to help the resulting product better communicate its content to youth, parents, potential caregivers, and others.

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<sup>5</sup> [https://cwig-prod-prod-drupal-s3fs-us-east-1.s3.amazonaws.com/public/documents/bulletins\\_permanency.pdf?VersionId=qE70unVFv\\_h5z8nT\\_ohJzPqY8oLa9wAT](https://cwig-prod-prod-drupal-s3fs-us-east-1.s3.amazonaws.com/public/documents/bulletins_permanency.pdf?VersionId=qE70unVFv_h5z8nT_ohJzPqY8oLa9wAT)

<sup>6</sup> [Engaging Youth and Families to Achieve Timely Permanency for Children and Youth Waiting to Be Adopted: Supervisor Toolkit \(childwelfare.gov\)](https://www.childwelfare.gov/engaging-youth-and-families-to-achieve-timely-permanency-for-children-and-youth-waiting-to-be-adopted-supervisor-toolkit/)

This action step is planned to begin in March 2025 with the formation of the group, and initial meetings occurring by April 2025.

*B. Review and revise existing Permanency Guide with advocates, staff, and partners to gain input about what permanency resources/info are missing or need updating, including development of decision trees to accompany revised guide.*

This action step is essential for the strategy to be successful. Although the guide is currently publicly available, it is expected that not all workgroup members will be familiar with its contents. This time is needed for review and understanding, so that group members can begin to determine the strengths and areas needing improvement of the guide, what content needs updating, and how it is currently designed.

The workgroup members will, after becoming familiar with the guide, seek feedback from their respective groups (e.g. Parent Advocate participating in the workgroup seeks input from Parent Advocate program) to support the best improvements and additions possible. The workgroup format and frequency of meetings will be set by the group, once established, in the format most appropriate and convenient to members of the group, which would likely include in-person and virtual meetings. Workgroup process will include pre-reading of materials, group discussions, and take away of findings over the duration of this action step.

The workgroup at a minimum will include representatives from the Parent Advocate and Youth Advocate programs, staff, and other stakeholders. It is expected that Permanent Youth Connections staff will be involved. The Permanent Pathways & Benefit Services Division Director of the Department is responsible for this action step and will collaborate with the workgroup and members to build an inclusive and welcoming space.

In addition to revising the guide, the workgroup can also consider changes to the accompanying “Comparison of Financial Benefits Chart” and consider whether these resources should also be available in a format in addition to portable document format (pdf). The current guide is 24 pages in length and may not present the best method for conveying its important information.

The benefits chart is itself 14 pages in length. It covers various factors related to permanency and how these are affected by the type of permanency (or lack of permanence) a youth has. For example, the chart outlines Independent Living Program (ILP) eligibility and how that varies based on whether the child was adopted, has legal guardianship, or remains in foster care. The chart also covers topics of other types of financial assistance, eligibility for housing assistance, and medical insurance implications.

The workgroup will also be tasked with updates to this chart and efforts to make it more user friendly. This will be accomplished, in part, by the development of permanency decision trees along with revisions to the permanency guide, so that they can serve as an attachment to that material. These decision trees will be better visual representations of the factors discussed in the chart to inform caregiver and youth decisions about permanency. The decision trees will also help to guide permanency decisions by caregivers and staff.

The revisions to the guide and the accompanying chart are to be completed by June 2026.

*C. Support youth advocates to create a concise, accessible version of the Permanency Guide for youth.*

The Department is thankful for its collaboration with the Youth Advocate Program (YAP) of West Coast Children's Clinic. The YAP is a training and employment program for young adults, ages 18-24, who have been in foster care in Alameda County. The YAP fellows provide services through Child and Family Team meetings, influence policy decisions and educate staff about life in foster care, and mentor and provide emotional support to current foster youth.

The Department intends to continue this very productive relationship and work with YAP on an improved version of the permanency guide for youth. YAP has contributed to other materials with the Department, including Child and Family Team resources and an overview video, which have proven to be very successful.

This action step will be informed by the workgroup and YAP participation. The youth version of the guide is intended to be available in a more user friendly format for youth beyond a portable document format (pdf) file.

The action step will overlap with action step B, and is expected to be completed by January 2027.

*D. Develop marketing materials to inform staff, youth, parents and partners about updated Permanency Guide and youth version, in CFT meetings or other venues. Launch updated Permanency Guide and youth version in print and online formats, including language translations.*

The permanency guide and attachments are public documents and intended to be widely available in support of permanency conversations and decisions. The workgroup will consider and implement how best to inform staff, service providers, caregivers, and the public of the availability of the guides. However, this will include unit level discussions with staff, including supervision meetings, to ensure that staff are aware of and understand the updated Permanency Guide. The guide will also be discussed during induction trainings. This will help support staff when they have permanency planning conversations with families and youth and staff share the updated guide with them.

One expected avenue is within Child and Family Team meetings and conversations. A CFT is a group of individuals that includes the child, youth, or NMD, family members, professionals, natural community supports, and other individuals identified by the family who are invested in the success of the child, youth, NMD and family.

The CFT process reflects a belief that families have capacity to address their problems and achieve success if given the opportunity and supports to do so. Engagement with families is essential for this process, and working with children, youth, NMDs and families as partners results in plans that are developed collaboratively and in a shared decision-making process. The permanency guide will play an important role by providing user-friendly information that supports CFT conversations and decisions. CFT members will have information at their disposal from the guide that will improve their contributions to the CFT process and increase the chances of permanence for youth.

After development of the marketing materials and guide revisions, the resources will be made available publicly and internally for staff. Currently the guide is available in English and Spanish. Other languages will be considered, and the workgroup will determine the most effective ways to promote these materials for wide access and consumption. At a minimum, the Alameda County Social Services Agency (SSA) website will have the updated permanency guide, and it will also be placed on the Department internal Online Practice Guide (OPG).

Once updated and launched, the Department will plan opportunities to consider feedback on the updated guide and the need for additional changes, including by holding an ongoing annual meeting for the workgroup. This will be informed by action step E.

This action step will be complete by March 2027.

*E. Evaluate increased awareness of permanency options among staff, youth, parents and partners through polls, online surveys, supervisory oversight, etc.*

The evaluation under this action step would have to consider the impact of the existing version of the permanency guide on the awareness that staff, youth, parents, and partners have about permanency options.

The workgroup will consider and implement the best options available for monitoring and evaluating these action steps and increased knowledge about permanency. This may include the use of polling, online surveys, feedback from supervisors, and feedback that YAP may receive from youth.

Although the Department would not be able to assess a causal link between improved awareness of permanency and actual timely exits of youth to permanency, the monitoring under this action step will assess overall timely permanence for kids in care at least 24 months. It will also consider timely permanence for subgroups including by exit type (i.e. adoption, guardianship, or reunification), race/ethnicity of youth, and length of time in care). These items were found during our CSA to be important indicators for overall performance on the 4-P3 measure.

These evaluation efforts will begin in September 2027 with completion by December 2027.

## **2. Develop and update permanency planning policies to enhance practice guidance for permanency decisions.**

As discussed earlier, CSA stakeholder feedback included a reflection on how the county has a wide variety of available services, but sometimes families are not connected to these services in a timely manner for a variety of reasons, including a lack of awareness of the resource by staff, families, or other providers involved with a family. This strategy is designed to address this by ensuring that tools and policies are up to date, and help guide and inform practice.

This action step is planned for completion by February 2027.

*A. Review existing Online Practice Guide (OPG) for unclear, outdated or missing content, including alignment with Permanency Guide (see Action Step #1 above).*

The Department's Online Practice Guide (OPG) is on the Department's intranet and contains guidelines, helpful materials and resources, and updates on programs and services in the department. The website plays a crucial role in department operations and the delivery of services to children and families. However, this can suffer if OPG content is not updated timely or staff are not aware of its contents and using it to guide their practice.

Several examples of this were learned during the CSA and related to the following:

- Language access: The Department’s policy is to take reasonable steps to ensure free, meaningful and prompt access to the information and services it provides, in the client’s primary or chosen language for oral and written communications. However, stakeholder feedback was that this was not always occurring as required under the policy when phone interpreters were used instead of an in-person interpreter for face-to-face contact made by a Child Welfare Worker with a family. Accessible services delivered in the client’s language are essential for communications with families and directly impact timely permanency.
- Permanency planning and teaming: related to the first action step under this strategy and the permanency guide that is available to staff members on OPG, policies and protocols about Child and Family Teams, Safety Organized Practice (SOP), and other content that are important to timely permanency for children and youth. The Department wants to help ensure that each Child and Family Team is fully informed of available resources to help address safety concerns for a child and service planning and case decisions.
- Resource education and awareness: stakeholders acknowledged the extensive array of proven, well-resourced, skilled services spanning from independent living programs to kinship support services to effective combinations of SUD treatment with mental health services. However, those same stakeholders gave feedback that too often families, staff persons, or providers were not aware of a needed service that could potentially have helped a family. The OPG has a page dedicated to community resources. It is available as a resource guide for staff with information about local services including those for food assistance, child care, mental health and counseling, parenting classes, and substance abuse and treatment.

For most content on OPG there is an identified manager responsible for the program and related OPG content. They are expected to address needed content updates as program changes occur. However, this is not the case with the community resources page, some permanency content, and others. For those pages without an identified manager, there is not a defined work process to determine when updates are needed and developing the content changes. As an example with the community resources page, this can include reviewing existing content and researching service providers to determine when updates to page information are needed.

Department managers will be responsible for reviewing OPG content. This will be completed by December 2025.

*B. Revise OPG with workgroup input to be more user-friendly, informative, accurate, and complete.*

This action step will be informed by the workgroup efforts from the first action step of this strategy. Information from the permanency guide and related materials will be used to compare to and update as necessary existing OPG content about permanency. OPG will also receive the updated permanency guide and materials for staff to use and share with youth and families.

Other OPG pages, including the page of community resources, will be updated. For the community resources page, a process will be established to ensure that it receives regular updates in the future to maintain its accuracy.

Content changes are published to the OPG site by a Management Analyst within the Department. A need for other technical support is not expected for the web changes, but it can be utilized if necessary through Alameda County’s Information and Technology Department (ITD).

This action step will be completed by December 2026.

*C. Train permanency staff on updated OPG.*

Program Managers and Supervisors will review and discuss updated OPG content and materials with their staff. This may occur during supervision, and unit and division meetings. Managers will then incorporate the updated materials and information into their regular practice and use it in support of the work of their staff members. For example, during supervision when discussing concurrent planning for a youth, the supervisor and staff member can utilize OPG content and the permanency guides to inform their discussion and how they will support permanency for the youth.

Initial training will be completed by June 2027. However, these efforts will also be considered ongoing as new staff will need training and refresher training can be provided to staff as needed.

**3. Promote referrals to underutilized resources related to permanency (e.g. resources for parent/teen conflict; support for SOGIE youth; substance abuse treatment; interpreters/language line; Parent and Youth Advocates).**

Stakeholders during the CSA communicated a lack of awareness about existing services in the following areas, which are intended to be addressed with this action step:

- Substance abuse treatment
- Mental health services
- CSEC services,
- Child care,
- Affordable housing or housing support services,
- Services addressing parent-teen conflict (e.g. Malabar house)
- Services for persons who are LGBTQ+
- Services for persons who are undocumented
- Services from Parent and Youth Advocates
- An organized and frequently updated county resource guide. Some services are difficult to find in existing guides.
- Language interpreters. Specifically, for this area, stakeholders recommended promoting and marketing the use of existing resources for live interpreters or bilingual staff to lead to better experiences for families and CWWs. They also suggested providing and encouraging the use of more DCFS related materials in several other languages.

This is directly related to action steps 2, B and C. This step will depend on an improved collection of resources on the OPG Community Resources page and other content updates. That will support the overall effort to share information about resources and policies with staff members and families. Both action steps are intended to address CSA stakeholder concerns that CWWs do not know the full extent of both services and providers available throughout the county, which would impact the referral process and timely delivery of needed services to families.

OPG's community resources page has a variety of information about services including those for crisis intervention, services for domestic violence, housing and utility assistance, foster placement stabilization, services for persons who are LGBTQ+, mentoring, and much more. Recognizing that there are other more robust resource guides in the county including 211/ Eden Information & Referral, the OPG page also includes a link to those guides.

This action step informed by the following beliefs and practices:

- Referrals and services are needed relatively quickly during case management and teaming processes. Although for most of the youth included in the 4-P3 outcome measure, reunification services will have ended. Child Welfare Workers are still working as quickly as possible to identify needed services and connect youth and caregivers to those providers.
- Families deserve to have access to services that are available and effective.
- A more robust collection of resources may provide families with choice and access to services that are as close to their home as possible.

After OPG is updated by the earlier action step, managers will promote internally the revised content. This will happen through email messaging, division and unit meetings, department newsletter, and on the OPG site using its home page banner. This action step will be completed by March 2027.

#### **4. Evaluate utilization of permanency resources through surveys to staff and measuring baseline utilization via referral tracking as point of comparison.**

The Department will use surveys to assess the utilization of these resources, with comparison to baseline data. In addition, the Department will make efforts to track case plan services and referrals as a data point and collect referral and service information from service providers to assess the impact of action step 3. This action step will be completed by September 2027.

#### Monitoring and Evaluation

In addition to the monitoring and evaluation efforts described for each action step in this strategy, the Department will also be conducting efforts to monitor overall performance for the 4-P3 measure. In 2017, the DCFS implemented a quarterly dashboard process and meeting cycle. The initial dashboards were organized around six of the seven quantitative CFSR 3 performance measures and a teaming dashboard with associated program level indicators.

In 2023, the DCFS began a dashboard redesign process to focus the quarterly CQI dashboards and process with more real time measures of operational performance and priorities as well as to streamline other reporting efforts into a more cohesive process, including:

- Front end services
- Supporting youth and caregivers
- Capacity to support youth with complex needs
- Workforce retention
- System Improvement Plan
- County Prevention Plan

Monitoring of CFSR 4 performance measures will continue on a semi-annual basis. The quarterly dashboard process will be used to monitor strategies, and their impact on performance including CFSR outcome measure data, included in this plan. Part of the monitoring, as previously mentioned, will occur through PDSAs. The department intends to use PDSAs to determine what changes can be made in policy and practice in order to bring about positive change in the outcome measures included in the CQI Dashboard process. This will help determine which of the indicators currently included in each dashboard impact the outcome measure performance.

### Systemic Changes Needed

There are not any systemic changes needed with this strategy. It will build on existing strengths and partnerships, including those with youth advocates, existing materials such as the permanency guide, and the internal Online Practice Guide (OPG).

### Education and Training Needs

These needs are discussed within the action steps. Please see the information included throughout this strategy.

### Roles of Other Partners

The Department will benefit from its relationship the youth advocates and West Coast Children’s Clinic. This is discussed in the action step content above. Internal partners will also play a role (e.g. supervisors) in training, sharing of information, and providing essential feedback.

### Technical Assistance

The Department does not anticipate receiving technical assistance for this strategy from the NRD, Western Pacific Implementation Center, or a Quality Improvement Center.

## **STRATEGY 2: Increase staff knowledge and skills to center permanency achievement as a core element of teamwork, case planning, and decision-making.**

This strategy is specifically designed to address 4-P3 outcome measure performance. Ensuring that all staff are fully trained and receiving coaching in support of permanency practices can help more children and youth receive legal permanency through reunification, legal guardianship, or adoption. In addition to permanency training, this strategy will address the availability and use of permanency consultations to inform case decisions, and promote the use of teaming to consider and develop permanency options and planning.

As discussed earlier in this report, there are disparate experiences with legal permanence based on a child’s or youth’s age or ethnicity. The training component of this strategy is designed to help improve outcomes for older youth, who are less likely to receive timely permanency. All other action steps within this strategy are expected to improve the Department’s performance on this outcome measure for all age and ethnic groups of children and youth who have been in foster care for at least two years. This strategy will help the Department achieve its targeted benchmarks that are included in the SIP chart.

This strategy is expected to address feedback and findings from the Department’s most recent CSA. These issues are connected to permanency and supporting the abilities of staff to provide effective case management.

- Providing staff with training opportunities, including the following. These are expected to support the effectiveness of overall case management.
  - Strategies for Stress Management
  - Understanding relapse and addiction recovery

- Domestic violence and its impact on the family system, motivation of victims, and effects on children who witness the violence and its aftermath.
- Vicarious trauma training
- Advanced engagement techniques and recognizing biases.
- Staff will also receive training specific to permanency, to build on current practice and enhance staff ability to support timely permanency for youth, such as:
  - Developing natural circles of support to promote permanency and transition
  - Advanced concurrent planning practice
  - Addressing family/youth ambivalence in permanency option decision-making
  - Reducing barriers to permanency through engagement and linkages to support
- Coaching for staff to supplement and strengthen the incorporation of the content into practice.
- Supervisors to build their skills in professional development—for themselves and those they supervise

This strategy is expected to contribute to more timely permanence for youth, because it includes several components that are supportive in nature and will improve enhanced permanency planning and training, improved availability of case consultations, and conducting more permanence CFT meetings and conversations. Part of the trainings in this strategy will be specific to permanency that will build on existing staff knowledge and practice. Other training components will support and improve the overall capacity of staff to effectively provide casework given the rigors and workload of current practice. These trainings in support of casework will initially be targeted to existing staff as advanced practices to improve current practices. After the trainings are provided and feedback is collected, some content can later be added to CWW induction training; however, special attention is needed to carefully modify the induction training without making it overwhelming in nature for new staff.

It is expected that this training will help ensure that more youth receive timely permanency, thereby improving the Department’s overall performance on the P3 measure. In addition, the increased knowledge and skills staff receive from this strategy should also help more youth receive timely permanence, who have been in care for less than 24 months. This would reduce the total number of children in foster care for more than 24 months and the total children and youth included in the Department’s P3 data, for future timeframes.

Please see the SIP chart attachment of this report, where the Department outlines its targeted improvement goals for the measure, with expected improvements for each year of this SIP based on this and other strategies.

### Action Steps

#### **1. Increase resources and opportunities for permanency case consultations.**

CSA stakeholders reported that adoption/permanency assessments are one of several effective case planning tools that support CWW decisions regarding permanency. These assessments are an important part of concurrent planning, which is the concept of providing reunification services while simultaneously developing an alternative plan in the event that reunification does not occur. Concurrent planning is

generally expected to expedite adoptive placements, and especially for younger children.<sup>7</sup> Therefore, it is crucial to permanency outcomes for youth included in the 4-P3 measure.

Permanency consultations are required for every child and NMD in out-of-home care. The permanency consult must be done at the earliest possible stage, must be completed before jurisdiction, and is repeated thereafter at specified intervals, which are outlined below.

Permanency consultations are required by the state as part of the ongoing process of concurrent planning. Ideally, the child or youth who is to be adopted will already be placed with a family willing to provide legal permanency if reunification is not possible.

At a minimum, the primary CWW should have explored options for legal permanency with the current caretaker and any known relatives prior to the consult, unless reunification is imminent.

