

# California - Child and Family Services Review

## County Self-Assessment

2021 – 2026



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# Introduction

California Assembly Bill 636 (Chapter 678, The Child Welfare System Improvement and Accountability Act of 2001) established the Child Welfare Outcomes and Accountability System to meet the following objectives:

- (a) Improve child welfare services for California children and families; and
- (b) Provide an outcome performance accountability system in the state's 58 counties.

The implementation of the California Child and Family Services Review (C-CFSR) includes both quantitative (Self-Assessment) and qualitative (Peer Review) assessments of a county's performance on the measures of child safety, permanency, and well-being. The results of the assessments support the development of a System Improvement Plan (SIP) that establishes measurable goals for system improvement and presents strategies for achieving those goals. The C-CFSR process also includes ongoing monitoring of system improvement efforts using quarterly data reports extracted from the Child Welfare Services/Case Management System (CWS/CMS).

The Sacramento County Self-Assessment (CSA) C-CFSR Planning Team was comprised of seven members from Child Protective Services (CPS), nine members from Probation, and three representatives from the California Department of Social Services (CDSS). The Planning Team met over six months to establish a timeline and plan for the focus groups, stakeholder meetings, and peer review.

In November and December 2021, focus groups were held for CPS, including the Executive Management Team (EMT), Supervisors, Social Workers, Division Support Staff, Caregivers (Foster Parents, Relatives, and Non-Related Extended Family Members (NREFMs)), Foster Youth, and Parents. CPS attendees participated in Zoom meeting discussions. CPS foster youth participated in Zoom meetings and also provided responses via survey. Probation focus groups were held in November for Probation Officers and Resource Family Approval parents. Surveys were distributed to probation youth parents and youth. All participants were surveyed regarding probation practices in areas of strengths and weaknesses. In March 2022, CDSS recommended that Sacramento County conduct additional focus groups to include Court representatives and gather more foster youth voices. In May 2022, two focus groups were held for child welfare services and probation Judges/Bench Officers and Counsel. The counsel focus group included CPS county counsel, children's counsel, and parents' counsel. Additional outreach was conducted via survey to increase non-minor dependent foster youth feedback on the child welfare system.

The C-CFSR process requires input from County stakeholders who provide services to children and families involved in the child welfare and probation systems. Stakeholders include "courts, Tribes, families, youth, caregivers, contracted providers, other public entities, community partners, and individuals within the child welfare and probation organization, including administrators, caseworkers, supervisors, and program, policy, and training staff." Sacramento County held a stakeholder event, which was a collaborative effort between Sacramento County CPS, Probation, and CDSS, facilitated by the UC Davis

Northern Training Academy. The Stakeholder meetings occurred over three days: Tuesday, December 7th; Wednesday, December 8th, and Friday, December 10th, 2021. Stakeholders provided input and guidance in assessing the child welfare and probation systems. Stakeholders were placed into small focus groups to address CPS and Probation's general capacity, service array gaps, prevention of entries to foster care, re-entry to foster care, recurrence of maltreatment, placement stability, and transitional age youth. The results of these small groups were compiled and organized into usable, valuable feedback by the training academy.

The Peer Review is the process by which counties learn, through qualitative examination of county practice, how to improve services for children and families concerning one specific focus area. The process utilized peer county social workers, supervisors, and probation officers to promote the exchange of best-practice ideas. The Planning Team chose federal outcome area P4: Re-entry into foster care for CPS and P1: Permanency in 12 months for Probation. During the review, peer county staff interviewed Sacramento County case-carrying Social Workers, Supervisors, and Probation Officers regarding county practice. Sacramento County hosted the following Peer Counties: Contra Costa, Fresno, Los Angeles, Merced, Orange, San Bernardino, San Diego, Shasta, and Tulare.

This County Self-Assessment report will encompass a comprehensive review of Sacramento County's child welfare and probation practices. The report will determine the effectiveness of current practice, programs, and resources across the child welfare and probation placement services continuum and identify areas for targeted system improvement.

## C-CFSR Planning Team & Core Representatives

### C-CFSR Team

The C-CFSR Team included representatives from Sacramento County Child Welfare and Probation Department, the California Department of Social Services (CDSS), and other local community stakeholders. The CDSS provided consultation, support, and assistance to child welfare and probation to ensure requirements and federal guidelines were met throughout the process. Due to the COVID-19 pandemic, Sacramento County contracted with a third party, UC Davis Northern Training Academy, to coordinate and facilitate County Self- Assessment (CSA) activities. All CSA activities, which included the Peer Review, Stakeholder Meetings, focus groups, and Core Team planning meetings, were conducted virtually.

### List of Core Representatives

The Core Team identified to drive the C-CFSR process included:

Child Welfare:

- Maysua Chervunkong, Program Planner, Program Administration
- Lisa Boulger, Program Manager, Program Administration

- Teresa Rodriguez, Program Manager, Permanency Program
- Charlene Duffy, Program Planner, Permanency Program
- Tiffany Glass, Program Planner, Permanency Program
- Dianne McFarland, Program Planner, Emergency Response Program
- Kevin Kiser, Administrative Services Officer III, Program Administration

Probation:

- Lynsey Semon, Probation Division Chief
- Kristalyn McDonald, Assistant Chief Deputy
- Davina Aguirre, Supervising Probation Officer
- Robert Edmisten, Supervising Probation Officer
- Chaka Wilson, Senior Deputy Probation Officer
- Margot Quick, Senior Deputy Probation Officer
- Eva Cota, Deputy Probation Officer
- Jenny Ng, Administrative Services Officer II
- Stephanie Townsend, Administrative Services Officer I

California Department of Social Services:

- Venus Esparza-Whitted, Associate Governmental Program Analyst/Consultant  
Children & Family Services Division, Children’s Services Quality Management Branch
- Jagdish Majju, Analyst, Office of Child Abuse Prevention, Child Protection and Family Support  
Branch, Children and Family Services Division
- Victoria Bueno, Associate Governmental Program Analyst/Consultant  
Children & Family Services Division, Children’s Services Quality Management Branch

**The CSA Planning Process**

In July 2021, the California Department of Social Services (CDSS), Outcomes and Accountability Bureau, and the Office of Child Abuse Prevention (OCAP) consultants met with Sacramento Child Welfare Program Administration’s Management team, Planning Team, and Probation’s Placement Division Management team to review the County Self-Assessment (CSA) process. CDSS provided an overview of the CSA and timelines. CDSS recommended a third party to facilitate focus groups, the Peer Review, and Stakeholders meeting to ensure participants openly provided feedback on the child welfare and probation system and services. Due to the COVID-19 pandemic, CDSS and the county agreed to host virtual CSA activities.

The Sacramento County CPS and Probation team consulted with Fiscal and discussed available funding to support CDSS’ recommendation to contract services for the CSA. With CPS’ existing UC Davis (UCD) Northern Academy training contract, the team agreed to acquire UCD for the CSA activities. Both CPS and Probation were responsible for the cost of the contracted services.

**Participation of Core Representatives**

In late July 2021, the Core Team began meeting to plan County Self-Assessment (CSA) activities. Joint probation, child welfare, California Department of Social Services (CDSS), and UC Davis Training Academy

meetings occurred weekly over several months. Child welfare and probation team members also met weekly as a group and internally to discuss, organize, and implement the stages of the CSA, Peer Review, Focus Groups, and Stakeholders meetings.

Many of the required stakeholders from child welfare, probation, service recipients, and county agency partners were fully engaged in the stakeholder and focus group meetings. CPS hosted focus groups for the Child Welfare Executive Management Team (EMT), CPS Supervisors, Social Workers, Division Support Staff, Judges/Bench Officers, and counsel. In addition, focus groups were held for caregivers (foster parents, relatives and non-related extended family members [NREFMs]), foster youth, and parents. Probation utilized internal focus groups to include Probation Officers, Senior Deputy Probation Officers, Supervising Probation Officers, foster youth, and the foster youth's parents. A detailed breakdown of the feedback provided by participants in each focus group is noted below in this report.

The CPS Parent and the Caregiver focus groups each registered 26 participants, but the actual focus group attendance was low. However, the meeting consisted of participants who were presently and recently working with the Sacramento County Child Protective Services. Participants provided feedback on current experiences and services. The initial foster youth virtual focus group yielded three attendees. The attendance was limited to Extended Foster Care/Independent Living Program (EFC/ILP) youth attending various existing youth meetings, including ILP events (tax classes, Free Application for Federal Financial Student Aid (FAFSA) workshops, and EFC/ILP curriculums). Despite extensive outreach for existing EFC/ILP events, the youth turnout remained low. A second attempt to engage this valued population was conducted via survey. CPS EFC/ILP social workers conducted outreach and encouraged their youth to complete the surveys. Twenty-five youth responded to the survey.

## **Stakeholder Feedback – Child Welfare Services Focus Groups**

### **Child Welfare Executive Management Team (EMT) Focus Group:**

An Executive Management Team (EMT) focus group was held on November 30, 2021. The focus group consisted of Division Managers, Program Managers, and Program Planners across several CPS programs. There were a total of 39 participants.

#### What is Working Well:

Sacramento County appears to be a catalyst for other counties to follow, and the management team provided many examples of what's working well in Sacramento County child welfare services. Prevention Child and Family Team (PCFT) meetings have been particularly effective in providing support and connecting with community services before court involvement, allowing families access to resources and safety sooner than in other counties. In addition, the Informal Supervision Program that began in 1998 has grown to five units throughout the agency. Another Sacramento County child welfare leading program is the Centralized Placement Support Unit (CPSU), a specialized team of social workers who search for a placement for children when they come into care or must change placements. CPSU is becoming the model for other counties to use.

Other influential programs include the Cultural Broker Program, Bringing Families Home Program, Early Intervention Family Treatment Court and Dependency Treatment Court, Celebrating Families, Circle Clinic, and Specialized Treatment and Recovery Specialists (STARS). Extensive positive feedback highlighted the

STARS program, CPSU, and the Cultural Broker Program. In complement to programs and services, the team agreed that social workers and staff continue to work well. Despite the COVID pandemic, social workers have continued to provide case management services while effectively engaging the families and donning protective and safety gear when needed.

Training and support at the management level were noted as sufficient. The participants mentioned that Sacramento County has a diverse staff. Implementing Core Practice Model (CPM)/ Safety Organized Practice (SOP) has strengthened how CPS connects families with available resources. The CPM/SOP has helped the Executive Leadership Team and the Executive Management Team engage with one another even during teaming meetings and disagreements. CPM/SOP has also influenced internal and external communication and collaboration.

Partnerships were noted as another aspect of what's working well. The County Counsel partnership is imperative to the child welfare services division. County Counsels provide legislative updates, training on new laws, and ongoing support and guidance. Another impactful partner is UC Davis Northern Training Academy, which includes continuous training, staff coaching, and feedback.

The management team spent significant time talking about the Sacramento County CPS Commercially Sexually Exploited Children (CSEC) model and the consistency of visitation time among social workers in resource homes. Several EMT members shared the importance of social workers having extended visitation with purposeful efforts to have good relationships with placement partners. Good communication with Foster Family Agencies (FFA) and Short Term Residential Therapeutic Programs (STRTPs) leads to more positive placement opportunities in the future.

#### What Is Not Working Well:

Overall, the managers agreed that the biggest challenge in case planning is tailoring the case plan to the clients' actual needs. Case plans are sometimes generated just before court proceedings. The Child Welfare Services/Case Management System (CWS/CMS) can be cumbersome when navigating the drop-down menus. A system was implemented to engage families in case plan goals through safety planning and CFT; however, it does not always translate well into practice. The group pointed out that behaviorally based case planning is challenging. Social workers need support to engage families to take ownership of the case plan goals, support families to achieve the case goals, and adjust case plan goals as required. There is a struggle to help families understand that the case plan goals are to help the families reach a minimal level of sufficiency and safety so the families can be reunified, not reach a level of perfection for the family.

The participants gave several different examples of what best practices should be. Most participants agreed that engaging with families is key to overall best practices. Social workers should work with families to accomplish the goals, not dictate them. Bringing families to this understanding involves more routine progressive visitation to guide them in following correct reunification practices and protocols.

Managers emphasized that staffing, recruitment, and retention were significant challenges for the County. There was unstable staff retention in 2021 due to the lengthy hiring process, lack of candidates, staff burnout, and overall morale. Inter-department transfers were another lengthy process due to the low

number of staff, resulting in long periods before releasing staff to another program. Staff needed to balance caseloads, training, and other projects.

Housing challenges for Extended Foster Care (EFC) youth remain an issue. There is difficulty in placing teens who have experienced trauma into temporary housing as there are limited placement options available for older teens.

#### What Are the Next Steps:

Participants recommended improving staff retention, morale, and court/ county counsel communication. Stabilization in the workforce may reduce social worker caseloads, allowing the ability to provide higher quality services. The County should consider implementing incentives for higher staff retention. These incentives can include a combination of more competitive salaries, telework or remote work schedules, and enhanced employee benefits. Per recent contract negotiations, permanent employees who reach ten (1) years of full-time services shall receive a 2.5% differential. Less than full-time permanent employees shall become eligible upon working the equivalent of ten (10) years of full-time service.

Participants had several suggestions for improving programs and support services in Sacramento County. A focus area was on progressive visitation and enhanced visitation programs. Other recommendations included Diversity Equity and Inclusion (DEI) training, decreased disparities in caseload representation, streamlining STRTP processes, and implementing new programs or services to assist the families with alcohol and other drug (AOD) issues.

#### **CPS Supervisor Focus Group:**

On November 18 and November 30, 2021, twenty child welfare supervisors participated in one of two 45-minute virtual focus group sessions. The supervisors represented CPS Programs, including Emergency Response, Informal Supervision, Placement and Program Administration: Child Abuse Central Index (CACI), Workforce Development Unit, policy writers, and Child and Family Services Review (CFSR). The supervisors provided feedback on job readiness and child welfare services: effective programs, best practices, challenges, and suggestions for improving services. Below are highlights from the supervisor focus group:

#### What Is Working Well:

The supervisors reported that the County human resources training and Northern California CORE training provided comprehensive training related to child welfare supervision. Overall, participants felt sufficient training was provided upon entering their positions as supervisors and felt prepared for their roles. The supervisors also expressed that Cohort training for new employees was robust and offered many opportunities to learn about Child Protective Services, partners, resources, and regulations. However, some challenges arose when supervisors and social workers transitioned to their assigned programs/responsibilities. Supervisors agreed that peers and mentors provided first-hand knowledge and experience for program-specific training.

Effective child welfare programs and services with positive outcomes for children and families include Informal Supervision, The Black Child Legacy Campaign, Cultural Brokers, Community Against Sexual Harm (CASH), Wraparound, and Child Family Team Meetings (CFTs).

### What Is Not Working Well:

Regarding challenges and barriers, the supervisors stressed that high caseloads and staff vacancies remain an issue. Other issues include case planning, insufficient resources, and system focus.

When families or resource parents are excluded from the case plan process, and case plans are modified without consent, families may not engage in services, impacting reunification. In addition, resource parents are often not engaged enough in case planning. Participants also expressed the need for more detailed case plan training to help social workers incorporate family-specific narratives.

Participants identified additional challenges in the child welfare system:

- 1) Re-entry into foster care: One significant challenge to reunifying family and creating permanency is the risk of a child's re-entry into the foster care system. The social workers and supervisors can successfully assist the families exiting the child welfare system. However, there may not be additional available or appropriate resources (after case closure) to prevent the family from re-entering the system.
- 2) System is parent-focused: Participants expressed that the reunification process is often court-ordered and parent-focused, addressing the parents' needs and not also the children's needs.
- 3) Court: Balancing the legal requirements with social work best practice.
- 4) Difference between Social Workers and Supervisors focus: Supervisors must ensure data and performance accuracy. Focus on qualitative work must still remain.

### What Are the Next Steps:

Participants provided feedback on how to improve the overall process. Many newly implemented policies increase staff expectations. The current policies and procedures need to be simplified to identify value-added tasks and eliminate policies or functions that are redundant or obsolete. Supervisors should provide more support, coach employees, and spend less time on outside tasks and projects. This mentorship can result in a more meaningful and collaborative working relationship and environment between supervisors and social workers. Additionally, the communication between front-line employees, supervisors, and leadership must be consistent to avoid confusion and lack of understanding within the Department.

When asked for recommendations to support workers in facilitating case plan completion or reunification, participants overwhelmingly agreed that there needs to be a way to analyze current policies to reduce tasks assigned to social workers. It was noted that much time is spent creating new initiatives, which develops new tasks and deadlines for social workers. Instead, participants suggested a comprehensive overhaul of the current policies and procedures to reduce tasks for social workers and supervisors. It was noted that supervisors spend so much time on tasks and projects that they do not have enough time to spend with social workers coaching and training them. It was also noted that there can be lack of consistency across the agency on how policies and procedures are implemented, which creates frustration among social workers. It was speculated that the frustrations could be part of the reason there is such a high turnover among social workers.

In addition to analyzing policy and reducing tasks, participants agreed that supervisors need to help social workers stay grounded in why they became social workers. Supervisors are responsible for ensuring social

workers care for themselves and for supporting social workers. Supervisors play a significant role in ensuring the health and nurturing of their teams. Sometimes, supervisors may need to recognize that a particular program may not be the best fit for a specific employee. Sometimes a social worker who does poorly in one program excels in another.

When asked how to facilitate good communication between social workers, resource parents, and providers, participants became passionate in their responses about the communication between social workers and resource parents. Participants all agreed that resource parents are essential to child welfare, should be valued more, and should be considered a critical part of case planning.

It was noted that resource parents often state that social workers are unresponsive and that their voices are not heard. Supervisors posited reasons for this, including:

- 1.) Some social workers are overwhelmed and have multiple responsibilities. Social workers care for parents and children, assessing services and completing visits, and sometimes communication is lost in the daily tasks.
- 2.) Some caregivers are unable to distinguish the roles of the various social workers (CPSU, Resource Family Approval, Court Services, and Permanency) and may inquire about information from the incorrect social worker.

#### **CPS Social Worker Focus Group:**

CPS Social workers were invited to participate in two focus groups on November 18 and 19, 2021. Eleven individuals, including Family Services Workers (FSW) and Child Development Specialists (CDS), attended the sessions.

#### What Is Working Well:

The group shared information regarding multiple influential programs and services that lead to positive outcomes for children and families: Informal Supervision Program, Black Child Legacy Campaign, Wraparound service, Community Against Sexual Harm (CASH), UC Davis' Commercially Sexually Exploited Children (CSEC) training, Cultural Brokers and Child and Family Team Meetings (CFTs).

All staff agreed the new employee cohort training contained:

- Abundant Department information on programs and services
- Guidance on laws and regulations
- Direction on program processes

The social workers shared that during the cohort training they experienced hands-on activities and observed courtroom hearings; however, the transition to program-specific responsibilities required more intense learning. The social workers reported they took the learning opportunity to build rapport with new team members and supervisors to obtain the knowledge to do their job. The staff also expressed how they appreciated the low case assignments while they participated in cohort training.

### What Is Not Working Well:

Although the new hire cohort training provided valuable information, some social workers indicated they felt unprepared moving into their roles as nothing can truly prepare an individual for the job. The participants further added needing additional understanding of the court paperwork and the CWS/CMS system. The case planning during training did not always match up well with real-life cases, where social workers learned to adapt to the situations. Social workers expressed that training for case planning should be more practical and hands-on versus based on theoretical.

Participants also expressed challenges regarding the reunification of parents and children. After completing case planning, social workers and families may not necessarily ensure the completion of the plan goals. The reunification process is also parent-focused, often addressing only the parents' needs. While social workers are held accountable by the courts to ensure the families complete goals, there can be lack of accountability for families to follow through.

The high case workload has led to a disconnect between social workers and supervisors on quantitative and qualitative work. Social workers feel the need to meet data outcomes which they feel may prevent social workers from providing quality service to their families.

### What Are the Next Steps:

Participants provided feedback on how to improve the overall process. Throughout the years, many new policies have been set in place, increasing the expectations of social workers. The current policies and procedures need to be streamlined to identify value-added tasks and eliminate redundant or obsolete policies. Supervisors should provide more support, coach their employees, and spend less time on other tasks and projects. This mentorship can result in a more meaningful and collaborative working relationship and environment between supervisors and social workers. Communication between front-line employees, supervisors, and executive leadership must be consistent to avoid confusion and lack of understanding.

### **Division Wide Support Focus Group:**

Three focus groups were conducted for the Division Wide Support (DWS) team on November 18 (five participants), November 19 (two participants), and November 30, 2021 (nine participants). In total, there were 16 participants. The Division Wide Support team includes Clerical, Child Development Specialists, Family Services Workers and Public Health Nurse Supervisors, Legal Transcribers, Office Assistants, and Administrative Secretaries.

### What Is Working Well:

All participants reported receiving adequate training and felt well-prepared as they moved into their roles. Some specific helpful trainings were trauma-informed care, peer support, and mental health awareness. Having helpful co-workers and a positive work environment boosts overall morale. The willingness of management to help improve the workplace is welcomed by the staff. The sharing of Department data and consistent updates increase awareness of the progress in the programs and throughout the division.

Amidst the COVID pandemic, the ability to work remotely has been well-received and has boosted morale across the programs. Telework allows the ability to tend to home life while still providing support for other families leading to better home-work balance.

#### What Is Not Working Well:

Training programs should be more available for those moving into new roles, and resources should be readily available when needed. Some aspect of training that can be improved is cross-training, as the teams are regularly assigned new projects and tasks. The cross-training would allow a better understanding of the team's responsibilities related to the project and tasks. Due to the nature of Division Wide Support responsibilities, participants do not have in-depth knowledge and understanding of all of the Department's services. However, the DWS team takes the opportunity to become familiar with coaching families on the services and how to navigate the CPS system.

The DWS previously were able to build rapport and collaborate alongside social workers as they depended on each other for items needed to complete their responsibilities. The relationship created a level of mutual respect between DWS and social workers. DWS no longer directly engage with social workers as they now provide more support for upper management. This can create a feeling of isolation. In addition, DWS reported scheduling upper management meetings as their biggest challenge as management is very busy and may not be available until the last minute.

Two distinct areas of challenges discussed were constant changes and staffing. There was agreement among the participants regarding ongoing changes. Staffing challenges continue to impact workload where duties continue to increase, and staff retention continues to be a problem. These issues present less time to spend on assigned duties, meeting with clients, and not having enough support from managers or co-workers.

#### What Are the Next Steps:

It is recommended that the Department invest more time into self-care to help employees cope with workload and workplace challenges. It would be advantageous to have training about the importance of how to have self-care to aid in both mental and physical balance. There should also be more emphasis on cross-training so DWS staff know of available services. The knowledge will enable DWS staff to serve families better.

Placement resource facilities also need to be improved. Some facilities do not have showers for youth, while others do not have adequate storage for the children's possessions. The children are sometimes moved to a different location(s) and cannot take their belongings.

#### **Caregiver Focus Group:**

Focus groups for Caregivers were held on November 18 and 19, 2021. The nine participants included RFA/FFA caregivers, including relative caregivers providing placement for children involved with CPS.

#### What Is Working Well:

Regarding training, some caregivers felt prepared through the Sacramento County training and reported the trainings were pertinent to the duties of resource parents. Although the training did not occur in

person, the caregivers reported it was adequate to prepare them for what to expect when a child is placed in their home. The biggest reward for caregivers is seeing a child's behavior and academics improve and become self-sufficient.

#### What Is Not Working Well:

Some caregivers did not feel prepared to receive the child. They indicated they were unprepared to deal with a child's behavioral issues. Training was provided; however, there is nothing that can fully prepare a caregiver for all the various challenges. In addition, the participants noted a “disconnect” between themselves and the social worker. Other challenges included caregivers not receiving the appropriate paperwork upon a child's arrival. There were multiple follow-ups to request documents and obtain additional pertinent information (terms of contract, contact information, child's health history). One potential resource parent noted that they were not sure how their worries regarding a child potentially not being a good fit in their home were received.

Caregivers expressed issues regarding communication. Social workers are sometimes not in contact with them until the day before or the day of a court hearing. In addition, the complexity of the social worker infrastructure compounds the communication issue. There are so many different types of social workers (ex: RFA, child lawyer, primary and secondary workers, placement, permanency, adoption) that it's difficult to know who to reach out to. There is also conflicting information shared by social workers. When a social worker is contacted, they may give different advice from the previous one or may not know the details of the case, which requires the need to re-tell the case details.

Visitation from birth parents is sometimes awkward and can give caregivers anxiety. If the visitation is at court, resource families must sign in on a public document that the birth family can see when they arrive. This process also places the caregivers in an awkward position to have the authority to allow a parent to visit their child. Sacramento County CPS Family Services Workers can arrange for caregivers to arrive 15 minutes before or transport youth scheduled visits. Additionally, CPS staff make an effort to have caretakers and parents engage in building the support system for the youth.

Caregivers expressed several challenges. There is a challenge with school transportation requirements. Also, funding received for teenagers was not adequate to support the teenager in their home, noting they did not become resource parents to make money, but the funding provided was insufficient to support the growing teenager. Resource parents shared funding delays, as sometimes they will not receive the first funding until months after the child's placement. Also, resource parents sometimes incur property damage to their home from the placement child. The repair costs are sometimes not reimbursed (Note: Sacramento County CPS does support repair on a case by case basis. Each circumstance is unique.). In addition, resource parents discussed how obtaining guardianship impedes the resource parents' ability to aid the child further effectively and sufficiently as all support programs and funding are stopped. Several resource parents mentioned housing 18-year-olds out of pocket because the youth have nowhere else to go. Similarly, they also noted the belief that when a child turns 18, programs and funding are no longer available to help these children.

### What Are the Next Steps:

More training and resources should be given to caregivers. Caregivers feel there are not enough resources available to them. If there are, they are difficult to find or not offered as an option. One caregiver mentioned not knowing about therapy and speech programs until the adoption social worker shared the information. Another caregiver discussed how they didn't know how to access respite and recently found out about Child Action. Several participants recall there were annual retreats for foster parents. In addition to the training, they could network and collaborate with other foster parents for support.

Some caregivers reported feeling unappreciated by the social workers, and the communication, engagement, and interaction with social workers was lacking.

### **Foster Youth Focus Group:**

A virtual focus group was held for Extended Foster Care/Independent Living Program (EFC/ILP) youth on May 12, 2022. Due to scheduling conflicts with existing EFC/ILP activities, three participants attended the focus group. The focus group was not very talkative but did provide some feedback.

### What Is Working Well:

The participants shared that overall, their placement situations were going well. Along with attending school, they feel much more stable having friends and family that support them. The youth also shared that case planning was a roadmap to help them move forward with goals, such as dealing with or planning for adoption, obtaining a driving permit/California ID, maintaining grades, and preparing for college. Further, a therapy program was noted as helpful.

### What Is Not Working Well:

The participants had no feedback regarding plans to reconnect with their parents. They also expressed how they felt the Court did not listen to them; no further details were provided.

### What Are the Next Steps:

More programs are needed to assist youth in becoming self-sufficient by obtaining a driver's license and preparing for adult life (college, employment, and housing). The participants in this focus group were not interested in reconnecting with parents and certain family members. They were looking forward and preparing themselves for adulthood.

### **EFC/ILP Youth Survey:**

Due to the low EFC/ILP virtual focus group attendance, a survey was distributed to youth with the hope of capturing more youth voice. Twenty five youth participated in the survey. From May 9 to May 20, 2022, a survey link was open for EFC/ILP youth to respond to three questions:

1. What is working well, and what are some challenges with your social worker?
2. What is working well, and what are some challenges with the child welfare system?
3. Can you identify any areas where the child welfare system could improve our efforts in supporting youth?

### What Is Working Well:

Overall, the youth participants reported a good relationship with their social workers. The youth indicated the social workers are engaged and attentive during the visits, providing meaningful conversations and direction. EFC/ILP youth appreciated the social worker's updates and assistance keeping them on track with their program. The social workers also provide motivation and encouragement when the youth feel like giving up.

Receiving financial support and other resources helps the youth stay focused and on track, pushing them to reach their goals. The participants feel there are many available resources for EFC/ILP youth, and knowing there is support is a positive attribute.

### What Are Some Challenges:

The consensus regarding challenges was the communication with social workers. The participants reported difficulty reaching their worker, the social worker's delay in responding to the youth, and times when the social worker did not return the calls. Zoom meetings during the Covid-19 pandemic were not well received as the youth preferred the in-person meetings. More frequent social worker visits would be beneficial to show support for the youth's success. A few participants indicated that although the social workers are attentive, they feel the social workers could do more.

The youth indicated multiple social worker assignments during their time in foster care, and being assigned multiple social workers required the youth to re-tell their story each time. One participant shared that not all social workers showed up for visits. Regarding additional needs, there should be more support systems for youth nearing the 21-year-old mark to help prepare them for life outside the program. Once a youth turns 21 and exits the program, there is no follow-up to see how the youth is doing.

### Areas for Improvement:

Participants suggested better locations or nicer and safer neighborhoods for the receiving home facilities. There should be more life preparing training or opportunities such as teaching independent skills or job fairs available for the youth. In addition, the facilities should provide more services such as group activities or community service to help youth at the facilities keep off the streets.

### **Parent Focus Group:**

Seven parents participated in two parent focus groups on November 18 and 19, 2021. They were asked questions about agency support, services, case plans, and reunification. Each participant shared their own experiences with the child welfare system.

### What Is Working Well:

The participants reported that the drug rehabilitation, parenting classes, coping skills, and counseling services helped immensely towards parent sobriety and becoming better parents. There were discussions regarding positive experiences with Sacramento County social workers. One legal guardian indicated that the Resource Family Approval (RFA) social worker shared valuable online training, and the guardian was able to complete the requirements for parents to help with child placement.

Several parents described their experience with social workers as positive, describing the parent-social worker relationship as "friends." The parents bonded very well with the social workers providing the services and felt they engaged effectively with the children during the in-person visits.

#### What Is Not Working Well:

The parents provided mixed feedback regarding communication between the social worker and parents. Some parents expressed frustration when services were not tailored to meet the family's needs, incorrect referrals for services when the parents were ineligible for services, and inconsistency in maintaining communication.

Parent inequality was also an issue discussed. A male parent felt his side of the story was not heard nor considered when working with CPS and the social worker. The parent felt his ethnicity and gender as a man influenced the social worker.

There was concern about staffing shortages or case overload. Parents reported having multiple social workers in a short period of time. In addition, inconsistent communication and visits from social workers/supervisors were noted as issues. Consistent services and cultural empathy played a role in how parents perceived the services received. While the parents experienced positive professionalism and compassion from supervisors and program managers, some felt social workers did not display a genuine cultural awareness and empathy when engaging with families.

#### **Counsel Focus Group:**

On May 12, 2022, a focus group for Child Welfare County Counsel, Children's Counsel, and Parents Counsel was held. There were a total of nine participants. The counsels provided feedback on social worker skills, barriers preventing reunification, CPS influential programs, and recommendations for improving programs and services to support the Court in facilitating family reunification.

#### What Is Not Working Well:

One hurdle to successfully reunifying children is lack of visits. There is lack of consistency in visitation due to staffing shortages, scheduling issues, and logistics. Furthermore, there is a considerable shortage of resources for Substance Use Disorder (SUDS) and Alcohol and Other Drug (AOD) for youth, dual diagnosis, mental health, and support for parenting older children. Lastly, there is a statewide issue with not enough placements for older teens.

#### Areas for Improvement:

As part of the best practice discussion, the counsels discussed the importance of communication. Across all stakeholders (parents, child, social worker, between departments, counsel), communication was critical for expedient reunification. At the end of a case, parents will comment on the level of experience they had with a social worker, often citing how engaged, respectful, and empathetic the social worker was or not with the family. Parent counsels expressed appreciation for the social workers who were empathetic and respected the clients.

Some participants noted that studies show that placing children with relatives decreases recidivism. When children are not placed with relatives early, it heightens the tension and hinders reunification. The sooner

a child is placed with relatives, the higher chances of reunification. Placing children with relatives also increases family connections. Sacramento County has Family Engagement Specialists to engage families early and frequently for possible placement.

Advocacy impacts a high success rate. Counsel participants agreed that programs that advocate for clients are often effective. Some effective programs include Dependency Family Treatment Court (DFTC) and Early Intervention Family Treatment Court (EIFTC), Cultural Broker Program, Specialized Treatment and Recovery Specialists (STARS), UCD CAARE Center, and Capitol Star. The Cultural Broker Program is currently only available to a particular client population but would benefit all clients.

Bench Officer involvement, guidance, and communication are critical to the team's collaborative efforts. When children feel a positive engagement with their Bench Officer, it creates an active, dynamic, and practical relationship for successful reunification. Establishing this relationship creates credibility between the Bench Officer and the entire family.

### **Judges/Bench Officers Joint Focus Group (CPS and Probation):**

Four Judges/Bench Officers attended the May 20, 2022, Court focus group. Three judicial officers attended via zoom and 1 via written submission.

#### What Is Working Well:

The court partners indicated that CPS does well with informal services before filing a petition. Programs like Court Appointed Special Advocates (CASA), When Everyone Acts Violence Ends (WEAVE), and therapy programs have been very beneficial. Parents had stated that these programs were beneficial when their children returned home.

It was noted that even though there are issues in receiving timely court reports, the reports received are comprehensive. Social workers do a great job writing reports and providing detailed information. The court partners are also very impressed with the Department's leadership and the leadership's commitment to the families. The Department leads have the families' best interests at heart. Bench Officers would like to see that level of commitment consistently with staff working directly with families, as well.

The court partners indicated there are no barriers in following the recommendations for probation. The court typically does not go against Probation's recommendation.

#### What Is Not Working Well:

There are many opportunities to improve communication, and it is frequently missed. Active communication involves more frequent, engaging communication with families. One common complaint heard by Bench Officers is families calling, leaving messages, and not hearing back from the social workers. However, the Core Practice Model practice behavior recommends a 24 hours response time, which staff strives to uphold. Additionally, the ability to text with families can help support more active communication. Actively engaging and communicating with the family helps improve case plans and remove barriers.

The Court is unfamiliar with Probation's internal processes and does not know what efforts are made by probation when youth are at a Short Term Residential Therapeutic Program (STRTP). In addition, the Court is unclear of what the Probation Officers are doing to promote reunification. When there is a question of a lack of reunification progress, the court will defer to DCFAS.

Several barriers to successful reunification exist. Some providers do not respond promptly to parents, which can delay and hinder reunification. Moving to progressive visitation is a slow process. There is also a service gap during the transition period before a child is removed and right after the child is returned home. More foster homes are needed and should be utilized instead of STRTP. It has been challenging for probation to secure Resource Family Approval (RFA) homes where youth should be placed instead of STRTP. Furthermore, Court partners expressed that the Probation Department does not fully understand and can do more to promote reunification.

Staffing issues also impact visitation for families. Staff retention is essential for case success. As more experienced social workers are retained there is a potential caseload reduction as more social workers are available to work in the field and are not constantly training new hires. Having more staff also reduces the number of social workers assigned to a child and family throughout the life of their case.

Another additional barrier is when the judge opposes the Department's requests. The different stances between the judge and the child welfare services may impact the case plan and cause families to disengage from services.

#### What Are the Next Steps:

Court partners expressed that the timeliest reunification comes with relative care. Relative placement can present opportunities for higher quality and more frequent visits from social workers as the relatives can directly supervise or observe the visit. Providing more opportunities for youth to be placed with relatives is encouraged. Youth may also feel more comfortable with relatives, which promotes and supports reunifying with their parents.

The system should work on creating a loving and encouraging environment for the children. It can foster an environment where the children feel supported, that someone believes in them and that the system works. Getting this buy-in from the parents and children is crucial for successful reunification.

Due to feedback from the Court, Probation has made changes to the content of reports submitted to the court. Court reports now include more robust information about efforts made on behalf of the youth in Probation's care. Moving forward, Probation will expand efforts to educate the court about internal processes.

#### **Probation Staff Focus Group:**

On December 1, 2021, Sacramento County Probation held a Probation Staff Focus Group. There was a total of 18 participants, 1 Supervising Probation Officer and 17 Deputy Probation Officers. The Focus Group lasted 1 hour and 30 minutes. 1) How do you support placements in Sacramento County? What is your process?

### What Is Working Well:

Overall, probation officers in Sacramento County appear to feel supported by their superiors and colleagues. The Probation Department appears to work well as a team and collaboratively within the agency to service the youth on their caseloads. Placement decisions appear to be made strategically and with the goal of permanency. The RFA program appears to be a strong resource for probation officers. RFA retention is taken seriously and much effort, support, and services are put into place to ensure the success of youth who enter RFA homes. Officers felt they had a strength in ensuring client safety and appropriate services. Probation monitors STRTPs closely to make sure they are following state and county standards. In addition, probation conducts annual STRTP audits, which is above the standard. Finally, the pre-dispositional CFT meeting assists with rapport building, answering questions, goal setting, and parental involvement.

### What Is Not Working Well:

The biggest challenges probation officers report have to do with the Court not following through with their mandates, not understanding the role of probation, consistently siding with the youth over the probation department, and lenient standards around the AB12 program. In addition to court challenges, probation officers report challenges with housing and service providers that appear to stem from the pandemic. Despite the reported challenges, probation officers report overall positive morale and focus.

### What Are the Next Steps:

Officers recommend probation consider decreasing the length of the case plan, as the case planning process can be cumbersome. However, the case plan probation uses was developed by the Chief Probation Officers of California (CPOC), which is recommended as best practice throughout the state. In addition, probation will continue programs that are supportive of a positive placement experience such as AB12, Wraparound, THP, RFA, ILP, emancipation baskets, bus passes, FPRRS, AOD Counseling, Another choice Another Change, and La Familia. Probation would like Wraparound to meet with the youth a month or two before they go home and provide additional services for RFA families. Probation intends to expand family finding efforts, as relative RFA homes appear to be helpful for placement retention. Finally, probation plans to strengthen the communication between the bench and probation.

### **Probation Resource Parent Focus Group:**

On December 1, 2021, Sacramento County Probation Department held a Probation Resource Parent Focus Group. There were 6 RFA parent participants and the Focus Group lasted 1 hour and 30 minutes.

### What Is Working Well:

Probation Resource Parents reported that probation officers genuinely seems to care about youth and RFA parents. Officers worked with them to enable placements, accommodated out-of-county placements, would come to the RFA home rather than making them travel, and were supportive of RFA and relative visitation for youth in the detention facility. This assists with relationship building. Resource parents also reported officers were responsible and teamed with the FFA and/or RFA to problem solve and meet the needs of youth. Finally, resource parents report that virtual/remote options for CFTs were very helpful.

### What is Not Working Well:

Probation Resource Parents reported that some of the foster youth rights undermine parenting/parenting techniques. Furthermore, some biological parents continue an unhealthy level of control over the youth while in placement necessitating court involvement.

Resource parents expressed frustration with the social services system in general. They stated there is a need for more early intervention and support; the system as a whole operates in silos, which leads to youth's needs going unrecognized. Trauma and developmental issues sometimes aren't identified until in RFA placement. AOD providers are scattered and difficult to access if you live in an outlying area. Furthermore, youth go to AOD programs and use/purchase drugs with other youth. Finally, if a youth doesn't want AOD services, even if mandated, the AOD provider won't do an intake or provide services.

There was consistent feedback that RFA parents need/want more access to officers outside of typical business hours for things such as crisis support or receiving approval to take a youth on family trips or outings that may cross county lines. There was also consistent feedback that the online training modality has access challenges. RFA parents also expressed a desire for more clear expectations and are concerned of questions being escalated unnecessarily.

### What Are the Next Steps:

Resource parents suggested training opportunities for officers that would assist in gaining a better understanding of how the systems interact, their roles, authority, and financial resources. They also suggested probation develop a one-page services flyer for RFA's, as well as look into services related to a youth's basic sleeping, eating, and play habits. Finally, probation will look into increased access to recreation, sports, and pro-social opportunities for youth served by probation.

To address concerns that some biological parents continue an unhealthy level of control over the youth in RFA homes, Probation officers will continue to meet with biological parents monthly. In addition, officers will continue to contact biological parents outside of the monthly visit as necessary and will make efforts to address these concerns. Although some youth do complete family counseling services with their biological families, Probation would like to explore with the courts the possibility of expanded reunification and parental support services. Finally, probation officers will continue to support RFA families in advocating for themselves and will utilize outside resources such as referrals to support groups and RFA training opportunities.

### **Stakeholder Feedback**

The Sacramento Stakeholder Series was held virtually via Zoom on December 7, 8, and 10, 2021. The County sought the virtual participation of key community stakeholders as part of the CSA to discuss demographics, regional needs and resources, and individual focus areas related to children and families' outcomes. UC Davis Northern Training Academy facilitated the stakeholder meeting. The table below reflects participation of agencies/community organizations: (Note: The list may not capture all the agencies in attendance due to use of personal emails.)

<b>Stakeholder Meetings</b>	
<b>Agency/Community Organizations noted on Registration Link</b>	
A Brighter Childhood, Foster Family Services	H.O.P.E. Therapeutic Services
A Path to Recovery	Koinonia Family Services
American River College	Lilliput, a part of Wayfinder Family Services
Alcohol and Other Drug Advisory Board	Paradise Oaks Youth Services
Better Life Children Services	Parent Advocates of Sacramento
Birth & Beyond Family Resource Centers	Sacramento Children's Home
Bridges, Inc.	Sacramento City Unified School District
Bridges - Specialized Treatment and Recovery Specialists (STARS) Program	Sacramento County Behavioral Health Services
CASA Sacramento	Sacramento County Children's Coalition
CDSS - Office of Child Abuse Prevention	Sacramento County CPS
Chicks in Crisis	Sacramento County Office of Education FYS
Child Abuse Prevention Council	Sacramento County Probation
Children's Law Center of CA	Stanford Sierra Youth & Families
CSU, Sacramento	UC Davis CAARE Center
Department of Human Assistance	WEAVE
EA Family Services	WellSpace Health
First 5 Sacramento	Wynspring Family Resource Center

Welcome Orientation

On December 7, 2021 representatives and leaders from various county agencies were invited to the Welcome Orientation. Participants in the stakeholder meeting were given a presentation on safety, permanency, and wellbeing, the outcome data, and a brief overview of the event schedule.

Mini Sessions

Several mini sessions were conducted on December 7 and 8, in one-hour blocks, which focused on the following topics:

- General Capacity Questions
- Service Array Gaps
- Reentry to Foster Care
- Exits to Permanency
- Recurrence of Maltreatment
- Placement Stability
- Prevention of Entries to Foster Care
- Transitional Age Youth

## Final Report

On December 10, 2021 stakeholders were invited back to hear a summary of the findings from the mini sessions. The following image resulted from an opening word-cloud activity in which participants described what they were excited to hear about in the day's summary.

### In one or two words, what are you most excited to hear about today?



#### **Collaborations Identified by Stakeholders**

- Birth and Beyond Family Resource Centers
- Lilliput, a part of Wayfinder Family Services
- Behavioral Health
- Sacramento County Cultural Broker Program
- Wrap Around (Wrap Around for all: including those without Medi-Cal, probation youth)
- Office of Education, Guardian Scholars Program
- Stanford Sierra Youth and Families
- Juvenile Justice Program – probation youth
- Family & Youth Partnership Department
- Resilient Youth Speak Out (RYSO)
- WEAVE (When Everyone Acts Violence Ends)
- Child Abuse Prevention Council (CAPC)
- Five main area hospitals – e.g., Child Death Review Team members
- Public Health
- AmeriCorps
- WellSpace Health
- Court Appointed Special Advocates (CASA)

#### **Identified Contributing Factors to Abuse and Neglect**

- Lack of basic needs
- Lack of familial ability to stay stable due to mental health, and substance abuse (self-medicating)
- Lack of ability or tools to cope and understand effects of generational, historical, and or recurring traumas

- Lack of housing. Severe lack of quality housing
- Lack of quality, reliable and convenient transportation
- Recurrence/Reentry:
  - Transportation to all services needs to work but also meet the demands of CPS/Court mandates
  - Specific matched services rather than cookie-cutter plans, which lead to less robust support
  - Lack of access to appropriate and available childcare
  - Inability to place in the school of origin
  - Service and support "overwhelm"

### **Identified Collaboration Strengths**

- Openness and willingness to work together and address challenges; everyone is here for the right reasons
- Strong use of parent partners and advocates across the spectrum of care
- CPS and Probation leadership listen to feedback from stakeholders and are open and willing to discuss challenges
- Trauma-informed culture: Partners and County work together with the understanding of the impacts of trauma on family and youth behavior for both CPS and Probation
- The previous series of System Improvement Plan (SIP) collaborative workgroups worked well
- Invitations to partners for training
- Cultivation of new resources and new ideas to open services to all, not just those who qualify (when and where safe and appropriate; across the spectrum)
- More offering of typically lesser-available services to families, such as:
  - Respite
  - Post-adoption services
  - Parent partners, advocates, guides
- Invitations and participation in CFTs (when done regularly and consistently)

### **Identified Collaboration Challenges**

- Data sharing: Incorporate processes to help a better flow of information from the County to the caregivers (RFA parents)
- Retention and turnover across the spectrum contribute to communication, knowledge, and skills challenges – everyone is doing too much with too little support
- CPS social workers and agency partners experience a lack of thorough knowledge, awareness, and understanding of the spectrum of services, particularly for prevention
- Recommendation: warm hand-offs to agency partners - make sure to involve partners in aftercare planning
- Transitional Age Youth:
  - Identifying with the youth and family who their natural support is and building those connections
- CFTs: Regularly and consistently invite agency partners; invite advocates and parent partners, and listen to the voices of advocates – leads to more robust rather than cookie-cutter plans
- Services and supports are many – but the overwhelm on families can be strong and contribute to a higher risk of reentry or recurrence
- Recommendations:
  - One-stop shop of services

- Services are customized and supported by staff, parent partners, and advocates to help guide parents through it all

### **Service Array Strengths**

- Robust prevention continuum
- A host of new and innovative programs, grants, and practices occurring concurrently
- A wide swath of evidence-based intervention programs

### **Service Array Challenges**

- The need for communication of available respite services (Caretakers need to understand availability and utilization of respite services)
- Wait times for services (particularly for mental health services which can further exacerbate concerns)
- Specialized, more effective, and more robust drug and alcohol treatment (e.g., for minors)
- Services and referrals to services focus on the youth or mother, less focus on the father or the family as a unit
- Stakeholders identified specific needs:
  - LGBTQIA affirming homes
  - Tribal participation in service provision, not just ICWA
  - Hire more staff of different ethnicities to work with youth of same ethnicity
  - Recommendations:
    - Prioritize empathy, compassion, and support to youth and families to help navigate a challenging process
    - Prioritize more robust aftercare services for youth who have achieved permanency – CPS is no longer involved, but what else can set the family up for success? Warm hand-off
    - Better, more effective engagement during transition periods, identify the who, how, and when before reunification.
    - Prioritize home-based and mobile services to reduce strain and stress of transportation and timing/scheduling challenges; increase comfort, safety, and engagement

### **CPS & Probation Policies and Programs**

What is Working Well?

- Wraparound partnerships, integration into many programs and policies, including probation families
- CFTs throughout the case (both child welfare and probation), and particularly before removal as a preventative measure
- Hope for the future: FFPSA (CA AB153) – Very encouraging and hopeful support is coming. Stakeholders are excited about the positive impacts on outcomes this new mandate may provide

What are the Challenges?

- State policies and mandates are tough to keep up with:
  - In Sacramento, stakeholders indicate difficulty in keeping up with the sheer number of policies and mandates
  - Contribute to overwhelm, paperwork, and bureaucracy
  - Increased time spent on processing, checking, validating, and confirming, rather than engaging and building rapport with families

- Often, no funding or no appropriate level of funding for the work being asked of local groups/CPS/Probation
- Difficulty balancing court/federal timelines of permanency and aligning them with the family's readiness for returning home. Slower transitions may be better but at the risk of affecting permanency rates

### **Identified Effects of Systemic Racism and Implicit Bias**

- A large contributing factor to the disproportionality of youth youth/families' contact with the CPS and Juvenile probation systems

Recommendations:

- Blind referrals process
- Prioritize culture shift from just training of implicit bias to implementation, action, accountability; have tough conversations, listen to advocates
- Prioritize offering mentors with lived experience and matched cultural understanding; increase male participation as mentors.
- Prioritize hiring diverse staff across race and ethnic spectrum

### **Identified Training Suggestions for CPS and Probation**

- Trauma-informed training
- Historical and generational effects of racism, slavery, and Jim Crow laws
- Supervisor mentorship – connecting with staff with empathy, compassion, safe space to make mistakes and ask questions
- Internal coaching, ongoing mentorship, and in-house training to continue the learning process

### **Identified Training Suggestions for Agencies and Partners**

- Trauma-informed training
- More training and mentorship opportunities for resource parents

The following depicts the results of a poll conducted to inquire of Stakeholders about their hope for the future.

# What is your hope for the future?

Increase in culturally responsive services.	Primary Prevention	Collaborative action
More collaboration and partnering	More support for Resource Families approved through private agencies	Fewer children in care.
ALL families/children EQUITABLE access to services to meet their individual needs	Families receive the individualized services they need to meet their needs.	streamlined services
Real-life sustainable action	Fewer kids in care due to access to culturally responsive community services when kids do enter care, more relative/NREFM placements	Coordination of service delivery
Early Intervention	More support for families after reunification	Primary prevention
More children remaining at home with family	Streamlining	More focus on LGBTQ youth, services and affirming homes
innovation, new ways of engaging our children and families, tossing out old ways of doing things which do not show positive outcomes	more aftercare services	Specialized care for children and families
More individualized referrals that meet family needs and capacities	More support for families so that their risks for system involvement are reduced.	Increase families' access to services, improve communication among providers, increase service supports for resource families
More meaning program delivery for current and former foster youth	Focus on our workforce and their well-being. Make this work meaningful and doable.	Creativity in meeting families where they are.
Accountability without blame		

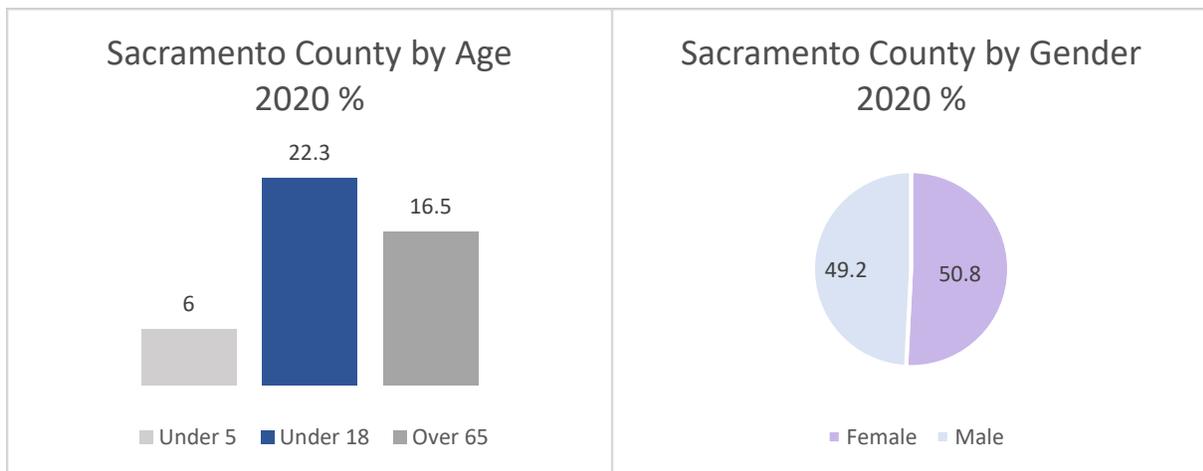
# Demographic Profile

## General County Demographics

Sacramento County is comprised of seven cities: Sacramento, Citrus Heights, Rancho Cordova, Folsom, Elk Grove, Galt, and Isleton; however, there are 28 communities that are census-designated places: Antelope, Arden-Arcade, Carmichael, Clay, Courtland, Elverta, Fair Oaks, Florin, Foothill Farms, Franklin, Freeport, Fruitridge Pocket, Gold River, Herald, Hood, La Riviera, Lemon Hill, McClellan Park, North Highlands, Orangevale, Parkway, Rancho Murieta, Rio Linda, Rosemont, Vineyard, Walnut Grove, and Wilton.<sup>1</sup>

### Population:

Sacramento County's population estimate as of 2019 is 1,552,060, which is up 41,070 from 2016. Over a quarter of the population, 28.3%, are under the age of 18, which is a slight increase of 1.1% from 2010. Children under the age of five make up 6% of the population. Conversely, the "over 65" population has increased slightly at 2% since 2010. Veterans make up 77,463 of the population, about 5%. Sacramento County has 1.6% more males than females.



Data source <sup>1</sup>

Ethnicity data reflects a decrease of the following ethnicity rates since 2010 for Sacramento County: 4.13% for White, .54% for African American, 1.41% for Other Race, and .35% for Native American. On the other hand, there has been an increase for the following ethnicity rates since 2010 for Sacramento County: 1.39% for Asian, .16% for Native Hawaiian or other Pacific Islander, and .88% for Two or More Races.

There are 109 Tribal Nations in 34 counties in the state of California. The two federally recognized tribes within the boundaries of Sacramento County are the Buena Vista Rancheria of Me-Wuk Indians and the Wilton Rancheria, a Miwok Tribe. According to the Wilton Tribal Rancheria website, the Wilton Rancheria is a federally recognized tribe and currently has 700 members who are descendants of the Penutian

<sup>1</sup> <https://censusviewer.com/county/CA/Sacramento>

linguistic family identified as speaking the Miwok dialect. Of the 700 members, 62% reside in Sacramento County. The tribe is composed of 40% members under the age of 18, and 60% of the youth are in the Elk Grove Unified School District.

<b>Sacramento County and California by Ethnicity 2021</b>		
<b>Ethnicity</b>	<b>Sacramento</b>	<b>California</b>
<b>White</b>	53.32%	59.7%
<b>Hispanic or Latino</b>	24.4%	18.9%
<b>Asian</b>	15.71%	14.49%
<b>Black or African American</b>	9.83%	5.79%
<b>Some Other Race</b>	7.87%	13.95%
<b>Two or More Races</b>	7.47%	4.89%
<b>Native Hawaiian and Other Pacific Islander</b>	1.14%	.40%
<b>American Indian and Alaska Native</b>	.66%	.77%

Data source<sup>2</sup>

According to 2014 through 2019 American Community Survey five year estimates, 20.9% of the Sacramento population are foreign born, and as of 2019, 16.5% speak another language other than English at home. Out of that group 13.1% rated themselves as speaking English “less than well”. In Sacramento County, Spanish comprises 13.8% of the population, while Asian and Pacific Islanders are 9.9% and Other Indo-European are 7.9%.<sup>3</sup>

<b>Sacramento County Languages Spoken At Home 2019</b>	
<b>English only</b>	73.5%
<b>Language other than English</b>	26.5%
<b>Spanish</b>	13.8%
<b>Other Indo-European Languages</b>	7.9%
<b>Asian and Pacific Islander Languages</b>	9.9%
<b>Other Languages</b>	16.5%

Data source<sup>3</sup>

<sup>2</sup> <https://worldpopulationreview.com/states/california-population>

<sup>3</sup> <https://data.census.gov/cedsci/table?t=Language%20Spoken%20at%20Home&g=05000000US06067&tid=ACSS1Y2019.S1601&hidePreview=true>

**Median Income:**

The median household income in Sacramento County as of 2019 was \$67,151, while individuals at or below the poverty level were at 12.5%.<sup>3</sup> Poverty was measured by the Federal Poverty Guideline, which in 2016 was \$24,300 for two adults and two children. In 2018, that same guideline increased by \$800.00, now at \$25,100.<sup>4</sup>

Data available from 2019 showed Sacramento County residents with income below the poverty level (\$24,300.00 in 2016) to be at 13.9% when compared to the state of California at 11.8%. Poor families consisting of “females with no husband present” were at 47.7% as compared to “males with no wife present” at 16.9% and “married–couple” families at 35.4%. Notable was Sacramento County had 17.1% of children below the poverty level as compared to California at 15.3%. In Sacramento County, poverty rates among “high school graduates not in families” were 19%, which was similar to California at 18%. Also similar were poverty rates for “people who did not graduate high school”, at 43.9% for Sacramento and 43% for California. Of children ages 0-17 living in poverty in 2016, Black/African American children were highest at 34% (although 10.6% of the overall population), followed by Latino children at 28.4%, Asian children at 24.9%, and then White children at 15.8%. White children made up 37.1% of the population and less than half (15.8%) were in poverty. Hispanic/Latino children, although comprising 30.1% of the population, had 28.4% in poverty, while Asians at 14.6% of the population had 24.9% in poverty.<sup>5</sup>

As of 2020, child populations in Sacramento County have not varied significantly. White children comprise 37.9% of the population compared to 34.8% in 2015, Hispanic/Latino are 29.6% compared to 31% in 2015, Asians are 14.8% compared to 14.1% in 2015, and Black/African American are 10.6% compared to 10.3% in 2015.<sup>6</sup>

Sacramento County Percentage of Children, ages 0-17, Comparison by Race and Living in Poverty 2017 -2020		
Race	Children by Race	Children in Poverty
Black or African American	10.6%	24.6%
Hispanic/Latino	29.6%	21.8%
Asian	14.8%	15.2%
White	37.9%	12.8%

Data source<sup>6</sup>

Areas of concentrated poverty within Sacramento County are generally highest in the Central, East and South areas. Data available from 2020 show highest poverty of 74.5% in the City of Sacramento located in the central area of Sacramento County and the east-central area community of Arden-Arcade at 74.5%, followed by the south-central area of the Fruitridge-Pocket community at 62.2% and the east community

<sup>4</sup> <https://www.census.gov/quickfacts/fact/table/sacramentocountycalifornia,US/PST045219>

<sup>5</sup> <https://familiesusa.org/resources/federal-poverty-guidelines/>

<sup>6</sup> <https://www.kidsdata.org/topic/234/childpoverty/race250/table#fmt=450&loc=344&tf=95&ch=7,11,726,10,72,9,73,1298&sortColumnId=0&sortType=asc>

of the city of Rancho Cordova at 62.2% .The Southeast city of Parkway has a high percentage of poverty (59.9%). The next high poverty area is McClellan Park at 58.9% followed by Florin, a community in the south that was at 58.9 percent. Lowest poverty areas were located east in Gold River, 25.1%; Elverta, 25.0%; and Rancho Murieta, 16.7%. The table below shows Sacramento County Cities/Communities Percentages of Concentrated Poverty and Region.<sup>7</sup>

<b>Sacramento County Cities/Communities Percentages of Concentrated Poverty and Region 2020</b>		
<b>Cities/Communities</b>	<b>Percentage</b>	<b>Region</b>
<b>City of Sacramento</b>	74.5%	Central
<b>Arden-Arcade community</b>	74.5%	East-Central
<b>Fruitridge Pocket community</b>	65.2%	South-Central
<b>City of Rancho Cordova</b>	62.2%	East
<b>Parkway community</b>	59.9%	Southwest
<b>McClellan Park community</b>	58.9%	North
<b>Florin community</b>	58.9%	South
<b>City of Elk Grove community</b>	58.9%	South
<b>Lemon Hill community</b>	57.2%	South
<b>City of Citrus Heights</b>	44.8%	Northeast
<b>Vineyard community</b>	42.6%	Southwest
<b>Rosemont community</b>	41.5%	South
<b>Wilton community</b>	40.4%	Southwest
<b>Walnut Grove community</b>	39.9%	Northwest
<b>Rio Linda community</b>	38.8%	North
<b>La Riviera community</b>	37.9%	East-Central
<b>Foothill Farms community</b>	37.1%	North
<b>Fair Oaks community</b>	36.7%	East
<b>City of Folsom community</b>	36.7%	Northeast
<b>City of Galt</b>	35.1%	South

<sup>7</sup> <http://www.city-data.com/poverty/poverty-Sacramento-California.html>

<b>Gold River community</b>	25.1%	East
<b>Elverta community</b>	25.0%	Northwest
<b>Rancho Murieta community</b>	16.7%	East

Data source<sup>7</sup>

### **Housing:**

In 2019, Sacramento County had approximately 578,937 housing units, which was an increase of 15,281 from 2015. Between the years of 2015 and 2019, an estimated 56.4% were homeowners. During those years, the median value of an owner-occupied housing unit was \$351,900; the monthly owner cost with a mortgage was \$1,925; the monthly owner cost without a mortgage was \$539; and the gross rent was \$1,252. Persons per household was 2.76, and 84.9% were living in the same house one year ago.<sup>8</sup>

In January 2019, the homeless hand count was approximately 5,570 people, which was 109% higher than in 2015. Out of the 5,570 homeless people, 3,900 were living on the streets, and 1,670 were living in shelters.<sup>9</sup> Data available from 2018 shows that 4.6% of public school students in Sacramento County were homeless compared to 4.5% in California.<sup>10</sup>

### **Education:**

According to 2015-2019 American Community Survey five year estimates, the percentage of Sacramento County residents, age 25 and older who have graduated from high school, was 87.7% of the population.<sup>11</sup> Those who had a Bachelor's degree or higher comprised 30.9% of the population. High School graduation rates have mostly been gradually improving since 2014, especially for African American/Black and Asian American students. However, there was a decrease in graduation rates for American Indian/Alaskan Native students from 2019-2020 and an overall decrease for Hispanic/Latino students from 2017-2020. Filipino and Asian American students have the highest graduation rates, followed second by White students. The lowest graduation rates were in American Indian/Alaska Native followed by African American/Black, then Multiracial and Hispanic/Latino students. The table below shows Sacramento County High School Graduates by Ethnicity during the years 2017 through 2018.<sup>12</sup>

<b>Sacramento County High School Graduates by Ethnicity 2017-2020</b>				
<b>Ethnicity</b>	<b>2017</b>	<b>2018</b>	<b>2019</b>	<b>2020</b>
<b>African American/Black</b>	71.8%	71.7%	72.8%	75.7%
<b>American Indian/Alaska Native</b>	71.4%	66.4%	74.8%	72.6%
<b>Asian American</b>	92.3%	93.3%	92.2%	93.1%

<sup>8</sup> <https://www.census.gov/quickfacts/fact/table/sacramentocountycalifornia,US/PST045219>

<sup>9</sup> <https://sacramentostepsforward.org/2019pitcount/>

<sup>10</sup> <https://www.kidsdata.org/topic/230/homelessstudents/table#fmt=356&loc=344,2&tf=108&sortType=asc>

<sup>11</sup> <https://www.census.gov/quickfacts/fact/table/sacramentocountycalifornia/EDU635219>

<sup>12</sup> <https://www.kidsdata.org/topic/755/graduates-race/table#fmt=1154&loc=2,344&tf=130,79&ch=7,11,726,85,10,72,9,73&sortColumnId=0&sortType=asc>

<b>Filipino</b>	93.1%	95.2%	95.2%	95.7%
<b>Hispanic/Latino</b>	81.4%	77.3%	78.7%	79.6%
<b>White</b>	83.7%	84.2%	85.3%	86.0%
<b>Multiracial</b>	81.6%	79.8%	78.6%	84.7%

Data source<sup>12</sup>

### **Unemployment:**

During the years of 2017 through June 2021, Sacramento County’s unemployment percentage rates have remained fairly similar to California, differing usually only by a range of 0.1% – 0.6% lower per month. Since 2017, Sacramento County’s unemployment rate has been for the most part slightly lower than California as a whole. In May 2021, Sacramento was at 6.7% as compared to California at 7.5%; however, the following month in June 2021, Sacramento County was only 0.6% lower than California (8.0%). It is significant that the unemployment has risen since 2016 from its average number of 5.4% up to 7.3% (in 2021), which is predominantly impacted by Covid-19. The table below shows Sacramento County percentage of unemployment versus California for the years of 2017 through June 2021.<sup>13</sup>

<b>Sacramento County Percentage of Unemployment versus California 2017-2021</b>										
<b>Month</b>	<b>2017</b>	<b>2017</b>	<b>2018</b>	<b>2018</b>	<b>2019</b>	<b>2019</b>	<b>2020</b>	<b>2020</b>	<b>2021</b>	<b>2021</b>
	<b>Sac</b>	<b>CA</b>								
<b>January</b>	5.5%	5.6%	4.3%	4.7%	4.4%	4.8%	3.9%	4.3%	8.1%	9.2%
<b>February</b>	5.3%	5.4%	4.2%	4.6%	4.0%	4.5%	3.7%	4.3%	7.7%	8.4%
<b>March</b>	5.0%	5.1%	4.1%	4.5%	4.0%	4.5%	4.8%	5.8%	7.3%	8.2%
<b>April</b>	4.6%	4.7%	3.7%	4.0%	3.4%	3.9%	14.5%	16.2%	7.1%	8.1%
<b>May</b>	4.3%	4.4%	3.3%	3.7%	3.3%	3.6%	14.3%	16.0%	6.7%	7.5%
<b>June</b>	4.8%	4.9%	4.1%	4.4%	3.8%	4.1%	13.6%	15.1%	7.4%	8.0%
<b>July</b>	5.0%	5.1%	4.2%	4.5%	4.1%	4.4%	12.5%	13.6%	-	-
<b>August</b>	4.9%	5.0%	4.1%	4.4%	3.8%	4.2%	9.9%	11.3%	-	-
<b>September</b>	4.3%	4.4%	3.6%	3.9%	3.2%	3.6%	9.8%	10.7%	-	-
<b>October</b>	4.2%	4.3%	3.7%	4.0%	3.4%	3.7%	8.4%	8.7%	-	-
<b>November</b>	4.1%	4.3%	3.6%	4.0%	3.3%	3.7%	7.3%	7.9%	-	-

<sup>13</sup> <https://www.homefacts.com/unemployment/California/Sacramento-County.html>

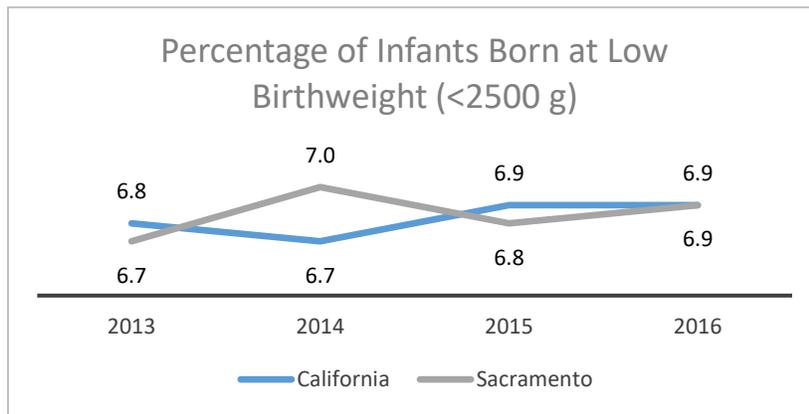
<b>December</b>	3.9%	4.3%	3.8%	4.2%	3.2%	3.7%	8.5%	9.1%	-	-
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Data source<sup>13</sup>

## Child Maltreatment Indicators

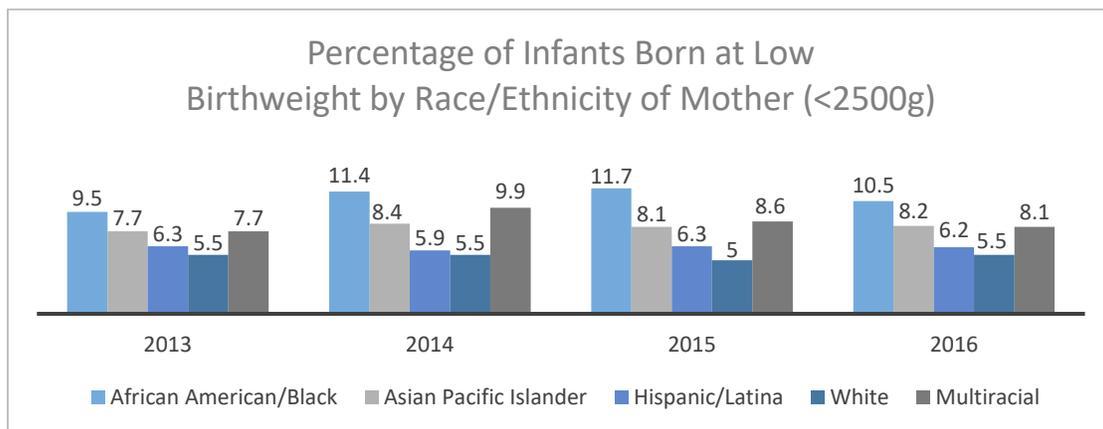
### Number and Proportion of Newborns with Low Birth Weight

In 2016, 1,343 infants were born in Sacramento County with low birthweight, which accounted for 6.9% of all births and was the same as the statewide rate for California that year (6.9%).<sup>i</sup> In the previous three years, Sacramento County's rates were very similar to those of the state, with the largest difference in 2014, where Sacramento County had a low birthweight rate of 7.0% compared to the statewide rate that year of 6.7%.<sup>14</sup>



Data Source <sup>14</sup>

African American/Black mothers have the highest rate of infants born at low birthrate compared to mothers of other races/ethnicities, and the rate showed increases until 2016 with a rate of 10.5%, while the rate for White mothers stayed consistent at 5.5% in 2016. Besides the “multiracial” category, Asian/Pacific Islanders had the next highest rate at 8.2% in 2016.<sup>15</sup>



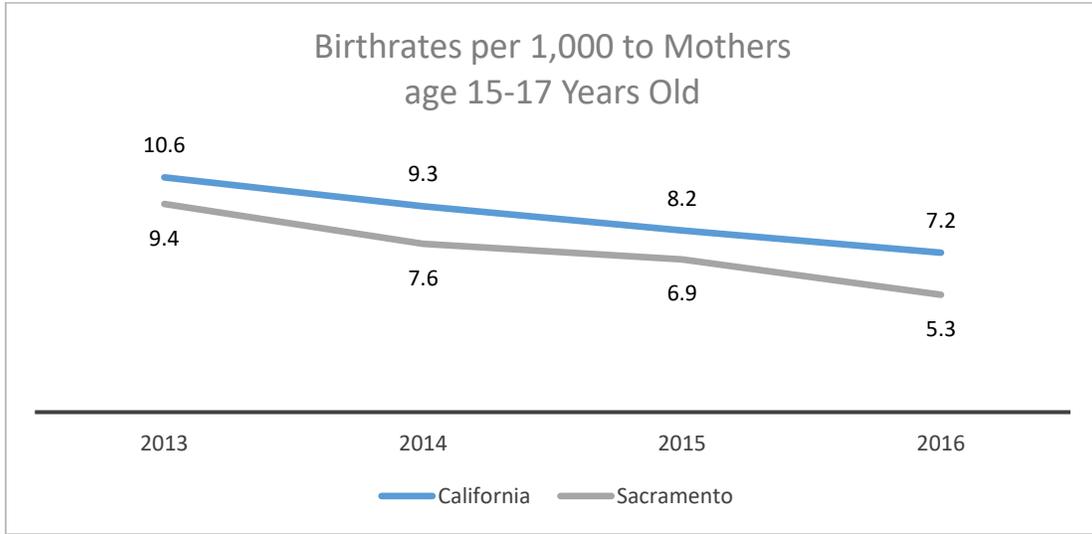
Data Source <sup>15</sup>

<sup>14</sup> <https://www.kidsdata.org/topic/301/low-birthweight/table#fmt=91&loc=2,344&tf=88,84,79,73&sortType=asc>

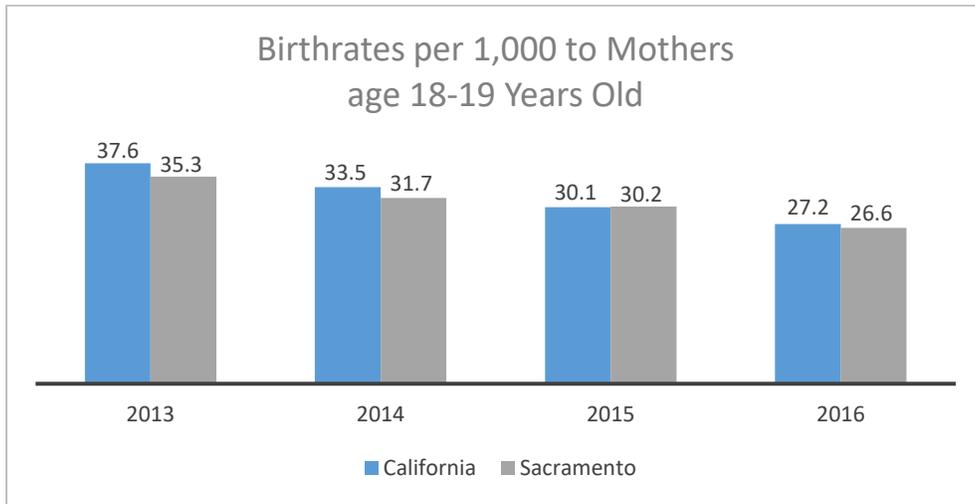
<sup>15</sup> <https://www.kidsdata.org/topic/302/low-birthweight-race/table#fmt=92&loc=2,344&tf=88,84,79,73&ch=7,11,8,507,9,73&sortColumnId=0&sortType=asc>

**Number and Proportion of Children Born to Teen Parents**

Since 2013 there has been a steady decrease in the rate of births for teenage mothers between the ages of 15 to 17 years old, and 18-19 years old. In 2013, the Sacramento County rate of births for teen mothers 15-17 was 9.4 per 1,000, steadily decreasing to 5.3 per 1,000 in 2016 (most recent data available); while the rate statewide was higher each year with a rate of 7.2 per 1,000 in 2016. Similarly, for teenage mothers between the ages of 18-19 years old the Sacramento County rate per 1,000 decreased each year from 35.3 per 1,000 in 2013 to 26.6 per 1,000 in 2016. The statewide rate started out higher, but also came down each year with a rate of 27.2 per 1,000 in this age group in 2016.<sup>16</sup>



Data Source <sup>16</sup>

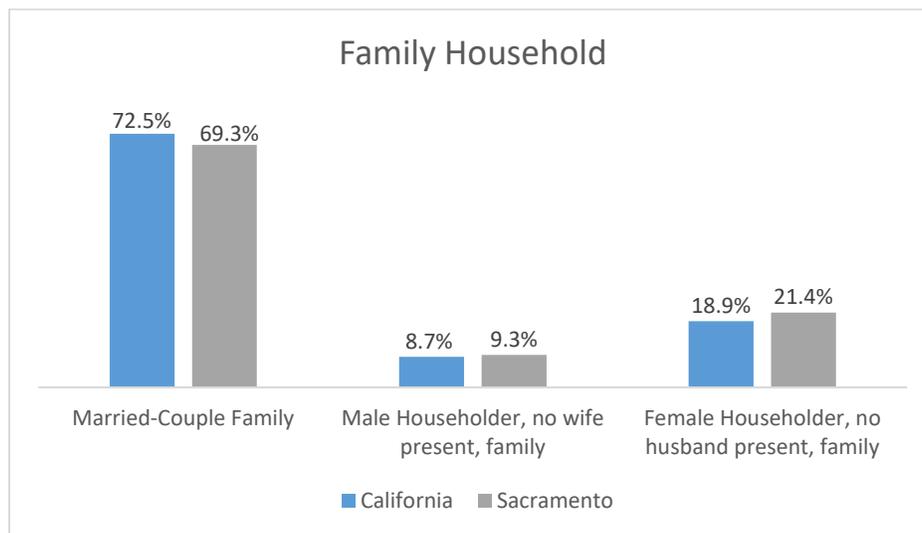


Data Source <sup>16</sup>

<sup>16</sup> <https://www.kidsdata.org/topic/316/teen-births-age/table#fmt=1193&loc=2,344&tf=88,84,79,73&ch=634,635&sortColumnId=0&sortType=asc>

## Family Structure (Number and Proportion of Single Parent Homes, Grandparent Homes)

According to the 2019 five-year estimates from the United States Census Bureau, California has 13,044,266 households. Of those, 8,958,436 (68.7%) are families and 3,935,576 (30.2%) are living with their own children. The average family size for California is 3.53 individuals. Sacramento County has 543,025 households. Of those, 358,544 (66%) are families and 165,736 (30.5%) are living with their own children. The average family size is 3.38 individuals. Of the Total Family Households, Sacramento has a slightly lower percentage of married-couple family households at 69.3% compared to California at 72.5%. At the same time, Sacramento is slightly higher with Female Householder Families (Sacramento: 21.4%, California: 18.9%).<sup>17</sup>



Data Source <sup>17</sup>

Total Family Households 8,958,436; Sacramento 358,544

### Family Households Living with Own Children Under 18 Years Old

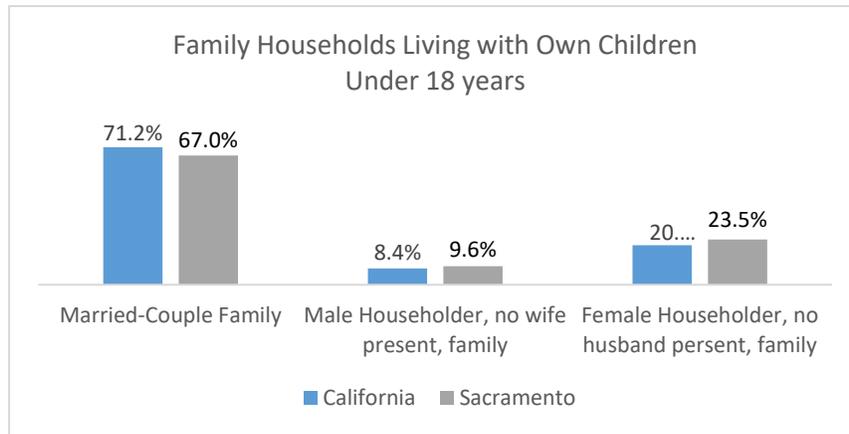
When looking at total households, the percentage of households living with their own children under the age of 18 years old is similar for California and Sacramento. In California it is 30.2% and in Sacramento, 30.5% of the total households are households living with their own children under age 18.