Permanency consultation timeframes:

- For Dependency Investigation (DI) cases not being offered reunification services, the assessment is done before jurisdiction.
- For Family Reunification (FR) cases, the first assessment is done before the 6-month review hearing (preferably at 2-3 months), and an update is done before the 12-month permanency hearing.
- For children and youth without a plan of adoption, reassessments are done at least once a year or whenever there is a significant change in the circumstances of the case.

The Permanent Pathways & Benefit Services Division Director along with the Adoptions Program Manager will review and assess permanency case consultations and the program's capacity. Those managers will then consider and implement changes to increase program efficiency, so that more children regularly receive a permanency case consultation.

This action step should be complete by September 2025.

## **2. Increase utilization of Child and Family Teaming to support planning for and transitions to permanency.**

A CFT is a group of individuals that includes the child or youth, family members, professionals, community supports, and others identified by the family. Although the group includes mandatory participation of involved public agency representatives, the rest of the CFT's composition is driven by the family.

The CFT is supported by a belief in each family's capacity to achieve success with the right opportunities and supports in place. Engagement with families is very important to this process and the success of the family. Through the CFT, the Department will work with children, youth, NMDs and families as partners, creating plans collaboratively.<sup>8</sup>

The CFT members work together to identify each family member's strengths and needs, to develop a youth and family-centered case plan. That plan includes strategies for achieving the child, youth, and/or

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<sup>7</sup> [Northern California Training Academy, Achieving Permanency for Children: Timely Adoption Practices in Child Welfare Services](#)

<sup>8</sup> California Department of Health Care Services and California Department of Social Services (October 7, 2016). *Requirements and Guidelines for Creating and Providing a Child and Family Team*. (All County Letter 16-84). <http://www.cdss.ca.gov/lettersnotices/EntRes/getinfo/acl/2016/16-84.pdf>

family's goals, and the family is encouraged by the team to develop solutions that match their preferences. To best support the CFT's chances for success, membership should include persons with "natural" relationships with the family that the family perceives as supportive, which increases the likelihood that the family's support system will continue to exist after child welfare formal services have ended.

A major part of the Continuum of Care Reform (CCR) effort is the implementation and support of Child and Family Teams (CFTs), which develop and follow service plans that are comprehensive, family-centered, strength-based and needs driven. This type of engagement with families is an essential factor in achieving positive outcomes. When families are actively engaged in services, they are more likely to follow through with case plan requirements, including safety plans, because the plans reflect the families' own input.

In 2020, the Department had implemented the use of Child and Family Teams, replacing previously used Team Decision Making Meetings and Transitional Living Conferences. This was consistent with and in response to CDSS direction.<sup>9</sup> Since the use of CFTs, the Department has observed in addition to CSA stakeholder feedback that, although successful, continued improvements are needed with CFTs. Specifically, this strategy is expected to address or build on findings and stakeholder feedback from the Department's CSA, including:

- CFTs can include Parent Advocates, and CSA focus group participants recognized the benefits Parent Advocates offer families by helping to orient them to the child welfare system, connecting them to resources, and more. Stakeholders also believed that the advocates should be connected with even more families receiving child welfare services.
- Case planning and assessment tools and processes like CFTs are important for supporting CWW decisions including those about permanency.
- CFTs offer each family's team the opportunity to consider all needed services for parents and children, and this can be used to address gaps in services that stakeholders raised such as those for persons who are LGBTQIA+ and others to address parent and teen conflict.
- Recent efforts to increase family involvement and incorporate the parent perspective in teaming have been successful. Many youths reported feeling supported just knowing they have a team, appreciate check-ins, and feel welcomed to contribute their perspective. Other youth observed that these benefits were not present in their case, and some experienced tensions among team members in terms of role and authority.
- Some resource parents reported that their contributions to and support of a foster child in their care could be better recognized, and CFTs were given as an example of this.
- Some stakeholders reported issues borne of insufficient aftercare and the drop in resources for families post-reunification. The federal reunification timelines feel rushed to many, which doesn't allow parents or youth the time to adequately prepare and may contribute to reentry.
- Youth have been encouraged by some professionals outside the Department to enter AB-12 / extended foster care at 18, and those youths may be missing the opportunity for reunification.
- There is some inconsistency in terms of who participates in teams (resource parent, network of support, etc.), how communication happens prior to and after CFT meetings, and the effectiveness of CFT facilitation.

The CDSS noted in its Round 3 Program Improvement Plan how CFTs "develop and follow service plans that are comprehensive, family-centered, strength-based and needs driven. This type of engagement with families is an essential factor in achieving positive outcomes. When families are actively engaged in

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<sup>9</sup> [ACL 16-84 \(ca.gov\)](#)

services, they are more likely to follow through with case plan requirements, including safety plans, because the plans reflect the families' own input."<sup>10</sup> The alignment of CFTs with California's PIP was a factor in its implementation and inclusion in this SIP. The PIP includes CFTs in some of its goals, strategies, and activities, recognizing the potential CFT has to bring about improved performance for the benefit of children, youth, NMDs, and families.

As discussed earlier in this report, older children are generally less likely to be adopted, with the chances of an exit to permanency decreasing as the child's age increases. This is important for Alameda County, because almost 46% (420 of 916) of youth in care on 4/1/24 had been in care at least 24 months.<sup>11</sup> This action step can help with this, because group decision making models have shown promising evidence as a tool to assist youth learn about their permanency options and process issues such as grief and loss.<sup>12</sup> In current Department policy for CFTs, there is Permanency CFT meeting type. The meeting is designed to support discussions of permanency options or to develop plans for permanency. Staff are also encouraged to having teaming discussions outside of meetings in support of permanency planning.

Recent feedback from staff and managers indicates that the permanency CFT meeting type is underutilized. The Department recognizes this as an opportunity to promote CFT conversations and meetings about permanency to help with planning and increased exits from foster care to permanency for youth.

Therefore, the Gateways to Permanency Division Director and Teaming & Transition Support Program Manager will conduct promotion and education about teaming and CFT permanency meetings through internal messaging, and unit and division meetings.

In Alameda County, CFT meetings are facilitated by Child Welfare Supervisors, except for youth in the Katie A subclass (i.e. Pathways to Well-Being), which are facilitated by Alameda County Behavioral Health Care Services staff. There is enough capacity within the DCFS CFT Facilitator program to meet an increase in the permanency CFT meeting type. Additionally, teaming conversations outside of CFT meetings will also be promoted, and that is accomplished through existing casework management.

Additional information about Child and Family Teams is included in action step 5 of this strategy and in the Child Welfare Placement Initiatives section of this report.

This action step is planned for completion by January 2026.

### **3. Design curriculum to train staff on permanency practice improvements and utilization of permanency resources. Ensure curriculum includes specific training topics:**

- Promoting permanency when facing chronic challenges—addiction/relapse, mental health, domestic violence, housing insecurity
- Integrating assistance to help sustain permanency—economic support, in-home support, support for SOGIE youth
- Aligning partners with permanency goals—STRTPs and working with/setting expectations for placement providers

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<sup>10</sup> California Department of Social Services. (2017). *California Child and Family Services Review Round 3 Program Improvement Plan*. [http://www.cdss.ca.gov/Portals/9/CFS%20PPIB/CA\\_PIP\\_9\\_26\\_18.pdf?ver=2018-09-26-142912-117](http://www.cdss.ca.gov/Portals/9/CFS%20PPIB/CA_PIP_9_26_18.pdf?ver=2018-09-26-142912-117)

<sup>11</sup> CWS/CMS 2024 Quarter 1 Extract.

<sup>12</sup> [Northern California Training Academy, Achieving Permanency for Children: Timely Adoption Practices in Child Welfare Services](#)

This action step is designed to directly address findings and feedback from the CSA, in addition to what is listed in the action step title, including perceived need by stakeholders to:

- Educate staff and promote referring parents to existing resource guides and services to help themselves
- Promote referrals to services for fathers, whenever applicable, for co-parenting counseling, anger management, support groups, and parent advocates
- Refer as many people to the following resources, whenever possible and capacity allows:
  - Accessible SUD treatment programs throughout county
  - Services for mother & child (especially after prison)
  - Services to address parent/teen conflict (therapy, respite, etc.)
- Strengthen and promote sharing of resources (e.g., scholarships, services, supports, mentors, housing assistance, etc.) with youth who have been in foster care
- Provide staff with trainings related to timely permanency. Topics may include substance abuse treatment, mental health needs, intimate partner violence, housing, concrete supports (e.g. staff procedure for providing gift cards for families), SOGIE, STRTPs and working with placement providers.

DCFS staff also raised the issue that can be difficult to participate in training, given existing workload, caseload, and staffing issues in the Department. Staff members asked for creative solutions that may better support staff to provide them with the time and capacity to participate in more trainings.

The stakeholder feedback will be addressed through training designed to improve timely permanency and support the effectiveness of overall case management. This training will be available for all Child Welfare Workers and Child Welfare Supervisors. The Alameda County Social Services Training and Consulting Team (TACT) will identify and secure or develop the training for this purpose. Department management will work with TACT to ensure that the training will address the stakeholder feedback.

The TACT training design or procurement will support the enhancement of current casework practice by incorporating content in response to stakeholder feedback gathered during the CSA, which is described earlier under this action step. It will also improve staff knowledge and understanding of permanency practices to build on existing successes in casework. The training will be customized/planned to ensure that we provide it in addition to ongoing induction trainings, as well as other training needs for the SSA as it continues to experience staff turnover across the Agency.

This action step will be completed by December 2025.

Additional training about permanency for Permanent Youth Connections (PYC) and Independent Living Program (ILP) staff has already been developed. Please see action step 5 for more information.

#### **4. Deliver permanency training to staff.**

The permanency training series for all PYC and ILP staff members consists of seven online, self-paced modules and is called Improving Permanency for Older Youth in Foster Care. The modules will be provided over a set timeline, and Coaches will provide debriefing to units as they complete each module. The modules have been designed and are currently available for staff to take at their own pace within the set timeline. Learning objectives for the training modules include:

Upon completion of the trainings, participants will gain the following knowledge:

- The meaning of Specialized Permanency Services.
- How trauma impacts placement preservation.
- Lesser-known forms of permanency, including NMD Adoption, Adult Adoption, and Tribal Customary Adoption.
- Tools such as Permanency Pact and Youth Connectedness Scale.

Participants will be able to:

- Respond knowledgeably when youth or caregivers are initially resistant to the idea of legal permanence.
- Develop and implement a plan to remain energized for doing permanency work in the face of challenges.
- Document relational permanence using the Lifelong Connection Status field in the electronic case record.

Values participants will learn:

- Permanency in the lives of older youth in foster care.
- Maintaining and supporting cultural and kinship connections.
- Engaging youth as partners in achieving permanency.

The course is broken into 7 modules, with the final module being divided into three parts. Each module consists of:

- self-paced videos,
- reflection questions regarding what you will have learned & the key learning that you want to take back with you to your work, and
- quizzes to test your learning.

The following table provides an overview of the training modules.

**Table B33: Improving Permanency for Older Youth in Foster Care Training Series**

Module Number and Title	Description
<b>1: Specialized Permanency Services; Cultural and Kinship Connections</b>	What is meant by Specialized Permanency Services; The importance of maintaining and supporting Cultural and kinship connections, including engaging youth, supporting kin, and managing transitions; How trauma impacts placement preservation; Some Placement considerations and tools related to permanency.
<b>2: Partnering with Youth; Recruitment Strategies</b>	Partnering with youth for permanency planning and permanency preparation work; and Recruitment Strategies.
<b>3: Working Through Resistance About Permanency</b>	When youth, caregivers, or others are initially resistant to the idea of legal permanence, and some ideas for working through that resistance. This will serve as a dose of reality to counter some of the misconceptions there can be about permanency.
<b>4: NMD Adoption; Adult Adoption; Tribal Customary Adoption</b>	A significant focus will be on NMD Adoption. We'll provide a primer of sorts on NMD Adoption; We'll address Adult Adoption through Superior Court; We will also cover Tribal Customary Adoption, an option for tribes to consider.
<b>5: 7 Core Issues of Adoption and Permanency</b>	The 7 Core Issues of Adoption and Permanency, not just for the adoptee, but for all members of the adoption constellation.

<b>6: Family First Prevention Services Act</b>	How the Family First Prevention Services Act relates to our permanency efforts
<b>7: Relational Permanence; Maintaining Your Fire; Future Innovations</b>	<p>Relational Permanence is an essential part of any permanency effort. It isn't possible to have legal permanence without relational permanence.</p> <p>Maintaining Your Fire; that is, how you can remain energized for doing this vital work in the face of challenges!</p> <p>What the future may hold in terms of innovations in the field of permanence.</p>

Additionally, permanency trainings will include a reminder for staff and promotion of Permanency CFT meetings including their purpose, value, and when they should occur.

The permanency training is targeted for PYC and ILP staff, and it is currently available. However, the training is also being made available to all department staff who are interested. These trainings will also be offered on an ongoing basis to new staff and as refresher trainings, as needed. The modules were designed to support staff fully participating and completing all of the training content. The online, self-paced format will allow staff to take the training as they can and choose when to fit it into their own schedule, according to the overall module timeline. This is in direct response to CSA feedback from staff and intended to reduce staff feelings of overwhelm and ensure a high percentage of staff participation in the trainings.

PYC and ILP staff have been selected to receive these trainings, because they serve the majority of youth in foster care at least 24 months. As of 9/5/24, CWWs in PYC/ILP were assigned to 65.2% of all youth in care 24 months or longer.

TACT has a regular practice of using surveys to collect feedback about its trainings. Surveys from the permanency trainings will identify any improvements that can be made. Those changes would be incorporated into a future version of the training.

These training are to supplement the trainings developed or secured by TACT in action step 3 for all Child Welfare Workers and Child Welfare Supervisors. All trainings within this action step will be provided by December 2026.

**5. Incorporate permanency practice principles learned at training and demonstrated through practice experiences into existing coaching approaches.**

The Department's Coaching Program is focused on enhancing practice and skill development and mastery of tools (such as Safety Organized Practice, as well as, implementing new practices and strategies) amongst staff within a supportive, learner-led, strength-based environment. The coaches are Child Welfare Supervisors within the Department.

The Coaching Program continues to plan to work with new and experienced staff in individual, dyadic or group settings when they feel stuck and/or are experiencing challenges in their relationships with families/other staff/community partners, etc. The future of coaching includes collaborating with TACT to develop a training and coaching schedule for new Child Welfare Workers who will be working in their assigned programs prior to attending Induction training. The coaches are also planning to provide more

opportunities to receive coaching by attending unit and/or section meetings and having group clinics focusing on specific topics, which may be helpful to one or more programs.

Following each coaching session, the coaches ask participants to share what worked, what did not work and what would have made the coaching session more valuable to them. The coaches also email participants a voluntary coaching survey to give participants an opportunity to provide additional feedback about the coaching session.

In general, coaching supports the successful achievement of family and child safety, permanency and well-being when staff are able to leave the coaching session with knowledge/tool(s)/tangible next steps on how to work with a family, other staff, supervisors, managers and community partners and/or how to take care of their need for safety and well-being. Coaching also provides a space to ask important questions that may help the participants reach their goal(s) for the family/youth.

Coaches have a unique opportunity to observe CWWs in their work, and the opportunity to debrief and provide in the moment feedback is built into the coaching model. After each coaching session, the coach works with the CWW to provide feedback on what went well, what areas for growth may be present, and what next steps the CWW may want to focus on in terms of continued coaching and/or training. In partnership with the CWW, the coach may share this feedback with the supervisor to help the CWW in their continued skill development.

The Gateways to Permanency Division Director and Teaming & Transition Support Program Manager will review permanency practice principles from this strategy's training in order to incorporate it into existing coaching approaches. They will collaborate with TACT to receive the training content and work with their coaching managers to update the coaching program procedures and practices. This will ensure that coaching helps to support staff learning from this strategy's trainings and supports the inclusion of that knowledge into practice. This action step is expected to occur by December 2026.

## **6. Evaluate progress toward staff skill development around permanency practices through coaching surveys and data tracking.**

TACT will provide evaluation forms to trainees for feedback upon completion of any training received for this strategy. For the PYC/ILP permanency training modules, the monitoring will pay attention to the overall participation of staff and whether the online, self-paced format improves the percentage of staff who would have otherwise participated in a classroom setting based training.

Coaches continue to provide an opportunity for all staff to evaluate and provide feedback about each coaching session both by eliciting verbal feedback during the coaching session and with the online coaching evaluation form via Survey Monkey. This will also happen for coaching provided with this strategy.

Data reviews can also occur to assess any improvement in the documentation of individuals in the Child Welfare Services / Case Management System (CWS/CMS) as a Lifelong Connection for a youth. Additionally, the Department has identified the following case review items as relevant to this strategy. These items will also be monitored to support the evaluation of this strategy.

- Item 6: Concerted efforts to achieve permanency
- Sub-item 12A: Needs assessment and services to children
- Sub-item 13A: Concerted efforts to actively involve children in case planning activities

Initial evaluations will be completed by December 2027. This will provide initial data about the impact of training and coaching for this strategy.

### Monitoring and Evaluation

In addition to the monitoring and evaluation efforts described for each action step in this strategy, the Department will also be conducting efforts to monitor overall performance for the 4-P3 measure. Monitoring of CFSR 4 performance measures will continue on a semi-annual basis.

The quarterly dashboard process described earlier in this report will be used to monitor strategies, and their impact on performance including CFSR outcome measure data, included in this plan. Part of the monitoring, as previously mentioned, will occur through PDSAs. The department intends to use PDSAs to determine what changes can be made in policy and practice in order to bring about positive change in the outcome measures included in the CQI Dashboard process. This will help determine which of the indicators currently included in each dashboard impact the outcome measure performance.

### Systemic Changes Needed

There are not any systemic changes needed with this strategy. It will build on existing strengths and partnerships, including those with TACT and the Coaching program.

### Education and Training Needs

These needs are discussed within the action steps. Please see the information included throughout this strategy.

### Roles of Other Partners

The TACT unit is located within the Social Services' Human Resources Department, and provides comprehensive learning and professional development opportunities to the SSA, associated County Departments, and community partners. It is an essential partner for this strategy.

### Technical Assistance

The Department does not anticipate receiving technical assistance for this strategy from the NRD, Western Pacific Implementation Center, or a Quality Improvement Center.

## **STRATEGY 3: Enhance utilization of Family Finding and Engagement (FFE) resources across the department at key points in the permanency timeline.**

Family Finding and Engagement (FFE) involves a collection of strategies that help locate and engage family members and fictive kin for foster children. The intent with FFE is to locate relatives and other important adults who can provide permanent homes for children and youth, or caring, lifelong support networks that can provide relational permanence if relatives are unable to care for children in their homes.<sup>13</sup> FFE is

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<sup>13</sup> [Family Search Strategies – Casey Family Programs](#)

beginning its work with the front end of the system. Findings can later be applied throughout the case life cycle when family finding is revisited at key permanency decision points for children and youth.

This strategy utilizing FFE is intended to address the following CSA stakeholder feedback regarding family finding and engagement.

- Families with little or no natural or community supports when they leave CFS may be more likely to re-enter foster care. Transition age youth (TAY) and NMDs are often in this position.
- There is clear benefit (and encouragement from stakeholders) for families to develop a wide network of support incorporated into their case as early as possible.
- There is a need to equally focus family finding efforts on paternal family members.
- Increased staffing resources are needed to support more family finding & extended family support of youth throughout the case.
- Family finding & engagement is needed with extended family about not only placement, but other support roles they can play.

This strategy was chosen while recognizing the promising evidence that engagement improves outcomes in child welfare.<sup>14</sup> Some family finding models have also shown effectiveness with identifying and engaging relatives and kin of children and youth.<sup>15</sup>

The rationale of this strategy is also based on the data review that occurred during the CSA. As discussed earlier in this report, (p.14) not all age or race/ethnic groups are achieving legal permanency at the same rate. It is expected that the FFE efforts in this strategy will help improve exits to permanency for all groups and specifically for older youth and youth who are Black or Latino/x. This is because FFE will be designed to make targeted efforts that are child specific, focus on identifying family members who can provide lifelong connections, and hopefully find and engage family members previously missed by other FFE efforts. With this strategy fully implemented it may represent systemic change ensuring that all youth eligible receive these FFE services. Therefore, it is expected that this strategy will help the Department achieve its targeted benchmarks shown in the SIP chart.

The Department plans to utilize the support and services of Casey Family Programs and a to be determined service provider for additional FFE under this strategy. This will help Department staff focus on meeting other existing casework responsibilities, with the support and collaboration of the contracted providers.

Please see the SIP chart attachment on p. 41, where the Department outlines its targeted improvement goals for the measure, with expected improvements for each year of this SIP based on this and other strategies.

### Action Steps

#### **1. Implement Casey-supported and targeted case identification for provision of family finding & engagement (FFE) services.**

The Department is prioritizing search and engagement efforts that may lead a child welfare agency to a child's family members who can be a safe and nurturing resource for a foster youth. Those family members can often prevent the child from entering an out-of-home placement or decrease the time a

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<sup>14</sup> [Evaluating Family Engagement in Child Welfare \(hhs.gov\)](https://www.hhs.gov/evaluating-family-engagement-in-child-welfare/)

<sup>15</sup> [2015-01Family Finding Eval Summary.pdf \(childtrends.org\)](https://www.childtrends.org/2015-01Family-Finding-Eval-Summary.pdf)

child spends in foster care. Family finding and engagement efforts help keep children connected to those who love them, regardless of whether the person serves as a caregiver to the youth.

This strategy is also aligned with federal law and policy. The Fostering Connections to Success and Increasing Adoptions Act of 2008 requires that relatives be notified within 30 days of a child's placement in out-of-home care, and identifying relatives as an initial placement option also aligns with the Indian Child Welfare Act.

The Department will partner with Casey Family Programs for this strategy. Their organization has compiled research on several evidence-informed strategies and promising practices for family finding and engagement that have shown positive outcomes for children in foster care.

The Department's management will work with Casey Family Programs to develop the details of this action step. Generally, this effort will involve the identification of the children and youth who will receive family finding and engagement services from Casey. Casey staff will review court reports for children in foster care and provide services to children and youth who do not have any, or very few, identified relative/NREFM individuals involved in their case.

The details of the services are to be determined through planning between the Department and Casey. This will include the length and specific type of services to be provided. Transition age youth will receive these services.

These family finding and engagement services will begin by May 2025.

## **2. Identify the scope of work and other specifications to secure a contracted provider to perform additional FFE services.**

Department management will prepare for the creation of a contract and selection of a provider for additional FFE services. An important step in this process is the creation of a scope of work that will guide the procurement process. The scope of work will be developed to supplement the Casey FFE services to ensure that as many children and youth are provided with supportive efforts as possible. For example, the age of youth receiving these services will not be limited to transition age youth as it is with the Casey provided services.

Department management will work to ensure that the FFE services are provided in coordination and collaboration with its other permanency efforts, including Permanency Consultations, permanency trainings, and CFT meetings. This is intended to strengthen planning and decisions made in support of permanency for all children.

As with all other action steps and strategies, further planning and decisions would occur if this action step cannot be implemented as intended. For example, if a provider is not identified who can meet the Department's needs through the contracting process. However, the low staffing levels occurring in the Department require existing staff to focus on providing core services. Additional help is needed through an outside provider to help with FFE efforts during this SIP.

This action step will be completed by June 2025.

## **3. Contract with a qualified provider to deliver FFE services.**

The Alameda County Social Services Agency's Finance Department will be an important partner in this action step. They will support the Department by conducting the procurements for services, coordinating Board approval for the contract, developing contract documents, and providing fiscal monitoring of the contractors. This is a relatively lengthy process in which Alameda County Board of Supervisor approval will be needed for contract approval.

Solicitation of a provider will be based on the terms of the scope of work. This will help ensure that the contractor provides services needed and meets any to be determined deliverables and outcome targets of the contract.

The contract with a provider is expected to be completed by March 2026.

**4. Train staff on how to collaborate with FFE provider and integrate findings from FFE services into case management.**

After selection of a provider and approval of the contract, Department management will work with the provider to inform staff of the new service and purpose. Within unit and division meetings, managers will communicate with staff about the service, including the process by which children and youth will be identified for FFE. This information will also be shared by email messaging with staff members.

Depending on how children and youth are selected for FFE, the Department will work with the provider to monitor the number of children receiving the service and make adjustment as needed to ensure that intended service targets are achieved.

This action step will be completed by October 2026.

**5. Evaluate impact of FFE efforts by collecting data on instances of family finding actions, increases in family member identification, and achievement of permanency. Discuss findings and adjust FFE activities accordingly.**

The Department will work directly with Casey and the other contracted provider to monitor services, evaluate feedback received from staff and families about the efforts, and consider strategy changes as needed. This action step is planned for completion by September 2027.

Monitoring and Evaluation

In addition to the monitoring and evaluation efforts described for each action step in this strategy, the Department will also be conducting efforts to monitor overall performance for the 4-P3 measure. Monitoring of CFSR 4 performance measures will continue on a semi-annual basis.

The quarterly dashboard process described earlier in this report will be used to monitor strategies, and their impact on performance including CFSR outcome measure data, included in this plan. Part of the monitoring, as previously mentioned, will occur through PDSAs. The department intends to use PDSAs to determine what changes can be made in policy and practice in order to bring about positive change in the outcome measures included in the CQI Dashboard process. This will help determine which of the indicators currently included in each dashboard impact the outcome measure performance.

### Systemic Changes Needed

The Department intends to build on past and existing family finding and engagement efforts, and does not perceive a need for systemic changes for this strategy.

### Education and Training Needs

Please see the education and training needs discussed within the action steps of this strategy.

### Roles of Other Partners

Casey Family Programs<sup>16</sup> is an essential partner in this strategy. Casey Family Programs was founded in 1966 and works across the United States, including with tribal nations, to support long-lasting improvements to the well-being of children, families and the communities. Casey's foundational principles include:

- Every child deserves a safe, supportive and permanent family.
- Every family will thrive with the support of a caring community.
- Every community can create hope and opportunities for its children and families.
- Every one of us has a role to play in Building Communities of Hope.

The Department has been fortunate to work with Casey in the past on several projects and initiatives.

An additional partner will be determined through the selection of the other family finding and engagement provider.

### Technical Assistance

The Department does not anticipate receiving technical assistance for this strategy from the NRD, Western Pacific Implementation Center, or a Quality Improvement Center.

## **2B REFERRALS BY TIME TO INVESTIGATION (IMMEDIATE AND 10 – DAY RESPONSE TYPES)**

### **Strategy 1: Improve front-end protocols to ensure timely investigation response.**

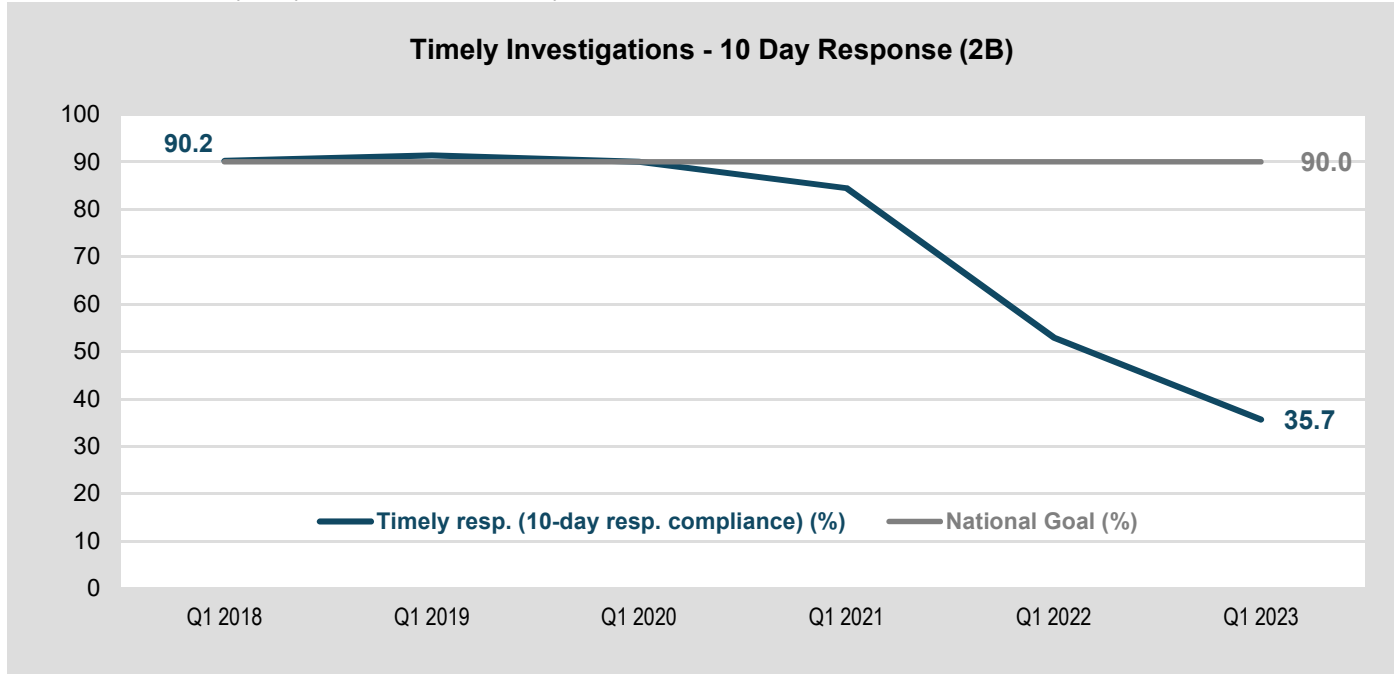
This strategy was chosen to help improve department performance on this crucial process measure. As shown earlier in this report, Department performance for 10-day response referrals has been well below the state standard. Improving this is a priority for the Department. Performance for immediate response referrals has also not met the standard for the most recent timeframes.

The selection of this strategy is informed by a review of Department performance. The Department's CSA baseline was 35.7% (Quarter 1 2023) for 10-day referrals. The following chart shows this and recent performance that has had an overall decline since quarter 1 2020.

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<sup>16</sup> [Who We Are - Casey Family Programs](#)

Chart B34: 2B 10 Day Response, Alameda County



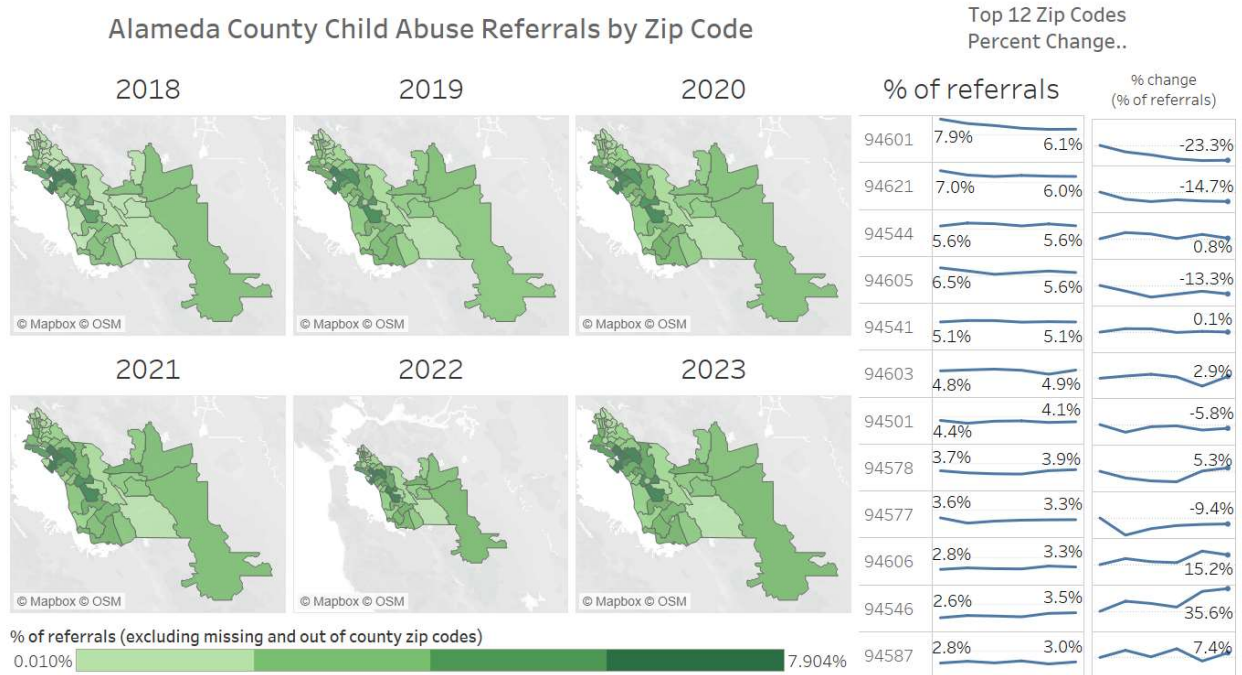
Q1 2023 extract

Performance dipped further for the most recent timeframe available (Q1 2024) to 31.8%.

In planning for this strategy, the Department considered its CSA findings and data about the number of 10 day referrals and the families involved in those referrals. As shown in the following chart, zip codes within the cities of Oakland, San Leandro, and Castro Valley saw the largest increases in the number of referrals between 2018 - 2023. The top 12 zip codes include the following cities:

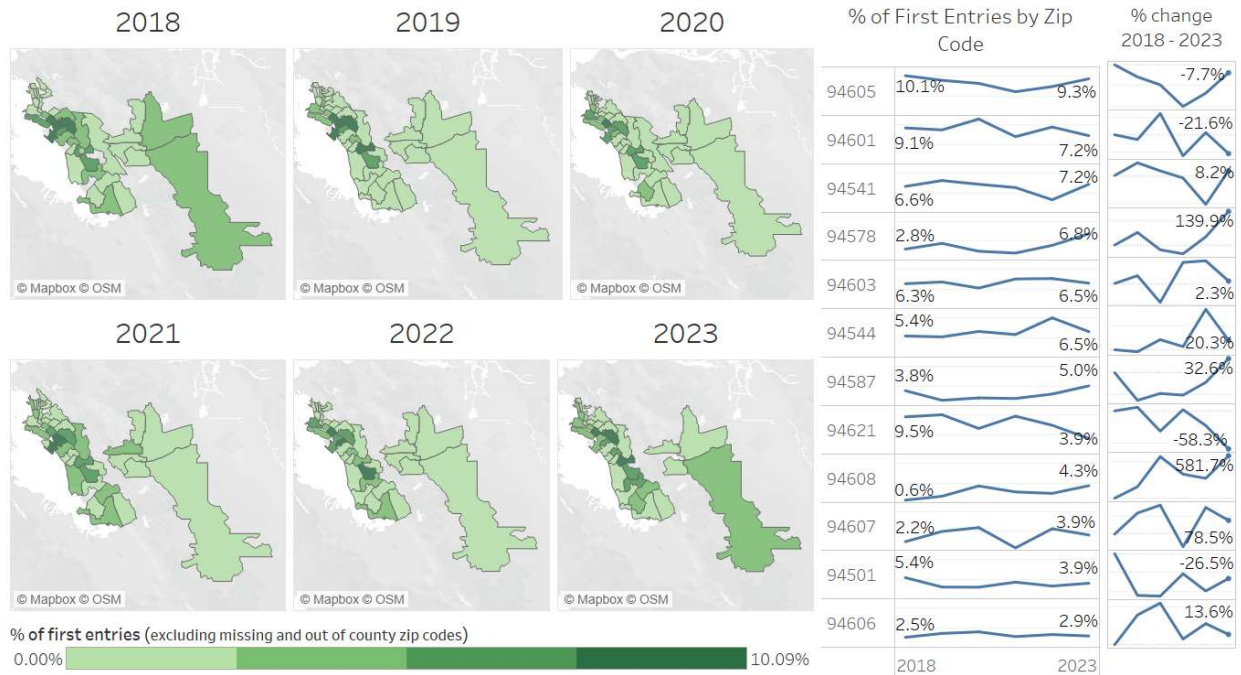
- Oakland: 94601, 94603, 94605, 94606, 94621
- Castro Valley: 94546
- San Leandro: 94577, 94578
- Union City: 94587
- City of Alameda: 94501
- Hayward: 94544, 94541

Chart B35: Child Abuse Referrals by Zip Code (2018 - 2023)



It is also important to consider the entries to foster care that are happening in response to the referrals received. As shown in the following chart, the zip code with the highest percent of first entries was 94605 at 9.3%. However, this represents a 7.7% decrease since 2018. Similarly, the second zip code with the second largest percentage of first entries (94601) also experienced a decrease (-21.6%). Two other zip codes, 94578 (San Leandro) and 94608 (Emeryville) experienced large percent increases in first entries from 2018 – 2023.