When looking at the percentage of family households living with their own children under the age of 18 years old, Sacramento has lower percentage of married couples at 67% compared to California at 71.2%.

Sacramento is experiencing a greater percentage of households (living with own children under age 18) headed by females, with 23.5% while California is at 20.4%.<sup>18</sup>

<sup>17</sup> <https://data.census.gov/cedsci/table?q=family%20structure%20california%20sacramento&tid=ACSST5Y2019.S1101>

<sup>18</sup> <https://data.census.gov/cedsci/table?q=family%20structure%20california%20sacramento&tid=ACSST5Y2019.S1101&hidePreview=true>

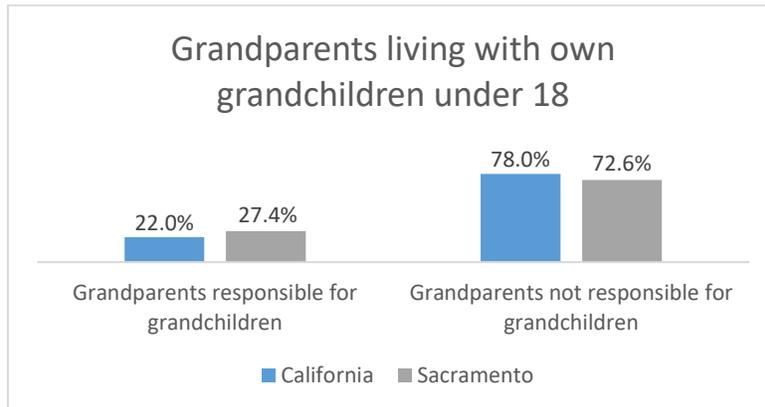


Data Source <sup>18</sup>

The total family households living with their own children under 18 years in California is 3,935,576; in Sacramento the total is 165, 736.

### Grandparents Living with Own Grandchildren

Sacramento County has approximately 38,028 grandparents living with their own grandchildren. Of those grandparents, 27.4% are responsible for their grandchildren. California has a smaller percentage of grandparents responsible for their grandchildren, at 22%.<sup>19</sup>



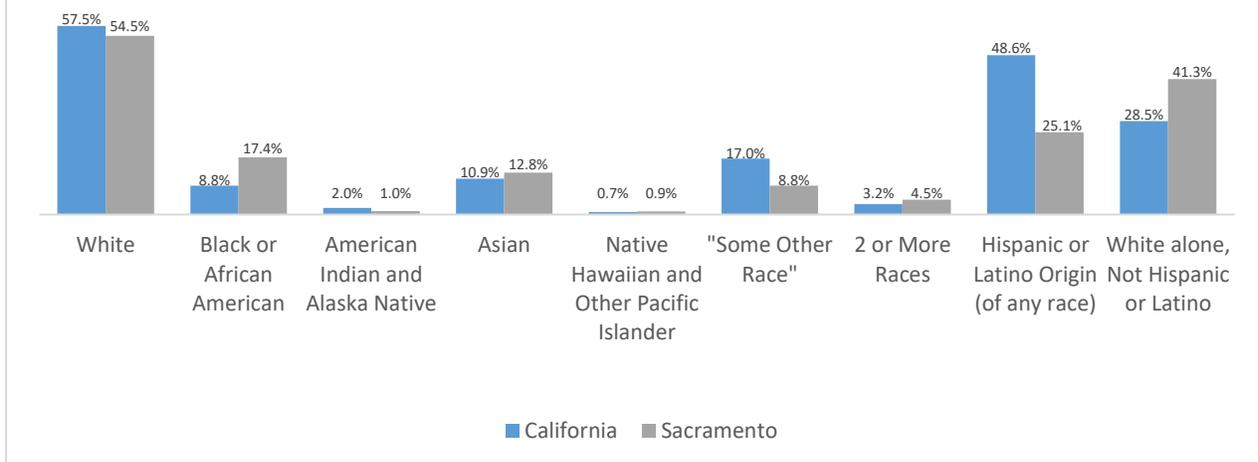
Data Source <sup>19</sup>

Total Grandparents living with own grandchildren under 18 CA: 1,135,297; Sacramento: 38,028. Total grandparents responsible for own grandchildren under 18 CA: 249,746; Sacramento: 10,411

In Sacramento County and in California overall, White grandparents had the largest rate of caring for their grandchildren at 54.5% in Sacramento and 57.5% in California. While the percentage of White grandparents caring for their grandchildren was similar for the State and the County, there was a great variation between the two for other Races. For example, in California, 8.8 % of Black grandparents cared for their grandchildren versus 17.4% in Sacramento, and 48.6% of Hispanic or Latino Origin grandparents cared for grandchildren in California versus 25.1% in Sacramento.<sup>19</sup>

<sup>19</sup> <https://data.census.gov/cedsci/table?q=california%20and%20sacramento%20grandparents%20grandchildren&tid=ACST5Y2019.S1002>

## Grandparents Responsible for Own Grandchildren under 18 by Race



Data Source <sup>19</sup>

### Housing Cost and Availability

According to the most recent November 1, 2017, *Comprehensive Housing Market Analysis for Sacramento County*, the sales vacancy rate declined to a current estimated rate of 1.3%, down from 2.5% in April 2010. New and existing home sales (including single-family homes, townhomes, and condominiums) increased 4% to 26,800 homes sold during the 12 months ending August 2017, from the 25,800 homes sold during the previous 12-month period. During this time the average sales price of an existing home increased 9% to \$322,500. The current (as of November 1, 2017) rate of seriously delinquent loans (including those that had transitioned into REO - real estate owned) status is the same as the state average of 1.1% and less than the national average of 2.2%.<sup>20</sup>

From 2013 – 2016, strong economic conditions helped increase new home sales to an average of 2,300 homes by the end of 2016, or 15% annually. During the 12 months ending August 2017, approximately 2,575 new homes sold, a 17% increase compared with the previous 12 months. During the same period, the average sales price of a new home increased 4% to \$424,500. From 2012 through 2016, the average sales price of a new home increased an average of 10% annually.<sup>20</sup>

During the three-year forecast period (11/1/2017 – 11/1/2020), demand was expected for 10,900 new homes. The 1,450 homes currently under construction and some of the estimated 11,500 other vacant units that might reenter the market were projected to satisfy part of the forecast demand. Demand for housing was projected to be concentrated in locales similar to the cities of Folsom and Elk Grove, which have large subdivisions of homes. Prices for new homes started at \$200,000.

As of 11/1/17 the overall rental vacancy rate in Sacramento County was 5%, down from 8.4% as of April 2010. Single family homes for rent represent 44% of the overall rental inventory and have a higher vacancy than the apartment market. The combined apartment vacancy rate for the nine MPF Research-defined market areas (hereafter, market areas) that comprise Sacramento County, was 2.9% during the third

<sup>20</sup> <https://www.huduser.gov/portal/publications/pdf/SacramentoCA-comp.pdf>

quarter of 2017, up slightly from the 2.4% rate recorded during the third quarter of 2016. During the third quarter of 2017, the apartment vacancy rate was lowest in the Carmichael market area at 1.3% and highest in the North Sacramento/North Highlands and Folsom/Orangevale/Fair Oaks market areas at 4% each. The average apartment market rent for the county was \$1,269 during the third quarter of 2017, a 7% increase from \$1,186 during the third quarter of 2016. During the third quarter of 2017, average rents ranged from \$1,074 in the Carmichael market area to \$1,552 in the Folsom/Orangevale/Fair Oaks market area. Tightening rental market conditions resulted in average rent increases in eight of the nine market areas ranging from 5% in the Natomas market area to 12% in the Carmichael market area and 15% in the Arden-Arcade market area. Carmichael and Arden-Arcade have the tightest rental markets and are the most affordable market areas. The average rent declined in the already expensive Central Sacramento Market area 2% to \$1,400. Students at CSU Sacramento have a significant impact on the rental market. As of the fall 2016 semester, the university enrolled 30,500 students, with an estimated 7,100 student households (approximately 3% of all renter households) living in off-campus housing. The Central Sacramento Market area is the most affected by student renters and has the highest rents.

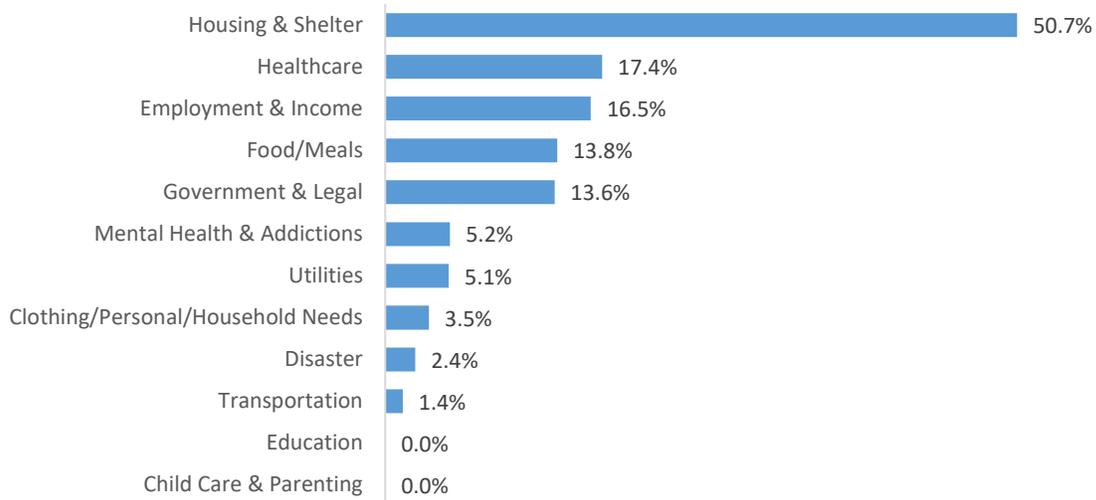
Multifamily constructions, a measure by the number of units permitted, averaged 900 units from 2009 through 2016. During the 12 months ending October 2017, 1,125 units were permitted, more than double the 530 units permitted during the previously 12-month period, as builders responded to tightening apartment market conditions. During the 3-year forecast period, demand was expected for 6,800 new market –rate rental units. To satisfy some of the demand, 1,175 units were under construction. Rental demand was most likely to be concentrated in downtown Sacramento and Elk Grove, which have a greater number of amenities for young professionals and in Carmichael and Arden-Arcade, where rental rates are relatively more affordable.

### **2-1-1 Calls: monthly averages by assistance request**

In calendar year 2020, the Sacramento County 2-1-1 call line received 120,022 calls (more than any of the previous five years). This was a 7.5% increase compared to 2019. When looking at client profile, 53.7% were females (down 19.7% from the 73.4% female callers in 2015); 23.8% were males and <1% gender identity was unknown. The top five zip codes were 95823, 95815, 95825, 95828 and 95821. The majority of services requested were related to housing at 50.7% (up 5.1% from 2015 at 45.6%). Housing services included Low Income/Subsidized Rental Housing, Transitional Housing/Shelters/Motel Vouchers, Rent Assistance, Landlord/Tenant Issues, Contact Information for Housing & Shelter Organizations and Home Repair/Maintenance. The next highest requests were for Health Care (17.4%), Employment & Income (16.5%), Food/Meals (13.8%), Government & Legal (13.6%) and Mental Health & Addictions (5.2%).<sup>21</sup>

<sup>21</sup> <https://211sacramento.org/211/wp-content/uploads/Sacramento-Statistical-Annual-Report-2020.pdf>

## 2-1-1 Calls for Assistance by Top Needs Expressed in Sacramento County January 2020 - December 2020



Data Source <sup>21</sup>

### Substance abuse data

According to the Sacramento County’s Substance Use Disorder Strategic Prevention Plan 7/21 – 6/26, in Fiscal Year 2019-2020, Sacramento County’s Substance Use Prevention Treatment (SUPT) provided treatment services to 11,336 unduplicated Medi-Cal clients/beneficiaries. The tables below include the percentage of each primary drug of choice for beneficiaries who received treatment services in Fiscal Year 2018-2019.

Primary Drug of Choice FY 2018-19	0-17 Years	18+ Years
Marijuana	86%	11%
Alcohol	9%	28%
Benzodiazepine (Klonopin/Xanax)	3%	1%
Methamphetamine	2%	38%
Heroin	0%	13%
Opiates (Oxy/Norco/Hydrocodone/Vicodin/Morphine/Percocet/Fentanyl)	0%	3%
Cocaine	0%	4%
Other	0%	2%

*Note: Excludes clients served through Opioid (Narcotic) Treatment Programs*

Prevalence and access were noted as “Contributing Factors” in that Sacramento County is identified as a high intensity drug trafficking region. The County has a highly developed transportation infrastructure that allows drug trafficking organizations to smuggle drugs, making it a hub for transporting drugs. As such, drugs are readily available throughout Sacramento County.

The legalization of marijuana has been found as a contributing factor in that in some regions, people are allowed to grow a number of plants at home for recreational use, retail sales began in 2018, and there are home delivery services available. Cannabis is affordable and there are now more inconspicuous means of consuming cannabis such as vaping and edibles (making it easier for youth to use in secret).

Additionally, permissibility and perception of harm are contributing factors. There is a social normalization of alcohol and cannabis use in Sacramento County, and misunderstanding by youth about the danger of prescription drug misuse. In 2017, youth under the age of 21 years who were driving under the influence caused crashes that resulted in 57 injuries or deaths, while adults ages 21-34 years caused crashes that resulted in 435 injuries or deaths. In 2017, there were over 1 million opioid prescriptions written in Sacramento County. Since 2016, there has been a steady increase in the number of opioid overdoses and death among Transition Age Youth [(TAY) ages 15-24 years]. The perception of harm among TAY is low as they believe prescriptions are safe as they are medicine. Additionally, college-age students are also using prescription drugs with alcohol and engaging in marijuana/cannabis use and other illicit drugs.<sup>22</sup>

According to the 2017 Sacramento County (Division of Public Health) Presentation on Methamphetamine and health effects, the number of Non-Fatal Hospitalization rates per 100,000 Sacramento County Residents with a Primary or Secondary Diagnosis Involving Amphetamine Usage, the rates have increased from 2012 – 2014 at a growing rate, from 305.3 males per 100,000 in 2012 to 454.1 males per 100,000 in 2014. The rates for females also increased from 211.0 per 100,000 in 2012 to 273.9 in 2014. Non-Fatal Emergency Department Visit Rates per 100,000 increased as well. For males, the rate increased from 246.7 (2012) to 436.0 in 2014 (almost doubling the rate). For females the rate increased from 178.1 (2012) to 272.0 in 2014 (again, almost doubling the rate). 67% of methamphetamine users are between the ages of 26-44 and 56% of them are White.

In fiscal Year 2016 - 2017, methamphetamine was the primary drug of choice for 38% of all admissions to detox, outpatient & residential services (1508 out of 3969 admissions).<sup>23</sup>

***\*Not all communities represented (if less than 1% not included)***

***\*\*Not all substances represented (if less than 10 total incidents not included)***

Comparing this data to the prior CSA is difficult, as the smaller Sacramento City communities are not defined. Of those cities listed (not including the large Sacramento City), Carmichael has the highest incidence of alcohol and methamphetamine reported, while Citrus Heights has the highest incidence of heroin, marijuana/hashish, other opiates/synthetics and oxycodone/OxyContin use reported. The report does not take into account some lower frequency use drugs and very small neighborhoods. It also doesn't account for incidents where individuals have not come forward for assistance, and does not separate out reported incidents by areas with more accessibility to treatment options. Below is information about the type and intensity of treatment modalities sought based on primary drug of choice. Alcohol treatment included a broad array of all the modalities (except medication assisted treatment). Heroin was primarily treated via detox residential and medication assisted treatment, with some residential treatment. Methamphetamine was treated almost equally with intensive outpatient and outpatient services.<sup>24</sup>

<sup>22</sup> <https://dhs.saccounty.net/BHS/Documents/Reports--Workplans/RT-BHS-SUPT-SUD-Strategic-Prevention-Plan-2021-2026.pdf>

<sup>23</sup> <https://dhs.saccounty.net/BHS/Documents/SUPT/Methamphetamine/Symposium-2017/MA-ADS-2017-01-01-Methamphetamine-Symposium-Session-1.pdf>

<sup>24</sup> Sacramento County, Department of Public Health, Division of Behavioral Health, Electronic Health Record, AVATAR, (Extract date: 11/02/2021)

FY 2019/2020 UNDUPLICATED CLIENTS SERVED IN SACRAMENTO COUNTY BY PRIMARY DRUG OF CHOICE									
CITY	Alcohol	Cocaine / Crack	Heroin	Marijuana/ Hashish	Methamphetamines	Other Opiates and Synthetics	OxyCodone / OxyContin	Total #	Total %
Antelope	10	6	25	7	7	2	1	58	2.3%
Carmichael	27	2	49	5	29	15	5	132	5.2%
Citrus Heights	17	2	76	17	24	20	8	164	6.4%
Elk Grove	17	3	38	12	12	15	8	105	4.1%
Fair Oaks	8		22	10	7	6	2	55	2.1%
Folsom	3		18	3	4	5	2	35	1.4%
Galt	5	1	27	13	7	11	1	65	2.5%
Gold River	9	4	26	8	24	6	3	80	3.1%
Mather	11	2	1	3	9	1		27	1.1%
North Highlands	11		30	8	22	7	2	80	3.1%
Orangevale	7	1	20	3	6	7	3	47	1.8%
Rancho Cordova	12	4	29	9	26	6	3	89	3.5%
Rio Linda	4	1	12	1	9	4		31	1.2%
Sacramento	250	45	553	193	347	162	43	1593	62.2%
<b>TOTAL</b>	<b>391</b>	<b>71</b>	<b>926</b>	<b>292</b>	<b>533</b>	<b>267</b>	<b>81</b>	<b>2561</b>	<b>100.0%</b>

FISCAL YEAR 2019/2020 UNDUPLICATED SUBSTANCE USE TREATMENT CLIENTS SERVED						
Primary Drug of Choice	Detox Residential	Intensive Outpatient Treatment	Medication Assisted Treatment	Outpatient	Residential	Total %
Alcohol	29.4%	30.8%	0.0%	22.2%	56.7%	14.5%
Cocaine /Crack	0.0%	4.5%	0.2%	4.9%	0.0%	2.5%
Heroin	64.7%	5.8%	66.2%	6.1%	26.7%	35.3%
Marijuana/Hashish	0.0%	14.6%	0.2%	27.8%	0.0%	10.7%
Methamphetamines	5.9%	38.8%	0.5%	36.1%	13.3%	19.4%
Other (specify)	0.0%	1.8%	5.7%	0.1%	0.0%	3.2%
Other Opiates and Synthetics	0.0%	1.7%	19.9%	1.6%	0.0%	10.2%
Oxycodone / OxyContin	0.0%	0.1%	6.0%	0.0%	0.0%	2.9%
<b>Total</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>

*\*Not all substances represented (if less than 1% not included)*

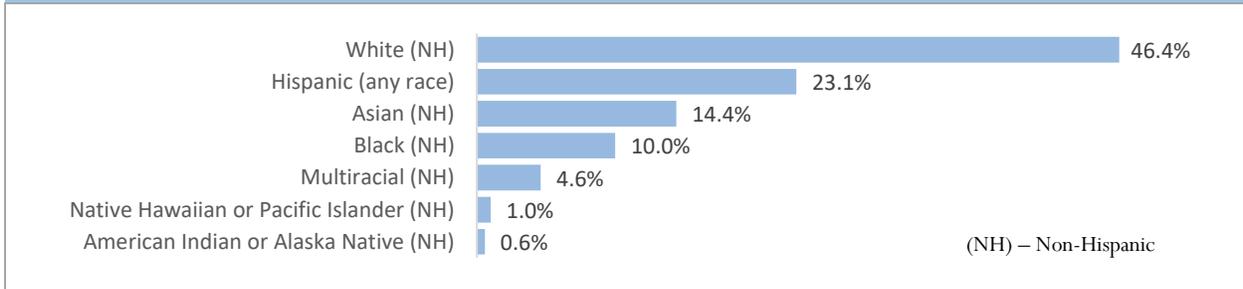
Data source <sup>23</sup>

### Arrest data

The Open Justice data for Sacramento County from 2016-2020 shows individuals identified as White have a lower percentage of arrests than their percentage of the general population. Of concern is individuals identified as Black make up over 30% of the arrests, while the percentage of the population is approximately 10%. Black individuals are arrested at a rate more than three times that of their representation in the community.<sup>25</sup>

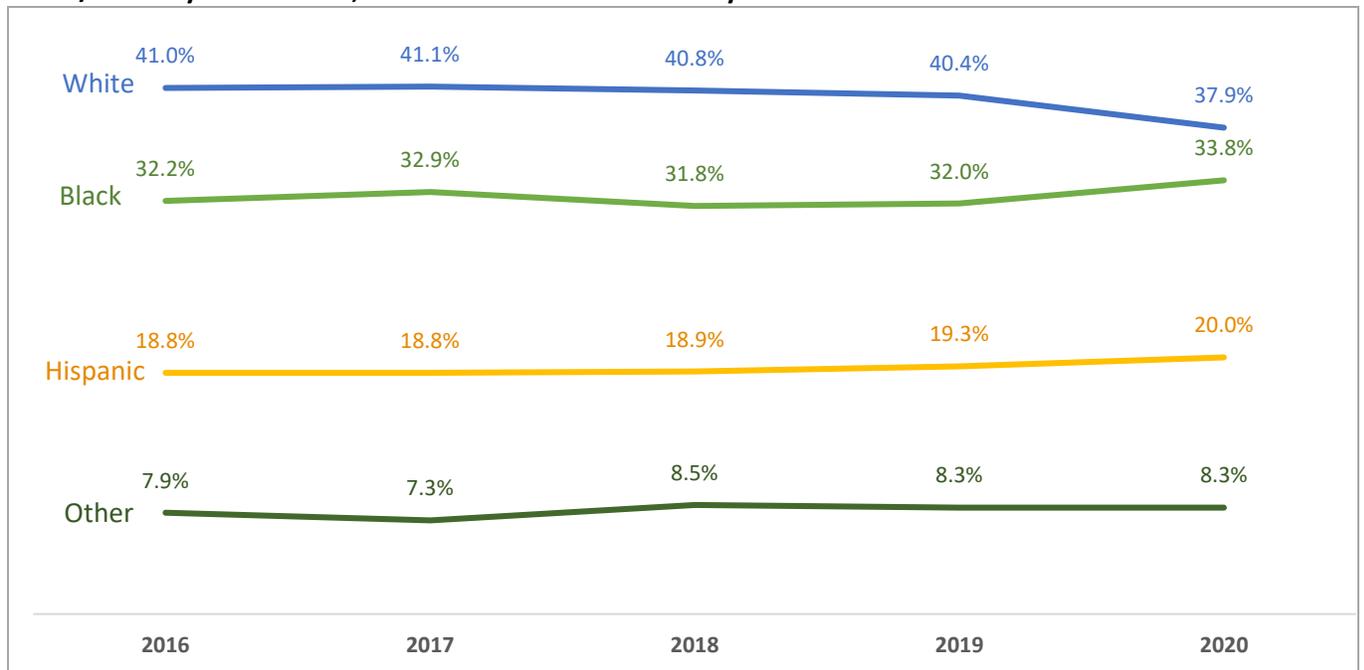
<sup>25</sup> <https://openjustice.doi.ca.gov/data>

**Sacramento County Population – 2020  
Breakdown by Race/Ethnicity**



Data Source 24

**Racial/Ethnicity of Arrestees, 2016-2020 Sacramento County**



Data Source 25

	Year									
	2016		2017		2018		2019		2020	
Black	16,224	32.2%	16,240	32.9%	16,293	31.8%	15,723	32.0%	13,243	33.8%
White	20,657	41.0%	20,295	41.1%	20,924	40.8%	19,831	40.4%	14,862	37.9%
Hispanic	9,484	18.8%	9,289	18.8%	9,672	18.9%	9,462	19.3%	7,835	20.0%
Other	3,985	7.9%	3,609	7.3%	4,354	8.5%	4,077	8.3%	3,259	8.3%
<b>Total</b>	<b>50,350</b>		<b>49,433</b>		<b>51,243</b>		<b>49,093</b>		<b>39,199</b>	

**Felony, Misdemeanor, and Status Offense Arrests, 2016-2020 Sacramento County**

	Year				
	2016	2017	2018	2019	2020
<b>Total</b>	<b>50,350</b>	<b>49,433</b>	<b>51,243</b>	<b>49,093</b>	<b>39,199</b>
<b>Felony Offenses</b>	<b>13,207</b>	<b>13,407</b>	<b>13,895</b>	<b>13,117</b>	<b>12,115</b>
Felony Violent Offenses	5,005	5,074	5,084	5,025	4,792
Felony Property Offenses	3,213	3,338	3,142	2,898	2,891
Felony Drug Offenses	1,673	1,109	1,417	1,226	1,110
Felony Sex Offenses	302	318	232	237	183
Other Felonies	3,014	3,568	4,020	3,731	3,139
<b>Misdemeanor Offenses</b>	<b>23,834</b>	<b>22,528</b>	<b>23,366</b>	<b>22,781</b>	<b>14,909</b>
<b>Status Offenses</b>	<b>102</b>	<b>91</b>	<b>87</b>	<b>78</b>	<b>60</b>

The total number of Felony offenses from 2016 – 2020 started to drop in 2019, with a significant drop in 2020. Felony Drug offenses fluctuated and had a similar pattern of dropping in 2019 and 2021. The number of Felony Sex offenses dropped significantly from 2016 to 2020 by almost half. The number of Violent Felony offenses stayed consistent over that same time period with a slight drop in 2020.<sup>26</sup>

Impaired judgement and resulting risky behavior often accompanies misuse of alcohol and drugs, including driving under the influence. According to the California Office of Traffic Safety, in 2017, alcohol-involved crashes in Sacramento County resulted in 1,283 injuries or deaths. More specifically, there were 1,231 persons injured in alcohol-involved crashes (10% of total persons injured in traffic accidents), and there were 52 persons killed in alcohol-involved crashes (30% of total persons killed in traffic accidents). Driving Under the Influence (DUI) cases are processed at the Gordon D. Schaber Sacramento County Courthouse. Individuals who are convicted of a DUI offense are court-ordered to participate in a DUI program. The table below includes the number of Sacramento residents who have enrolled in a court-ordered DUI program through Substance Use Prevention and Treatment (SUPT).

Court-Ordered DUI Program Enrollments - SUPT	
Calendar Year 2019	3,473
Calendar Year 2018	4,650
Calendar Year 2017	2,189
Calendar Year 2016	3,600

Additional legal consequences include increased demand on Sacramento County Adult and Juvenile Criminal Justice Systems. Approximately 130 youth are detained at the Sacramento County Youth

<sup>26</sup> <https://openjustice.doj.ca.gov/data>

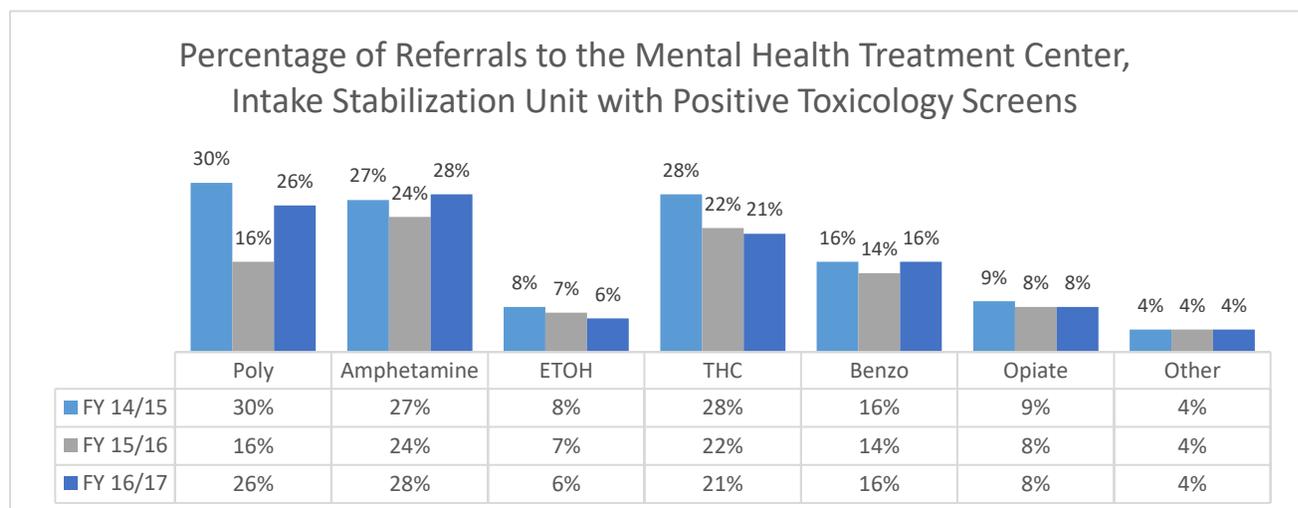
Detention Facility at any given time, and approximately 80% of youth involved in the Sacramento County juvenile justice system are using cannabis. The Sacramento County Sheriff’s Department reports an increase in child neglect, violence towards children, other violent crimes, property crimes, and impaired driving as a result of meth use by adults.<sup>27</sup>

### Mental Health

According to the 2017 Sacramento County (Division of Public Health) Presentation on Methamphetamine and health effects, some of the physical effects that occur upon overdose from methamphetamine include bleeding in brain, complete failure of the circulatory system, and kidney failure. The Sacramento County Mental Health Treatment Center documentation/training slides from that same presentation identify some of the mental health effects including depression, anxiety, irritability, long-term cognitive deficits, paranoia/psychosis that can become permanent, suicidal thoughts/attempts, violence and homicides.

Below is a table that points out the percentage of referrals to the Mental Health Treatment Center (MHTC) Intake Stabilization unit, with positive toxicology screens.

This information is shared here in the Mental Health section because drug misuse and overdose and mental health symptoms, treatment & hospitalizations are often intertwined.<sup>28</sup>



Data source <sup>27</sup>

The October 2019 *Performance of the Sacramento County Mental Health System* report addresses various aspects of Sacramento County’s system of mental health services including the aforementioned Mental Health Treatment Center Intake Stabilization unit, Mobile Crisis Support Teams, Mental Health Triage Navigator Program, Inpatient Services, and Mental Health Services Act-Full Service Partnerships. It is noted that funding increases for the Department of Behavioral Health Services (DBHS) in four of the 11

<sup>27</sup> <https://dhs.saccounty.net/BHS/Documents/Reports--Workplans/RT-BHS-SUPT-SUD-Strategic-Prevention-Plan-2021-2026.pdf>

<sup>28</sup> <https://dhs.saccounty.net/BHS/Documents/SUPT/Methamphetamine/Symposium-2017/MA-ADS-2017-01-01-Methamphetamine-Symposium-Session-1.pdf>

years prior to the report, were exceeded by the rate of inflation, and the resources available are inadequate to meet beneficiary needs and detrimental to the quality of care. “Contract providers do not have sufficient resources to keep up with the cost of doing business and their salaries have become progressively less competitive, leading to high staff turnover.”

Below is a chart identifying the unduplicated clients served in Sacramento County by age for FY 2017-2018. Children age 0-15 are second (31.8%) only to adults age 26-59 (44.2%). The next largest group is a mix of adults and children, age 16-25 at 16.1%. Child Protective Services continues to serve non-minor dependents up to age 21, so the population served by the mental health system that is also in the age range serviced by CPS includes a significant and high number of children and youth.

ALL SERVED (n=29,833)      MEDI-CAL BENEFICIARIES ONLY (n=25,468)

Age	N	%	N	%
0-15	8,340	28.0%	8,100	31.8%
16-25	4,878	16.4%	4,097	16.1%
26-59	14,059	47.1%	11,267	44.2%
60+	2,538	8.5%	2,004	7.9%
Unknown	18	0.1%	0	0.0%
Gender	N	%	N	%

The County of Sacramento provides or arranges and pays for the following medically necessary covered Specialty Mental Health Services (SMHS) to beneficiaries of Sacramento County:

- 1) Mental health services;
- 2) Medication support services;
- 3) Day treatment intensive;
- 4) Day rehabilitation;
- 5) Crisis intervention;
- 6) Crisis stabilization;
- 7) Adult residential treatment services;
- 8) Crisis residential treatment services;
- 9) Psychiatric health facility services;
- 10) Intensive Care Coordination (for beneficiaries under the age of 21);
- 11) Intensive Home Based Services (for beneficiaries under the age of 21);
- 12) Therapeutic Behavioral Services (for beneficiaries under the age of 21);
- 13) Therapeutic Foster Care (for beneficiaries under the age of 21);
- 14) Psychiatric Inpatient Hospital Services; and
- 15) Targeted Case Management. The MHP provides 9% of the services through its county-operated clinics, and 91% of the services are delivered by contract providers.

In FY 2018-2019 the DBHS implemented a redesign of the Children’s System of Care. Goals of the redesign included improving timely access to services by reducing distance parameters to services; increasing service capacity; enhancing the quality of trauma informed and culturally responsive services; and increasing collaboration with child-serving systems and organizations, such as schools, juvenile justice, child welfare, and health care. The redesigned service system would include fifteen service sites that would be geographically distributed throughout Sacramento County. The quality of services would be

enhanced by adding the Flexible Integrated Treatment (FIT) service delivery model to the traditional outpatient model. FIT is an integrated approach that addresses the multi-systemic needs of children and families and provides services anywhere in the community, including home, school, office, or other sites.

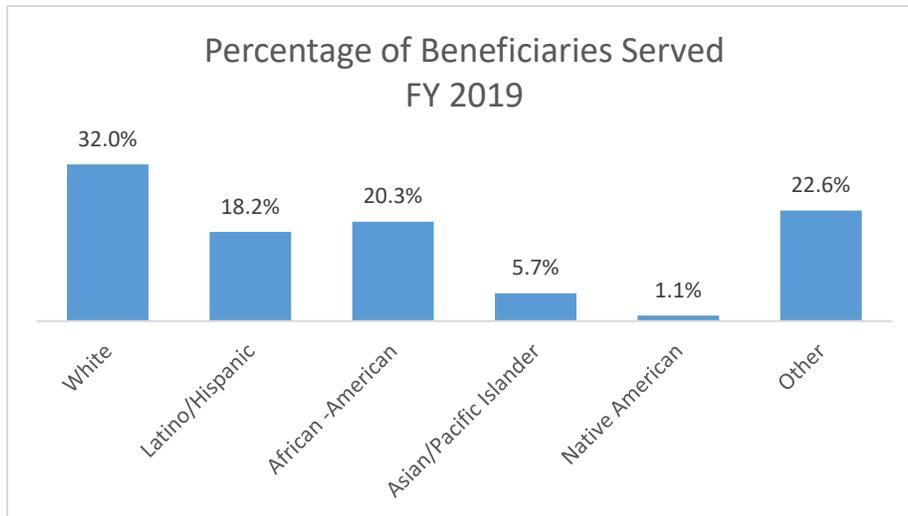
Additional data to consider is the penetration rate, which is a comparison of the percentage of people who received services compared to those who are eligible for services. Below is a chart showing CY 2016 and 2017, and the penetration rates for both noted age groups of children dropped, while that of adults increased.<sup>29</sup>

Penetration Rates		Calendar Year 2016					Calendar Year 2017					Percent Change between CY 2016 and CY 2017
		A		B		B/A	A		B		B/A	
		Medi-Cal Eligible Beneficiaries		Medi-Cal Clients (Undup)		Medi-Cal Penetration Rates	Medi-Cal Eligible Beneficiaries		Medi-Cal Clients (Undup)		Medi-Cal Penetration Rates	
		N	%	N	%	%	N	%	N	%	%	%
Age Group	0 to 5	72,266	12.8%	1,555	5.7%	2.2%	69,886	12.5%	1,203	4.3%	1.7%	-20.0%
	6 to 17	134,120	23.7%	9,967	36.5%	7.4%	133,236	23.8%	9,737	34.7%	7.3%	-1.7%
	18 to 59	293,755	52.0%	13,894	50.9%	4.7%	288,999	51.7%	15,070	53.7%	5.2%	10.2%
	60+	65,086	11.5%	1,894	6.9%	2.9%	67,305	12.0%	2,075	7.4%	3.1%	5.9%
	Total	565,227	100.0%	27,310	100.0%	4.8%	559,426	100.0%	28,085	100.0%	5.0%	3.9%
		N	%	N	%	%	N	%	N	%	%	
Gender	Female	298,366	52.8%	14,261	52.2%	4.8%	296,052	52.9%	14,523	51.7%	4.9%	2.6%
	Male	266,860	47.2%	13,039	47.7%	4.9%	263,373	47.1%	13,553	48.3%	5.1%	5.3%
	Unknown	----	----	10	0.0%	N/A	----	----	9	0.0%	N/A	N/A
	Total	565,226	100.0%	27,310	100.0%	4.8%	559,425	100.0%	28,085	100.0%	5.0%	3.9%
		N	%	N	%	%	N	%	N	%	%	
Race	White	149,383	26.4%	8,766	32.1%	5.9%	140,900	25.2%	8,927	31.8%	6.3%	8.0%
	African American	89,118	15.8%	6,037	22.1%	6.8%	85,432	15.3%	6,174	22.0%	7.2%	6.7%
	American Indian/Alaskan Native	4,290	0.8%	264	1.0%	6.2%	3,927	0.7%	286	1.0%	7.3%	18.3%
	Asian/Pacific Islander	112,185	19.8%	1,706	6.2%	1.5%	78,944	14.1%	1,788	6.4%	2.3%	48.9%
	Other	101,461	18.0%	4,837	17.7%	4.8%	121,538	21.7%	5,036	17.9%	4.1%	-13.1%
	Hispanic	108,792	19.2%	5,700	20.9%	5.2%	128,686	23.0%	5,874	20.9%	4.6%	-12.9%
	Total	565,229	100.0%	27,310	100.0%	4.8%	559,427	100.0%	28,085	100.0%	5.0%	3.9%

In the Sacramento County Mental Health Plan EQRO Report (FY 2020-2021) aka “Medi-Cal Specialty Mental Health External Quality Review,” it is reported that 23,842 people were served for CY 2019. Whites are the highest beneficiaries, served at 32%, African Americans were the second highest beneficiaries at 20.3%, and Latino/Hispanics were third at 18.2%. Since the last CSA the percentage of both White and African American beneficiaries has dropped, while another category of “Other” has increased. Since the last CSA, the penetration rates for Sacramento and California have dropped, with Sacramento at 4.44% and California at 4.86% in CY 2019. The Foster Care Penetration Rates also dropped (Sacramento 39.14% and California 51.91%).<sup>30</sup>

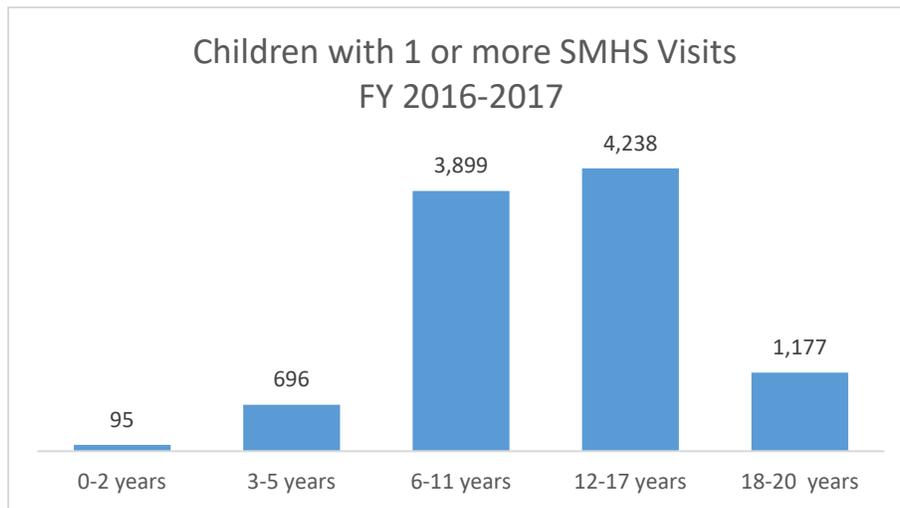
<sup>29</sup> <https://dhs.saccounty.net/BHS/Documents/Reports--Workplans/RT-EQRO-Report-FY2020-21.pdf>

<sup>30</sup> <https://dhs.saccounty.net/BHS/Documents/Advisory-Boards-Committees/Mental-Health-Board/MHB-Reports-and-Workplans/RT-MHB-Performance-Report-2019.pdf>



Data Source <sup>29</sup>

According to Sacramento County’s 2018 Aggregate Report by Department of Health Care Services (DHCS), regarding children and youth receiving Specialty Mental Health Services (SMHS), in FY 16-17 10,105 unduplicated children and youth were receiving SMHS. Of those, 3,899 were children 6-11 years and 4,238 were 12-17 years, and the overall penetration rate for all children/youth (age 0-20) was 3.9%.<sup>31</sup>



Data Source <sup>31</sup>

### Fatalities and Near Fatalities

The Child Abuse Prevention Center published the Child Death Review Team 2016 Report.<sup>32</sup> According to the report, 137 children, birth through 17 years of age, who were residents of or whose injuries occurred in Sacramento County, died in 2016. Of the 137 children, 131 were residents of Sacramento County, and six were residents of other counties who sustained injuries in Sacramento County. Of the 131 deaths of

<sup>31</sup> <https://www.dhcs.ca.gov/services/MH/Documents/34-20180409-Sacramento-SUP-Final.pdf>

<sup>32</sup> <http://www.thecapcenter.org/why/research-and-publications/child-death-review-team>

Sacramento County residents, deaths by natural causes (102) accounted for 78% of the deaths, injury related deaths were 18% (24 of 131), and undetermined deaths were 4% (5 of 131). These breakdowns are similar to data reported in the prior County Self-Assessment 2016-2021 Report, which reported that 79% of deaths were due to natural causes, 19% were due to injuries, and 2% were due to undetermined causes (Sacramento County Child Death Review Team Three Year Report 2010-2012).

The highest concentration of deaths by region of Sacramento County (based on the residence of the decedent) occurred in the Meadowview and Valley Hi areas (South Sacramento). Of note, population density is also high in these areas, and the data may reflect this population density.

In 2016, most child deaths (79; 56%) occurred in infants under age one year. The majority of infants under one year died due to natural causes. Child deaths among other age groups include the following counts: one to four years (20), five to nine years (4), 10 to 14 years (11), and 15 to 17 years (18). Of the 131 Sacramento County resident deaths in 2016, the largest number occurred with White children (45; 34%). Twenty-five (19%) Hispanic children died, 21 (16%) Multiracial or Other children, 20 (15%) Asian/Pacific Islander, and 20 (15%) African American children.

The 2016 report notes that 67% (6) of the child maltreatment deaths were due to Child Abuse Neglect (CAN) homicide. A ten-year trend shows that CAN homicides ranged from 19% to 80% of the child maltreatment deaths from 2007-2016. Of the 2016 CAN homicides that occurred, 56% of the decedents were five to 14 years old. In addition, 56% of the perpetrators were the biological parent. The following is the race breakdown of decedents:

- White (50%)
- Black (17%)
- Hispanic (17%)
- Other (17%)

Other major findings from the report include:

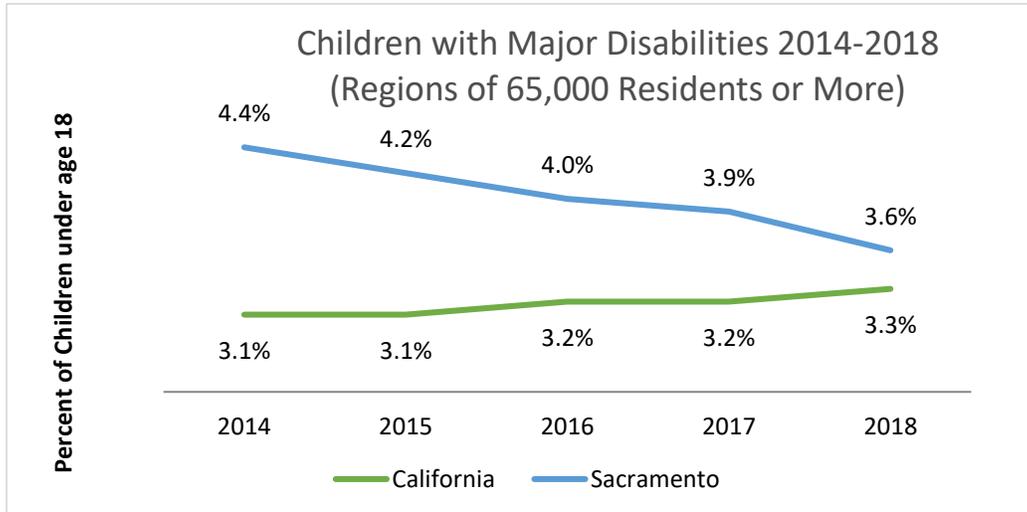
- The child mortality rate in 2016 was 36.5, an increase from 2015 when the rate was 34.7 (although similar to or lower than earlier years- 2014 was 37.0; 2013 was 36.1; 2012 was 38.3). Overall, the death rate has declined over 10 years.
- There were 13 homicides in 2016 (including nine residents of Sacramento County), an increase from nine in 2015.
- All six of the CAN homicide decedents in 2016 were involved with CPS, in either Sacramento County or another California county.
- There were 11 infant sleep-related (ISR) deaths in 2016, a decrease from 14 in 2015. Of these deaths in 2016, African American children accounted for 27% of the deaths, and infants younger than six months accounted for 64% of the deaths. All of the ISR deaths in 2016 involved infants sleeping in conditions known by the American Academy of Pediatrics to be unsafe, and 64% of the ISR deaths occurred in neighborhoods not targeted by the Safe Sleep Baby Education Campaign.
- African American children continued to be overrepresented among child deaths. In the prior 2016-2021 CSA Report, it was noted African American children died at a rate more than two times higher than that of all children in Sacramento County. Per the 2016 report, African American children were approximately 10% of the Sacramento County population but accounted for 15%

of child deaths. In 2016, African American children were most likely to die from ISR death (27%), third-party homicide (17%), and perinatal conditions (14%).

- Of the 2016 child deaths, 84% had at least one known family risk factor (Child Protective Services, Crime, Gangs, Substance Abuse, Medical/Mental Health, Foster Care, and Poverty), and 61% had more than one risk factor. The most common risk factor was Government Aid (61%).

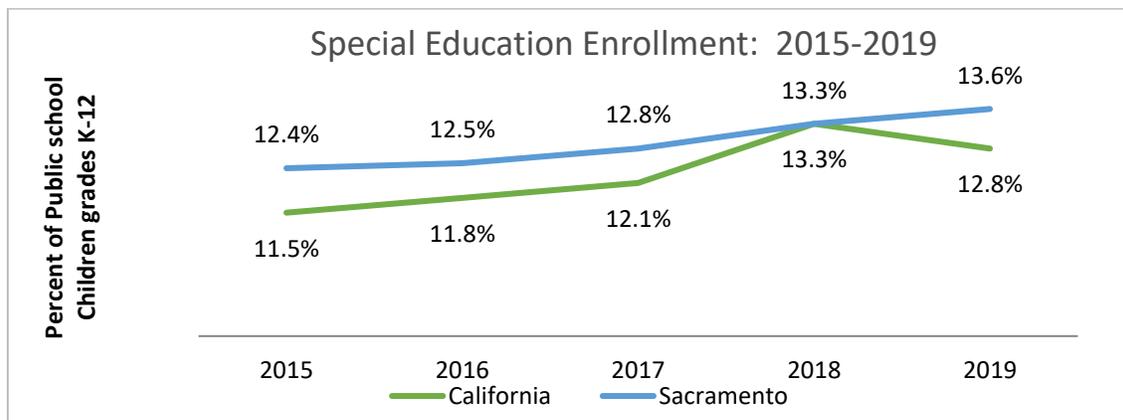
### Children with Disabilities

In 2018, Sacramento County had an estimated 3.6% children under the age of 18 with one or more major disabilities, which was slightly more than California at 3.3%. Over the past five years Sacramento has fluctuated with the highest at 4.4% in 2014.<sup>33</sup>



Data Source <sup>33</sup>

Between 2015 and 2019, Sacramento County and California have seen an increase in special education enrollment. Sacramento County special education enrollment is above California's rate. In 2019 Sacramento County had 13.6% of children enrolled in special education and California had 12.8%. (Sacramento County's special education enrollment by disability: the top three were Learning Disability at 38.6%, Speech or Language Impairment at 21.5%, and Autism at 15.2%.<sup>33</sup>)<sup>34</sup>



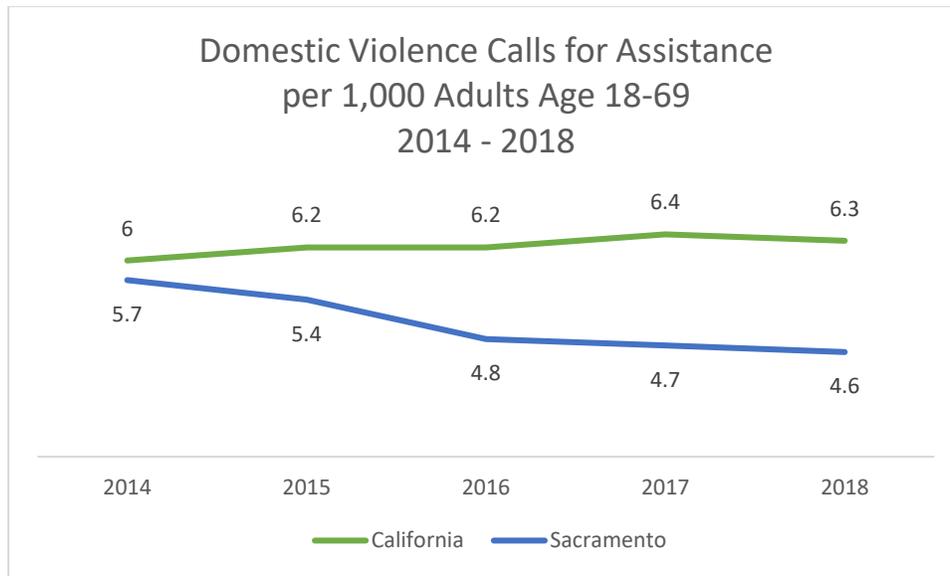
Data Source <sup>31</sup>

<sup>33</sup> <http://www.kidsdata.org/topic/92/special-needs-major-disabilities/table#fmt=242&loc=344,2&tf=64,67,73,79,84&sortType=asc>

<sup>34</sup> <https://www.kidsdata.org/topic/95/special-education/table#fmt=1146&loc=344&tf=110&sortColumnId=0&sortType=asc>

### Rates of Law Enforcement Calls for Domestic Violence

The rate of domestic violence calls for adults age 18-69 years to Law Enforcement in Sacramento County steadily decreased from 2014 (5.7 per 1,000) to 2018 (4.6 per 1,000). Conversely, the rate of calls for California steadily increased during that same timeframe, from 6.0 per 1,000 in 2014 to 6.3 per 1,000 in 2018. As shown in the graph below, Sacramento County’s rate of calls for Domestic Violence assistance has trended lower than the rates for California each year.<sup>35</sup>



Data Source <sup>32</sup>

The chart below lists the number of domestic violence calls broken down by weapon use and the type of weapon involved. Since the last CSA report, including data up through 2014, the total number of calls decreased from 2014 – 2016 by 800 calls. Between 2016 to 2020, the number of calls fluctuated and ultimately increased to 5,120 in 2020 (which is still less than 2014). The use of personal weapons has fluctuated between 2014 and 2020, however those incidents are still slightly lower in 2020 (1,926) than in 2014 (2,071). There is also a new category added as of 2018 capturing the calls related to strangulation or suffocation. It appears the data wasn’t fully captured in 2018, and with just two years of “full” reporting, it’s difficult to see trends yet.<sup>32</sup>

	2014	2015	2016	2017	2018	2019	2020
<b>TOTAL CALLS</b>	5,670	5,453	4,870	4,813	4,696	5,069	5,120
<b>No Weapon Involved</b>	2,898	2,621	2,271	2,160	2,307	2,553	2,430
<b>Weapon Involved*</b>	2,772	2,832	2,599	2,653	2,389	2,516	2,690
<b>Firearm</b>	30	51	38	45	36	43	56

<sup>35</sup> <https://www.kidsdata.org/topic/12/domestic-violence-calls/table#fmt=2684&loc=2,344&tf=108,95,88,84,79&sortType=asc>

<b>Knife or Cutting Instrument</b>	160	179	107	138	103	125	143
<b>Other Dangerous Weapon</b>	511	490	496	519	514	596	565
<b>Personal Weapon**</b>	2,071	2,112	1,958	1,951	1,736	1,752	1,926
<b>Total Strangulation and Suffocation<sup>3</sup></b>	0	0	0	0	6	70	73
<b>Cases with Strangulation***</b>	0	0	0	0	5	60	67
<b>Cases with Suffocation***</b>	0	0	0	0	1	10	6

Data Source <sup>32</sup>

\*Penal Code section 13730 does not require that the type of weapon involved in a domestic violence related call be reported.

\*\*Hands, feet, etc.

\*\*\* Data for cases with strangulation or suffocation are not available prior to 2018.

### Analysis of Maltreatment Indicators

Reviewing the child maltreatment indicators, there are some key areas to highlight. While the rate of low birthweight babies seems to remain steady (for the years we have data), the rate of teen births shows a steady decline, which is a positive trend for Sacramento County youth. Sacramento also has a lower rate in this area as compared to the State of California.

Sacramento County has less married couple households and more female head of household families than the State. California as a state also has less grandparents (22%) than Sacramento (27.4%) who are responsible for their grandchildren.

The demand for affordable housing appears to be of great need. The demand for affordable housing appears to be of great need. In 2020, the median home sales market was 0.9%, down from 2.5% in 2010. However, in June 2022, the Sacramento County median home sale price was \$540,000, up 6.5% from 2021. Homes are listed on the market for an average of 27 days and receive two offers.<sup>36</sup> In April 2020, the rental vacancy rate for single-family homes, mobile homes, and apartment units was 3.2%, down from 8.4% in April 2010. Sacramento County's average rent increased by 7.2% compared to last year. A two-bedroom apartment is \$1,703, which is above the national rent average of \$1,358.<sup>37</sup> In general, the apartment rental market availability is tighter than the home rental market, resulting in average rent increases in eight of the nine market areas in Sacramento. The Central Sacramento market is the most affected by student renters (i.e., CSU Sacramento) and has the highest rents, and rental demand is expected to be high. Additionally, in April 2022, multifamily construction decreased 16% to 2,025 units from the average 2,400 yearly permitted units from 2002 to 2005. Similarly, in the last CSA, the demand for affordable housing is also evidenced by the fact that the greatest number of calls to Sacramento's 2-1-1 system was for housing and shelter (followed by health care, employment & income, and food/meals). The percent of children with disabilities has increased slightly from the prior CSA period. Further, the types of disabilities have fluctuated. Since the last CSA, the percent of those with learning disabilities decreased from 41.2% to 38.6%, while autism increased from 11.4% to 15.2%. It is unknown

<sup>36</sup> <https://www.redfin.com/news/price-drops-increase-may-2022>

<sup>37</sup> <https://www.apartmentlist.com/ca/sacramento#rent-report>

whether or not there has been any significant change in the severity of autism experienced, but autism can be a challenging diagnosis for families to manage.

The system services children and adults. In 2016 -2017 children age 6-17 accounted for 97 % of minors who received one or more specialty mental health services. The amount of people overall who are eligible for specialty mental health services who received services has dropped in Sacramento and California since the last CSA. The Department of Behavioral Health Services has expressed concern that the funding increases for DBHS have been exceeded by the rate of inflation, and the resources available are inadequate to meet beneficiary needs, which is detrimental to the quality of care. This leads to less competitive salaries and high turnover, which is not conducive to continuity or effectiveness of services.

Per the “Performance of the Sacramento County Mental Health System” report (October 2019), “budget increases have not kept up with inflation in 4 out of the 11 years.” It goes on to state that despite recent budget increases, the DBHS budget is still under capacity to provide the necessary service level for clients. It appears there are some efforts to mitigate this in that contactors have received some COLAs. In FY 2016/2017 Adult and Children outpatient providers receive a 2% COLA to address Audit Readiness and Fiscal Management Capacity Building. In FY 2018/2109, Medi-Cal and non-Medi-Cal received a 2% COLA.

However, contract providers report carrying caseloads “as much as twice the number in their original contracts,” and they do so while dealing with a “chronic high turnover rate in qualified employees.” The DBHS “is in a crisis of inadequate resources to meet beneficiary needs. The gap between capacity and demand has reached a point where it is directly affecting quality of care. This is a financial issue. Contracts costs rise, and what they offer employees becomes progressively less competitive. The recommendations made were that the Sacramento County BOS should continue to increase the DBHS’s budget to increase its capacity to provide services until its average cost per beneficiary approaches that of large counties or the statewide average. Also contract providers should be given a cost of living increase to account for the increased cost of doing business and the need for adequate salaries to retain qualified staff.”<sup>38</sup>

In Sacramento, there has been an ongoing decline in the rate of calls for domestic violence since the prior CSA (from 5.8 calls per 1,000 adults ages 18-69 to 4.6 calls per 1,000). Conversely, the rate of calls for California steadily increased during that time frame (from 6.0 to 6.3 per 1,000).

Though the declining trend for Sacramento is positive, it may not necessarily show a decline in incidents of domestic violence. There could be some unreported incidences. In fact there was an increase in use of “other dangerous” weapons of all calls reported in 2020. Further, cases with strangulation and suffocation are now being tracked and there was an increase from 2019 to 2020. It will be important to monitor this statistic going forward as that is the most serious act of domestic violence, and is typically present prior to the victim being killed.

Another factor to consider is the prevalence of substance abuse in Sacramento County. It has been shown to be a “high intensity drug trafficking region.” The highly developed transportation infrastructure allows

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38 <https://dhs.saccounty.gov/BHS/Documents/Advisory-Boards-Committees/Mental-Health-Board/MHB-Reports-and-Workplans/RT-MHB-Performance-Report-2019.pdf>

trafficking organizations to smuggle drugs. The county is a hub for transporting drugs and they are readily available throughout the county.

Rates of drug related arrests are skewed, in that while Black people make up less than 10% of the population, they make up over 30% of the drug-related arrests. On the positive side, overall felony drug arrests have dropped in 2019 and 2020.

When looking at race/ethnicity factors, Black or African American children and families showed higher maltreatment indicators compared to other races; however, White children had the largest number of deaths in 2016 (45 deaths or 34%). Similar to the last CSA, the majority of child deaths were infants under 1 year old (79 deaths or 56%), and due to natural causes. Additionally, of the 13 child homicides, 6 were due to child abuse and neglect. Of those, 50% were White and 17% were Black. All of those 6 decedents were involved with CPS (either Sacramento County or another California county). There were also 11 infant sleep-related deaths, and 27% of those were African American children. All of the sleep-related deaths involved unsafe sleeping conditions, and 64% were in neighborhoods not targeted by the Safe Sleep Baby Education Campaign. African American children are overrepresented among child deaths. In 2016, African American child deaths accounted for 15% of the deaths, while making up only approximately 10% of the Sacramento County population. They were most likely to die from ISR, third-party homicide and perinatal conditions. The most common risk factor for child deaths was government aid (61%).

While some positive trends for the child maltreatment factors over time are evident, there is still clearly a long way to go, and additional challenges that may not have been prevalent previously. The availability and consistency of data is also an issue. Current areas needing focus at this time, and especially in light of impacts due to COVID-19 pandemic, may not be highlighted. The county is constantly striving to improve outcomes, and toward this end has resulted in the current work towards improving and formalizing collaboration between agencies such as Child Welfare, Probation, Mental Health, Substance Use Disorder Treatment programs (Dependency Family Treatment Court (DFTC) and Early Intervention Family Treatment Court (EIFTC), and the Courts. The work done during this period should be carefully monitored to show successes and areas for continued improvement for the health of the community, especially the most vulnerable children and youth.

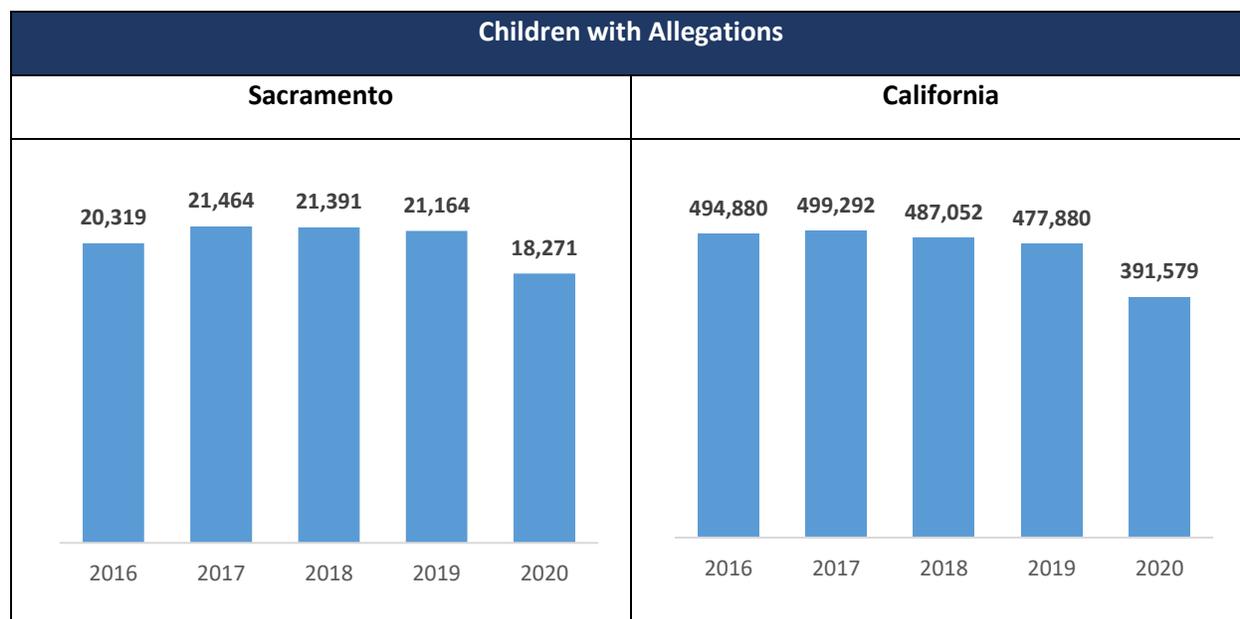
## **Child Welfare and Probation Placement Population**

The COVID-19 virus was identified in late 2019 and significantly impacted the Department's service delivery. Despite the many challenges at the start of the pandemic, Sacramento County implemented all state and local Public Health department ordinances to ensure client and staff safety, health, and well-being. The Department adopted procedures to sustain communication with children, families, and collaborative partners through videoconferencing technology, maintaining the social distance, providing Essential Protective Gear (EPG), and implementing telework schedules for staff. The County continues to enforce safety protocols and develop response plans to increase future preparedness to foster a healthy and resilient community.

### Children with Allegations:

In Sacramento County, 20,319 children had an allegation of child abuse or neglect in 2016. The years 2017-2019 had an increased number of children with allegations as compared to 2016; however, there

was a decrease of children with allegations in year 2020 – 2,048 less children when compared to year 2016 and 2,893 less children when compared to year 2019. California also saw a similar pattern between years 2016-2020. Similar to Sacramento, the most significant decrease of children with allegations was also seen in year 2020 (101,301 less children) when compared to year 2016, and 86,301 less children when compared to year 2019. It is hypothesized the COVID-19 pandemic, beginning in March/April 2020, had a direct influence on the number of children with allegations in Sacramento and California, and comparisons will need to continue with year 2020 and future years to assess possible impact. The table below shows the number of children with allegations for Sacramento County and California between the years of 2016 through 2020.<sup>39</sup>



Data Source<sup>33</sup>

Children with Allegations by age group:

Between the years 2016 through 2020 in Sacramento County all age groups had more children with allegations in 2017 as compared to 2016. Further, the years 2018 and 2019 were relatively stable. In 2020, all age groups had the lowest number of children with allegations for the five-year timeframe (2016-2020).

The drop in children with allegations between years 2019 and 2020 for all ages may be contributed to the COVID-19 pandemic that began in March/April 2020. To confirm this theory, further analysis comparison of future years to assess possible impacts is needed.