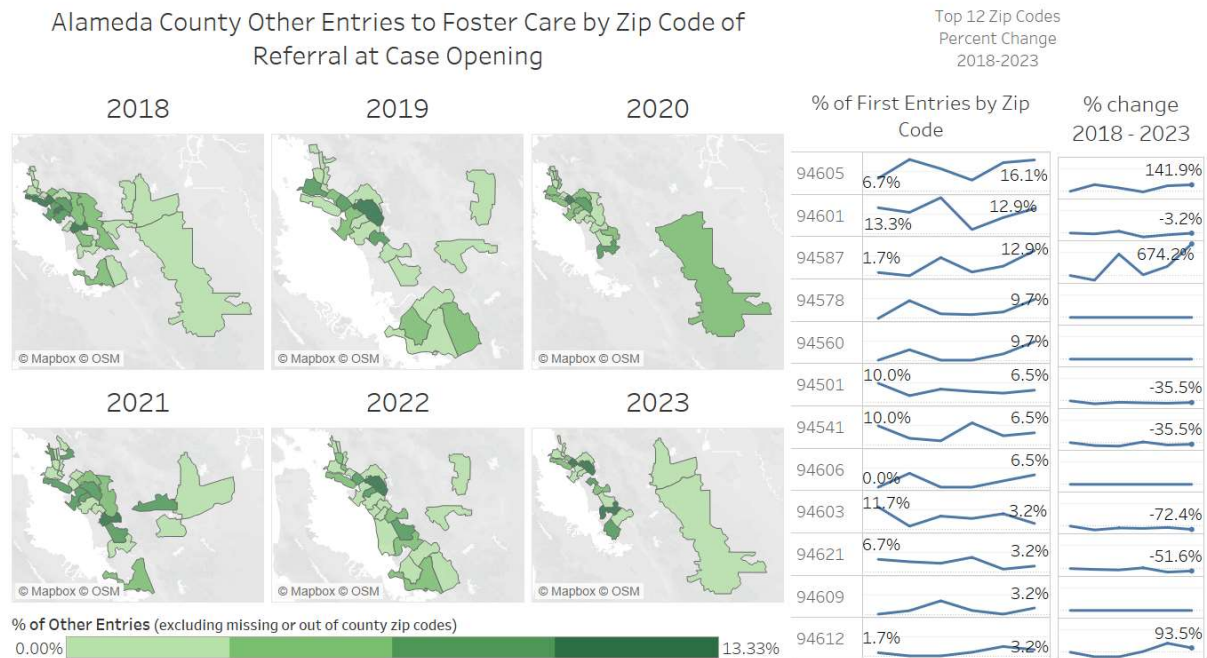
Chart B36: First Entries into Care by Zip Code of Associated Referral resulting in Case Opening (2018 - 2023)



In addition to the first entries to care, the following chart provides the zip code for the referral at case opening for children entering foster care with at least one prior entry. The zip codes with the five highest percentages of “Other” entries as of 2017 were 94605, 94601, 94587, 94578, and 94560.

Chart B37: Other Entries to Foster Care by Location (2018 – 2023)

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



The Department also considered whether the child’s age or ethnicity may influence performance on these 10-day response referrals for suspected maltreatment. As shown below in the following table, Department performance was higher for referrals involving children under the age of 1 year (58.6%) compared to all timely responses (42.9%). This table looks at an average over the prior 4 quarters. However, performance is still well short of the state standard (90%) for even the youngest children.

**Chart B38: 2B 10 – day Timely response performance by child age, 4 quarter average**

	Under 1	1 2	3 5	6 10	11 15	16 17	18 20	Total
Timely response	58.6%	44.5%	44.4%	38.4%	43.4%	46.0%	0.0%	42.9%

Source: CWS/CMS 2024 Quarter 1 Extract

Note: average performance for 1/1/24 – 3/31/24, 10/1/23 – 12/31/23, 7/1/23 – 9/30/23, 4/1/23 – 6/30/23

Another view of the data considers the child’s ethnicity. The following table shows that all groups received a timely response of no more than 45.0% for the most recent 4 quarters of data.

**Chart B39: 2B 10 – day Timely response performance by child ethnicity, 4 quarter average**

	Black	White	Latino	Asian/ Pacific Islander	Native American	Missing	Total
Timely response	44.0%	39.6%	42.9%	44.0%	15.0%	45.0%	42.9%

Source: CWS/CMS 2024 Quarter 1 Extract

Note: average performance for 1/1/24 – 3/31/24, 10/1/23 – 12/31/23, 7/1/23 – 9/30/23, 4/1/23 – 6/30/23

Given that timely response to 10-day investigations appears relatively consistent across ages and ethnicities, the Department’s strategy and action steps design is expected to improve performance across all groups. The planning and subsequent practice changes developed (action step 2) from this strategy will be informed by the data and findings about child welfare referrals. This planning will consider the most likely zip code sources in the county for referrals and entries to foster care, which can help address workload concerns with modified protocols.

For the most recent quarter available (Q1 2024), there were 509 referrals requiring a timely 10-day investigation. Of those, the Department conducted a timely response with 162 referrals (31.8%). In order to have met the state standard of 90% for the quarter, a timely investigation would have been needed with an additional 297 referrals. After the Department completes its review of front-end processes, conducts planning, and implements informed program changes in response, it is expected that the Department will reach its improvement goals.

Please see the SIP chart attachment of this report, where the Department outlines its targeted improvement goals for the measure, with expected improvements for each year of this SIP based on this strategy.

The Department is also including 2B Immediate response referrals in this strategy. Although Department performance has been much closer to the standard (90%), it has not been met in the last 3 timeframes. This performance is shown in the following table.

**Chart B40: 2B Immediate Timely response performance**

	Q4 2022	Q1 2023	Q2 2023	Q3 2023	Q4 2023	Q1 2024
Timely response	89.7%	93.0%	91.5%	88.5%	84.5%	89.1%

Source: CWS/CMS 2024 Quarter 1 Extract

Additionally, there are other important efforts happening in the county that will also influence the referrals received and referrals requiring a response by the Department. Two of those efforts are the county’s Comprehensive Prevention Plan (CPP)<sup>17</sup> and differential response program of Another Road to Safety (ARS).

ARS is a key area of focus for Alameda County CWS to divert families from the child welfare system, whenever safely possible, to be better served by community supports. The program is offered in Alameda County through the Department’ Prevention and Intake Division and operated by A Better Way. ARS provides community-based, family centered, early intervention and prevention services, utilizing the Strengthening Families approach. ARS serves eligible families in all zip code catchments, cities and unincorporated areas in Alameda County. The ARS Program was initially developed to address the high recidivism rate of referrals and the increased need for services to vulnerable families as an alternative to formal child welfare services. Goals of the program include:

- Preventing child abuse and neglect by addressing safety concerns identified by Child Welfare
- Improving parenting skills and confidence
- Linking families to community resources and social supports

ARS and the Department are considering program improvements that will be informed by CSA findings, and the program will continue to have an important impact on families diverted from the child welfare system.

The other effort, the Department’s CPP, is intended to increase the availability and early access to quality prevention services for children, parents, and kin caregivers to help children remain at home while simultaneously reducing the use of foster care. One of the three phases of the CPP is to develop and sustain community pathways within the county to increase the access to services from a community-based approach that does not require children and families to first come through the doors of Child Welfare or Probation. As these two efforts are implemented, Prevention Partners will seek to expand services for specific populations of focus based on input and need. The overarching goal for Alameda County is for Child Welfare and Probation to be the last resort of services instead of the first.

Both the ARS and CPP efforts are informed by referral data and intended to support children of all ages and ethnicities in the county. They should continue to reduce the families referred to the Department for suspected child maltreatment, when those families instead receive community based prevention services that address the reasons that the families would have otherwise come to the attention of the Department. An overall decrease in referrals and investigations from those efforts will impact the Department’s performance on the 2B 10 day and Immediate measures.

### Action Steps

<sup>17</sup> [Alameda CCP 10.12.23.docx \(caltrn.org\)](#)

## 1. Develop a process map of front-end processes to analyze and identify pain points

As discussed in the Department’s 2024 County Self-Assessment (CSA) report, there has been significant personnel turnover since the prior CSA. As shown in the following table, the Department has almost 20% fewer CWW staff members since 2018.

**Table B41: DCFS Staffing Level Changes**

	2018	2023	% Change
<b>Primary Case Carrying CWW IIs</b>	163	139	-14.7%
<b>Secondary CWW IIs</b>	67	46	-31.3%
<b>Total CWW IIs</b>	230	185	-19.6%

In Emergency Response (ER), the program responsible for investigating suspected child maltreatment, staffing levels are lower. As of August 2024, just 26 of 60 (43.3%) Child Welfare Worker ER field positions were filled. This results in higher workload and decreased productivity for remaining staff who are covering investigations without a fully staffed program. The Department is seeking long-term solutions to this retention problem to ensure timely referral investigations.

The National Child Welfare Workforce Institute<sup>18</sup> found that child welfare service delivery suffers when workers experience high caseloads and workloads. This can reduce:

- Worker retention
- Timeliness, continuity, and quality of service delivery
- Family engagement and relationship-building, and
- Safety and permanency outcomes for children and families

This action step is an important part of this strategy to identify and conduct planning to remedy underlying issues. Prevention and Intake managers in the Department will generally take the following steps for the process mapping:

- Identify and list activities involved with front-end processes
- Outline the sequences of steps for the processes
- Create visual representations such as flowcharts, as needed
- Share with Emergency Response staff and receive feedback to validate flowcharts, identify pain points, and lift up effective processes
- Analyze for areas of improvement

Any changes will be informed by CSA data discussed in this strategy’s overview on pages 54 to 59 about the child ages, ethnicities, and home zip codes that are more likely to be referred to the Department for suspected maltreatment. There may be program changes that could better support investigations conducted for the most common referral types received by the Department.

By creating a process map to visually represent workflows and processes, the Department will have a useful tool to communicate how the front-end process works. This is intended to provide a better understanding of the process and help identify inefficiencies and make improvements. Improved efficiencies are expected to result in increased worker retention, and having a better

<sup>18</sup> [https://www.ncwwi.org/files/Caseload-Workload\\_1pager2.pdf](https://www.ncwwi.org/files/Caseload-Workload_1pager2.pdf)

staffed ER program should result in more timely investigation response and improved performance by the Department on the 2B measure.

The mapping process will support the Department in considering all pain points, program needs, and resources within the ER program in a holistic approach. This will help management in their review and determining the best solutions possible, which will occur in the 2<sup>nd</sup> action step of this strategy. However, the Department is aware of some of those pain points at this time, which are shared here as potential examples of what may be addressed.

- Reducing the burden of documentation for staff: investigation narratives are used to document investigations of suspected child maltreatment. However, these lengthy documents are time consuming to complete, and the CWS/CMS system auto populates very little information from the referral screening process into the document. It is possible that more information could be prepopulated into the document or support staff could help by completing portions of the narrative. This would free up more time for staff to conduct investigations.
- Streamlining referral assignments: another pain point identified in existing feedback from staff and management observations arises from complications from staff investigating both 10-day and immediate referrals. Staff members in ER receive both types of assignments. This can be challenging because investigations of Immediate referrals take priority, given that they have already been assessed to involve situations of higher risk for the child. This can result in staff having less time for any unfinished steps of a 10-day investigation when receiving new Immediate assignments every week, given their existing workload and duties. Developing a response to this pain point through action step 2 would likely improve the Department's performance on the 2B outcome measure.

This action step will be complete by March 2025.

## **2. Refine and implement practice changes based on promising practices and pain points.**

After completing the first action steps of this strategy, front-end managers expect to have ample information to support their review and selection of practice changes to bring about support for Emergency Response staff, and ultimately improve performance on the 2B measure.

Over approximately 8 months, Department managers will implement practice changes based on the front-end pain points and process map developed in action step 1. Some of these changes may also involve considering additional material resources for staff that would help increase workforce capacity to implement best practice improvements. Another possible change is implementing a 10-day unit of staff that would only investigate 10-day response referrals, allowing staff in the unit to focus on those investigations without experiencing the impact of also handling immediate referral investigations.

These changes may be implemented by a continual improvement model like the PDSA (Plan-Do-Study-Act) cycle<sup>19</sup>, which the Department has previously used with success. As changes are implemented, Department management will be monitoring 2B performance and receiving feedback from supervisors and staff about the changes. Updates as needed will be made to the practice changes based on that feedback and performance.

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<sup>19</sup> [PDSA Cycles: Improvement and Implementation | NIRN \(unc.edu\)](#)

These protocol changes are seen as a long-term solution to issues with front-end processes and staff retention. The protocol changes are intended to reduce staff workload and increase program efficiency, resulting in increased job satisfaction and improved staff retention. This should bring about more timely investigation compliance during this SIP period.

December 2025 is the planned completion date for this action step.

**3. Increase the number of Emergency Response Child Welfare Workers who are hired and available to conduct investigations.**

Implementation of this action step is planned to begin as part of the SIP in January 2025 and will be considered complete by January 2029.

To complement the staffing data discussed earlier for this strategy, the Department is also considering the total number of CWW positions that Alameda County has funded and are available to be filled with staff. As shown in the following table, currently just (69% (191/275)) of the total CWW positions that are funded are filled with a staff person. This includes CWW I and CWW II classifications.

**Table B42: CWW (I & II) Funded and Vacant Positions**

	2025
<b>Funded but vacant</b>	84
<b>Filled</b>	191
<b>Total budgeted CWW positions</b>	275

Given the other data shared earlier that, as of August 2024, just 43.3% of Child Welfare Worker ER field positions were filled, there is much progress to be made with hiring additional staff. Having more staff in positions and available to work increases the likelihood that the Department will conduct more timely investigations and improve Department performance on the 2B measures.

The Department has implemented continuous hiring for the CWW positions. This is expected to increase the number of CWW staff as the County will now be recruiting and hiring these new staff on an ongoing basis. Previously, these classifications were only hired during 1 to 2 periods each year. The Department works in collaboration with its Human Resources department to ensure that the hiring continues and processes are refined as needed.

**4. Evaluate the effectiveness of practice improvements toward impacting 2B, staff feedback, parent advocate input, and supervisory observation; make course corrections accordingly.**

Implementation can begin in January 2026 and will be fully in place by December 2026.

In addition to the monitoring discussed for the other action steps in this strategy, the Department will also use SafeMeasures to monitor 2B performance. Supervisors and managers are to utilize SafeMeasures as part of their regular supervision meetings, according to Department policy. Quarterly review also occurs during Senior Management Meetings as well as additional review within the division encompassing Emergency Response through a separate dashboard. Parent advocate review and input of practice changes will also be requested. That input will be reviewed and incorporated into practice, whenever possible.

Similar to the other strategies, the Department will also be conducting efforts to monitor overall performance for the 2B measure through the CQI dashboard process. The process will be used to monitor strategies, and their impact on performance including CFSR outcome measure data, included in this plan. Part of the monitoring, as previously mentioned, will occur through PDSAs. The department intends to use PDSAs to determine what changes can be made in policy and practice in order to bring about positive change in the outcome measures included in the CQI Dashboard process. This will help determine which of the indicators currently included in each dashboard impact the outcome measure performance.

#### Monitoring and Evaluation

Please see the last action step of this strategy for this information.

#### Systemic Changes Needed

The underlying issues to be addressed by this strategy may result in systemic changes. It is to be determined by the responses to front-end pain points.

#### Education and Training Needs

Any training and education needed for this strategy will occur within the action steps discussed earlier in this report. The Department's Coaches will also be used to support implementation and education.

#### Roles of Other Partners

Feedback from A Better Way's Parent Advocate program will be essential to the monitoring and review of this strategy. Their input about operations and how it is impacting parents is very important.

#### Technical Assistance

The Department does not anticipate receiving technical assistance for this strategy from the NRD, Western Pacific Implementation Center, or a Quality Improvement Center.

### **NATIONAL RESOURCE CENTER TRAINING & TECHNICAL ASSISTANCE**

The Department is not planning to receive any technical assistance from the NRC, Western Pacific Implementation Center, or Quality Improvement Centers during this SIP period.

## **Juvenile Probation Services**

### **STRATEGY #1**

Develop and implement an aftercare supervision model, which includes a designated unit/position to supervise youth who are stepping down from placement at an STRTP to a less restrictive environment.

#### ***P4 – Reentry to Foster Care***

## Purpose/Rationale

Alameda Probation chose to focus on Outcome Measure P4 – Reentry to Foster Care for the Peer Review process during this CSA/SIP cycle, as it has been a challenge for Probation to meet the national standard for the past five years. Participants in the probation supervisor focus group reported that high re-entry rates may partly be attributed to the lack of a robust after care supervision program to support youth and families after permanency is achieved. Supervisors attribute this lack of aftercare support partly to a 30% decrease in overall staff since the COVID-19 pandemic. Another reason for reentry cited by focus group participants is lack of structure. The STRTPs that many probation youths are placed in provide structure, rules, expectations, routines, and schedules and are located in other jurisdictions. When these youths step down to RFA homes or achieve permanency, this structure often diminishes and youth have difficulty continuing to progress.

Additionally, youth are frequently returning to communities that are unsafe for them, and without support and assistance have difficulties assimilating. As discussed in the CSA, many youths placed in STRTPs have a history of gang related activities. When these youths return to their home communities and previous associates, they are often faced with unique pressures, and in some cases, violence. Specialized supervision is necessary for these youth to safely continue to progress and create healthy, successful lives for themselves. Safety planning will also be an imperative part of aftercare planning. Probation will collaborate with the court/ Judges to create and implement appropriate Safety Planning guidelines. These plans include geographical changes in living arrangements, if necessary, wrap-around services to support family reintegration, and immediate school enrollment to minimize downtime. Additionally, they provide employment services or vocational training if appropriate and involve more intensive initial meetings with probation. During the change of placement court hearing, there is a discussion about the safety plan, and orders are issued accordingly. If interim hearings are required prior to the next six-month permanency hearing, they will be placed on calendar.

Due to the increase of violence faced by Alameda’s probation youth returning from out of county placements to the community, it was determined that a plan for the safety of these youth be developed. Alameda Probation’s multidisciplinary team will develop the Safety Plan and will require the court’s approval prior to the youth returning to the community.

The assigned DPO attends the court hearing for the aftercare plan once the youth has returned home from the STRTP. The court schedules the hearing within two weeks of the youth completing the STRTP to review the 'safety-after-care' plan. After the court orders the safety plan at the change of placement court hearing, if interim hearings are required prior to the next six-month permanency hearing, to modify and/or enhance the safety plan, they will be placed on calendar.

Research shows that “Probation supervision is particularly important during the aftercare period, where it provides a bridge from daily observation in residential care to the eventual absence of court monitoring.”<sup>20</sup> The three key components that contribute to successful permanency outcomes and the absence of reentry into foster care are involvement in education and employment, community-based services, and sufficient court oversight/supervision.<sup>20</sup> The last of the three, probation supervision, has

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<sup>20</sup> Schubert, C.A., & Mulvey, E.P. (2014). Aftercare Services Are Key to Positive Community Adjustment. Chicago, IL: MacArthur Foundation <https://www.pathwaysstudy.pitt.edu/documents/MacArthur%20Brief%20Aftercare%20Services%20are%20Key.pdf>

been shown to decrease the likelihood of being arrested or re-institutionalized, reduce the occurrence of antisocial behavior, and increase the likelihood of being enrolled in school or being employed.<sup>20</sup>

While youth will benefit directly by the services provided to them by the Aftercare Program, this will also enhance the support team around the youth by engaging in family finding efforts that can keep a youth connected to their communities, families, and culture. Due to this process and the increase of violence in the community, the county has committed to enhancing the after-care services available to Probation youth leaving placements.

The County received approval from the Board of Supervisors for this purpose; therefore, those positions have been filled and we do not anticipate eliminating this position. Should the position become vacant, the County will recruit and fill the position as a priority. If staffing the position becomes an issue, the general supervision unit can manage cases in the DPO's absence when the youth returns home.