The table below shows number of children with allegations by age group for Sacramento County between the years of 2016 through 2020.<sup>33</sup>

<sup>39</sup> [http://cssr.berkeley.edu/ucb\\_childwelfare/](http://cssr.berkeley.edu/ucb_childwelfare/)

Sacramento County Children with Allegations by Age Group					
Age Breakdown	2016	2017	2018	2019	2020
Under 1	1,899	1,851	1,781	1,680	1,537
1-2	2,226	2,303	2,221	2,041	1,912
3-5	3,442	3,477	3,398	3,396	3,035
6-10	5,858	6,419	6,290	6,262	5,111
11-15	5,070	5,324	5,646	5,769	4,892
16-17	1,824	2,090	2,055	2,016	1,784
<b>Total</b>	<b>20,319</b>	<b>21,464</b>	<b>21,391</b>	<b>21,164</b>	<b>18,271</b>

Data Source <sup>33</sup>

#### Children with Allegations by Ethnicity:

Sacramento County saw steady increases of children with allegations across four ethnicities of Black, White, Latino, and Asian/Pacific Islanders between years 2016 and 2019. In year 2019, in comparison to year 2016, there were 981 more Latino children with allegations (total 5,159); 749 more White children (total 6,803); 498 more Black children (total 5,717); and 381 more Asian/Pacific Islanders (total 1,365). In year 2020, reductions in numbers of children occurred for three out of five ethnic groups when compared to year 2016 numbers: 187 less White children; 41 less Black children; and 18 less Native American children. Latino children increased in numbers by 520, and Asian/Pacific Islander children increased by 183 (when compared to year 2016). All groups had fewer children with allegations in 2020 as compared to 2016.

In contrast, California saw a decline of children with allegations across ethnicities of Black, White, and Latino between years 2016 and 2020. Similar to Sacramento, Asian/Pacific Islander children in California had increases in years 2017 through 2019 compared to year 2016; however, unlike Sacramento, in year 2020, the number of Asian/Pacific Islander children in California with allegations decreased to 2,940 (when compared to 2016). Native American children in California had a slight increase in year 2017 of 55 children but then numbers gradually declined through 2020 ending at 740 less Native American children since year 2016.

The table below compares ethnic groups of children with allegations between the years of 2016 through 2020 in Sacramento County. <sup>33</sup>

Sacramento County Children with Allegations by Ethnicity					
Ethnicity Breakdown	2016	2017	2018	2019	2020
Black	5,219	5,483	5,539	5,717	5,178
White	6,054	6,343	6,442	6,803	5,867
Latino	4,178	4,448	4,862	5,159	4,698
Asian/Pacific Islander	984	1,140	1,204	1,365	1,167
Native American	215	211	185	235	197
Missing	3,669	3,839	3,159	1,885	1,164
<b>Total</b>	<b>20,319</b>	<b>21,464</b>	<b>21,391</b>	<b>21,164</b>	<b>18,271</b>

Data Source <sup>33</sup>

#### Children with Allegations by Type:

In Sacramento County, similar to California, most of the children with allegations are General Neglect allegations, followed by Physical Abuse allegations; however, while California's numbers have been decreasing for General Neglect from 232,188 in year 2016 to 192,560 in 2020, Sacramento's numbers increased from 10,475 in year 2016 to 11,112 in year 2017 and 12,161 in year 2018. Year 2020 saw the most significant reduction in Sacramento of 10,102, which was less than numbers in 2016.

In regards to children with Physical Abuse, the second most frequent allegations, Sacramento County and California followed similar patterns. Both had an increase in 2017 and then numbers gradually decreased in 2018 and 2019, with the largest drop occurring in 2020. In Sacramento, in comparison to year 2016 (6,615), year 2020 saw a reduction of 3,105, which was a 53% change. California started at 95,232 in year 2016; increased to 96,485 in year 2017; and then declined to 92,536 and 90,740 in years 2018 and 2019, with the most significant reduction in year 2020 at 63,782. In comparison to year 2016 (95,232), year 2020 saw a reduction of 31,450, which was a 67% change.

Sacramento County receives its third highest referral numbers in Sexual Abuse allegations, while in California, Sexual Abuse allegations were in fifth place with third being At Risk, Sibling Abused. In comparison to year 2016 (1,894 children), year 2020 reflected a percentage increase change of 2% in Sacramento. In comparison to year 2019 (2,085 children), year 2020 reflected a percentage increase change of 7.3%.

Emotional abuse is the fourth most common abuse type in Sacramento County. Sacramento has seen steady increases in Emotional Abuse since 2017, from 473 children (in year 2016), to 589 (in year 2017), 1,699 (in year 2018), 1,942 (in year 2019), and 2,253 (in year 2020). This amounted to 1,780 more children in year 2020 when compared to year 2016. In contrast, California, although increasing numbers in 2017 and 2018 from 46,457 (in 2016) to 51,246 (in year 2017) and 53,578 (in year 2018), has been in a downward trend since 2019 (at 53,238 in year 2019 and 46,512 in year 2020), amounting to 6,726 less children when compared to year 2019 and only 55 more children when compared to 2016. Prior versions

of the hotline tool had different definitions to meet the criteria to select emotional abuse as an allegation when domestic violence was reported. In 2015 the SDM hotline tool was revised and the emotional abuse category now includes a specific criteria entitled Exposure to domestic violence. The increase in emotional abuse is due in part to the category of emotional abuse is selected for every report of domestic violence.

Sacramento County has seen steady decreases of Children with Allegations for Severe Neglect since 2017, from 554 children (in year 2016), to 549 (in year 2017), 435 (in year 2018), 399 (in year 2019) and 350 (in year 2020). This amounted to 204 less children in year 2020 when compared to year 2016. California had Severe Neglect in third place; however, similarly to Sacramento, California also had a reduction of children with allegations for Severe Neglect since 2017, starting at 7,747 (in year 2016) and ending at 6,389 (in year 2020), amounting to 1,358 less children.

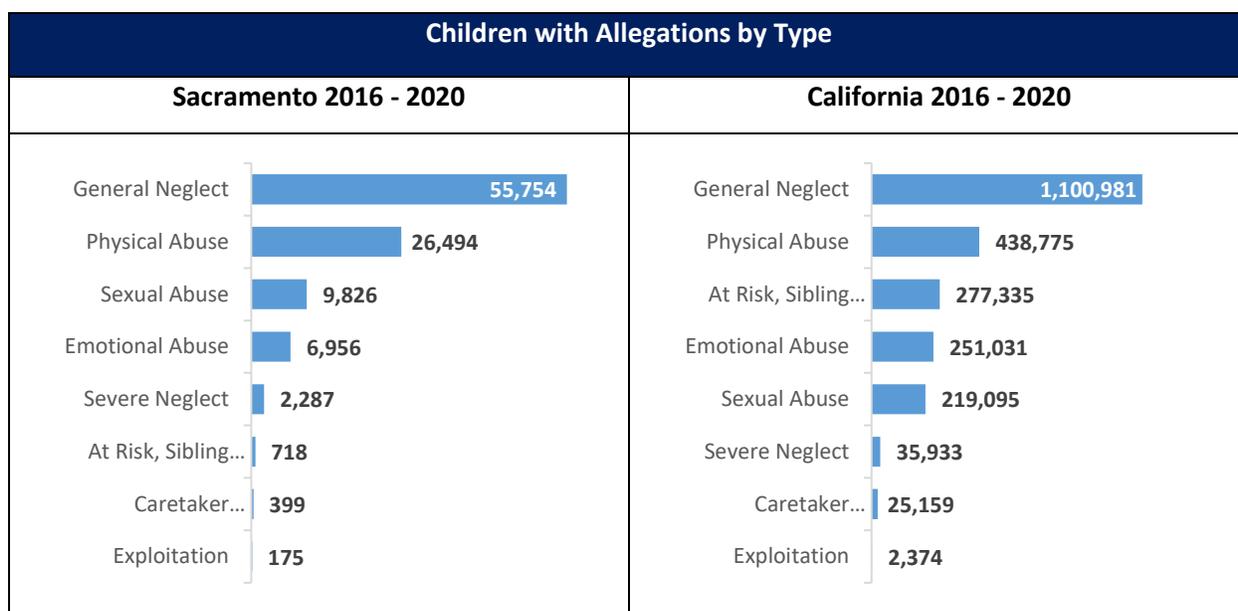
Children with At Risk, Sibling Abused as allegations in Sacramento County have mostly declined since year 2018, with the lowest number of 64 in year 2020 and the second lowest number of 117 in year 2019. California's numbers for children with At Risk, Sibling Abused allegations continued to decline from 64,021 in year 2016 to 54,542 in year 2019, and most significantly, to 39,072 in year 2020.

Sacramento County had decreases in children with Caretaker Absence/Incapacity Allegations from years 2018 through 2020, decreasing number of children from 105 in year 2016 and 109 in year 2017 to 48 in years 2019 and 2020. California's numbers for children with Caretaker Absence/Incapacity Allegations have continued to decline from 6,106 in year 2016 to 4,706 in year 2019, and more significantly, to 3,701 in year 2020.

Children with Allegations for Exploitation in Sacramento County spiked from 48 in year 2016 to 64 in year 2017 and then declined to 41 in year 2018 and remained mostly low at 11 in years 2019 and 2020. In contrast, Allegations for Exploitation in California have continued to increase from 383 in year 2016 to 544 in year 2020.

The table below shows number of allegations by type for Sacramento County between the years of 2016 through 2020.<sup>33</sup>

### Children with Allegations by Type



Data Source <sup>33</sup>

### Sacramento County Children with Allegations by Type

Allegation Type	2016	2017	2018	2019	2020
Sexual Abuse	1,894	2,003	1,911	2,085	1,933
Physical Abuse	6,615	6,806	4,905	4,658	3,510
Severe Neglect	554	549	435	399	350
General Neglect	10,475	11,112	12,161	11,904	10,102
Exploitation	48	64	41	11	11
Emotional Abuse	473	589	1,699	1,942	2,253
Caretaker Absence/Incapacity	105	109	89	48	48
At Risk, Sibling Abused	155	232	150	117	64
<b>Total</b>	<b>20,319</b>	<b>21,464</b>	<b>21,391</b>	<b>21,164</b>	<b>18,271</b>

Data Source <sup>33</sup>

### Children with Allegations by Disposition

Sacramento County, during the years of 2016 through 2020, consistently had Evaluate Out referrals as the largest portion of referral dispositions. Inconclusive and then Unfounded dispositions were consistently the second and third most common dispositions, while Substantiated was consistently the least common

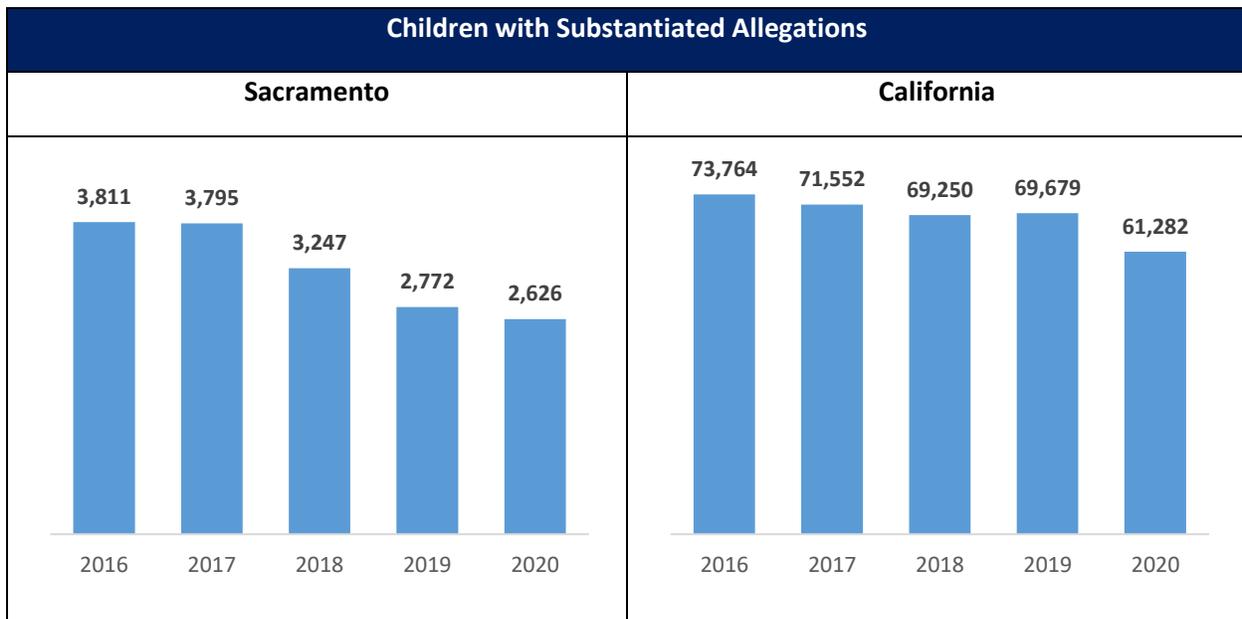
outcome. California’s highest numbers occurred in Inconclusive, followed by Unfounded and Evaluated Outs. Both Sacramento’s and California’s lowest numbers were in Substantiated allegations. The table below shows children with allegations by disposition type in Sacramento County.<sup>33</sup>

<b>Sacramento County Children with Allegations by Disposition</b>					
<b>Disposition Type</b>	<b>2016</b>	<b>2017</b>	<b>2018</b>	<b>2019</b>	<b>2020</b>
Substantiated	3,811	3,795	3,247	2,772	2,626
Inconclusive	5,318	5,387	5,379	5,195	5,300
Unfounded	4,247	4,514	3,932	3,736	3,406
Assessment Only/Evaluated Out	6,936	7,759	8,793	9,414	6,824
Not Yet Determined	7	9	40	47	115
<b>Total</b>	<b>20,319</b>	<b>21,464</b>	<b>21,391</b>	<b>21,164</b>	<b>18,271</b>

Data Source <sup>33</sup>

Children with Substantiated Allegations:

The table below shows that between the years of 2016 through 2020 Sacramento County’s children with substantiated allegations have been gradually decreasing with the largest reductions occurring in years 2017 through 2019 (548 less children in 2018, and 475 less children in 2019 as compared to 2016). In comparison, California children with substantiations have been mostly slightly decreasing except in year 2019 when numbers went up by 429 children when compared to year 2018. In 2020, Sacramento saw a reduction of 146 children with substantiations when compared to year 2019, and a reduction of 1,185 children when compared to year 2016. In 2020, California also saw reductions (8,397 less children when compared to year 2019, and 12,482 less children when compared to year 2016).<sup>33</sup>



Data Source <sup>33</sup>

#### Children with Substantiated Allegations by Age:

In Sacramento County, the highest amount of children with substantiated allegations in 2016 through 2020 were among ages 6 - 10 and then 11- 15. Third highest from years 2016 through 2018 were among ages 3 - 5 year olds, but in years 2019 and 2020, children under age 1 surpassed children ages 3 - 5 and entered into third place. The age group least likely to have substantiation were children ages 16 - 17. California followed a similar trend as Sacramento. The highest amount of children with substantiated allegations were among ages 6 -10 and lowest in children 16 and 17 years. The table below displays number of children with substantiations in Sacramento County by age during the years of 2016 through 2020. <sup>33</sup>

Sacramento County Children with Substantiated Allegations by Age					
Age Breakdown	2016	2017	2018	2019	2020
Under 1	608	594	552	486	502
1-2	536	586	473	375	376
3-5	705	666	603	459	457
6-10	954	972	839	720	606
11-15	750	745	587	559	531
16-17	258	232	193	173	154
<b>Total</b>	<b>3,811</b>	<b>3,795</b>	<b>3,247</b>	<b>2,772</b>	<b>2,626</b>

Data Source <sup>33</sup>

### Children with Substantiated Allegations by Ethnicity:

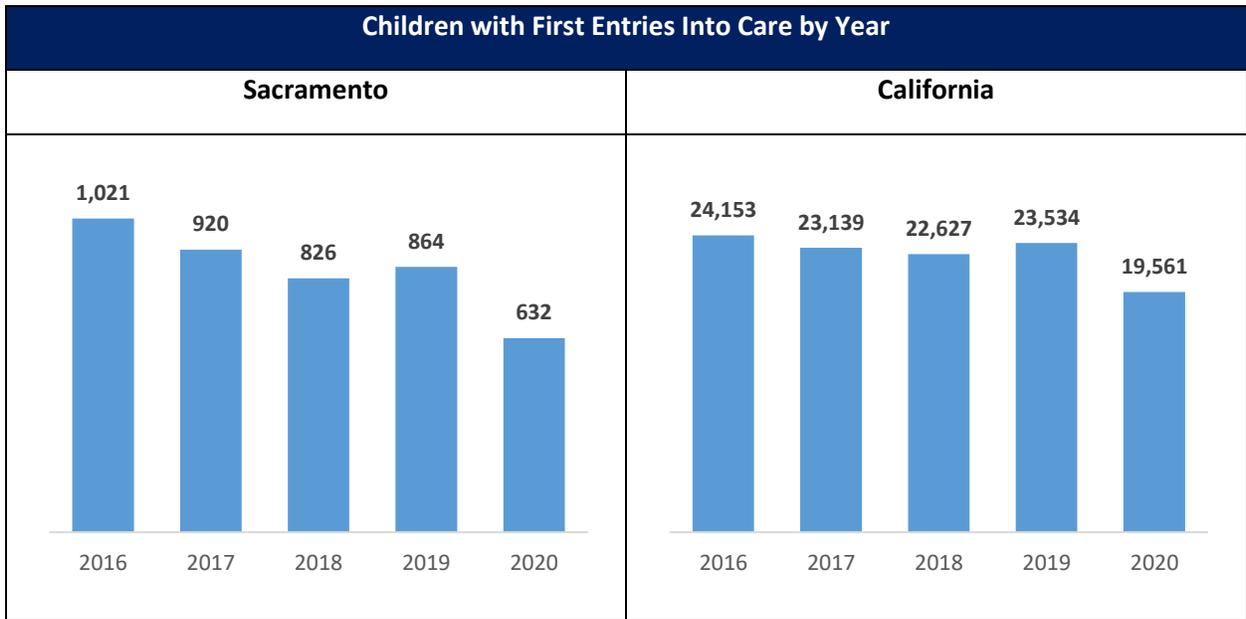
In Sacramento County, White children had the highest number of substantiated allegations between the years 2016 through 2020. Black children had the second highest number of substantiated allegations in years 2016 through 2018 and year 2020, however, were surpassed by Latino children in year 2019. Latino children were third highest in years 2016 through 2018 and in year 2020. Asian/Pacific Islander children followed by Native American children had the lowest numbers of substantiated allegations between years 2016 through 2020. In California by contrast, Latino children had the highest number of substantiated allegations between years 2016 through 2020. California followed Sacramento's trend: White children, followed by Black children, and then lowest numbers occurred with Asian/Pacific Islander children, and then Native American children. The table below shows children with substantiated allegations by ethnicity in Sacramento County between the years 2016 and 2020.<sup>33</sup>

<b>Sacramento County Children with Substantiations by Ethnicity</b>					
<b>Ethnicity Breakdown</b>	<b>2016</b>	<b>2017</b>	<b>2018</b>	<b>2019</b>	<b>2020</b>
Black	1,033	1,045	884	810	816
White	1,174	1,161	976	863	780
Latino	976	941	903	824	784
Asian/Pacific Islander	205	196	202	156	173
Native American	28	41	36	39	37
Missing	395	411	246	80	36
<b>Total</b>	<b>3,811</b>	<b>3,795</b>	<b>3,247</b>	<b>2,772</b>	<b>2,626</b>

Data Source<sup>33</sup>

### Children with First Entries into Care

The table below shows Sacramento County's first entries into care decreased gradually from 2016 through 2018 and then increased in 2019, before dropping to its lowest number in 2020. California also followed a similar trend.<sup>33</sup>



Data Source <sup>33</sup>

First Entries into Care by Age:

In Sacramento County, the highest amount of first entries coincided for the most part with the highest age group of children with substantiated allegations, which was with ages 6 -10 during years 2016, 2018, and 2019. In year 2017, ages 1-2 was higher, and in year 2020, “less than 1 month” was higher. Lowest numbers also coincided for the most part with the lowest age group of children with substantiated allegations, which was with ages 16-17; although the table below includes the addition of young adults ages 18-20 in the Extended Foster Care (EFC) program, which were at zero for years 2016 through 2018, and at 2 for years 2019 and 2020. This trend was somewhat similar with California. Highest amount of first entries were with ages 6-10 and lowest entries were with 16-17 (excluding young adults 18-20). Third highest group was generally with 11-15, followed by 1-2, “less than 1 month”, and 1-11 months; although, year 2020 had “less than 1 month” higher than ages 1-2 and 1-11 months. The table below shows Sacramento County’s first entries by age from 2016 through 2020.<sup>33</sup>

Sacramento County Children with First Entry Into Care by age					
Age Breakdown	2016	2017	2018	2019	2020
<1 mo	154	155	135	149	137
1-11 mo	124	105	98	87	85
1-2 yr	166	159	123	118	81
3-5 yr	167	140	121	130	81
6-10 yr	188	154	149	168	112

11-15 yr	159	151	139	160	99
16-17 yr	63	56	61	50	35
18-20 yr	0	0	0	2	2
<b>Total</b>	<b>1,021</b>	<b>920</b>	<b>826</b>	<b>864</b>	<b>632</b>

Data Source <sup>33</sup>

First Entries into Care by Ethnicity:

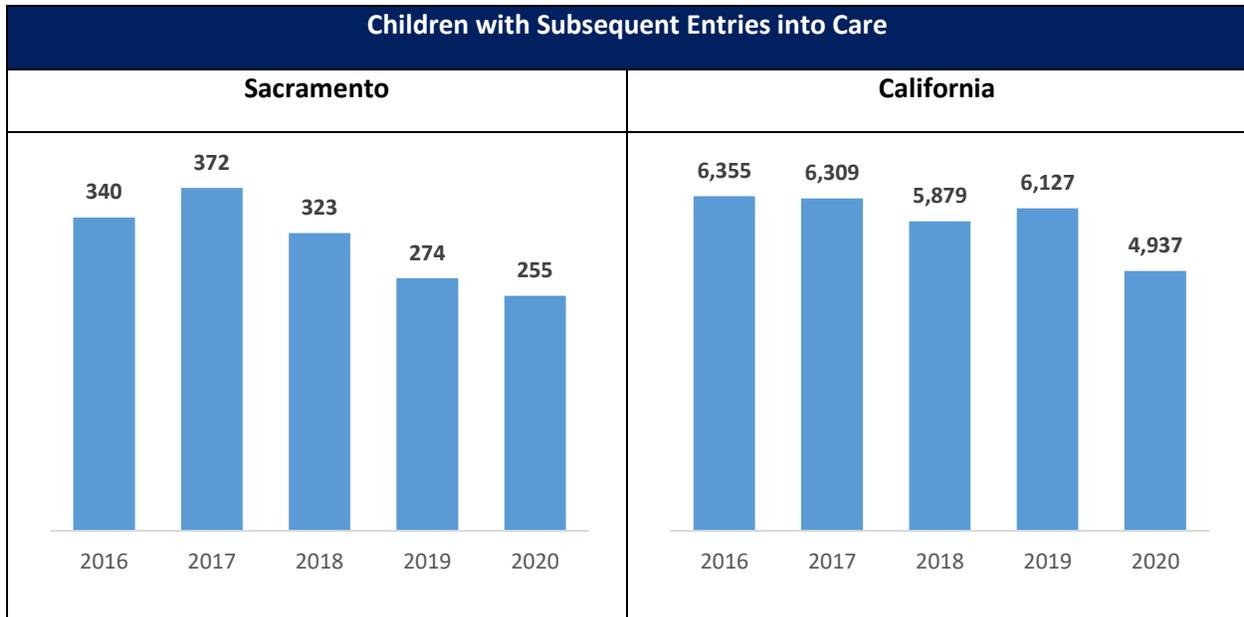
In year 2017, a slight shift from highest first entries into care moved from Black children to White children with increases of 6 more White children than Black children. However, in years 2018 and 2019, this trend shifted back to Black children having the highest first entries into care, with increases of 22 more Black children than White in year 2018, and 38 more Black children than White in year 2019. In year 2020, there was another slight shift with 9 more White children than Black children. Latino children generally represented the third highest first entries into care except for in year 2018 when Latino children were second highest after Black children, with an increase of 7 children (when compared to Black children). Native Americans had the lowest first entries into care followed by Asian/Pacific Islanders. In California by contrast, highest first entries into care were with Latino children, followed by White children, and then Black children. Similar to Sacramento, Native Americans had the lowest first entries into care in California, followed by Asian/Pacific Islanders. As with all data broken down by ethnicity, the counts should be considered in the context of the total number of children in the population, and the trends of disproportionality. The table below shows the Sacramento Count of first entries by ethnicity for the years 2016 through 2020.<sup>33</sup>

Sacramento County Children with First Entry by Ethnicity					
Ethnicity Breakdown	2016	2017	2018	2019	2020
Black	344	306	265	308	216
White	328	312	243	270	225
Latino	257	216	258	224	154
Asian/Pacific Islander	53	63	43	38	30
Native American	14	9	8	13	5
Missing	25	14	9	11	2
<b>Total</b>	<b>1,021</b>	<b>920</b>	<b>826</b>	<b>864</b>	<b>632</b>

Data Source <sup>33</sup>

### Subsequent Entries into Care:

The graph below shows Sacramento County's subsequent entries into care numbers in comparison to California between the years of 2016 through 2020. Sacramento County's pattern of subsequent entries into care varied from first entries on the previous page, showing an increase of 32 children in year 2017 when compared to year 2016, and then a gradual downward trend of 140 less children in year 2018; 49 less children in year 2019; and 19 less children in year 2020. This was different from first entries, which had a spike of 38 more children in year 2019 when compared to year 2018. California's subsequent entries followed the same pattern as first entries, which was also similar to first entry trends in Sacramento. <sup>33</sup>



Data Source <sup>33</sup>

### Subsequent Entries into Care by Age:

In Sacramento County, the highest amount of subsequent entries in years 2016 through 2019 was among ages 11 - 15; however, in year 2020, highest number of subsequent entries shifted to ages 6 -10, with ages 11 - 15 coming in second highest. Third highest subsequent entries were between ages 3 - 5. Ages 1-2 represented fourth highest subsequent entries in 2016 and 2020; however, ages 16 through 17 surpassed ages 1-2 in years 2017 through 2019. Ages 18-20 represented sixth place in subsequent entries while lowest numbers were with "less than 1 month" old followed by ages 1-11 months. In general, California had similar trends as Sacramento; however, there were no variances with age groups between years 2016 through 2020. The table below shows children with subsequent entries into care by age during the years 2016 through 2020. <sup>33</sup>

Sacramento County Children with Subsequent Entries into Care by Age					
Age Breakdown	2016	2017	2018	2019	2020
<1 mo	2	2	0	0	0
1-11 mo	20	17	10	6	8
1-2 yr	43	39	39	31	35
3-5 yr	50	59	48	44	44
6-10 yr	80	85	75	68	68
11-15 yr	85	88	92	76	59
16-17 yr	38	52	45	33	30
18-20 yr	22	30	14	16	11
<b>Total</b>	<b>340</b>	<b>372</b>	<b>323</b>	<b>274</b>	<b>255</b>

Data Source <sup>33</sup>

#### Subsequent Entries into Care by Ethnicity:

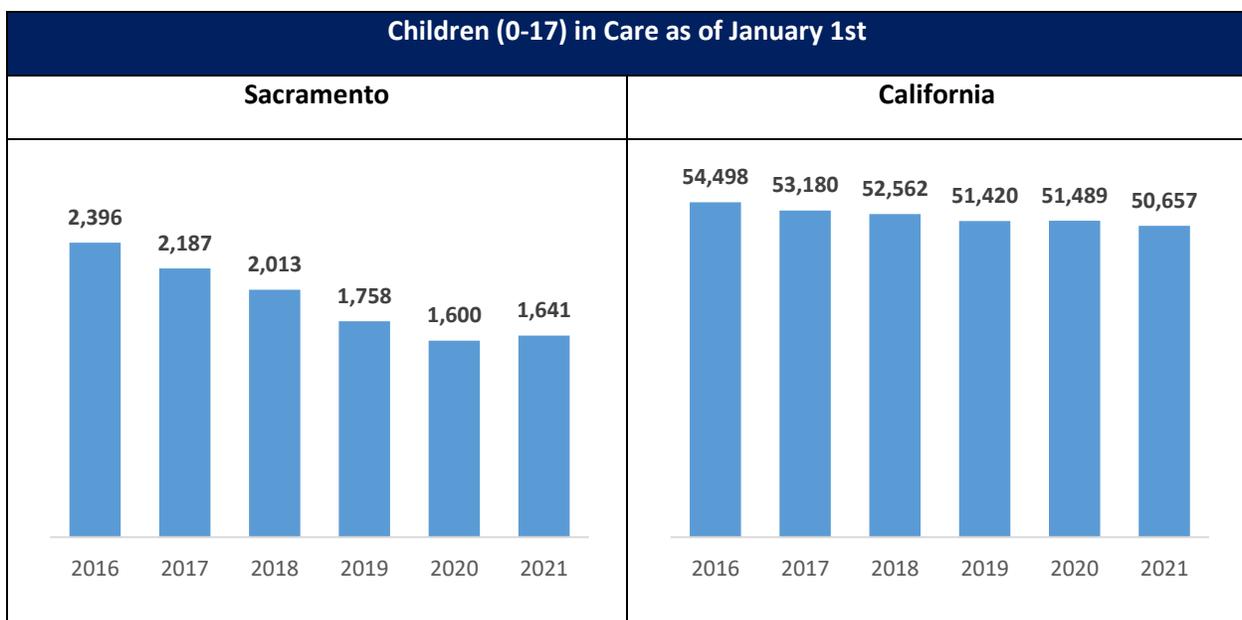
In Sacramento County, the highest amount of subsequent entries per ethnic group between years 2016 and 2020 was with Black children, followed second by White children in year 2016 and Latino children in years 2017 through 2020; although, in years 2019 and 2020, there was only a 1 child and 2 children difference between Latino children and White children. This was different with children with substantiated allegations from 2016 through 2019, during which time White children had higher numbers than Black children; however, there were more Black children than White children in 2020. Third highest for Sacramento County, also similar to children with substantiated allegations and first entry numbers, was with Latino children, followed by Asian/Pacific Islander and then Native Americans. In California, the highest subsequent entries aligned with children with substantiated allegations and first entry numbers for the state: highest were with Latino children, followed second by White, and then Black except for year 2017 where there were more Black children than White. California was similar to Sacramento County, in that the least amount of subsequent entries was found among Asian/Pacific Islanders and then Native Americans except in year 2017 and 2020 when Native Americans surpassed Asian/Pacific Islanders. The table below shows subsequent entries into care by ethnicity in Sacramento County between the years of 2016 through 2020.<sup>33</sup>

Sacramento County Children with Subsequent Entries into Care by Ethnicity					
Ethnicity Breakdown	2016	2017	2018	2019	2020
Black	136	138	118	91	82
White	102	85	84	80	80
Latino	95	130	108	81	82
Asian/Pacific Islander	4	9	9	19	7
Native American	3	10	4	2	4
Missing	0	0	0	1	0
<b>Total</b>	<b>340</b>	<b>372</b>	<b>323</b>	<b>274</b>	<b>255</b>

Data Source <sup>33</sup>

### Children in Care:

When looking at point-in-time data, on the first day of each year, Sacramento County had a steady decrease of 796 children in care in year 2020 (1,600 total) when compared to year 2016 (2,396 total); however, that number rose to 41 additional children in care during the year 2021 (1,641 total). California also had a decrease of children in care, but in contrast to Sacramento, a small spike of 69 additional children occurred in year 2020 (one year before Sacramento) and then decreased in 2021 amounting to 832 less children in 2019 and 3,841 less children than 2016. Below is a chart of children in care in Sacramento County between the years of 2016 through 2021 as of January 1<sup>st</sup>. <sup>33</sup>



Data Source <sup>33</sup>

### Children in Care by Age:

The age ranges noted are based on what is typically used in publically available data and various Sacramento County CPS reports. In Sacramento County, the highest number of children in care in year 2016 was ages 6 – 10, followed by ages 11 - 15; however, between years 2017 and 2021, the group with the highest number of children in care was ages 11 – 15, followed by ages 6 - 10. California’s highest numbers of children in care were also with ages 6 - 10 and 11 -15, with ages 6 - 10 the highest during years 2016 through 2018, and ages 11 - 15 highest in years 2019 through 2021. Sacramento and California were the same in groups with the least children (under 1 year) followed by ages 16 - 17. Below is a chart of children in care by age in Sacramento County between the years of 2016 through 2021, as of January 1<sup>st</sup>.

33

Sacramento County Children in Care by Age as of January 1 <sup>st</sup>						
Age Breakdown	2016	2017	2018	2019	2020	2021
Under 1	201	169	161	154	139	154
1-2	345	323	292	217	206	232
3-5	376	317	272	220	203	221
6-10	608	539	460	388	336	349
11-15	547	547	534	494	469	448
16-17	319	292	294	285	247	237
<b>Total</b>	<b>2,396</b>	<b>2,187</b>	<b>2,013</b>	<b>1,758</b>	<b>1,600</b>	<b>1,641</b>

Data Source <sup>33</sup>

### Children in Care by Ethnicity:

In Sacramento County, there were more Black children in care than White children between the years of 2016 and 2021, which correlated with data seen in subsequent entries by ethnicity (except it should be noted that in 2020, Black children had the same numbers as Latino children). More Black children being in care was not a trend seen in children with allegations by ethnicity (where there were more White children than Black children). Also, in children with substantiated allegations by ethnicity, there were more White children than Black children during the years of 2016 through 2019 with the exception of 2020. Additionally, in first entries by ethnicity numbers, there were more White children in years 2017 and 2020 (but more Black children in years 2016, 2018, and 2019). In year 2016, there were 81 more Black children than White children, which increased to 158 in year 2017, and then dropped to 95 in year 2018. In year 2019, the number of more Black children than White increased to 135; was similar in year 2020 at 137, and then reduced in year 2021 to 59. The second highest numbers of children in care were with White children followed by Latinos and then Asian/Pacific Islanders. Lowest numbers of children in

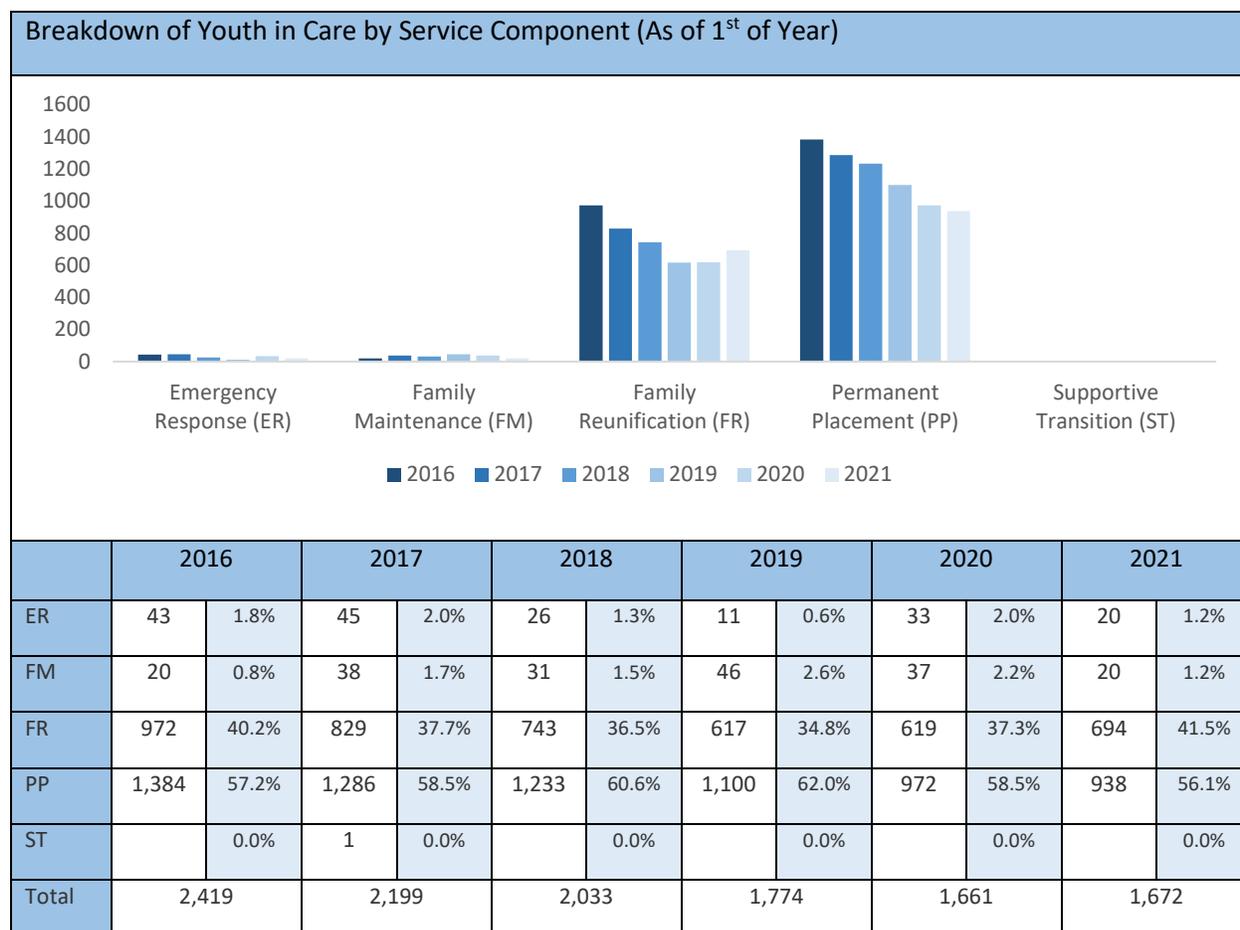
care were with Native American children. In California, as seen with all the previous measures, the highest number of children in care were with Latino children. In contrast with Sacramento, California’s next highest ethnic group was with White children followed then by Black children. California resembled Sacramento County, in that the state also had its lowest numbers with Native American children followed by Asian/Pacific Islanders.

As noted earlier in this report, the counts of children by ethnicity should be considered in the context of the portion of the general population and earlier contacts with the child welfare system that the ethnicities comprise, thereby speaking to disproportionality and disparity. Sacramento County child welfare has implemented the Cultural Broker program (discussed later in this report), as one means to better serve Black children and families. The table below shows children in care by ethnicity in Sacramento County between the years of 2016 and 2020 as of January 1<sup>st</sup>.<sup>33</sup>

Sacramento County Children in Care by Ethnicity as of January 1 <sup>st</sup>						
Ethnicity Breakdown	2016	2017	2018	2019	2020	2021
Black	851	820	726	644	595	571
White	770	662	631	509	458	512
Latino	621	571	513	486	430	440
Asian/Pacific Islander	101	81	93	74	76	77
Native American	45	39	34	31	20	23
Missing	8	14	16	14	21	18
<b>Total</b>	<b>2,396</b>	<b>2,187</b>	<b>2,013</b>	<b>1,758</b>	<b>1,600</b>	<b>1,641</b>

Data Source<sup>33</sup>

## Children in Care with Open Case by Service Component:



Data Source <sup>35</sup>

In Sacramento County, on the first day of each year, most youth in care in an open case are assigned to Permanent Placement. While the number of youth assigned to Permanent Placement has consistently dropped, as have foster care population totals in general, it is still over half of the foster care population (a high of 62% in 2019 to a low of 56.1% in 2021). Youth assigned to Family Reunification make up the next most significant portion of the foster care population (a high of 41.5% in 2021 and a low of 34.8% in 2019). The remaining three service components (Emergency Response (ER), Family Maintenance (FM), and Supportive Transition) only account for a combined percentage of 2-5% a year.<sup>40</sup>

The Department strives for a child in out-of-home placement to be reunified (Family Reunification) or achieve some other type of Permanency. Youth in an open case and care assigned to ER or FM would likely be more case-specific situations and thus are rare compared to FR/PP. The Supportive Transition component is generally reserved for youth 18 and older; therefore, it is not used for the 0 to 17 population reflected in the data.

<sup>40</sup> CWS/CMS via Business Intelligence (Extract: 07/04/22)

### ICWA Eligible Children in Care:

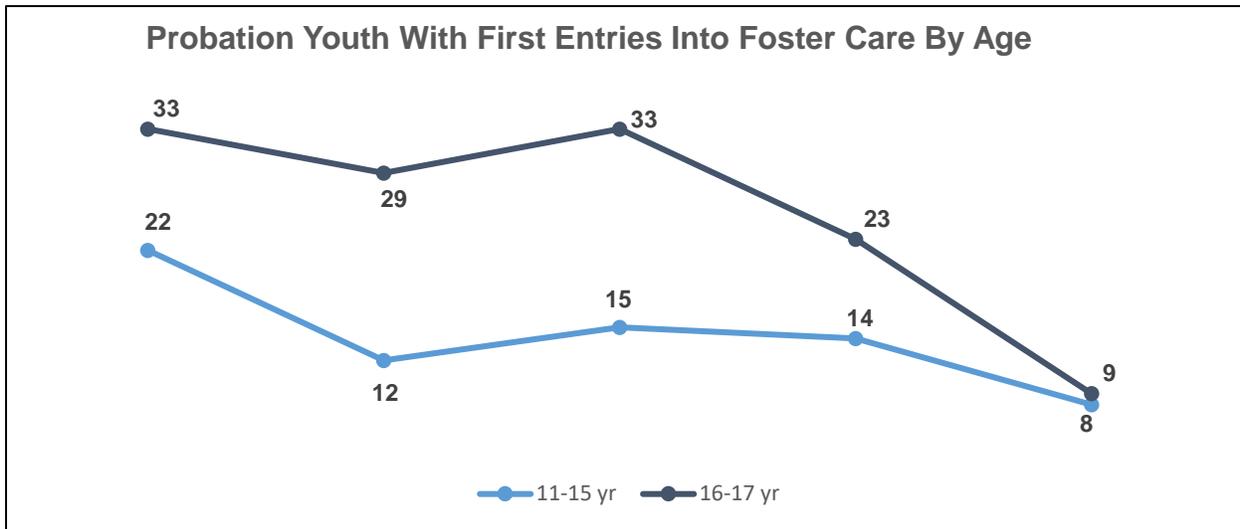
In Sacramento County, placement of Indian Child Welfare Act (ICWA) eligible children with relatives was at 29 in year 2016 and 23 in year 2017 and then declined to 8 in year 2018, 13 in year 2019, 11 in year 2020, and 10 as of January 2021. When taking into consideration relative placements combined with non-relative Indian placements, there were still more non-relative/non-Indian placements than any other placement type except year 2016 at 8 more “relative and non-relative Indian placements” than non-relative/non-Indian placements, and year 2021, which had the same number in both categories (11). The table below shows Sacramento County ICWA eligible children in care from 2016 through 2020 by number of children in placement type.<sup>33</sup>

Sacramento County ICWA Eligible Children in Care (As of January 1st)						
Placement Type	2016	2017	2018	2019	2020	2021
Relatives	29	23	8	13	11	10
Non Relatives, Indian SCPs	2	2	5	2	0	1
Non Relatives, Non Indian SCPs	22	25	20	23	16	11
Non Relatives, SCP Ethnic Missing	5	6	6	6	5	8
Group Homes	12	5	7	6	0	0
SILP	8	7	10	7	4	3
<b>Total</b>	<b>78</b>	<b>68</b>	<b>56</b>	<b>57</b>	<b>36</b>	<b>33</b>

Data Source <sup>33</sup>

### PROBATION

Probation Youth With First Entries into Foster Care By Age					
Age Group	Apr 2016 -Mar 2017	Apr 2017 -Mar 2018	Apr 2018 -Mar 2019	Apr 2019 -Mar 2020	Apr 2020-Mar 2021
11-15 yr	22	12	15	14	8
16-17 yr	33	29	33	23	9
18-20 yr	0	0	0	0	3
<b>Total</b>	<b>55</b>	<b>41</b>	<b>48</b>	<b>37</b>	<b>20</b>



The above chart depicts the number of probation youth with first entries stratified by year, age and ethnicity. There were a total of 20 probation youth that entered care from April 2020 to March 2021. The chart indicates the number of probation youth first entering into probation foster care has declined from April 2020 to March 2021. This in part can be attributed to a correlation in the decreased number of referrals to the Court by both Probation and law enforcement. In addition to the Federal and State initiatives mandated by the Continuum of Care Reform (CCR) to reduce the use of congregate care for foster youth. CCR has led to probation youth remaining in the home with intensive services to prevent the removal for out of home care. From 2016 to 2020 the annual number of bookings into the Youth Detention Facility has decreased from 1,903 to 949 or from a monthly average of 158.58 to 79.08 respectively.

Probation Youth With First Entries Into Foster Care By Ethnicity					
Ethnic Group	Apr 2016- Mar 2017	Apr 2017- Mar 2018	Apr 2018- Mar 2019	Apr 2019- Mar 2020	Apr 2020- Mar 2021
Black	25	23	24	19	12
White	11	11	10	9	2
Latino	17	3	11	6	5
Asian/P.I.	2	3	2	3	1
Nat Amer	0	1	1	0	0
Missing	0	0	0	0	0
<b>Total</b>	55	41	48	37	20

The above chart indicates similar declines among ethnic groups of first time entries into probation foster care. In an effort to improve the disproportionality of first time entries into foster care, probation officers participated in Understanding Implicit Bias training during the second quarter of 2018 and Cultural

Awareness in Corrections in the first quarter of 2020. Efforts will continue to be made to reduce the racial disparity of first time entries into foster care amongst all ethnic groups.

Probation Youth With Subsequent Entries Into Foster Care By Age					
Age Group	Apr 2016- Mar 2017	Apr 2017- Mar 2018	Apr 2018- Mar 2019	Apr 2019- Mar 2020	Apr 2020- Mar 2021
11-15 yr	9	8	9	11	2
16-17 yr	20	20	15	20	3
18-20 yr	13	5	5	3	1
<b>Total</b>	42	33	29	34	6

The above chart depicts the number of probation youth with first entries stratified by year and age. There were a total of 6 youth that entered foster care from Apr 2020 to Mar 2021. The chart indicates the number of probation youth with subsequent entries into probation foster care has declined from Apr 2020 to Mar 2021. This in part can be attributed to a correlation in the decreased number of referrals to the Court by both Probation and law enforcement. Additionally, early intervention Probation programs including WRAP, Multi-Systemic Therapy (MST), Juvenile Justice Diversion and Treatment Program (JJTDP) and Functional Family Therapy (FFT) have contributed to reducing behaviors leading to further criminality.

Probation Youth With Subsequent Entries Into Foster Care By Ethnicity					
Ethnic Group	Apr 2016- Mar 2017	Apr 2017- Mar 2018	Apr 2018- Mar 2019	Apr 2019- Mar 2020	Apr 2020- Mar 2021
Black	24	16	18	19	3
White	11	6	5	5	1
Latino	7	11	6	10	2
Asian/P.I.	0	0	0	0	0
Nat Amer	0	0	0	0	0
Missing	0	0	0	0	0
<b>Total</b>	42	33	29	34	6

The above chart indicates similar declines from 2016 to 2021 of subsequent entries into probation foster care.

Probation Youth In Foster Care By Age					
Age Group	Apr 2016- Mar 2017	Apr 2017- Mar 2018	Apr 2018- Mar 2019	Apr 2019- Mar 2020	Apr 2020- Mar 2021
11-15 yr	31	20	24	25	10
16-17 yr	53	49	48	43	12
18-20 yr	13	5	5	3	4
<b>Total</b>	97	74	77	71	26

The above chart reflects the number of probation youth in foster care at a specific point in time by age. There were a total of 26 probation youth placed in care from Apr 2020 to March 2021. The chart indicates the number of probation youth in probation foster care has declined from Apr 2018 to Mar 2021. This in part can be attributed to a correlation in the decreased number of referrals to the Court by both Probation and law enforcement. Additionally, early intervention Probation programs including WRAP, Multi-Systemic Therapy (MST), Juvenile Justice Diversion and Treatment Program (JJTDP) and Functional Family Therapy (FFT) have contributed to reducing behaviors leading to further criminality.

Probation Youth In Foster Care By Ethnicity					
Ethnic Group	Apr 2016- Mar 2017	Apr 2017- Mar 2018	Apr 2018- Mar 2019	Apr 2019- Mar 2020	Apr 2020- Mar 2021
Black	49	39	42	38	15
White	22	17	15	14	3
Latino	24	14	17	16	7
Asian/P.I.	2	3	2	3	1
Nat Amer	0	1	1	0	0
Missing	0	0	0	0	0
<b>Total</b>	97	74	77	71	26

The above chart reflects the number of probation youth in foster care at a specific point in time by ethnicity. There were a total of 26 probation youth placed in care from Apr 2020 to Mar 2021. The chart indicates the number of probation youth in probation foster care of all ethnic groups has declined from Apr 2018 to Mar 2021. This can be attributed to a direct correlation in the decreased number of referrals to the Court by both Probation and law enforcement.

ICWA & Multi-Ethnic Placement Status						
Placement Status	Apr 2016	Apr 2017	Apr 2018	Apr 2019	Apr 2020	Apr 2021
Relatives	0	0	0	0	0	0
Non Relatives, Indian SCPs	0	0	0	0	0	0
Non Relatives, Non Indian SCPs	0	0	0	1	0	0

<b>Non Relatives, SCP Ethnic Missing</b>	0	0	0	0	0	0
<b>Group Homes</b>	4	3	3	0	0	0
<b>SILP</b>	1	1	0	0	0	1
<b>Other</b>	0	0	0	0	0	0
<b>Missing</b>	0	0	0	0	0	0
<b>Total</b>	5	4	0	1	0	1

The chart above indicates the number of minors placed under the Indian Child Welfare Act (ICWA) and the number of minors with multi-ethnic backgrounds. This ethnic group has historically been a minor total of Sacramento County Probation’s total placement population.

## Public Agency Characteristics

### Political Jurisdictions

#### Board of Supervisors

The Board of Supervisors is the main governing body for Sacramento County. There are five supervisors on the board, and each supervisor is elected independently by district to represent interests of their own geographic area as well as the County as a whole. The County Executive is responsible to the Board of Supervisors for planning, organizing, directing, controlling, and coordinating County activities. The County Executive is assisted by an executive team, composed of an Assistant County Executive and three Chief Deputy County Executives for: Countywide Services, Internal Services and Municipal Services. The Department of Child, Family and Adult Services is under the direction of the Countywide Services Agency. Countywide Services’ programs and departments protect Sacramento County residents from environmental and public health and safety risks, physical and financial abuse/neglect, poverty, hunger, and homelessness. Countywide Services also administers a wide range of state-mandated programs and provides leadership in the community for connecting people to social services. The Probation Department is under a dual reporting structure, both at the direction of the Public Safety and Justice Agency and the Superior Court who, pursuant to Penal Code Section 1203.6, appoints the Chief Probation Officer.

#### Federally Recognized Tribes

There are 109 Tribal Nations in 34 counties in the state of California. The two federally recognized tribes within the boundaries of Sacramento County are the Buena Vista Rancheria of Me-Wuk Indians and the Wilton Rancheria, a Miwok tribe. According to the Wilton Tribal Rancheria website, the Wilton Rancheria is a federally recognized tribe and currently has 700 members who are descendants of the Penutian linguistic family identified as speaking the Miwok dialect. Of the 700 members, 62% reside in Sacramento

County. The tribe is composed of 40% members under the age of 18, and 60% of the youth are in the Elk Grove Unified School District. In nearby Placer and Nevada County is the United Auburn Indian Community (UAIC), a federally recognized Native American Tribe consisting mostly of Miwok Indians indigenous to the Sacramento Valley region. According to Wikipedia, the total tribal membership of the UAIC is approximately 170, with 52 members residing on the Auburn Rancheria located in western Placer County near the community of Sheridan. The Shingle Springs Band of Miwok Indians is a federally recognized tribe located in El Dorado County. According to Wikipedia, members of the Shingle Springs Rancheria are descendants of the Miwok and Maidu Indians who once lived in this region. Currently, there are approximately 500 enrolled members of the Tribe, with about 140 living on the Rancheria.

On all cases, social workers are required to make initial inquiries of the child, parents/guardians, Indian custodian, extended family members, and others who have an interest in the child to determine whether a child is an Indian child as defined in the Indian Child Welfare Act (ICWA). Sacramento County is required to conduct inquiry and further inquiry of families to comply with notice to federally recognized tribes pursuant to ICWA. In 2019, Assembly Bill 3176 came into effect, and outlined specific initial inquiry, further inquiry, formal inquiry, and active efforts requirements to determine whether a child is an Indian child. Extensive planning and trainings were developed and implemented to ensure compliance with the law. In May/June 2019, social workers started doing inquiry and further inquiry to determine if there is reason to believe the child is an Indian child as defined in the ICWA. When there is reason to know the child is an Indian child, a paralegal unit supports social workers and will inquire and conduct further inquiry efforts and provide formal notice to federally recognized tribes in accordance to AB 3176 and ICWA.

### **School Districts/Local Education Agencies**

There are 14 school districts, including Sacramento County Office of Education (SCOE) and County Wide Charter, within Sacramento County. The school districts include Aroche Union, Center Joint Unified, Elk Grove Unified, Elverta Joint Elementary, Folsom Cordova Unified, Galt Joint Union Elementary, Galt Joint Union High School, Natomas Unified, River Delta Unified, Robla School, Sacramento City Unified School, San Juan Unified School, and Twin Rivers Unified School.

According to the Census Cumulative enrollment, there were a total of 260,447 enrollments in Sacramento County by the end of the 2019-2020 academic year. The chart below displays the cumulative enrollment for K-12 public schools in Sacramento County, broken down by ethnicity. Counts are collected at the end of the year and consist of the total number of unduplicated primary and short-term enrollments within the academic year. Cumulative enrollment is used to calculate rates for absenteeism, suspension, and expulsion. The enrollment by ethnicity does not include short-term enrollments defined as (1) A student who has an enrollment in an Educational Options school, and (2) The enrollment is 30 days or less, and (3) The student has an overlapping primary enrollment. Below is a chart of the cumulative enrollment by Race/Ethnicity for the end of the academic year 2019/2020.<sup>41</sup>

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<sup>41</sup> EdData.org

Cumulative Enrollment by Race/Ethnicity	2019-2020
American Indian or Alaska Native	1,453
Asian	39,741
Black or African American	29,396
Filipino	6,938
Hispanic or Latino	84,477
Native Hawaiian or Pacific Islander	3,606
White	74,351
None Reported	1,250
Two or More Races	19,235

Data source <sup>34</sup>

Sacramento County Office of Education (SCOE) has facilitated the Countywide Foster Youth Service Partnership since 1999 that includes school district liaisons, CPS representatives, and others involved in foster care. The Partnership worked collaboratively with SCOE to develop the Foster Focus database, a secure web-accessible system. School districts may access the Foster Focus database to confirm foster youth status and the placement social worker. The database also notifies designated district users when a child's out-of-home placement changes. School districts may import or manually manage education data and education related services to support academic success and minimize disruption in education during placement or school changes.

The services provided by SCOE assist in improving outcomes for children by ensuring educational continuity for foster children and easy access to academic support and services through the school districts. Currently, SCOE has two staff co-located at Child Protective Services. SCOE staff collect and maintain educational records for all children in out-of-home care and collaborate with social workers, schools, and other authorized personnel to ensure each child's records are updated and transferred timely to expedite enrollment. This partnership has proven to be an asset to Social Workers, and the children served. Further, SCOE provides statistics on the services being provided, including the amount of Educational Progress Summaries sent to case carrying Social Workers for upcoming hearings, the number of school records researched and updated in CWS/CMS, and the number of school enrollments verified at the time of Detention. As of June 30, 2022, Safe Measures reports reflected 97.8% of students with current enrollment data in CWS/CMS.

CPS and California State University, Sacramento continue to team to ensure students have opportunities for internships with Sacramento County based on Department of Social Work Title IV-E field model. CPS continues to accommodate students in various programs that provide a rich educational and practice experience that will enable students to seek future employment opportunities or to allow social workers with bachelor's degrees who are already Sacramento employees to pursue a Masters in Social Work while they maintain their existing jobs. For the Fall semester 2021, Sacramento County has 25 interns placed in Emergency Response, Informal Supervision, Court Services, Permanency, Adoptions, Resource Family Approval, and Independent Living/Extended Foster Care programs.

## Law Enforcement Agencies

There are 21 law enforcement agencies in Sacramento County; however, most of the teaming meetings that occurs is between CPS and the following agencies:

- Sacramento County Sheriff's Department
- California Highway Patrol
- Sacramento Police Department
- Elk Grove Police Department
- Folsom Police Department
- Rancho Cordova Police Department
- Citrus Heights Police Department
- Galt Police Department
- Isleton Police Department
- Twin Rivers Police Department

Child Protective Services continues to collaborate with local law enforcement agencies and has Memorandums of Understanding (MOUs) to define operational relationships, roles and responsibilities when responding to cases of child abuse and neglect. CPS social workers who are Law Enforcement Liaisons are co-located with various law enforcement agencies and assist social workers to obtain law enforcement reports, investigation narratives, and other pertinent documents.

Emergency Response social worker liaisons team with all agencies and go out into the community with all law enforcement agencies except Sacramento County Sheriff and Sacramento Police Departments. The MOU with the Sheriff's Department also includes funding for the Special Assault Forensic Evaluation (SAFE) Center to provide a representative to the Steering Committee or the Multi-Disciplinary Team (MDT) meetings and detectives from their respective child abuse units to conduct case investigations. The agencies also arrange the interviews with the SAFE Center and exchange information and collaborate with the Deputy District Attorney, social worker, Forensic Interview Specialist, Victim/Witness Advocate, or other professionals regarding the status of the investigation or case plan. Currently, MOUs are in place with the following agencies:

- Sacramento Sheriff's Department
- Sacramento Police Department
- Elk Grove Police Department
- Citrus Heights Police Department
- Folsom Police Department
- Rancho Cordova Police Department
- Galt Police Department

## Public Health

Child Protective Services, the Division of Public Health, and Department of Probation have an MOU wherein Foster Care Public Health Nurses (FCPHN) are co-located with CPS agency staff and probation officers with remote accessibility to all team members who serve foster children/youth. The MOU establishes roles and responsibilities of the Department of Health Services (DHS) Child Health and

Disability Prevention Program (CHDP), CPS and Probation in the Health Care Program for Children in Foster Care (HCPCFC). Among the many roles of FCPHNs, they interpret health care reports for social workers, probation officers, foster placement, and others as needed. FCPHNs identify health care needs for each child in foster care. In addition, FCPHNs work with caregivers (resource family parents) and relatives to ensure the child's Health and Education Passport (HEP) or its equivalent is updated. FCPHNs assist care providers in obtaining timely, comprehensive health assessments and expedite timely referrals for medical, dental, developmental and mental health services. Public Health Nurses are located within the Emergency Response, Court Services, and Permanency programs. The role of PHNs is currently being expanded in the Informal Supervision program.

## **County Child Welfare and Probation Infrastructure**

Child Protective Services was previously under the umbrella of the Department of Health and Human Services until 2018, when there was a reorganization of divisions. At that time, Child Protective Services, Senior and Adult Services (SAS), and Department of Administration came under the umbrella of the newly formed Department of Child, Family and Adult Services (DCFAS). The Director has oversight and management of all three Divisions. The Director sets Departmental guidelines for fiscal, contracts, and budget units, communication and media, and quality assurance.

The Director continues to have within purview the Deputy Director of Child Protective Services. The Deputy Director has direct purview of four Division Managers and one Program Planner. As of this writing, two Permanency Division Managers have within their scope the permanency programs. One of the Permanency Division Manager is responsible for the South region, while the other Permanency Division Manager is responsible the East, North, and Central regions. One Division Manager has the Emergency Response/Informal Supervision Program in their scope and one Division Manager has Program Administration.

The Emergency Response Division Manager has within their purview the Emergency Response and Intake, Emergency Response Field, and Informal Supervision Program, Prevention Child and Family Team, and Family Engagement Services social workers.

The Permanency Program Division Manager for the South region has the Transcription, Paralegals, Court Officers, Adoptions and Guardianship Program, and Court Services.

The Permanency Program Division Manager for the East, North, and Central region has division supports, Child Placement Support Unit, Resource Family Approval, Interstate Compact on Placement of Children, and Extended Foster Care/Independent Living Program.

The Program Administration Division Manager has division supports, Workforce Development Unit (hiring and training), Child Welfare Digital Services (CWDS), CWS/CMS support/training, quality assurance/Continuous Quality Improvement (CQI), Child and Family Services Reviews, Child Abuse Central Index (CACI) coordination and administrative hearings, Policy Development Unit (PDU), CPS Records, and the Special Assault Forensic Evaluation (SAFE) Center. Please refer to Appendix A- Department of Child Family and Adult Services Organizational Chart.

As of the writing of this report, a CPS division-wide restructure of program/allocation of staff resources is planned for the latter part of 2022. The plan will include enhanced support to focus on kinship connections, placement, transportation, and visitation services. The restructure includes an enhanced focus on implementation projects, initiatives, policies, training needs, as well as a focus on community engagement. The CPS Program Administration Team will move under the DCFAS Administration Division as the Quality Management Team, with increased responsibilities for providing DCFAS department-wide support.

Permanency and Emergency Response have regional offices that serve families within specific zip codes in Sacramento County. The North and East regional offices are located in their respective geographical areas, while the South/Central regional office is in one centralized location. To better serve families, social workers are assigned to each family within the family's home zip codes.

Sacramento County has continued use of the Vertical Case Management (VCM) process introduced in 2010, for cases with petitions filed with the Sacramento County Juvenile Court. The use of this process allows Permanency social workers to engage with the family following the initial court hearing to connect the family to supportive services that include visitation, parenting, substance abuse treatment, counseling and other services as needed. Simultaneously, a Court Services social worker works with the family to address the investigation, identify relatives that can support the family with placement, visitation, and other services the family will need throughout the life of the case. Roles are outlined in a VCM Matrix to help establish expectations for the Permanency and Court Services social workers.

As of December 2021, Child Protective Services had a total of 789.2 full time employees and 40 employees in Recruitment Allotment (RA) positions. Sacramento County currently has allocated 400.1 Social worker positions; not all social worker positions carry cases or referrals, but provide supportive services such as court officers, prevention CFT facilitators, resource family approval, placement support, SAFE Center forensic interviewers, and Family Engagement Specialists.

### **Emergency Response Program (ER) Intake Unit**

The ER Intake Unit continues to operate the 24-hour Child Abuse Hotline (916-875-KIDS). Through this hotline, staff members receive confidential reports of suspected child abuse or neglect. The intake unit does not have a caseload, as referrals requiring investigations are then assigned to the investigation units.

### **Emergency Response Investigations Units**

Emergency Response investigation units investigate complaints of child abuse and/or neglect, determine the family's need for services, and make referrals to other CPS programs and/or community programs including preventative services. These units also initiate Juvenile Court proceedings for the protection of a child when necessary, determine if the child can be safely returned home with an appropriate safety plan in place, and prepare reports for the Juvenile Court.

### **Informal Supervision Program**

Informal Supervision (IS) is also part of the ER bureau. There are currently five Informal Supervision social worker units. The social workers provide intensive services to children and their families in lieu of filing a petition in Juvenile Court per Welfare and Institutions Code § 301(a). The goal is to protect children from further neglect or abuse, while simultaneously preventing removal from the home. Informal Supervision

also provides parents the opportunity to participate in voluntary Early Intervention Family Treatment Court (EIFTC). Parents can receive Informal Supervision services between six to 12 months, oftentimes based upon clients' graduation date from EIFTC. The focus children for the IS program are 0-12 years of age. Services offered may include, but are not limited to, case management, counseling, emergency shelter, respite care, teaching and demonstrating parenting skills, alcohol and other drug (AOD) testing, AOD services, mental health, parent coaching, PHN support / assessments, and transportation.

### **Court Services**

The Court Services Program is located in the Permanency South/Central region, but Court Services serves families in all four regions. The Court Services social workers investigate the allegations when a petition is filed with the Juvenile Court to determine if the petitions are true and prepare jurisdictional reports with the facts of the investigation and a social study of the family. Parents, children, medical personnel, school personnel, law enforcement, and others with information about the allegations are interviewed. The Court Services social workers also make a dispositional recommendation to the Court regarding the child's legal status as a dependent of the Juvenile Court, and make recommendations regarding the child's least restrictive placement while ensuring the child's safety. At times, if the petitions that led to the removal of a child can be mitigated/addressed without the court's intervention, the Court Services social worker can opt to offer Informal Supervision services and hold the petitions in abeyance to ensure the parents' compliance in services. The social workers develop a case plan with the family in partnership with the assigned Permanency social worker in order to address the issues that led to Juvenile Court involvement. Court Services social workers are also responsible for continuing the search and completing psychosocial assessments of all identified relatives who are interested in providing care for the children if the children are in out of home care. Court Services, in partnership with the Permanency social workers, are responsible for determining a visitation plan most suitable for each child and family.

Also in the Court Services program are court officers, who do not carry cases but attend court hearings in lieu of the assigned social workers and stand in for the assigned social workers in Juvenile Dependency Court matters. Additionally, there is one Psychotropic Medication Coordinator who supports all social workers in processing and submitting the required judicial forms for Dependent children who are on prescribed psychotropic medications. There are also two Search Assistants who help social workers with completing due diligent searches for parents whose whereabouts are unknown, and the identified addresses are then submitted to the court for noticing for Jurisdiction/Disposition hearings. The Search Assistants also support other Permanency program to locate parents if ordered by the court, of when a parent's whereabouts become unknown throughout the life of the case.

### **Permanency Services**

Permanency Services is the umbrella under which a variety of CPS services are provided to children and families. The goal is to ensure youth in open court cases obtain permanency with the parents, relatives, or a resource family, or in the alternative maintain a connection with a significant adult. Permanency includes: reunification; adoption; guardianship; or if the youth reaches the age of majority, is not in a permanent plan, the youth can opt to remain under the supervision and with the support of CPS in the Extended Foster Care program.

- **Family Reunification** is the process of reconnecting children in out-of-home care with their families by providing services to address the issues that brought the children into CPS. Family reunification services are provided after children have been removed from parental custody and are pending dependency status or are dependents of the Juvenile Court due to abuse and/or neglect, and are placed out of the home of the parent(s). Generally, children are placed in the least restrictive family-like setting with relatives or foster care.
- **Dependent Supervision/Family Maintenance** services are provided to families in which the children have been declared dependents of the Juvenile Court and are placed in the home of the parent(s) under a court-ordered plan of services and supervision developed to ensure the safety of the child.
- **Guardianship Program** staff provide service to children and families seeking guardianship when a child is a dependent of the Juvenile Court. Guardianships can be established and the child may remain a dependent of the Juvenile Court if additional supports are needed for the child and guardian, prior to termination of the child’s dependency status.
- **Adoptions Program** staff assess if adoption is the best permanent plan for the child and assess the suitability of a caregiver to adopt a dependent child. Adoptions staff work with the case through adoption finalization.
- **Extended Foster Care (EFC) Program** staff provide services to youth who are 18-21 years of age. Extended foster care is available to assist foster youth in maintaining a safety net of support while experiencing independence in a secure and supervised living environment and in transitioning to successful adulthood. Services include transition services and referral to the Independent Living Program (ILP). ILP is a program within the EFC program, which assists current and former foster youth between the ages of 16 to 21 to achieve self-sufficiency prior to, and after, exiting the foster care system.
- **ICPC/Courtesy Supervision** social workers coordinate out-of-state home evaluations/home studies and coordinate out of county/state case supervision.

The tables below provide more information regarding the various CPS programs and social worker assignments.

Social Worker Service Array (Case Carrying)	
Program	Duties
<b>ER Investigations</b>	Investigate referrals received by hotline, assess family’s needs for services and make referrals to other CPS programs, community resources and preventative services, draft warrants, petitions and file Detention Reports with the Dependency Juvenile Court.
<b>Informal Supervision</b>	Service children and families to address CPS involvement to prevent Court Intervention.
<b>Court Services</b>	Investigates referrals promoted to cases; provides Jurisdiction/Disposition recommendation to Juvenile Dependency Court.

<b>Permanency Services: Family Reunification Dependent Supervision</b>	Serve children and families to address issues that led to CPS and court involvement. Assist youth in establishing stability in permanent homes and in obtaining life skills to transition them into successful adulthood.
<b>Adoptions</b>	Serve children pending termination of parental rights and adoption.
<b>Guardianship</b>	Assess prospective guardians and provide recommendation to court.
<b>ICPC</b>	Coordinate out of state home evaluations/home studies and coordinate out of county/state case supervision.
<b>AB 12(EFC)/ILP</b>	Provide Non-Minor Dependents (NMDs) with support in independent living to transition into successful adulthood.

### Social Worker Service Array (Non Case Carrying)

Program/Position	Duties
<b>ER Hotline</b>	Evaluate calls to hotline and determine response needs.
<b>Family Engagement Social Workers (FES)</b>	Previously known as Relative Engagement Specialists. FES conduct intensive family finding early in a family's involvement with CPS, with a goal to increase the likelihood of placement with a relative.
<b>SAFE</b>	Conduct forensic sexual and physical abuse interviews of children.
<b>Court Officer/Liaison</b>	Represent social workers in non-contested Juvenile Dependency Court proceedings and liaise between social workers and court.
<b>Psychotropic Medication Coordinator</b>	Coordinate submission of requests to court for psychotropic medications for dependent children.
<b>Search Assistants</b>	Assist social workers in searches of missing parents.
<b>Resource Family Approval</b>	Evaluate relatives, non-relative extended family members, and non-related individuals for placement of children.
<b>Adoptions (AAP)</b>	Provide assessments and link adoptive parents to funds to assist them in meeting the basic and special needs of their adopted children. All families who adopt Sacramento County dependent children are eligible for AAP funds, regardless of income.
<b>Prevention CFTs</b>	Facilitate Child and Family Team Meetings for Emergency Response.
<b>Centralized Placement Support Unit (CPSU)</b>	Secure placement for children and evaluate relatives and non-relative extended family member homes for placement in emergencies.
<b>SSI Liaison/SSI/SSA Project Coordinator</b>	Screen, file and assess continued eligibility for SSI Title XVI and SSA Title II benefits claims for eligible youth.
<b>Permanency Courtesy Social Workers</b>	Support Permanency Social workers by providing coverage of cases due to unexpected absences by primary social workers.

**Concurrent Planning  
Social Workers**

Support Permanency social workers to remove barriers and delays in achieving permanency for children. Engage with RFA program to identify families wishing to provide permanency for infants and engage resource families to consider providing permanency for older youth, youth with special needs, youth who are LGBTQIA, of a different culture/ethnicity or sibling groups.

**Non-Case Carrying Support Staff**

In addition to the positions outlined above for non-case carrying social workers, Sacramento County continues to have staff in supportive roles that aid social workers in numerous aspects of the work with families and children. The majority of the supportive staff are Office Assistants, Court Liaisons, Legal Transcribers, Data Entry, Family Service Workers, and Child Development Specialists.

Office assistants provide a wide range of clerical/operational support involving customer service, document preparation, filing, and record keeping, and other regularly performed duties that support the function of an office operation. In addition to office duties, office assistants provide notice of hearings and assist in mailing court reports to parents prior to the court hearings as they become available. Some office assistants also support in the data entry in CWS/CMS or other CPS databases, as well as maintain hard case files for the children and families. Many of the office assistants have an array of duties that includes the submission of necessary documents to the eligibility department, distribution of court orders, consents to treat for children, and other court related documents.