Research has shown that the single factor most closely associated with positive outcomes for youth is meaningful, lifelong connections to family. Relationship-rich networks of love and support are far more powerful in healing than any trauma-based or evidence-based practice delivered by professionals.<sup>21</sup>

According to the National Resource Center for Family Centered Practice and Permanency Planning, the guiding principles for finding a family are:

- Finding a family is a youth-driven process.
- Every youth deserves, and can have, a permanent family.
- Youth have the right to know about their family members; family members have the right to know about their youth.
- Youth should have connections with the biological family, regardless of whether they will live with them, unless there is a compelling reason not to.
- With support, most youth can thrive in a home rather than in foster care or institutions.
- Family and fictive kin can help develop, plan and achieve the youth permanence.

By involving family, and family-like connections in Child and Family Team Meetings case planning and case management for the child, family, and family-like connections can address any barriers to establishing or reestablishing positive, loving, and supportive relationships.

#### Action Steps

- A. Probation will examine current research and best practices for aftercare supervision to provide a model/structure for the Aftercare Program.
- B. Probation will collaborate with the court/Judges to create and implement appropriate Safety Planning guidelines (including crisis intervention) and administration/oversight for youth determined to be at high risk of returning to an unsafe home community.
- C. Probation will develop/modify policies and procedures for the Aftercare Program and assigned positions. These policies and procedures will include but are not limited to the usage of CFTs, Safety Plans, regular youth/probation officer contact guidelines, case planning, family finding and engagement, assessment, and service planning and delivery.

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<sup>21</sup> Campbell K. A., Borgeson J. (2016). A call for radical change in child protection practice: Unleashing the restorative power of relationship by authentically engaging the extended family, community and tribe. National Institute for Permanent Family Connectedness, brief. <https://static1.squarespace.com/static/56424ce4e4b0c680c28da1b8/t/58c17fb2893fc02bf06def9b/1489076150921/A-Call-for-Radical-Change-in-Child-Protection-Practice.pdf>

- D. Probation will utilize the existing Placement and General Supervision DPOs to continue their work with youth upon returning to placement. Upon completion of hiring new staff, probation will assign a designated probation officer to the Aftercare Deputy Probation Officer position.
- E. All juvenile probation officers will be trained in the new aftercare policies and procedures.
- F. Probation will continue to track the stabilization of the youth who transfer from STRTPs to RFA and monitor its impact on Outcome Measure P4 – Reentry to Foster Care and discuss progress and challenges at all quarterly Probation Advisory Committee (PAC) meetings.
- G. Probation will adjust policies/procedures/practices as needed to meet the needs of the youth participating in aftercare services and to reduce rates of reentry to foster care.

Evaluation

Probation leadership will monitor Outcome Measure P4 – Reentry to Foster Care.

Systemic Changes Needed to Support Improvement Goal

None identified at this time.

Educational/Training Needs to Achieve the Goal

All Placement Probation Officers will be trained in the Aftercare Policies and Procedures.

Roles of Other Partners in Achieving the Goal

None identified at this time.

Technical Assistance

None identified at this time.

**STRATEGY #2**

Create and implement an Intake Placement Program to conduct initial assessments, find appropriate placements, and develop the initial case plan for all youth with a placement order.

***P1-Permanency in 12 months (Of Entering Foster Care)***

Purpose/Rationale

The Peer Review process during this CSA/SIP cycle highlighted the issue of frequent probation officer case assignment changes. Peers stated that there were several barriers and challenges associated with frequent case assignment changes such as loss of continuity for the youth, lack of case/youth knowledge for probation officers, assessments frequently lack case information, lack of smooth transitions to placements/programs/permanency, and difficulty developing/continuing rapport with youths. Alameda County currently has a practice of one DPO completing the Intake Screening and potentially a different officer when the youth returns to the community. With the implementation of an Aftercare DPO, the DPO will be the same on both ends of the process.

Research shows that developing rapport and nurturing a therapeutic relationship with probationers with mental health issues, which reflects much of Alameda County’s juvenile probation population, has been

shown to reduce substance use and recidivism.<sup>22</sup> However, developing a therapeutic relationship requires time and consistency. Additionally, “offenders who are supervised by a few officers are more likely to complete probation successfully than offenders who are supervised by many officers. The data also suggest that offenders who spend the majority of their probation term with a few officers are less likely to recidivate than offenders whose time on probation is spread out over a number of officers.<sup>23</sup>

By improving rapport and developing therapeutic relationships, along with enhanced training and expertise on initial assessments, case planning, and placement decision making, Probation Officers will be better able to engage probation youth in appropriate programs and services and therefore improve timely permanency outcomes. Alameda Probation will continue to collect data and statistics around permanency throughout the process. This identifies youth who were deemed high risk and keeps track of them through assessments to see if the risk was reduced through Placement programming. The department will also evaluate whether the youth have met their initial case plan and treatment goals.

As stated above, youth’s family support system, which has a significant impact on positive outcomes for youth, will also be enhanced by engaging in family finding efforts. This is particularly true when family finding is begun by the Placement Assessment Officer when initial placements are being identified.

#### Action Steps

- A. Probation will examine current research and best practices for needs assessments, placement decision making, and behaviorally based case planning to provide a model/structure for the Intake Placement Program.
- B. Probation will develop/modify policies and procedures for the Intake Placement Program and assigned positions. These policies and procedures will include but are not limited to the usage of CFTs, assessments, case planning, placement matching, family finding and engagement, and service planning and delivery.
- C. Probation will utilize the existing practice to conduct the assessments. Upon completion of hiring new staff, Probation will assign a probation officer to the Intake Placement Program.
- D. All Placement probation officers will be trained on the new policies and procedures.
- E. Probation will continue to collect data and statistics around permanency and monitor Outcome Measure P1-Permanency in 12 months (Of Entering Foster Care) and discuss progress and challenges at all quarterly Probation Advisory Committee (PAC) meetings.
- F. Probation will adjust policies/procedures/practices as needed to meet the needs of the youth in placement and to improve permanency within 12 months of entering care.

#### Evaluation

Probation leadership will monitor Outcome Measure P1-Permanency in 12 months (Of Entering Foster Care).

#### Systemic Changes Needed to Support Improvement Goal

None identified at this time.

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<sup>22</sup> Epperson, M. W., Sawh, L., & Sarantakos, S. P. (2020). Building a therapeutic relationship between probation officers and probationers with serious mental illnesses. *CNS spectrums*, 25(5), 723–733. <https://doi.org/10.1017/S1092852919001871>, <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7483174/>

<sup>23</sup> Clark-Miller, J., & Stevens, K. D. (2011). Effective Supervision Strategies: Do Frequent Changes of Supervision Officers Affect Probationer Outcomes? *Federal Probation*, 75(3), 11–18. <https://ncjtc-static.fvtc.edu/resources/RS01986942.pdf>

Educational/Training Needs to Achieve the Goal

All Juvenile Probation Officers will be trained in the Intake Placement Program.

Roles of Other Partners in Achieving the Goal

None identified at this time.

Technical Assistance

None identified at this time.

**C. PRIORITIZATION OF DIRECT SERVICE NEEDS**

The County participates in competitive Request for Proposal (RFP) process, which is utilized to select and fund CAPIT/CBCAP/ and PSSF programs. These RFPs are open to all community-based organizations, doing business in Alameda County, that provide services to children and their families. These organizations can be non or for profit. The current County Selection Committee (CSC) is composed of Alameda County’s Child Abuse Prevention Task Force members. Membership of the Task Force is currently comprised of those with lived experience (Youth Advocate Fellow and Parent Advocate), community members from sectors such as public health, community health, social services and education.

The selection process is driven by CAPIT/CBCAP/PSSF requirements, and it is informed by CSA findings about the populations at greatest risk of child maltreatment. As discussed in the 2023 CSA report, those are, generally, children younger than 4 years of age, and children with special needs that may increase caregiver burden (e.g., disabilities, mental health issues, and chronic physical illnesses).

All proposals are evaluated by the CSC. They are to review each proposal, score and recommend Contractor(s) in accordance with the evaluation criteria set forth within the RFP.

The Department requires all service providers to utilize evidence-based and/or evidence-informed programs and practices. All CAPIT providers are to use the Protective Factors Survey- Retrospective to all parent/caregivers that receive their services under the CAPIT contract to determine if RBA measures have been met. Providers may incorporate other assessment tools that are evidence based or evidence informed to determine the efficacy of program services. Providers are required to show that their work incorporates best or promising practices, or evidence-informed or evidence-based practices.

**Child Welfare / Probation Placement Initiatives**

**Department of Children and Family Services**

### The Fostering Connections to Success Program (AB 12)

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

CFS has assisted many youth age 18 and older since the law took effect, as the Department has implemented the new requirements and provided services in response. On January 1, 2024, there were 916 youth in a child welfare placement. Of those youth, 219 (or 23.9%) were non-minor dependents (NMDs) ages 18 and older. In comparison, only 15.1% of youth in care statewide on the same date were 18 and older.

For Alameda County, there was a 35.8% decrease in the number of NMDs on January 1, 2024 compared to April 1, 2018, as there were 341 youth ages 18 and older in placement on that date.

**Table 43: Non-Minor Dependents in Child Welfare Placement on 1/1/24**

	n	%
Relative/NREFM	7	3.2%
Foster	1	0.5%
FFA	13	5.9%
STRTP/ Group Home	5	2.3%
Guardian	0	0.0%
Runaway	12	5.5%
SILP	75	34.2%
Transitional Housing	96	43.8%
Other	10	4.6%
Total	219	100.0%

Source: CWS/CMS 2023 Quarter 4 Extract

Most of the youth are in either Transitional Housing or a SILP, as shown in the preceding table, which are placement types that provide the youth with the opportunity to practice living independently and with support as needed. Of the 219 youth ages 18 and older in placement on 1/1/24, 106 (48.4%) were in one of these placement types.

### Continuum of Care Reform (CCR)

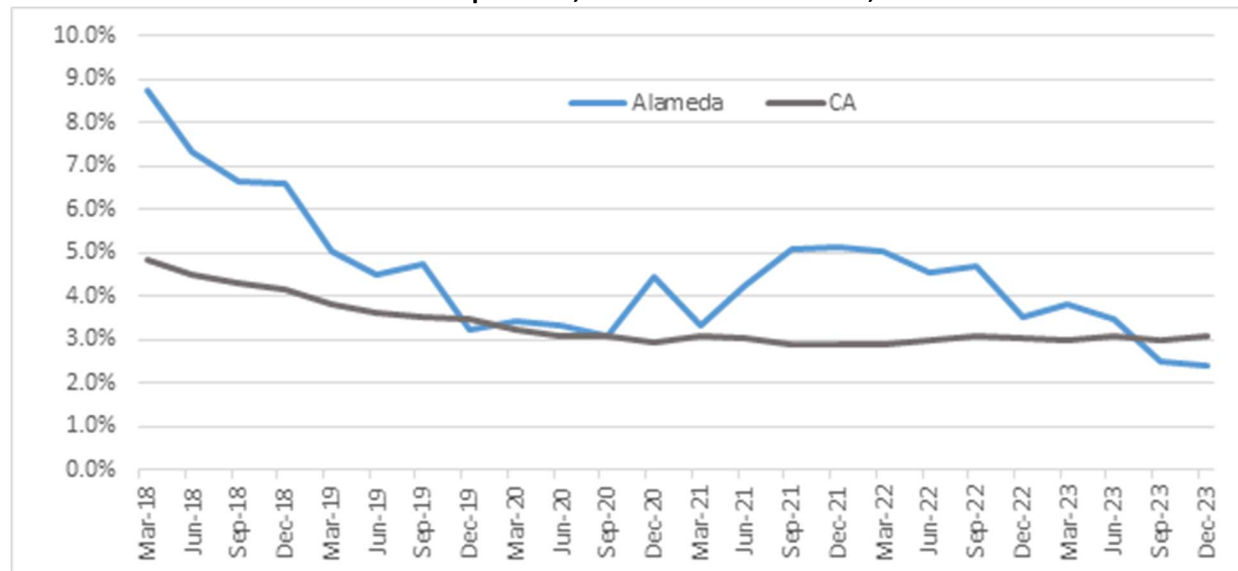
On October 11, 2015, Governor Edmund G. Brown Jr. signed legislation that comprehensively reforms placement and treatment options for youth in foster care. Assembly Bill 403 (Stone D-Monterey) builds upon years of policy changes to improve outcomes for youth in foster care.

The Continuum of Care Reform draws together a series of existing and new reforms to California’s child welfare services program designed out of an understanding that children who must live apart from their parents do best when they are cared for in committed and nurturing family homes. AB 403 provides the statutory and policy framework to ensure services and supports provided to the child or youth and his or her family are tailored toward the ultimate goal of maintaining a stable permanent family. Reliance on congregate care should be limited to short-term, therapeutic interventions that are just one part of a continuum of care available for children, youth and young adults. The CDSS also has a helpful factsheet about CCR that is accessible here <http://www.cdss.ca.gov/Portals/9/CCR/CCRInfographic.pdf?ver=2017-10-18-161318-400>.<sup>1</sup> These efforts, as well as those statewide, are informed by trends and themes in child welfare services and data and by implementation science research.

### Reduction in Congregate Care

As stated above, one of the goals of CCR is to move children out of congregate care and into family based care, and only using a Short Term Residential Treatment Program or group home on a temporary basis, when necessary. The Department has experienced, similar to California, an overall decrease in the number and percentage of youth in congregate care. The efforts to move all children in to family based care described in this report are still expected to further decrease the percentage of youth in congregate care locally, consistent with CCR. This will also increase the likelihood of those children and youth experiencing permanency, which will help the Department achieve its goals for this SIP. If children and youth are placed with caregivers in a home based setting, through FFE and informed with their options for permanency, those children and youth will be expected to have a greater chance of a timely exit to permanency than youth in congregate care.

**Chart 44: % of Children & Youth in Group Homes, Predominant Placement, PIT**



Source: CWS/CMS 2023 Quarter 4 Extract

### Child and Family Teams

As of early 2024, Alameda County has a robust CFT program implemented over the prior six years. The program currently consists of eleven child welfare supervisors, all of whom have completed CFT facilitator training. The CFT Implementation Team (CFTIT) and affiliated workgroups have supported this program in

providing marketing, training, and data monitoring support to the county. Moving forward, the CFT program plans to take on primary responsibilities of program development, with some support from CFTIT as needed.

CFT meetings are held across all primary programs in Alameda County CFS and generally fall under the following types:

#### Case Planning

- Case Planning: Initial – A meeting to develop initial case plan goals and service objectives prior to a Disposition hearing or in order to open an Informal Family Maintenance case.
- Case Planning: Update – A meeting to identify and/or update goals for the youth (0-13) and family, create objectives to meet the goal, and to identify what resources and supports are available to support the family.
- Case Planning: 14+ - A meeting for youth 14+ and NMDs to identify and/or update goals to support their transition to adulthood, to create objectives to meet the goal(s), and to identify what resources and supports are available to support the youth/NMD. This replaces TLCs.
- Case Planning: NMD Re-Entry – A meeting for a Non-Minor who wants to re-enter foster care. The Non-Minor's goals will be identified, placement options may be discussed, and objectives to meet those goals are created. Additionally, agreements will be made on how the Non-Minor will demonstrate compliance with AB-12.

#### Placement

- Placement: Change of Placement – A meeting to assess planned moves, such as moves to a concurrent planning home, to assess for a potential RFA placement, to move to a SILP or THP+FC program, or to a higher or lower level-of-care.
- Placement: Preservation – A meeting to discuss 14 -day notices, such as when placements are at risk of disruption due to the caregiver giving a 14-day notice or when the CWW determines in consultation with the CWS that the placement is in jeopardy or in need of additional support.

#### Safety

- Safety: Considered Removal – A meeting when there is an open ERU/DI referral or a FM case receiving in-home services (formal or informal), and the CWW determines in consultation with the CWS that there is an escalating risk of removal. These meetings should be scheduled immediately.
- Safety: Emergency Removal – A meeting when a child is removed from their home on an emergency basis. These meetings should be held on the next business day or as soon as possible.
- Safety: Voluntary Services – A meeting to determine the appropriateness for a referral to informal services for the family.

#### Transitions

- Transitions: Case Closure – A meeting to review progress and goals achieved in preparation for transition out of the child welfare system.
- Transitions: Reunification – A meeting to discuss and plan for a child to return home.
- Transitions: Permanency – A meeting to discuss permanency options or to develop plans for permanency.

#### Follow-Up

- Follow-up – A meeting any time one of the above types needs a follow-up meeting within 45 days.

The goal of the CFT meeting is to bring child/youth/NMD and family voice, together with their team to the table when making decisions. Facilitators work to ensure that all voices are heard within the meeting, bringing forward all possible options when it comes to determining the least restrictive placement for a child/youth, as well as safety and case plans that are driven by the needs of the youth and family.

The CFT program team periodically engages in roadshows with units, gathering feedback from workers, supervisors, and program managers regarding the needs and strengths of the program. In addition, surveys are given to meeting participants and disseminated by the METT (Monitoring and Evaluation Task Team). The CFT program is in the process of processing the feedback from the last round of roadshows in order to make recommendations around the themes of staff training needs, CFT policy and procedure, and facilitator training needs. The CFT program routinely discusses feedback received from both internal sources (CWWS, CWSs, etc.), youth and families, and outside stakeholders in order to address these needs and course correct as needed within our practice.

The Department’s CFT Monitoring and Evaluation task team has been operating since 2017 and has developed a Logic Model, which outlines the planned activities, outputs, and measures that will occur for CFTs and the outcome measures that the Department plans to use after implementation. After completing the model, the task team also made a Monitoring and Evaluation Item List (MEIL) that will include a list of all activities and outcome measures from the logic model. For each activity and measure, the MEIL includes the specific questions that the task team recommends to use for what the Department will want to learn about CFTs. The MEIL will also identify the data sources, and modifications to existing sources, that are needed to collect the information needed to answer those questions. The task team has prepared a revised survey that will be administered after teaming meetings, to collect information about CFT meeting participants’ views on their team and experience with CFTs. This will be distributed after full implementation of the department’s new text message system for notifying CFT meeting participants about scheduled meetings.

Prior survey results are available from Parent and Youth Feedback surveys that were administered in 2021 in electronic format only. Due to a low response rate, the surveys were repeated in 2022 with an option to participate and return either a paper survey or a web-based response. Due to low response rates, the results were combined across these two years.

**Table 45: 2021/22 Parent and Youth Survey Feedback**

	Parents		Youth	
	<i>n</i>	%	<i>n</i>	%
<b>I have a team that is helping me</b>	44	52.3%	44	75.0%
<b>My team helps my parent(s) and/or me act in ways that meet my needs for care and protection.</b>	42	59.5%	38	50.0%
<b>My ideas and thoughts influence the decisions my worker and team make.</b>	44	52.3%	41	56.1%
<b>I feel satisfied with the communication I have with my worker and team outside of meetings.</b>	44	47.7%	42	66.7%
<b>I have developed the goals for my case plan with my team.</b>	43	62.8%	42	73.8%

Please see strategy 1 of this report on page 32 for more information about CFTs and how CFTs will support the Department's goals for the SIP.

### Katie A.

Alameda County has continued to implement Katie A.