The court liaisons ensure that all Court documents are processed and filed with the Juvenile Dependency Court and distributed to all attorney partners. Currently, only the court receives hard copies of all court reports, but now accepts e-filings of standalone documents such as notice of placement change, request to modify a court order, request for notices, and other various judicial counsel forms. The liaisons also currently distribute all court reports and documents through a secure Sac Drive application. The liaisons upload reports and court documents, and each attorney partner agency has established an administrator and a system that interfaces with Sac Drive to allow for automatic downloads into each of the partners' external database for access of filed court reports and documents. Additionally, the liaison team enters data into a database used to track timely report compliance for all upcoming court hearings. The liaison supervisor provides monthly reports to the Program Managers who then share with each of the unit supervisors in order to highlight successes and to address improvements in timeline compliance.

Legal Transcribers provide support to social workers by transcribing a variety of legal documents, correspondence and reports from dictating software, emailed reports, or hard copies of reports/documents. Legal transcribers also enter data into CWS/CMS to create the necessary court hearings and reports.

Paralegals provide due diligent search efforts for parents and identified parties who may be involved in the Termination of Parental Rights (TPR) and the 366.26 Hearing. The paralegal's duty is to perform legal research and use verbal and written communication skills to provide Court information that can assist in determining that noticing has been accomplished in accordance with W&IC 294(f). Paralegals are also a critical part of when there is reason to know that a child is of Indian Ancestry in accordance with the Indian Child Welfare Act (ICWA) as they provide noticing to Tribal partners. Additionally, Paralegals assist with

establishing paternity of parents that come before the Juvenile Dependency Court through paternity testing and collaboration with the California State Dept. of Child Support Services (DCSS)

Family Service Workers (FSWs) provide a wide range of services to children and families as requested by and in consultation with the referring social worker or supervisor. Services include, but are not limited to, coordinating and monitoring visitations and transportation, education of parents/caregivers on available community resources/services, money management, parenting coaching and demonstration, and education on child development and nutrition. FSWs provide enter contact information in CWS/CMS that outlines their observations of the children and family during visitation. FSWs also collaborate with social workers in order to transition visitations to less restrictive settings as appropriate.

## **Methods of Assigning Cases in Child Welfare**

### Emergency Response Assignments:

The Emergency Response program is divided into four regions, East, Central, North and South, by zip code. The regions have synchronized shifts for full county coverage with two evening shift units and four weekend shift units. The goal is to assign each investigating social worker an equitable number of referrals according to the available full time employees (FTE). Efforts are made to keep social workers' quarterly referrals per FTE within two of the program average referral per FTE. A zip code sheet is primarily used for 10-day referral assignments. Immediate Response (IR) referrals are assigned based on regions and IR percentages.

Emergency Response uses the Availability Management System (AMS) database to manage referral assignments. AMS tracks the number of social workers available to respond to IRs and 10 day referrals on a particular day or timeframe. Additionally, AMS helps to record social workers' daily tasks that impact their availability to respond to IRs and 10 day referrals.

IR referrals are assigned by Intake supervisors for investigation to social workers (runners) as soon as possible following receipt of the referral. IR percentages are used to create the daily IR assignment list in a fair and equitable manner, by assigning IR referrals to the social worker with the lowest percentage of assignments first. IR percentage is automatically calculated by AMS by dividing the number of IRs assigned by the number of days the social worker is available to receive IRs. IR percentages are calculated daily. The running total is restarted monthly. Program specialists help to maintain the AMS database.

Intake clericals assign 10-day referrals for investigation to social workers by using AMS to identify available staff. Individual referral per FTE is automatically calculated by AMS by dividing the number of FTE social workers by the number of referrals the social worker has received. The average referral per FTE is calculated by dividing the total number of referrals for the ER program by the total number of FTE. Social Workers returning from an absence over five working days will have their referral per FTE adjusted to the average referral per FTE on their first day back.

The parameters for assigning IRs and 10 day referrals do not apply to subsequent referrals that are received on an ER social worker's caseload. IR or 10 day referrals received that are open with an ER social worker are assigned to that social worker whenever possible. If the assigned social worker is not available, the referral is assigned to another ER social worker within the original social worker's unit whenever

possible. Intake supervisors must make live contact with the assigned social worker or supervisor prior to the IR referral assignment.

ER has Medical Neglect social workers and medical neglect IRs and 10 day referrals are assigned to a medical neglect social worker when one is available. If there are no Medical Neglect social workers available, the medical neglect IR is assigned to the next available East Bureau social worker. Medical Neglect social workers are assigned one medical neglect IR per day. Medical Neglect social workers can be assigned regular 10 day referrals if needed to keep their average referral per FTE within two of the average referral per FTE range. Medical Neglect referrals may be complex and because of this, the Medical Neglect social workers receive referrals at a rate of 0.5 FTE. If a non-Medical Neglect social worker is assigned a medical neglect referral, it will count toward their referral per FTE at a rate of 2.0.

Commercially Sexually Exploited Children (CSEC) ER social workers can be assigned up to two CSEC IRs per day. If there are no CSEC social workers available, the CSEC IRs are assigned to the next available South Bureau social worker. The CSEC social workers receive referrals at a rate of 0.8 FTE. If a hybrid CSEC social worker is assigned a CSEC referral, it will count toward their referral per FTE at a rate of 1.5.

Out-stationed social workers are assigned to specific jurisdictions in accordance to their location. Out-stationed social workers are assigned referrals in their designated zip codes. They are included in the regular rotation for IR and 10 day referral assignments. Due to having other duties to perform, out-stationed social workers receive referrals at a rate of 0.8 FTE.

Informal Supervision (IS) social workers are assigned cases based on the region in which the family resides in. There are currently five IS units that provide services to children and families in every region, which allows supervisors to assign cases based on social worker availability. The other consideration for assigning cases for IS is if a family requests special skills/disability accommodations.

In addition, Court Services social workers investigate IR and 10 day referrals when the minor victims' case is open to Court Services. Informal Supervision social workers investigate IR and 10 day referrals when the minor, parents, or companion referral is open to Informal Supervision. ER social workers investigate IR and 10 day referrals when the victim's case is open to one of the Permanency programs.

#### Court Services and Permanency Case Assignments

Court Services and Permanency social workers are assigned at the same time when a Welfare and Institutions Code (WIC) 300 petition has been filed with the Dependency Juvenile Court or a case is transferred-in from another county. Prior to the Initial/Detention Hearing, the assignment desk staff make assignments. On subsequent WIC § 387 petition cases, only a Court Services worker is assigned as a Permanency social worker already has primary case assignment. The assignment desk maintains assignment rotation logs for Court Services and for Permanency regions. The logs include all investigating Court Services social workers and all case carrying Permanency social workers who provide family reunification, family maintenance, or continued foster care services to families and children. Consideration for assignments in both programs is based on the availability of social workers, vacancies within a unit, planned vacations, leaves of absence, new-hire status, or leaving the program. Assignment logs are maintained by the assignment desk and Permanency supervisors. Permanency supervisors update

the logs whenever there is a change in staffing, rotation status, and assignments for each of their respective units.

Similarly to ER, efforts are made to maintain equitable case assignments. This goal is achieved by ensuring the same social worker does not get assigned all large families or all single child cases, but rather a balance of both. In addition, if a Permanency social worker is assigned a case, efforts are made not to assign another case to the same person on the same day.

In addition, there are many variables that impact when a social worker is assigned a case. Generally, for permanency, cases are assigned based on the region from where the Emergency Response referral originated. However, when a case requires a special skills worker or when a new sibling of an existing child on a case requires assignment, both of these situations supersede the assignment by region criteria. For Permanency special skills workers, whenever possible efforts are made not to assign too many non-special skills cases to ensure availability for specialized cases. If for any reason a social worker gets a special assignment in advance of his/her rotation (special skills, companion, CSEC, medically fragile, etc.), the staff is skipped on their next rotation assignment. CSEC referral assignments can be made to anyone in the Emergency Response program but are first made to staff who are specialized in CSEC. Referrals are made to these staff based on region but they also take CSEC assignments out of their region if needed.

If a social worker had a case that needed to be reassigned to another social worker for any reason, the staff from whom the case was reassigned is then given first priority on the rotation to receive the next case. If a worker has returned from a leave of more than 10 days, they receive a case immediately on the day of return. If the worker was on any type of leave for five or more days, they are assigned a case when they are next on rotation. Furthermore, for Court Services, supervisors have discretion to have a social worker skipped on rotation if consensus is reached by all supervisors, and if no consensus can be reached, program manager approval is needed.

In Court Services in 2016, new social workers were placed on full rotation within four months of hire; however, since 2019, new social workers are placed on full rotation approximately seven months from the date of hire. This has allowed workers to participate in trainings to deepen their knowledge prior to having a full caseload. Court Services utilizes peer trainers which has been reported to effectively onboard new social workers by allowing “shadowing” opportunities with experienced workers.

New Permanency social workers are assigned approximately 10 cases (or less, if possible) within the first month of hire, and 20 cases the following month; capacity is determined by the supervisor and is based on skill progress of the new worker and the average caseload of all senior staff. Permanency staff also participate in division-wide trainings, program specific trainings, and have a peer trainer when available. The Permanency workers are able to work cases simultaneously while learning the job and being able to apply what they are learning. For all new social workers in both Court Services and Permanency, efforts are made to also select cases less complex than those assigned to more senior staff. When making assignments, consideration is also given to Permanency supervisors by making efforts not to assign more than two cases at a time to the unit.

In Adoptions and Interstate Compact for the Placement of Children (ICPC), a control clerk receives electronic assignment and determines which workers in each unit have availability. Assignments are

generally maintained within the regions in which the case originated. Once the cases are given to the unit supervisors, the supervisors determine best fit for the case assignment and electronic assignment is given to the corresponding social worker. Guardianship and Extended Foster Care assignments are done by the supervisors based on social worker caseload and availability.

### Caseload Averages by Service Component

The referrals/caseloads information in all the charts below was obtained from Business Intelligence reports derived from CWS/CMS. Referrals/cases are only counted when the social worker has primary assignment of a referral/case. The total referrals/cases is the number of referrals/cases assigned to any given program for at least one day during the month. Active caseloads is the number of caseloads where at least one referral/case was assigned during the month. The average per caseload is the average number of referrals/cases a caseload had during the month in a specific program.

Emergency Response caseloads (referrals assigned) vary depending on the number of referrals received, referrals carried over from previous month that remained under investigation, social worker availability, number of new hires, number of social workers on leave of absence, or due to other reasons. In addition to the referrals received each month, ER workers also continue to investigate referrals that remain open on their caseload from previous month's assignments. The table below shows the average number of new referrals assigned to ER social workers per month from August 2020 to August 2021. Below are the total number of referrals, active caseloads, and average per caseload:

Month/Year	Total Referrals	Active Caseloads	Avg per ER Caseload
August/2020	2,045	98	21
September/2020	2,145	103	21
October/2020	2,292	108	21
November/2020	2,365	105	23
December/2020	2,298	105	22
January/2021	2,165	98	22
February/2021	2,213	104	21
March/2021	2,200	103	21
April/2021	2,148	108	20
May/2021	2,287	102	22
June/2021	2,349	98	24
July/2021	2,289	98	23
August/2021	2,187	103	21
<b>Average</b>	<b>2,245</b>	<b>103</b>	<b>22</b>

Informal Supervision case assignments outlined below are based on data from SafeMeasures for the last day of each month from August 2020 to August 2021. The table shows the average caseload for workers based on the number of cases open to all of the Informal Supervision units divided by the number of workers who had at least one case assignment. It should be noted, the data below shows the number of children assigned, although IS social workers manage caseloads from a count of families.

Month/Year	Total Cases	Active Caseloads	Avg per IS Caseload
August/2020	468	31	15
September/2020	465	30	16
October/2020	466	30	16
November/2020	464	31	15
December/2020	457	31	15
January/2021	452	30	15
February/2021	434	30	14
March/2021	469	28	17
April/2021	459	28	16
May/2021	458	29	16
June/2021	487	29	17
July/2021	442	30	15
August/2021	436	30	15
<b>Average</b>	<b>458</b>	<b>30</b>	<b>15</b>

Court Services caseload averages in the table below are for primary caseload assignments obtained from SafeMeasures and counts children. Caseload averages divide the total number of primary assignments (numerator) by the number of staff available (i.e. available FTE) to receive cases (denominator). Vacancies and social workers off rotation for a variety of reasons (e.g.: vacation, leave of absence, new social worker, etc.) are not included in the denominator. Court Services social workers also maintain secondary assignments (children) where the court has not ruled on Disposition.

The Court Services role in conducting further investigation once a child has been removed, necessitates the need for manageable caseloads. This point and time data averages a total caseload of 6 Primary cases. Additionally, Court Workers' may continue to carry secondary cases should a case go to trial and/or be continued. The Social worker must engage with the parents, child or children and all relevant parties in an effort to move forth evidence to the Juvenile Dependency Court via the Jurisdiction/Disposition Hearing. When caseloads are above manageable (3-4), workload can be impacted with late reports, delays in interviewing parties, decreased prep time for Hearings, delays in obtaining evidence, CFT

compliance and most importantly, families are delayed in moving forth with knowing the outcome of their situation. Further, Court Continuances back log Court calendars thus other matters get impacted.

Below are the primary caseload averages from August 2020 through August 2021:

Month/Year	Total Cases	Active Caseloads	Avg per Court Services Caseload
August/2020	220	31	7
September/2020	167	27	6
October/2020	171	28	6
November/2020	166	27	6
December/2020	185	26	7
January/2021	187	27	7
February/2021	175	24	7
March/2021	197	26	8
April/2021	172	29	6
May/2021	138	29	5
June/2021	145	28	5
July/2021	144	25	6
August/2021	136	25	5
<b>Average</b>	<b>169</b>	<b>27</b>	<b>6</b>

Permanency caseload averages were obtained using SafeMeasures and includes all Permanency regions and social workers who provide family reunification, family maintenance, and permanent placement (continued foster care). Caseloads in the Permanency program varied from month to month, based on number of cases available for assignment, social worker availability, vacancies, number of new hires, number of social workers on leave of absence, or other reasons. Workers with more experience generally have higher caseloads in order to allow new hires to be on-boarded in a progressive manner, rather than on-boarding new workers with full caseloads. Additionally, any time a worker is on a leave of absence, transfers to another program, or leaves CPS, the cases must be distributed among the existing workers which causes and increase in overall caseload averages. Also, the caseloads may not be equally distributed among regions depending where the case originated; some regions may have higher caseloads than others at any given time. The numbers in each caseload for Permanency is reflective of the number of children each worker is assigned, not the number of families.

Conversely, the point and time data for Permanency Social Workers reflects caseload averages at a lower than “on the ground” caseload averages. It should be noted that while the averages reflected in this report speak to 17, staff are likely at higher levels due to factors such as, new hires not yet having cases assigned or if so at lower caseloads for training purposes, staff who may be unable to assume full duties to leaves and/or preparing to depart, etc.. Similar to the reasons identified with the Court Social Workers, higher caseloads can significantly impact outcomes, staff morale and burnout. Court mandates, continuances, request for additional information due to possible delays along with maintaining timely face to face contacts, attend CFTM’s, and address placement and caregiver needs, all speak to not just caseloads, but the workload having an impact, thus while it is important to give the raw data of caseloads, these complicating factors must also be highlighted. Our goal of 25 cases has inconsistently been met when looking at “true” averages across all Regions. Our secondary goal is 20 and ultimate goal 14-15.

Month/Year	Total Cases	Active Caseloads	Average per Permanency Caseload
August/2020	1259	67	19
September/2020	1230	66	19
October/2020	1193	65	18
November/2020	1185	66	18
December/2020	1208	71	17
January/2021	1204	71	17
February/2021	1191	68	18
March/2021	1160	69	17
April/2021	1155	71	16
May/2021	1134	72	16
June/2021	1138	72	16
July/2021	1153	70	16
August/2021	1149	71	16
<b>Average</b>	<b>1,181</b>	<b>69</b>	<b>17</b>

Adoptions caseload averages are based on data from SafeMeasures for the last day of each month from August 2020 to August 2021. Below is a table showing the average caseload for workers based on the number of cases open to all of adoptions divided by the number of case carrying workers. It should be noted there is sometimes significant variation in the actual caseload size, as some workers may have just

a few cases assigned on the date noted, and others may have much more depending on experience and worker availability.

Month/Year	Total Cases	Active Caseloads	Average per Adoption Caseload
August/2020	389	30	13
September/2020	414	30	14
October/2020	421	30	14
November/2020	418	29	14
December/2020	433	29	15
January/2021	431	31	14
February/2021	460	29	16
March/2021	479	28	17
April/2021	478	28	17
May/2021	454	28	16
June/2021	417	28	15
July/2021	433	29	15
August/2021	436	28	16
<b>Average</b>	<b>440</b>	<b>29</b>	<b>15</b>

Guardianship caseload averages are based on data from SafeMeasures for the last day of each month from August 2020 to August 2021. Below is a table showing the average caseload for workers based on the number of cases open to the guardianship unit divided by the number of workers who had at least one case assignment. It should be noted there is sometimes significant variation in the actual caseload size, as some workers may have just a few cases assigned on the date noted, and others may have much more depending on experience and worker availability.

Month/Year	Total Cases	Active Caseloads	Average per Guardianship Caseload
August/2020	402	6	67
September/2020	397	6	66

October/2020	397	6	66
November/2020	399	6	67
December/2020	395	6	66
January/2021	395	6	66
February/2021	389	6	65
March/2021	399	6	67
April/2021	402	5	80
May/2021	402	5	80
June/2021	397	5	79
July/2021	398	5	80
August/2021	396	6	66
<b>Average</b>	<b>397</b>	<b>6</b>	<b>71</b>

Interstate Compact for the Placement of Children (ICPC) caseloads are assigned by the ICPC Supervisor as requests for supervision are received from other states. According to SafeMeasures, the ICPC cases data is as follows for August 2020 through August 2021.

Month/Year	Total Cases	Active Caseloads	Average per ICPC Caseload
August/2020	62	4	16
September/2020	67	4	17
October/2020	63	6	11
November/2020	55	5	11
December/2020	54	5	11
January/2021	50	5	10
February/2021	57	6	10
March/2021	54	5	11
April/2021	42	5	8
May/2021	47	6	8

June/2021	61	5	12
July/2021	60	5	12
August/2021	62	5	12
<b>Average</b>	<b>56</b>	<b>5</b>	<b>11</b>

Extended Foster Care (EFC) caseload averages were obtained from SafeMeasures. Caseloads in the EFC program overall have not had a significant variance from month to month. Factors that impact the variance are the number of available staff, the number of Non-Minor Dependents (NMDs) opting in or out of EFC, and the number of NMDs whose dependency was terminated due to aging out of the system or due to the NMDs no longer meeting eligibility criteria. Below are the numbers from August 2020 to August 2021.<sup>42</sup>

Month/Year	Total Cases	Active Caseloads	Average per EFC Caseload
August/2020	361	11	33
September/2020	441	13	34
October/2020	386	13	30
November/2020	381	13	29
December/2020	400	13	31
January/2021	434	12	36
February/2021	421	11	38
March/2021	428	11	39
April/2021	434	11	39
May/2021	444	11	40
June/2021	464	12	39
July/2021	466	12	39
August/2021	478	12	40
<b>Average</b>	<b>426</b>	<b>12</b>	<b>36</b>

Data Source<sup>36</sup>

<sup>42</sup> CWS/CMS via Business Intelligence

## Staff Turnover

The Department of Child, Family and Adult Services (DCFAS) Position Control program maintains data related to retirements, resignations, promotions, transfers, deceased, and terminated staff. CPS continues to be impacted by staff turnover at all levels.

According to the 2021 *Staffing Report*, 104 social worker left their positions, with resignations being the most prominent reason for leaving. Of those Social Workers who left their positions in 2021, 42% were due to resignation and only 11% were due to retirement. In the last two years (2020-2021), the percentage of Social Workers who resigned has remained similar with 62% in 2020 and 58% in 2019.

For 2021, social workers with 1-2 years of employment were the largest group who left their positions. The majority of those exiting their positions (91%) occurred with less than 3 years' time on the job. Social worker exit information reflected the largest group of social worker staff who leave, do so between their second and fourth year in the position. While this is a shift in data, as in previous years it was primarily in the first year of employment that staff would exit their position, the data still supports the need to focus on retention of new staff who initially report satisfaction in their jobs.

Of all the social workers who completed exit interviews, 50% reported their supervisor and co-workers as the main aspect they found most satisfying about the position, with “the work” and flexible work schedule at 30% and 20% respectively as satisfying aspects of the job, while 50% reported workload as the aspect they found least satisfying, and 40% identified stress and 10% lack of support from supervisor and manager as second and third least satisfying aspects of their jobs.

Most Satisfying Aspect of Job		Least Satisfying Aspect of Job	
Supervisor; Co-workers	50%	Workload	50%
The work	30%	Stress	40%
Flexible Work Schedule	20%	Lack of support from Supervisor; Manager	10%

Data Source<sup>37</sup>

In addition, to the above, social workers also provided additional feedback regarding various aspects of the job, and it was noted for 2020, the feedback was not as positive as it had been in previous years. Training, performance feedback evaluations, and support on the job continued to be areas of significant room for improvement. Satisfaction in pay, benefits, and other incentives, job duties as expected when hired, and utilization of skills and abilities received a favorable percentage of 70% or higher.

As of December 31, 2020, out of the 70 social worker supervisors, 12% have been in the position one year or less. Supervisors who have been in their position two to four years make up the largest portion of supervisors at 46%, while 21% have been in their positions for five to nine years and 21% for 10 or more years.

As of December 2020, social workers supervisor time employed as a Sacramento County CPS social worker prior to assignment to a supervisor increased. Of all the supervisors, 68% were employed as CPS social workers for five years or more prior to assignment to the supervisor class.

The staffing report for December 2020 also indicates 84% of social workers have been on the job for two or more years, while in 2019, 80% were on the job two or more years and in 2018, 78%. Of the social workers that have 10 or more years of experience, 69% have 10-19 years of experience and 31% have 20 or more years or experience. Social workers with less than one year were 12% of the social workers, while 4% had been in their position for one year in 2020.

The social worker vacancy rate, although still an issue, has had a notable decrease in the last several years. In comparison to 2016-2017, where the highest social worker vacancy rate was 15.5% and as low as 9.9%, recent data shows a decline.

From August 2020 through August 2021, there was some variance in the vacancy rates and as of December 2021, the vacancy rate was at 7.6%. The vacancy rate in July and August 2021 was impacted by the addition of new positions which needed to be filled. Below is a table with the vacancy rates from August 2020 through August 2021.

Month/Year	FTE	Vacancies	Rate
August 2020	383.1	31.8	8.30%
September 2020	383.1	29.8	7.78%
October 2020	383.1	29.8	7.78%
November 2020	383.1	25.8	6.73%
December 2020	385.1	29.3	7.61%
January 2021	385.1	34.1	8.85%
February 2021	385.1	32.1	8.34%
March 2021	385.1	32.3	8.29%
April 2021	385.1	27.3	7.09%
May 2021	385.1	28.8	7.48%
June 2021	385.1	32.8	8.52%
July 2021	400.1	46.1	11.52%
August 2021	400.1	42.1	10.52%

Data Source <sup>37</sup>

To address staff turnover and vacancies, the Workforce Development Unit (WDU) team, in partnership with social workers and managers, held three mass hiring events in 2019. In April 2019, CPS attended the Title IV-E Summit in Long Beach California and recruited employees. Additionally, a Memorandum of Understanding was established with CSU, Chico in the hope interns would be assigned to Sacramento County CPS; however, in 2019 there were no interns from Chico State. Hiring efforts continued through 2020 and 2021, by holding hiring events virtually with a frequency of every other month. In addition, WDU participated in career fairs throughout the state approximately five times each year to provide

information to potential applicants. Additionally, as previously referenced, CPS has an MOU with CSU, Sacramento and each year a CPS representative and county counsel representative speak to the social worker graduating class to answer questions regarding the hiring process. In addition, as of 2017, CPS began to offer telework schedules to some employees. Due to the pandemic, for the majority of 2020, staff in most classifications were allowed to telework to decrease the number of staff at office locations at any given time. CPS worked closely with the Department of Technology to develop a database application that streamlined and automated the telework application and record keeping process that launched in March 2022. Telework allows flexible work options for all DCFAS staff. It enables employees to work from home for a specified portion of their work week. Employees may be authorized to telework up to three days per week, depending on job duties. Employees must meet and maintain telework eligibility requirements and ensure security measures to safeguard confidential information and data while working remotely.

Staffing, turnover and vacancy rates are maintained by the DCFAS Position Control team. Any time there is a vacancy, Position Control supports programs by assisting with the internal advertising of the vacancies and providing access to the list of prospective employees who are on the available list of employees. Position Control staff also team with supervisors and managers to coordinate the starting date for new employees. Workforce Development Unit staff in Program Administration coordinate hiring events where supervisors and the management team interview applicants. Using the data provided by Position Control, Program Administration creates staffing reports on at least an annual basis that outline various staffing data points. The data for exits from CPS social worker positions at the end of 2020 is reflected below.<sup>43</sup>

Reason	FTE
Resigned	38
Prompted	3
Terminated	5
Transferred	11
Retired	4
<b>Total</b>	<b>61</b>

Data Source<sup>37</sup>

### Supervisor to Social Worker Ratios

As of August 2021, supervisor to staff ratios are averages depending on the vacancy rates outlined in the table previously referenced:

Program	Supervisor to Staff Ratio
Emergency Response	1 to 5-6
Informal Supervision	1 to 6-7
Court Services	1 to 4-5
Permanency	1 to 5-6
Adoptions	1 to 4-7

<sup>43</sup> CPS Employee Databases

Guardianship	1 to 6
ICPC	1 to 3 (1 FTE, 1 half-time and one 4/5's time)
Extended Foster Care	1 to 7
RFA	1 to 7

Data Source <sup>38</sup>

### **Bargaining Unit Factors**

County staff represented by bargaining units include: social workers, family service workers, administrative staff, clerical staff, social work supervisors, program specialists, and managers. United Public Employees (UPE, Local 1) represents social workers, Family Services workers, Child Development Specialists, and clerical staff. Service Employee International Union (SEIU, local 1025) represents supervisors and program specialists. Although not a union, managers and program managers are represented by Sacramento County Management Association (SCMA).

The County and United Public Employees (UPE) have established program workgroups for the purpose of improving communication and addressing workload concerns. It is the mission of the Workload Policy Board to facilitate development of efficiencies that will mitigate workload impacts; however, if such procedural changes should impact the terms and conditions of employment, the Department provides notice to UPE for meet and confer prior to implementation. It is the intent of both parties that, to the extent that Program Specific Workgroup (PSW) priorities and department business needs allow, the PSWs will review new and/or existing business processes for the purpose of recommending efficiencies and mitigations to workload prior to implementation.

The Board is comprised of the Countywide Services Agency Administrator, Director of Human Assistance (DHA), Director of the Department of Child, Family and Adults Services (DCFAS), Human Resource Managers assigned to DHA and DCFAS, a representative from the Office of Labor Relations and UPE, 008 Governing Board and Executive Director. The Workload Policy Board reviews and coordinates the work of the Program Specific and Integrated Workgroups, focusing on improving communication and developing agency-wide policy regarding workload issues. During this reporting period, there have been Program Specific Workgroups (PSW) disruptions for various reasons, but mostly due to the Covid-19 pandemic. The Emergency Response PSW met five times out of 26 scheduled sessions in 2020. In 2021 the PSW met 16 times out of the scheduled 26 sessions, and the PSW last met October 2021. The Court Services PSW suspended meetings around February 2020 at the request of UPE pending a meeting by the Workload Policy Board and appointment of a new UPE co-chair. The Permanency PSW last met in October 2021, due to Covi-19 and for UPE to appoint a co-chair.

Sacramento County continues to meet monthly with the Service Employee International Union (SEIU, local 1025), to address labor issues as they pertain to mandates, practice, and workload issues for supervisors. The meetings are held between management and SEIU to address agency and labor updates impacting workload. Similarly to UPE, some of the required updates result in meet and confers to address the impact on the workforce.

Both of the labor groups mentioned above have current negotiated contracts in place, effective 2022. Since the last County Self-Assessment in 2016, the agency has continued to experience many

changes in practice and service delivery as a result of the Continuum of Care Reform, Pathways to Well Being, Integrated Core Practice Model, Safety Organized Practice, and new legislative mandates which will be discussed throughout this report. Whenever possible, Sacramento County seeks feedback from staff and makes diligent efforts to incorporate feedback when feasible. As mentioned previously, Sacramento County follows the required Meet and Confer process to address and explore upcoming practice changes that will impact staff with the ultimate goal to remain compliant with legal mandates and requirements as established by legislative changes or programs directed the by California Department of Social Services.

### **Staff Recruitment and Selection:**

Sacramento County continues to recruit through a competitive examination either with a start and closing date for filing or continuous filing. Recruited applicants then are placed in a banded rank eligible list that includes transfer applicants meeting minimum qualifications. Once applicants are ranked, selection of those applicants by the hiring program is made of the applicants ranked in the top three ranks. Panel interviews are arranged by the Workforce Development Unit and supervisors and/or managers with current vacancies are invited to participate in panel interviews.

Advertising for available jobs includes but is not limited to postings on Saccountyjobs.net, county Facebook, LinkedIn, SacJobs.com, Sac State University, UC Davis, and other UC universities as well as advertisement in social welfare organizations such as CWDA, California National Association of Social Workers and the Employment Development Department.

Social workers eligible for employment as a Human Services Social Worker, Master's Degree, must have either:

A Master's Degree from an accredited college or university in social work or a Master's Degree from an accredited college or university in a program that meets the education requirements for a Marriage and Family Therapist or Licensed Professional Clinical Counselor license issued by the California Department of Consumer Affairs Board of Behavioral Science Examiners

Current enrollment in the final semester of a Master's program at an accredited college or university leading to a Master's Degree in social work or a related Master's Degree that meets the education requirements for a Marriage and Family Therapist or Licensed Professional Clinical Counselor license issued by the California Department of Consumer Affairs Board of Behavioral Science Examiners.

Applicants for the Human Services Social Worker, Range B positions must have either:

- Two years of full-time, paid experience employed by the County of Sacramento in the class of Human Services Specialist and;
- Successful completion of 12 semester or 18 quarter upper division units from an accredited college or university in social work, sociology, psychology, counseling or other field closely related to the intent of the class or;
- A Bachelor's Degree or higher from an accredited college or university with at least 24 semester or 36 quarter upper division units in social work, sociology, psychology, counseling or other field closely related to the intent of the class. Related fields may include behavioral science, child development, community health education, cultural anthropology, ethnic studies, family studies, gerontology, human development, mental health, and public health.

Note: Part-time experience is converted to full-time on the basis of 173.6 hours-21.7 days=1 work month.

Applicants for the Human Services Supervisor, Master’s Degree, must either have:

A Master’s Degree from an accredited college or university in social work, or;

- One year of full-time, paid experience at the supervisory or professional level performing social services delivery activities such as assessing client needs, determining appropriate actions and establishing case plans, monitoring client progress, maintaining case records, or making referrals to other resources, agencies, or services, and;
- A Master's Degree in a program that meets the requirements necessary to satisfy the minimum education for a Marriage and Family Therapist or Licensed Professional Clinical Counselor license issued by the California Department of Consumer Affairs, Board of Behavioral Science Examiners.

In Sacramento County, the majority of staff responsible for management of cases have master’s degrees in social work or a closely related field as outlined in the job specifications. The other staff responsible for management of cases have a bachelor’s degree or must meet the job specifications listed above. Supervisors of case management staff must have a master’s degree or higher education degree. Below is the number of allocated CPS social worker positions as of December 31, 2020.

Social Workers	
Human Services Social Worker, Range B	81.7
Human Services Social Worker, Native American Culture, Range B	1.0
Human Services Social Worker, African American Culture, Range B	4.0
Human Services Social Worker, Spanish Language/Culture, Range B	5.0
Human Services Social Worker, Master's Degree	236.4
Human Services Social Worker, Master's Degree, Native American Culture	1.0
Human Services Social Worker, Master's Degree, African American Culture	26.0
Human Services Social Worker, Master's Degree, Hispanic Language/Culture	24.0
Human Services Social Worker, Master's Degree, Hmong Language/Culture	3.0
Human Services Social Worker, Master's Degree, Russian Language/Culture	1.0
Human Services Social Worker, Master's Degree, Vietnamese Language/Culture	3.0
<b>Total</b>	<b>385.1</b>

As noted in the chart above, Sacramento has social workers who hold special skills positions in various languages and cultures. Special skills social workers must be certified, and must pass a written and verbal test to verify the language and cultural aptitudes necessary to best meet cultural and language needs of children and families served. Special skills positions are allocated based on the number of requested language or cultural accommodations in all programs.

## Salaries

Below is the classification salary range as of June 19, 2022.

Class Title	Minimum/Maximum Salary
Human Services Director	\$218,509.20/\$240,892.56
Human Services Deputy Director	\$163,887.12/\$180,674.64
Human Services Division Manager Range A/B	\$129,560.40/\$157,205.52
Human Services Program Manager	\$106,905.60/\$129,936.24
Human Services Program Planner, Range A/B	\$88,489.44/\$118,013.76
Human Services Supervisor, Master's Degree	\$84,668.40/\$102,938.40
Human Services Program Specialist	\$84,647.52/\$102,917.52
Human Services Social Worker, Master's Degree (with Special Skills)	\$73,434.96/\$89,282.88
Human Services Social Worker, Range B (with Special Skills)	\$61,512.48/\$74,771.28
Supervising Public Health Nurse	\$105,464.88/\$128,182.32
Supervising Medical Case Management Nurse	\$98,261.28/\$119,412.72
Senior Public Health Nurse	\$94,022.64/ \$114,276.24
Public Health Nurse	\$83,561.76/ \$106,425.36
Child Development Supervisor	\$55,812.24/ \$81,933.12
Child Development Specialists	\$37,187.28/ \$59,862.96
Family Service Worker Supervisor	\$46,458.00/ \$56,480.40
Family Service Worker	\$35,997.12/ \$47,481.12
Administrative Services Officer I/II	\$67,275.36/\$98,073.36
Clerical Supervisor I/II	\$50,634.00/ \$67,776.48
Paralegal	\$50,821.92/ \$61,783.92
Senior Legal Transcriber	\$47,418.48/ \$57,628.80
Legal Transcriber	\$41,258.88/ \$50,153.76
Senior Office Assistant	\$41,968.80/\$ 51,009.84
Office Assistant	\$36,205.92 / \$45,226.08

Data Source<sup>44</sup>

## PROBATION

The Sacramento County Probation Department is responsible for the background investigation of adult and juvenile offenders, as well as the preparation of social studies reports and case plans for the Superior Courts. The Probation Department also operates and maintains the County's juvenile hall: The Youth Detention Facility (YDF) and the Sacramento County Secured Track-Valley Oak Youth Academy (VOYA) within the YDF facility. The Probation Department has several other programs, including Adult Day Reporting Centers and various collaborative Courts. Probation is also responsible for the supervision of adults and juveniles granted probation by the Court to also include adults granted release mandatory supervision and post-release community supervision released from state prison. Further, the Court also releases adults incarcerated at the County Jail to the supervision of Probation under Pre-trial supervision. Additionally, Probation is responsible for the suitable placement, support, and supervision of youth removed from the care and custody of their parents or guardians by the Court. The Department teams

<sup>44</sup> <https://www.governmentjobs.com/careers/sacramento/classspecs>

with various law enforcement agencies, schools, community-based organizations and the citizens of Sacramento County to form productive partnerships with an underlying goal of public safety.

Probation Department operations are aligned into two service areas: Adult and Juvenile. Service area managers report to the Assistant Chief Probation Officer, who ultimately reports to the Chief Probation Officer. The Chief Probation Officer is appointed by the Superior Court pursuant to Penal Code Section 1203.6. The result is a dual reporting structure to both the Superior Court and the Board of Supervisors through the Public Safety and Justice Agency. As of August 2022, the Probation Department has an allocation of 693 total positions. There are 586 sworn positions and 107 non-sworn positions.

<b>Probation Department Leadership</b>
<ul style="list-style-type: none"> <li>➤ Interim Chief Probation Officer: Marlon Yarber</li> <li>➤ Assistant Chief Probation Officer: Julie Wherry</li> <li>➤ Division Chief: Shaunda Cruz – Lynsey Semon</li> <li>➤ Assistant Division Chief: Lynsey Semon – Kristalyn McDonald</li> <li>➤ Supervisors               <ul style="list-style-type: none"> <li>➤ Davina Aguirre</li> <li>➤ Eric Eubanks</li> <li>➤ Glen Sandmeier</li> </ul> </li> <li>➤ Placement Probation Sworn Staff: 18</li> <li>➤ Clerical Staff: 2</li> </ul>

Placement Services consists of: one Division Chief, one Assistant Division Chief, three Supervising Probation Officers, four In-State Probation Officers, six Extended Foster Care (EFC) Probation Officers, two Intake Probation Officers, one Resource Family Approval (RFA) Probation Officer, one Placement Monitor (Probation Officer), one Foster Parent Recruitment, Retention and Support (FPRS) Probation Officer, two Continuum of Care Reform (CCR) Implementation Probation Officers, and one Crossover Youth Practice Model (CYPM) Probation Officer. Each of the officers has a minimum of a Bachelor’s degree. They are further required to attend Placement Officer Core per Welfare and Institutions Code Section 16206. The two clerical staff offer support with CWS/CMS entry and division needs.

Placement positions are filled by an open application and interview process. Annual salary information is as follows: Deputy Probation Officer annual salary: \$79,615.44-\$96,778.80, Senior Deputy Probation Officer annual salary: \$88,364.16 - \$107,406.72, Supervising Probation Officer annual salary: \$98,511.84 - \$119,746.80, Assistant Division Chief annual salary: \$111,645.36 - \$135,699.12, Division Chief annual salary: \$147,746.88 - \$162,905.76. Within the placement unit: eight officers are Caucasian, three are African American, four Latino, two Asian and one American Indian/Alaska Native. Currently, a Probation Officer in Placement has an average of 4.64 years of experience in the division. Additionally, Probation Placement Officers have an average of 18.4 years of experience in the Department.

Supervising Probation Officers supervise five to seven officers. In-State Placement Officers supervise caseloads averaging 9 probation youth committed to a Short-Term Residential Therapeutic Program (STRTP). The Resource Family Approval (RFA) Officer supervises a caseload averaging 4 probation youth. Extended Foster Care (EFC) Placement Officers supervise caseloads averaging 16 Non-Minor Dependents (NMD). The Crossover Youth Practice Model Officer (CYPM) supervises a caseload averaging 27 crossover youth.

### Placement Division Structure

- 1 – Placement Monitor
- 2 - Intake Officers
- 4 – In-State Officers
- 6 – Extended Foster Care (EFC) Officers
- 1 – Resource Family Approval (RFA) Officer
- 1 – Foster Parent Recruitment, Retention and Support (FPRRS) Officer
- 2 – Continuum of Care Reform (CCR) Officers
- 1 – Crossover Youth Practice Model (CYPM) Officer
- 2 - Clerical

In 2012, Probation developed a Placement Intake Unit. This Unit consists of a Supervising Probation Officer and two Senior Deputy Probation Officers. An Intake Officer reviews cases referred by the Court for suitable placement. The Officers are responsible for interviewing each probation youth and their families to identify relatives, other family members or non-related extended family members (NREFM) willing to provide care for the probation youth. Identified persons are contacted and interviewed by the Intake Unit for potential placement with a Resource Family Approval (RFA). The Intake Officers make concerted efforts to look for the least restrictive placement option. However, if a probation youth must be placed in a congregate care setting, the case is evaluated to sync the needs of the youth with the services offered by the Short-Term Residential Therapeutic Program (STRTP). Attempts to locate local placements are given first consideration in an effort to keep the youth close to their family.

Once placed, In-State Placement Officers supervise cases by geographical regions in California. Officers conduct monthly in person visits with the probation youth at their respective STRTP.

The Resource Family Approval (RFA) Officer supervises probation youth throughout California. The RFA Officer conducts monthly in person visits at the RFA's home.

The Extended Foster Care (EFC) Officers supervise cases throughout California. Additionally, an EFC Officer may supervise a Non-Minor Dependent (NMD) living in another state. The EFC Officer conducts monthly in person visits at the NMD's Supervised Independent Living Placement (SILP) or Transitional Housing Placement for Non-Minor Dependents (THP-NMD).

The Crossover Youth Practice Model Officer (CYPM) works collaboratively with social workers from Sacramento County Department of Child, Family and Adult Services (DCFAS). The social worker with secondary support from the CYPM Officer primarily supervises the crossover youth. The youth under this program have 300 WIC status with supervision under 654 WIC, 654.2 WIC, 725(a) WIC, or 790 WIC. The CYPM Officer supervises the caseload primarily via phone contact; however, on occasion, the officer will conduct in person visits. The Sacramento County DCFAS social worker is responsible for conducting the monthly in person visits.

During the placement process, the probation youth may encounter several different officers under the current system. At the minimum, an Intake and an In-State Officer will contact the probation youth. Subsequently, if a probation youth is unsuccessful and is terminated from an STRTP, absconds from the STRTP, or commits a new law violation, the youth is returned to the Youth Detention Facility. If the Court orders the youth back to placement, the youth may or may not return to the original Intake Officer or In-State Officer. Reasons for the change may include the Intake Officer's caseload size or a change in geographical location of the new STRTP. Probation youth who have been placed at several STRTPs may

have contact with several officers. Additionally, probation youth who transition to Extended Foster Care (EFC) services will change from an In-State or Resource Family Approval (RFA) Officer to an EFC Officer.

The Foster Parent Recruitment, Retention and Support (FPRRS) Probation Officer obtains an extensive family finding report from Seneca Center. The Seneca report assists in identifying and locating willing family members or non-related extended family members (NREFM) of the probation youth that may be willing to provide home-based care as a Resource Family Approval (RFA). The RFA family may be an initial placement or another permanent planned living arrangement (APPLA) after the youth completes a Short-Term Residential Therapeutic Program (STRTP). The FPRRS Officer conducts outreach and community collaboration to recruit RFA families. The primary goals of the FPRRS Officer are to assist the RFA Officer and stabilize, support and maintain the placement of the youth.

The Placement Monitor (Probation Officer) conducts annual audits of the STRTP that are utilized by Sacramento County Probation and determines if the STRTP meets the State of California licensing requirements and the standards of Sacramento County Probation. The Placement Monitor also meets with Executive Directors, Program Administrators and Clinicians to discuss policy and protocol; identifies new STRTP's that may be utilized by Sacramento County Probation; meets with Probation Officers to discuss issues or concerns with the STRTP; conducts face to face interviews with youth that are currently placed in the STRTP; conducts investigations of complaints and allegations of abuse and misconduct; cross-reports allegations to required agencies; serves as a liaison between Sacramento County Probation and other County and State agencies; consults with Community Care Licensing (CCL) and writes detailed STRTP assessment reports.

The two Continuum of Care Reform (CCR) Probation Officers work collaboratively with Placement Administrators to ensure Sacramento County Probation stays abreast of legislation effecting reform of placement and treatment options available to our probation youth. One of the CCR Officers also facilitates the AB 1299 Presumptive Transfer for all the probation youth placed outside of Sacramento County.

The impact of staff turnover was noted as a concern by stakeholder parents. It was felt the level of trust developed between a probation youth and an officer and communication was hampered by the probation youth having multiple officers handle a case during their time in placement. Probation youth stakeholders indicated a desire to have more personal contact with their Probation Officer more than once per month.

Areas of concern that have been addressed through the bargaining unit over the past several years have included: the ability for officers to obtain cash advances for meals and parking; a timely and efficient online reimbursement process for travel related expenses; elimination of officers paying out of pocket expenses for airfare, hotel and rental cars; new gas cards that can be used for county vehicles when traveling in state; a new fleet of county vehicles including mini-vans, SUV's and additional caged vehicles and the issuance of IPAD's, iPhone's and radios to improve communication and officer safety.

## **Financial/Material Resources**

Sacramento County's Child Welfare budget is funded by federal and state allocations, including but not limited to Title IV-B, Title IV-E, Title XIX, and Temporary Assistance for Needy Families (TANF) funding, in addition to Realignment funding. Since 2011, most of the child welfare state allocations, including the Child Abuse Prevention, Intervention and Treatment (CAPIT) and Child Welfare Services Outcome

Improvement Project (CWSOIP) allocations have been realigned, resulting in greater flexibility to provide funding for prevention programs.

## **Child Welfare/Probation Placement Operated Services**

Since September 2020, Sacramento County child welfare no longer uses shelter care for children entering care. Instead, the CPS Centralized Placement Support Unit (CPSU) supports in locating placements, and makes diligent efforts to identify, assess, and place children with family when children enter care. However, when relatives are not identified or are unable to take emergency placements, CPSU workers work on identifying placements either in county resource family homes or resource family homes through a foster family agency. At times, depending on the needs of the child, a placement in a Short Term Residential Treatment Program is identified. CPSU also supports social workers in locating placements when children experience placement disruptions. In addition, Emergency Response staff who work overnight sometimes help to identify placement for children who enter care after hours.

In 2017, Sacramento County, along with all counties in the state, transitioned to Resource Family Approval from Foster Home Licensing. Families can now apply to become a resource parent through an online portal where they can get information about the process, complete and upload necessary paperwork, and provide proof of required training. Resource Family Approval social workers assist families through the approval process, as well as annual reviews, and provide ongoing support throughout their journey as a resource family.

Sacramento County child welfare continues to provide direct public adoption services and post adoption services to dependent children. In addition, Sacramento provides supportive services through the Cooperative Adoption process with adoptions foster family agencies. Under the umbrella of post adoption services, Sacramento County provides family background information to the adoptee upon request after the adopted youth turns 18 years of age. Sacramento County also helps to link adoptees, with siblings and family.

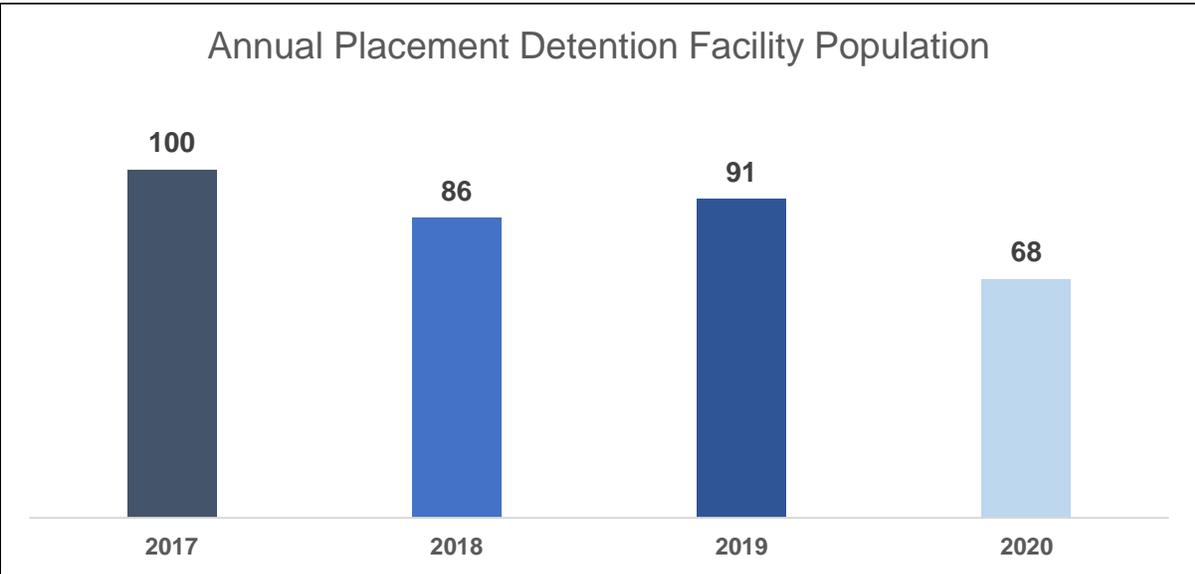
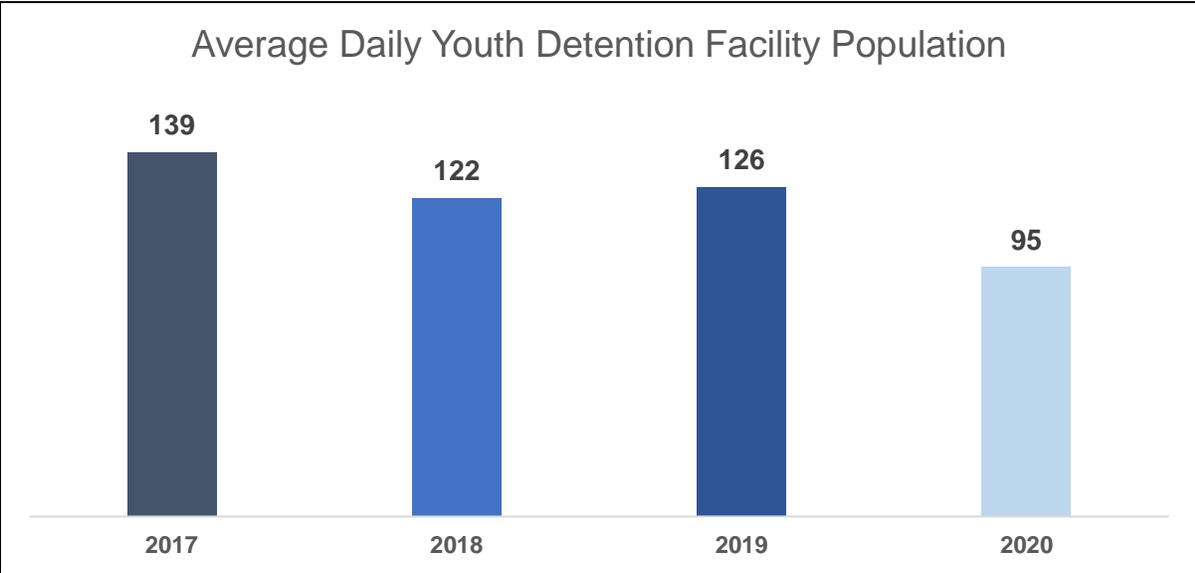
### **PROBATION**

#### **Youth Detention Facility**

Sacramento County Probation is responsible for the operation and management of the County's juvenile hall, called the Youth Detention Facility (YDF). YDF is the first point of interaction for most youth who enter the county's juvenile justice system. YDF provides a safe and secure environment for these youth as well as educational and vocational activities that promote the health and well-being of the youth served; encourages law-abiding behavior; teaches individual accountability for one's choices; and models pro-social behaviors. There is a capacity of 416 beds at YDF with current staffing for 146 beds. Since 2017, the YDF annual average daily population has dropped by 68%. The Average Daily Population in 2017 was 139 compared to 95 in 2020. The total annual population for placement commitments in 2017 was 100 compared to 68 in 2020, a decline of 68%.<sup>45</sup>

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<sup>45</sup><https://saccoprobation.saccounty.gov/Documents/Resources/Data/Populations%20Under%20Jurisdiction/Juvenile%20Population/Website%20-%20Juvenile%20Population%20%28YDF%29%20-%202013%20to%20Present.pdf37>



An Intake Officer will use a detention risk assessment tool to determine if the youth can be released to a parent or should be detained at the Youth Detention Facility. In addition, the Classification Officer completes the Commercial Sexual Exploitation Identification Tool (CSE-IT) to determine if the youth is at risk for being sexually exploited and the Child and Adolescent Trauma Screen (CATS), and the Massachusetts Youth Screening Instrument (MAYSI). The CATS is a screening instrument based on the DSM-5 criteria for Posttraumatic Stress Disorder (PTSD) that measures potentially traumatic events and of posttraumatic stress symptoms (PTSS). The MAYSI is a self-reporting screening tool used to help identify signs of mental or emotional disturbance or distress among youth ages 12-17 years of age. The information gathered assists the Youth Detention Facility in providing appropriate care for the youth while they are in custody.

<sup>37</sup><https://saccoprobation.saccounty.gov/Documents/Resources/Data/Populations%20Under%20Jurisdiction/Juvenile%20Population/Website%20-%20Juvenile%20Population%20%28Placement%29%20-%202017.pdf>

Probation youth committed by the Court to suitable In-State placement remain in custody at the Youth Detention Facility until an appropriate placement is identified. The average number of days in custody after an In-State commitment and prior to placement was 27 days between 2019 and 2020. The average number of days in custody after an Out-of-State commitment and prior to placement was 35 days between 2018 and 2019.\* Obstacles to reducing in custody time include Interagency Placement Committee (IPC) meetings, placement program referral rejections, Interstate Compact approval and placement program waiting lists. \*Probation ceased all of Out-of-State Placements in May 2020

While in custody, probation youth attend El Centro Junior/Senior High, a year-round school program operated by the Sacramento County Office of Education in YDF, providing a full range of educational services to residents. In addition to attending school throughout the week, probation youth can earn high school credits and, if eligible, take the California High School Proficiency Exam (CHSPE) or the High School Equivalency Test (HiSET). Once a probation youth has completed high school, they have the option to participate in the Scholars Obtaining Academic Responsibility (SOAR) Educational Empowerment Program. SOAR provides the options of attending Lassen, Folsom, Sac City or Lake Tahoe Junior Colleges. The youth can take up to 12 units, have the help of a para-educator in choosing their classes, and a tutor can be provided when needed.

Vocational programs provided include the Culinary Arts Program, Barbershop Program, and Northern California Construction Training (NCCT). Probation youth have an opportunity to receive a professional certification after going through these programs.

Daily recreational activities and physical education are provided to all YDF probation youth. There is a gymnasium, swimming pool, and courtyards in all units that are utilized for organized sports and physical activities. In addition, the youth have the option to participate in the Leadership Education Athletic Program (LEAP), which emphasizes teamwork and challenges youth both physically and mentally. Another opportunity is the Skills Training Enrichment Program (STEP), a multidisciplinary youth program encompassing education, mental health, recreational therapy, and physical fitness to build skills and improve behavior. Program components include individual and group therapeutic activities and encourages pro-social behavior.

Weekly church and bible studies are available, as well as religious services and spiritual support through the Juvenile Justice Chaplaincy Volunteer Program.

Many programs and activities have been developed by staff and managers at YDF to provide rehabilitative opportunities for the youth including peer mentoring, fitness and sports activities, trauma-informed therapy, leadership development, and more. Some of the most popular activities include:

- Library
- Alternatives to Violence
- Anti-Recidivism Coalition
- Another Choice Another Way
- G.A.P. (Gang Awareness and Prevention)
- Burning Bush Moments (education, support and empowerment for abused, abandoned and neglected at risk youth)
- Boys and Girls Club
- Earth Mama Healing: Love Notes Curriculum
- Leadership Development Program
- Mentor Academy Program

- Project Me
- The Beat Within
- Sacramento Mandarins Music Academy
- Safety Health Opportunity Practice (SHOP)
- Skills Training Enrichment Program (STEP)
- Teach1-Reach1
- 916 Ink
- Xpressions Program
- UC Davis CAARE program (patient care, teaching, research and prevention initiatives on behalf of abused and neglected children and children and youth identified as high risk)
- WEAVE, and other internal programs (recreation, etc.)

Juvenile Correctional Health is responsible for providing legally mandated health care services to the youth in YDF. Under the umbrella of the Department of Health Services, Primary Health Division, Juvenile Correctional Health employs an interdisciplinary team of healthcare providers, registered nurses, and administrative staff responsible for providing relevant and continually evolving healthcare practices that will ensure high quality services and efficient service delivery.

Juvenile Justice Institutions Mental Health is responsible for providing legally mandated, culturally competent, adaptive, responsive and meaningful behavioral health care services to the youth in YDF. Behavioral health services are provided by licensed clinical staff of the Department of Health Services, Division of Behavioral Health, and supervised by a licensed Mental Health Program Coordinator. The program contracts with physicians to provide on-site psychiatric services.

Prior to the pandemic, the Parent Orientation Program was held every third Thursday from 5:30 pm to 7:00 pm in the Youth Detention Facility's Visitor Center. The program provides an opportunity for parents and guardians to learn about the services and programming their child will receive while in Probation's care. Parents will also have an opportunity to obtain resources for their child's successful reintegration back into the community. Although this program is currently suspended due to the Pandemic, the plan is to have it return when appropriate.

On a weekly basis, probation youth committed to In-State placement who are pending delivery to their placement are contacted by their assigned officer. Non-Minor Dependents (NMD), who are eligible and choose to participate in Extended Foster Care (EFC), are referred to residential services by EFC Placement Officers. Obstacles to placing NMDs include program referral rejections, program waiting lists, and objections from the probation youth.

**Valley Oak Youth Academy (VOYA) Department of Juvenile Justice program within Youth Detention Facility**

Under Senate Bill 823, the legislation transferred the responsibility for managing all youthful offenders from the State to local jurisdictions to build on the state's commitment to providing more treatment and rehabilitative services for youth closer to home.

Once a youth is committed to the Valley Oak Youth Academy (VOYA), the youth will reside in a safe and secure housing unit at the Youth Detention Facility consistent with trauma informed care. Using a multi-disciplinary team approach, individual rehabilitation plans for each youth will be developed to ensure the youths' treatment, education, and developmental needs are identified and supported. The VOYA will

provide the support, rehabilitation, restoration, coordination, and supervision for youth transitioning back into the community through a non-residential community based alternative.

Through utilization of evidence based responses and interventions, opportunities are provided towards positive outcomes for youth and public safety, reduced transfer of youth to the adult criminal justice system, reduced racial and ethnic disparities, and reduced confinement in the juvenile justice system.

Through the dedication and collaboration between culturally responsive probation officers, contract employees, contracted community providers/liasons, social workers, and over 100 volunteers from community based organizations, the youth are provided with a vast array of programs and support services. Our evidence based programs focus on strengthening pro-social skills, confidence building, problem solving, decision making abilities, and increasing physical and academic performance. These programs provide opportunities to enhance positive outcomes that work toward rehabilitation and reintegration upon release from custody.

During initial orientation, a tree-focused activity identifies all the supports youth have when they enter the program. This visual tree continues to “branch” out with additional supports (e.g. family, advocates, providers, teachers, etc.) as they progress through the program. When youth leave the program, the visual reminds them they are not alone, they have support from many areas of their life, and they are growing into strong individuals capable of making healthy and positive decisions that benefit themselves and the community.

## Other County Programs

Sacramento County Child Welfare Services and Probation has continued to collaborate with various county agencies to provide services and supports to families and children.

CalWORKs: The CalWORKs program is under the umbrella of Department of Human and Human Services (DHHS) and provides case assistance grants and welfare-to work services to families whose income is not adequate to meet the family’s basic needs.

Multi county agency collaborations: The CPS co-location of the Multi-Disciplinary Team is part of the Black Child Legacy Campaign Community Incubator Leads (CIL) that are designed to be the hub in each community, responsible for establishing grassroots leadership that is trauma informed, engages youth and other grassroots organizations and utilizes Sacramento County Cultural Brokers (SCCB) and other county resources such as CPS Informal Supervision (IS) social work staff, Department of Human Assistance (DHA) and Probation who can work within the community and with CPS. The CIL function as a Multi-Disciplinary Team (MDT) allows for a teaming approach to best support and wrap families in supportive and preventive services. Currently, the Probation Department does not have a CalWORKs co-located employee.

Public Health: As previously mentioned, CPS, the Division of Public Health and Department of Probation have an MOU wherein Foster Care Public Health Nurses (FCPHNs) are co-located with CPS agency staff and probation officers with remote accessibility to all team members who serve foster children/youth. The MOU establishes roles and responsibilities of DHHS’s Child Health and Disability Prevention Program (CHDP), CPS, and Probation in the Health Care Program for Children in Foster Care (HCPCFC). Among the many roles of FCPHNs, they interpret health care reports for social workers, probation officers, foster placement and others as needed. FCPHNs identify health care needs for children in foster care. In

addition, FCPHNs work with substitute care providers to ensure the child's Health and Education Passport (HEP) or its equivalent is updated. FCPHNs assist care providers in obtaining timely, comprehensive health assessments and expedite timely referrals for medical, dental, developmental, and mental health services.

**Alcohol and Drug Services:** The Probation Department has a Recovery Court Counselor, co-located from the Alcohol and Drug Services (ADS) who conducts Alcohol and Drug (AOD) assessment, as directed by the Juvenile Court, to determine the need for AOD treatment. The Department has extensive partnerships with several community agencies that provide Alcohol and Drug Services prevention and after care treatment programs. At this time, CPS does not have a staff person co-located from the Alcohol and Drug Services (ADS) in any of the child welfare offices; however, Sacramento County has a strong partnership with the Department of Alcohol and Drug Services and other Alcohol and Drug Treatment agencies on a contract basis. Services include, but are not limited to drug and alcohol testing, prevention and aftercare treatment programs that include in-patient and out-patients services. These services will be expanded upon in the Services Array and Collaboration Section of this report. CPS works in partnership with ADS to support Family Treatment Dependency Court and Early Intervention Family Treatment Court, and provide treatment services to CPS families.

**Mental Health:** Both CPS and Probation collaborate with the Department of Behavioral Health Services (BHS) for assessments and mental health services for children through the child and adult ACCESS referral process. CPS utilizes BHS for the completion of the Child Adolescent Needs and Strengths (CANS) evaluations when a child is not linked to a mental health provider. Additionally, BHS provides wraparound, therapeutic behavioral services (TBS), and flexibility integrated treatment (FIT) services to child welfare and probation youth with substantial mental health needs. BHS also supports in providing second opinions on the use of prescribed psychotropic medication to children. CPS and Probation also have multiple contracts with community partners for counseling services to provide preventive and supportive services to youth and families.

**DCFAS Information Technology (IT) Support Team:** The IT team develops various platforms and implements operational parameters to enhance the Sacramento County child welfare services network and databases. IT also provides technical and infrastructure assistance and maintains internal/external operating data systems.

The child welfare and probation partnerships established with other county agencies have benefitted families by allowing the streamlining of services for families and children. Ensuring children and families are assessed for services and linked to those services early in the case will aid in the planning and provision of appropriate services throughout the life of the case. The processes established have helped to maintain a robust communication system that allows for efficiency in service delivery.

# State and Federally Mandated Child Welfare/Probation Initiatives

## **Safety Organized Practice (SOP)**

The goal of Safety Organized Practice (SOP) is to improve outcomes for children and families by strengthening critical thinking, enhancing safety, building safety networks, promoting collaborative planning and teaming, and creating well-informed goals and detailed, behaviorally-based case and safety plans. SOP practices in Sacramento County continue to be emphasized through ongoing trainings. In March 2020, due to the COVID-19 pandemic, coaching continued in a virtual format.

In February 2021, Sacramento County, in partnership with UC Davis Northern Training Academy, provided Family Service Workers (FSW) with a full day of SOP training. In March and April 2021, FSWs received an introduction to SOP coaching. FSWs support children and families, in part, by coordinating, supervising, and observing child and family visits and providing transportation.

Training needs continue to be identified to enhance SOP practices throughout the agency. SOP Foundational Training and Behaviorally Based Case Plan Training continue to be provided to social workers in new hire cohorts and CORE 3.0, and group coaching continues to be offered to supervisors. These trainings are delivered in a virtual format since the pandemic in 2020.

Sacramento County continues to utilize external coaches to support the development of goals within units and assist supervisors with structured strategies, tools, and techniques for coaching their social worker teams toward successful implementation and deepening of SOP practices. SOP coaching continues for Emergency Response and Permanency supervisors, program managers, and program planners. After the COVID-19 pandemic impacts began in late March 2020, coaching resumed in a virtual format. In addition, SOP tools, such as “the three questions”, continue to be consistently incorporated into meeting frameworks across the division and integrated into documents, forms, and court reports.

Since March 2021, the Safety Organized Practice Integration Team (SOP-IT) merged with the Foundational Practice Team (FPT) responsible for supporting implementation of the Core Practice Model (CPM) throughout CPS. The core team is currently comprised of four program planners and the Deputy Director, and receives consultation from two University of California, Davis, Northern Training Academy coaches. The focus of the FPT is to be a conduit for ongoing communication and guide the work to ensure SOP-CPM practices are implemented at all levels of the agency. This work is aimed at creating a better experience for families and the workforce, and is additionally focused on improving outcomes for children and families.

In August 2021, a CPM-SOP model description was developed by the FPT with feedback from the Executive Management Team (EMT):

*“The Core Practice Model (CPM) is a practice model for everyone, and is grounded in cultural humility, anchored in equity and inclusion, and provides the foundation for our agency culture and practice, both when interacting with each other, and with children, youth, young adults, and families. This includes their identified support network, tribes, communities, and partners. SOP skills and strategies help us put the CPM leadership and practice behaviors into action as they are rooted in the same shared values. CPM Values promote consistent engagement, inquiry/exploration, advocacy, teaming, and accountability in our daily work. For this reason, we refer to our foundational practice model as CPM with SOP infusion, or CPM-SOP.*

*CPM-SOP practice engages and strengthens an inclusive leadership and workforce, honors lived experiences, and provides authentic teaming and collective decision-making opportunities. Our practice model promotes collaboration with families and their networks, with each other, and our partners, in culturally responsive, trauma-centered, and evidence-informed best practice approaches. These approaches help co-create plans with families and their networks to build upon a family's strengths, and foster measurable behavioral change within a family.*

*CPM-SOP, used with fidelity, guides the practice and system improvement needed to improve outcomes and experiences for all children, youth, young adults, families, and tribes. This promotes accountability for those who work with them and those who support the work.”*

The FPT meets weekly. Also, designated core team members participate in the statewide SOP Backbone Committee, and one to two FPT members participate in monthly coaching calls with the Executive Leadership Team (ELT); University of California, Davis, Northern Training Academy; and CPM-SOP coaches.

The FPT is currently engaged in phase 2—Leadership Readiness: FPT and Managers engagement of supervisors and program specialists in CPM-SOP overview and exploration of application (Skill Enhancement Workshops [SEW] 1-5). The first SEW delivered to supervisors and program specialists began in January-February 2022.

CPM-SOP integration is a continued focus to enhance practices throughout the agency. Additionally, Sacramento County remains dedicated to seeking out ways in which to continually review and evaluate the use of SOP across the agency.

### **Child Welfare Title IV-E Child Well-Being Project**

On March 31, 2006, the State received approval for the California Title IV-E Child Welfare Waiver Demonstration Project from the federal government. Then on September 30, 2014, the State received a five year extension of the State Demonstration Project. Sacramento County was one of seven counties selected to participate in this Demonstration Project. The implementation of the flexible funding strategy allowed Sacramento to invest existing resources more effectively in proven and innovative approaches that better ensure the safety of children and the success of families in our County. The goals of the Project were:

- Improve the array of services and supports available to children and families involved in the child welfare and juvenile probation systems

- Engage families through a more individualized casework approach that emphasized family involvement
- Increase child safety without an over-reliance on out-of-home care
- Improve permanency outcomes and timelines
- Improve child and family well-being
- Decrease recidivism and delinquency for youth on probation

Sacramento County Child Welfare had three interventions to achieve the desired goals:

- Implementation of Safety Organized Practice (SOP)/ Core Practice Model (CPM)
- Expansion of Prevention Services (i.e. Birth & Beyond)
- Family Finding and Kinship Support

In 2014, Sacramento County began planning and implementation of the project. A steering committee was formed comprised of representatives from Child Welfare and Probation, including but not limited to deputy directors, division managers/chiefs, as well as fiscal program staff and continuous quality improvement managers. Workgroups (fiscal, program, data evaluation, etc.) were formed to report to the steering committee. On October 28, 2014, a community forum was held with community partners and county staff to gather input on child welfare services and support. Additional workgroups/steering committees were convened to target specific programmatic areas:

- Safety Organized Practice Steering committee
- Family finding and kinship support workgroup, which discussed scope of services, referral process, data collection, etc. The committee membership included division managers, planners, program managers, supervisors and providers.
- Permanency steering committee
- Sacramento waiver evaluation committee reviewed data relevant to key outcomes under the waiver. The committee membership included the DHHS Director, CPS, Probation and Department of Human Assistance

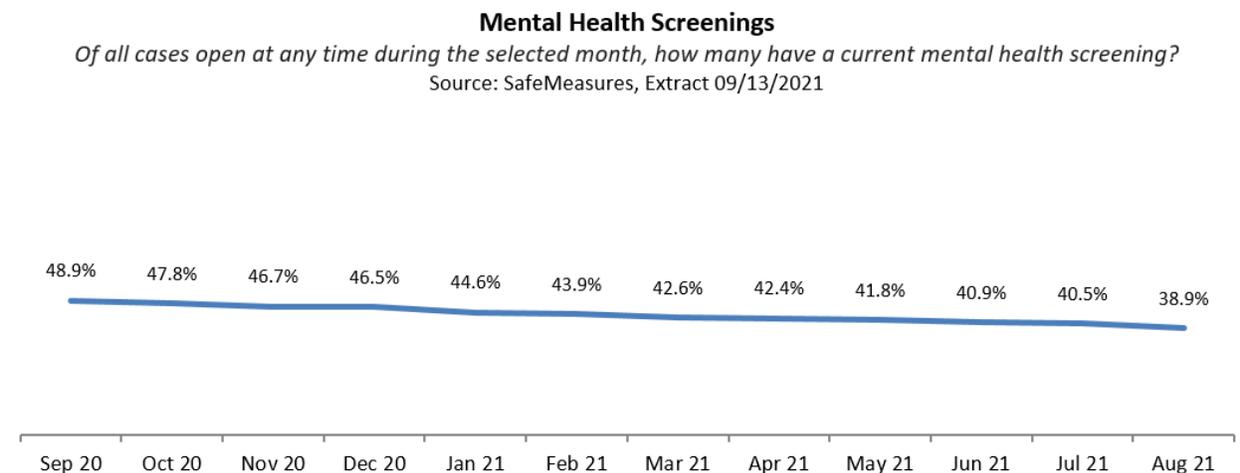
The Title IV-E was a demonstration project. The project (and associated funding), sunset in 2019. Sacramento County CPS used the demonstration funding to increase and expand effective partnerships and strategies that were already in place. When the demonstration ended, CPS was able to continue providing the same level of service that was provided prior to the grant. A key component that remains is the commitment to Safety Organized Practice and the Core Practice Model. CPS continues to receive SOP coaching at the leadership (management & supervisor) level, continues implementation plans for CPM (cascading from upper management, to middle management, to supervisors and staff), and still continues to partner strongly with Birth & Beyond Family Resource Centers (FRC) (additional information about that partnership can be found in other sections of this report). CPS has made every effort to keep this service array as robust as it was prior to the IV-E Waiver, and in some cases was able to fund at the same level as the Waiver for various lengths of time (i.e. Stanford Sierra Youth & Families continuing expansion level volume through June 2020, and the continued use of SOP coaching).

## Pathways to Well-Being

Since October 2014, all CPS social workers are responsible for assessing the mental health needs of children and families and making appropriate referrals to meet those needs. The CPS Mental Health Screening Tool is completed on all new open cases within 30 days of opening the case, whenever a mental health need is subsequently identified, and annually on children and youth not already receiving mental health services. CPS continues to provide training on Pathways to Well-Being, the Integrated Core Practice Model, referral process, mental health screening, and information sharing. This training is required for and provided to new CPS social workers and available to existing CPS social workers as well. The Pathways to Well-Being Dashboard, sent out on a monthly basis to the CPS workforce, provides data from SafeMeasures on the number of children in open cases with a current Mental Health Screening. CPS continues to make efforts to ensure Mental Health Screenings are documented in CWS/CMS.