- The DCFS and Alameda County Behavioral Health (ACBH) have continued to meet in Joint Partnership Meetings which included discussions about Katie A.
- The Katie A Family Subcommittee, which includes youth and parent leaders from both DCFS and Behavioral Health Care Services (BHCS), has been temporarily on hold due to COVID-19. In the future, it is expected to resume meetings and providing feedback and insight on Katie A processes to the Joint Partnership Meeting.
- ACBH continued meeting in KTA Provider meetings to provide direction and implementation support to programs that serve subclass members with ICC and IHBS.
- CFT meetings under Katie A are supported by the continued implementation of CFT meetings department wide, as described previously in this report, as these meetings are increasing staff knowledge, familiarity, and experience in CFTs. The department is currently evaluating whether to begin having department CFT Facilitators facilitate these Katie A CFT meetings, which are currently facilitated by ACBH staff.
- Reports on utilization of mental health services for children and youth in child welfare are available from the CDSS website at <https://www.cdss.ca.gov/inforesources/foster-care/pathways-to-well-being>
- For more details about practices implemented as a result of the Katie A. settlement see the Child Welfare/ Probation Placement Initiatives section of this report on page 68.

### CANS

The California Department of Social Service (CDSS) requires all County Child Welfare Departments to complete a full assessment when working with children and youth aged 20 years and younger. The CANS (Child and Adolescent Needs and Strengths) is California's approved assessment tool that is completed by the Behavioral Health Care provider or by a contracted provider, WestCoast Children Center, to understand the needs and strengths of Alameda County dependent child(ren) and their families in order to collaboratively develop the family's case plan. Every child, youth, and NMD with an open child welfare case should receive a CANS assessment at intake, and at least annually thereafter. These assessments inform the planning and teaming process for children and youth and are expected to help the Department reach its goals for this SIP. Having better informed teams that have improved assessment information should develop more accurate and helpful case plans and permanency assessments, which will help find timely permanency for youth.

### SOP

Safety Organized Practice (SOP) is a collaborative, culturally respectful, trauma-informed and evidence-informed best practice approach that utilizes skillful engagement, meaningful partnerships with families and their networks, and development of plans that build on a family's strengths and foster behavior change within a family system to ensure child safety, permanency and well-being. SOP is both a framework for practice and a set of tools and strategies that help child welfare staff achieve the Integrated Core Practice Model (ICPM)/California Child Welfare Core Practice Model (CPM) behaviors of

engagement, assessment, teaming, transition, and service planning and delivery with a family and their network.

SOP provides on-the-ground practice tools intended to support achievement of federal child welfare outcome measures, including improved timely permanency and placement stability and reduced recurrence of maltreatment and re-entry to foster care.

SOP is considered fully implemented across the department, with monitoring and evaluation showing continued growth with the use of SOP during casework with families and youth.

The coaching program has played an integral part in the implementation of two major research based practices in our county over the past few years: Safety Organized Practice and continued coaching for staff who have completed the Equity and Inclusion Fellowship. Please see more information about SOP under Staff, Caregiver and Service Provider Training.

### Coaching Program

Coaching continues to be offered to support staff in their use of Safety Organized Practice in their work. As mentioned in the previous section, these coaching sessions can include themes of engaging with families, developing/refining the harm, risk and goal statements, how to incorporate the voice of the child, defining complicating factors, and mapping a referral or case using the case consultation tool.

Coaching continues to be offered for staff who are and have attended the Equity and Inclusion Fellowship. Two- hour coaching sessions are offered between 2 and 4 times per month, with 1-2 session(s) for all fellows and 1-2 session(s) for fellows who identify as Black, Indigenous or Persons of Color. When there are 2 sessions offered for the month, they are virtual and when there are 4 sessions offered, there are an additional 2 sessions offered that are in-person. The coaching sessions provide a space for fellows to discuss and explore next steps in the equity and inclusion work, such as exploring the current ways we perpetuate white supremacy characteristics in our roles/programs/Agency and how we can apply the antidotes. Coaching sessions have included specific conversations about the impact of our biases and prejudices and/or how differences in power and privilege impact how we engage with each other, families we serve and our community partners, especially during difficult times (which include high caseloads, staffing shortages, low morale, etc...).

## SIP 5-YEAR CHART

### Department of Children and Family Services

**Priority Outcome Measure or Systemic Factor:** P3 – Permanency within 12 months for youth in care 24 months or more

**National Standard:** 37.3%

**CSA Baseline Performance:** Q1 2023 = 32.0% and recent performance in Q1 2024 = 23.8%

**Target Improvement Goals:**

YEAR 1	YEAR 2	YEAR 3	YEAR 4	YEAR 5
N/A	+1% 24.8%	+3% 27.8%	+4% 31.8%	+4% 35.8%

Year 1 will be focused on the implementation of key strategies aimed at improving the P3 outcome measure. The remaining years of the SIP cycle are targeted for 2-4% improvement each year.

Three strategies have been identified for the child welfare P3 outcome measure.

<b>DCFS Strategy 1:</b> Develop and update permanency planning tools and policies, and promote the utilization of referrals to services, increasing permanency options and planning for staff, youth/families, and community partners.	<input type="checkbox"/> CAPIT <input type="checkbox"/> CBCAP <input type="checkbox"/> PSSF <input checked="" type="checkbox"/> N/A	<b>Applicable Outcome Measure:</b> P3 – Permanency within 12 months for children in care ≥ 24 months	
		<input type="checkbox"/> Title IV-E Child Welfare Waiver Demonstration Capped Allocation Project	
<b>Action Steps</b>	<b>Implementation Date</b>	<b>Completion Date</b>	<b>Person Responsible</b>
1. Revise, launch, and evaluate an improved Permanency Guide and a concise version for youth. Develop related tools to support use of the guide and permanency planning.	Mar 2025	Dec 2027	Permanent Pathways & Benefit Services Division Director
a. Establish workgroup comprised of staff, youth/parent advocates, and community partners to improve permanency planning resources.	Mar 2025	Apr 2025	Permanent Pathways & Benefit Services Division Director
b. Review and revise existing Permanency Guide with advocates, staff, and partners to gain input about what permanency resources/info are missing or need updating, including development of decision trees to accompany revised guide.	Apr 2025	Jun 2026	Permanent Pathways & Benefit Services Division Director
c. Support youth advocates to create a concise, accessible version of updated Permanency Guide for youth.	Jul 2026	Jan 2027	YAP Liaison
d. Develop marketing materials to inform staff, youth, parents, and partners about updated Permanency Guide and youth version in CFT meetings or other venues. Launch updated Permanency Guide and youth version in print and online formats, including language translations.	Nov 2026	Mar 2027	Permanent Pathways & Benefit Services Division Director
e. Evaluate increased awareness of permanency options among staff, youth, parents, and partners through polls, online surveys, supervisory oversight, etc.	Sept 2027	Dec 2027	Permanent Pathways & Benefit Services Division Director

2. Develop and update permanency planning policies to enhance practice guidance for permanency decisions.	Mar 2025	Feb 2027	Permanent Pathways & Benefit Services Division Director
a. Review existing Online Practice Guide (OPG) for unclear, outdated or missing content, including alignment with Permanency Guide (see Action Step #1 above).	Mar 2025	Dec 2025	Permanent Pathways & Benefit Services Division Director
b. Revise OPG with workgroup input to be more user-friendly, informative, accurate and complete.	Jan 2026	Dec 2026	Permanent Pathways & Benefit Services Division Director
c. Train permanency staff on updated OPG.	Jan 2027	Jun 2027	Permanent Pathways & Benefit Services Division Director
3. Promote referrals to underutilized resources related to permanency (e.g. resources for parent/teen conflict; support for SOGIE youth; substance abuse treatment; interpreters/language line; Parent and Youth Advocates).	Jan 2027	Mar 2027	Administrative Support Team and Unit Supervisors for DI, Court, FR, PYC and Adoptions
4. Evaluate utilization of permanency resources through surveys to staff and measuring baseline utilization via referral tracking as point of comparison.	Jun 2027	Sep 2027	Permanent Pathways & Benefit Services Division Director

<b>DCFS Strategy 2:</b> Increase staff knowledge and skills to center permanency achievement as a core element of teamwork, case planning, and decision-making.	<input type="checkbox"/> CAPIT	<b>Applicable Outcome Measure:</b> P3 – Permanency within 12 months for children in care ≥ 24 months	
	<input type="checkbox"/> CBCAP		
	<input type="checkbox"/> PSSF	<input type="checkbox"/> Title IV-E Child Welfare Waiver Demonstration Capped Allocation Project	
	<input checked="" type="checkbox"/> N/A		
<b>Action Steps</b>	<b>Implementation Date</b>	<b>Completion Date</b>	<b>Person Responsible</b>
1. Increase resources and opportunities for permanency case consultations.	Jan 2025	Sep 2025	Permanent Pathways & Benefit Services Division Director
2. Increase utilization of Child and Family Teaming to support planning for and transitions to permanency.	Jan 2025	Jan 2026	Gateways to Permanency Division Director

<p>3. Design curriculum to train staff on permanency practice improvements and utilization of permanency resources. Ensure curriculum includes specific training topics:</p> <ul style="list-style-type: none"> <li>• Promoting permanency when facing chronic challenges—addiction/relapse, mental health, domestic violence, housing insecurity</li> <li>• Integrating assistance to help sustain permanency—economic support, in-home support, support for SOGIE youth</li> <li>• Aligning partners with permanency goals—STRTPs and working with/setting expectations for placement providers</li> </ul>	Jan 2025	Dec 2025	Training & Consulting Team (TACT)
<p>4. Deliver permanency training to staff.</p>	Sep 2024	Dec 2026	TACT & Gateways to Permanency Division Director
<p>5. Incorporate permanency practice principles learned at training and demonstrated through practice experiences into existing coaching approaches.</p>	Jan 2026	Dec 2026	TACT & Gateways to Permanency Division Director
<p>6. Evaluate progress toward staff skill development around permanency practices through coaching surveys and data tracking.</p>	Jun 2027	Dec 2027	TACT & Gateways to Permanency Division Director

<b>DCFS Strategy 3:</b> Enhance utilization of Family Finding and Engagement (FFE) resources across the department at key points in the permanency timeline.	<input type="checkbox"/> CAPIT <input type="checkbox"/> CBCAP <input type="checkbox"/> PSSF <input checked="" type="checkbox"/> N/A	<b>Applicable Outcome Measure:</b> P3 – Permanency within 12 months for children in care ≥ 24 months	
		<input type="checkbox"/> Title IV-E Child Welfare Waiver Demonstration Capped Allocation Project	
Action Steps	Implementation Date	Completion Date	Person Responsible
1. Implement Casey-supported and targeted case identification for provision of family finding and engagement (FFE) services.	Jan 2025	May 2025	Prevention & Intake Division Director
2. Identify the scope of work and other specifications to secure a contracted provider to perform additional FFE services.	Feb 2025	Jun 2025	Prevention & Intake Division Director; Permanent Pathways & Benefit Services Division Director; Gateways to Permanency Division Director
3. Contract with a qualified provider to deliver FFE services.	Jul 2025	Mar 2026	Permanent Pathways & Benefit Services Division Director; Gateways to Permanency Division Director
4. Train staff on how to collaborate with FFE provider and integrate findings from FFE services into case management.	Apr 2026	Oct 2026	TACT
5. Evaluate impact of FFE efforts by collecting data on instances of family finding actions, increases in family member identification, and achievement of permanency. Discuss findings and adjust FFE activities accordingly.	Mar 2027	Sep 2027	Prevention & Intake Division Director; Permanent Pathways & Benefit Services Division Director; Gateways to Permanency Division Director

**Priority Outcome Measure or Systemic Factor:** 2B – Timely investigations (Immediate & 10-day)

**National Standard:** 90% (both response types)

**CSA Baseline Performance:**

Immediate: Q1 2023 = 86.6% and recent performance in Q1 2024 = 89.1%

10-day: Q1 2023 = 35.7% and recent performance in Q1 2024 = 31.8%

**Target Improvement Goals:**

	YEAR 1	YEAR 2	YEAR 3	YEAR 4	YEAR 5
Immediate	N/A	+ .5% 89.6%	.5% 90.1%	1% 91.1%	2% 93.1%
10-day	N/A	+ 8% 39.8%	+ 10% 49.8%	+ 12% 61.8%	+20% 81.8%

Year 1 will be focused on the implementation of key strategies aimed at improving the 2B outcome measure. The remaining years of the SIP cycle are targeted for gradually increasing improvement each year to above or near the 90% standard by Year 5.

One strategy has been identified for the 2B outcome measure.

<b>DCFS Strategy 1:</b> Improve front-end protocols to ensure timely investigation response.	<input type="checkbox"/> CAPIT <input type="checkbox"/> CBCAP <input type="checkbox"/> PSSF <input checked="" type="checkbox"/> N/A	<b>Applicable Outcome Measure:</b> 2B – Timely Investigations (Immediate & 10-day)	
		<input type="checkbox"/> Title IV-E Child Welfare Waiver Demonstration Capped Allocation Project	
Action Steps			
	Implementation Date	Completion Date	Person Responsible
1. Develop a process map of front-end processes to analyze and identify pain points.	Feb 2025	Mar 2025	Prevention & Intake Division Director
2. Refine and implement practice changes based on promising practices and pain points.	Apr 2025	Dec 2025	Prevention & Intake Division Director
3. Increase the number of Emergency Response Child Welfare Workers who are hired and available to conduct investigations.	Jan 2025	Jan 2029	Prevention & Intake Division Director
4. Evaluate the effectiveness of practice improvements toward impacting 2B, staff feedback, parent advocate input, and supervisory observation; make course corrections accordingly.	Jan 2026	Dec 2026	Prevention & Intake Division Director

## Juvenile Probation Services

### PROBATION

Priority Outcome Measure or Systemic Factor:

***P4-Re-entry to Foster Care in 12 Months***

“Of all children who enter foster care in a 12-month period who discharged within 12 months to reunification, living with a relative(s), or guardianship, what percent re-enter foster care within 12 months of their discharge?”

**National Standard:** ≤5.6%

**CSA Baseline Performance:** 14.3%

Current Performance: Q1 2024 25%

**Target Improvement Goal:** 5.6%

Year 1: 12.1%

Year 2: 9.9%

Year 3: 7.8%

Year 4: 5.6%

Priority Outcome Measure or Systemic Factor:

***P1-Permanency in 12 months (Of Entering Foster Care)***

“Of all children who enter foster care in a 12-month period, what percent discharged to permanency within 12 months of entering foster care?”

**National Standard:** ≥35.2%

**CSA Baseline Performance:** 8.8%

<p>Current Performance: Q1 2024 2.2%</p> <p><b>Target Improvement Goal: 35.2%</b></p> <p>Year 1: 15.4%</p> <p>Year 2: 22%</p> <p>Year 3: 28.6%</p> <p>Year 4: 35.2%</p>
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Two strategies have been identified for Juvenile Probation Services for the P4 outcome measure.

<p><b>PROBATION STRATEGY 1:</b> Develop and implement an aftercare supervision model, which includes a designated unit/position to supervise youth who are stepping down from placement at an STRTP to a less restrictive environment.</p>	<input type="checkbox"/> CAPIT <input type="checkbox"/> CBCAP <input type="checkbox"/> PSSF <input checked="" type="checkbox"/> N/A	<p><b>Applicable Outcome Measure:</b> P-4: Reentry to Foster Care</p>	
		<input type="checkbox"/> Title IV-E Child Welfare Waiver Demonstration Capped Allocation Project	
Action Steps	Implementation Date	Completion Date	Person Responsible
A. Probation will examine current research and best practices for aftercare supervision to provide a model/structure for the Aftercare Program.	September 2024	December 2024	Division Director, Probation Specialist
B. Probation will collaborate with the court/Judges to create and implement appropriate Safety Planning guidelines (including crisis intervention) and administration/oversight for youth determined to be at high risk of returning to an unsafe home community.	September 2024	March 2025	Division Director, Probation Specialist
C. Probation will develop/modify policies and procedures for the Aftercare Program and assigned positions. These policies and procedures will include but are not limited to the usage of CFTs, Safety Plans, regular	March 2025	March 2026	Division Director, Probation Specialist

youth/probation officer contact guidelines, case planning, family finding and engagement, assessment, and service planning and delivery.			
D. Probation will utilize the existing Placement and General Supervision DPOs to continue their work with youth upon returning to placement. Upon completion of hiring new staff, probation will assign a designated probation officer to the Aftercare Deputy Probation Officer position.	September 2024	September 2026	Division Director, Probation Specialist
E. All juvenile probation officers will be trained in the new aftercare policies and procedures.	June 2026	December 2026	Division Director, Probation Specialist
F. Probation will continue to track the stabilization of the youth who transfer from STRTPs to RFA and monitor Outcome Measure P4 – Reentry to Foster Care and discuss progress and challenges at all quarterly Probation Advisory Committee (PAC) meetings.	September 2024	June 2028	Division Director, Probation Specialist
G. Probation will adjust policies/procedures/practices as needed to meet the needs of the youth participating in aftercare services and to reduce rates of reentry to foster care.	March 2026	June 2028	Division Director, Probation Specialist

<b>PROBATION STRATEGY 2:</b> Create and implement an Intake Placement Program to conduct initial assessments, find appropriate placements, and develop the initial case plan for all youth with a placement order.	<input type="checkbox"/> CAPIT <input type="checkbox"/> CBCAP <input type="checkbox"/> PSSF <input checked="" type="checkbox"/> N/A	<b>Applicable Outcome Measure:</b> P-1: Permanency in 12 months (Of Entering Foster Care)	
		<input type="checkbox"/> Title IV-E Child Welfare Waiver Demonstration Capped Allocation Project	
<b>Action Steps</b>	<b>Implementation Date</b>	<b>Completion Date</b>	<b>Person Responsible</b>
A. Probation will examine current research and best practices for needs assessments, placement decision making, and behaviorally based case planning to provide a model/structure for the Intake Placement Program.	September 2024	December 2024	Division Director, Probation Specialist
B. Probation will develop/modify policies and procedures for the Intake Placement Program and assigned positions. These policies and procedures will include but are not limited to the usage of CFTs, assessments, case planning, placement matching, family finding and engagement, and service planning and delivery.	September 2024	December 2024	Division Director, Probation Specialist
C. Probation will utilize the existing practice to conduct the assessments. Upon completion of hiring new staff, Probation will assign a probation officer to the Intake Placement Program.	March 2025	September 2025	Division Director, Probation Specialist
D. All Placement probation officers will be trained on the new policies and procedures.	January 2026	June 2026	Division Director, Probation Specialist
E. Probation will continue to collect data and statistics around permanency and monitor Outcome Measure P1- Permanency in 12 months (Of Entering Foster Care) and discuss progress and challenges at all quarterly Probation Advisory Committee (PAC) meetings.	March 2025	June 2028	Division Director, Probation Specialist

<p>F. Probation will adjust policies/procedures/practices as needed to meet the needs of the youth in placement and to improve permanency within 12 months of entering care.</p>	<p>December 2024</p>	<p>June 2028</p>	<p>Division Director, Probation Specialist</p>
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# SERVICE PROVISION FOR CAPIT/CBCAP/PSSF PROGRAMS

## INTRODUCTION

Data and stakeholder feedback regarding service provision are obtained in various ways. Focus groups were held, virtually, throughout Alameda County in the Spring of 2022, requesting feedback on services available and services needed, Site Visits of currently contracted providers are used to determine what, if any, special populations are not being served and ways to increase engagement of those populations.