All children and youth meeting the criteria for mental health services are required to have on-going Child and Family Team (CFT) meetings at a minimum of every six months. Children and youth requiring Specialty Mental Health Services (SMHS) such as Intensive Care Coordination, Intensive Home Based Services, or Therapeutic Foster Care services are required to have an on-going CFT meeting at minimum every 90 days. The mental health provider facilitates CFT meetings for children and youth receiving SMHS. For children and youth receiving outpatient mental health services, CPS contracts with Pacific Clinics (formerly Uplift Family Services) to facilitate CFT meetings. For children and youth who have an open CPS Emergency Response referral or Informal Supervision case, CFT meetings are facilitated by a CPS Prevention CFT Facilitator. More information on the CFT service can be found in the Service Array section of this report.

In October 2016, CPS Program Administration implemented a monthly Pathways to Well-Being Dashboard that shows compliance with mental health screening requirements, the number of mental health referrals made by CPS, and CFT meetings for children receiving SMHS services. The graph below shows the percentage of children in open cases with a current mental health screening.



Data Source <sup>40</sup>

In review of the mental health screening data for all open cases between September 2020 and August 2021, CPS averaged current completion of mental health screenings including documentation in CWS/CMS on 44% of children. During the same period, CPS averaged 201 mental health referrals to Behavioral Health Services each month. November 2020 had the lowest number of referrals at 144, while June 2021 had the highest at 314 referrals.<sup>46</sup>

Unfortunately this data cannot identify if/how the program efforts have contributed to meeting the needs of the children served. With the implementation of the qualitative case review process through the Child and Family Services Review (CFSR), CPS has gained some information regarding how the efforts are meeting children’s mental health needs. The table below is from the CPS Year to Date CSFR Dashboard for federal fiscal year 2020/2021 Quarter 4 for item 1 “Mental/Behavioral Health of Child”.

## Well-Being

Item Number	Outcome	17/18	18/19	19/20	20/21 (YTD)
Item 18	Mental/Behavioral Health of the Child				
	Cases with Strengths / Applicable Cases Reviewed	42/56	42/73	46/63	31/51

Data Source<sup>41</sup>

CPS performance has fluctuated each year with an overall average of 66.6% applicable cases with strengths. The federal goal for a Strength Rating is 95%. Areas needing improvements include 1) lack of ongoing assessments and/or services; 2) agency was not able to engage the child in needed services and 3) ineffective mental health treatment services did not meet the child’s needs.<sup>47</sup>

Additional information on Pathways to well-Being (formerly Katie A. vs. Bonta) can be found in other areas of this report including Agency Collaboration and Quality Assurance.

## Other

Sacramento County CPS has implemented other initiatives that will be discussed in other sections of this report. These include but are not limited to: Extended Foster Care; Commercially Sexually Exploited Children (CSEC); Child and Family Services Review (CFSR); Foster Parent Recruitment, Retention and Support (FPRRS); and Resource Family Approval (RFA).

## PROBATION

### Resource Family Approval (RFA)

As part of California Assembly Bill 403, The Continuum of Care Reform Act, Sacramento County created a position for one Senior Deputy Probation Officer to locate new foster care families and to create a streamlined process for an individual/family to provide care for a related or non-related juvenile court ward on a short-term or long-term basis. This officer collaborates with the Department of Children, Family and Adult Services (DCFAS) to complete the necessary background evaluation, home environment check,

<sup>40</sup> SafeMeasures (Extract 9/13/21)

<sup>46</sup> <https://insidedcfas.saccounty.net/CPS/Documents/Bubbles/Data%20and%20Outcomes/Pathways%20to%20Well-Being/2021/Pathways%20to%20Well-Being%20Dashboard%20-%20September%202021.pdf>

<sup>47</sup> <https://insidedcfas.saccounty.net/CPS/Documents/Bubbles/CFSR-%20Data%20and%20Outcomes/YTD%20CFSR%20Dashboard/Year%20to%20Date%20CFSR%20Dashboard%20Data%20-%20%28FFY%2021%20-%2022%20Q1%29.docx.pdf>

comprehensive family evaluation, and face-to-face interview with the prospective RFA parent. The prospective RFA parent completes the RFA certification process with DCFAS by obtaining First Aid and CPR certification and attending 12 hours of training. Through this coordinated effort and continuous recruitment of RFA parents, Probation is increasing the number of non-congregate care placements as the first option for initial placement for youth.

### **Foster Parent Recruitment Retention Support (FPPRS)**

Probation received FPPRS funding beginning Fiscal Year (FY) 2016-2017 and initially contracted with two local foster family agencies to provide family finding and case management services. The contracts continued through FY 2017-2018; however, the contracts expired on June 30, 2018, due to reduced funding allocation for FY 2018-2019.

For FY 2018-2019, Probation collaborated with Fiscal and Information Technology to develop a revised and detailed FPPRS plan. The revised FPPRS plan is designed to reduce reliance on the use of congregate care settings by building an inventory of Resource Families willing to provide care for Probation foster youth either as initial placement or as a step down to home-based care after completing a Short Term Residential Therapeutic Program. Components of the plan include the following:

- 1. Family Finding:** Referrals for youth in need of family finding services are submitted to one Placement Probation Officer designated to perform the duties previously performed by the contracted partners. Upon receiving a referral, the Officer interviews the youth, utilizes family finding websites and data bases to locate relatives and non-relative extended family members, makes connections with relatives and non-relative extended family members, and connects youth to family members and non-relative extended family members locally and throughout the United States. The officer remains connected and provides support to the youth, relative or non-relative extended family member, as well as the referring officer assigned to the case.
- 2. Caregiver Support:** Probation provides case management services and financial support to caregivers. Financial support to the caregiver is essential for overcoming barriers in providing care for the Probation foster youth. Case management services involve building relationships and rapport with youth and caregivers, remaining connected and responsive to the individualized needs of the youth and caregiver, and facilitating Child and Family Team Meetings to inform decision making during case planning. Through these efforts, probation hopes to retain resource families.
- 3. Marketing Strategies:** Sacramento County Probation previously utilized advertising through airing of a commercial via a local television channel, transit bus advertisement, and various social media platforms to promote the need for Resource Families. Currently, Probation is collaborating with Daley Solutions on a digital media campaign for Resource Family Approval (RFA) recruitment. In addition, social media posts noting the need for RFA families are listed on Sacramento County Probation Department's social media platforms.
- 4. Outreach:** Engagement and collaboration with community and faith based organizations, Foster Family Agencies (FFA), Educational Services, and DCFAS provides Probation the opportunity to explain the needs of our population, benefits of caregiver support services provided by Probation Officers, and dispel myths and concerns regarding Probation foster youth.

FPPRS funding allocation sunset at the end of FY 2019-2020; however, Probation saw the value of the work and restructured the division to continue with one officer dedicated to the FPPRS campaign.

Probation currently has 20 resource families with nine being child specific within the state of California willing to care for Probation foster youth from Sacramento County.

### **Child and Family Team Meetings**

Child and Family Teams (CFT) are comprised of the probation youth, the probation youth's family, and other people important to the family or youth. The CFT include representatives who provide formal supports to the probation youth and family when appropriate, including the caregiver, placing agency caseworker, representative from the Foster Family Agency (FFA) or Short-Term Residential Therapeutic Program (STRTP) where the probation youth is placed, as well as a mental health clinician. Members of the CFT work together to identify the strengths and needs of a Probation foster youth to develop a youth and family centered plan.

Procedurally, Child and Family Team Meetings (CFTM) are convened at various intervals of the Probation foster youth's case to inform the decisions made during case management. Initially, the CFT is convened by the Placement Intake Officer to determine placement needs and services, including the decision of presumptive transfer of specialty mental health services. Information gathered from the CFTM informs the Interagency Placement Committee in their approval of placement into a STRTP. Upon the youth's placement in an STRTP, with a Resource Family or Foster Family Agency, the Placement Officer providing supervision and case management convenes the CFT to develop a strength-based, family centered case plan. The case plan addresses rehabilitative and permanency goals. The Placement Officer also convenes the CFT to stabilize placement when the youth is at risk of termination, whenever there is a triggering event, or as requested by the youth and family.

### **The Center**

Sacramento County Probation is in the developmental phase of creating an on-site or mobile "one-stop-shop" Center. The Center will work with all youth from the first point of entry into the juvenile justice system through targeted efforts to divert youth from the system and with a focused approach on family preservation.

Family maintenance is the primary goal for the Placement Services Division; however, there are cases where it is in the best interest of the youth on probation and the community to have a youth placed in an alternative foster care setting, which may include a resource family.

The services at the Center will be specifically identified to enhance recruitment efforts and the Resource Family Approval (RFA) process for improved outcomes for youth and families include:

- Child and Family Team Meetings
- Extensive Family Finding Efforts
- Ongoing Foster Parent Recruitment, Retention, and Support
- Community Recruitment Events and Outreach
- Reentry Development for Youth
- Resource Family Approval Application Assistance
- Resource Family Orientation
- Wraparound Program

The Center's vision is to use programs designed to address risk and needs in a safe, welcoming, and inclusive environment. Addressing risks/needs through the best practices of evidence-based programming will identify the most appropriate cognitive-behavioral programming, academic support, job readiness, vocational training, and treatment areas.

**Other Federal and State initiatives include AB 2083, Integrated Core Practice Model (ICPM), Federal Child and Family Services Review, Family Urgent Response System, and the Family First Prevention Services Act.**

#### **AB 2083 Foster Youth: Trauma-Informed System of Care**

AB 2083 requires each county to develop and implement a Memorandum of Understanding (MOU) setting forth roles and responsibilities of agencies and other entities that serve children and youth in foster care who have experienced severe trauma. The purpose of the MOU is to ensure that children and youth in foster care receive coordinated, timely, and trauma-informed services. The MOU for Sacramento County is completed.

#### **Integrated Core Practice Model (ICPM)**

The ICPM is a framework that sets the Child and Family Team (CFT) as the primary vehicle for the team-based process and implemented in four phases: Engagement, Service Planning, Monitoring and Adapting, and Transition. Together with the CFT process, the ICPM establishes a partnership with children, youth, and families, which results in coordinated and integrated plans individualized to address the unique needs of each child and family member working together towards well-being and permanency.

#### **Family Urgent Response System**

The Family Urgent Response System's (FURS) goal is to build upon the Continuum of Care Reform and provide current and former foster youth and their caregivers with immediate, trauma-informed support when needed. FURS is a coordinated statewide, regional, and county-level system designed to provide collaborative and timely state-level phone-based response and county-level in-home, in-person mobile response during situations of instability, and to preserve the relationship of the caregiver and the child or youth. Probation in collaboration with the Department of Child, Family and Adult Services (DCFAS) and Behavioral Health Services, are working to create a robust county-level response system, which will:

- Provide telephone and/or in-person support 24 hours a day, 7 days a week,
- Aid in preserving relationships between caregivers and youth,
- Provide developmentally appropriate conflict management and resolution skills,
- Stabilize the living situation in an effort to reduce placement disruptions,
- Prevent the need for intervention by law enforcement, psychiatric hospitalization, or placement of youth in congregate care, and
- Connect the caregiver and youth to community-based services.

#### **Family First Prevention Services Act**

The Family First Prevention Services Act (FFPSA) signed into law on February 9, 2018, includes reforms to help keep children safely remain with families and avoid traumatic experience of entering the foster care system. It is comprised of eight parts, but the primary provisions are Part I and Part IV.

FFPSA Part I includes several provisions to enhance support services for families which will help children remain at home, reduce the unnecessary use of congregate care, and build capacity of communities to support children and families. Part IV seeks to limit reliance on congregate care for serving children in foster care, consistent with the objectives of California's Continuum of Care Reform (CCR) that were

implemented pursuant to AB 403 and subsequent legislation.

Through the Continuum of Care Reform and other legislation, California has already enacted some of the FFPSA Part IV requirements for placements into STRTPs. However, additional requirements for placements into STRTPs on or after October 1, 2021 include:

**The Qualified Individual (QI):** An assessment by a QI is required prior to any placement of a foster child into an STRTP made on or after October 1, 2021, other than an emergency placement, as a condition of Title IV-E funding eligibility. Sacramento County Probation Department's current QI is a Senior Mental Health Clinician from Behavioral Health. The QI will conduct an assessment to determine the child's behavioral health needs and goals and make certain determinations regarding whether the child's needs can be met with family members or in a family setting, and, if not, the most appropriate level of care, interventions, and treatment for the child. -ALL COUNTY LETTER (ACL) NO. ACL 21-113

Due to this requirement, Probation's STRTP referral process has changed. Once the Placement Intake Officers are notified that a placement recommendation is being considered based on an Administrative staffing, they will initiate a Pre-Dispositional CFT Meeting. The Court Officer will complete the disposition report and recommend placement. If the Court agrees, they will order out of home removal. The Placement Intake Officer will at this time submit a QI Assessment referral on the minor's behalf. Once the QI assessment report returns, if the recommendation is an STRTP, the placement Intake Officer makes referrals to the appropriate STRTP's. When an appropriate STRTP is identified the case is referred to the Interagency Placement Committee to make the determination of STRTP approval; only then is the youth placed in an STRTP. Within five calendar days of the youth's placement, the case carrying officer will request a hearing to review the placement.

The remaining FFPSA IV requirements are:

**Court Reporting & Case Planning:** Court hearings occur within 45-60 days of the start of each STRTP placement, including change in STRTP placements. For each new placement and/or placement change, a new court hearing is required to approve the level of care based on an assessment by the Qualified Individual (QI). At each court hearing, the court of jurisdiction must take into consideration the QI's assessment when determining whether the STRTP is the most effective and appropriate level of care.

The FFPSA also requires additional documentation in the case plan for youth placed in an STRTP. Within 30 days of a child's placement into an STRTP, documentation in the case plan is to include information that demonstrates permanency planning, which is inclusive of the child and family. Information should reflect the Child and Family Team's (CFT) efforts and collaboration with the QI.

**Aftercare:** Each county child welfare agency, probation department, and mental health provider jointly provide, arrange for, or ensure the provision of at least six months of aftercare services through wraparound services for a child or non-minor dependent (NMD) in the placement and care responsibility of the child welfare or probation agency transitioning from an STRTP to a family-based setting.

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

## **The BOS-Designated Public Agency**

The Sacramento County Board of Supervisors designates the Department of Child, Family and Adult Services – Child Protective Services Division to administer, distribute and monitor the Child Abuse Prevention Intervention and Treatment (CAPIT), Community-Based Child Abuse Prevention (CBCAP), and Promoting Safe and Stable Families (PSSF) funds. The Division designates program monitors to collect data, conduct program evaluations, and completes the annual Office of Child Abuse Prevention (OCAP) report during the System Improvement Plan cycle.

## **Child Abuse Prevention Council (CAPC)**

In accordance with CDSS' process and guidelines, the Child Abuse Prevention Council (CAPC) of Sacramento is a C-CFSR and CSA agency partner with Sacramento County Child Protective Services, with the mutual goal of protecting children by strengthening families and communities through prevention and early intervention efforts.

Established in 1977 as a 501(c)(3), the Sacramento County Board of Supervisors, per California Welfare and Institutions Code Chapter 12.5 Section 18980, approved CAPC as the only County entity to coordinate child abuse prevention. CAPC has four decades of extensive experience collaborating with multidisciplinary stakeholders who serve children and families, coordinating comprehensive prevention planning, providing training and technical assistance, implementing evidence-based programs, using evaluation to inform quality improvement, and leading collective impact models.

CAPC's role in child abuse prevention is demonstrated by a lengthy legacy as a principal partner with Child Protective Services in current child abuse prevention initiatives, including but not limited to: 1) lead agency, since 1998, for the Birth & Beyond Family Resource Center program in partnership with six community-based organizations who operate nine Birth & Beyond Family Resource Centers; 2) partnering with Child Protective Services and Birth & Beyond Family Resource Centers, from 2014 to 2019, as a Title IV-E Waiver contractor; 3) coordinating Sacramento County's Child Death Review Team since 1990 and Fetal Infant Mortality Review since 2014, to learn and apply the how and why of child deaths; 4) lead agency, since 2019, with Department of Human Assistance in the CalWORKs Home Visiting program; and 5) being awarded, for two decades, funds from First 5 Sacramento to implement their Empowered Families priority through Birth & Beyond Family Resource Centers. CAPC's most recent child abuse prevention effort is a federal grant from the U.S. Department of Justice as one of five national demonstration sites for the *Child Safety Forward Initiative* to develop collaborative multidisciplinary strategies and responses to address fatalities/near-death injuries resulting from child abuse/neglect. A countywide 25-member multidisciplinary public/private Prevention Cabinet of decision makers has developed a strategic plan with the goal of eliminating child abuse and neglect fatalities/near fatalities by

2030, through four strategies: Community, Parent, and Youth Voice; Racial Equity; Trauma-Informed Systems/Practices; and Building and Implementing a System of Care.

### **County Children’s Trust Fund (CCTF) Commission, Board or Council**

The Sacramento County Children’s Coalition is designated by the County’s Board of Supervisors (Resolution No. 2011-0115) to carry out the grant making and program oversight functions of the County Children’s Trust Fund (CCTF). Their mission is to assess community needs, evaluate existing services, and make recommendations to the Board, in order to promote the health and well-being of children and families in Sacramento County. The Children’s Coalition advocates for children’s issues by funding programs and projects that protect children/youth, and monitoring and reporting the results of them. In addition, they provide policy oversight and community education about the needs of children and families. The Sacramento County Department of Child, Family and Adult Services assists the Coalition by being the fiscal agent of the CCTF, partnering with the Coalition to release and administer Requests for Proposals/Applications, facilitating the proposal/application selection process, and providing technical assistance for writing and overseeing the resulting contract(s). Sacramento County does not deposit any portion of the Community-Based Child Abuse Prevention (CBCAP) allocation into the CCTF.

As required by statute (California Welfare and Institutions Code § 18983), the CCTF provides ongoing funding to the County’s designated Child Abuse Prevention Council (CAPC) for comprehensive, county-wide child abuse and neglect prevention work, including: 1) promoting prevention and intervention through operation of an information and referral phone line; 2) educating and training mandated child abuse reporters in the definition, detection, and their legal reporting; and 3) reviewing and assessing the performance, training, education and outreach needs of the child protection, safety and service delivery system in Sacramento County, including coordination of the Sacramento County Child Death Review Team and publication of the annual Sacramento County Child Death Review Report.

In addition to funding CAPC’s activities, the CCTF provides periodic, time-limited funding for projects that promote child abuse prevention and seed funding for new or enhanced child abuse prevention programs. CAPC and all currently funded grantees report directly to the Children’s Coalition on their activities and use of CCTF dollars on a quarterly basis. They also provide annual presentations to the Coalition and their constituents on their CCTF-funded program’s/project’s highlights, outcomes, and lessons learned over the previous year. These reports and presentations are captured in the Children’s Coalition’s meeting minutes, posted on the Coalition’s webpage.<sup>48</sup>

The annual Child Death Review Team Reports are presented to the County Board of Supervisors and are posted on their meetings archives webpage and on CAPC’s website:

<http://www.thecapcenter.org/why/research-and-publications/child-death-review-team>

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<sup>48</sup> [https://dcfas.saccounty.net/Admin/childrenscoalition/Pages/ChildrensCoalition\\_Home.aspx](https://dcfas.saccounty.net/Admin/childrenscoalition/Pages/ChildrensCoalition_Home.aspx)

## **PSSF Collaborative**

The federal Promoting Safe and Stable Families Program (PSSF) focuses on the prevention continuum to strengthen communities and improve family and child well-being. PSSF provides coordinated prevention and intervention services for family preservation, community-based family support, family reunification, and adoption promotion and support. PSSF services focus on three prevention levels. The three levels include primary (general population), secondary (families that have one or more child maltreatment risk factors), and tertiary (families with child maltreatment). Sacramento County's PSSF funding is currently allocated to provide case management services in the Informal Supervision program, alcohol and other drug treatment via the Specialized Treatment and Recovery Services (STARS)/Bridges program, funding for short-term counseling mental health services, and adoptive parent recruitment and postadoption services.

Sacramento County does not have a formal Promoting Safe and Stable Families (PSSF) collaborative agency, commission, board, or council. However, the Board of Supervisors oversees all of Sacramento County's child welfare services funding and is informed as to how PSSF funds are used Sacramento County CPS participates in multiple collaboratives with community partners and stakeholders, some of which help direct PSSF funding. Discussions, collective decision-making, and implementation of programs/resources are facilitated through planning, development, and ongoing communication. Collaborative representatives also participate in the county self-assessment process, including focus groups and stakeholder meetings. CPS and prevention partners are responsible for monitoring CAPIT/CBCAP/PSSF contracts, including identifying population, data collection, program activity outcomes, and program fiscal compliance. Child welfare services and prevention partners have designated staff to oversee the PSSF allowable activities. A CPS Program Planner is also the Office of Child Abuse Prevention (OCAP) Liaison. The OCAP Liaison collaborates with the assigned team who oversees the PSSF-funded activities to complete the annual OCAP Report. The County and designated staff continue to assess and explore alternative options to enhance services to meet the needs of the families and children served with PSSF funding.

## **Systemic Factors**

### **Management Information Systems**

Sacramento County utilizes the Child Welfare Services/Case Management System (CWS/CMS), a statewide database for child welfare services. All social workers, supervisors, managers, and support staff in all programs have access to CWS/CMS on their workstations. Depending on their job functions, some staff are provided with laptop computers, which allows them to access their desktop, including CWS/CMS, through remote access. Having remote access allows staff to perform data entry into CWS/CMS and case documentation while they are in a location other than their assigned worksite. In order to ensure proper

usage and maintenance of CWS/CMS, new user trainings are regularly provided for social workers and interns. Also, on an as needed basis, CWS/CMS trainings for specific job classifications such as Family Service Workers, Public Health Nurses, and clerical staff are offered. In addition, Pathways to Well-Being trainings, Commercially Sexually Exploited Children (CSEC) training, and other casework-related trainings include instruction on CWS/CMS documentation. In addition, CPS Program Administration creates instructional documents on how to locate and/ or enter specific information in CWS/CMS. Examples include *How to Activate and Deactivate Safety Alert*, *How to Enter Psychotropic Medication Information*, *How to Document a CSEC Allegation*, and many more.

In order to improve practices and assess the provision of child welfare services, Sacramento uses SafeMeasures, a data-analysis software for child welfare agencies. SafeMeasures extracts data entered in CWS/CMS to produce statistical reports to measure compliance and performance in state and federal measures and regulations. SafeMeasures is used by social workers, supervisors, and managers to have updated case information to support their work. Social Workers use SafeMeasures as a tool to manage overdue and upcoming tasks specific to their caseload. Supervisors use SafeMeasures to monitor caseloads in their unit and compliance with several requirements, such as monthly face to face contacts, timely investigations, referral closure, and Pathways to Well-being (Katie A.) Screenings. Managers use SafeMeasures to make data-driven decision at an agency-level, focusing on performance and outcomes.

Sacramento also uses Business Intelligence (BI), a reporting tool that gathers data in CWS/CMS and creates statistical reports for analysis. Program Administration staff are versed in Business Intelligence and regularly use this tool to create program improvement reports. BI allows users to create customized reports in both referrals and case sections of CWS/CMS, and some of these reports created in Sacramento County include: *Referrals Involving Children Under 5 Report*, *Commercially Sexually Exploited Children (CSEC) monthly report*, *Child and Family Team Meeting (CFTM) Report*, *Expecting and Parenting Youth (EPY) report*, and many more. These BI reports are used to evaluate services delivery to children and families. In addition to Program Administration staff, several program planners and program specialists in the Emergency Response program and Permanency program have access to BI and are able to refresh regularly produced statistical reports. BI is a well-utilized reporting tool in Sacramento Child Welfare.

In addition to CWS/CMS, SafeMeasures, and BI, Sacramento County utilizes Structured Decision-Making (SDM), a web-based tool used to assist social workers in conducting assessments and making decisions at every critical stage in child welfare practice to ensure safety, permanency, and well-being of children. SDM tools include, but are not limited to, Intake Hotline tools, Safety Assessment, Risk Assessment, Reunification Reassessment, and In-home Risk Reassessment. To ensure accurate use of SDM assessment tools, Sacramento conducts regular SDM trainings and a Web SDM training to newly hired-social workers. In addition, Sacramento County has a published SDM Expectations Policy and Procedure, which clearly defines the expectation for social workers in the usage of SDM tools, including timeliness. SDM is used division-wide.

California Automated Response and Engagement System (CARES) is a statewide application currently being developed by the Child Welfare Digital Services (CWDS) and will replace the legacy CWS/CMS database. Once this database is developed, it will be used to record and document a variety of child welfare activities, including intake, referral and case management, placement, service delivery, and many

more. At this time, the functionality available is documentation of Child and Adolescent Needs and Strengths (CANS), Facility Search, and Snapshot. Sacramento has implemented a process wherein CPS Mental Health Clinicians complete an initial CANS assessment on children who are not linked to a behavioral health provider and enter this information in the CANS tool within the CARES-Live System. At this time, Sacramento does not have access to the reporting functionality and often requests a report from CWDS on CANS completed on a monthly basis. This report is used in program planning in the implementation of CANS. Sacramento is fully utilizing the CANS tool functionality available in the CARES-Live System.

Program-level applications include:

- Availability Management System (AMS) is a workload management system in the Emergency Response program. This system was referenced earlier in this report in regard to referral assignment. Implemented in 2019, this system replaced two previously used applications, Immediate Response Interactive System (IRIS) and Asset Management System (AMS). This database keeps track of social worker availability information by implementing a point based system to assign Immediate Response referrals and 10-day referrals to ensure fairness and equity between workers, units, and regions. This system also provides a summary report of the referral tasks completed by staff in different classifications by extracting data from CWS/CMS, SDM, and SafeMeasures. Social workers use the new system to request time off rotation from receiving new referrals, to find referrals that are assigned to them and attest completion of several tasks needed in the investigation and referral closure. Supervisors use AMS to review social workers' caseloads and manage supervisory tasks in referrals. Program managers use AMS to review requests for time off rotation and plan for trainings based on the availability percentage, to override assignment limits, and other tasks. Referral per full time employees (FTE) are used to determine when staff may need additional assistance and other staff willing to take on additional assignments. One barrier to system maintenance is that the reporting is not currently working effectively. Currently there is a delay in time off approval that has an impact on referral assignments. The referral disposition and safety plan assessment are not updated in AMS as timely as it should. The ER Program will continue to monitor AMS and make changes, as needed.
- Court Report Timeliness (CRT) database is a Microsoft ACCESS database used in court programs to ensure compliance with court report timelines. This database tracks 1) the submission of court reports, memorandum, and addendums; 2) records requests and reasons for Court continuances; and 3) records Order to Show Cause (OSC) hearings. The system has a built-in reporting functionality. Compliance reports are sent to supervisors, program managers, and division managers on a weekly, monthly, and quarterly basis to ensure compliance and to monitor any existing barriers to timely submission. Court report timeliness is included as a data point in the monthly CPS Dashboard. Supervisors also use information obtained from this database to include in social worker performance evaluations. In addition, the database serves as a secondary data source to obtain upcoming hearings and is often cross referenced with CWS/CMS to ensure notices are sent to parties of upcoming hearings. The system is fully utilized to its capacity.
- Binti is a database used by the Resource Family Approval (RFA) program and was implemented in 2020 to assist in recruitment and facilitate timely approval of resource family homes. The system has a secured online applicant portal that allows resource family applicants to easily complete forms online and submit documents from their own computer, tablet, or mobile phone. The Social Worker Dashboard feature assists RFA social workers in assessing and approving applicants by

tracking background checks, forms, and training attendance. Also, Binti has a reporting functionality that allows the Program Manager to create reports to identify any systemic challenges and barriers in the application and approval process. Currently, Binti is fully implemented and fully utilized in Sacramento.

- The Prevention CFT program and the Permanency CFT program use Efforts to Outcome (ETO), a database to collect, store, and analyze data related to CFT referrals and CFT meeting recommendations and outcomes. In 2018, Sacramento identified a need to have a single database, aside from CWS/CMS, to be used by both programs to ensure data and reporting consistency. As a result, a workgroup was tasked with identifying a database solution that would meet business needs of both programs and implement a uniform data collection process. ETO was chosen, as it provided ease of customization and reporting functionality. Since implementation in 2019, Sacramento has maintained the ETO database and information gathered is used to improve the CFT operations. In addition, CFT program planners use ETO to produce monthly reports, which include but are not limited to, data points such as the number of referrals submitted, number of meetings held, types of meetings, and meetings recommendations and outcomes. Both the Prevention CFT and Permanency CFT programs are fully utilizing ETO.
- The Independent Living Program (ILP) started using ETO in 2020 to replace the prior ILP database. Sacramento determined the prior application did not meet the needs of the ILP program and Extended Foster Care, which did not exist at the time the original system was developed in the early 2000s, in that it did not have the ability to record several case management information data points and lacked a robust reporting functionality. As result, the ILP planner had to use hand counts and prepared reports manually, which resulted in significant lost productivity when calculating repetitive monthly, quarterly, and annual reports. After consulting with other counties, ETO was identified as a software solution and planning for customizing the application to meet the business needs began in 2018. Training was provided to all EFC staff and ILP workers in four school districts in 2020. The following are a few of the new features available in the ETO database that did not exist in the prior database:
  - Ability to do a batch upload of youth who are eligible for ILP services
  - Each school district has its own touchpoint, which shows youth enrolled in their respective program
  - Additional functionality to better support staff in entering data for multiple youth, specifically in class management (enrollment, attendance, and incentive tracking)
  - Ability to record exit outcomes
  - Ability to produce built-in and customized reports, which can be refreshed on as-needed basis.

Information gathered from the ILP database is used to evaluate operational activities, caseload assignments, services delivered by ILP providers in school districts, and obtain data needed for various federal and state reports. This application is fully utilized in Sacramento.

- The Commercial Sexual Exploitation–Identification Tool (CSE-IT) database is a web application implemented for entering both versions of the CSE-IT assessment tools completed on children 10 years and older at Intake and annually thereafter. Based on information entered on the tool, the application calculates the overall risk score for the child as either “concern,” “possible concern,” or “no concern.” From the start of the CSEC protocol in October 2015 up to the implementation of the new database in October 2019, social workers used the West Coast Children’s Clinic Portal for entering completed assessments. This created challenges in terms of data collection and

reporting, specifically the absence of a unique identifier for children assessed. To address this, the new web application uses CWS/CMS identifiers such as Client ID Number, Referral ID Number, and Case ID Number to keep track of children assessed and be able to match them in CWS/CMS. In addition, to eliminate duplicative assessments, a message is shown to users if there is a prior assessment already entered in the database. The application has a robust reporting functionality and has a variety of customized reports available such as Screening Summary, Level of Concern by various demographics, Overdue and Missing Screening, Screening Outcome, and many more. Social Workers completed a mandatory online training in 2019 prior to using the application.

- Criminal Background Check application is a technological solution implemented in August 2021 to ensure social workers have all relevant criminal background information needed to conduct a safety assessment during home visits. Prior to implementation of this application, both CPS and the Department of Human Assistance (DHA) Investigations Unit utilized a paper-based procedure, which often took more than seven days for social workers to receive criminal information from the time the request was submitted. To facilitate a streamlined and faster process, the new web application has the following multiple components:
  - Criminal background check requests and results are converted to an electronic format, which eliminated lost time that occurred with moving paper forms via interoffice mail.
  - Support staff such as clerical and transcribers assist in completing the requests on behalf of social workers.
  - Results are provided electronically and are stored within the application.

Switching to an electronic process also makes the system more auditable, reduces duplicate requests when referrals/cases are transferred, and provides better security for Personally Identifiable Information (PII.) To prepare for implementation, training was provided to social workers, clerical staff, and transcribers in July 2021. At this time, the application was just recently implemented. Sacramento will continue to monitor its usage to ensure the system is fully utilized.

## **County Case Review System**

Sacramento County CPS participates in the Child and Family Services Review (CFSR) qualitative case reviews. These reviews provide a better understanding of county practices and policies and procedures from the perspectives of various case participants. They are an integral part of the County's efforts to achieve positive outcomes in the areas of child safety, permanency, and well-being for all children and families. The CFSR process is discussed in more detail in this report under the Quality Assurance System section.

Sacramento County Office of County Counsel and the Deputy Director regularly meet with the Court to identify strengths and areas needing improvement. Sacramento County, the Office of County Counsel, and attorney partners regularly collaborate to address systemic issues and to improve the use of judicial forms. Through this partnership in recent years, the forms required to request a Psychological Evaluation or Mental Health Assessment of a parent/guardian or child were updated and most recently, the standing visitation order was updated. In addition, the Department worked closely with the Court to modify the processes for filing reports and documents and ensure parent's participation in remote court hearings due to the global pandemic. Prior to the pandemic, Court operations meetings were held with representatives from the Department as well as attorney partners and the court operations manager to

help address systemic issues related to court petitions and court report filings and notices. Since the pandemic, the communication regarding topics formerly addressed in the Court operations meetings has been delegated to a point of contact person who teams with the court clerk supervisor, court operations manager and county counsel to resolve issues as they arise. The quarterly Joint Court Operations meetings resumed as of March 2022. County Counsel also conducts quarterly meetings with the Court and Justice Partners to discuss and collaborate on process adjustments and streamline filings. Sacramento County child welfare services continue to work closely with Court Operations and return to pre-pandemic procedures, and solidified emerging process needs and changes. The changes has recently included new requirements around the Families First Prevention Services Act (FFPSA) and short term residential treatment program (STRTP).

Currently in Sacramento County, Juvenile Dependency hearings are held in five Juvenile Dependency courtrooms. In addition, the majority of the Non-Minor Dependent (NMD) youth cases are regularly held in Department 90 of the Juvenile Justice Center.

For hearings where notice is effectuated by the Department, office assistants support social workers in ensuring notice of hearings for status review hearings or psychotropic medication review hearings are provided to legally entitled parties to a case, including, but not limited to parents, caregivers, children over the age of 10, Court Appointed Special Advocates, and tribes, as applicable. With each notice of hearing, parties are provided the required judicial forms that allow a party to provide input regarding the child to the court. Notice of hearings for Selection and Implementation Hearings are provided by a team of paralegals who also support in providing notice to tribes when there is reason to know a child is an Indian Child as defined in the Indian Child Welfare Act. In addition to formal notice, parties are generally invited to participate in Child and Family Team meetings as appropriate to provide input and to ensure their input is considered and incorporated into the decisions and recommendations made by the Department.

Status Review hearings are regularly scheduled every six months, but often the court sets additional interim hearings such as Progress Report Hearings, ICWA Compliance Hearings, Relative Placement Hearings, etc. in order to address case specific issues. The court also sets Permanency Review Hearings as required; however, depending on whether a matter is contested or continued, sometimes two review hearings get combined. The court also regularly sets the Selection and Implementation Hearings whenever an assessment is made that termination of parental rights is in the child's best interest, unless there are compelling reason to justify not terminating parental rights.

### **Case Planning**

In Sacramento County CPS engages families in case planning at multiple points during a case as part of a process that continues with each meeting with a family and those involved, and culminates in a written document presented to the court at each hearing. Whether it's an initial case plan for Informal Supervision, an initial case plan for Court Services, or a case plan update during the reunification period, social workers work with the family and other supports to identify strengths and needs related to the safety and risks identified through an assessment process. Through this method of engagement, as a team, a case plan is developed to address the family's needs and remediate the risk and safety factors identified.

The engagement process for case planning at each stage is designed to be a collaborative process and can include safety planning, the use of Safety Organized Practice tools, Child and Family Team Meetings, and the use of Structured Decision Making tools. Sacramento County utilizes Safety Organized Practice (SOP) and its tools to engage families. 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. A social worker can utilize an array of tools to engage various family members to become an active part of the process, such as Three Houses to engage the child, or developing a Safety Network to engage the parents and other supports, as well as utilizing a Child and Family Team meeting to discuss placement and supports and engage the extended support system.<sup>49</sup>

Social workers are responsible for ensuring communication with the caregiver, identifying and communicating with relative supports and any tribal partners, as well as Mental Health providers or Alcohol and Other Drug partners in each case and incorporate their feedback, voice and choice into the case plan. Social Workers obtain input from each member of the Child and Family Team through face to face contact, team meetings and written or telephone contact throughout the duration of the open case and use this information to work with the family to create and update the case plan focusing on determining visitation, services, placement and concurrent planning.

Sacramento County Department of Child, Family and Adult Services, County Counsel representatives and a representative for Sacramento County's Dependency ICWA judge along with tribal representatives meet monthly to collaborate and ensure that ICWA resources and practices are adhered to and updated. This collaborative meeting offers an opportunity to identify and solve challenges to ensuring families receive culturally appropriate services. An example of an identified barrier to case planning lifted by tribal representatives includes social workers being aware of what tribal services a family may be eligible for and the lack of eligible culturally responsive providers and out-of-home care. It has been noted that some tribes are rural, and with that, there is inequity of available services, which causes a barrier to access for families.

An overall identified barrier to case planning has been working with the unhoused population. These families change contact information and area of living often, leading to challenges in engaging the family in the case plan. Families have shared that when unhoused, it is not feasible to consistently leave their property for long periods of time to engage in services.

Assessment methods used to support case planning are the use of Structured Decision Making (SDM), Child and Adolescent Needs and Strengths (CANS) Assessment Tool and observation assessments.<sup>50</sup> As of July 2016, all counties in California began using SDM tools to help assess risk and safety to vulnerable children. The SDM model includes tools such as Reunification Reassessment to determine if children are able to return home after time in out of home care or the In-Home Family Risk reassessment to determine if a Family Maintenance case can be closed or if the children will continue to remain at home. These tools, help the Social Worker gather and organize information at key decision points and can be combined with

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<sup>49</sup> <https://calswec.berkeley.edu/toolkits/safety-organized-practice>

<sup>44</sup> <https://cdss.ca.gov/inforesources/foster-care/cans/the-cans-tool/cans-resources>

SOP strategies to aid them in analyzing case information. In addition, the CANS is a multi-purpose tool that supports decision-making, including level of care and service planning, which allows for the monitoring and outcome of services<sup>ii</sup>. In Sacramento County, in partnership with Sacramento County Behavioral Health, Mental Health Clinicians administer the tool to families and share the information as part of the CFT process. The CANS helps guides conversations with members of the CFT by informing and supporting care coordination, aiding in case planning activities and informing decisions about placement.

It is the role of the social worker to ensure the services the family engages with are appropriate and effective and to monitor this through ongoing communication with the family and the service providers. Sacramento County has established good partnerships with our County Behavioral Health Services, as well as having specific contract providers for short term counseling. In both instances, there is a requirement that providers be trained in trauma informed practice.

## **PROBATION**

### **Court Structure**

Probation is an integral part of the Sacramento Superior Courts in both adult and juvenile matters. The Department prepares the investigative reports for both juvenile and adult offenders, which assist the Sacramento County Superior Courts in making decisions on the disposition and sentencing of offenders. Juvenile Court intake officers conduct an evidence-based detention assessment at the time of booking to determine if a youth will be detained or released.

Using a validated risk/needs assessment and information collected from various sources, officers develop an intake report prior to arraignments or settlement hearings that provide the court valuable information regarding a youth's home life, schooling, and any previous criminal history. In the report, officers make recommendations to the court for disposition (sentencing) based on the youth's needs and public safety concerns.

Officers serve as presenters in the juvenile courtroom, ushering non-detained youth and families into the courtroom, providing last-minute case information, and researching probation issues at the court's request. When hearings conclude, probation officers provide families and youth relevant information about the case and next steps.

Juvenile Court Services officers also work with victims of the alleged crimes to develop the social study reports and seek restitution on behalf of the victims. Probation maintains Juvenile Court Records and manages requests for record seals.

### **Juvenile Court Proceedings**

The Probation Department is involved in several aspects of Juvenile Court proceedings. The parent and youth will be required to attend all hearings, unless the appearance is waived by the youth's attorney or the Court. The parent will receive information about hearings either in the mail or by phone.

### **Detention Hearings**

If the youth is being detained in the Youth Detention Facility, there will be a detention hearing no more than 72 hours from their booking date, counting only court business days. At the detention hearing, the Judge will determine if the in-custody youth will be kept at the Youth Detention Facility, released without restrictions, or go home on electronic monitoring or home supervision while awaiting their trial.

The detention hearing also serves as the arraignment for the youth, where the court will read the charges against the youth and appoint an attorney if the parent cannot afford one.

After the youth is booked into the Youth Detention Facility, a Probation Officer will tell the parent and youth the date and time of their detention hearing. If the parent does not know, they can call (916) 875-6996 for information.

### **Arraignments**

The youth will be arraigned in Juvenile Court if they were not detained at the Youth Detention Facility and either the District Attorney has decided to charge the youth with an offense, or if during a citation hearing before a Probation Officer, it was determined the offense was serious enough that it needed to be heard by a Juvenile Court Judge. The parent will receive notification by phone and/or mail from Probation regarding the youth's court date for their arraignment.

The purpose of the arraignment hearing is to appoint an attorney for the youth if the parent cannot afford one and to read the petition containing the charges against the youth.

### **Settlement Conference**

In Sacramento County, the next hearing is a Settlement Conference. At this hearing, the youth's Defense Attorney, the Deputy District Attorney, and the Judge attempt to resolve the case without the necessity of a trial. If the youth admits guilt, a dispositional hearing generally will be heard immediately, or will be set for 10 days later. If the youth does not admit guilt, the case is scheduled for a jurisdictional hearing – a juvenile court trial.

### **Jurisdictional Hearing**

If the youth does not admit responsibility, the case will be scheduled for a trial called a Jurisdictional Hearing. At this hearing, evidence and witness testimony are presented to the Judge. There are no juries in Juvenile Court.

During the jurisdictional hearing, the Deputy District Attorney must prove the charges. Both the District Attorney and the Defense will have the opportunity to call witnesses, present evidence, and cross-examine witnesses.

If, at the conclusion of the jurisdictional hearing, the Judge determines the charge or charges are not true, the case is dismissed. If, on the other hand, the Judge determines the charge or charges are true, the case proceeds to a dispositional hearing – the time when the judge will impose sanctions and treatment.

### **Dispositional Hearing**

A disposition hearing is equivalent to a sentencing hearing in adult court. If the Judge rules that the youth committed the offense, then the Judge will review the youth's social study report that is prepared by the probation department in advance of the settlement conference. The Judge will hear comments from both the youth's attorney and the Deputy District Attorney. The Judge may then hear comments from the youth's parent or guardian as well as from the youth. On some occasions, victims and victims' family members may make a statement.

The Judge will decide how the youth will be rehabilitated, how he or she will repair the harm caused to the victim and the community, and what sort of sanctions are necessary.

### **Types of Probation**

Welfare and Institutions Code (WIC) are the laws, rules, and regulations pertaining to juveniles. The prominent difference between the following types of probation is non-wardship vs wardship. Non-wardship probation does not allow the Probation Department to remove the juvenile from their home. Wardship Probation means that the Court has jurisdiction over the minor as if the Court was the minor's parent. In addition, wardship probation allows the Probation Department to remove a juvenile from their home if necessary.

- 654 WIC – Informal Probation: this is a diversion program where the Probation Officer has determined that the juvenile may benefit from services. This is a voluntary contract between the probation officer, the juvenile, and the parents/guardians only. The juvenile may be placed on informal probation for up to six months. If the juvenile successfully completes this program, the case is then closed and filed away. If the juvenile unsuccessfully completes this program, the Probation Department then makes a referral to the District Attorney's office for a formal petition to the Juvenile Court.
- 654.2 WIC – Informal Probation: this is a Court ordered diversion program. This means the District Attorney's Office has filed a formal petition with the Juvenile Court. However, the Court has decided that instead of sentencing the juvenile, the case is placed on hold to allow the juvenile to participate in a six month diversion program with the Probation Department. If the juvenile successfully completes the program, the Court dismisses the alleged charges and the case is closed. If the juvenile fails to successfully complete the program, then the Court finds the juvenile did violate the law and gives the juvenile a sentence.
- 725(a) WIC – Non-Wardship Probation: This means the Court found the juvenile did violate the law and was placed on probation for a period of six months only. The Court imposes a series of terms and conditions that must be followed in order to successfully complete the probation term.
- 790 WIC – Deferred Entry of Judgment Probation: This means that the Court has found that the juvenile did in fact commit a felony and was placed on probation. However, the juvenile must meet certain criteria before they can be placed on this type of probation:
  1. The juvenile has not previously been declared a ward of the court and the pending matter is the first felony conviction;
  2. The offense charged is not one of the 707b offenses;
  3. The juvenile has not been sentenced to the Valley Oak Youth Academy (VOYA),
  4. The juvenile is at least 14 years of age at the time of the hearing;
  5. The juvenile's record does not indicate that probation has ever been revoked without being completed; and
  6. The juvenile is eligible for probation pursuant to Section 1203.6 PC.
- 602 WIC – Wardship Probation: This means the Court found the juvenile violated the law and is placed on formal probation under the supervision of the Probation Department, as a ward of the Court. The Court may maintain jurisdiction of the juvenile up to the age of 21 years; however, if the juvenile has been committed to VOYA, then jurisdiction is up to the age of 25.

### **Conditions of Probation**

Once status is determined the dispositions may include: electronic monitoring, home supervision, commitment to the Youth Detention Facility, Valley Oak Youth Academy, or out of home removal. The court may impose a wide variety of probation terms, for example, school attendance, counseling, curfew restrictions, and obeying all laws. Other terms will be tailored to the nature of the offense and may include drug testing, weapons restrictions, no contact orders, and payment of restitution to the victim.

### **After the Hearing**

Immediately following the hearing, both parents/guardians and out-of-custody minors will be directed to Window 1 – Probation. This is located in the same area as court reception. The Probation Officer at the window will provide the parent/guardian information on the outcome of the youth’s hearing, answer questions and direct them on their next steps.

\*\*\* During the pandemic, all court hearings were conducted through an electronic platform. Therefore, checking in at the courthouse and Window 1 has not been part of the process. When deemed appropriate, the court hearings and process will return to in-person attendance.

### **Juvenile Field Services**

Juvenile Field Services is responsible for the supervision of youth under the Juvenile Court's jurisdiction. An evidence based risk and needs assessment (YLSCMI) is used to determine the risk of reoffending as well as to identify strengths and service needs. Individualized case plans are jointly created with the youth and family. Youth are then referred to an array of targeted community based interventions and resources which may include: individual, group and family counseling (cognitive in nature and trauma focused); life skills; 24/7 crisis response; family and youth advocacy; transportation; education and vocational opportunities; and specialty services for Transition Age Youth (TAY). Probation Officers provide supportive case management in the community, teaming with local service providers with the goal of keeping youth and families together and maintaining safer communities.

### **Alternatives to Incarceration: Home Supervision/Electronic Monitoring Program**

The Home Supervision/Electronic Monitoring program provides alternatives to incarceration while a youth is pending adjudication of their case. While in the program, youth remain at home in their community where they can attend school, church, counseling, etc. and/or work, if employed. They may also participate in pro-social, extracurricular school activities or programs deemed appropriate by the Probation Officer. The program allows the Court and Probation to use the least restrictive means necessary to ensure the minor’s compliance with court orders and expectations encouraging pro-social behavior while in their community.

Once a justice-involved youth has been adjudicated and placed on probation, sometimes following a period of detention at the Youth Detention Facility, the case is referred to Probation’s Juvenile Field Services Division (Juvenile Field) for assessment, case planning, programming referrals, and supervision.

### **Roadmap for Success-Candidacy Assessment and Reentry Team:**

#### **Candidacy Assessment**

Through a structured interview to engage and motivate the youth and the family, officers meet with youth subject to a WIC §602 petition to determine reasonable candidacy (imminent risk of removal into foster care as defined by CA Title IV-E guidelines) and update their risk-and-needs assessment, in collaboration with the youth’s family/legal guardian, to determine their risk to recidivate and to identify strengths and areas of need. The assessment results drive the dynamic and individualized case planning process with an emphasis on criminogenic risk and protective factors. Through this guided process, evidence-based programs within the community are discussed and explored with the youth and family. Referrals to community-based providers are made on-site and connection to service is timely. Supervision and support are provided by case managing officers who further collaborate with service providers, youth, families, and natural supports.

### **Reentry Development for Youth**

The target population for Reentry Development for Youth (R.E.D.Y-GO!) is comprised of youth returning to our community as a result of an episode in detention or placement. Best practices recognize that reentry planning and services begin at the time of admission to detention and continue beyond the youth's release and reintegration into the community. This reentry continuum consists of three overlapping phases: 1) in the facility 2) the transition out of the facility and into the community and 3) in the community. Sacramento County's reentry process utilizes collaborative teaming to assess strengths and needs, develop transition and case plans, and make connections to services, education, housing and employment prior to release from custody.

The R.E.D.Y-GO! Program provides intentional coordination for community transition and stabilization prior to release through a comprehensive assessment based on strength and need, the development of an individualized case plan, referrals to community-based services and family engagement. Through a collaborative teaming process with representatives from Probation, Behavioral Health Services (BHS), Primary Health, Sacramento County Office of Education (SCOE), service providers and, most importantly, the youth and family, a transition plan is developed. Prior to community reentry, connections to services related to treatment, education, housing, employment/vocational opportunities and positive youth development are made. The collaborative process and plan implementation continue as case managing officers provide supervision and support within the community.

### **Community-Based Supervision**

The Community-Based Supervision Unit (CBSU) case assignment is based on the youth's geographical location. The CBSU is designed to give officers increased access to youth during the school day which provides a better opportunity to supervise and support them in the community.

Juvenile Field officers supervise both community and "office" cases, which allows youth to be moved between the two caseload types based upon their assessed needs. This approach increases supervision efficiency, education and advocacy, and promotes healthy relationships between youth and officers. Through a fluid case planning process that often includes Child and Family Team (CFT) or Multi-disciplinary Team (MDT) meetings, the Probation officers work with youth, families and community-based providers to ensure service needs are met.

### **Impact Services Unit**

Probation officers in the Impact Services Unit provide enhanced case management services to youth on probation who are experiencing mental health disorders and sexual exploitation. Through collaborative partnerships across systems, higher risk youth and families are supported through a teaming process, MDT and/or CFT meetings, which may occur in a mental health full service partnership program or through Commercially Sexually Exploited Children (CSEC) specific programming as described in detail below. Youth and families are referred to community-based programs to support their varying needs which may include family based services, psychiatric services, cognitive based individual or group therapy, trauma related curriculums, youth advocates, life skills and/or educational/vocational training opportunities. Officers in the Impact Services Unit receive specific training in order to support the complex needs of the youth and their families.

### **Commercially Sexually Exploited Children (CSEC)**

Since 2014, the California Legislature has invested in the child welfare system's capacity to identify and serve CSEC, while simultaneously shifting away from criminalization. Sacramento County has utilized a multi-layered set of strategies to strengthen the ability of front line staff and employees to engage, serve

and support CSEC and their families. Sacramento County's CSEC Steering Committee, led by the Department of Child, Family and Adult Services (DCFAS), includes representatives from Probation, Juvenile Court, education, law enforcement, the Public Defender, the District Attorney, Public Health, Behavioral Health Services (BHS) and community-based organizations that serve CSEC.

The West Coast Screening Assessment Tool is conducted on every youth booked into the Youth Detention Facility (YDF) in order to identify youth believed to be CSEC. If necessary, the CSEC Field Unit conducts the assessment for youth in the community. CSEC youth are placed on the caseloads of specially trained probation officers. The officers meet with CSEC youth to discuss their current situation and make recommendations to the Court. Additionally, probation officers participate in multi-disciplinary meetings (MDT) meetings with attorneys, DCFAS, UC Davis counselors, youth advocates and other providers connected to these cases. In 2014, the Juvenile Court dedicated a docket to CSEC youth that includes support from two Juvenile Field officers and one Juvenile Court presenter. In 2015, Probation entered into a Memorandum of Understanding to detail the Program Interagency Protocol with the Juvenile Court, DCFAS, BHS, Public Health, District Attorney, Sheriff's Department, Sacramento Police Department, Sacramento City Unified School District, Sacramento County Officer of Education (SCOE), Children's Law Center, Children's Receiving Home, UC Davis Child and Adolescent Abuse Resource and Evaluation (CAARE) Diagnostic and Treatment Center and Another Choice Another Chance. The Protocol states CSEC must be:

- understood as child abuse and reported as such;
- children should not be criminalized for their sexual exploitation;
- responses to CSEC youth should be victim centered, trauma-informed, strength-based, developmentally appropriate, culturally competent, data and outcome driven, and in the best interest of the child.

Officers in this Unit ensure compliance to Senate Bill (SB) 794 and are highly trained on the topic of human trafficking, victimization and pimping, intervention strategies, harm reduction, trauma informed care, and services specific to CSEC.

### **Juvenile Justice Diversion and Treatment Program**

The Juvenile Justice Diversion and Treatment Program (JJTDP) is a Full Service Partnership (FSP) of the Mental Health Services Act. The program is a contracted FSP between BHS, Probation and River Oak Center for Children and was established to deliver integrated services to a population of youth involved with juvenile justice that have multiple complex needs cutting across service areas. Presently, there is capacity for up to 128 youth, with 36 of these spaces reserved for diversion. Diversion youth have not been adjudicated but there is a nexus between exhibited behavior and criminal conduct. To be eligible, youth must meet serious emotional disturbance criteria and be between the ages of 13-19 at the time of enrollment. Through the JJTDP, eligible youth and their families are provided with mental health screenings, assessments, intensive mental health services and FSP supports. Family and youth advocates complement clinical services. Eligible youth referred to the program are provided the opportunity to voluntarily receive intensive, evidence-based services delivered in coordination with a specialized probation officer. Youth referred to the program can voluntarily participate as long as clinically necessary or up to their 26th birthday. Program outcomes for youth include reduced psychiatric hospitalization, increased engagement in educational programs as well as reduced arrests and incarcerations.

JJDTF seeks to achieve the following five goals:

1. Stabilize housing placements and reduce homelessness;
2. Increase school attendance and achievement;
3. Increase vocational training and employment;
4. Reduce psychiatric hospitalizations; and
5. Reduce juvenile detention and/or young adult incarceration.

### **Age of Majority Unit**

The Age of Majority Unit (AOM) is a specialized unit providing case management services and support to young people ages 18-21 under the jurisdiction of the Juvenile Court. The target population includes young adults who are not currently enrolled in High School or have already obtained their diploma. These young adults receive a Level of Service/Case Management Inventory (LS/CMI) assessment and case planning that includes referrals to services to meet identified needs. Referrals are focused on specialized treatment, education, vocational training, and other supports as needed, such as food and emergency housing. The goal of the AOM is to provide clients with assessment, treatment, supervision, and support necessary to promote rehabilitation and to prevent re-offending, resulting in a safer community.

### **Juvenile Sex Offender and Arson Unit**

Youth adjudicated for a violation of Penal Code §288, arson, or a reasonably related offense are placed on a specialized caseload. This caseload is managed by the Juvenile Sex Offender and Arson (JSO) Unit in collaboration with treatment providers (when applicable) and the parent/legal guardian(s).

Sexually abusive justice-involved youth participate in outpatient treatment designed to reduce the likelihood of re-offense and promote prosocial development. These youth are provided multiple assessments to inform individualized treatment plans, treatment progress and timing of termination services. The treatment plans generally combine individual and group treatment sessions, relapse prevention strategies and family counseling to support successful program completion. Consistent with best practices, probation officers work in collaboration with treatment providers and families and maintain weekly contact to monitor each juvenile's progress, ensure their needs are being met and ensure they are in compliance with the terms and conditions of their probation.

### **Re-entry Program**

Three probation officers operate the County Reentry and Supervision Program. Youth reentering the community from a long-term Court commitment in the local Youth Detention Facility are placed on one of three specialized caseloads. At point of commitment, the officers and program staff begin an orientation phase wherein the youth are educated about what to expect once they are committed to the YDF program, how their program will progress, and the opportunities that lie therein. Three months prior to community re-entry, the assigned officer convenes a re-entry team to begin transition and case planning. The officer meets with the youth at the YDF and coordinates efforts with the reentry team, which includes facility staff. Upon reentry, the officer provides supervision, services and support to the youth in the areas of treatment, housing and education/vocation opportunities. Youth also meet with an eligibility specialist through partnership with the Probation's Adult Day Reporting Centers.

### **Black Child Legacy Campaign (BCLC) - Joint County/Community Collaboration**

In the spring of 2011, the Sacramento County Board of Supervisors received a 20-year report on Sacramento deaths for the period 1990-2009. The report included a consistent finding that African-American children in Sacramento County died at disproportionately higher rates when compared to children of other races. In the fall of 2015, a strategic plan to reduce preventable African-American child deaths related to prenatal conditions, sudden infant death, abuse and neglect and third party homicide was presented by the Black Child Legacy Campaign (BCLC) Steering Committee and approved by the Board of Supervisors.

The BCLC Steering Committee's subsequent implementation plan identified six core objectives, based on the principles outlined in the strategic plan.

1. Engage youth and a select group of community institutions in priority neighborhoods and establish them as an inter-neighborhood network to reduce African-American child deaths.
2. Design a community/grass roots messaging and marketing campaign and deploy it through a saturation strategy in the focus neighborhoods.
3. Increase the level of investment in high-quality and evidenced-based programs and services for children, youth and families in the focus neighborhoods.
4. Improve access to services through the co-location of multidisciplinary social services teams to include probation in the seven focus neighborhoods.
5. Align County policy discussions and practice changes with identified neighborhood network priorities.
6. Monitor the quality of implementation, evaluate effectiveness, and report on progress toward the ultimate goal of reducing African-American child deaths and promoting children's well-being.

In keeping with the BCLC Steering Committee's plan, seven co-locations for multidisciplinary teams have been identified throughout the County in the following neighborhoods:

- Valley Hi
- Meadowview
- Fruitridge/Stockton Blvd
- Oak Park
- Arden-Arcade
- North Sacramento/Del Paso Heights
- North Highlands/Foothill Farms

County human services specialists, social workers and probation officers work collaboratively, through a trauma-informed lens, on-site with the community providers. The teams are responsible for connecting with youth through:

- Weekly case staff meetings
- Monthly multidisciplinary team meetings
- Forming partnerships with community providers and the local community team
- Linking with families
- Linking families to services
- Family team meetings as needed
- Data collection

### **Placement Services**

Family maintenance is the primary goal of rehabilitation; however, there are circumstances wherein the Juvenile Court orders removal and entry into a Foster Care setting which may include a resource family or a short term residential therapeutic program (STRTP) within the State of CA, in which youth are supervised by Probation Officers.

The children's services Continuum of Care Reform (CCR) efforts launched by the State in 2012 produced recommendations aimed at improving outcomes for youth removed from their homes and placed in congregate or foster care. In 2015, Assembly Bill (AB) 403 was approved by the Governor to further CCR efforts. Under the new law, group homes were restructured to comply with new licensure requirements to provide short-term specialized and intensive treatment and will only be used for children whose needs cannot be safely met initially in a family setting. Services are designed to transition youth back home or to another permanent family as soon as possible. All placement decisions utilize the Child and Family Teaming process.

The California Department of Social Services (CDSS) continues to introduce new standards to counties as information surrounding AB 403 evolves; Probation, in collaboration with juvenile system partners, continues to employ changes brought about by AB 403 as new information and standards are released. Consistent with the objectives of CCR and subsequent legislation the Family First Prevention Services Act (FFPSA) was signed into law as part of the Bipartisan Budget Act of 2018, Public Law (P.L.) 115-123 on February 9, 2018. FFPSA supports the use of evidence-based practices to promote the well-being of children, youth, and families and to prevent unnecessary foster care placements. FFPSA revised many sections of Title IV-B and IV-E of the Social Security Act, including federal payments for foster care and adoption assistance.

FFPSA Part IV was implemented on October 1, 2021 and seeks to enhance support services for families to help children remain at home and reduce the use of unnecessary congregate care placements by increasing options for prevention services, increased court oversight and aftercare requirements for placements, and heightens the requirements for congregate care placement settings.

Current placement options and aftercare services are summarized below:

#### **In-State Placement**

In-State Placement focuses on placing youth in appropriate Short-Term Residential Therapeutic Program (STRTP) located within the State of California.

### **Resource Families**

Resource Family Approval (RFA) unifies the process of caregiver approval for children & youth in foster care. Probation utilizes Resource families to provide care for foster youth in a homelike setting either as an initial placement or after the youth completes treatment at an STRTP.

### **Foster Parent Recruitment, Retention and Support**

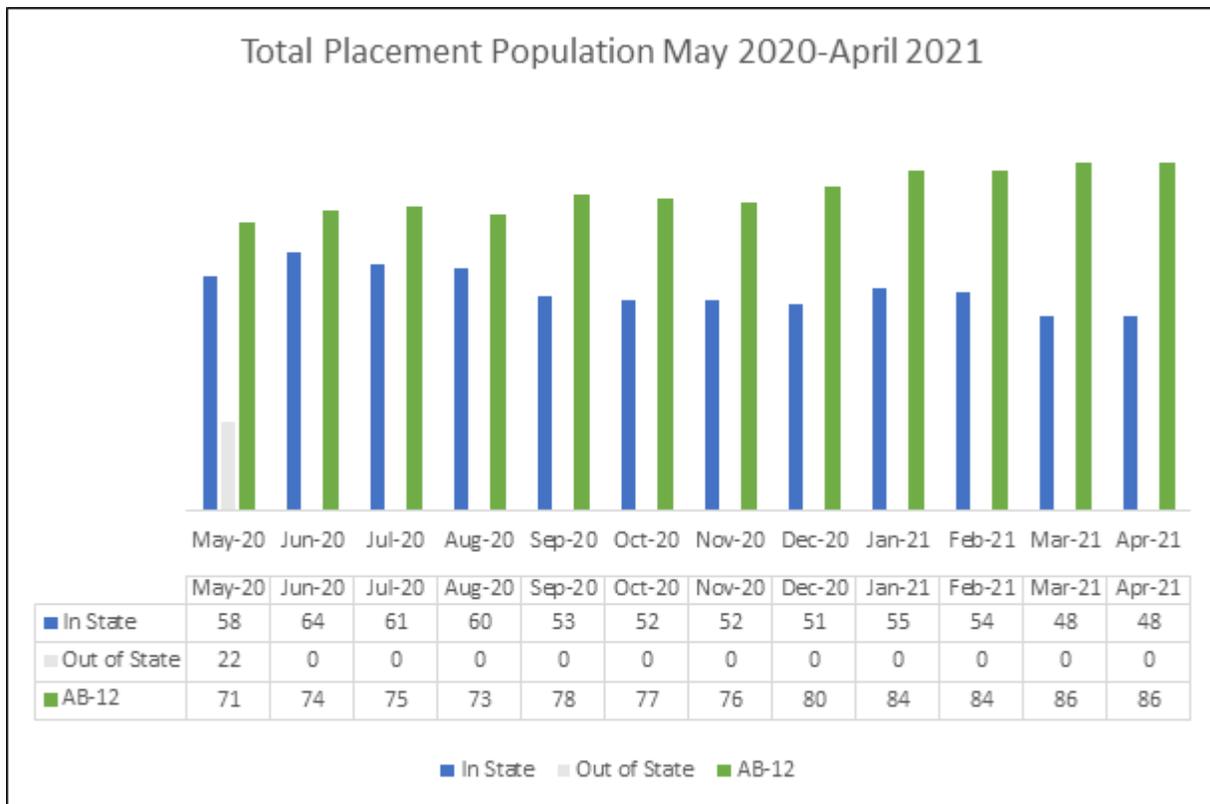
Foster Parent Recruitment, Retention and Support (FPRRS) focus to recruit, retain and support foster caregivers through intensive family finding, removal of barriers, and other nontraditional outreach approaches to potential foster family homes, resource families, and relatives. The goal is to increase home-based care capacity of those willing to accept a placement youth served by Probation. Officers' recruitment efforts include intensive family finding, community outreach, advertising, a media campaign, and through social media platforms. On June 30, 2020, the State supported funding allocations sunset. However, Probation continues commitment and focused efforts surrounding FPRRS.

### **Group Home Audits**

In July 2011, Placement implemented a progressive group home auditing program. As the CDSS Community Care Licensing only requires group homes and STRTP audits within the State of California every five years, and outside California every year, Probation developed audit standards to protect youth and insulate the department from liability. Placement officers audit group homes and STRTPs annually using high standards to ensure youth are safe and living in environments conducive to change that provide therapeutic, academic and recreational services consistent with case plans, and officers confirm the structure and supervision levels are appropriate. This model is also used to review new programs seeking to receive referrals from Probation, when an allegations against the STRTP is made, or when incidents involving any resident occur.

### **Extended Foster Care (AB 12)**

Foster care provides resources for non-minor dependents (450 WI) or Extended Foster Care (EFC) youth whom would normally exit placement without any assistance, services or reunification with parents or legal guardians. The goal of AB 12 is to ensure this population leaves foster care with the practical skills to achieve their potential and succeed in life. The initiative focuses on providing a safety net of financial assistance, services and ongoing support to these young adults as they age out of foster care. Placement currently has officers assigned to manage the unique challenges of this population by providing case management and supervision to these young adults as they transition to adulthood.



Data Source <sup>46</sup>

### Placement Case Planning Process

During the System Improvement Plan final report, Probation implemented a significant operational change to the Placement Intake process with Child and Family Team Meetings occurring post-adjudication and prior to disposition. Once a Juvenile Court officer determines a placement recommendation may be in order, the case is staffed with a Juvenile Court Supervising Probation Officer (SPO) and then staffed with the Placement Intake SPO for the Intake Officer to schedule a Child Family Team (CFT) meeting. The CFT plays a vital role as a support network for both the youth and relatives while also identifying potential resource family caregivers. Expanding CFTs as the hallmark of family engagement early on in the court process can help preserve and stabilize families at all stages of their child welfare involvement. Although CFTs can be modified to fit the individual unique situation of each family, some of the foundational tenants of CFTs include:

- Strength-based, solution focused team members who are guided to value the youth and family's voice, choice, and preference.
- Inclusive of family members, including extended family and non-related family-identified neighbors, friends, and community members. It especially involves those who can contribute to the long-term well-being of the children.
- Non-oppressive practices that encourage the team, including the child and family, to identify strengths, state possible concerns or worries, discuss the issues, and to consider alternative solutions.

When Placement is the recommendation by Juvenile Court, an Administrative staffing occurs which involves evaluating facts of the allegations, family dynamics, school adjustment, involvement with child welfare, detention adjustment, trauma, youth and family strength and needs, available services in the community and previous services. The assigned case carrying officer presents the case and makes a recommendation based on their investigation and the information gathered during the CFT. A recommendation is collectively determined.

Probation engages the youth and their families in case planning at multiple points during a case. In each instance, the probation officer works with the youth, family/guardian and other supports within the Child Family Team Meeting (CFT). Strengths and needs are identified related to the safety and risks identified through the Youth Level of Services/Case Management Inventory (YLS/CMI) assessment, as well as mental health treatment and educational needs. Together the team develops an individualized case plan to address the youth's identified needs. The case plan is updated a minimum every six months and/or with any significant change.

With the implementation of the Family First Prevention Services Act (FFPSA) Part IV, an assessment by a Qualified Individual (QI) is required prior to any placement of a foster youth into an STRTP. The QI will conduct an assessment to determine the youth's behavioral health needs and goals and make certain determinations regarding whether the youth's needs can be met with family members or in a family setting, and, if not, the most appropriate level of care, interventions, and treatment for the youth.

Due to this requirement, the STRTP referral process has changed. Once the Placement Intake Officers are notified that a placement recommendation is being considered based on an Administrative staffing, they will initiate a CFT as described above and submit a QI referral. While the QI completes the assessment, the Court Officer will complete the disposition report and recommend placement. If the Court agrees, they will order out of home removal. Once the QI assessment returns, if the recommendation is an STRTP, the case is referred to the Interagency Placement Committee to make the determination of STRTP eligibility; only then is the youth placed in an STRTP. Within five calendar days of the youth's placement, the case carrying officer will request a hearing to review the placement.

FFPSA also enhanced Court oversight with a Court hearing occurring within 45-60 days of the start of each STRTP placement, including change in STRTP placements. For each new placement and/or placement change, a new court hearing is required to approve the level of care based on an assessment by the Qualified Individual (QI). At each court hearing, the court of jurisdiction must take into consideration the QI's assessment when determining whether the STRTP is the most effective and appropriate level of care.

The FFPSA also requires additional documentation in the case plan for youth placed in an STRTP. Within 30 days of a youth's placement into an STRTP, documentation in the case plan is to include information that demonstrates permanency planning, which is inclusive of the youth and family. Information reflecting the Child and Family Team's (CFT) efforts and collaboration with the QI shall be included in the case plan.

After completion and transition from an STRTP, FFPSA created a provision of at least six months of aftercare services for a youth or non-minor dependent (NMD).

## **Foster and Adoptive Parent Licensing, Recruitment and Retention**

In 2017, the State mandated counties to move from Foster Home Licensing to Resource Family Approval (RFA). With the implementation of RFA, Foster Home Licensing (FHL) homes were able to convert to RFA, or would surrender their license. RFA mandated a streamlined process for all families wanting to care for children involved in the Child Welfare System. It also mandated training for all families prior to approval, as well as post approval. The County still partners with approximately 33 Foster Family Agencies. The goal of CPS is to place children in the least restrictive setting, with a focus on kin, and to maintain placement of siblings together.

### **Recruitment**

Recruitment of resource families is an ongoing effort in Sacramento County. RFA staff participate in a variety of activities, including church events and other community events, to provide information and to recruit resource parents. Targeted and focused recruitment is a strategy CPS uses by offering a monetary recruitment incentive to currently licensed resource families for each successful applicant they refer that becomes licensed. Sacramento RFA participated in a social media campaign through the State which provided compelling videos sent through social media. These proved to be a successful method to spread the word regarding the need for resource families. Sacramento RFA and American River College Foster and Kinship Care Education Program are partnering to hold Zoom orientation meetings for those in the community, as well as relatives interested in providing care of a relative child. These orientations provide information about the process in becoming a resource parent, as well as answering any questions families may have.

### **Licensure**

In 2017, Sacramento County, along with all counties in the state, transitioned to Resource Family Approval from Foster Home Licensing. Families can now apply to become a resource parent through an online portal where they can get information about the process, complete and upload necessary paperwork, and provide proof of training required. Resource Family Approval social workers assist families through the approval process, as well as annual reviews, and provide ongoing support throughout their journey as a resource family.

### **Retention**

Once a family becomes approved, RFA staff provide ongoing support and training for retention purposes. Training is required and provided for all applicants becoming resource families, as well as a variety of on-going post approval trainings. In addition to training, RFA staff support and retain resource families by only having one RFA social worker assigned to each family for the duration of their time as a resource parent. This helps develop a relationship with the family in which the family's questions can be addressed and they can receive assistance with payments and other issues. Prior to the COVID-19 pandemic in spring of 2020, families were also invited to events such as summer picnics and holiday parties, as a show of appreciation and a chance to meet other families to form a network of support. Gift cards were provided to families during COVID-19 in appreciation of their ongoing support of children and youth in their care. Post COVID-19, Sacramento County hopes to return to in-person orientations, trainings, and events. The

RFA program has also begun producing a Sacramento County RFA Newsletter, which provides an abundance of information to families and invites them to reach out to provide feedback.

### **Evaluation**

RFA infuses evaluation of the process at every phase, starting with the orientation, where the agency requests direct feedback from participants to enable the County to address any individual concerns, as well as adapt the orientation as needed. RFA also receives individual feedback after pre-approval training. Families have been given the option to participate in various focus groups and surveys to provide feedback to Sacramento County to guide improvement of processes and engagement with families.

### **Maintaining Standards**

RFA adheres to the Written Directives developed by the State in all areas of the approval process, from orientation through evaluation and complaint resolution. Following the orientation and application, potential resource parents must participate in 12 hours of pre-approval training and CPR and first aid training prior to approval. In addition to the training requirement for the resource families, RFA staff conduct annual updates. RFA staff also collaborate and communicate with California Department of Social Services (CDSS) staff on a quarterly basis regarding trends, best practices, and any training updates. If there is a pending complaint, RFA staff communicate regularly with CDSS staff and attorneys. Additionally, RFA staff participate in the Child Welfare Director's Association (CWDA) meetings for all RFA programs to remain current, and they participate in a review by CDSS every two years.

In order to ensure compliance regarding criminal record clearance, each RFA social worker and supervisor monitors the process. When a Record of Arrests and Prosecutions (RAP) sheet is received, RFA clerical provides the information to the RFA Complaint Investigator. The RFA Complaint Investigator notifies the applicant or approved resource parent in writing regarding the need for criminal exemption within five days of receipt of RAP sheet. The applicant or resource parent has 45 days to respond.

Depending on the complaint, arrest, or conviction, the home is placed on a hold pending clearance to ensure children are not placed in the home. If no response is received, the family is notified in writing that the exemption shall not proceed and the application is considered withdrawn. If the home is approved, the process of revocation may commence. The RFA Complaint Investigator makes requests for certified copies of criminal convictions during these 45 days for further investigation.

If the family responds requesting exemption, the RFA Complaint Investigator provides required documentation within the allotted timeframes, and proceeds to process the exemption based on the guidelines and standards as outlined in the Written Directives and Background Assessment Guide (BAG). Based on the assessment of the social worker, the social worker submits exemption requests for approval or denial to the supervisor and program manager. Once a decision is made, it is provided in writing to the applicant or resource parent. If denied, the applicant or resource parent may appeal within 10 business days of receipt of the denial.

### **Placement Resources**

Sacramento County works with 33 Foster Family Agencies (FFA) and hosts a monthly FFA meeting to bring the group together to discuss current issues and focus on system improvements, trends, and new regulations. In an effort to ensure accountability and positive outcomes, Sacramento County has an MOU

with all 33 FFAs to ensure agencies are providing the services necessary, are focused on positive outcomes for children and families, and tracking and reporting data based on the outcomes desired. When a relative placement or a county home is not able to be secured, the partnerships with these agencies, many of whom have homes locally as well as in other jurisdictions, are utilized to locate placements for children.

Sacramento County has had a long standing partnership with the Sacramento County Office of Education (SCOE) around the needs of children in foster care. SCOE has a School Connect Database that every foster home is entered into along with any specific population or demographic the family would like to work with, such as any special needs for which they are trained, specific ages groups and ethnicities, and children identifying as Lesbian, Gay, Bisexual, Transgender, Queer, Questioning, Intersex, Asexual Intersex, and Asexual (LGBTQIA). Centralized Placement Support Unit (CPSU) program staff utilize this database to search for placements when there are no kin available or a child has a higher level of need. SCOE also co-locates staff within CPS to streamline the enrollment of children age three and under in preschool, which is a service that helps support the caregivers and contributes to placement stability.

In regard to efforts with local Tribes, CPSU program staff communicate directly with Tribes to discuss placement resources. There are not many federally recognized Tribes in the Sacramento area, so much of the work to engage Tribes on behalf of individual children is done via telephone or written correspondence. When there is not a local Tribe or placement resource from a specific Tribe, Sacramento utilizes the placement services of the Indigenous Nations: Child and Family Agency, as well as the American Indian Child Resource Center in an effort to locate Native homes for children, and these agencies have been part of monthly CPS/FFA meetings. Sacramento RFA created a recruitment brochure to enhance service needs for Native American families.

Sacramento County continues to partner with two agencies, Lilliput, a part of Wayfinder Family Services (formerly known as Lilliput Family Services and referred to Lilliput throughout this report) and Stanford Sierra Youth & Families (formerly known as Sierra Forever Families), to provide Family Finding and Kinship Support Services to support stepping children down to a less restrictive level of care, having more children placed with kin, and to impact disproportionality.

Lilliput provides intensive family finding for children upon initial removal. Children are referred 30 days after removal from their homes and Lilliput seeks out and engages as many relatives as possible, in an effort to keep children and youth connected to their families and ultimately place them into kin homes whenever possible. Along with extensive family finding efforts, they also provide multiple levels of kinship support to the family as needed.

Stanford Sierra Youth & Families provides intensive family finding services as a part of their work under their Destination Family program. Destination Family is a program for permanent placement children who have one or more barriers to finding permanency. Some examples of barriers are sibling groups, disabilities, not wanting permanency, behavioral concerns, etc. There are identified Destination Family supervisors and social workers within CPS who are partnered with Sierra Forever Family Destination Family staff, and they work the cases together as a team. Under the Destination Family program, Stanford Sierra Youth & Families conducts permanency readiness assessments, makes targeted recruitment efforts, and offers permanency preparation and support for pre and post adoptive services. They also work with children until legal permanency has been established, which is typically 18 months to two years.

In addition to these efforts, Stanford Sierra Youth & Families conducts targeted recruitment in the African American community, with the goal of increasing the number of African American resource parents, as well as creating a pool of mentors for children in placement. To enhance these efforts, Stanford Sierra Youth & Families has hired staff to focus in this area, as well as to network with community agencies in the African American community to support the outreach and recruitment efforts.

Sacramento County has a quarterly Permanency Steering Committee to oversee the partnerships with both Lilliput and Stanford Sierra Youth & Families and both agencies prepare and submit quarterly data reports to Sacramento County. The agencies have staff co-located at county buildings which affords them badge access to three CPS sites and limited access to the CWS/CMS computer system. The Steering Committee reviews the data reports submitted by Lilliput and Stanford Sierra Youth & Families. Sacramento County also assists with data reporting by providing de-identified outcome data for Lilliput due to the short duration they work a case, in comparison with Stanford Sierra Youth & Families who services cases until Permanency has been achieved.

Lastly, the Foster Parent Recruitment Retention and Support (FPRRS) effort was a multi-year initiative, which began during fiscal year 2015-16 and ended in fiscal year 2019-20, wherein a state allocation was received to implement strategies aimed at increasing home-based family care placement options and stepping youth down from congregate care. Based on the high volume of positive feedback received from resource families and local Foster Family Agency (FFA) partners, Sacramento County leveraged an alternative funding source during fiscal year 2020-21 to continue the support and retention strategy of providing gift cards to meet the immediate needs of children with their resource families at the point of placement.

## **PROBATION**

In 2017, as part of California Assembly Bill 403 “Foster Youth: Continuum of Care Reform,” a Foster Parent Recruitment, Retention and Support (FPRRS) Officer was added to assist with the identification and recruitment of Resource Family Approval (RFA). AB 403 required all licensed foster family agencies to approve resource families, in lieu of certifying foster homes. The intention of AB 403 was to reduce the number of foster youth in congregate care and to increase the utilization of home-based family care. Thus, creating faster paths to permanency resulting in shorter durations of involvement in the Juvenile Justice system.

In Fiscal Year 2018-2019, Probation developed and implemented a revised Foster Parent Recruitment, Retention and Support (FPRRS) Plan to increase home-based care for Probation foster youth as an initial placement or another permanent planned living arrangement (APPLA) after completing a Short-Term Residential Therapeutic Program (STRTP). Components of the plan included intensive family finding, caregiver support, outreach and community collaboration, media campaign, training and technical assistance in the recruitment and retention of resource families. The overall goal was to bring awareness of the need for resource families for Probation youth, educate about the process, dispel myths, address concerns associated with juvenile justice involved youth and explain the role Probation Officers supporting resource families. During this time period, Probation received technical assistance and onsite training from Dr. Denise Goodman, a nationally recognized consultant and child professional in the area

of recruitment and retention of resource homes with focused efforts of increasing capacity and support of resource families in the County of Sacramento.

The Foster Parent Recruitment, Retention and Support (FPRRS) Officer works collaboratively with neighboring agencies (Department of Child, Family and Adult Services (DCFAS) and other Probation Departments) to create marketing strategies to recruit Resource Family Approval (RFA) families. RFA pamphlets were created to provide an overview of the RFA process and to provide contact information for the FPRRS Officer. The pamphlets are dispersed when the FPRRS Officer participates in community events, local fairs, high school sporting events, golf tournaments and church events to promote the need for RFA families. Additionally, *"Family. Community. Support."* cloth grocery bags, insulated water bottles and coffee cups, pens and candy bars are also dispersed.

Past efforts by Probation to promote the need for RFA families have included commercials, media campaigns on local Regional Transit buses and light rail trains, billboards and a wrapped SUV with *"Family. Community. Support."* The FPRRS Officer has collaborated with Daley Solutions on a digital media campaign for RFA recruitment that utilizes Facebook postings. It should be noted; the campaign with Daley Solutions was approximately three weeks and resulted in interest from 14 RFA candidates. This campaign was by far the most successful in generating interest from RFA candidates. Probation is slated to begin another digital campaign with Daley Solutions for the 2021-2022 Fiscal Year. Furthermore, social media posts noting the need for RFA families are also listed monthly on Probation Department's social media platforms that include Instagram, Facebook and Twitter. Recruiting Resource Families during the current pandemic has presented many challenges. However, as the COVID-19 restrictions are being lifted, the FPRRS Officer is keeping apprised of local community events so the recruitment efforts can resume.

If a youth is going through the Juvenile Court and is being considered for out of home removal, family findings is completed. Currently, Probation contracts with Seneca Center to provide a comprehensive family finding report for our probation youth. The FPRRS Officer contacts Seneca Center to request the family finding assessment. Upon receipt of the assessment, the FPRRS Officer provides the report to the case-carrying officer who reviews the Seneca report and initiates contact with the youth's family members or non-relative extended family members (NREFM) to determine if they would be willing to become a Resource Family Approval (RFA). If the family member or NREFM expresses interest, the FPRRS Officer provides an overview of the RFA process. Probation does not certify RFA homes. The interested parties are informed they have the option of either applying for the RFA process through Sacramento County Department of Child, Family and Adult Services (DCFAS) or with a Foster Family Agency (FFA). Both entities conduct a criminal records check of the potential RFA candidate. If an RFA has criminal convictions and does not qualify for criminal exemptions, they are disqualified from the RFA process. There is an appeal process. However, the probation youth would not be allowed to continue to reside in the home pending the appeal.

If an RFA candidate needs assistance with the application, the FPRRS Officer provides direct support and is available to assist them through the process. When candidates go through the RFA process with DCFAS, the FPRRS Officer contacts the social worker to obtain approval to shadow them to gain a better understanding of the process. The shadowing also gives the FPRRS Officer the opportunity to establish rapport with the potential RFA and to observe their family dynamics first hand. The officer's observations

are considered when evaluating if the RFA placement would be appropriate and suitable for the probation youth. When an RFA candidate has successfully completed the approval process, a copy of their RFA certificate is retained in their file.

In the event of an emergency RFA placement, the FPRRS Officer initiates contact with the potential RFA to provide an overview of the process and to confirm they have submitted an application. If the application process has not begun, the FPRRS Officer directs the potential RFA to contact the entity of their choice to begin the process immediately, as they have five days to do so. Subsequently, the RFA candidate provides the FPRRS Officer with appropriate documentation to initiate emergency placement funding to the family. The FPRRS Officer will identify who is residing in the applicant's home and will complete a check of every resident through the Probation Information Program (PIP) and California Law Enforcement Telecommunications System (CLETS). The FPRRS Officer will also contact the Department of Child, Family and Adult Services (DCFAS) to obtain the referral history on all the adults in the home. A check of the RFA's address is also completed through the Probation Search application. If there are concerns regarding the criminal history and/or DCFAS history, the FPRRS Officer notifies their immediate Supervisor and the case is administratively staffed with the Placement Assistant Chief to determine if the probation youth will be allowed to remain in the home pending RFA certification.

If no concerns are discovered from the background check, the FPRRS Officer will contact the applicant to schedule a home assessment to ensure it meets the basic safety needs. If during the assessment, the officer determines the applicant needs assistance with removing barriers for RFA approval, FPRRS funding is utilized to support the family with removing these barriers. Previously, FPRRS funding has provided for the costs of cleaning services for the home, furniture, washer and dryer, food storage pantry and security deposits for a new residence.

The FPRRS Officer also provides ongoing support for youth served by probation and the RFA family. This support may include the issuance of gift cards to assist with the needs of the youth, groceries, clothing, furniture, youth's room décor, bedding, back to school items, laptops and gas cards. In addition, gift cards are also provided to encourage pro-social family activities such as Top Golf, K1 Speed Indoor Go Carts, movies and dining out. The pro-social activities help to promote bonding and communication within the family structure and removes barriers that allow for the stabilization, support and maintaining the placement of the youth.

In addition to the FPRRS Officer, one Resource Family Approval (RFA) Officer supervises a caseload of RFA families and probation youth. The RFA Officer provides ongoing support to the youth and family to ensure the probation youth is complying with their Court ordered probation conditions. The RFA caseload averages 4 probation youth.

Upon receipt of the case, the RFA Officer determines if WRAP services are in place. If not, a WRAP referral is submitted to one of the contracted providers (Stanford Sierra Youth and Families, Sacramento Children's Home or River Oaks Center for Children) to ensure support is in place to assist with a positive transition into the RFA's home. The RFA Officer facilitates the youth's Child and Family Team (CFT) meetings to address any needs and/or concerns. However, if WRAP is involved, the contracted provider will facilitate the CFT meeting with probation support. The RFA family is encouraged to utilize the online

Foster Parent College for ongoing training. The online courses are designed to educate the families about Trauma Informed Care and to assist the families with discovering new strategies for parenting.

There are minimal number of placement youth with Native American/Indian Heritage. However, placement is committed to ensuring the standards set by the Indian Child Welfare Act (ICWA) are met. If Native American/Indian Heritage was discovered, an officer contacts the identified Tribe to explore placement options that would best serve the youth's needs.

Probation Department's current inventory of Resource Family Approval (RFA) families is 20 with 9 being child specific. The ethnicity of the 20 families are White, Hispanic, and African-American. The demographics of our RFA families include two parent homes, single parent homes, same sex parents and transgender parents. Six of the RFA families are open to providing a home-based environment to Lesbian, Gay, Bisexual, Transgender, Questioning, Intersex, Asexual (LGBTQIA+) youth. The pool of families are culturally diverse and can provide for the various needs to serve our probation youth. One of the RFA families has also been certified as an Intensive Services Foster Care (ISFC) home. Additionally, three of the RFA families provide respite care for other families when needed. Respite care provides short-term relief for caregivers and can be planned or emergency based.

A specific population that continues to be a challenge to locate RFA families for are juvenile sex offenders. There are still many barriers and a negative stigma attached to providing care for this specific population. The FPRRS Officer will continue to advocate for this population and their need for a supportive home-based environment.

The FPRRS and RFA Officers maintain ongoing relationships with the RFA families to encourage them to be open to the possibility of providing care to other youth served by probation. The officers welcome honest and open feedback regarding their RFA experience. The feedback is used to help improve the engagement and/or practices of the FPRRS and RFA Officers in hopes of having better outcomes for the RFA families and probation youth. Overall, the feedback received from the RFA families has been positive in that they have felt connected and supported by the officers.

## **Staff, Caregiver and Service Provider Training**

The CPS Workforce Development Unit in Program Administration has designated one program planner position, two program specialist positions and two senior office assistant positions to provide or coordinate training for CPS staff. In addition, the Workforce Development Unit works closely with designated division-wide trainers to coordinate and develop new social worker cohort trainings and program and/or unit specific trainings. Consultation and collaboration with the Department of County Counsel is required for all trainings that involve court, mandate information, or have legal aspects of a training topic.

### **Social Worker Cohort Training**

Sacramento County CPS understands the importance of educating new social workers on policies and procedures. Newly hired social workers receive Cohort Training coordinated by the CPS Workforce Development Unit (WDU). CPS utilizes department staff and collaborates with outside partners and trainers from the UC Davis Northern Training Academy. Over the course of 10 to 12 weeks, new social

workers receive orientation to the CPS and child welfare-specific trainings and program specific trainings to provide basic knowledge of policies, procedures, essential functions and internal and community resources. The 10 to 12 week social worker induction orientation and training that is provided to new social workers in CPS training covers the following topics:

- General Agency Orientation
- UPE Labor
- Medical Neglect
- Public Health Nursing
- Medi-Cal 101
- Safe Sleeping
- Birth and Beyond/Differential Response
- Secondary Trauma
- Defensive Driver
- Structured Decision Making (SDM)
- Legal Mandates
- Background Checks including topics on Criminal History Reviews and Child Welfare History Reviews
- Body Check
- Safe Measures
- NASW Code of Ethics
- Pathways to Well Being
- Medical and Dental Needs for Foster Children
- Alcohol and Drugs Overview
- Safety Plan Policy
- Intake
- Investigations- including how to conduct different types, how to document, and how to write a warrant if needed
- CACI Reporting
- Family Assessment
- CWS Case Management
- Court Report Writing

- Permanency and Concurrent Planning
- Presumptive Transfers
- Foster Youth Rights
- Adoption Services
- CWS/CMS
- Domestic Violence

Cohort also concludes with a resource fair with local community agencies such as When Everyone Acts Violence Ends (WEAVE), Sacramento County Of Education (SCOE), Court Appointed Child Advocates (CASA), Black Child Legacy Campaign (BCLC), Native American Health Centers, Birth and Beyond, My Sister’s House, Lilliput, California Children Services, Department of Human Assistance (DHA), Child Support Office and Short-Term Counselors. This is an opportunity for new social workers to learn about what the various services agencies provide to our clients as well as an opportunity to network with their peers.

### **California Common Core**

The UC Davis Northern Training Academy completed its last Core 3.0 class in July 2021 and initiated Core 3.5 in September of 2021. Core training is designed to provide newly hired social workers with a foundational understanding and skill set related to Child Welfare practice in California. All Core training requirements must be completed within 12 months of the date of hire.

Core training incorporates online knowledge-based trainings, classroom based trainings, and field activities for reinforcement. It consists of six modules:

Module 1- Foundation Block (Part 1)

Module 2- Foundation Block (Part 2)

Module 3- Engagement and Assessment Block (Part 1)

Module 4- Engagement and Assessment Block (Part 2)

Module 5- Engagement and Assessment Block (Part 3)

Module 6- Case Planning & Service, Monitoring and Adapting & Transition Blocks

Supervisors who have new social workers attending Core are also assigned as their field advisor for Core 3.5. They assist new social workers in completing their field activities in order to reinforce the skills they learned in both their online and classroom training modules.

A peer trainer is also assigned to new social workers within their program before receiving a full caseload. Peer trainers are identified by their supervisors as journeyman level workers. The peer trainers offer on-the-job training to new staff.

The CPS Workforce Development Unit works closely with the UC Davis Northern Training Academy to monitor the progress and completion of Common Core to ensure that the training requirements are met within the stated timeframe of one year.

### **Core Training Program for Supervisors**

UC Davis Northern Training Academy provides Supervisor Core for all new child welfare supervisors. Supervisor Core began its revised curriculum in February 2020 and includes the following topics covered in five modules:

Module 1- Leading in Child Welfare- The Role of the Supervisor

Module 2- Creating an Organizational Learning Environment

Module 3- Data and Accountability

Module 4- Case Consultation and Critical Thinking

Module 5- Development as a Leader

Supervisor Core includes a coaching section so that supervisors can monitor social workers' skill development and identify areas in which they may need additional training to perform their job duties.

In September 2022, Sacramento County CPS will kick off a Supervisor Training Series for all classifications of supervisors with 3 or less years in their roles. The training is designed to help current supervisors become effective leaders and will assist recently promoted supervisors with transitioning into the supervisor roles more successfully. The training series teaches and trains participants on the essential skills and responsibilities all supervisors must have in order to understand and connect with the workforce and drive results for the children, families and communities we serve.

### **Social Worker and All Staff Training**

The Department provides employees with ongoing education and training to expand knowledge and understanding of their jobs. Each CPS direct service worker and those that supervise or manage them must take at least 20 hours of training each fiscal year. Both mandatory and elective trainings count toward this training requirement. All CPS staff must attend mandatory trainings that are focused on policies and procedures developed in the Department. In addition, CPS provides the following required trainings that must be completed every two years:

- Car Seat Training
- Defensive Driving
- AB 1825 – Sexual Harassment and Workplace Violence Training

CPS Workforce Development Unit also works closely with identified Department of County Counsel. In order to identify trainings that have a legal component to them and ensure the competency of social workers, supervisors, managers and administrators, the Department of County Counsel provides input into policies and procedures and their subsequent training.

In order to meet the training needs of staff in relation to being able to identify and support the treatment of emotional trauma, including the trauma associated with a child's maltreatment and removal from the home, the following trainings are provided to staff:

- Safety Organized Practice (SOP) Foundational Training
- Universal Trauma Training
- Secondary Traumatic Stress and the Child Welfare Professional
- Secondary Traumatic Stress and the Child Welfare Supervisor

At the beginning of training modules, learning objectives and desired outcomes are listed and discussed with participants. In order to assess the skill development of new and experienced social workers, evaluations are completed at the conclusion of each training module. Workers are asked to articulate what they learned and how they will apply the content to their daily workflow. These evaluations are a reflection of how comfortable the workers are with the materials that were presented as well as if there is any follow up that is needed. Supervisors follow up with their social workers to assess their skill development and offer coaching and instruction in the areas that are needed. Monthly individual supervisions are used to monitor and review the social worker's learning ability and how they effectively utilize the tools that were presented. Supervisors are also responsible for quarterly and annual evaluations for new and experienced social workers in order to assess their skill development and highlight their performance milestones and areas to enhance.

In order to address the training needs with respect to underserved populations and ensure that children's cultural needs are being met, CPS utilizes Sacramento community partners and resource centers, as well as Civil Rights Advisory Groups (Caucuses). Their purpose is to ensure cultural diversity and is a good resource for bringing specific needs and awareness of underserved populations to the Department. The following trainings are incorporated to address underserved populations:

- Commercially Sexually Exploited Children (CSEC)
- Crossover Youth Practice Model
- LGBTQIA Youth
- AOD and Youth
- Working with Immigrant Families in conjunction with the Mexican Consulate Provider Training

Sacramento County has also partnered with the UC Davis Northern Training Academy and The National Training Institute on Race and Equity to bring Implicit Bias training to CPS Leadership. The first two supervisory training sessions occurred in January 2020 and November 2021. In June 2022, CPS Leadership provided this training, four half day sessions, to all remaining classifications.

Sacramento County CPS collaborates closely with many subcontractors and services providers throughout the County. In an on-going effort to provide consistency in services and updated information to these

providers, Sacramento County provides training and technical assistance to subcontractors in the form of out-service trainings, including:

- Partner agencies participate in department training provided to staff.
- Partner agencies often participate in trainings offered through the UC Davis Northern Training Academy. This includes training in techniques and practices that CPS utilizes. The expectation is that these strategies will be utilized in services provided to the families.
- Commercial Sexual Exploitation of Children (CSEC) Trainings.
- Trainings provided to students at California State University, Sacramento. CPS provides Bachelor of Social Work (BSW) and Master of Social Work (MSW) field placement instruction primarily for students at California State University, Sacramento. Most of Sacramento County interns are Title IV-E recipients working towards their MSW degree. Social workers who hold an MSW act as a field instructor to the interns.

### **Caregiver Training**

Training is required for resource parents and prospective adoptive parents. Resource Family Approval (RFA) was implemented January 1, 2017. RFA is an approval process that combines elements of the current foster parent licensing, relative approval, and approvals for adoption and guardianship. RFA supports the Continuum of Care Reform and the Quality Parenting Initiative.

Prospective resource families must attend a Resource Parent Orientation as well as a Pre-Approval Training, which is 12 hours of classroom training in addition to CPR/First Aid Training. Sacramento County CPS provides Pre-Approval Training in conjunction with American River College.

Before COVID, Resource Parent Orientation and Training was conducted in-person as a collaboration between RFA social worker staff and American River College Foster Kinship Care Education Program trainers, who are current caregivers. The information was divided into four, three-hour classes. This co-facilitated approach provides the participants insights on the technical and practical role of the benefits and realities of being Resource Parents. It also provided teaming between prospective families and the opportunity for them to ask questions.

During COVID, RFA had to shift to a virtual platform for orientation. This still occurs as a collaboration between RFA social workers and American River College trainers and it still allows information to be shared and prospective caregivers to have the opportunity to ask questions.

Also during COVID, Pre-Approval Training switched to Foster Parent College. These are video trainings that have a test at the end to be able to assess applicant's understanding of the information. The RFA social workers have access to the test results and can review information with the prospective resource parent if there is an area on which they need further guidance or do not understand well.

The Pre-Approval Training goals are to:

- Meet the protective, developmental, cultural, and permanency needs of children placed with a Resource Family

- Strengthen families, and focus on lifelong relationships for the child
- Strengthen the quality of resource family services by providing a standardized training and assessment process
- Share resources among public and voluntary child welfare agencies, colleges and universities, foster parent and adoptive parent associations, and national child welfare organizations

Pre-approval training addresses the following topics, per RFA Directives<sup>51</sup>:

(1) A Resource Family orientation

(2) An overview of the child protective and probation systems

(3) The effects of trauma, including grief and loss, child abuse and neglect, and domestic violence on child development and behavior, and methods to behaviorally support children impacted by that trauma or child abuse and neglect.

(4) Positive discipline and the importance of self-esteem.

(5) Common health issues of children and non-minor dependents in foster care.

(6) Accessing services and supports available to foster children and non-minor dependents to address education needs, physical, mental, and behavioral health, and substance use disorders, including culturally relevant services.

(7) Personal rights of children and non-minor dependents in foster care including the Resource Family's responsibility to safeguard those rights, including the right to have fair and equal access to all available services, placement, care, treatment, and benefits, and to not be subjected to discrimination or harassment on the basis of actual or perceived race, ethnic group identification, ancestry, national origin, color, religion, sex, sexual orientation, gender identity, mental or physical disability, or HIV status.

(8) Cultural needs of children, including instruction on cultural competency and sensitivity, and related best practices for providing adequate care for children or youth across diverse ethnic and racial backgrounds, as well as children or youth identifying as lesbian, gay, bisexual, or transgender.

(9) Basic instruction on existing laws and procedures regarding the safety of foster youth at school; and ensuring a harassment and violence free school environment

(10) Permanence, well-being, and education needs of children, including the importance of the Resource Family's role in education, educational protections specific to foster youth under state and federal law, and the rights and obligations of Resource Families to access and maintain educational and health information

(11) Child and adolescent development, including sexual orientation, gender identity, and expression.

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<sup>51</sup> [https://www.cdss.ca.gov/Portals/9/CCR/RFA/2021/V7%20RFA%20WD\\_1.13.21-FINAL.pdf](https://www.cdss.ca.gov/Portals/9/CCR/RFA/2021/V7%20RFA%20WD_1.13.21-FINAL.pdf)

(12) The role of a Resource Family, including working cooperatively with the child welfare agency or probation department, a child's family, and other service providers and agencies to develop and implement the child's or non-minor dependent's case plan.

(13) The role of a Resource Family on the child and family team

(14) Knowledge and skills relating to the reasonable and prudent parent standard

(15) An overview of the specialized training

(16) Options for permanency.

(17) Birth parent relationships and safety issues regarding contact.

(18) The rights of children and non-minor dependents to sexual and reproductive health care and information and to confidentiality of sensitive health information.

(19) The duties and responsibilities of the Resource Family in ensuring children and non-minor dependents can obtain sexual and reproductive health services and information.

(20) Guidance about how to engage and talk with children and non-minor dependents about healthy sexual development and reproductive and sexual health in a manner that is medically accurate, age or developmentally appropriate, trauma-informed, and strength-based.

(21) Information about current contraception methods and how to select and provide appropriate referrals, resources and materials for information and service delivery.

(22) Information on providing care and supervision to children who have been commercially sexually exploited. Information may include, but not be limited to, information pamphlets addressing the identification of victims of commercial sexual exploitation and the provision of existing resources, such as crisis hotline numbers, survivor and caregiver supports, and contact information for law enforcement entities

(23) The role of a Resource Family as a mandated reporter, including training on child abuse and neglect identification, and abuse and neglect reporting.

(24), a County shall provide a copy of Penal code sections 11165.7, 11166, and 11167. (B) Once training has been completed, an applicant shall submit a signed statement on a form provided by the County, verifying that the applicant has knowledge of child abuse and neglect reporting responsibilities pursuant to provisions of Penal Code section 11166, and confidentiality rights under subdivision (d) of section 11167, and agrees to comply with those provisions.<sup>47</sup>

## **PROBATION**

All the officers assigned to Placement are required to attend Core Courses. The course is presented by the Chief Probation Officers of California (CPOC) and is comprised of five modules, over two weeks. The course material is a mix of lecture, short videos and discussions, practical skill building activities and small group discussions. The course educates officers in the basic knowledge of policies, procedures, essential

functions and legal requirements. Participants who complete this course will have a full understanding of all Division 31 requirements.

Prior to being assigned to the Placement Unit, Probation Officers have completed certified Juvenile Corrections Officer CORE (JCO CORE), Probation Officer Transfer Academy, and PC 832 Laws and Arrest courses. JCO CORE is an 8 week course and the Probation Officer Transfer Academy is a 2 week course which includes training in field and court services for juveniles and adults. All Officers in the department participate in the Standards and Training for Corrections Program (STC). In compliance with this program, the Probation Department agrees to meet the minimum training standards and follow program regulations. State mandated training requirements from the Board of State and Community Corrections (BSCC) requires 40 hours of certified training for all officers and 24 hours for officers assigned to the Youth Detention Facility (YDF). Our officers complete a wide range of training relevant to their assignment which also consists of mandated update trainings such as CPR/First Aid, Work Place Harassment, and Computer Systems. Officers also have the ability to choose from elective courses that align with their interests and career development to supplement in achieving the required yearly total; some examples include: Firearms Training, Advanced Officer Training, Defensive Tactics training, Scenario Based training, and Relias online training.

In addition, newly assigned Placement Unit Supervisors and others in a leadership role within probation are required to participate in Placement Supervising Probation Officer Course, also presented by CPOC. This course encompasses all aspects of the Continuum Care of Reform through the lens of following the probation placement process. Some of the important aspects include, but are not limited to, case planning, concurrent planning, family finding, permanency, Title IV-E mandates and information required through state and federal mandates such as the Child and Family Services Review.

All Placement Officers receive training on the following:

**Child Welfare System/Case Management System (CWS/CMS):** This course focuses on the state and federal field documentation requirements specific to Probation officers working with youth in placement.

**Child and Family Team Meetings Facilitation training:** This training provides participants with the basic knowledge and skills to facilitate a Child and Family Team (CFT) meeting.

**Universal Trauma Informed Care:** This training involves acknowledging that, more often than not, youth in the juvenile justice system have experienced some form of trauma. Understanding the consequences from trauma provides insight so that assistance and interventions are tailored to the youth and family. This course addresses three main learning objectives: What is Trauma, Why Does Trauma Matter and What Can We Do.

In the near future, all officers will be required to have training on the Integrated Core Practice Model (ICPM) and AB 2083.

The ICPM is a framework that sets the Child and Family Team (CFT) as the primary vehicle for the team-based process. Together with the CFT process, it establishes an authentic partnership with youth and families, which results in coordinated and integrated plans, individualized to address the unique needs of each child and family member.

AB 2083 requires each county to develop and implement a memorandum of understanding (MOU) setting forth roles and responsibilities of agencies that serve children and youth in foster care who have experienced severe trauma.

## **Agency Collaboration**

### **Commercially Sexually Exploited Children (CSEC)**

In June of 2014, Sacramento County CPS worked diligently to pull several partners together to determine the best way to serve the Commercially Sexually Exploited Children (CSEC) population. A CSEC steering committee was formed and included senior level leaders from Sacramento County Department of Child, Family and Adult Services, Sacramento County Probation, the Juvenile Court, District Attorney's Office, the Sherriff's Department, Sacramento Police Department, Sacramento County Office of Education, Sacramento County Department of County Counsel, Children's Law Center, Child Protective Services, Sacramento County Behavioral Health Services, Sacramento County Public Health, Children's Receiving Home of Sacramento, UC Davis CAARE Center, WEAVE, Another Choice Another Chance, Victim Advocate Organization, Sacramento County Public Defender's Office, Sacramento City Unified School District and Direct and Legal Service providers.

Through a series of planning meetings reviewing the law, data available, and best practices, a "Memorandum of Understanding Sacramento County Commercially Sexually Exploited Children (CSEC) Program Inter agency Protocol" was developed and approved by the Sacramento County Board of Supervisors and went into effect on September 15, 2015. This MOU set forth an agreement for all parties to work together to serve this population and to share information and collaboratively approach practice. The collaborative approach includes identifying specific social workers in each program to act as primary CSEC social workers, use of the West Coast Children's Clinic Commercially Exploited Children Identification Tool (CSE-IT), as well as utilizing the partners to participate in Multi-Disciplinary Team (MDT) meetings that are held to staff each case, discuss placement issues, and develop a plan to keep the youth safe and to identify any needed services.

Sacramento County CPS published its CSEC policy and procedure on October 25, 2017 and continues to review and refine operations regarding youth who are identified as CSEC. CPS has stayed with the model of having specialized units/social workers within each region to become more skilled in addressing the unique needs of youth entering the Child Welfare system because of being commercially sexually exploited. All CSEC referrals are staffed in a huddle after the child/youth is detained to ensure the appropriate services and supports are in place. The CSEC Social Workers within these specialized units have a blended caseload of CSEC and non-CSEC cases/referrals. Sacramento currently has seven CSEC specialized Emergency Response social workers, five Informal Supervision CSEC specialized social workers, six CSEC specialized Court Services social workers, eight CSEC specialized Permanency social workers, and 15 (and are adding two more) Extended Foster Care social workers. There continues to be strong partnerships between CPS, mental health providers, juvenile probation, caretakers, youth, family members, public health, regional centers, the courts, and attorney partners.

As of September 2021, the total number of CSEC youth in open child welfare cases was 212. Currently, the Extended Foster Care (EFC) program has the largest number of CSEC youth (132) comprising 62% of the 212 youth in open child welfare cases. While this is encouraging to note as essentially this means

youth are opting in to EFC and want support in achieving self-sufficiency, it also means that the youth coming to the EFC program are coming with a variety of complex needs, which often make meeting eligibility for EFC quite challenging. In addition, resources for CSEC non-minors are more limited than for CSEC minors. In an effort to mitigate some of the issues the youth face while transitioning to EFC, a Permanency program to EFC program staffing was developed.

Sacramento County program planners and/or EFC social work supervisors host and facilitate a Permanency to Extended Foster Care Multi-Disciplinary Team (MDT) meeting monthly, for youth transitioning to EFC within 90 days. Present at the MDT are the assigned social worker, EFC supervisor, Independent Living Program (ILP) social worker(s), and representatives from Public Health, Alta Regional Center, Behavioral Health Services, and WEAVE. An action plan is developed within the MDT to ensure youth are connected to appropriate services as they transition to Extended Foster Care. This teaming approach has facilitated an opportunity for an earlier identification of an EFC social worker, youth engagement in placement planning, connection to Independent Living Program services, and opportunities for a “warm hand-off” between social workers and programs. Discussions within the MDT have led to youth being connected to services, properly supported through a transition, and placed timely and appropriately in supportive placements that best meet their needs.

Sacramento County continues to contract with U.C. Davis CAARE Center for CSEC education provided to CPS staff and community partners, the Children’s Law Center (CLC) to provide two CSEC Advocates, and WEAVE for 24/7 CSEC Advocates. U.C. Davis CAARE Center has been providing advanced micro-skills trainings, developed in collaboration with U.C. Davis CAARE Center and CPS program planners and supervisors in identifying the needs for CPS staff. U.C. Davis CAARE Center also completed the series of Trauma Informed Courts training with all bench officers for both Dependency and Delinquency Courts, as well as all attorneys working within the Dependency and Delinquency Courts. Additionally, the train the trainer curriculum developed at the request of Sacramento County CPS to educate care providers to understand sexual exploitation of minors, including recognizing when a youth in their care has been sexually exploited, as well as useful skills for a caregiver who is caring for a youth who has experienced sexual exploitation, continues to be utilized by trainers with American River College in their Resource Family Approval (RFA) continued education program. CLC continues to utilize their CSEC Advocates to support youth who have been identified as having experienced sexual exploitation.

Additionally, CLC and WEAVE along with the support of CPS, have joined together to form “The Advocate Collaborative”, which meets monthly to support the work the advocates do as well as provide professional support and camaraderie. This collaborative provides an opportunity for the advocates to enhance their practice and provide much needed support given the challenging jobs they do. Due to COVID-19, the Advocate Collaborative was put on hiatus. During 2020, the Centralized Placement Support Unit relocated from the Children’s Receiving Home to a CPS building. At the new location, workstations were provided for community providers to utilize while working at CPSU. Due to COVID-19, WEAVE had to provide supports utilizing virtual technology; however, WEAVE has returned to onsite support three days per week at CPSU. Further, Capital Specialized Treatment and Recovery Specialists (STARS) provides an advocate in CPSU five days a week to provide support to the exploited youth, as well. In late 2020, WEAVE hired the Advocate position intended to work with EFC. This Advocate participates in the Department 90 Court MDT and the MDT for youth transitioning to EFC, as well as taking referrals for EFC social workers to provide an array of supports to EFC youth. Since the hiring of the EFC Advocate, the EFC planner and her intern provided a training to all WEAVE staff on the EFC laws and Sacramento County’s EFC program. Additionally, the WEAVE EFC Advocate provided a presentation to all EFC staff regarding the services WEAVE can provide and the referral process for the EFC social worker to follow.

Sacramento County's CPS CSEC program planner team continues to review and revise operations as needed. CSEC program planners collectively reviewed and made recommendations for edits to the current CSEC MOU/Protocol. These recommendations are intended to streamline the MOU/Protocol, incorporate lessons learned, and ensure current All County Letters (ACL)/All County Information Notices (ACIN) are included.

Sacramento continues to focus on harm reduction practices and awareness of sexual orientation, gender identity, and gender expression (SOGIE) as certain subpopulations within this area are more vulnerable to exploitation. The County has LGBTQIA Resource Specialists, who work in program areas and if identified, can take SOGIE related referrals or cases. Although harm reduction was not a new strategy to Sacramento County, the material provided by CDSS was utilized to further the training and discussion on how to implement this practice when working with youth who have been identified as CSEC. In addition, as part of the Preventing and Addressing Child Trafficking (PACT) collaborative, Sacramento County had the opportunity for additional training on a subject that was provided to CSEC specialized supervisors and CSEC specialized social workers. This continues to be an area of discussion at CSEC staff meetings and a focus for training as Sacramento strengthens the practices for youth identified as CSEC.

Sacramento County has also developed internal training resources to provide SOGIE awareness training for initial and ongoing education in this area.

### **Expectant & Parenting Youth (EPY)**

Sacramento County continues to maintain the goal to develop more partnerships with community agencies providing support to young parents. Sacramento County has relaunched the EPY Collaborative in partnership with Children's Law Center (CLC), in an effort to maintain existing partnerships and establish new partnerships with community agencies providing support to young mothers and fathers. The guiding belief is young parents in foster care should have access to services that strengthen their ability to parent, promote their health and development, and prevent foster care for their children. The shared goal for the collaborative is to ensure social workers, youth, and families are aware of the services the community offers. Work is underway to ensure all resources are current, appropriate, and centrally located. CPS also commits to identifying more supportive services in the community for fathers; this has been a significant gap in services in the community. The plan is to continue to discuss within the community collaborative available supportive resources, barriers to identification of fathers, resources on father's rights, and mentors for fathers.

### **Child & Family Team (CFT)**

Sacramento County CPS social workers, in accordance with Continuum Care Reform (CCR), invite Tribal representation, caregivers, congregate care providers, and foster family agency representation to attend the CFT meeting. During the meeting, all members of the CFT are consulted in placement planning efforts. As a vehicle to ensure that child and family voice and choice is at the center of planning and decision making.

Sacramento County CPS social workers are responsible for engaging families to identify natural and community supports who can become a member of the family's Child and Family Team. Examples of natural supports can include extended family members or friends. Community supports can include representation from community based organizations such as Family Resource Centers, Community Incubator Leads, mental health service providers and/or faith based organizations. Once identified, CPS

social workers utilize the CFT as a vehicle for continued collaboration to make family-centered, informed decisions.

More information on P/CFT can be found throughout this report.

### **Katie A/pathways to well Being**

As mentioned in other sections of the CSA, Sacramento County contracts with Pacific Clinics (formerly Uplift Family Services) to facilitate Child and Family Team Meetings (CFTM) for children and youth who are not linked to mental health services. For children and youth requiring Specialty Mental Health Service (SMHS) such as Intensive Care Coordination (ICC), Intensive Home Based Services (IHBS) or Therapeutic Foster Care Services (TFCS), it is the responsibility of the mental health provider to facilitate the CFTM. Sacramento County CPS social workers collaborate with the mental health provider to ensure that meetings are held in the required timeline and that a copy of the Child and Adolescent Needs and Strengths (CANS) assessment completed in the meeting is saved to CWS/CMS.

CPS continues to collaborate with Sacramento County Behavioral Health Services with data sharing and streamlining the referral process. CPS internally engages the support of CPS Program Administration in quality assurance to track progress on an ongoing basis and to share data with programs for monitoring and evaluation.

### **Crossover Youth Practice Model (CYPM)/Sacramento County Child/Youth and Family System of Care (CYFSOC)**

The Crossover Youth Practice Model (CYPM) provided Sacramento County CPS, Juvenile Probation, and the Juvenile Court a foundation for implementing Continuum of Care Reform (CCR) legislation. During the last quarter of 2020, Sacramento County leadership from Child Protective Services, Department of Behavioral Health Services, Sacramento County Office of Education, Public Health, Department of Human Assistance, the Regional Centers, Juvenile Court, and Juvenile Probation met to begin the foundational work to implement AB 2083. The group identified members for the CYFSOC Interagency Leadership Team and the CYFSOC Advisory Team. The teams meet on a biweekly basis and finalized a joint Memorandum of Understanding (MOU). The MOU utilizes portions of the CYPM policy to build off of the collaborative work Sacramento County has already completed while expanding upon this collaboration and rolling applicable pieces of the CYPM MOU into the CYFSOC work moving forward. The CYFSOC has worked with University of California Davis Northern Academy to provide training/information sessions to leadership within the participating departments on Integrated Core Practice Model (ICPM) and how ICPM fits within a “systems of care” approach. Additionally, the CYFSOC is actively researching different ways to share information to better serve the children and families of Sacramento.

### **Circle Clinic Collaboration**

The CIRCLE Clinic (Comprehensive Integration of Resilience into Child Life Experiences) is an innovative integrated care model being offered to children and youth being served by the child welfare system. Our goal is to create a team-based approach and blend the expertise of medical, mental health, developmental assessment and coordinated social services to meet the unique needs of each child.

Services include: **Medical Care** (Evaluation and full scope primary care), **Medical Care** (Evaluation and full scope primary care), **Behavior & Development** (Assess behavior and development, brief intervention/parent support), **Behavior & Development** (Assess behavior and development, brief intervention/parent support), **Family Resource & Family Navigator** (Identify needs, connects families to local resources), **Care Coordination** (Coordinate care between different subspecialists, mental health). CPS is currently working with the Circle Clinic to focus on servicing and supporting CSEC youth.

## PROBATION

Probation collaborates with the Courts, Department of Child, Family and Adult Services (DCFAS), other justice partners, Behavioral Health Services (BHS), Public Health, Department of Human Assistance (DHA), Regional Centers (e.g. Alta), Education/School Districts, Court Appointed Special Advocates (CASA), Community Based Organizations (CBO), Foster Family Agencies (FFA) and Short Term Residential Therapeutic Programs (STRTP). Probation participates in multiple collaborative meetings, workgroups and committees such as Probation Advisory Committee, Family Urgent Response System (FURS), Families First Prevention Services Act (FFPSA) Committee, Cross Systems Wraparound meetings, FFA and Short Term Residential Therapeutic Program (STRTP) director meetings, Foster Youth Partnership meetings, System Improvement Plan (SIP) workgroups and Therapeutic Foster Care workgroups designed to improve outcomes for youth and family. Collaborating with these entities has helped to build opportunity, provide intervention services and treatment, prevent child abuse, neglect and interrupt violence.

The Probation Department has several contracts with community-based organizations to provide services to youth and families in their homes through implementation of a new model called Juvenile Justice Intervention Services that allows providers to be onsite with our internal programming officer in order to better assess and target specific needs with a wide array of services to meet the varying needs of youth versus only having one or two intervention options. With the new model, youth can have access to an array of family-based intervention services such as Functional Family Therapy (FFT), Trauma Focused Cognitive Behavior Therapy (TFCBT), Seeking Safety, Seven Challenges for Alcohol and Other Drug counseling, youth and family advocates, and life skills training. The providers also assist in connecting to other services if assessed as needing additional care, for example, mental health or Medi-Cal services such as Flexible Integrated Treatment (FIT). There is also the Juvenile Justice Diversion and Treatment Program (JJDTTP) project in collaboration with Behavioral Health Services, which provides a variety of mental health services and support to juvenile justice youth and youth displaying at risk behaviors. In addition, the Black Child Legacy Campaign (BCLC) Joint County/Community Collaboration and Hope for Healthy Family Counseling Center for the Juvenile Sex Offender clients is also utilized. Referrals to Wraparound Services for the Youth Reinvestment Grant as well as County Cross Systems Wraparound program. Through use of such services, youth are supported by positive change within the family setting and in the community, thereby allowing the youth we supervise to remain in their home.

Keeping youth and families together and engaged with services tailored to address their needs through a trauma-informed and strength-based approach is best practice and the focus and goal of our Juvenile Operations. This is evident by the community-based programs utilized and the approach noted above. However, there are circumstances where removal is necessary for the safety of the community. Watching trends with youth committed to Placement will hopefully reduce reliance on the STRTP setting, there may

still be a need for Probation to explore local innovative short-term housing and treatment options with family-centered, trauma-informed and strength-based approaches to treatment in the near future.

## **Service Array**

### **Birth & Beyond Family Resource Center (FRC)**

Sacramento County has a long-standing two-decade investment in child abuse and neglect prevention and community-based family support services through the Birth & Beyond Family Resource Center (B&B FRC) Program, a comprehensive primary prevention and early intervention program that provides support services for pregnant women and families with children ages 0-17, via nine family resources centers strategically nestled in neighborhoods where risk factors for child abuse and neglect persist. The goal of the B&B FRC program is to promote the wellbeing of children and families, increase the strength and stability of families, and prevent child maltreatment among at-risk families. The program became operational in 2000, pursuant to a 1998 directive from the Sacramento County Board of Supervisors to the Family Support Collaborative (FSC) to launch prevention efforts to eliminate child abuse and neglect homicides. Initially, the target for B&B FRC services was families with children zero through 5 years of age. In 2015, as part of the Child Abuse Prevention Initiative, services were expanded to families with children six to 17 years old.

Historically, B&B FRCs have sought to eliminate barriers to service and as such have no eligibility criteria, are of no cost to families, and are located geographically in areas accessible to public transportation. Annually, B&B FRCs design, develop, and disseminate a program wide and FRC neighborhood specific outreach plan to educate the general public about and raise awareness of the availability of B&B FRC services. B&B FRCs rely on blended funded from First 5 Sacramento, AmeriCorps, and Medical Administrative Activities (MAA), as well as Community-Based Child Abuse Prevention (CBCAP) and Child Abuse Prevention, Intervention and Treatment (CAPIT) funding. Each of the non-profit agencies who implement the B&B FRC program, contributes match funding. The B&B FRC program has a comprehensive management and decision-making structure, in partnership with Sacramento County Child Protective Services (CPS), to ensure that all nine FRCs operate on the same program-wide budget, minimum staffing structure, program models, and policies and procedures so that capacity is reached and operation is consistent across all sites.

The nine FRCs remain service hubs in neighborhoods with the highest concentrations of families at risk of child abuse and neglect. The FRCs include Folsom Cordova Community Partnership, La Familia Counseling Center, Mutual Assistance Network Firehouse Community Center and Arcade Community Center, River Oak Center for Children, WellSpace Health's North Highlands Multi-Service Center, and the Sacramento Children's Home FRCs of Meadowview, North Sacramento, and Valley Hi. The B&B FRC program applies the Collective Impact Framework to collaborative efforts with the six community-based agencies previously named, who operate the nine FRC's, and the Child Abuse Prevention Council of Sacramento as the backbone agency serving as the fiscal, training, quality assurance, coordination, and evaluation lead. The B&B FRC program understands and values the cultural diversity in the population that it serves, and therefore takes great care in developing staffing that mirrors their clients, in terms of demographic characteristics, language, and experience living or working in the service area

B&B FRCs offer a continuum of child abuse and neglect prevention services, tailored to meet the individualized and unique needs of children and families served by each FRC, that are inclusive of four strategies: evidence-based home visitation, parenting education workshops, crisis intervention case management, and social and emotional support and learning such as health access, education, and utilization; school readiness and child development activities; and infant/child education. The strategies align with the protective factors framework to support parents with the goal for children to be emotionally and physically safe and thrive. B&B has a history of identifying needs and then seeking solutions to address them. For example, in 2015, with increased funding from CPS, B&B FRCs entered into a partnership with domestic violence providers to address the need for such services. Ten years ago, the B&B FRC program sought to implement evidenced-based and/or evidenced-informed prevention that has led to the adoption of Parents As Teachers as the home visitation model and Make Parenting A Pleasure and Effective Black Parenting as the parenting education models. Ongoing gaps in services include lack of housing resource available to families engaged in B&B FRC services as well as mental health and substance abuse needs. For the next three-year funding cycle 2021-2024, the B&B FRC program has the capacity to serve the following number of parents annually. The capacity is a duplicate count as some parents receive more than one service:

- Parenting Education Workshops – 1,134 Parents
- Home Visitation – 1,260 Parents
- Crisis Intervention – 2,430 Parents

Since 2001, the B&B FRC program has tracked child welfare outcomes of parents who received home visitation services to understand the impact on CPS substantiated allegations for children served by B&B. Outcomes are reported for children to match with county, state, and federal measures and include only families who had eight or more hours of home visitation 12-months post-intake. The recent 2019/20 evaluation, conducted by Applied Survey Research, found that of the parents who participated in B&B home visitation services, 51% had some prior contact with CPS. Of those children who did not have any reported CPS involvement within the past five years, there was a very low rate of substantiated allegations post-involvement, at only 2% overall. For children who came into service with a baseline substantiated allegation, 5% had a new substantiated allegation within 12 months, compared to the county's 12-month recurrence rate of 9%. When looking at results across all types of participants, 2% had a substantiated CPS allegation within 12 months of their first home visit.

The B&B FRC program works in collaboration with Sacramento County CPS to ensure the safety and well-being of children through Differential Response (DR). DR is a strategy that allows for more than one method of initial response to reports of child abuse and neglect. The goal is to prevent future occurrences of reports of suspected neglect or abuse. DR has three referral paths and partners with the B&B FRC program to serve families assessed in Path 1 and Path 2. The B&B FRC program does not co-serve families with open CPS cases.

- **Path 1:** This path is selected (A) when a family is referred to CPS for child maltreatment, however, it is evaluated out by the hotline because it does not meet the threshold for child abuse and neglect; (B) contact with CPS for assistance where no hotline has been made; and/or (C) they are at risk of child abuse and neglect due to family factors including substance abuse, mental health or domestic violence. These families are linked/referred to community-based agencies on a

voluntary basis and offered identified services. The Child Abuse Prevention Counsel has a staff person working with the CPS hotline nine hours per week linking these families to Birth & Beyond or other community services to strengthen the family.

- **Path 2:** This path involves families in which the allegations meet the threshold for abuse and neglect at low to moderate risk. Assessment indicates the family would benefit from specific services to improve child safety and mitigate risk. CPS and B&B complete a joint meeting with the family to ensure warm hand off to services in their community. CPS may also have a Public Health Nurse or Mental Health Clinician do a joint visit and assessment depending on the needs of the families.
- **Path 3:** This path is similar to path 2, wherein the allegations are determined to meet the threshold for abuse and neglect and are identified as high-risk based on specified review criteria, in alignment with traditional CPS services. Therefore, it is determined that the child is not safe, and action must be taken to protect the child. CPS and B&B complete a joint visit with the family to link them to services and supports to keep the child safe in their homes. CPS may also have a Public Health Nurse or Mental Health Clinician do a joint visit and assessment depending on the needs of the families.

### **Help Me Grow Sacramento (formerly Project SOARS)**

The CPS Informal Supervision program has been a collaborative partner since 2015 with Project Screening, Outreach and Referral Services (SOARS), which evolved into Help Me Grow Sacramento in 2017. Help Me Grow is part of a national system built on maximizing communities' potential through early childhood systems – education, healthcare, family services – that promote all children's optimal healthy development and integrating the supportive services that help children thrive to ensure families can access the services they need when they need them.

Help Me Grow (HMG) Sacramento is operated by Sacramento County Office of Education (SCOE) and funded by First 5 Sacramento, which provides developmental information, free developmental screenings, individualized recommendations, and resources to promote growth and development and referral to early intervention programs and services for children who may be at risk of developmental delay and/or disability. Services are available to families who have children within the age range of infancy through age five in Sacramento County. Family Advocates conduct developmental screenings and home visits and develop family action plans based on family need and screening results. Families are connected to early intervention and other resources and activities in the community. Once referrals have been made, the Family Advocates continue to provide direct support through ongoing home visits to ensure that families access follow up assessments and other needed comprehensive services. HMG works closely with Family Resource Centers/Birth & Beyond and Black Child Legacy Campaign Community Incubator Leads as well as families in homeless, transitional housing and women's shelters to connect with the most vulnerable and at-risk populations. In 2020-2021, services were provided virtually due to COVID. Help Me Grow provided 1,991 services to 354 unduplicated families in the ways of support, resources, and developmental screenings for children. For these families, Help Me Grow staff conducted 334 home visits, conducted 459 ASQ and ASQ-SE developmental screenings for potential developmental delays/disabilities, provided 509 referrals, developed 103 family action plans, and conducted 458 initial calls and 127 follow-up calls with families. Half of all clients served (children – 51% and parents – 48%)

were located within the zones of the Black Child Legacy Campaign, which aims to reduce deaths of African American children.

Help Me Grow is part of the Sacramento County Adverse Childhood Experience (ACEs) Network of Care (NOC), Collaborative led by SCOE and funded through an ACEs Aware Implementation Grant by the California Department of Health Care Services and the California Office of the Surgeon General. The main objective of this grant is connection between medical providers and community and social services to facilitate referrals to services for clients following an ACEs screen. The NOC collaborative meets every other month and builds connections and relationships between agencies, programs, and services that support families with the objective of a county wide referral system, an increased awareness of trauma, and an increased and simplified access to resources in the county. Representatives on the collaborative include individuals and agencies across six sectors - Public Health, Health Care, Education, Early Education, Child Protective Services, and Justice. There has been an increased countywide training on trauma informed strategies. There are currently 135 participants in this collaborative.

### **Informal Supervision**

Informal Supervision services in Sacramento County CPS were initiated in 1998, serving families with children ages five years old and under, and families caring for children of any age who have complex medical conditions and/or developmental delays that affected the child's daily functioning. In January 2011, the program grew to three Informal Supervision units comprised of 14 social workers serving 154 families/276 children. By January 2014, the program consisted of 21 social workers serving approximately 200 families/400 children. In 2017, the Informal Supervision program expanded again to four units serving approximately 235 families/460 children. The program continued to grow and in 2019 expanded to five units, adding six more social workers who started between January and September of that year. By the end of 2019 there were approximately 32 social workers between the five IS Units.

It was in 2019 that the Informal Supervision program was further enhanced by increasing the availability of Informal Supervision services to more families, by increasing the general age group criteria from children 0-5 years old to children 0-12 years old. The services were also expanded to include serving families caring for children experiencing or at-risk of commercial sexual exploitation of children (CSEC). In February 2019, the Informal Supervision program was serving 254 families/495 children. Since the COVID-19 pandemic however, there has been a slight decrease in the number of families served in the program. Further, in August 2021 there was a need to temporarily transfer five staff from Informal Supervision to the Emergency Response investigations program to assist with an overwhelming number of referrals being assigned to a limited number of available ER Investigations staff.

Starting in November 2021, there is one IS Program Manager over all IS units rather than the units spread among five Program Managers as was the previous structure. It is anticipated this will help to create more consistency in practice and give opportunity for more focused oversight to the IS program in general. There is also a program planner assigned to the Informal Supervision program to assess practices, help streamline processes, and create consistency amongst regions. The program planner facilitates an IS Workgroup that meets bi-monthly to discuss IS practices and identify areas that may require further focus, clarity, or guidance. Workgroup participants include staff at the planner, program manager, supervisor and social worker level, and feedback is received both within the workgroup as well as through ad hoc

focus groups when needed regarding potential practice changes that are suggested, with the ultimate goal of continuing to serve IS families and children effectively and efficiently.

Another enhancement that started in 2021 is the development of twice annual data reports to monitor the program now serving families with children through age 17. The data includes, but is not limited to, the number of IS families and children open for service, breakdowns of children served by gender/age/ethnicity, average duration of IS services, involvement of fathers when creating case plans, outcomes at IS case closure, and recurrence of maltreatment after case closure. Lastly, CWS has partnered with Casey Family Programs to develop a program evaluation plan, which will provide an opportunity for Sacramento County to gather more data and information to further inform practice.

### **Early Intervention Family Treatment Court**

In June 2007, the departments now known as Sacramento County Department of Child, Family and Adult Services (DCFAS) (division of Child Protective Services [CPS]) and Department of Behavioral Health Services Substance Use Prevention and Treatment Services (SUPT) partnered with the Sacramento County Juvenile Dependency Court to submit a federal grant under the Promoting Safe and Stable Families (PSSF) program. The purpose of the grant was to create a program that would increase permanency and wellbeing for children affected by methamphetamine or other substance abuse. In October 2007, the grant was awarded and deemed Early Intervention Family Treatment Court (EIFTC), formerly known as Early Intervention Family Drug Court (EIFDC). In February 2008, the program was implemented with the collaboration of CPS, SUPT, the Sacramento County Juvenile Court, and Bridges Specialized Treatment and Recovery Services (STARS) program. Additionally, in November 2008 a Casey Foundation Grant was awarded to STARS to implement Celebrating Families, an interactive, family oriented parenting series, which was implemented in February 2009.

The EIFTC program was implemented in Sacramento County in February 2008 in order to:

- Increase the number of children who can remain safely at home, while parents undergo intensive substance abuse treatment
- Reduce the risk that infants or other children in the home will be harmed in the future
- Increase the availability of substance abuse treatment to parents
- Increase developmental screenings, assessments and other treatment for drug-exposed infants
- Link families to resources in their community that help parents refrain from alcohol/drug use. Develop sustained support plans through linkages to Family Resource Centers (FRC), faith based organizations, and other community resources.

While EIFTC utilizes many services that have been in place in Sacramento County for many years, the features that make this program unique are:

- Immediate access to substance abuse assessment and treatment, including residential treatment when needed
- “Judicial” oversight via voluntary participation in administrative review hearings to monitor compliance with case plan and treatment services
- Continuing care in the form of extended access to Recovery Specialist services and follow up
- Formal linkage and connections to community resources to prepare for the closure of the CPS case

These services are provided when a family is referred to CPS after the mother and/or infant test positive for substances at delivery or prenatally (during the third trimester of the pregnancy), or if a family has a child twelve years old and under and is deemed to have need for these services. Families are offered Informal Supervision (IS), which provides intensive voluntary services (pursuant to Welfare and Institutions Code (WIC§ 301(a)) in lieu of filing a petition for protective custody. Parents/caregivers are assessed for substance use services and immediately referred to the appropriate level of treatment, be it residential or outpatient. The parents/caregivers also gain immediate access to a Recovery Specialist, via STARS, who assists in engaging the parent/caregiver in substance use services, encourages participation and monitors compliance. Recovery Specialists also remove barriers that keep parents/caregivers from participating in services. Services provided by STARS are funded by CPS realignment and PSSF funds.

Administrative oversight offers parents an opportunity to share their successes and challenges with an authority figure who can provide incentives and consequences as necessary. The administrative hearing is also a time for parents to establish a peer group with others who are going through the program. After six months of successful participation in IS Services with CPS and STARS oversight, parents “graduate” from the program.

Participation in the EIFTC may last between six to 12 months with CPS continually assessing the safety of the children while in the parents’ care. If the parent’s failure to comply with program requirements jeopardizes the children’s safety, the Department must then place children in custody. There were 594 families, 730 parents and 1,047 children served in the EIFTC during 2017-2019. Demographics of the EIFTC participants are as follows:

- Parents were on average 32.7 years old
- The majority of parents were female
- Most parents in EIFTC were the biological mothers of their child(ren), followed by biological fathers and other father figures
- The majority of parents in the EIFTC identified as White (61.0%). Nearly one-fifth (18.2%) identified as Black/African American.
- Of those parents with primary substance use data available, approximately one-quarter (22.7%) reported methamphetamine as primary substance
- Children were on average 4.8 years old at program intake
- Children of parents in the EIFTC were most likely to be White
- At the time of this report, 617 parents had discharged from the EIFTC with 41.0% (n=253) leaving with a positive discharge
- Of the 730 parents enrolled in the EIFTC, 97 (13%) were promoted to Dependency Family Treatment Court (DFTC)

The chart below highlights child permanency outcomes for EIFTC participants during Program Years 2017-2019.

OUTCOME	FINDING
<b>Remain at Home</b>	<ul style="list-style-type: none"> <li>Of the 665 children with closed cases and identified as at-home at the time of EIFTC enrollment, 91.4% (n=608) remained home throughout the EIFTC case and 8.6% (n=57) were in out-home care at some time during EIFTC enrollment.</li> </ul> <p><u>Race and Ethnicity</u></p> <ul style="list-style-type: none"> <li>Native American children in the EIFTC were most likely to remain at home (88.9%) through the EIFTC case and Black children were least likely to remain at home.</li> </ul> <p><u>Parent Primary Substance Use</u></p> <ul style="list-style-type: none"> <li>Children in the EIFTC whose parents' primary substance use was identified as methamphetamine (62.7%) were least likely to remain home through the EIFTC case, while children whose parents' primary substance use was identified as heroin/other opiates were most likely to remain at home (86.0%).</li> </ul>
<b>Timeliness of Reunification</b>	<ul style="list-style-type: none"> <li>Information regarding timeliness of reunification for children in the EIFTC is available for only 138 children who were identified as in out-of-home care (OOHC) at some point in their EIFTC case.</li> <li>Of those 138 children, 94.2% (n=130) reunified in less than 12 months and 5.8% (n=8) reunified at 12 months or longer.</li> </ul>
<b>Out-of-Home Care</b>	<ul style="list-style-type: none"> <li>Information regarding timeliness of reunification for children in the EIFTC is available for 138 children who were identified as in OOHC at some point in their EIFTC case.</li> <li>Children in the EIFTC spent a mean of 132.1 days in OOHC per removal. The median per removal was 100.0 days.</li> </ul>
<b>Repeat Maltreatment</b>	<ul style="list-style-type: none"> <li>Repeat maltreatment was reported for 4.4% (n=40) of children in the EIFTC within 12 months. Repeat maltreatment was reported for 5.2% (n=47) of children within 24 months.</li> </ul>
<b>Re-Entry after Reunification</b>	<ul style="list-style-type: none"> <li>Of the 138 children in the EIFTC who achieved reunification, 19.6% (n=27) re-entered OOHC within 12 months after reunification.</li> </ul>

### Reunification Services

Sacramento County offers an array of services for families to address their case plan goals. Parenting Education groups are offered for free at the many Family Resource Centers (FRC) and other community based organizations. Short Term Counseling (STC) services are provided for CPS Parents/Caregivers to a) avoid removal of the family's child(ren) from the home; or b) reunify the family following the removal of the child(ren) from the family home due to neglect, physical emotional, and/or sexual abuse; or c) avoid placement failure. Over 12 contracted providers throughout the county provide services in a variety of communities and settings, including FRCs. Short term counseling services are offered in individual, family, and conjoint counseling for up to ten, 50-minute sessions. Treatment plans relate to mitigating the unsafe behaviors negatively impacting children. There are also group counseling sessions, which are twelve 90-minute sessions. These psychoeducational groups are trauma focused to address child abuse and neglect issues, general counseling, domestic violence, anger management and sexual abuse. The last mode of services is Mental Health Assessments. Assessments identify the parent's clinical diagnosis or developmental disability, recommendations for specific social, mental health, or other available services to assist the parent to develop skills necessary to parent the child and describe any particular techniques

to assist the parent to gain the skills necessary to parent the child. Family Reunification STC is funded by Promoting Safe and Stable Families (PSSF) Limited Family Reunification and CPS realignment funds. Parent/child visitation is one of the most important services provided, and can be supervised, observed, unsupervised, overnight, and extended, depending on the family's progress in making the behavior changes needed to ensure child safety and well-being.

### **Dependency Family Treatment Court**

If substance use issues are identified, families are referred to Sacramento County's System of Care for assessment and referral for treatment. Sacramento also has a Dependency Family Treatment Court (DFTC), formally known as Dependency Drug Court, which began in 2001. DFTC promotes and supports recovery from substance use as part of the reunification plan for parents. DFTC is a parallel court, wherein, issues pertaining to the underlying case are not discussed during DFTC proceedings. The purpose of DFTC hearings is to monitor the provisions of substance use treatment services and the parent's compliance with that portion of their court ordered case plan. DFTC is a collaboration between Juvenile Court, CPS, Substance Use Prevention and Treatment Services Division, parents' and minor's counsel, Department of County Counsel, and Bridges Specialized Treatment and Recovery Services (STARS) agency.

Once a parent is ordered into DFTC, they are assessed for substance use services and immediately referred to the appropriate level of treatment, be it residential or outpatient. The parents also gain immediate access to a Recovery Specialist, via STARS program, who assists in engaging the parent in substance abuse services, encourages participation, and monitors compliance. Recovery Specialists also remove barriers that keep parents from participating in services. Services provided by STARS are funded by CPS realignment and PSSF funds.

Compliance review hearings occur every 30 days. This is an opportunity for parents to share their successes and challenges with the DFTC judicial officer who can provide incentives and sanctions as necessary. After 180 days of consecutive compliance with all DFTC orders, parents graduate from DFTC. Parents continue to participate in the STARS program for aftercare services. Aftercare is a four month program designed to return more responsibility to the parent, allowing them to utilize the recovery principals learned in treatment. The number of parents and children participating in services has increased over the years. There were 379 families, 460 parents, and 702 children served in the DFTC during 2017-2019. Demographics of the DFTC participants are as follows:

- Parents were on average 33.4 years old
- The majority of parents were female
- The majority of parents in the DFTC identified as White (64.3%). Approximately one-fifth (20.9%) identified as Black/African American
- Of those parents with primary substance use data available, approximately one-third (30.2%) reported methamphetamine as the primary substance
- Children were on average 4.1 years old at program intake
- Children of parents in the DFTC were most likely to be Latino (32.9%)
- At the time of this report, 385 parents had discharged from the DFTC with 52.5% (n=202) leaving with a positive discharge
- Of the 460 parents enrolled in the DFTC, 186 were referred from and/or previously enrolled in the EIFTC

The chart below highlights child permanency outcomes for DFTC participants during program years 2017-2019.

OUTCOME	FINDING
<b>Remain at Home</b>	<ul style="list-style-type: none"> <li>Of the 119 children who were in-home at DFTC entry in the DFTC, 85.7% (n=102) remained home throughout their DFTC case</li> </ul> <p><u>Race and Ethnicity</u></p> <ul style="list-style-type: none"> <li>Asian/Pacific Islander and Native American children in the DFTC were most likely to remain home (100.0% each) through the DFTC case, and Black children were least likely to remain at home (64.3%)</li> </ul> <p><u>Parent Primary Substance Use</u></p> <ul style="list-style-type: none"> <li>Children in the DFTC whose parents' primary substance use was identified as cocaine/crack (50.0%) were least likely to remain home through the DFTC case</li> </ul>
<b>Timeliness of Reunification</b>	<ul style="list-style-type: none"> <li>Reunification information was available for 302 children in the DFTC. Of those, 72.2% (n=218) reunified in less than 12 months.</li> </ul> <p><u>Race and Ethnicity</u></p> <ul style="list-style-type: none"> <li>Black children in the DFTC were most likely to reunify in less than 12 months</li> </ul> <p><u>Parent Primary Substance Use</u></p> <ul style="list-style-type: none"> <li>Children of parents in the DFTC whose parents' primary substance use was identified as cocaine/crack or other substance were most likely to reunify in less than 12 months (100.0% each) when compared to all other substances</li> </ul>
<b>Out-of-Home Care</b>	<ul style="list-style-type: none"> <li>Reunification information was available for 302 children in the DFTC. Children in the DFTC spent a mean of 339.8 days in out of home care (OOHC) per removal. The median per removal was 305.5 days.</li> </ul> <p><u>Race and Ethnicity</u></p> <ul style="list-style-type: none"> <li>Within the DFTC, the mean number of days in OOHC was shortest for Native American children (347.0 days) and longest for Asian/Pacific Islander children (382.7 days)</li> </ul> <p><u>Parent Primary Substance Use</u></p> <ul style="list-style-type: none"> <li>Children in the DFTC whose parents' primary substance use was identified as marijuana spent the mean of 414.6 days for DFTC Active Cohort. Marijuana as a primary substance had the longest number of days when compared to other primary substances.</li> </ul>
<b>Repeat Maltreatment</b>	<ul style="list-style-type: none"> <li>Repeat maltreatment was reported for 3.0% (n=16) of children in the DFTC within 12 months. Repeat maltreatment was reported for 5.0% (n=27) of children in the DFTC within 24 months.</li> </ul>
<b>Re-Entry after Reunification</b>	<ul style="list-style-type: none"> <li>Of the 302 children in the DFTC who achieved reunification, 15.6% (n=47) re-entered OOHC within 12 months after reunification.</li> </ul>

### Permanency CFT

Sacramento County CPS has been holding Child and Family Team Meetings (CFTM) since July 2018 with full implementation occurring in January 2019, combining the structure of professional interdisciplinary teams with the strengths-based and inclusive principles of family-centered care to make informed decisions. The assigned CPS social worker is responsible for explaining the purposes of a Child and Family

Team (CFT) and CFTM to the child, youth and family. The case-carrying social worker works closely with the family to help them identify potential professional or natural supports such as extended family members or community members who can be invited to be a part of the family's CFT. Within this process, the social worker also explains and obtains signatures for the Release of Information form recommended by CDSS/DHCS via All County Letter (ACL) 18-09. CPS contracts with Pacific Clinics (formerly Uplift Family Services) to facilitate all Permanency CFTMs. Pacific Clinic facilitators follow a Safety Organized Practice (SOP) meeting structure developed by UC Davis Northern Training Academy. Although someone else facilitates the CFTM, the case-carrying worker is responsible to ensure that CFTMs are useful and effective in furthering the family's case plan and supporting the safety and well-being of the child/youth, and family.