Based on the identified needs of what service providers, community members and other stakeholders, those findings are used to inform future funding opportunities. The overwhelming need that was identified was the need for support of basic needs to families directly and housing stability supports.

Oversight of these programs, as designated by the Board of Supervisors, SSA is responsible for the administration and oversight of CAPIT, CBCAP, ARPA-CBCAP and PSSF funds. In addition, the Child Abuse Prevention Task Force has responsibilities that include:

- Facilitation of Community Needs Assessment Forums
- Recommendations of awarding contracts
- Monitoring contractor compliance through annual site visits

Alameda County's CFS provides the following program oversight:

- Data collection
- Program outcomes evaluations
- Fiscal compliance
- Compliance with completion and submission of required monthly, quarterly, and annual reports

## CAPIT/CBCAP/PSSF PROGRAM AND EVALUATION DESCRIPTION

### PROGRAM DESCRIPTION

#### PROGRAM NAME

Line: Information and Referral

#### SERVICE PROVIDER

Abode and Ruby's Place

**PROGRAM DESCRIPTION**

After intake and assessment, client receive information and referrals that address their stated and identified needs. Using their deep network of referral partners in the region, contractors are able to support connections to community and social supports.

**FUNDING SOURCES**

SOURCE	LIST FUNDED ACTIVITIES
CAPIT	Information and Referral
CBCAP	
PSSF Family Preservation	
PSSF Family Support	
PSSF Family Reunification	
PSSF Adoption Promotion and Support	
OTHER Source(s): CCTF	Information and Referral

**IDENTIFY PRIORITY NEED OUTLINED IN CSA**

The median family income in Alameda County was just over \$130,000, much higher than California’s at \$91,377. However, this number alone is not a good gauge of how some residents are faring economically. It does not fairly represent the residents who struggle in the face of Alameda County’s high cost of housing. (pg. 11 CSA draft)

Almost 10% (10.2%) of children were living in poverty (2016-2020 data), which is lower than the rest of California (16.8%)...Alameda was at the higher end for the Bay Area counties over that timeframe (CSA draft pg. 13).

There has been a large increase (over 3,000) in the number of individuals in the county who are unsheltered, since 2017 (CSA draft pg. 14).

**TARGET POPULATION**

Both organizations work with people who are in need of emergency shelters. Ruby’s Place offers refuge to people whom are survivors of intimate partner violence and human trafficking who are in need of housing. Abode uses CAPIT funding to support families with children in needs of shelter services.

**TARGET GEOGRAPHIC AREA**

Countywide

**TIMELINE**

July 1, 2024 –June 30, 2025. An RFP is currently open for CAPIT contract years 7/2025-6/ 2027, with an option for renewal for two additional years.

## EVALUATION

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

Desired Outcome	Indicator	Source of Measure	Frequency
Provide Concrete Supports in time of need	Increase of 60% of parent/caregiver scores from before to now in at least one subscale.	Protective Factors Survey 2 <sup>nd</sup> Edition- Retrospective in English or Spanish	After a portion of services are received and/or at end of service provision. The timing of giving the survey will depend on each provider but no later than every Quarter and at termination.

### QUALITY ASSURANCE (QA) MONITORING

Method or Tool	Frequency	Utilization	Action
“How much did we do?”  Clear Impact, ScoreCard, Invoices	Monthly, quarterly, annually	To determine how many participants were served each month and Quarter and to record data results from the PFS	For improved practice provision and oversight of quantity of contracted services
Is anyone better off?	Clients that reported improvement in identified area of need	Client satisfaction surveys	

### CLIENT SATISFACTION

Method or Tool	Frequency	Utilization	Action
How Well Did We do?  Client Satisfaction Surveys	At the end of service provision	To determine how well the service was provided	For improved practice provision and oversight of quality of contracted services

**PROGRAM DESCRIPTION**

**PROGRAM NAME**

Line # Early Childhood Services (Developmental Screenings)

**SERVICE PROVIDER**

Abode

**PROGRAM DESCRIPTION**

Developmental Screenings provided through the Ages and Stages and the Ages and Stages Social-Emotional questionnaires are used to engage parents and caregivers in learning about their child’s development, celebrating milestones and address family concerns.

**FUNDING SOURCES**

SOURCE	LIST FUNDED ACTIVITIES
CAPIT	Early Childhood services, Developmental Screenings
CBCAP	
PSSF Family Preservation	
PSSF Family Support	
PSSF Family Reunification	
PSSF Adoption Promotion and Support	
OTHER Source(s):	

**IDENTIFY PRIORITY NEED OUTLINED IN CSA**

Of the total educational enrollment in 22-23, 26,594 children were enrolled in Special Education in Alameda County. Pg. 9 CSA Draft. Speech or Language Impairment (5,492 children), Specific Learning Disability (9,014 children) or Other Hearing Impairment (3,553) were the most common reasons for special education enrollment. Intellectual disability (1,126 youth) and Emotional Disturbance (843) comprise the remainder of the top 5 disabilities. Pg. 10 CSA Draft)

**TARGET POPULATION**

Families that are experienced homelessness with children under 5 years old.

**TARGET GEOGRAPHIC AREA**

Countywide

## TIMELINE

July 1, 2024 –June 30, 2025. An RFP is currently open for CAPIT contract years 7/2025-6/ 2027, with an option for renewal for two additional years.

## EVALUATION

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

Desired Outcome	Indicator	Source of Measure	Frequency
Children’s social, emotional and developmental needs are met	Increase of at least 60% of parent/caregiver scores from before to now in at least one subscale.	Protective Factors Survey 2 <sup>nd</sup> Edition-Retrospective in English or Spanish	After a portion of services are received and/or at end of service provision. The timing of giving the survey will depend on each provider but no later than every Quarter and at termination.

### QUALITY ASSURANCE (QA) MONITORING

Method or Tool	Frequency	Utilization	Action
“How much did we do?”  Clear Impact, ScoreCard, Invoices	Quarterly, Annually	To determine how many participants were served each month and Quarter and to record data results from the PFS	For improved practice provision and oversight of quantity of contracted services
Is anyone better off?	Clients that reported improvement in identified area of need	Client Satisfaction Surveys	

### CLIENT SATISFACTION

Method or Tool	Frequency	Utilization	Action
How Well Did We do?  Client Satisfaction Surveys	At the end of service provision	To determine how well the service was provided.	For improved practice provision and oversight of quality of contracted services

**PROGRAM DESCRIPTION**

**PROGRAM NAME**

Line# Forensic Interviewing

**SERVICE PROVIDER**

CALICO Center

**PROGRAM DESCRIPTION**

CALICO Center is the only children’s advocacy center serving Alameda County. Child Interview Specialists conduct non-biased, forensically sound interviews based on current, best practices for child abuse investigations.

**FUNDING SOURCES**

SOURCE	LIST FUNDED ACTIVITIES
CAPIT	Forensic Interviewing (Legal Services)
CBCAP	
PSSF Family Preservation	
PSSF Family Support	
PSSF Family Reunification	
PSSF Adoption Promotion and Support	
OTHER Source(s):	

**IDENTIFY PRIORITY NEED OUTLINED IN CSA**

A combination of individual, relational, community and societal factors contribute to the risk of child abuse and neglect. Although children are not responsible for the harm inflicted upon them certain factors have been found to increase their risk of being abused and/or neglected (CSA draft pg. 15). Substantiated sexual and physical abuse were of the highest in types of allegations from 2018-2023 (CSA draft pg. 24).

**TARGET POPULATION**

CALICO Center’s target population includes child victims of crime (ages 2-17) who are victims of sexual abuse, sexual exploitation and/or trafficking, physical abuse, neglect and or witnesses to homicides, severe domestic violence and other abuse.

**TARGET GEOGRAPHIC AREA**

CALICO Center services cover all of Alameda County

**TIMELINE**

July 1, 2024- June 30,2025.

An RFP is currently open for CAPIT contract years 7/25-6/27, with an option for renewal for two additional years.

**EVALUATION**

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

Desired Outcome	Indicator	Source of Measure	Frequency
Children’s social and emotional needs are met	Increase in at least 60% of parent/caregiver score from before to now in at least one subscale.	Protective Factors Survey 2 <sup>nd</sup> Edition- Retrospective in English or Spanish	After a portion of services are received and/or at end of service provision. The timing of giving the survey will depend on each provider but no later than every Quarter and at termination.

**QUALITY ASSURANCE (QA) MONITORING**

Method or Tool	Frequency	Utilization	Action
Invoices, Clear Impact; ScoreCard:	Monthly, Quarterly, Annually	How much did we do? Number of clients that accessed services	To provide oversight of the quantity of contracted services
Clear Impact; ScoreCard	At the end of service provision	How well did we do it? Clients that were satisfied by the service(s) received	To support quality services and to make updates on service provision as requested by clients.
Is anyone better off?	Ongoing, at end of service provision; increase of score from before to now in at least one subscale of the PFS	To determine the efficacy of services provided.	For improved practice provision and oversight of quality of contracted services.

**CLIENT SATISFACTION**

<b>Method or Tool</b>	<b>Frequency</b>	<b>Utilization</b>	<b>Action</b>
CALICO: Initial Visit Caregiver Survey	Caregiver completed during child's forensic interview	To determine how well the service was done and if clients are better off as a result	For improved practice provision and oversight of quality of contracted services.

## PROGRAM DESCRIPTION

### PROGRAM NAME

Line: Case Management

### SERVICE PROVIDER

Abode, Bananas, Catholic Charities of the East Bay, UCSF Benioff Children’s Hospital Oakland, East Bay Agency for Children, Family Support Services, First Place For Youth ,La Familia (FESCO), Ruby’s Place

### PROGRAM DESCRIPTION

Case Management services include development of a plan with families including, but not limited to, connections with community resources, linkages, consultation and collaboration with other service providers and other direct interventions based on the needs identified in the service plan.

### FUNDING SOURCES

SOURCE	LIST FUNDED ACTIVITIES
<b>CAPIT</b>	Case Management
<b>CBCAP</b>	
<b>PSSF Family Preservation</b>	
<b>PSSF Family Support</b>	
<b>PSSF Family Reunification</b>	
<b>PSSF Adoption Promotion and Support</b>	
<b>OTHER Source(s): CCTF</b>	Case Management

### IDENTIFY PRIORITY NEED OUTLINED IN CSA

Case Planning is the foundation of permanency, depending on the skills of the social worker. Child and family involvement in case planning is integral to the safety of a child and success of the family. (CSA draft pg. 73)

### TARGET POPULATION

Service providers’ target populations including former foster youth, unhouses and at risk of being unhoused individuals and families and those who have been victims of or who are at high risks of being abused or neglected.

### TARGET GEOGRAPHIC AREA

Countywide

**TIMELINE**

**EVALUATION**

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

Desired Outcome	Indicator	Source of Measure	Frequency
Increase parental resilience	Increase in at least 60% of caregiver’s score from before to now in at least one subscale	Protective Factors Survey 2 <sup>nd</sup> Edition in English or Spanish	After a portion of services are received and/or at end of service provision. The timing of giving the survey will depend on each provider but no later than every Quarter and at termination.

**QUALITY ASSURANCE (QA) MONITORING**

Method or Tool	Frequency	Utilization	Action
Clear Impact, Scorecard	Quarterly, Annually	To determine how many participants were served each Quarter and to record data results from the Protective Factors Survey	For improved practice provision and oversight of quality and quantity of contracted services
How much did we do?	Number of clients that accessed services	Billing invoices and service reports; Provider Narratives; Program and Fiscal Site Visits	Monthly invoices, Quarterly Narratives, Quarterly Provider Meetings; Annual Site Visits
How well did we do?	Clients that were satisfied by the service(s) received	Client Satisfaction Surveys	At the end of service provision
Is anyone better off?	Clients that reported improvement in identified area of need		

**CLIENT SATISFACTION**

<b>Method or Tool</b>	<b>Frequency</b>	<b>Utilization</b>	<b>Action</b>
Contractor Client Satisfaction surveys	Once, at the end of service provision	To determine how well the service was done and if clients feel they are better off as a result	For improved practice provision and oversight of quality of contracted services.

## PROGRAM DESCRIPTION

### PROGRAM NAME

Line # Behavioral Health, Mental Health Services

### SERVICE PROVIDER

Catholic Charities of the East Bay (CCEB), Family Paths, La Familia/FESCO, La Clinica de la Raza, Ruby’s Place, and UCSF- Children’s Hospital Oakland.

### PROGRAM DESCRIPTION

These contract providers provide behavioral and mental health services to children and their families. Therapeutic services are provided in various modalities including play therapy, individual and family therapy and group therapy. Several offer these services in-home. All contracted providers will utilize, along with their in-house assessment tools.

### FUNDING SOURCES

SOURCE	LIST FUNDED ACTIVITIES
<b>CAPIT</b>	Behavioral Health, Mental Health Services for individuals and families.
<b>CBCAP</b>	
<b>PSSF Family Preservation</b>	
<b>PSSF Family Support</b>	
<b>PSSF Family Reunification</b>	
<b>PSSF Adoption Promotion and Support</b>	
<b>OTHER Source(s):</b>	

### IDENTIFY PRIORITY NEED OUTLINED IN CSA

On page 16 of the CSA one of the individual risk factors for perpetration of child abuse is mental health issues, including depression of the caregiver, caregivers who experience a high level of parenting or economic stress.

On page 17 of the CSA, Mental Health Assessment and Treatment is one of the 10 top identified needs for those calling the 2-1-1 hotline in FY 22-23.

### TARGET POPULATION

CCEB serves those who have been impacted by homicide in Oakland. La Clinica is based in a community with a high population of Latinx children and families and offers therapeutic services primarily in Spanish. CHO supports those children and their caregivers impacted by sexual and

severe physical abuse. Ruby’s Place provides services to those impacted by intimate partner violence.

**TARGET GEOGRAPHIC AREA**

The listed organizations provide services throughout Alameda County. Zip Codes within the cities of Oakland (94601, 94603, 94605, 94606, 94621), San Leandro ((4577, 94546) and Castro Valley (94546) saw the largest increases in the number of referrals from 2018-2023. The top 12 zip codes also include Union City, Alameda and Hayward. (CSA draft pg. 21)

**TIMELINE**

July 1, 2024- June 30, 2025. An RFP is currently open for CAPIT contract years, 7/25-6/27, with an option for renewal for two additional years.

**EVALUATION**

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

Desired Outcome	Indicator	Source of Measure	Frequency
<p><b>For parents and families:</b> Increased parental resilience (for parents/caregivers/families)</p> <p><b>For Children only:</b> Children’s social emotional and developmental needs are met (children/youth)</p>	Increase in at least 60 % of caregiver’s scores in at least one subscale.	Protective Factors Survey 2 <sup>nd</sup> Edition – Retrospective in English or Spanish	After a portion of services are received and/or at the end of service provision. The timing of giving the survey will depend on each provider but no later than every Quarter and at termination.

**QUALITY ASSURANCE (QA) MONITORING**

Method or Tool	Frequency	Utilization	Action
How much did we do?	Number of clients that accessed services	Billing invoices and service reports. Provider Narratives; Program and Fiscal Site Visits	Monthly invoices Quarterly Narratives Quarterly Provider Meetings Annual Site Visits

How well did we do?	Clients that were satisfied by the service(s) received	Client Satisfaction Surveys	At the end of service provision
Is anyone better off?	Clients that reported improvement in identified area of need	Client Satisfaction Surveys	At the end of service provision
Clear Impact, Scorecard	Quarterly, Annually	To determine how many participants were served each Quarter and Annually, to record data results from the Protective Factors Survey.	For improved practice provision and oversight of quality and quantity of contracted services.

**CLIENT SATISFACTION**

Method or Tool	Frequency	Utilization	Action
Family Paths – Adult, Caregiver and Youth Surveys  La Familia/FESCO – Behavioral Health Satisfaction Survey La Clinica de la Raza – Client Satisfaction Survey  Ruby’s Place – Shelter and Services Survey  UCSF-CHO- CAPIT Survey	At the termination of therapeutic services	To determine how well the service was done and if clients are better off as a result	For improved practice provision and oversight of quality of contracted services

**PROGRAM DESCRIPTION**

**PROGRAM NAME**

Line # Basic Needs Concrete Supports

**SERVICE PROVIDER**

Child Abuse Listening, Interviewing and Coordination Center (CALICO).

**PROGRAM DESCRIPTION**

CALICO is the Children’s Advocacy Center that provides developmentally appropriate forensic interviewing for children that that have been victims of child abuse and neglect, victims of crime and victims of commercial sexual exploitation. Caregivers of children interviewed, at times, also need concrete supports. The CALICO Center meets on-site with caregivers, providing supports like crisis intervention, information, psychoeducation, and referrals.

**FUNDING SOURCES**

SOURCE	LIST FUNDED ACTIVITIES
CAPIT	
CBCAP	
PSSF Family Preservation	
PSSF Family Support	
PSSF Time-Limited Family Reunification	
PSSF Adoption Promotion and Support	
OTHER Source(s): CCTF	Basic Needs and Concrete Supports

**IDENTIFY PRIORITY NEED OUTLINED IN CSA**

It is reported, on pages 11-12 of the CSA, that over a third (40.3%) of students in Alameda County were eligible for free lunches in Alameda County. Though the median family income is higher in Alameda County than the state, it does not account for the higher increase rents. Very few of the families served by CFS are homeowners and many CFS families rely on subsidized housing options rather than the general rental market.

On pages 21 of the CSA, a chart describes that African American, American-Indian/Alaska Native, and Hispanic/Latino represented the highest percentages of child in poverty and were the three ethnic groups with the highest incidence of allegation rates.

**TARGET POPULATION**

CALICO Center’s target population includes the caregivers of child victims of crime (ages 2-17) who are victims of sexual abuse, sexual exploitation and/or trafficking, physical abuse, neglect and or witnesses to homicides, severe domestic violence and other abuse. This organization also provides resources and referrals to their parents/caregivers in times of need.

**TARGET GEOGRAPHIC AREA**

Countywide

**TIMELINE**

July 1, 2024- June 30,2025.

An RFP is currently open for CAPIT contract years 7/25-6/27, with an option for renewal for two additional years.