In accordance with Continuum Care Reform (CCR) timelines, Permanency CFTMs are required to be held prior to the development of the initial case plan (disposition), but no later than 60 days after out of home placement. For children and youth receiving Intensive Care Coordination (ICC), specialty mental health services, or are a part of a specialized population (such as Commercially Sexually Exploited Children or Cross Over Youth Program) CFTMs will be held every 90 days. It is best practice that CFTMs should occur as soon as possible for case planning purposes, placement determination/stabilization, emancipation planning and/or safety planning. Meetings should occur however often they are needed, but no less than every six months. Effective and lasting outcomes are achieved when CFTMs occur as often as the needs of the child, youth, or non-minor dependent, and family prescribe, therefore any member of the CFT may request a CFTM. Some examples of events or circumstances that may require a CFT meeting prior to the next scheduled/required CFTM include but are not limited to the following: the child or youth is at risk of placement disruption; there has been a change in service needs; there are barriers which affect the coordination of regular sibling or family visits (such as distance, transportation or supervision); and/or to address barriers regarding the planning and coordination of extra-curricular activities or school functions (including supervision and transportation).

In April 2019, Sacramento County CPS collaborated with Sacramento County Behavioral Health Services to pilot the use of Senior Mental Health Clinicians to complete mental health assessments for children and youth who are not linked to mental health services. The CPS mental health team initially began with five senior mental health clinicians who were responsible for completing the California Integrated Practice Child and Adolescent Needs and Strengths (CA IP-CANS) tool. A CPS mental health clinician is assigned to complete the CANS for children not linked to mental health services or whose age is five years or under, and collaborates with the assigned social worker to engage with parents, caregivers, and children to complete a draft CANS. The CPS mental health team clinician then attends the CFT meeting and incorporates the CANS ratings into the discussion to ensure the team reaches consensus on the CANS items. The incorporation of the CANS ratings can help guide the completion of the case plan as the CANS highlights a family's strengths and needs. The team's caseload capacity began at five cases each and has expanded to 15 cases each. Additionally, in November 2019, the pilot expanded to include Permanency cases (the initial roll out was for cases in Court Services). CANS trainings have been offered for all programs throughout the year, which includes a second day of training regarding integrating the CANS into case planning. This additional training is offered by the UCD Northern Training Academy. Furthermore, a training for supervisors was developed, and focuses on ensuring the CANS is used to inform the case plan.

In November 2019, Sacramento County Behavioral Health Services received approval to utilize Mental Health Services Act (MHSA) funding to expand the CPS Mental Health Team, including five additional senior mental health clinicians and one clerical support position. CPS mental health team members are co-located in three CPS offices to further support the collaboration between the case carrying social

worker and the senior mental health clinician. Since November 2019, the team has been able to expand to support all programs with consultations, and providing the CANS in Court Services and Permanency programs.

Sacramento County CPS facilitates a bi-monthly CFT Implementation Team Meeting that consists of representation from Sacramento County CPS, Sacramento County Behavioral Health Services, and Pacific Clinics (formerly Uplift Family Services). The Implementation Team Meeting has been an integral part of CFT implementation in Sacramento County as it provides a vehicle for consistent review of the fidelity of the practice to the model, continued collaboration by all parties, and affording an opportunity to address gaps in program implementation.

Beginning in late March 2020, the COVID-19 pandemic created new systemic challenges for CFTMs. There was a decline in CFTM referrals in April 2020 believed to be caused by the shelter in place order. However, by June 2020, referral submissions returned to averaging approximately 20-25 referrals per week. These referral averages continued through January 2021. Furthermore, the decision to exclusively use the “Lifesize” video conferencing technology in lieu of in-person meetings continued to contribute to other issues, including missed engagement opportunities due to lack of in-person contact between participants during meetings. Previously, there was initial face-to-face engagement work with families, the neutral facilitator, and social worker, which were extremely helpful and included introductions and informing families of what to expect prior to the start of a CFTM. CPS social workers meet with families prior to the Permanency CFTM to prepare them and review the Release of Information (ROI) and their CFT members list. However, with the virtual meetings there have been challenges with participants having questions about the forms on the day of the CFTM that necessitate an additional review prior to the start of the meeting, causing delays in other attendees joining the meeting virtually.

Another continuing complicating factor around holding Permanency CFT meetings virtually is some youth do not agree to show themselves on video. In those circumstances, the team is reminded it is acceptable for a youth not to show their face. Further, taking breaks in virtual meetings is very different and can be challenging when youth and families do not have their support person with them who can walk them out and/or support their return. Additionally, the neutral facilitator is not able to check in with the individual who needed a break. Finally, there are sometimes audio or visual challenges with Wi-Fi connections that cause glitches, especially with CFTMs of ten or more people. Despite the initial challenges of transitioning to a fully virtual format for CFTMs, in some instances the virtual meetings were more successful, in that participants did not have to travel to attend (leading to improved turnout).

Sacramento County CPS emphasizes Continuous Quality Improvement (CQI) using varying data systems such as CWS/CMS and Efforts to Outcome (ETO) database to capture Permanency CFT meeting data that CWS/CMS is unable to track. ETO offers the ability to track the recommendation and outcome at the conclusion of the CFT meeting, including case planning, safety planning, aftercare planning, permanency planning, recommendations to return home or remove, less or more restrictive placement, and support services that were discussed at the meeting. Additionally, ETO can reveal themes and patterns regarding meeting types and recommendations, participant key roles, and meeting times and other logistic information. CPS program planners utilize ETO to complete a monthly CFT meeting management report that captures Permanency CFT meeting data. Although mental health providers are facilitating CFT meetings in addition to the contracted provider, data regarding mental health meeting logistics and outcomes is not collected or available to CPS from providers.

From July 2018 to October 1, 2021, Sacramento County CPS has received 3,185 referrals for Permanency CFT meetings. These meetings were scheduled to address various aspects of the case to help the children, youth, and family achieve their safety and permanency goals. Since FY20-21 to present, purposes of the meetings included: case planning (1,043), safety (316), mental health services (380), emancipation conference (167), and permanency planning (472). Sacramento County CPS mental health team tracks referrals assigned for CANS assessment. Since April 2019, senior mental health clinicians have been assigned 1,390 referrals.

<b>Non-Professional Attendees</b>	<b>FY20-21</b>	<b>FY 21-22 (Sept 2021)</b>
Bio Mother	454	112
Bio Father	289	65
Other Family	275	54
Natural Support	68	24
Child	355	105

Permanency Attendee Data

<b>Professional Attendees</b>	<b>FY20-21</b>	<b>FY 21-22 (Sept 2021)</b>
Social Worker	651	218
Behavioral Health Representative	282	47
Foster Family Agency Representative	155	69
Probation	203	37
Other Community Support	167	41
Resource Parent(s)	441	142

Sacramento County collaborates with community partners to provide additional resources and support to children and families during and after the CFT meeting. ETO captures specific information pertaining to non-professional (i.e. natural supports) and professional supports present at the CFT meetings. CPS contracted community prevention partners are captured in the Other Community Support category in the ETO database.

To monitor performance in ensuring CFT meetings are being held, the CPS Program Administration bureau provides a CFT Meeting Monthly Report to assist program staff in identifying cases for which a CFT meeting is needed. Program Administration also provides program managers and supervisors with a numerical and percentage breakdown report of their respective program/unit's performance. Additionally, in an ongoing effort to correct data, a CFT Meeting Data Clean-Up report was generated for youth with CFT meetings completed after January 1, 2018 that were incorrectly documented in the contact notebook of

CWS/CMS. While social workers enter CFT meetings facilitated by mental health providers in CWS/CMS, the challenge of timely and accurate information entered by the social worker continues to occur. Sacramento County is currently exploring data collection for CFT meetings facilitated by ICC-CFT meeting providers.

Since August 2018, Pacific Clinics (formerly Uplift Family Services) utilizes a satisfaction survey for all Permanency CFTM participants. The survey uses a Likert scale score ranging from 1 to 5 and inquires of the participant's experience with the Pacific Clinics CFT facilitator and CFT meeting in general. There are also questions requesting additional comments/feedback. Pacific Clinics and Sacramento County CPS use this data to monitor participants' experiences and look for opportunities to improve the process. An overall success is that feedback from Permanency CFTM participants has been primarily positive. The average score on the satisfaction survey ranges from 4.5 to 4.7 with 4.5 the lowest average response for a survey question and 4.7 the highest average response for a survey question. Additionally, comments from youth and families about their CFT experience have included positive reactions to the facilitators, feeling heard, appreciation of a neutral party facilitating, and gaining a better understanding of the process and expectations. Comments from social workers have included positive reactions to the facilitators, inclusiveness of the team, and gaining insight into the family's experience. The data is continually being used to monitor participants' experiences and look for opportunities to improve the process.

### **Sacramento Native American Health Center**

Sacramento Native American Health Center (SNAHC) is a non-profit 501(c)(3) Federally Qualified Health Center located in Midtown Sacramento. The health center is committed to enhancing quality of life by providing culturally competent, holistic, and patient-centered continuum of care. There are no tribal or ethnic requirements to receive care. SNAHC provides medical, dental, behavioral health, and wellness program services.

SNAHC is community-owned and operated; a Board of Directors governs the center. Since opening the center staff has grown to meet the needs of the community, and 26% are Native American from both local and out-of-state tribes. SNAHC is a Certified Enrollment Entity that supports enrollment in public or private insurance coverage through Covered California's health insurance marketplace. The health center has over 40 community partners to provide access to assistance programs.

The medical department at SNAHC provides comprehensive health care for adults and children. The dental department provides patient education, prevention, and general dentistry for adults and children. The Behavioral Health program combines mental health and substance abuse counseling with traditional healing practices. The Wellness Program provides health education, disease prevention, and chronic care case management services. The center also provides specialty services including podiatry, chiropractic, transgender care, hormone therapy, and more. SNAHC also provides Family Spirit parenting classes vetted and approved by Sacramento County for use with parents involved with the child welfare system. The classes are culturally specific and relevant for Native American parents, but have been approved for all parents.

In addition, Sacramento County recently approved the curriculum Positive Indian Parenting provided by the Wilton Rancheria. The classes are also culturally specific and relevant for Native American parents, but have been approved for all parents.

## Prevention CFT

As stated previously, Sacramento County CPS began holding Child and Family Team Meetings (CFTM) in July 2018, with full implementation in January 2019. Along with the implementation of Permanency CFTMs, the Prevention Child and Family Team (PCFT) Unit was created to provide support and resources to children and families in open referrals and voluntary cases. Although CFTMs are not mandated until the child is placed into foster care, Sacramento County Prevention CFTMs (i.e. safety planning team meetings) engage families at the emergency response referral stage to ensure teaming begins when families are initially connected with child welfare. The Prevention CFT and CFTM goals align with Permanency CFTs, with the use of the strengths-based, family-centered, culturally humble teaming process to partner with children and families to address strengths and critical needs.

Sacramento County utilizes skilled and trained Human Services Master's Degree Social Workers to facilitate Prevention CFTMs in order to maintain the values and principles of an effective CFT process; therefore, case carrying social workers do not facilitate Prevention CFT meetings for their assigned referrals or cases. The Sacramento County Prevention CFT Unit provides meeting facilitation for Emergency Response (ER) and the Informal Supervision (IS) program. Additional facilitation is available for Court Services and Guardianship when specific criteria is met.

A Prevention CFT meeting is held at certain critical junctures in the life of a referral and/or case, as well as on an as-needed basis as determined by the team, to help families and the Department work together to address safety, achieve permanency, and promote well-being for children. Prevention CFT meetings are used to determine if a safety plan can be developed to mitigate any Structured Decision Making (SDM) identified safety threats and ensure child safety in the care of the parent/guardian with the support of caring adults who serve as the safety network. Additional Prevention CFTM types include, but are not limited to, Emergency Placement, Imminent Risk of Placement, Exit from Placement, Referral/Case closure (Prevention/Aftercare planning) and ER to IS Case Planning. ER to IS Case Planning meetings are held when families enter the voluntary IS program via ER or Court Services prior to Disposition. The goals of these meetings are to provide families with more transparency regarding the IS program, conduct warm-handoffs between social workers, return children/youth to their parents'/guardians' care sooner, and file fewer petitions with the Court (within 30 days of entering the IS program).

In October 2020, it was determined Release of Information (ROI) documents utilized in Permanency CFT meetings would also be required for Prevention CFT meetings, to address confidentiality. In November 2020 and February 2021, the Prevention CFT facilitators, supervisor and managers attended two ROI trainings provided by the Office of County Counsel, to acquaint staff with the documents and review how to introduce/explain forms to parents and children. Additionally, in December 2020 and January 2021, the facilitators participated in coaching sessions and discussions with Permanency CFT facilitation staff to develop tools and practice ROI explanation skills. In March 2021, Emergency Response and Informal Supervision staff were trained on the ROI practice, and the ROI pilot started on April 5, 2021. In August 2021 and September 2021, ROI pilot feedback sessions were held with the Prevention CFT staff to assess progress of the new tool, analyze data and determine if upgrades to process were needed. Additional feedback sessions will be implemented to guide next steps and ensure procedures are smooth for families and staff.

The Prevention CFT unit was initially impacted by the COVID-19 pandemic. Due to the state of emergency resulting in social distancing and stay at home orders, during the months of March 2020 and April 2020,

the Prevention CFT unit saw a decline in referrals received and meetings held, as compared to the previous year. Similarly, the decline in Prevention CFT meeting referrals and meetings held coincided with the overall initial decrease in child abuse and neglect calls received by the Sacramento County CPS Hotline. In March 2020, calls dropped 25% in comparison to March 2019. More so, in April 2020 calls to the Hotline decreased by 49% when compared to the April 2019 data.

In May 2020, the Prevention CFT facilitators participated in a three-hour Northern Training Academy training for Child and Family Teaming: Virtual Engagement Strategies for Social Workers, designed to provide support for virtual problem solving, sharing of best practices, and strategies for improving outcomes for children and families during the evolving pandemic.

By May 2020, Prevention CFTM referrals received and CFTMs held began to rebound (25% and 35%, respectively) as compared to the previous month, and by July 2020, the Prevention CFTMs were on track with the previous year's (July 2019) data, with a slight decrease in referrals received (4.5%) and an increase in meetings held (9%). Further, the overall referrals received and meetings held after the initial dip continued to flourish during the remainder of 2020, resulting in a total of 663 referrals received and 586 meetings held.

Additionally, the continuous teaming meeting efforts of the Prevention CFT unit with child welfare staff during the pandemic allowed for the quick recovery of the Emergency Response and Informal Supervision meetings. A lesson learned has been offering numerous platforms to attend meetings (i.e. in-person, virtual, or audio) which helped facilitate a smooth transition and provided continuity of services to children and families. Participation in the Prevention CFT meetings has increased as parents/guardians can opt to attend virtually, which improved attendance and resolved previous barriers such as transportation and lack of childcare. As such, an unintended positive consequence of offering virtual meetings due to the pandemic has led to the decision of virtual meetings always being an option for families, even after social distancing is no longer required. The Prevention CFT unit continues to offer support to families by ensuring they know how to access virtual platforms prior to the meeting, and checking in with case carrying social workers if safety concerns are noted. Staff often share their appreciation for the Prevention CFT unit continuing to facilitate meetings during the pandemic, allowing collaboration in teams and ensuring plans are in place.

Sacramento County CPS emphasizes Continuous Quality Improvement (CQI) using varying data systems such as CWS/CMS and Efforts to Outcome (ETO) database to capture Prevention CFT meeting data, the same as it does for Permanency CFT data. From July 2018 to October 1, 2021, Sacramento County CPS' Prevention CFT unit received 2,200 referrals and held 1,882 Prevention CFT meetings on behalf of 3,317 children. From FY20-21 to present, Prevention CFT meetings held included: aftercare planning (21), emergency placement (4), ER to IS case planning (31), exit from placement (52), imminent risk of placement (313), referral closure (29), and other meeting types (349).

Sacramento County collaborates with community partners to provide additional resources and support to children and families during and after the CFT meeting. ETO captures specific information pertaining to non-professional (i.e. natural supports) and professional supports present at the CFT meetings. CPS contracted community prevention partners are captured in the Other Community Support category in the ETO database. In FY20-21, 311 Other Community Support providers participated in Prevention CFT meetings. From January 2021 through September 2021, 55 Other Community Support providers attended Prevention CFT meetings. For additional Prevention CFTM participant data, see below for the most

common non-professional (natural supports) and professional CFT meeting participant categories.

<b>Professional Attendees</b>	<b>FY20-21</b>	<b>FY21-22 (Sept 2021)</b>
Behavior Health Provider	90	13
Child Welfare Social Worker	742	153
Child Welfare Worker/ Probation Officer	390	-
Other Community Support	311	55
Resource Parent	-	9
Substance Use Disorder Treatment Provider	216	61

<b>Prevention CFT Meetings</b>		
<b>Non-Professional Attendees</b>	<b>FY20-21</b>	<b>FY21-22 (Sept 2021)</b>
Biological Father	373	85
Biological Mother	569	124
Child	165	38
Natural Supports	132	25
Other Family Members	675	157

Similar to Permanency CFT meetings, in April 2019, Prevention CFTMs began using the same Self-Satisfaction Survey, with questions rated on a Likert scale of 1 to 5, inquiring into the participant’s experience with the Prevention CFT facilitator and CFT meeting in general and includes a comment section. An overall success is that feedback from Prevention CFTM participants has been primarily positive. The average score on the satisfaction survey ranges from 4.2 to 4.8 with 4.2 the lowest average response for a survey question and 4.8 the highest average response for a survey question.

Participant comments from non-professional and professional attendees are utilized to enhance CFT meeting services and ensure team members’ experiences are positive. In 2021, Prevention CFT meetings received numerous feedback from attendees via the Self-Satisfaction Survey. The following is a sampling of the comments received: “The facilitator was excellent and I do not believe we would have been able to reach the agreement we did without her strong work and communication with the parents.” -Social Worker; “I liked that the decisions and comments made today were in [the child] and my best interest.” –Grandmother/Legal Guardian; “[The facilitator] did a fantastic job of setting the purpose, expectations, and desired outcome of the meeting. She encouraged all to participate and ensured she had heard each participant’s comments correctly while taking notes and allowed for corrections and clarifications when needed. She was compassionate to the youth, allowed her to speak/share, but also kept the meeting moving along when the youth wanted to revisit items that were not viable options for her.” –Vice Principal of youth’s middle school. What worked well for one mother was, “Communication, letting everyone be heard.”-Mother. The data is continually being used to monitor participants’ experiences

and look for opportunities to improve processes, learn, and adapt program function based on all feedback.

### **Adoption Services**

Sacramento County has an Adoption bureau made up of four units that provide support to adoptive families from the foster care system. Adoptive families are assessed as resource family homes and approved to provide permanency when their home is approved through the Resource Family Approval (RFA) process. Families are educated on resource family regulations and foster child personal rights, and are required to complete 12 hours of training prior to approval, in addition to CPR and first aid. Annually, they are also required to complete 12 hours of training. They also have an opportunity to network with other families going through the Resource Family Approval process.

The Adoption Assistance Program (AAP) is a program (federally and state funded) created to encourage the adoption of special needs children and remove the financial disincentives for families to adoption. AAP benefits include monthly financial benefit, medical insurance through Medi-Cal, non-recurring adoption expenses, and payment for residential treatment. Sacramento County has two AAP social workers who monitor requests. If a child requires a higher level of care placement, they assist families in locating an appropriate placement and complete the necessary contracts with the adoptive parents. Children can also receive Wraparound services as an alternative to residential treatment or when stepping the child down from the higher level of care.

Sacramento County has one post-adoption social worker who helps facilitate birth family and adoptee reunions. Other services are written letter and pictures exchanges for families and linkages to community resources. Adult adoptees can also review their file.

There are several agencies in Sacramento County that provide services post adoption. Capital Adoptive Families Alliance (CAFA) is a nonprofit agency that provides peer-led support groups, education/training, advocacy, respite, resource library, community connections, family events and summer camp. They also have groups for teens, dads, and a transracial support group. These are community-based services and not tied to the County of Sacramento. Stanford Sierra Youth and Families is also a community based organization which offers monthly support groups for adoptive parents, mental health services for the family and child, skills training, and coaching.

A need that has been identified in Sacramento County is to have more mental health providers who have knowledge and competency of adoption. Lilliput is a Training for Adoption Competency (TAC)-certified site in Sacramento County. TAC is a training designed to provide mental health and child welfare professionals with the clinical knowledge and skills to serve adoptees, children preparing for adoption, birth families, and prospective and adoptive parents. Lilliput offers this intensive training throughout the year.

### **Kinship Care/Support Services**

Sacramento County CPS partners with two agencies to provide family finding and kinship support: Lilliput and Stanford Sierra Youth & Families. Lilliput is contracted to provide intensive family finding to 75-90 children and youth per year, with services initially starting 30 days after initial removal. This requirement was lifted via a Permanency Steering Committee decision due to delays in youth being referred and the ability to initiate FF earlier. They seek out and engage as many relatives as possible, with the identified goal of keeping children and youth connected to their families and ultimately place them into kin homes when possible. CPS provides some family finding services; however, Lilliput provides more intensive

family finding services which includes the utilization of search engines, as well as conducting engagement and support efforts once kin have been located depending on the specific needs of the family. Prior to a placement occurring, the Lilliput conducts a preliminary relative evaluation submitted to the CPS social worker, helps facilitate visits with relatives and/or siblings (upon CPS approval), conducts assessments of the child's needs and makes referrals for appropriate services, and attends court hearings with the relative to assist them with navigating the court process. Once placement occurs, Lilliput offers the relative voluntary navigation services, in which they are assigned an in-home case manager to help support and stabilize the new placement by ensuring any up-front emergency needs are met and barriers are addressed. The average length of service ranges from four to six months. As of June 30, 2021, there have been 609 youth served in the Family Finding program since January 1, 2015. Excluding reunified youth, 35% of youth closed from January 1, 2015 to June 30, 2021 were placed with a relative or non-related extended family member (NREFM).

Lilliput is also contracted to provide the Kinship Support Services Program (KSSP). This is a free, State funded program designed to provide resources to improve the support of and outcomes for families formed through kinship care. Types of supportive services include information and referrals, in home support, support groups, family activities, children's recreation, assistance with basic needs, respite, advocacy, tutoring and homework help, legal referrals, and guardianship assistance. From January 1, 2015 to June 30, 2021, the agency has received 3,328 referrals for KSSP services and year to date, assisted 145 families with 243 children with Probate Guardianship.

### **Emergency Child Care Bridge Program**

The Emergency Child Care Bridge Program for Foster Children ("Bridge Program") is a three-part program that helps resource parents and parenting youth and non-minor dependents find and pay for child care with licensed child care providers. It also helps child care providers offer a safe place for children to grow and learn through its Trauma-Informed Care (TIC) training and coaching component. The three parts of the program are:

- Emergency child care vouchers are issued directly to child care providers on behalf of families for up to 12 months. Vouchers pay 100 percent of childcare costs per the regional market rate and cover children 0-12 years of age as well as children with disabilities who are 13 years and above.
- Child Care Navigators work directly with families to help them find a child care provider, navigate the child care center application process, and create a plan for long-term child care.
- Trauma-informed care training and coaching is offered to child care providers to help them develop strategies for working with children in foster care who have experienced trauma.

The Bridge Program is not an entitlement. Instead, it is a time-limited "bridge" to longer-term child care solutions to stabilize children in the best possible placements by ensuring that caregivers have adequate child care support to balance their work, school, and home lives. The goal of the Bridge Program is to address the high cost of child care as a barrier for families otherwise willing to bring a foster child into their home and to help parenting foster youth find stability and not have to worry about paying for child care.

Sacramento County CPS initially implemented the Bridge Program on May 22, 2018, and full implementation with voucher distribution, navigation services, and TIC training occurred on June 1, 2018. Sacramento County has implemented the three components of the Bridge Program in the following ways:

Voucher Distribution – The Bridge Program issues vouchers directly to childcare providers on behalf of resource families to pay for childcare. During FY17-18 and FY18-19, the vouchers were available for up to

12 months. By July 2019, the Bridge Program was so popular, Sacramento County CPS exceeded the maximum amount of voucher dollars necessary to sustain the program through the end of the fiscal year; therefore, in September 2019, vouchers were limited to six-month terms only. In February 2021, the Bridge Program was again able to offer the six-month extension to families, for a total of 12 months of services. As the program continues, the length of voucher availability will depend on funding amounts and utilization. However, all resource families who apply and qualify for the Bridge Program will receive services. There is no wait list. The average time from referral date to the date the Child Care Navigator contacts the resource parent is three to five days.

Navigation Services – Child Action Navigators work directly with resource families to help them find childcare, work through the application process, and connect to long-term childcare subsidies. Child Action employs two Navigator staff, each of whom carries a caseload of approximately 30 cases. All Sacramento County zip codes are covered for children who are dependents of Sacramento County. Further, when a Sacramento County Dependent is placed in another county, the child care payment is provided via the Sacramento County Bridge voucher. The Navigators also coordinate with other California counties when children from out-of-county are placed in a Sacramento County resource home.

Trauma-Informed Care (TIC) Training – Child Action provides trauma-informed care training for licensed childcare providers to help them understand and better manage the behaviors that children who have experienced trauma can sometimes exhibit. The purpose of TIC training is to reduce the number of foster children (and other children who have experienced trauma) who are expelled from preschool programs because of difficult to manage behaviors. During the initial COVID-19 shelter in place order, TIC training was suspended for about eight weeks. However, group classes started again in May 2020 via Zoom and TIC trainers have continued to provide one-on-one coaching via Skype and Zoom for individual childcare providers throughout the pandemic. (While the pandemic temporarily impacted the TIC training, it did not affect the referral process in any significant way as the referral process is via email, and the Navigators contact families via telephone.) TIC classes are offered in English, Russian, Spanish, Arabic, and Farsi. Additionally, Child Action maintains a database of child care providers who are equipped to care for medically fragile or disabled children. When a Bridge family needs help finding child care for a medically fragile or disabled child, Child Action employs its “enhanced referral” system for disabled or medically fragile children.

All foster/resource families with an active foster placement, including parenting non-minor dependents (NMD) and parenting youth, are eligible for the Bridge Program. Referrals come from the assigned social worker for the youth. Child welfare social workers are trained on the Bridge Program and receive department-wide informational emails about the program a couple of times throughout the year. In Sacramento County, there are two priority groups for Bridge Vouchers:

- Parenting youth and NMDs
- Relative placements

The priority groups became a focus in December 2019 when Sacramento County was able to begin issuing vouchers after a brief hold from September – November 2019, while voucher output was re-calibrated to allow the program to remain sustainable through the end of the fiscal year. Of approximately 50 families

who had been on hold, 17 were relatives or parenting youth/NMDs who were given priority and awarded vouchers immediately. In February 2020, the program received an increased voucher allocation, which enabled the program to again issue vouchers to all eligible families who were referred to it. Since February 2021, the program has again been able to offer up to 12 months of voucher availability.

As part of the implementation of the Bridge Program, Sacramento County has adjusted practice over time to reflect lessons learned. From October 2018 – April 2019, in an effort to increase the number of families served by the Bridge Program, the Child Action Childcare Eligibility List (CEL) for families who had foster children and were therefore eligible for the Bridge Program was analyzed for potential referrals. This practice was discontinued in May 2019 as the number of families referred to the Bridge Program increased. As this process has evolved, Bridge families are now given priority, where possible, on the CEL.

The table below outlines Bridge Program activity.

<b>Emergency Child Care Bridge Program Activity</b>	<b>FY17-18 &amp; 18-19</b>	<b>FY19-20</b>	<b>FY20-21</b>	<b>TOTAL</b>
<b>Number of resource families receiving vouchers</b>	162	86	410	<b>658</b>
<b>Number of children in those families</b>	218	148	561	<b>927</b>
<b>Amount of vouchers issued</b>	\$754,183	\$840,341	\$790,569	<b>\$2,385,093</b>
<b>Number of families served* (total referrals received and processed)</b>	335	255	280	<b>870</b>

\*The Number of Families Served includes all referrals received and processed by Bridge Program staff, regardless of the eligibility status of the family – it counts the work completed even if a family was ultimately not eligible for the Bridge Program.

### **Extended Foster Care (EFC)**

Sacramento County currently has 16 positions in the Extended Foster Care/Independent Living (EFC/ILP) Program. The EFC/ILP social workers provide ILP services in addition to ongoing case management to youth age 18-21 participating in EFC, as well as to all youth 21 and over that are eligible to receive continued services and support because of COVID. There are several outcome measures that Sacramento County considers for youth exiting foster care at age 18 or older that may indicate success in the program. In addition, there are strategies Sacramento County has implemented and/or plans to implement that address each of those areas. For many youth the challenges in these areas were more significant because of COVID-19. The outcome measures considered include housing, employment, education, and permanent connections. Efforts are made to assist young adults with each of these measure areas, and address the challenges that exist for youth to include adjusting to living through a pandemic.

### Housing

In an effort to ensure youth have appropriate, safe, and stable housing, Sacramento County child welfare plans to continue utilization of Transitional Housing Placement Program (THPP)-NMD as a more

supportive placement option. This placement option often remains the most utilized placement in Sacramento County and often exceeds Supervised Independent Living Placements (SILP). Due to the supportive nature of this placement option, youth are more stable in housing, are employed, and are provided more individualized support in preparation for independence and as a result, experience better outcomes. Sacramento County has an open enrollment Letter of Interest to seek additional agencies interested in contracting with Sacramento County DCFAS for the Transitional Housing Placement Program for Non Minor Dependents in an effort to secure additional providers in the County. Sacramento County has received multiple responses and hopes to secure additional licensed program options for the county.

Sacramento County has received an additional source of funding to expand THP Plus and to include housing navigation for youth participating in EFC. The California Department of Housing and Community Development issued an Allocation Acceptance to secure funding to counties for the purpose of housing stability to help young adults age 18 to 25 to secure and maintain housing (with priority given to young adults formerly in the foster care or probation system), allocating \$298,400 to Sacramento County child welfare. The allocation funded through the Transitional Housing Program is being used to expand the number of open beds used to help young adults who are 18 to 25 years maintain housing.

The California Department of Housing and Community Development issued an Allocation Acceptance to secure funding to counties for the purpose of providing housing navigation services to youth between the ages of 18 to 21 prioritizing foster youth in care. The allocation funded through the HNP (\$268, 095) is limited to providing housing navigation services to young adults in foster care. Sacramento County has utilized this funding to add to an existing contract that provides prevention and intervention case management services to TAY at risk of or experiencing homelessness.

Sacramento County responded to the notice from Housing and Urban Development (HUD) for the Foster Youth Initiative Vouchers. The BOS approved a request to enter into an MOU with Sacramento Housing and Redevelopment Agency (SHRA) to pursue vouchers for current and former foster youth exiting care and homeless or at risk of homelessness. The Department of Behavioral Health Services has agreed to provide the required services for the three years that youth are eligible for the vouchers. Sacramento County is currently working in collaboration with SHRA, Behavioral Health Services, and Sacramento Steps Forward to identify youth and ensure eligible youth are housed and have access to continued supports. Sacramento County participates in a case conferencing meeting that occurs weekly to discuss all youth and families receiving n Foster Youth to Independence (FYI) voucher and/or Family Unification Program (FUP) voucher to ensure recipients are housed.

### Education

In an effort to improve this area of performance, strategies have been identified to increase youth engagement in the Independent Living Program through work with the Youth Engagement Project (YEP). Successful outcomes in high school continue to be attributed to early engagement in the Independent Living Program (ILP). Having youth connected to an ILP/Foster Youth Services social worker allows youth to receive ongoing support in the schools and advocacy for the youth in achieving improved outcomes in education. Sacramento County ILP in collaboration with Sacramento County Office of Education is offering informational classes on education planning and independent living skills to students in middle school. The plan for the upcoming year is to develop an ILP Orientation for youth 14 and 15 years old in an effort to engage youth earlier in ILP.

Additionally, Sacramento County Office of Education (SCOE) collaborates with Sacramento County child welfare on monthly Virtual Extended Foster Care Orientations. This education portion of the orientation enhances youth's understanding of the importance of education, explains AB167, and discusses graduation requirements. Further, SCOE, in collaboration with Sacramento County ILP, developed a student planner that is given to all youth at their emancipation conference and/or with attendance at the EFC orientation or ILP classes/events, that includes detailed information around graduation requirements and opportunities for higher education. SCOE has continued to maintain the updates and fund the printing of these planners for the upcoming year.

Further, continued efforts are made to ensure the appropriate ILP social worker or foster youth liaison is included in CFT meetings with youth. This can also assist in identifying the needs earlier and ensuring the youth has supports in place to be successful in school.

Lastly, Sacramento County has entered into a contract with California State University, Sacramento's First Star Academy. First Star Academy is a free, comprehensive four-year college access program for youth in foster care. The Academy offers academic support, enrichment, and encouragement needed to assist youth in graduating high school and becoming competitive college applicants. The program engages a cohort of 30 students in a variety of fun and active learning opportunities that include academic courses for college credit, independent studies, social and cultural activities, field trips, service learning, and recreational activities. In addition, the program includes a summer immersion program, support throughout the academic year through monthly Saturday Academies, education advocacy, and caregiver workshops. Sacramento County is in the process of recruiting the second cohort of 30 9<sup>th</sup>/10<sup>th</sup> grade foster youth students for participation in the program.

#### Employment

Employment has been a significant challenge for young adults involved with EFC/ILP because of COVID-19. Many of the young adults lost jobs due to the stay at home orders and restrictions related to the pandemic. Sacramento County has maintained an MOU with iFoster for a collaboration with their job readiness program. Foster recently rolled out a virtual job readiness training because of COVID. Sacramento County also hosts ILP Advisory Community meetings, which continues to offer a space for job readiness programs and/or employers to present opportunities for foster youth. Sacramento County ILP plans to spend additional time this year in ensuring youth are supported with filing taxes to ensure access to state and federal tax credits and stimulus payments only accessible by filing taxes. This will include ensuring social workers are provided with the necessary knowledge and resources to assist young adults in the process.

#### Mentoring

Lastly, ensuring youth exit care with permanent connections is also an ongoing area of focus. A teaming approach and Child and Family Team meetings for all foster youth in care continues to allow youth to maintain permanent connections throughout their time in foster care. The utilization of the iFoster cell phone program also assists in ensuring foster youth have access to a cell phone and internet so that they may maintain those connections via talk, text, and social media. Sacramento County continues to collaborate with Court Appointed Special Advocates (CASA) to ensure youth in EFC have access to mentors. Youth are also referred to programs such as the Cultural Brokers when appropriate. In addition,

a dedicated WEAVE advocate for all youth in EFC at risk of or experiencing sexual exploitation was recently implemented.

### ILP

In addition to EFC/ILP County staff, there are currently four Independent Living Program (ILP) contracted providers in Sacramento County. Contracted providers include Elk Grove Unified School District, San Juan Unified School District, Twin Rivers Unified School District, and Sacramento City Unified School District. Each contracted provider provides services to all youth ILP eligible residing within their district and attending a school in their district. Each program includes Independent Life Skills (ILS) classes/workshops that provide instruction in basic life skills and assist the youth in setting and obtaining realistic goals for their future. The curriculum for their ILS classes focuses on social skills, health awareness, finances, job/career development, and survival skills for independent living. In addition to the regular ILP classes throughout the year, contracted providers support and plan ILP events and workshops that are held throughout the year that provide youth support in budgeting, resume assistance, coaching regarding employment skills, and other life skills development.

Sacramento County entered into a revenue contract with Child and Family Policy Institute (CFPIC) for up to \$15,000 to implement the Youth Engagement Project (YEP) to support Sacramento County's project goal of increasing youth engagement in the Independent Living Program. Successful outcomes in high school continue to be attributed to early engagement in the Independent Living Program (ILP). Having youth connected to an ILP/Foster Youth Services social worker, allows youth to receive ongoing support in the schools and advocacy for the youth in achieving improved outcomes in education. YEP continues to focus on outreach strategies to ensure all Sacramento County youth are connected to an ILP social worker. The YEP team includes one youth ambassador, one youth advocate through AmeriCorps, ILP social workers, ILP supervisor, ILP program planner, and a SCOE representative.

### ILP Advisory

Independent living Program (ILP) Advisory is a collaborative that meets monthly and is hosted by the Sacramento County Extended Foster Care (EFC)/ILP program joined by a variety of community partners that include but are not limited to:

- Transitional Housing Placement + Foster Care (THP+FC) and THP+ providers
- Independent Living Program (ILP) contracted providers/Foster Youth Services
- Court Appointed Special Advocates (CASA)
- Job Corp
- Children's Law Center (CLC)
- One Stop Career Centers
- Planned Parenthood
- Sutter Teen Program
- Sacramento County Office of Education (SCOE)
- Sacramento Employment Training Agency (SETA)
- Youth Employment Opportunity Program (YEOP)
- River City Food Bank

The purpose of the advisory committee is to coordinate efforts to provide Independent Living Skills (ILS) services to transition age youth, ensure outreach to youth for classes and events, and provide education, description of services, availability, and referral processes for community agencies. Community agencies have the opportunity to present information to the group regarding their programs.

#### Higher Education Collaborative

Sacramento County participates in the Higher Education Collaborative hosted by Sacramento County Office of Education (SCOE) that ensures Sacramento County youth receive services that support higher education through events provided by many of the local community colleges for transitional age foster youth. The higher education collaborative meets bi-monthly to support ongoing efforts to improve and provide those services to youth in need of education planning and support. Events for youth have included topics that cover financial aid, Chafee grants, youth leadership, Extended Opportunity Programs & Services (EOPS), NextUp, and foster youth services.

### **Permanency Planning Services**

#### **Permanency Case Review**

In July 2014, Sacramento County implemented Permanency Case Reviews (PCR), a permanency initiative to target youth who are placed in congregate care, have placement instability, and/or have been in care 24-plus months. The Permanency Case Review mapping/framework was developed in collaboration with Casey Family Programs. The goal of the Permanency Case Reviews is to make concerted efforts to facilitate permanency for these youth in care. The Permanency Case Review process starts with the social worker and their supervisor having regular conversations regarding permanency during staffing. Specific youth are identified by the social worker and supervisor for Permanency Case Review. The Permanency Case Reviews include social workers and supervisors, and are facilitated by program planners. The team assesses a youth's permanency status and any impediments to achieving permanency and determines any next steps that would propel them on to permanency. An action plan is developed with goals/strategies and action steps to reach that goal. If, as a part of the planning for a Permanency Case Review, it is decided that it is critical to include partners, the youth, family, caregivers or other stakeholder, the social worker will set up a Child and Family Team meeting. From these reviews, data is collected and quarterly reports are produced to determine trends which can result in different partnerships to further support permanency. The data collection is still in its infancy, and due to the low "n" (number of youth reviewed), it will take several quarters to start identifying trends, successes, areas for growth, etc. that are meaningful. However, feedback is taken at the end of most PCR sessions and overall the feedback has been positive from both the supervisors and social workers.

Some of the comments related to what could have been better:

- Would like to know the questions ahead of time (those questions are now provided to the Social Workers and Supervisors ahead of time)
- Time management on the part of the social worker (issue was identified by the social worker)
- There was nothing to change as a result of the PCR

Some comments for what is working:

- Nice to have a full hour to talk about one youth
- Getting ideas approved on the spot
- Liked real life examples from the facilitator
- The PCR was meaningful and helpful

- Identified tasks seem relatable and realistic
- Social worker has the trust and authority of the facilitator (management level program planner)
- “I liked taking the time to focus on the case and being able to really look at the whole case globally instead of just focusing on stabilizing placement. I was able to look at what was good in the bigger picture and all the pieces.”
- The PCR staffing is productive and not a waste of time
- “I like that it challenges me, by asking more questions, to look at things differently and look at what other dynamics may be going on with the case that I hadn’t thought of.”
- It is good to have someone impartial

### **Permanency Finding**

Stanford Sierra Youth & Families (SSYF) engages in diligent search efforts to identify, locate and contact people with whom the child has or had a bond or positive relationship. Youth Permanency Workers (YPW) diligently follow-up with identified contacts, with the knowledge and approval of the child’s Sacramento County social worker. YPWs use every tool at their disposal, including an exhaustive review of the child’s case file, online search tools, and conversations with the child, relatives, birth parents, other connections, and the child’s social worker. For every child, a formal Seneca Search is implemented to aid in family finding efforts. The number of searches may vary per quarter as Seneca searches are completed at different times within the history of a case.

Sacramento’s existing work with SSYF was expanded through the Title IV-E Waiver, and upon the Waiver sunset in September 2019, alternative funding sources were leveraged to continue the contract expansion through June 2022.

### **Family Engagement Services**

Beginning March 2018, Sacramento County bolstered family finding efforts in the early stages of families’ involvement with CPS by creating three full-time Family Engagement Services (FES) social worker positions (formally known as Relative Engagement Specialists). As of February 2021, the FES team added two additional half-time social workers. The FES social workers are regionalized and integrated within the Emergency Response and Informal Supervision programs.

The FES social workers provide support to the Emergency Response and Informal Supervision social workers by completing emergency home assessments for relatives and non-related extended family members (NREFMs), in order to decrease the number of entries into the child welfare system, reduce use of congregate care, and improve child welfare outcomes. Additionally, the FES social workers conduct family finding by searching multiple databases, reviewing files, and interviewing relatives/NREFMs in an effort to identify and locate natural supports. They also team with the Prevention Child and Family Team (PCFT) unit to help build and/or develop a network of permanent connections for the child/youth to ensure ongoing supports are developed and maintained. From March 2018 through August 2021, FES social workers identified 2,932 relatives, assessed 1,621 relatives, completed 276 home assessments, and placed 375 children with a relative and/or NREFM who may have otherwise been placed in out of home care with a resource family. In April 2021, the FES team began tracking outcomes to include if the child/ren remained with the parent, if the child/ren were placed with a relative/NREFM informally or formally with court involvement, and if the child/ren were placed into a resource family home. Between the months of April 2021 and August 2021, 189 children received FES support services. Of the 189 children served, 101 were placed (informally and formally) with a relative/NREFM, 32 children remained in their

parent(s)/guardians care, 52 children were placed into a resource family home (includes Protective Emergency Placements), and four children were pending a placement outcome at time of data collection.

As noted, Emergency Response and Informal Supervision social workers refer families in need of temporary, voluntary out of home placement for their children to FES workers. For children who must be removed (not on a voluntary basis) and had not yet been referred to a FES, the child is assigned a Child Worker (social worker through the Child Placement Support Unit, tasked with relative searches for children who have been removed from their parent/guardian. Therefore, there is no gap in efforts to locate family for placement whether removal is voluntary or court-ordered. Lastly, there is some financial support for the relatives and non-related extended family who bring CPS-involved youth into their home, via gift card resources through Foster Parent Recruitment and Retention Services (FPRRS) funding.

Sacramento County Resource Family Approval (RFA) unit, formerly the Kinship Unit, assesses relatives/NREFMs for placement and provides support as needed. More information on the RFA unit can be found in the Foster and Adoptive Parent Licensing, Recruitment and Retention section of the CSA.

### **Centralized Placement Support Unit (CPSU)**

Sacramento County employs a specialized unit, the Centralized Placement Support Unit (CPSU), to search for out of home living situations for youth who have been removed from their parent or guardian. The first choice for out of home placement is with a relative or non-related extended family member, followed by resource families (whether county or via foster family agencies). When a youth's behavior becomes a danger to themselves or others, they may rise to the level wherein they need to be placed in a Short Term Residential Therapeutic Program (STRTP). This level of intervention is the last level prior to psychiatric hospitalization, and is intended to be intensive, and short-term.

When Continuum of Care Reform (CCR) was implemented, it changed the landscape of availability of congregate care options, previously known as group home placements. The prior group home placements had various licensing options based on the level of care they would provide, and the level of needs of youth they accepted. As part of CCR, group homes were required to convert to STRTP status in order to accept foster care funded placement of Dependent youth. For group homes that wanted to convert to STRTP level placement, it was a very lengthy and laborious process of working with county child welfare agencies and the State of California on implementing new program standards and licensing requirements. During that time frame, there was a shortage in congregate care availability. Sacramento County had difficulty at times locating appropriate placements due to the shortage of resources while group homes went through the process of converting to STRTP. Further, there was a gap for those youth who didn't really meet STRTP level of care, but whose behaviors were such that family-based settings were not accepting placement. The conversion from leveled group home availability to high level needs STRTPs also resulted in gaps in ability to provide medical and other types of services needed for some youth (non-ambulatory, severe medical needs, significant substance abuse addiction issues, perpetrators of other youth, etc.) who also happened to need placement in a congregate care setting. Sometimes, the only placements available that had openings, or met the specific needs of particular youth, were located out of county and sometimes at very long distances away. This impacts family visitation, and also continuity of care such as medical, dental, and mental health (until Presumptive Transfer was implemented).

Due to the placement shortages and gaps in ability to meet youth needs, sometimes there is no placement that can be located. When that occurs, the youth has to remain in the direct care of the Department.

Making successful placements more difficult is that the population of youth that are placed in STRTPs can also be transient, in that they frequently run away. This makes it difficult to have pre-placement meetings with the youth and any potential placements, as well as giving their existing placement the opportunity to close their bed (and not allow them back). When youth are away from placement, often they may willingly or unwillingly engage in very risky behavior to survive, including substance abuse and being exploited. The longer a youth is exposed to a risky circumstance, environment, their trauma behaviors increase and this often makes it more difficult it is to find STRTPs willing to accept the youth, or be equipped to manage the layers of trauma induced behaviors that may make a youth dangerous to others in the congregate setting.

### **Programs/Services for Unique Populations**

Sacramento County Behavioral Health Services (BHS) and Sacramento County CPS work collaboratively to provide senior mental health counselors to work with child welfare social workers and the families they serve. The primary role of the senior mental health counselors was previously to provide assessment services for caregivers and children to avert the family's entry or reentry into the CPS system. As part of the prior Differential Response Team, CPS social workers utilized the expertise of the mental health clinicians as needed. The goals for the partnership were to increase the number of families participating in mental health services, improve access and linkage to mental health services for children and families, reduce the rate of children with a substantiation of abuse due to mental health-related allegations, and reduce the number of children entering foster care for the first time due to mental health related allegations. Currently, Katie A/ Pathways to Well-being and child and family team meetings are a required child welfare service, including use of the Child and Adolescent Needs & Strengths (CANS). As the County worked to ensure the needs of all youth are met via the CFT meetings and implementation of use of the CANS (ultimately to inform case planning), the number of senior mental health counselors increased from two to nine. They are co-located in three Sacramento County child welfare services buildings. Their primary focus is now on conducting CANS assessments and providing feedback during CFT meetings. However, it is understood that on occasion, they can be leveraged to again provide the type of services they originally provided, on a case by case basis (mental health assessments to caregivers and consultation services to child welfare social workers as they assess the needs of the family).

### **CHAT**

UC Davis Child and Adolescent Abuse Resource and Evaluation (CAARE) Center provides short-term crisis counseling for children who have recently experienced, witnessed, or disclosed trauma or abuse through the Child Abuse Treatment Program (CHAT). This is a federally funded program that services children and youth victims ages 0 to 18 years who do not have access to such services due to a lack of resources, a lack of insurance, or Medi-Cal ineligibility. Services may include individual counseling for children and adolescents, group therapy, family counseling, community referrals, and collaboration with community organizations, parent education and support, school advocacy, assistance in establishing a funding source in order to transition into long-term counseling services, if indicated, and services for individuals with disabilities and interpreting services.

### **FURS**

The goal of the Family Urgent Response System (FURS), enacted through Senate Bill 80- Section 107 (2019) and amended by Assembly Bill 79 (2020), is to build upon the Continuum of Care Reform (CCR) and provide current and former foster youth and their caregivers with immediate, trauma-informed support when needed. FURS is a coordinated statewide, regional, and county-level system designed to provide collaborative and timely state-level phone-based response and county-level in-home, in-person mobile

response during situations of instability, to preserve the relationship of the caregiver and the child or youth. The Probation Department, the Department of Child, Family and Adult Services (DCFAS), and Behavioral Health Services, work together to ensure a robust county-level response system, which:

- Provides telephone and/or in-person support 24 hour a day, seven days a week
- Aids in preserving relationships between caregivers and youth
- Provides developmentally appropriate conflict management and resolution skills
- Stabilizes the living situation in an effort to reduce placement disruptions
- Prevents the need for intervention by law enforcement, psychiatric hospitalization, or placement of youth in congregate care
- Connects the caregiver and youth to community-based services

Located in Sacramento County, the Sacramento Children’s Home is the statewide California Department of Social Services (CDSS) Family Urgent Response System (FURS) Hotline Provider and has been fully operational as of March 1, 2021. At a county level, this is an on-going collaborative venture between Sacramento County Departments of Behavioral Health, Probation and Child, Family, and Adult Services. The departments established a FURS workgroup that has been meeting since October 2020. Sacramento County has formally identified the County FURS Mobile Response provider as the Sacramento Children's Home.

The Sacramento County Mobile Response system will leverage an established community-based program, The Source, operated by the Sacramento Children’s Home. Sacramento County Behavioral Health Services currently contracts with The Source for mental health crisis response for all youth under the age of 26 and their caregivers residing in the county. The existing contractual relationship has been expanded to include FURS services. Sacramento County collaborates with the FURS hotline provider to ensure robust outreach and advertising efforts. The Source is a well-established program for all youth up to the age of 26 and their caregivers, which includes current and former foster youth. Sacramento County advertises the local resource and expands outreach efforts for the FURS statewide hotline through local community organizations, mental health and substance use providers, schools, hospitals, and local law enforcement agencies.

Full implementation of Sacramento County’s FURS Mobile Response was effective July 1, 2021. All Sacramento County resource families are made aware of the resource. Information is sent out in the monthly RFA Newsletter as well as provided by the assigned social workers. The FURS team and DCFAS collaborate when the County Mobile Response team has responded to a foster youth home in-person. Within 24-48 hours of the response, the assigned county social worker is provided a FURS Summary Report detailing the rationale for the response and the outcome. Then, the assigned CPS social worker follows up with the foster youth and caregiver to provide any additional assistance/support needed and ensure the placement/relationship remains intact/stable.

The Mobile Response team is always available to respond to urgent calls (within three hours) or non-urgent calls (within 24 hours). The program is operated with multiple staff members during each shift (a.m., p.m., and overnight). There are approximately six-eight staff on each shift, and staff schedules may be shifted to the times with the most service requests/high peak times. There are additional on-call staff available, as well. An initial look at needs and peak times has shown more need during after school hours, and minimal need overnight; needs and peak times will continue to be assessed to ensure coverage needs are met. So far, there has not been any issue with capacity; however, FURS has experienced less publicity than “The Source,” so FURS isn’t yet being utilized to the full capacity expected.

In addition to the FURS responders (who are intentionally hired diverse staff reflective of the Sacramento community), there will be access to both parent partners and youth peer mentors as needed. All FURS staff will be trained in trauma, including but not limited to CSEC issues, grief and loss, cultural/systemic trauma, and secondary trauma and will have an emphasis on children and youth in the foster system. Other training topics will include mental health first aid, effective goal setting with clients, ethics, boundaries, confidentiality, and compliance. Families will be linked to community based supports including those with culturally and linguistically responsive programs. Responders have access to interpreters to aid when language services are needed, and are trained in cultural competency concepts to aid in engagement when responding to a home.

The family's social worker or probation officer will be apprised of what linkages have been made, and if there are any others that would be beneficial. The Mobile Response team will also be able to attend child and family team meetings and will be able to keep a referral open for up to 30 days to check in with the family. When possible, coordination will be made to ensure that plans/strategies developed from the Mobile Response Team align with any current behavioral health treatment plans. The program maintains a database of many other local resources that cover categories of support/need including but not limited to: transportation, health, legal, alcohol and drug, financial, cultural/ethnic services, housing, sexual orientation gender identity and expression (SOGIE), education, Commercially Sexually Exploited Children (CSEC), and student mental health services.

### **Culturally Relevant Services**

#### **Special Skills: Language & Culture**

CPS has 64 special skills social worker positions to meet the needs of ethnic and/or minority populations. Special Skills include Native American culture, African American culture, Hmong language/culture, Spanish language/culture, Russian language/culture, Vietnamese language/culture, and LGBTQIA Resource Specialists. The staff are located throughout the continuum of CPS.

#### **Birth & Beyond: Language & Culture**

As mentioned earlier, Sacramento has a Birth & Beyond program with nine Family Resource Centers (FRCs) located in neighborhoods with the highest concentrations of families at risk of child abuse and neglect. Each location has a variety of culturally relevant services for that community. For example, parenting workshops and home visitation program are available in Spanish, Hmong, Russian, Farsi, Tagalong, Vietnamese, Chinese, and Urdu.

#### **Black Child Legacy Campaign – Community Incubator Lead (CIL)**

The Sacramento Blue Ribbon Commission Report under the direction of Board of Supervisor Phil Serna, on the *Disproportionate African American Child Deaths* brought forth the 20-year problem of disproportionate African American child mortalities in Sacramento County. In Sacramento County, African American children die at twice the rate of any other ethnicity. The four leading causes of death are perinatal conditions, infant sleep-related deaths, child abuse and neglect and third party homicides. The report recommended adopting a goal of reducing African American child deaths by at least 10 percent to 20 percent by 2020. The report outlined potential approaches to achieving the goal, and recommended establishing a Steering Committee to create and implement a strategic plan focused on advocacy, policy, equitable investment and systemic impact, coordinated systems of support, data-driven accountability, and communication. The steering committee on Reduction of African American Child Deaths (RAACD) was established by a resolution of the Sacramento County Board of Supervisors in June of 2013. The committee is comprised of county government agencies and non-government agencies.

The County of Sacramento and the First 5 Commission are funding the initiative to reduce African American child deaths. Sierra Health Foundation: Center for Health Program Management has been designated as the lead agency to provide management of the steering committee and oversight of the implementation plan. One of the core strategies of the implementation plan is to, “Improve access to services through the co-location of multidisciplinary teams (MDT) in RAACD-focused neighborhoods.” The RAACD Steering Committee recommended and was approved funding for Community Incubator Lead (CIL) organizations initially in six neighborhoods identified in the report. A seventh neighborhood was added as zip code spans were reviewed and modified. The child related deaths were significantly higher within seven neighborhoods that include, Valley Hi, Meadowview, Arden-Arcade, North Sacramento/Del Paso Heights, Oak Park, North Highlands/Foothills and Fruitridge/Stockton Boulevard. The lead agency convened multiple county agencies, providers and community that play a key role in reducing African American child deaths to form a partnership and work collaboratively with CIL organizations in the targeted neighborhoods. DCFAS has been and is an active participant on the Steering Committee, as well as providing staffing of a Program Planner and Program Specialists to co-facilitate the larger MDT meetings which brings together all agencies. Additionally, DCFAS is the lead for the collective impact strategies of Cultural Brokers, a model specifically designed to reduce disproportionality and disparities in the child welfare system with an emphasis on safety and keeping African American families intact.

The CILs are designed to be the hub in each community, responsible for establishing grassroots leadership that is trauma informed, engages youth and other grassroots organizations, and utilizes Sacramento County Cultural Brokers (SCCB) and other county resources such as CPS Informal Supervision (IS) social work staff, Department of Human Assistance (DHA) and Probation who can work within the community and with CPS. The CILs function as a Multi-Disciplinary Team (MDT) allows for a teaming approach to best support and wrap families in supportive and preventive services. One critical function of the MDT focuses on designated members of the MDT staffing complex situations that families present and the MDT members may or may not share in common. The MDT then develops multi-program service plans with families to assist them in achieving the maximum level of child safety, family self-sufficiency and independence as possible. Not only does this model give more visibility in the community, which was noted to be lacking in the initial stakeholder feedback (which was designed to get community input and feedback as to the strategies), but it helps bring services into the community to be more accessible to those utilizing the service.

The Steering Committee, which subsequently identifies this collaborative body of work as the Black Child Legacy Campaign (BCLC), has demonstrated successful strategies that brought forth positive outcomes. As of March 2020, the Black Child Legacy Campaign reported in their Five Year Report a 25% reduction in child deaths (2014-2017) exceeding their goal of reduction by at least 10%. The Campaign also reported a 62% reduction in African American child deaths caused by child abuse and neglect, exceeding their goal of at least a 25% reduction. Sacramento County Board of Supervisors recently approved an additional three years of funding for the BCLC to continue the work within the community that has strived to and succeeded in reducing African American child deaths by developing and implementing lifesaving collaborations and practices.

### **Sacramento County Cultural Broker Program (SCCB)**

In FY19-20, African American children ages 0-17 years accounted for approximately 11% of the general Sacramento County population; however, children identified as African American accounted for almost 24% of all substantiated allegations of child abuse or neglect, and almost 37% of children in foster care, thus reflecting a disproportionate number of African American children in foster care.

The Sacramento County Cultural Broker (SCCB) Program is a joint effort between Child Protective Services (CPS) and the community to implement strategies designed to:

- Reduce African American child deaths
- Reduce first-time entries and reentries of African American children into foster care
- Increase relative placements and connections for African American children
- Increase safe, successful, and timely reunification for African American families

Cultural Brokers have specific knowledge of the values, beliefs, and practices of the community they serve. They act as liaisons to engage African American families involved with CPS and help them navigate the child welfare system to improve outcomes for African American children and youth.

Sacramento County contracts with Margaret Jackson, founder of Cultural Brokers, Inc., (a promising practice that provides Cultural Broker services for Fresno County Child Protective Services), as a county-to-county mentor to help build and shape the program. Sacramento County has been able to learn lessons from Fresno's implementation, while building a solid Broker program designed to meet the needs of Sacramento County. Cultural Brokers complete 42 hours of certification training accredited by Fresno State University and facilitated by Ms. Jackson, as well as an additional 40 hours of CPS specific training to support their ability to advocate for African American families. Beginning in November 2017, the first class of Cultural Brokers completed the Cultural Broker Certification Training program with direct service beginning in February 2018.

In addition, training is offered throughout the year on specialized topics and/or refreshers. Cases are also debriefed with CPS teams and county peer contractor, Margaret Jackson, to align practice and advocacy, along with monthly implementation team meetings to ensure infrastructure and resources are in place.

As of July 2022, 513 families have received Cultural Broker services impacting 884 children. Program implementation started in the Permanency program to support and improve timely, safe reunification and increase placement with relatives. Following the success of the Permanency implementation, Emergency Response (ER) case assignments began in late May 2019, with the goal of joint response with ER social workers to prevent entries and build safety networks and sustained support plans. Additionally, as previously stated, Extended Foster Care (EFC) parenting youth are eligible for services to support eliminating generational cycles of child welfare involvement.

In 2020, the SCCB expanded to serve youth who are experiencing placement instability or have been victims of sexual exploitation, with the goal of assisting in helping the youth engage in services, stabilize in their placement, identify relatives and/or increase their support networks. The model continues to expand and be identified as a practice that can further support culturally responsive services.

Model expansion has further included Safe Sleep Baby 2.0 (SSB 2.0). SSB 2.0 is fully defined in the service array section specific to the practice. SCCB Foster Parent, Recruitment, Retention and Support is also now underway as an effort to recruit resource parents who will reflect the disproportionate number of children in care as well as to provide culturally responsive supports in an effort to support retention. Following the competitive bid process and Board approval, work is now underway to develop the scope, identified strategies, and outcome measures.

Referral to the SCCB program is free to families who have an open CPS Emergency Response referral or CPS case. Referrals are primarily received from CPS social workers but can be accepted from families' attorneys, community agencies, or self-referred. Once assigned, Cultural Brokers meet with the County

social worker and the family to define individualized goals that work towards mitigating any safety concerns that may lead to a child being removed or create a barrier to timely reunification. Cultural Brokers can adequately manage an average caseload of 12 cases, and the majority of cases remain open for one to three months.

CPS contracts with three selected community agencies (Better Life Children Services, Sacramento Children’s Home, and Sierra Health Foundation) who are serving seven neighborhoods and implementing the SCCB program. Critical to note is that SCCBs are non-county employees. This is intentional as the advocacy is designed to come from a natural party versus the government entity to further build trust within the community. Monthly Implementation Team Meetings are held to monitor the quality of implementation, evaluate effectiveness, and report on progress. Due to COVID-19, practices and services provided by the Cultural Broker Program switched from in-person to primarily virtual. During this time, bi-weekly calls occurred to debrief cases, provide training, support Cultural Brokers in the work with the agency, and identify how Cultural Brokers are keeping parents engaged during the pandemic, especially with child/parent visitation to further support and maintain reunification progress.

Evaluation and outcomes for the Cultural Broker Program align with both the goals of the program and Black Child Legacy Campaign (BCLC). The Cultural Broker Program has served over 500 families since 2018, with referrals being submitted in a consistent manner.

To further reflect the impact of this model, Cultural Brokers have attended 914 court proceedings, 405 Child and Family Team (CFT) meetings, and 131 Multi-Disciplinary Team (MDT) meetings. Closure summaries indicate that 80 families safely reunified in part because of assistance from Cultural Broker intervention and 49 Emergency Response referrals were closed preventing entry into the child welfare system. Further, 100% of families served indicated they were satisfied with SCCB services, 86% indicated improved trust and communication with CPS, and 78% indicated they have better understanding of safety risks. The SCCB Program has gained positive recognition from industry publications such as “The Child Welfare Information Gateway”, with a request to be featured again this year and multiple stakeholders, including Juvenile Dependency Court, attorney groups, parents, and internal staff. Finally, further evaluation outcomes are underway to reflect the breadth and span of outcomes since inception.

## **Programs that target underserved populations**

### **Bringing Families Home**

Sacramento County continues to operate the Bringing Families Homes (BFH) program, providing prevention and housing intervention services to homeless and housing unstable families receiving family reunification and family maintenance services. From July 1, 2017 to August 2021, 172 families were housed through BFH. In July 2021, Governor Newsom signed the Homelessness Package, which will provide \$92.5 million to the Bringing Families Home program. It provides critical housing-related supports to child-welfare involved families and those at risk of homelessness, in support of family reunification and family maintenance efforts.

Sacramento County CPS continues to collaborate with Sacramento Housing and Redevelopment Agency (SHRA) and Sacramento Steps Forward (SSF). CPS is waiting to secure a new round of Family Unification Program (FUP) vouchers from SHRA for families involved in reunification or family maintenance services. Bringing Families Home was able to reach 100 percent lease-up of all FUP vouchers issued through the program. Sacramento County continues to collaborate with Sacramento Steps Forward to secure 10 Emergency Housing Vouchers (EHV) for CPS families. The EHV programs looks to service CPS families who are homeless and chronically homeless, at-risk of homelessness, seniors age 62 and older, fleeing or

attempting to flee domestic violence, dating violence, sexual assault, stalking, or human trafficking survivors. The EHV programs recently re-opened enrollment to accept applications for BFH and DHA/HSP families. Sacramento County BFH has submitted 10 EHV applications for families who are sleeping in their cars or couch surfing.

In addition to the above, Sacramento County now has the opportunity to work with families who are at the initial stages of the child welfare system at the Emergency Response (ER) and Informal Supervision (IS) level, with the newly implemented rules of the BFH program. CPS has changed the name of its Housing Intervention Program to Bringing Families Home- ER-IS. The BFH-ER-IS will continue to work to reduce the number of families in ER/IS experiencing homelessness or housing instability. The BFH-ER-IS HIP provides two housing interventions:

- One-time assistance  
Partial or full financial assistance for move-in costs to include 1<sup>st</sup> month's rent and/or deposit and eviction prevention as funds allow; or
- Rapid Rehousing (RRH)  
A housing intervention that quickly addresses housing circumstances (homelessness & housing instability) of ER/IS families to secure and retain permanent housing. Services include case management focused on housing identification, housing retention, and employment. The program may offer partial financial assistance for move-in costs and temporary monthly rental subsidy based on eligibility and need as funds allow.

An introductory teaming meeting is completed with the CPS staff, Volunteers of America (VOA) staff and the client to familiarize clients with the HIP program. During these teaming meetings clients are allowed to ask questions as well as learn what is expected from them to be successful in the program. The introductory teaming meetings have helped increase the communication between the clients and housing staff.

In an effort to sustain the funding and opportunities for CPS families to receive housing assistance and improve both outcomes and well-being for families, CPS supports this effort by assigning a Program Planner to manage both the Permanency and ER/IS BFH programs. Weekly meetings are held with partners to staff client and systemic issues and focus on solutions to remove housing barriers. CPS also provides additional staff resources to ensure that families who come forth or are referred are engaged and entered into the VI-SPDAT (Vulnerability Index-Service Prioritization Decision Assistance Tool) system, which is a requirement for assessing housing needs. Staff and providers can make a referral to BFH and routine educational/information sessions are held to convey the ability to be assessed for this critical service need.

### **Expectant and Parenting Youth (EPY)**

Sacramento County continues to provide support to young mothers and fathers experiencing foster care, by providing tools and resources to be successful in their role as parents. The County embraces strategies that highlight ways to help young parents who are also tending to their own developmental needs while in foster care. Sacramento County also aims to assist foster youth in preventing unintended or untimely pregnancies. As noted in the previous CSA, "in 2014 Children's Law Center (CLC) of Sacramento in collaboration with CPS was selected for the Expectant and Parenting Youth in Foster Care (EPYFC) National Peer Network. Children's Law Center was awarded \$50,000 per year for three years to develop and implement a multi-generational and developmentally informed service for expecting and parenting youth (EPY) in foster care." The work done through this grant included the development of EPY teaming

meetings and the development of an EPY policy. The teaming meetings were piloted and tools were developed to be utilized in those teaming meetings. Through the grant work, a new curriculum was developed (with the assistance of a consultant) for Whole Family Foster Homes (WFFH) that was updated to be more trauma informed as well as a train-the-trainer curriculum for Foster Family Agencies (FFAs). Sacramento County has very few homes that are WFFHs and thus has been working since receipt of the grant to increase outreach efforts and try to increase the number of families willing to complete the training. Sacramento County is partnering with American River College (ARC) who conducts the WFFH trainings. Sacramento County has been interested for some time in getting approval to conduct the training online. ARC originally requested the training be in person; however, if too few families were signed up, the training would not occur and class would be cancelled. One of the unintended positive consequences of COVID was that ARC is now offering this training virtually. The hope was this format might improve participation, as the family can do some of the modules at their own pace and then participate in online instruction to ensure they grasped the work. It is also hoped that since going virtual, more families will be identified as WFFHs. Sacramento is working on developing a good way to track this work. Limited data is available at this time, as there has not been a solid tracking system in place (nor urgent need as there are so few WFFHs).

Through the grant work, Sacramento County was also able to secure priority status for parenting foster youth when they apply to Child Action for child care. Another strategy worked on through the grant was mentoring for EPY. Sacramento CPS developed a training through a consultant for mentors working with EPY. That curriculum was provided to Court Appointed Special Advocates (CASA) to use with their mentors. More about some of these successes and their current status are outlined below. The grant has since ended, but a smaller team (no paid consultants or contractors) continues to meet monthly to continue discussing policy and practice updates and to work on getting the in-progress EPY policy approved.

#### EPY Policy

The Sacramento County CPS EPY Policy is in draft form and will be moving to the next phase toward approval and implementation. Upon final approval of the policy, training will be developed and provided to Department staff to include topics such as EPY teaming meetings strategies, community resources, how to access financial supplements, Whole Family Foster Home (WFFH) placements, the use of a shared responsibility plan, identification and support to fathers, data entry, best practices, and engagement strategies. In the interim, the Department, in conjunction with the Office of County Counsel, prepared and delivered training to all social workers in 2018/2019 on best practices for working with EPY that included suggestions around the topics to be discussed in CFTs (EPY focused), resources, supplements, and WFFHs.

#### Teaming

Imbedded in the new EPY Policy is a new model and structure for EPY teaming meetings. This model was piloted and tools were developed to support the structure of the model. Sacramento County's model for specialized teaming meetings focuses resources and planning on ensuring stability and support for expectant and parenting youth in out-of-home care. This includes youth who are in resource family homes, extended foster care, STRTPs, or Supervised Independent Living Settings. The model offers EPY teaming meetings to youth at three specific times:

- Within 30 days of when a youth decides to parent
- Within 45 days of the expected delivery date
- Within 30 days of delivery

A teaming action plan form has been designed to identify important topics to be covered and capture the discussion during the teaming meetings.

### Training

Training efforts are planned to ensure Department staff are aware of current resources in the community. An EPY checklist for department staff was developed that details the important resources to connect expectant parents, which includes the Nurse Family Partnership as step one to ensure in-home support services are offered. As noted above, once the Policy and Procedure (P&P) is finalized, staff will receive training on that P&P.

### Data

Systemic solutions for consistent EPY data tracking (including identification and tracking of EPY males) will be included in the EPY Policy. Sacramento County plans to develop an EPY dashboard that will assist in providing frequent data on EPY to be utilized to enhance practice and improve outcomes for foster youth. The Department is currently working on the data piece in CWS/CMS with the Program Administration bureau. This has been a significant challenge as the way EPY are documented in CWS/CMS changed several years ago. That change requires significant training and access to other programs to ensure the data is documented correctly. Sacramento County has faced challenges to get the information documented correctly and ongoing, as a result. However, child welfare has recently assigned a program specialist and clerical support to assist in the initial lift of getting all current EPY documented correctly and then, as noted earlier, developing as part of the current policy, steps the social worker will take to ensure that all information is sent to the identified points of contact so it can be entered correctly. The training on how to do the documentation occurred in October 2021. Counties are also required to document pregnancies, and as such, Sacramento County has assigned Public Health Nurses (PHNs) to enter that information now for all expectant youth in the Permanency program. A plan is in progress to have the PHNs complete this documentation for Extended Foster Care (EFC) youth, as well.

### Prevention

Sacramento County has developed a reproductive and sexual health care policy and provided Department staff training. The ongoing efforts to support this policy and the implementation of SB89 include identification and sharing of age appropriate resources for youth, training for new staff, and identifying alternatives to comprehensive sexual education in middle or high school as a resource. Sacramento County has an interdepartmental Memorandum of Understanding (MOU) with Public Health Services that includes a provision of evidence-based teen pregnancy and sexually transmitted infections (STI) prevention education by public health staff to youth in foster care, as well as technical assistance and training for social workers and resource families on the topic of sexual health. In addition, Sacramento County has partnerships with the local Planned Parenthood that has developed a safer sex curriculum via a self-guided, self-paced E-Course and has collaborated on staff training for the Department in this topic. Social workers are providing the sexual and reproductive health rights information and documenting this in court reports and case plans routinely.

### Community Resources

Sacramento County continues to maintain the goal to develop more partnerships with community agencies providing support to young parents. Sacramento County has relaunched EPY Collaborative in partnership with Children's Law Center (CLC), in an effort to maintain existing partnerships and establish new partnerships with community agencies providing support to young mothers and fathers. The belief is young parents in foster care should have access to services that strengthen their ability to parent,

promote their health and development, and prevent foster care for their children. The shared goal for the collaborative is to ensure social workers, youth, and families are aware of the services the community offers. Efforts are underway to ensure all resources are current, appropriate, and centrally located. Child welfare also commits to identifying more supportive services in the community for fathers, as this has been a significant gap in services in the community. The plan is to continue to discuss within the community collaborative available supportive resources, barriers to identification of fathers, resources on father's rights, and mentors for fathers.