**EVALUATION**

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

Desired Outcome	Indicator	Source of Measure	Frequency
Increase families basic needs and concrete supports	Increase of score from before to now in at least one subscale.	Protective Factors Survey 2nd Edition- Retrospective in English or Spanish	After a portion of services are received and/or at end of service provision. The timing of giving the survey will depend on each provider but no later than every Quarter and at termination.
Quality Assurance (QA) Monitoring			
How much did we do?	Number of clients that accessed services	Billing invoices and service reports Provider Narratives Program and Fiscal Site Visits	Monthly invoices Quarterly Narratives Quarterly Provider Meetings Annual site visits
How well did we do?	Clients that were satisfied by the service(s) received	Client Satisfaction Surveys	At the end of service provision

Is anyone better off?	Clients that reported improvement in identified area of need		
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**QUALITY ASSURANCE (QA) MONITORING**

Method or Tool	Frequency	Utilization	Action
Clear Impact, Scorecard	Quarterly, Annually	To determine how many participants were served each Quarter and Annually, to record data results from the Protective Factors Survey.	For improved practice provision and oversight of quality and quantity of contracted services

**CLIENT SATISFACTION**

Method or Tool	Frequency	Utilization	Action
CALICO: Initial Visit Caregiver Survey	Caregiver completes during child's forensic interview	To determine how well the service was done and if clients are better off as a result	For improved practice provision and oversight of quality of contracted services

## PROGRAM DESCRIPTION

### PROGRAM NAME

Line: Peer Support

### SERVICE PROVIDER

La Clinica and Ruby's Place

### PROGRAM DESCRIPTION

These programs offer an opportunity for parents and caregivers to learn from each other while building social connections and thereby increasing parental resiliency. Services at La Clinica are offered in Spanish. La Clinica will provide individual support to parents and caregivers as issues arise during their participation in other CAPIT funded services. This will be non-clinical support to listen, provide encouragement, education and resources. This services addresses various Protective Factors such as parent resilience, social connections, knowledge of parenting and child development as well as concrete supports in times of need. Ruby's Place offers weekly group support to parents and caregivers that focus on topics like life skills, parenting topics, and self-care and peer support. This also supports various protective factors including parental resilience, social connections, and concrete supports in times of need.

### FUNDING SOURCES

SOURCE	LIST FUNDED ACTIVITIES
<b>CAPIT</b>	Peer Support
<b>CBCAP</b>	
<b>PSSF Family Preservation</b>	
<b>PSSF Family Support</b>	
<b>PSSF Family Reunification</b>	
<b>PSSF Adoption Promotion and Support</b>	
<b>OTHER Source(s):</b>	

### IDENTIFY PRIORITY NEED OUTLINED IN CSA

When reviewing 2022 data on languages other than English spoken in the home, 45.9% of Alameda residents speak a language other than English (see below). Of those who speak another language, the majority speak Spanish and Asian/Pacific Island languages. (CSA draft pg. 7)

**TARGET POPULATION**

Parents and Caregivers that receive other CAPIT funded services including Parent Education.

**TARGET GEOGRAPHIC AREA**

Countywide

**TIMELINE**

July 1, 2024 –June 30, 2025. An RFP is currently open for CAPIT contract years 7/2025-6/ 2027, with an option for renewal for two additional years.

**EVALUATION**

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

Desired Outcome	Indicator	Source of Measure	Frequency
Increased Parental Resilience	Increase of 60% of parent/caregiver scores from before to now in at least one subscale	Protective Factors Survey 2 <sup>nd</sup> Edition – Retrospective in English and Spanish	After a portion of services are received and/or at the end of service provision. The timing of giving the survey will depend on each provider but no later than every Quarter and at termination.

**QUALITY ASSURANCE (QA) MONITORING**

Method or Tool	Frequency	Utilization	Action
How much did we do? Invoices, Clear Impact ScoreCard	Monthly, Quarterly, Annually	To determine how many participants were services each Quarter and mother	For improved practice provision and oversight of quantity of contracted services

		and to record data results from the PFS	
Is anyone better off?	Clients that reported improvement in identified area of need	Client Satisfaction Survey	

**CLIENT SATISFACTION**

<b>Method or Tool</b>	<b>Frequency</b>	<b>Utilization</b>	<b>Action</b>
How well did we do?  Client Satisfaction Surveys	At the end of service provision	To determine how well the service was provided	For improved practice provision and oversight of quality of contracted services

## PROGRAM DESCRIPTION

### PROGRAM NAME

Line Youth Programs – Child Enrichment Activities

### SERVICE PROVIDER

Abode, East Bay Agency for Children, La Familia, and Ruby’s Place

### PROGRAM DESCRIPTION

These providers provide group child enrichment activities to children and youth. Group activities are provided to children and youth that would not have any other way to access these service. Group activities focus on building peer relationships through mentorship and support. Curriculum including mindfulness, mediation, and other skill building activities to increase youth’s social and emotional competence.

### FUNDING SOURCES

SOURCE	LIST FUNDED ACTIVITIES
CAPIT	Youth Services
CBCAP	
PSSF Family Preservation	
PSSF Family Support	
PSSF Family Reunification	
PSSF Adoption Promotion and Support	
OTHER Source(s): CCTF	Youth Services

### IDENTIFY PRIORITY NEED OUTLINED IN CSA

Risk factors for victimization include children under 4 years of age (CSA draft pg. 15)  
 Almost 10% (10.2%) of children were living in poverty in Alameda County (2016 – 2020 data), which is lower than the rest of California (16.8%).<sup>1</sup> As shown in the following table, Alameda was at the higher end for Bay Area counties over that timeframe (CSA draft pg. 13)

### TARGET POPULATION

Children who have parents and caregivers receiving services in shelters and families who receive services through Family Resource Centers.

**TARGET GEOGRAPHIC AREA**

Countywide

**TIMELINE**

July 1, 2024 –June 30, 2025. An RFP is currently open for CAPIT contract years 7/2025-6/ 2027, with an option for renewal for two additional years.

**EVALUATION**

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

Desired Outcome	Indicator	Source of Measure	Frequency
Children’s social, emotional and developmental needs are met	Increase of 60% of parent/caregiver scores from before to now in at least one subscale	Protective Factors Survey 2 <sup>nd</sup> Edition – Retrospective in English and Spanish	After a portion of services are received and/or at the end of service provision. The timing of giving the survey will depend on each provider but no later than every Quarter and at termination.

**QUALITY ASSURANCE (QA) MONITORING**

Method or Tool	Frequency	Utilization	Action
How much did we do? Invoices, Clear Impact ScoreCard	Monthly, Quarterly, Annually	To determine how many participants were services each Quarter and mother and to record data results from the PFS	For improved practice provision and oversight of quantity of contracted services
Is anyone better off?	Clients that reported improvement in	Client Satisfaction Survey	

	identified area of need	
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**CLIENT SATISFACTION**

<b>Method or Tool</b>	<b>Frequency</b>	<b>Utilization</b>	<b>Action</b>
How well did we do?  Client Satisfaction Surveys	At the end of service provision	To determine how well the service was provided	For improved practice provision and oversight of quality of contracted services

## PROGRAM DESCRIPTION

### PROGRAM NAME

Line: Parent Education and Support

### SERVICE PROVIDER

Abode, Bananas, Catholic Charities of the East Bay, Family Paths, La Clinica de la Raza, La Familia, and East Bay Agency for Children.

### PROGRAM DESCRIPTION

Parenting Education to parents, fathers, and caregivers through group classes and workshops, Play lab, and parent coaching. Classes provide supports that reduce parental stress and teaches stronger parental skills. They address issues and challenges for new and veteran parents and caregivers providing accurate and accessible information about parenting and childhood development. It highlights the Protective Factors by giving parents tools to creatively solve problems, build trusting relationships, maintaining a positive attitude and informs parents of alternative discipline techniques that may differ from what they have experienced as a child.

### FUNDING SOURCES

SOURCE	LIST FUNDED ACTIVITIES
<b>CAPIT</b>	Parent Education
<b>CBCAP</b>	
<b>PSSF Family Preservation</b>	
<b>PSSF Family Support</b>	
<b>PSSF Family Reunification</b>	
<b>PSSF Adoption Promotion and Support</b>	
<b>OTHER Source(s): CCTF</b>	Parent Education

### IDENTIFY PRIORITY NEED OUTLINED IN CSA

Alameda County is characterized by rich diversity and culture. Population growth has occurred with over 16,000 births in 2021, but also from substantial immigration, and Alameda County continues to be one of the most ethnically diverse regions in the Bay Area and the nation (CSA draft pg. 5) For child population changes from 2017 through 2021, there was an overall decrease 10,701 children (3.0%). Most

race/ethnicity groups of children experienced declines over this time, with the exceptions of American Indian/ Alaska Native (an 8.6% increase) and White children (3.5%) (CSA draft pg. 6)

Individual risk factors for abuse and neglect are caregivers with low education or income (CSA draft pg. 16)

**TARGET POPULATION**

Parenting Education services are provided to a wide array of populations in Alameda County. This includes those who are raising child who are unhoused, fathers, teen parents, low-income, Spanish speaking parent and those who are racially marginalized as well as those who are impacted by homicide.

**TARGET GEOGRAPHIC AREA**

Countywide with physical locations in Oakland Fruitvale District in Oakland, East Oakland, San Leandro, Hayward, and Fremont.

**TIMELINE**

July 1, 2024- June 30, 2025. An RFP is currently open for CAPIT contract years 7/2025- 6/1027 with an option for renewal for two additional years.

**EVALUATION**

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

Desired Outcome	Indicator	Source of Measure	Frequency
Increased Knowledge of parenting and child development	At least 60% of parent/caregivers score increases from before to now in at least one subscale	Protective Factor’s Survey 2 <sup>nd</sup> Edition – Retrospective in English or Spanish	After a portion of services are received and/or at end of service provision. The timing of giving the survey will depend on each provider but no later than every Quarter and at termination.

**QUALITY ASSURANCE (QA) MONITORING**

Method or Tool	Frequency	Utilization	Action
“How much did we do?”	Monthly, Quarterly, Annually	To determine how many participants were served and to	For improved practice provision and oversight of

ClearImpact, ScoreCard, Invoices		record data results from the PFS	quantity of contracted services.
Is anyone better off?  Increase of knowledge of parenting and child development	At the end of service provision.		

CLIENT SATISFACTION			
Method or Tool	Frequency	Utilization	Action
How well did we do?	At the end of service provision	To determine how many people completed the program	For improved practice provision and oversight of quantity of contracted services.

## PROGRAM DESCRIPTION

### PROGRAM NAME

Line Substance Abuse Services

### SERVICE PROVIDER

Terra Firma Diversion and Education Services, Options Recovery Services, Sister to Sister 2

### PROGRAM DESCRIPTION

In this 12-week program, agencies complete intake and assessment, develop treatment recommendations, complete a Client Recovery Plan, provide group counseling, and relapse prevention. Group sessions include: Psychoeducation, Skill-building, Cognitive-behavioral problem solving, Support groups, and Interpersonal process groups. Services are provided in both English and Spanish.

### FUNDING SOURCES

SOURCE	LIST FUNDED ACTIVITIES
<b>CAPIT</b>	
<b>CBCAP</b>	
<b>PSSF Family Preservation</b>	Substance Abuse Treatment
<b>PSSF Family Support</b>	Substance Abuse Treatment
<b>PSSF Family Reunification</b>	Substance Abuse Treatment
<b>PSSF Adoption Promotion and Support</b>	Substance Abuse Treatment
<b>OTHER Source(s):</b>	

### IDENTIFY PRIORITY NEED OUTLINED IN CSA

Risk factors are characteristics that may increase the likelihood of experiencing or perpetrating child abuse and neglect. Risk factors for perpetration includes caregivers with drug or alcohol issues (CSA draft pg. 19) and community risk factors that include communities with easy access to drugs or alcohol (CSA draft pg. 20). Substance Use Disorder Services are among the most frequent 2-1-1- caller needs (CSA draft pg. 22).

### TARGET POPULATION

Child Welfare involved parents and caregivers of CFS clients 0-17 who are impacted by substance abuse.

**TARGET GEOGRAPHIC AREA**

Countywide

**TIMELINE**

July 1, 2024 – June 20, 2027.

**EVALUATION**

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

Desired Outcome	Indicator	Source of Measure	Frequency
Increased Parental Resilience	60% of parents/caregivers who attend at least 12 group sessions, create a Recovery Plan and who report that they are more aware of the impact of substance abuse has on their on their children, their own health, and the overall well-being of their family and uses other effective ways of coping.	Addiction Severity Index  (ASI) Lite Version 1998,	Monthly, quarterly, and annual tracking including annual quality assurance reports.

**QUALITY ASSURANCE (QA) MONITORING**

Method or Tool	Frequency	Utilization	Action
How much did we do?  Excel Worksheets, ScoreCard	Monthly, quarterly and annually	Number of clients served	To determine how many clients were served

How well did we do? Excel Worksheets, ScoreCard	Monthly, quarterly, annually	Number of engaged clients	To determine how many clients completed an intake and assessment
Is anyone better off? Satisfaction survey	At the end of service provision	Number of parents who report that they are more aware of the effects of substance abuse on their children, health, and well-being of their families.	To determine if accessing services made them more aware of the impact of their substance abuse.

<b>CLIENT SATISFACTION</b>			
<b>Method or Tool</b>	<b>Frequency</b>	<b>Utilization</b>	<b>Action</b>
Satisfaction Survey	Upon completion of 12 group sessions	Provider will provide client satisfaction information to Department representative upon receipt	Review and evaluate surveys and work in collaboration with providers if deficits are noted.

## PROGRAM DESCRIPTION

### PROGRAM NAME

Line #3 Family Reclaim

### SERVICE PROVIDER

A Better Way

### PROGRAM DESCRIPTION

Family Reclaim is an intensive, home-based program that provides a range of case management services to active Formal Family Maintenance (FM) families whose children are at risk for out-of-home placement due to child abuse or neglect. Family Reclaim also provides services to families active to the Dependency Investigations (DI), Family Reunification (FR) and Permanent Youth Connection (PYC) programs with a pending recommendation for FM services.

### FUNDING SOURCES

SOURCE	LIST FUNDED ACTIVITIES
<b>CAPIT</b>	
<b>CBCAP</b>	
<b>PSSF Family Preservation</b>	Case Management
<b>PSSF Family Support</b>	Case Management
<b>PSSF Family Reunification</b>	Case Management
<b>PSSF Adoption Promotion and Support</b>	Case Management
<b>OTHER Source(s):</b>	

### IDENTIFY PRIORITY NEED OUTLINED IN CSA

Zip codes within the cities of Oakland, San Leandro, and Castro Valley saw the largest increase in the number of referrals between 2018-2023. The top 5 zip codes are from Oakland (North County). (CSA draft pg. 28)

In regards to staffing levels, FM CWWs account for 17 staff members in 2023, down from 27 in 2006. (CSA draft pg. 50)

### TARGET POPULATION

Families with open child abuse or neglect cases in Family Maintenance

**TARGET GEOGRAPHIC AREA**

Northern Alameda County (exceptions may be made to serve South County)

**TIMELINE**

July 1, 2024 – June 30, 2027

**EVALUATION**

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

Desired Outcome	Indicator	Source of Measure	Frequency
Improved family functioning	85% of families served will show improvement in family functioning as measured by pre and post services scores on the individualized family concerns	North Carolina Family Assessment Scale (NCFAS)	At the beginning and end of service provision

**QUALITY ASSURANCE (QA) MONITORING**

Method or Tool	Frequency	Utilization	Action
How much did we do?  Invoices, Clear Impact ScoreCard	Monthly, Quarterly, Annually	To determine how many participants were services each Quarter	For improved practice provision and oversight of quantity of contracted services
Is anyone better off?  Client Records, Invoices, ScoreCard	80% of families who participated in program for at least 60 days who had a planned termination will achieve their care plan goals	To determine if contract requirements were met for families who engaged in services after 60 days	

**CLIENT SATISFACTION**

Method or Tool	Frequency	Utilization	Action
<p>How well did we do?</p> <p>Client Satisfaction Surveys</p>	<p>At the end of service provision, 75% of families who report they were satisfied with services provided.</p>	<p>To determine how well the service was provided</p>	<p>For improved practice provision and oversight of quality of contracted services</p>

## PROGRAM DESCRIPTION

### PROGRAM NAME

Line  
 Strong Families Alliance of Alameda County Public Awareness Campaign

### SERVICE PROVIDER

Family Paths

### PROGRAM DESCRIPTION

Family Paths will provide public awareness information and education targeting Alameda County residents regarding general child abuse prevention services. This multi-faceted approach, built around the Strengthening Families Framework and the five Protective Factors identified by the Center for the Study of Social Policy that prevent child abuse. Family Paths will continue to support the relationships of the members of the Strong Families Alliance of Alameda County, consisting of current CAPIT funded contractors, by connecting the community to all of them via the SFA-AC website, which is sponsored by the Alameda County Child Abuse Prevention Council. Family Paths will be involved in coordinating a variety of events and virtual activities during April Child Abuse Prevention month to support the SFA-AC community around keeping kids safe. Family Paths is also planning to join members of the SFA-AC on various community events throughout the year.

### FUNDING SOURCES

SOURCE	LIST FUNDED ACTIVITIES
<b>CAPIT</b>	
<b>CBCAP</b>	Public Awareness and Education; Information and Referral
<b>PSSF Family Preservation</b>	
<b>PSSF Family Support</b>	
<b>PSSF Family Reunification</b>	
<b>PSSF Adoption Promotion and Support</b>	
<b>OTHER Source(s):</b>	

### IDENTIFY PRIORITY NEED OUTLINED IN CSA

There is a lack of affordable housing in Alameda County for households with lower incomes (CSA pg. 17). Risk factors increase the likelihood of experiencing or perpetrating child abuse and neglect, but not be direct causes. Community risk factors include high rates of poverty, communities with unstable housing and where residents move frequently and communities where families experience frequent food insecurity. (CSA pg. 20).

**TARGET POPULATION**

Families with children 0-17 in Alameda County

**TARGET GEOGRAPHIC AREA**

Throughout Alameda County

**TIMELINE**

The current contract is scheduled to end December 2024. There is a current RFP seeking bidders for an updated contract.

**EVALUATION**

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

Desired Outcome	Indicator	Source of Measure	Frequency
Increased public knowledge, education, and awareness regarding child abuse prevention services	50% of community members increased their knowledge of protective factors and the services that support building them in order to reduce the risk of child abuse and neglect.	<ul style="list-style-type: none"> <li>- Website tracking data; number of clicks on postings related to protective factors.</li> <li>- Call logs of referrals to the Strong Families Alliance</li> <li>- Number of resources given</li> <li>- Number of attendees at events and activities</li> </ul>	Monthly, Quarterly, Annually

**QUALITY ASSURANCE (QA) MONITORING**

<b>Method or Tool</b>	<b>Frequency</b>	<b>Utilization</b>	<b>Action</b>
How much did we do? Invoices, Clear Impact ScoreCard	Monthly, Quarterly, Annually	To determine the number of clicks on the web pages to see which informative links were viewed.	To create and share content that is useful to the community in increasing their knowledge of the protective factors.
Is anyone better off? Website and other social media tracking data	Visitors will click on at least one link to learn more on the website or other social media outlets.		

**CLIENT SATISFACTION**

<b>Method or Tool</b>	<b>Frequency</b>	<b>Utilization</b>	<b>Action</b>
How well did we do? Feedback option on website	Monthly, Quarterly, and Annually	To enhance and improve content delivered to community	Provide content that is relevant and helpful to the community.