### **Native American Children and Indian Child Welfare Act (ICWA) Services**

Tribal partnerships with Sacramento County are addressed in detail earlier in this report, as are specifics about staff training on the Indian Child Welfare Act. There are 109 Tribal Nations in 34 counties in the State of California. There are two federally recognized tribes within the boundaries of Sacramento County: the Buena Vista Rancheria of Me-Wuk Indians and the Wilton Rancheria, a Miwok tribe. According to the Wilton Tribal Rancheria website, the Wilton Rancheria is a federally recognized tribe. Tribes provide cultural resources, education, health services, housing services, court advocacy, family preservation services, foster parent recruitment, and referrals to service providers (i.e. behavioral health and alcohol/drug education). In addition, Sacramento County recently approved the curriculum Positive Indian Parenting provided by the Wilton Rancheria. The classes are culturally specific and relevant for Native American parents, but have been approved for all parents.

Additional community services aimed at supporting the underserved Native American communities is the Sacramento Native American Health Center (SNAHC) (a non-profit 501(c)(3) Federally Qualified Health Center), located in midtown Sacramento. The health center is committed to enhancing quality of life by providing culturally competent, holistic, and patient-centered continuum of care. There are no tribal or ethnic requirements to receive care. SNAHC provides medical, dental, behavioral health, and wellness program services.

SNAHC is community-owned and operated; a Board of Directors governs the center. Since the grand opening the center staff has grown to meet the needs of the community (26% are Native American from both local and out-of-state Tribes). SNAHC is a Certified Enrollment Entity that supports enrollment in public or private insurance coverage through Covered California's health insurance marketplace. The health center has over 40 community partners to provide access to assistance programs.

The medical department provides comprehensive health care for adults and children. The dental department provides patient education, prevention, and general dentistry for adults and children. The behavioral health program combines mental health and substance abuse counseling with traditional healing practices. The wellness program provides health education, disease prevention, and chronic care case management services. The center also provides specialty services including podiatry, chiropractic, transgender care, hormone therapy, and more. SNACH also provides Family Spirit parenting classes vetted and approved by Sacramento County for use with parents involved with the child welfare system. The classes are culturally specific and relevant for Native American parents, but have been approved for all parents.

Lastly, please note that while there are only two Tribes within Sacramento boundaries, CPS also serves children and families from surrounding counties' federally recognized Tribes, including the United Auburn Indian Community, Shingle Springs Band of Miwok Indians, and Lone Band of Miwok Indians.

## Services for LGBTQIA Community

In an ongoing effort to address the needs of Lesbian, Gay, Bisexual, Transgender, Queer, Questioning, Intersex, Asexual (LGBTQIA) youth in foster care, Sacramento County CPS took a multi-step approach. Sacramento has been part of a grassroots group of community organizations focused on improving services and outcomes for LGBTQIA youth and families. This goal of the group was refined in 2016 to focus on securing training for agencies to improve knowledge and engagement of this population. Sacramento County teamed together to bring trainers from the Los Angeles LGBT Center to provide a “train the trainer” series on their RISE (Recognize, Intervene, Support & Empower) curriculum. In February of 2017, 12 staff, six community partners, and six county staff, attended the week-long train the trainer program. As a result, Sacramento County provided this curriculum to 542 individuals. Unfortunately, over time, many of the trainers moved on to other positions and the training did not sustain. The current training in this area is provided by UC Davis Northern Training Academy and 76 staff have gone through this training.

During this same time frame, child welfare recognized that similar to other cultures, it would be beneficial to have identified internal staff who could be more knowledgeable and able to engage families and help them feel safe. Work as an agency, which is focused on how to improve the lives and outcomes of youth in care, includes attention to underserved populations with unique service needs, including the LGBTQIA community. As part of the work of this group, a need to train respective teams with a consistent and quality curriculum focused on working with the LGBTQIA population became apparent. Sacramento County worked with labor partners to develop LGBTQIA Resource Specialists, who would be staff who work directly with families and provide additional training and supports to both engage with families directly, but also to be resources to their peers if they were working with an LGBTQIA client and they needed assistance, support and/or resources.

A pool of approximately 21 staff from across the child welfare continuum who were interested in the positions were brought together to learn more about the goals and the population. Child welfare ensured they all went through the RISE curriculum and other trainings identified to support the work and better enable them to engage with the LGBTQIA population. The interested staff were brought together as an ongoing workgroup, led by two program planners, to enhance skills, share resources, and continue to develop the work. Sacramento County child welfare developed a process starting at the hotline, wherein if family were identified as potentially having an LGBTQIA family member, the referral could be assigned to an LGBTQIA Resource Specialist to respond to the family. Child welfare also had staff across the continuum available so that if a family needed other services or if children had to come into care, the family could be transferred to an LGBTQIA Resource Specialist in the Court Services and Permanency programs. Child welfare began tracking data to the extent possible, as at that time, there were not fields in CWS/CMS to capture the data.

In 2019, child welfare experienced some turnover in program planner leadership and then in early 2020, the COVID-19 pandemic impacted operations. As a result, child welfare suspended some meetings, including the LGBTQIA Resource Specialist meeting, though families continued to be identified and Resource Specialist assigned as availability allowed.

Currently, two program planners are assigned to this work and the LGBTQIA Resource Specialist meetings have resumed. Child welfare also participates in the California State Department of Social Services SOGIE Workgroup and continues to evolve language and practice as lessons are learned over time. Child welfare is researching additional ways to sustain training efforts, as well as enhance practice and data collection for this population.

## Services Which Address the Developmental Needs of Infants, Toddlers and Children

### **Public Health Nurse (PHN) & Department of Behavioral Health Services (BHS)**

#### **Support**

In 2010, Sacramento County Department of Health and Human Services, CPS and partner agencies implemented the Health Exams, Assessments, Referrals and Treatment Services “HEARTS for Kids”, with the funding from the First 5 Sacramento Commission and the Mental Health Services Act. This program serves children 0-5 years of age who are placed into protective custody. Some children start with the medical exam and some (newborns, children who were hospitalized, children who saw another medical provider the day they were placed into custody) are referred directly to a public health nurse (PHN) and early intervention clinicians. In 2018, First 5 funding ceased and DCFAS continues funding of this essential PHN home visitation program. Currently, children age 0-13 years and their siblings up to age 16 in resource homes are eligible for this program.

Public Health Nurses (PHN) conduct home visitations to complete developmental screenings and to ensure that the children are linked with a provider who can address their medical and dental needs. The PHNs use the Ages and Stages Questionnaire (ASQ) developmental screening tool. PHNs also provide education and community resources during home visits. They conduct several home visits if needed to complete a developmental screening and refer children to appropriate developmental and mental health services if needed.

Until FY18/19, Early Intervention (EI) Mental Health Clinicians conducted home visits to work with children and caregivers to address bonding and behavioral issues. They assessed children’s social and emotional functioning by using the ASQ-SE screening tool. The EIs worked closely with the PHNs and administered second developmental assessments if the PHNs identified delays that needed further monitoring. The EIs ensured any nurses’ referrals were made. The EIs also made referrals if new behaviors/concerns arose and the referrals were not made previously. Unfortunately, EI funding ended in the 18/19 fiscal year. Now, PHNs work closely with CPS social workers regarding mental health referrals to ensure children with social, emotional, and mental health needs are referred for appropriate treatment.

There are 21.4 full-time equivalent (FTE) PHN who support social workers around health issues.

- 4.5 FTE PHN assigned to the Emergency Response program
- 3.5 FTE PHNs for Hearts for Kids (entry medical exams for children 0-13 years of age)
- 13.4 FTE PHNs provide case coordination services to all children served by Court and Permanency programs. Court Services and Permanency PHN programs officially merged after a six month pilot ending in June 2021. Now, the same PHN is assigned if the child is placed out of home, from Detention, providing case coordination services and initiating/updating the Health & Education Passport (HEP) until the case is closed, child returns home, case changes jurisdictions, the child is adopted out, the caretaker is granted legal guardianship, or the youth ages out of system of care or reaches the age of 18 years old and is transferred to Extended Foster Care.

#### **Safe Sleep Baby (SSB 2.0)**

Sudden Unexpected Infant Death (SUID) is California’s third leading cause of infant death after birth defects and low birthweight/pre-term birth. While it is encouraging that the State rate of SUIDS (also referred to as SIDS) decreased from a range of 36.3 – 31.2 infants/100,000 from 2010 – 2013, to a range

of 28.2 – 24.2 infants/100,000 from 2014-2017 respectively, the rates have remained unchanged for the past four years.<sup>52</sup>

As with disparities with the African American /Black population within child welfare, racial disparities are also prevalent for infant sleep related deaths. Data reflects that the rates of SIDS vary by race, with African American and multiracial infants experiencing rates of more than twice than White, Latino, and Asian/Pacific Islander infants. Further, for 2010-2012, Sacramento County's Child Death Review Team (CDRT) reported 54 infant sleep-related deaths (ISR), of which 50% were Black infants who comprised only 11% of Sacramento County infants. Historical data for more than 20 years reflects the repeated trend of disparities of Black deaths, thus the Reduction of African American Child Death Steering Committee, now known as the Black Child Legacy Campaign (BCLC) was formed. The BCLC is comprised of public/private partners including but not limited to DCFAS CPS and Department of Human Assistance (DHA). Strategies to reduce Black child deaths were identified, developed, and put into action. Additional detail about BCLC can be found in this report.

Through funding from the First 5 Sacramento Commission, the Child Abuse Prevention Council (CAPC) created Safe Sleep Baby (SSB) in 2014 – a culturally responsive education campaign that promotes the American Academy of Pediatrics (AAP) recommendations via a countywide education campaign created by parents, for parents, with County residents delivering the message. After extensive outreach to the African American/Black community, CAPC gathered qualitative data and input to inform and create consistent printed, online, and video messaging that resonates with families, and included these in trainings with parents and providers. The data and input also revealed that information is just one part of the equation. Equally important to increasing knowledge is providing parents with the tools to implement new behaviors supporting safe sleep. With that in mind, SSB provides free portable cribs to parents who receive one hour of SSB education and lack a safe place for their baby to sleep.

The collaborative partners of First 5 Sacramento, Sacramento County Department of Child, Family and Adult Services (DCFAS), the Black Child Legacy Campaign (BCLC), and the Child Abuse Prevention Council (CAPC) of Sacramento proposed to design and implement Safe Sleep Baby 2.0 (SSB 2.0). This innovative, integrated, culturally responsive child abuse prevention model identifies, through referrals to child welfare, families most at-risk of their infant dying from a sleep-related death. The effort also intentionally focuses on African American/Black families with children ages 1-5 years in need of community-based family strengthening services. SSB 2.0 proposes to build a public/private cross-system community partnership, pivotal in preventing child abuse and neglect, by referring Evaluated Out hotline calls and calls that meet threshold for CPS involvement for African American/Black families, to infant safe sleep education and culturally responsive neighborhood services. This model seeks to triage Hotline calls for African American/Black families by focusing on infants most at-risk of a sleep related death and their parents, and children ages 1-5 years. SSB 2.0's Theory of Change posits that if prevention partners, social workers, and parents are educated on infant safe sleep practices and parents receive culturally responsive services, then their protective behaviors will increase so that infant sleep related deaths decrease and entries to child welfare are reduced. The model will utilize the previously mentioned Sacramento County

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<sup>52</sup><https://www.marchofdimes.org/peristats/ViewSubtopic.aspx?reg=06&top=6&stop=122&lev=1&slev=4&obj=1#:~:text=In%20California%20in%202017%2C%20the,deaths%20i>

Cultural Broker (SCCB) model to engage, educate, and sustain safe sleep education from the culturally responsive lens.

As previously stated in the BCLC section of the report, SCCBs work closely with the BCLC Community Incubator Lead (CIL) sites, community centers that serve local residents in each of the identified neighborhoods experiencing the highest rates of African American/Black child deaths. Each CIL houses a multi-disciplinary team of County human assistance eligibility workers, child welfare social workers, deputy probation officers, Cultural Brokers, and other helping professionals. Through this grant, Cultural Brokers and CILs have received training on how to provide safe sleep baby education and provide parents coming to the attention of CPS and presenting at the CILs with safe sleep education and cribs, as needed.

DCFAS will shift its policy and practices to provide SSB 2.0 education, and/or connect families to culturally responsive services and supports. If successful, this effort would demonstrate a systemic shift in child welfare that promotes infant safe sleep practices and reduces entries into foster care by promoting protective factors, strengthening families, and addressing social determinants of health. Finally, the initial implementation has occurred for this critical strategy. In addition to the aforementioned SCCB/CIL and SSCB training, all DCFAS, CPS Emergency Response (ER) and Informal Supervision (IS) staff have been trained on SSB. ER volunteers to test the practice have been identified, a flow chart as to systems operations has been developed, and leadership has the Memorandum of Understanding (MOU) amongst all parties underway to further solidify and sustain the practice/partnership. Finally, a work plan to track implementation and practice needs is in place as well as a logic model to help guide data collection as to outcomes.

### **Services Available to Children and/or Caregivers with Physical, Mental or Other Disabilities**

All children with an open case have a mental health screening completed within the first 30 days. If the screening indicates a need, a referral is made to Sacramento County's Mental Health Access team. Behavioral Health Services has contracts with several providers located throughout the County to serve children and/or caregivers with Medi-Cal insurance. Services include, but are not limited to, outpatient mental health, inpatient mental health, flexibly integrated treatment (FIT), Wraparound, therapeutic behavioral services, and parent-child interaction therapy (PCIT).

Behavioral Health Services also offers an array of prevention and early intervention programs, such as suicide prevention crisis line, postvention counseling, bereavement, support groups and grief services, mobile crisis assessment and intervention, mental health consultation for preschoolers and daycare setting, and violence and bullying prevention, education, and outreach. There are also suicide prevention, education outreach and engagement specialty for LGBTQIA youth, Latino Cultural, Russian Speaking/Slavic Community Cultural, African American Cultural, Native American/Indian Cultural, and Asian Pacific Islander Cultural.

In addition, Sacramento County child welfare has a policy and procedure for medical neglect allegations. The purpose of the policy is to determine when an allegation meets the definition of medical neglect, make an accurate assessment of a child's needs as they relate to medical neglect, and know the consultation resources when medical neglect allegation is received. Referrals and cases are assigned to specific social workers who specialize in medical neglect cases. A Medical Review Team (MedRT – formerly Medical Neglect Review Team or MNRT) made up of professionals from different disciplines comes

together regularly to provide consultation and assistance for cases involving chronic and/or complex medical issues. MedRT consists of representatives from CPS, Public Health, California Children’s Services (CCS), and California Regional Services, as well as sometimes Senior and Adult Services. Children’s medical providers may also attend as needed. HEARTS for Kids is included as well, and there is a Public Health Nurse (PHN) assigned to the cases. The PHN helps the assigned social workers coordinate and manage medical care needs for the children. CPS uses multi-disciplinary meetings and Child and Family Team meetings as well, including the children’s treatment team, parents, and caregivers.

### **Education Equals**

Sacramento County Office of Education (SCOE) partnered with Child Protective Services (CPS) on a 5 year grant that was awarded by the Stuart Foundation. The grant (Education Equals Initiative) aimed to achieve dramatic improvement in educational outcomes for foster youth through engagement, school stability, and academic achievement across the educational continuum—from preschool to college. The overarching goal for this initiative was to help foster youth in California succeed at levels equal to, or greater than the general population through mutual accountability and deliberate coordination between child welfare, juvenile court, and the education system. The grant ended November 30, 2016. However, CPS did sustain many of the services. This work continues through well-developed collaboration with the Sacramento County Office of Education (SCOE), and is described in detail in the Agency Collaboration section of this report.

### **Quality Assurance System**

Sacramento County utilizes a quality assurance process, both division-wide and at program level, to evaluate ongoing practices, policies, and procedures to ensure quality services to children and families in the child welfare system. CWS/CMS and SafeMeasures are used division-wide to monitor and evaluate the provision of child welfare services.

Supervision of staff is an integral component of the quality assurance process division-wide. Managers, supervisors, and social workers participate in monthly supervision, in part to review performance data obtained from SafeMeasures and other data sources. Supervision for social workers is sometimes bi-monthly, weekly, or more frequent as needed, for instance if they are a new social worker. Unit team meetings are generally held monthly with managers, weekly to bi-monthly with supervisors, and monthly with social workers to disseminate information, train, coach, and review quality assurance measures and outcomes. Supervisors oversee the quality of decisions made by social workers through staffing referrals and cases, and when needed for more complicated referrals/cases, subsequent staffing occurs with managers. Managers, supervisors, and social workers utilize the Safety Organized Practice (SOP) framework during staffings to better organize and improve quality of family engagement, critical thinking, and solution focused planning. SOP coaches from UC Davis Northern Training Academy also work with supervisors and managers on a monthly basis to support development and deepening of SOP practices.

Child welfare also has a robust data reporting process in place to monitor key metrics across the Division. The Program Administration bureau produces 53 on-going reports in a year, and 72% of those reports are of a monthly or quarterly frequency. These reports include a broad scope of relevant topics, such as those found on the monthly CPS Dashboard, the Performance and Outcomes Quarterly Report, and the bi-annual Quick Facts, as well as more topic-specific reports, including the annual Staffing Report, monthly CSEC report, and monthly Pathways to Well-Being report. Many of the on-going reports are shared with staff via email and on the DCFAS intranet, and a monthly Data Bite email blast was implemented in 2022 to draw all staff’s attention to a specific data topic each month (some examples have been relative placement, mental health screenings, and permanency). Program Administration also completes, on

average, 12 ad hoc reports per month, with varying levels of scope and complexity. Further, the Program Administration team provides support on large analyses, such as the Informal Supervision analysis underway with Casey Family Programs and an analysis conducted of prevention Wraparound services that was a joint CPS, Probation Department, and Behavioral Health Services endeavor. The goal of this comprehensive data reporting process is to continuously utilize data when making practice and process decisions, as well as educate and monitor for areas going well and for improvement.

Program-specific quality assurance processes include, but are not limited to, the following:

### **Emergency Response Intake Program**

- The Emergency Response Intake program produces a monthly report to track monthly hotline calls, social worker availability, and referral assignment to determine agency capacity in responding to child abuse and neglect referrals.
- All referrals opened for investigations are entered on the Availability Management System (AMS) to ensure timely assignment and investigation within the designated response times (24 hours and 10 days).
- Intake supervisors and social workers staff Immediate Response (IR), 10 Day, and Evaluate Out referrals as needed to ensure the appropriate level of response. The staffing is elevated to management if the supervisor and social worker cannot come to a decision. The assignment coordinators also review referrals prior to assignment as another cross-check of correct response time.
- Intake Supervisors complete 15 Peer Reviews of referrals per month with response times of Evaluate Out to ensure accurate and quality determination of decision at the Intake level.
- Intake Program managers review 14 referrals monthly to ensure quality referral documentation and the accurate completion of the SDM hotline tool. The referrals consist of a random combination of Immediate Response referrals, 10 day referrals, and Evaluate out referrals.

### **Emergency Response Investigation Programs**

- Program managers and supervisors track compliance with timely investigation on Immediate Response and 10 Day referrals through the use of Safe Measures.
- “Children five and under with open referrals” reports from SafeMeasures are distributed to supervisors to emphasize, track, and monitor the most vulnerable aged children.
- Supervisors staff “Over 60 days open referrals” as identified in SafeMeasures with social workers to determine a course of action. Social workers and supervisors develop next steps and forward to the Division Manager and Deputy Director.
- Division Manager reviews referrals open over 90 days and communicates with program managers to support the appropriate course of action.
- Supervisors participate in a monthly rotating Peer Review to review decisions made by investigating supervisors to evaluate out referrals. The number of referrals reviewed is the amount evaluated out for that period and ranges from approximately 5 to 15 referrals. An ER Program Specialist pulls the evaluated out referrals weekly or every other week to keep them current, and assigns up to 2 referrals to each peer supervisor to review each month. Peer supervisors complete an excel review sheet, staff with the Program Manager as needed, and send their completed sheet to the Program Specialist.
- To determine if a family meets criteria for acceptance into the Informal Supervision (IS) program, a formal staffing between the Emergency Response (ER) investigating social worker, ER supervisor, IS supervisor and program manager occurs.

- Program managers conduct 12 quarterly random reviews on closed referrals, which consists of 2 reviews per unit. A program specialist randomly pulls the referrals for the Program Manager who utilizes a specific quality review form. From these reviews, themes are selected in areas needing improvement and next steps are developed. Themes are discussed at supervisors' meetings to improve consistency in investigations, documentation, and conclusions/dispositions. Program managers develop an action to improve practice identified for that quarter.
- Program managers review very high risk referrals prior to referral closure
- Program managers review major incident referrals prior to referral closure
- Supervisors review all referrals for quality assurance when they close referrals, and they coach their workers to improve family engagement, service delivery, investigation, documentation, and conclusions/dispositions.
- Managers and supervisors use a Protective Emergency Placement Services (PEPS) tracking log to monitor that the length of time children are in a voluntary out of home care does not exceed 28 days as per policy.
- The Quality Improvement Committee (QIC) reviews referrals involving major incidents and makes recommendations as needed toward practice enhancements and/or policy changes.

### **Informal Supervision Program**

- An Informal Supervision (IS) program planner is assigned to assess practices, streamline processes, and create consistency amongst regions.
- The IS program manager staffs all ER referrals to determine if appropriate for IS services.
- An IS Workgroup meets bi-monthly to discuss IS practices and identify areas that may require further focus, clarity, or guidance. Feedback is received both within the workgroup, as well as through ad hoc focus groups when needed, regarding potential practice changes that are suggested, with the ultimate goal of continuing to serve IS families and children effectively and efficiently.
- Twice annual data reports are produced to monitor IS enhancement (serving children through age 17), which includes, but is not limited to, number of IS families open for service; number of children served; breakdowns of children by gender, age, and ethnicity; average duration of IS services; involvement of fathers when creating case plans, outcomes of IS case closures, and recurrence of maltreatment after case closure.
- Starting in November 2021, there is one IS program manager over all IS units rather than five program managers overseeing the program with one unit each. It is anticipated this will help to create more consistency in practice and give opportunity for more focused oversight to the IS program in general.
- Child welfare is partnering with Casey Families on a program evaluation plan, which provides the opportunity for Sacramento to gather more data and information regarding outcomes and how the IS program can best serve families.

### **Court Services Program**

- The Court Services program produces a weekly data report that monitors caseload assignments and social worker availability, to determine agency capacity to investigate petitions filed with the Juvenile Court. In addition, the report provides information regarding compliance of social worker contacts, number of runaway or missing children, and number of child abuse and neglect referral assignments in Court Services.
- Program managers and supervisors track court report timeliness, utilizing weekly reports for upcoming reports due for court hearings, and work with staff to improve timely submission.

## **Permanency Program**

- Permanency Program Managers utilize Safe Measures to monitor/track data including but not limited to regional breakdown of total cases, social worker face to face contact with children, social worker completion of SDM tools, number of children in placement, and types of placement. In some regions, Program Specialists assist by running specific reports (e.g., social worker face to face contact with children) for program managers and supervisors. Program managers also utilize data generated from Program Administration (e.g., group home report to track children placed in a STRTP).
- Permanency supervisors monitor case plans and track how children who have been on a caseload two years or more, how many children have reunified, and how many were sent to adoptions/guardianship during last month or quarter.
- Permanency supervisors review all court reports and track timeliness of court reports both at “10 days out” and “30 days out” to facilitate conversations about plans for being timely.

In addition to program-specific quality assurance processes, Sacramento also has initiatives/ strategies, with quality assurance components, to monitor outcomes for children and families. They include the following:

### **Permanency Case Review**

Sacramento County holds Permanency Case Reviews (PCR) for children who are in congregate care and/or in foster care for two or more years. PCRs are also focused on locating permanent connections for children, including family finding efforts

The Permanency Case Review process starts with the social worker and their supervisor having regular conversations regarding permanency during one-on-one staffing. Specific children are identified by the program managers for Permanency Case Review. The reviews are facilitated by a program planner and/or program manager and include social workers and supervisors but can also include managers and a permanency liaison. Children, family, and services partners may be invited to the case reviews if they are critical components to the meeting. A plan is developed with goals/strategies and action steps to reach the goals.

Two program planners are assigned to consolidate PCR information for distribution to the PCR workgroup and Permanency partners. Designated program planners also complete data analysis, identify common themes, and produce a quarterly report. Additionally, the program planners discuss the results/outcomes with division managers at a quarterly meeting.

### **Child and Family Services Review (CFSR)**

Sacramento County Child Welfare continues to participate in the Child and Family Services Review (CFSR) qualitative case reviews. Sacramento’s fully implemented case review process is in the sixth year. CWS has a unit of four certified case reviewers (1.0 full time employees), two of whom have been completing a full caseload since September 2018. One team member joined the team in October 2021 and started completing a full caseload in January 2021. The newest team member started in July 2021 and has a full caseload as of October 2021.

CPS cohort training for new hires includes an overview of the CFSR process. These presentations are ongoing to ensure that the agency provides new staff with information regarding the case review process

and their unique collaborative role. CPS continues to require all new social workers, supervisors, and managers complete a CFSR Policy and Procedure online training.

Sacramento continues to focus on analyzing and sharing data gathered from completed case reviews. The following quarterly data dashboards and reports have been utilized since November 2020:

- Executive Summary
- Quarterly Summary
- Year to Date CFSR Dashboard
- Quarterly CFSR Dashboard

The dashboards focus on the items from the CFSR Onsite Review Instrument (OSRI) relating to both child welfare's efforts for improvement outlined in the SIP and areas where CWS has been concentrating its efforts for positive change. The CFSR data dashboard includes the following 11 items:

- Services to Family to Protect Child(ren) in the Home and Prevent Removal or Re-Entry Into Foster Care (item 2)
- Risk and Safety Assessment and Management (Item 3)
- Stability of Foster Care Placement (Item 4)
- Preserving Connections (Item 9)
- Relative Placements (Item 10)
- Needs Assessments and Services to Parents (Item 12B)
- Needs Assessments and Services to Foster Parents (Item 12C)
- Child and Family Involvement in Case Planning (Item 13)
- Caseworker Visits with Child (Item 14)
- Physical Health of Child (Item 17)
- Mental/Behavioral Health of Child (Item 18)

These dashboards and reports are utilized to have ongoing discussions with division and program managers regarding possible interventions that can be put in place to increase agency outcomes. These discussions are aimed at determining how best to use the data to enact positive changes within the agency. Sacramento CWS will continue dialogue with all staff regarding the best way to use data to inform practice change.

### **Monitoring Foster Family Agencies (FFAs)**

Sacramento County currently has Memoranda of Understanding (MOU) with 33 Foster Family Agencies (FFA). The MOUs outline performance goals for FFAs in the areas of safety, permanency, and well-being. FFAs are required to submit an outcomes report semi-annually detailing their performance in the targeted areas. The monitoring process includes, but is not limited to, site visits and corrective action plans. Placement holds are utilized with FFA homes when necessary (for example, when safety concerns are noted); however, Sacramento child welfare attempts to work with FFAs, if possible, prior to that determination.

### **Placement**

Sacramento County has a Centralized Placement Support Unit (CPSU), which is comprised of social workers who look for placements for children and social workers who assess and approve relative/non-related extended family member (NREFM) placements. Social workers at CPSU secure placement for

children with a goal of matching children’s needs to the skills and abilities of a resource parent, or when appropriate, an STRTP. They adhere to the placement policy, locate the least restrictive setting (most family-like setting), and coordinate the move of the child to the new home. Social workers at CPSU also work with children, program social workers, and families to locate possible relative/NREFM for placement, and complete background checks and home evaluations the same day of removal or within the 72 hour custody hold with a goal of placing children with relatives or NREFMS.

The Resource Family Approval Program (RFA) assesses relatives/NREFMs for placement completing a detailed assessment that includes criminal background checks (including local, Department of Justice, Federal Bureau of Investigation, live-scan results), obtaining police reports and certified convictions, child abuse and neglect checks (including Central Child Abuse Index (CACI) and CWS/CMS database), Megan's Law Checks, Adam Walsh Checks, and in home inspections (including follow up checks for any issues requiring a corrective action plan to meet approval standards). RFA social workers’ assessments include a review of all adults in the home, as well as those adults who would have significant contact with the children. They evaluate, and approve or deny relatives and NREFMs for placement using the Written Directives provided by the Department of Social Services.

Sacramento recently completed four years since Resource Family Approval (RFA) implementation. Sacramento has historically performed at approximately the 90 day average for completion of all RFA assessments. For 2020, timeliness was greatly affected by COVID. Time to approval was 142 days and was due to a number of factors, such as shut down of providers doing fingerprinting, family illnesses or hesitancy to allow social workers to the home, and delays in families completing training, which was only offered online due to the pandemic. In 2020, there were 461 applications to RFA and 250 families were approved. Of the 250 families approved in 2020, 183 were relatives and non-related extended family members (NREFM) and 67 were families interested in caring for foster children. There was a slight decrease overall in the year due to COVID-19.

Sacramento County conducts internal orientation and pre-approval training for families; however, during COVID, orientation was provided by a PowerPoint document or individually by virtual means, and pre-approval classes transitioned to Foster Parent College. Families who received the training report they felt supported, appreciated the convenience of the online training, felt their questions were answered, and, overall, they learned a lot to care for children placed with them.

Sacramento County follows legal mandates that children are placed in least restrictive family settings suited to the child’s needs, including placing with relatives, non-related extended family members (NREFMs), siblings, within their county of residence, and school or origin. Sacramento County also complies with the following federal laws: The Multi-Ethnic Placement Act and Interethnic Adoption Provision (MEPA-IEP), which prohibits a “child’s foster care or adoptive placement to be delayed or denied based on the child’s or caretaker’s race, color, or national origin”, and the Indian Child Welfare Act (ICWA), which specifies a hierarchy for placement of Indian children: (1) “Placement with member of Indian child’s extended family”; (2) “placement in a foster home approved, specified or licensed by the Indian child’s tribe”; (3) “placement with an Indian foster home licensed or approved by an authorized non-Indian

licensing authority”; and (4) “placement with an institution for children approved by the Indian tribe or operated by an Indian organization that has a program suitable to meet the Indian child’s needs”.

### **Congregate Care**

Supervisors and social workers staff all requests to place children in Short Term Residential Therapeutic Program (STRTP) with their Program Managers. If approved, program managers provide their signature and send to their Division Manager for higher level consideration and approval. Division Managers then forward to the Deputy Director for final consideration, approval and signature. If children require STRTP placement, the case is required to go before the Interagency Placement Committee (IPC). IPC is an interagency placement committee comprised of representatives from Child Welfare, Probation, Behavioral Health, Sacramento County Office of Education (SCOE), and Alta Regional Services. IPC reviews the case, including all information regarding the children’s family, placement history, criminal offenses, mental health treatment, and current level of behavioral and educational functioning, and provides recommendations and coordinates services, including residential placement and mental health treatment. Furthermore, Short Term Residential Therapeutic Program (STRTP) placements are re-assessed as early as 60 days after placement and require further approval from the Division Manager and Deputy Director for an extension.

### **PCFT Meetings and CFT Meetings/CANS**

Sacramento County utilizes Child and Family Team (CFT) meetings. CFT meetings are required in Permanency programs pursuant to Continuum of Care (CCR) mandates and timeframes, and are facilitated by Pacific Clinics (formerly Uplift Family Services) for children unlinked with mental health services, or facilitated by the child’s mental health provider for children linked with mental health services. Prevention CFT (PCFT) meetings are utilized in the Emergency Response and Informal Supervision programs to provide support and resources to children and families in open referrals and voluntary cases, and although voluntary, are strongly encouraged. Court Services and Guardianship programs may utilize PCFT meetings when specific criteria is met. PCFT meetings are facilitated by Sacramento County Human Services Master’s Degree non-case carrying social workers.

Permanency CFT meetings are utilized for the following key decision points:

- Case planning purposes, placement determination, emancipation planning, and/or safety/aftercare planning
- Children receiving and/or in need of mental health services
- Child is at risk of placement disruption
- Consideration of an out-of-county family or relative placement, resource family home, or STRTP
- Change in service needs
- Planning for respite care
- Addressing barriers that affect the coordination of regular sibling or family visits such as distance, transportation, or supervision
- Difficulties in the coordination of Independent Living Skills Programs, including needs, logistics and transportation
- Addressing barriers regarding the planning and coordination of extra-curricular activities or school functions including supervision and transportation

- Re-convened periodically for the revision and tracking of the action plan to ensure plans are relevant, progress is being made, and revisions are made as needed to address any new issues that may emerge
- CFT member requests a meeting

PCFT meetings are held at certain critical junctures in the life of a referral and/or case, which include, but are not limited to:

- Placement events (emergency, imminent risk of placement, and exit from placement)
- Absent from placement and return after absent from placement
- ER to IS Case planning
- Referral/case closures (Prevention/Aftercare Planning)
- Discuss Informal Arrangements
- Mental health services
- Potential placement changes (PPC)
- Safety planning
- Secondary caregiver returning home
- Visitation
- WIC 241.1 hearing scheduled, youth citation/arrest/probation violation
- PCFT member requests a meeting

Sacramento County utilizes the Efforts to Outcome (ETO) database to capture Prevention and Permanency CFT meeting data that the CWS/CMS database is unable to track. Additionally, a Self-Satisfaction Survey is utilized to obtain feedback from all CFT participants. The survey uses a Likert scale of 1-5 and includes a comment section.

Additionally, the Prevention and Permanency CFT Meeting Teams will utilize a fidelity checklist based on the UC Davis Northern Training Academy's Safety Organized Practice (SOP) infused version adopted by CDSS, but broadened to include the Core Practice Model (CPM). The statewide CFT Implementation Team is currently vetting and revising this tool for county use.

Sacramento also utilizes California Integrated Practice Child and Adolescent Needs and Strengths (CA IP-CANS) tool. Nine senior mental health clinicians from Sacramento County Behavioral Health Services complete the CANS for children not linked to mental health services or whose age is 0-5 years, and partners with the assigned social worker to engage with parents, caregivers, and children to complete a draft CANS. The CPS Mental Health Team clinician then attends the CFT meeting and incorporates the CANS ratings into the discussion to ensure the team reaches consensus on the CANS items.

### **Compliance with Indian Child Welfare Act (ICWA) and Multiethnic Placement Act (MEPA)**

All initial and subsequent placement changes for children in care are processed by the Centralized Placement Support Unit (CPSU). Once the CPSU social worker has found placement options, they present them to the case carrying social worker, who selects the best placement for the child. In accordance with MEPA, a child's foster care or adoptive placement will not be delayed or denied based on the race, color or national origin of the prospective resource or adoptive parents or the child. MEPA does not affect the ICWA's preferences for placing Indian children with members of the extended families or other tribal members.

In regards to ICWA, when a child or family member indicates they have American Indian heritage, they are identified in CWS/CMS. If pre-Jurisdiction/Disposition, paralegal staff complete an ICWA search and report the outcome to the Court. If post- Jurisdiction/Disposition, the case carrying social worker completes the search and provides the outcome to the court. If it is found that ICWA applies, the Court makes the finding. Sacramento works with the Indian tribe to find the most appropriate out-of-home placement for an Indian child. Social workers identify the family's Indian community in which social and cultural ties exist. When placing an Indian child in out-of-home care, the customary social and cultural standards of that community are followed. Placement priorities for Indian children are: 1) a member of the Indian child's extended family; 2) a foster home approved, specified, or licensed by the Indian child's tribe; 3) an Indian foster home licensed or approved by an authorized non-Indian licensing authority; and 4) an institution for children approved by the Indian tribe or operated by an Indian organization which has a program suitable to meet the Indian child's needs.

### **Mental Health Monitoring**

With the implementation of Pathways to Well-Being in 2013, an emphasis on mental health screening, monitoring, and collaboration with Behavioral Health Services providers was established. All children and youth are assessed for mental health needs within 30 days opening a case. Sacramento County developed a Mental Health Screening Tool that is used by social workers for these assessments. Social workers document the completion of the screening tool and outcome of the assessment in CWS/CMS.

Social Workers, Supervisors, and Program Managers are encouraged to utilize SafeMeasures to gather information on their cases, unit, and program's completion of the Mental Health Screening on open cases and identify cases that have overdue screenings or screenings due soon.

Children in mental health services are required to receive regular Child and Family Team (CFT) meetings to address their mental health needs and transition out of child welfare. Child welfare social workers are responsible for arranging CFT meetings for children receiving regular outpatient mental health services. For children in the Informal Supervision program, CFT meetings are facilitated by a CPS Prevention CFT Facilitator, while children in Permanency programs (Court Services, Permanency, Guardianship, and Adoption) are facilitated by contracted provider, Pacific Clinics (formerly Uplift Family Services). The Intensive Care Coordinator (ICC) with Mental Health Services is required to facilitate ICC-CFT for children receiving Specialty Mental Health Services (SMHS). The first CFT meeting occurs within 60 days of assignment of a child to a mental health provider. Subsequent CFT meetings occur at minimum once every 90 days for children receiving SMHS and at minimum every six months for all other children.

In November 2015, Sacramento developed and implemented a process for documenting CFT meetings in CWS/CMS. Monthly compliance reports, produced by the Program Administration bureau, are provided to managers and supervisors regarding CFT meetings for children identified as receiving class services, to monitor the County's progress in conducting CFT meetings.

Starting in October 2016, Program Administration implemented a monthly Pathways to Well-Being Dashboard that shows compliance with mental health screenings, the number of mental health referrals made by child welfare, and CFT meetings for children receiving SMHS services. The data does not show how program efforts have contributed to meeting the needs of the children served; however, child welfare utilizes the qualitative case review process through the Child and Family Services Review, to gain information regarding how the efforts are meeting children's mental health needs.

## **Prescription and Psychotropic Medication**

Sacramento County continues to partner with Department of Health Care Services (DHCS) and the California Department of Social Services (CDSS), utilizing shared guidelines, which set parameters around the treatment and prescribing methods of psychotropic medication for children in out of home care and identifying essential elements that prescribers should consider prior to prescribing psychotropic medication. CWS has a Global Data Sharing Agreement with DHCS and CDSS allowing them to match data between the CWS/CMS database and the Medi-Cal systems specific to each child who uses psychotropic medication. Comprehensive reports are provided to child welfare agencies on a quarterly basis with data specific to their child population. This data allows child welfare to identify prescribing characteristics that pose the most risk to children, as well as assist to better track all children who are using psychotropic medication.

Sacramento has a Psychotropic Medication Coordinator who monitors and tracks the JV-220 Application Regarding Psychotropic Medication. The coordinator sends out a comprehensive report quarterly to program managers that indicates the number of active JV-220s and expired JV-220s. The coordinator also sends out reminders to case carrying social workers and their supervisors at least once a month prior to the JV-220 expiring.

The current Psychotropic Medication Authorization process (effective July 1, 2016) elicits input from the case carrying social worker, the child, caregiver, and others to determine if psychotropic medication intervention is warranted. Social workers are required to file a County Report on Psychotropic Medication with the Court at each scheduled progress and status review hearing regarding orders authorizing psychotropic medication. Additionally, Sacramento child welfare collaborated with Behavioral Health Services (BHS), the Court, and Department of Probation and developed a process for obtaining second reviews by Behavioral Health Services on all JV- 220s prescribing psychotropic medication for children in out of home care. In addition, each child prescribed psychotropic medications is assigned to a Public Health Nurse who specializes in serving children with these prescriptions, so that children are closely monitored.

## **Physical Health Monitoring**

Sacramento County child welfare collaborates with Public Health (PH) to supervise Foster Care Public Health Nurses (PHN) who coordinate health care services and serve as liaisons with health care professionals and any other health related providers. The overarching goal is to ensure that the medical, dental, and mental health needs of each child in out of home care are met. Public Health Nurses collect health information and other relevant data to record in the Health and Education Passport (HEP) in CWS/CMS for each child.

All cases being heard at Detention Hearing are assigned to a PHN for case coordination. PHNs carry caseloads between 110-150 cases and utilize an internal acuity scale (0 – 4, with 4 being high acuity or medically fragile) rated by the PHN, at time of assignment, for the purposes of managing high caseloads.

Business Intelligence and SafeMeasures applications are utilized to run data reports. Children who are medically fragile (complex health conditions, medical neglect, and chronic medical illness) are coded with

a special project code in the CWS/CMS database by social workers or the PHN. The goal is to have social workers in each Permanency region who specialize in medical neglect cases and with children who have chronic and/or complex health conditions, and the data helps to inform resource needs. To ensure the validity of data reporting, regular monitoring of cases identified as medical neglect are compared to reports run by Business Intelligence and also with information from the PHN. Program managers, supervisors, and social workers utilize SafeMeasures to observe the HEP and whether the HEP was provided to the current caretaker.

### **Educational Needs**

Sacramento County continues to partner with Sacramento County Office of Education (SCOE) to provide education support services. Under AB 854, SCOE's Foster Youth Services Coordinating Program (FYSCP) is designed to enhance the educational success of children in foster placement. There are SCOE Instructional Case Managers (ICMs) in the Court Services program and at each Permanency bureau region. ICMs gather all educational information for children grades K-12 and input into the CWS/CMS database and Foster Focus (SCOE database). A report can be generated from Safe Measures showing a child's current school and grade level. ICMs provide information to social workers upon request, including enrollment verification, Statewide Student Identifier (SSID), and school district contact information. Upon a WIC section 300 level or transfer-in detention of a K-12 child, the ICM provides the social worker and supervisor with an Education Snapshot showing school of attendance, special education status, grades, attendance, suspensions, and behavior. In addition, an Education Progress Report (EPR) is sent one month prior to status review hearings for 7-12th graders attending Sacramento County public schools.

Sacramento County continues to co-fund the following program services:

- **Preschool Program** – The ICM offers enrollment assistance, kindergarten transition, and special education assistance as needed for preschool foster youth ages three to five years, who are court supervised, in an out-of-home placement, and residing in Sacramento County.
- **Court Liaison K-12 Program** – The ICM reviews education records at the time of the detention hearing and provides notification to districts identifying students as foster youth. The ICM also coordinates and communicates with schools and districts to verify enrollment, transfer school records as needed, and ensure students are placed in an appropriate educational setting. The ICM enters into the SCOE Foster Focus database all notifications of placement changes and any educational information collected. On a daily basis, the ICM also enters educational information into the CWS/CMS database.

In addition, SCOE's ICMs are co-located in the East, North and South/Central CPS regional offices. Under AB 854 approved on October 11, 2015, SCOE no longer provides direct case management services and instead focuses on coordinating services and providing training. SCOE will continue to provide caregiver visits. Foster parents are provided educational resources and information during a home visit to better support students' academic goals. In collaboration with local school districts and child welfare services, information is gathered and shared to address child-specific education issues.

SCOE FYSCP participates in the division-wide cohort training for new CPS social worker hires. SCOE provides one to two trainings each year covering the Foster Focus Database System, an overview of SCOE

FYSCP supports, and the importance of school stability and foster youth education entitlements. Resources and contacts are provided at each training.

SCOE FYSCP has partnered with the Independent Living Program (ILP) and Extended Foster Care (EFC) for transition supports. FYSCP staff participate in emancipation conferences for school districts who do not have an ILP contract with the County and charter schools countywide. SCOE FYSCP assists with obtaining transcripts and confirming students are on track to graduate with their class. If students are not on track, district liaisons and school site staff are prompted to ensure students have been evaluated for the Graduation Exemption (AB 167/216). SCOE FYSCP also assists with “on track to graduate” efforts and ensuring program partners are assisting seniors with the Free Application for Federal Student Aid (FASFA) submissions to secure financial aid as students transition to college.

SCOE participates in monthly EFC orientations by reviewing high school graduation requirements, transcript reviews, enrollment for those currently not enrolled (have runaway), and post-secondary plans. A Transition and Education Resource Guide is provided to all students at emancipation conferences and EFC orientations.

For fiscal year 2019-2020, 1,607 school records were researched and updated in the CWS/CMS database. A SafeMeasures report on June 30, 2020 reflected 98.1% students with current enrollment, and 1,024 unique youth placed by Sacramento CPS received 2,997 services. Total services include court services, preschool services, and all other ICM related services.

For fiscal year 2020-2021, 1,142 school records were researched and updated in CWS/CMS. A SafeMeasures report on June 30, 2021 reflected 98.1% students with current enrollment, and 1,024 unique youth placed by Sacramento CPS received 1,332 services. Total services include court services, preschool services, and all other ICM related services.

### **Children with Chronic and/or Complex Medical Conditions**

Sacramento County places an emphasis on having Public Health Nurses (PHN) available to social work staff as a resource and places a focus on teaming and collaboration. In the Emergency Response program, CWS has a specialized medical neglect investigation unit, which has two specialized medical neglect social workers and four non-medical neglect social workers. The medical neglect social workers respond to allegations of abuse or neglect that have a medical neglect component to them, where a child’s caregiver has not obtained adequate medical care or has not followed recommended medical treatment. Referrals related to medically fragile children where the abuse and/or neglect is not necessarily related to neglect are not assigned to medical neglect social workers. There are currently PHN positions available for assisting with Emergency Response referrals that have a component of medical neglect and or medical complexities identified. PHNs accompany and assist social workers during the course of the investigation, and work jointly with the family and social worker to best address the medical needs of children. The goal is to assist with the stabilization of medical issues and assist with development of follow-up plans to ensure the safety of children. PHNs provide direct services to CPS clients and appropriate family members, such as conducting home visits and coordination of medical care and services. PHNs are also available for consultations to social workers regarding medical or health issues of children on their caseloads.

When a referral with a medical neglect component is received and there is not an Emergency Response Medical Neglect social worker available, the referral is assigned to a non-Medical Neglect social worker

within the Medical Neglect Investigation Unit. If social workers within the Medical Neglect Investigation Unit are not available, best efforts are made to assign the medical neglect referral within the region in which the Medical Neglect Investigation Unit is located, and a PHN referral is made. In these circumstances, the Medical Neglect Investigation Unit supervisor maintains oversight of these referrals.

In addition, if there is a referral that cannot be assigned within the Medical Neglect Unit or region, the Medical Neglect supervisor can be utilized for consultation. Medical neglect referrals assigned to a non-medical neglect social worker must be reviewed by the Medical Review Team before the referral can be closed. The Medical Review Team includes representatives from CPS, Public Health, California Children's Services, and California Alta Regional Services. PHN duties and roles do not change if the referral/case is not able to be assigned to a medical neglect social worker or region.

Within the Court Services and Permanency programs are two PHN units assigned to Permanency (with two PHNs specializing in children taking psychotropic medication) and three and a half PHN positions assigned to Heart 4 Kids program. Children who have petitions filed in Sacramento Juvenile Court are assigned a PHN at the initial Detention Hearing. The PHN follows the child throughout the life of the case (until Dependency is terminated or the child is returned home), which provides continuity of care and reduces any information loss. At assignment, the PHN interviews the parents to gather health information and obtains medical releases, contacts community providers, and initiates the Health and Education Passport (HEP). The PHN addresses urgent issues and communicates critical information to caregivers. Additionally, the PHN provides ongoing services, including coordination of care until dependency is terminated. Ongoing PHN services include obtaining medical records from providers, monitoring and ensuring annual exams are up to date, performing care coordination services for children with chronic medical concern, providing health education and resource information to caregivers and Permanency social workers, attending Child and Family Team (CFT) meetings when appropriate, and attending Medical Review Team meetings for children with complex health conditions as needed. Depending on the age of the child (children birth-13 years), the child may be linked with Heart 4 Kids program, where the PHN will conduct a physical and developmental assessment and refer to the UC-Davis, Parent-Child Care (PC-CARE) program for mental health assessments.

Children who enter foster care with complex medical conditions, if known, will be assigned to a medical Social Worker, if available. Currently, there is a designated Medical Neglect Social Worker in Court Services as well as a social worker who serves South/Central regions of Permanency; however the position has been vacant since February 2022 due to lack of interest from applicants. There is not currently a Medical Neglect Social Worker in the North or East region that is identified; however, there is a unit (not individual social worker) in the North region that handles assignments of medically fragile children. Further efforts will move forth to identify a specific Medical Neglect Social Worker position to mirror practices in the South/Central regions. The medical neglect social workers take assignments in any region but the Hotline tries to assign to the referral to the home region whenever possible. The Medical Neglect Supervisor is located in the East region. If a Medical Neglect social worker is unavailable then assignments are made first the social worker (SW) in the unit of the Medical Neglect supervisor. If a referral assignment

cannot occur, then the referral will be made to any available SW. Medical neglect referrals must be reviewed in the Medical Neglect Review Team meetings prior to referral closure.

There is an ongoing partnership between CPS and California Children’s Services (CCS), which provides ongoing teaming, consultation, and assistance for referrals and obtaining records.

Sacramento has a system in place to ensure children with chronic and/or complex medical issues are reviewed before a multidisciplinary team. The Medical Review Team (MedRT) consists of professionals from different agencies including CPS, Public Health, California Children’s Services (CCS), and California Alta Regional Services. The purpose of MedRT is to ensure the medical information and resources have been considered, assessed and coordinated prior to closure of a referral or case. MedRT meetings are required when the allegation is based on medical neglect of a child or during the investigation or case when the social worker obtains information that there may be medical neglect. In addition, if the case is not assigned to a specialized Medically Fragile Social Worker, a MedRT meeting is required when it is discovered that a child has a chronic/complex medical condition.

Special project codes in CWS/CMS are used for children when they are identified as having a chronic and/or complex health condition. PHNs ensure medical services are in place and the child is being seen by the appropriate providers. PHNs will also work with caregivers via education by phone regarding how to best service and meet needs of children in their care.

HEARTS 4 Kids is another program that screens all children ages 0-13 years (and their siblings up to age 16), who are placed into protective custody. Screenings include a medical clearance exam and home visitation by a unit of PHNs that assess children utilizing the developmental screening Ages and Stages Questionnaires (ASQ). Depending on the outcome of the screenings, children are referred to SCOE, California Alta Regional Center, Head Start, and Women, Infants and Children (WIC) as needed.

### **Case Planning Process**

Case plans are reviewed with parents/guardians and age appropriate children to engage them in the process throughout the life of their case. Case plans contain goals and objectives designed to facilitate positive change; they are updated at least every six months and are attached to court reports. Case plans are created in CWS/CMS and reviewed and approved by supervisors to ensure all principal elements are included. Social workers obtain case plan signatures from participating family members in agreement of the plan; they document their contacts with families in CWS/CMS, and then enter that information in court reports.

### **Concurrent Planning**

Concurrent planning is “a planning process, while the child is in the Family Reunification component, to address the child’s need for a permanent family by working toward reunification, and at the same time establishing an alternative or contingency permanent plan for the child through adoption, guardianship or placement with a relative.” In Sacramento County, concurrent planning starts as early as is appropriate and no later than three to four months after the Detention hearing, and then again nine to ten months after the Detention hearing if the child remains in out of home care. During these time periods, social workers and supervisors, during the course of social workers’ one-on-one supervision with their supervisors, discuss, complete, and sign a “CS918A” concurrent staffing form that is located in CWS/CMS.

Also, during monthly case staffing, social workers and supervisors have ongoing conversations regarding the family's progress toward reunification and whether there are any impediments to permanency and/or alternatives for achieving permanency. Social workers are required to document the concurrent plan and concurrent activities in CWS/CMS as well as in court reports and must include information on whether a child is placed in a relative/non-related extended family member (NREFM) home, and if so, the caretaker's view on permanency. If there is no relative, the continuing efforts being made to locate family/NREFMs and whether the current caregiver is interested in permanency must be documented.

Children identified from "CS918A" concurrent staffing forms that do not have a concurrent plan in place, receive an "Enhanced Concurrent Planning Staffing", which is scheduled at four, ten, and sixteen months after the Detention hearing. These are formal staffings and are attended by the Permanency social worker and a rotating Adoption supervisor. Sometimes, a Permanency supervisor will also attend.

Sacramento County also has two social worker positions for the purpose of providing concurrent planning support for Permanency social workers; one is located in the South/Central region and the other in the East region. They work closely with the Resource Family Approval (RFA) program and go out to county homes to educate resource parents on concurrent planning, as well as work with resource parents regarding willingness to be open to placement of older children, sibling sets, etc.

### **Meeting Termination of Parental Rights Timelines**

At the Jurisdictional/Dispositional Hearing, which is set approximately three weeks after the Detention Hearing, a recommendation is made to offer parents reunification services, dismiss the petitions, or bypass parents who are not eligible for reunification services due to Welfare and Institutions Code Section 361.5(b) findings. Parents receiving reunification services are generally entitled to six months of reunification services with children three years and younger, and twelve months of reunification services with children four years and older. If parents are making substantive progress, reunification services can be extended another six months and up to eighteen months. Children who are returned or remain in the custody of parent(s) under Dependent Supervision are monitored by the Court and child welfare, and in-home review hearings are set every six months.

In Sacramento County, when there is a recommendation to terminate reunification services for a parent, an enhanced concurrent planning staffing is held. This staffing occurs when a determination has been made to terminate services and no later than one or two months before the Status Review Hearing recommending termination of services. It is a formal staffing, which includes an Adoption supervisor to assist with permanency planning.

Termination of parental rights timelines are monitored by child welfare and the Court. At the time the Court terminates family reunification services for a parent, the Court sets a Welfare and Institutions Code Section 366.26, Selection and Implementation Hearing, in six months. The case is transferred to an Adoption social worker who reviews, completes an assessment, and makes a recommendation for the most appropriate permanent plan (i.e., adoption, guardianship, permanency services with a goal of adoption, guardianship, etc.). If the recommended permanent plan is adoption, parental rights are terminated at the WIC section 366.26 hearing, and subsequent hearings are set every six months to monitor the progress until adoption is achieved. WIC section 366.26 hearings may be continued if further information is needed, and they may be set for trial if a parent contests their parental rights being terminated, which will delay or stop termination of parental rights depending on the outcome of the hearing.

## **Development of Transitional Independent Living Plan (TILP)**

Social Workers complete a Transitional Independent Living Plan (TILP) with children who are 14 years or older. The social worker develops and creates the TILP with the child and attaches it to the court report for review by counsel and the referee/judge. Supervisors and social workers, during their monthly one-on-one supervision, identify any children who are eligible for the Independent Living Program and create a plan for completion of the TILP. The TILP is then updated every six months and attached to all subsequent court reports. Supervisors can monitor whether a TILP was completed by checking SafeMeasures or checking the CWS/CMS database to see if it was documented. Additionally, supervisors can review the TILP at the time they are reviewing court reports.

## **Policy and Procedure Task Force**

The Policy and Procedure (P&P) Task Force is the quality assurance entity of the policy development process. The Task Force is composed of four program planners, each representing their respective divisions. Their role is to ensure the following:

- Content in policy drafts are well-researched and reflective of current laws, regulations, and best practice
- Policy drafts conform to the the P&P template
- Impacted stakeholders from different programs and classifications are provided with the opportunity to participate in the vetting process
- Writing is clear and concise, with attention to flow and organization

Initially, the Task Force reviewed a policy only once; however, in 2018, the Task Force modified the workflow to require policies to have a minimum of two reviews. The purpose of the first review is to provide feedback, and the second review is to check if the feedback was incorporated and to decide if the policy can move to the approval stage. If after the second review, the policy does not meet the criteria to move to the next stage, another review is scheduled. In some cases, individual Task Force representatives work with the policy writer outside of the Task Force meetings to provide additional technical assistance to ensure the policy can advance to the approval stage. Task Force meetings are scheduled twice a month, and ad hoc meetings are calendared as needed.

The Program Administration bureau tracks the development of policies and procedures in various stages of development. A Program Administration program planner is assigned to provide management oversight of the policy development process and supervision of the Policy Development Unit (PDU), composed of 2.5 policy writers in the Human Services Program Specialist classification. In addition, the program planner provides technical assistance to staff outside the PDU, who are assigned to write policies. To keep track of P&Ps (in various stages of development and assigned to various writers in PDU and in other programs), Program Administration maintains a P&P excel spreadsheet log to collect various information such as date assigned, Task Force meetings, dates sent for feedback and approval, date published, status updates from writers, etc. In addition, Program Administration produces the following reports:

- **P&P Status Update Report:** A quarterly report sent to each division manager with a list of policies assigned to their respective divisions, seeking status updates and project next steps for each

policy. Once reports are received from each division, Program Administration enters updates and information in the P&P excel spreadsheet Log.

- P&P Summary Report: A quarterly report sent to the CPS Executive Leadership Team (ELT) with aggregate data, including total number of published and pending policies, which is broken down by writing and approval phases.

In addition, Program Administration authored a report in 2021 entitled *P&P Process Analysis Report*. This report examined the current policy-writing process, with specific attention to each phase of the workflow, by analyzing data entered in the P&P excel spreadsheet log from 2017 to 2020. The report provided recommendations for system improvement, such as dedicated writers for policies and procedures and methods to improve the vetting of policies and procedures in the writing stage (for example, ongoing, available time in existing program meetings for writers to attend and obtain feedback).

### **Programs Supported by CAPIT/CBCAP Funding**

Sacramento County braids CAPIT, CBCAP, First 5 Sacramento, CalWORKs, Title IVE, Medi-Cal Administrative Activities, and AmeriCorps funds to support nine Birth & Beyond Family Resource Centers (B&B FRCs) and the administration, training, and evaluation that supports the B&B FRCs. B&B has an extensive infrastructure including seven non-profit organizations that operate the FRCs and the Child Abuse Prevention Council (CAPC) of Sacramento that serves as the “backbone organization” coordinating the Collaborative’s efforts, conducting staff training, managing the Federal AmeriCorps grant, monitoring milestones and model fidelity, and serving as liaison for the external evaluation.

B&B FRCs are community service hubs providing a continuum of child abuse and neglect prevention services. The goal of the B&B FRC program is to promote the wellbeing of children and families, increase the strength and stability of families, and prevent child maltreatment among at-risk families. The B&B FRC Logic Model has short, medium, and long-term outcomes that include improved parenting knowledge and skills as measured by pre-post home visitation assessments; and decreased substantiated allegations into Sacramento County Child Protective Services (CPS) for B&B parents who receive eight or more hours of home visits as measured by CWS/CMS. To ensure model fidelity, capacity in service provision, and consistency across the B&B FRC program, all sites operate on the same program-wide budget, evidence-based models, policies and procedures, and standard minimum staffing structure. For the 2021/2024 three-year strategic plan funding cycle, the B&B FRC program has the capacity to serve the following number of parents annually. The capacity is a duplicate count as some parents receive more than one service:

- Parenting Education Workshops = 1,134 Parents
- Home Visitation = 1,260 Parents
- Crisis Intervention = 2,430 Parents

Like families throughout California, B&B FRC families experienced devastating challenges from the impact of COVID 19. With safety regulations changing, families adjusted to virtual school requirements and work environments. Parents reported elevated stress and crisis due to job loss, changes in their child’s schooling, access to childcare, housing instability, mental health issues, and barriers to accessing resources they previously received such as CalWORKs, Women, Infants and Children (WIC), and food banks. Parents prioritized the essential needs of their family over home visitation and workshop participation. B&B FRC crisis intervention services, such as food, baby items, internet services, and mental health resources, were a primary source of support for these families. There was an unexpected 88%

increase in crisis intervention case management services from 2019/20 to 2020/21. The following numbers of parents were served program-wide (duplicated) for program year 2020/21:

- FRC Effective Parenting Workshops = 955 Parents
- Home Visitation = 1,220 Parents
- Crisis Intervention = 2,724 Parents

B&B FRCs offer a continuum of child abuse and neglect prevention services, tailored to meet the individualized and unique needs of children and families served by each FRC, that are inclusive of four strategies: evidence-based home visitation, parenting education workshops, crisis intervention case management, and social and emotional support and learning such as health access, education, and utilization; school readiness and child development activities; and infant/child education. For the prior County Self-Assessment (CSA) cycle, B&B parents received evidence-based Nurturing Parenting Program (NPP) services in either group-based workshops or one-on-one home visitation. B&B FRC staff were trained to assess and triage families based on need and risk level for child abuse and neglect. The B&B FRC program reports both program-wide and site-specific assessment results to CPS quarterly and annually. CAPC is the lead for data collection and reporting.

- Parents engaged in NPP home visitation were assessed using the Adult Adolescent Parenting Inventory (AAPI) to establish their “dosage” based on risk level and need. Parents, in concert with their Home Visitor, developed a Family Nurturing Plan to determine service dosage, parenting constructs that need improvement, and to track progress throughout the duration of their service dosage. Parents complete a pre, mid-point, and post-AAPI at the end of their agreed upon dosage to measure gains in parenting knowledge and skills.
- Parents engaged in FRC Effective Parenting Workshops/Classes are also assessed using the AAPI at the beginning, mid-point (lesson 6), and end of the class series (lesson 15) to measure gains in parenting knowledge. The B&B FRC NPP Parenting Workshops/Classes are court-approved to meet the requirements for parents working towards reunification.
- Crisis Intervention is a short-term service to stabilize families that are experiencing crises. Parents’ needs and stress levels are assessed by the B&B Crisis Intervention Specialist using a pre and post assessment tool. Families requiring a higher degree of services are case managed until their needs are met. Crisis Intervention families are encouraged to engage in either FRC or Home Visitation services.

To ensure quality services are planned and provided to parents and children via B&B FRC CAPIT/CBCAP funds, the implementation of evidence-based models is a B&B FRC program priority reinforced by Sacramento County CPS. Commencing with the 2021/2022 Program Year, and for the duration of this CSA, the B&B FRC will replace NPP with the evidence-based home visitation Parents as Teachers (PAT) model to pregnant women and families with children birth through kindergarten. PAT is the most widely replicated home visiting model in the United States with an evidence base including Promising Research Evidence and Moderate Child Welfare Relevance from California Evidence Based Clearinghouse (CEBC), Well-Supported Practice from Title IV-E Clearinghouse, meeting Federal Department of Health and Human Services criteria for an “evidence-based early childhood home visiting service delivery model”, has four independent randomized controlled trials, and seven peer-reviewed outcome studies published. The PAT model is based on theories of human ecology, empowerment, self-efficacy, attribution, and developmental parenting and the premise that “all children will learn, grow, and develop to realize their full potential”. PAT trained B&B Home Visitors will work with families to strengthen protective factors and

ensure that young children are healthy, safe, and ready to learn. B&B FRCs will continue with Make Parenting A Pleasure for parenting education and add Effective Black Parenting as an option, both rated on the CEBC as Promising Research Evidence and Medium to High Child Welfare Relevance respectively.

Prior to 2015, the most significant gap in B&B services was the limitation to only serve parents with children five years of age and under. This was a result of First 5 Sacramento funding restrictions. Starting in January 2015 to date, B&B has received funding from Sacramento County CPS, to serve parents and children six years of age and older. B&B had also identified a need for domestic violence services that was addressed with the increased 2015 funding. For families with children ages six and older, B&B FRCs will maintain the use of NPP for home visitation.

Since B&B's inception, demographic and socioeconomic data have been used to determine and validate location of services. B&B FRCs remain strategically located in neighborhoods where 74% of all Sacramento County children ages 0-4 years resided in 2018, represented 84% of all child abuse allegations, and from 2007 - 2016 accounted for 80% of all child deaths. B&B annually reviews data, including but not limited to, percent of children in poverty, parent education, no/late pre-natal care, single parent households, violent crime, and child abuse substantiated reports. Services are offered in a multitude of languages such as English, Spanish, Russian, Hmong, Vietnamese, Dari and Punjabi, to meet Sacramento County's diverse population.

From the onset of B&B services in 2000, Sacramento County CPS has supported independent evaluations to track child welfare outcomes. These outcome reports are compiled and presented through a cooperative agreement between the external evaluator, Sacramento County Department of Child, Family and Adult Services (DCFAS), and Child Protective Services (CPS). In the past, this study has focused on parental outcomes related to participation in B&B home visitation. However, this constricts the analysis by not allowing for child-by-child differences and county, state, and federal child abuse rates calculated at the child-level. Therefore, the 2018/19 and 2019/20's most current report analyzed CPS allegations on a child-level. Results from the "Birth & Beyond Annual Evaluation Report FY 2019/20" conducted by Applied Survey Research (ASR) include 547 children ages 0-17 years whose parents received eight hours or more of B&B home visitation services, as less does not constitute adequate intervention. Twelve-month outcomes were tracked for children whose families had intakes between March 1, 2019 and September 1, 2019 and measured to September 2020. Because parents can be referred to B&B home visitation from many sources, (CPS, self-referral, hospital, etc.) the evaluation measured outcomes for four different cohorts of clients: 1. No prior CPS involvement; 2. CPS-involved with a prior substantiated allegation within six months before beginning home visitation; 3. CPS-involved with a prior non-substantiated allegation; and 4. any prior CPS involvement in the past 5 years (this includes the previous two groups and those who do not have a known disposition). Of the 294 children with no prior CPS involvement, there was a very low rate at 2% overall of CPS substantiated allegations post B&B home visitation. Of the 19 children with a recent substantiated allegation, there were positive outcomes as only 5% had a new substantiated allegation in 12 months. This is less than the approximately 9% countywide recurrence rate. Of the 100 children who had a recent "not substantiated" CPS allegation, B&B home visitation proved to be extremely impactful at 1% overall with a new substantiated allegation within 12 months. Of the 253 children who had prior involvement with CPS and for whom the disposition of involvement was not known (i.e., if the allegation was substantiated or not), there was also a very low rate of substantiated allegations at 2% after eight hours of home visitation. It is valuable to look at all children whose parents received eight hours or more of B&B home visitation, without separating them by prior CPS involvement. For the entire cohort of children, only 2% had a substantiated CPS allegation within 12 months of their first home visit. This result compares to 3% for the 2018/19 study. Although the 2% is slightly more than the 1% countywide percentage for all substantiated allegations, it is important to note that over half (51%) of

B&B home visitation children had some prior involvement with CPS, and thus, may be higher risk than the general population.

### **County’s Monitoring Mechanism of CAPIT/CBCAP Funding**

Sacramento County has a longstanding and extensive monitoring system, in partnership with the B&B FRC program, that captures client participation and evaluation data for B&B’s CAPIT/CBCAP funds and ongoing practices that evaluate effectiveness including, but not limited to, Persimmony’s online database, assignment of a County program planner as a CPS liaison to the B&B FRC program, CPS leadership level participation with B&B FRC agency executive directors, and a cooperative agreement along with funding for an external evaluator to conduct an annual outcomes analysis to measure substantiated allegations for B&B families receiving eight or more hours of home visitation.

An online database ensures the B&B FRC program is properly tracking participation rates for separate funding sources. B&B FRC data entry staff collect and enter data in real time into a comprehensive data collection system called Persimmony, which is managed by CAPC’s B&B Data Project Manager. Monthly, B&B’s Data Project Manager provides both individual site and program-wide data to B&B sites and reviews the data at monthly B&B subcommittees to review trends and answer questions. Quarterly, CAPC submits formal aggregate data reports to the County.

County program planners participate in a variety of activities, which include, but are not limited to, regular site visits, quarterly file reviews, and regular participation in program wide meetings. Depending on the issue, CAPC, county staff, B&B site management, and B&B agency leadership, determine what corrective action should be taken, timeline for the corrective action, and measures to ensure compliance with the timeline. CAPC and the County monitor corrective action progress.

CAPIT/CBCAP funds flow from Sacramento County CPS to CAPC, the B&B FRC fiscal agent. CAPC identifies and reports the percentage of CBCAP/CAPIT funds used for services rendered and creates unique invoices to reflect the various funding sources. Invoices are completed monthly by the six agencies that operate the B&B FRCs and are forwarded to CAPC. Monthly invoices are reviewed and approved by CAPC and forwarded to the County CPS program planner for review and approval prior to distribution of funds.

### **County’s Monitoring Mechanism of PSSF Funding**

#### **Programs Supported by Promoting Safe and Stable Families (PSSF) Funding**

##### **Informal Supervision**

Sacramento County utilizes PSSF prevention funds to fund one Informal Supervision (IS) social worker. The Informal Supervision social worker regularly contacts the assigned families and provides case management services. They also communicate with community-based service providers to deliver direct services to the families participating in Informal Supervision. The Informal Supervision social worker partners collaboratively with them to support family progress and team decision-making through Prevention Child Family Team Meetings. Information obtained from the family, service providers, and the family’s identified support network is utilized to monitor progress and identify gaps in services or additional family needs.

The Informal Supervision supervisor compiles various statistics monthly or quarterly and monitors the progress of families receiving services. This monitoring includes a review of the number of families and children served by the one Informal Supervision social worker, the length of time each family has been

open to the program, progress toward completing case plan objectives, and the service outcomes for these families. The statistical information is reported to the program manager when requested.

The Informal Supervision supervisor has frequent and bi-weekly scheduled supervision with the Informal Supervision social worker to discuss individual family strengths, challenges, and progress in services. Case reviews are completed by the supervisor every 90 days, which include a review of the SDM 90-day Risk Reassessment tool and the updated case plan for the family. On average, an Informal Supervision case is open between six – nine months.

When a case is closed, the supervisor completes a comprehensive review of the case using the Informal Supervision Supervisor's Quality Assurance Case Review Form.

The Informal Supervision (IS) supervisor reviews, monitors, and provides feedback and guidance to the social worker, as needed, to ensure families receive the appropriate IS services. The program manager meets monthly with the Informal Supervision supervisor to provide support and oversight, review successes, solve problems, and address concerns if areas need improvement.

Program Administration compiles bi-annual data reports, including program-wide data for all families and children, served in the Informal Supervision Program. Data includes but is not limited to the following:

- Number of families and children served
- Ethnicity, age, and gender of children served
- Length of time open
- A comparison of how many families with a substantiated allegation received Informal Supervision as opposed to court intervention or closing without CPS involvement
- How many children have fathers listed as participants in the case plan
- Data on how many children received a subsequent substantiated maltreatment allegation within one year of closing to Informal Supervision

This data report is available to program staff at various levels. It is used on a manager level to provide insight into program trends, areas of strength, and areas of continued quality improvement and training opportunities.

### **Stanford Sierra Youth and Families**

The PSSF funding supports Stanford Sierra Youth and Families Destination Family (DF) program's adoptive parent training and mentor support groups. DF provides up to 24 post-adoption, two-hour support sessions to ensure smooth transitions for youth and caregivers. The goal is to provide all support services to increase permanency outcomes for hard-to-place children. DF services include case management, enhanced family engagement, and child-specific recruitment services to secure adoptive homes for children with barriers to permanency. The workers assess a child's readiness for adoption. The child readiness assessment includes a review of the child's needs and referrals to address those needs. The evaluation may also include targeted recruitment efforts, permanency preparation, arranging and supporting sibling/biological family visitation, and stabilization support by finalizing legal permanency. The time spent and the level and extent of the services are significantly amplified through participation in the DF program.

A CPS program planner is the PSSF DF contract monitor who works closely with the Destination Family Supervisors to discuss the quality of services offered and addresses any concerns regarding services performed. The contract monitor reviews the quarterly data and has regular meetings with the Stanford Sierra Youth and Families Destination Families Supervisor. The contract monitor also reviews and approves all invoices related to the services provided. Stanford Sierra Youth and Families provides

quarterly reports to Sacramento County for the Adoptive Parent Recruitment activities, which track demographics, the number of referrals, matches, and permanency outcomes. They also provide an annual report that reflects the above data captured throughout the year. Quarterly, Stanford Sierra Youth and Families participate in the Sacramento County Permanency Steering Committee, including various county administrators, the PSSF DF contract monitor, and community partners. The committee reviews the contracted partner's quarterly reports, program barriers/highlights, and success stories. The committee also identifies possible next steps to align with contracted services and federal regulations. Additionally, the larger team of Sacramento County Destination Family Supervisors, social workers, and the corresponding Sierra Destination Family team have regularly scheduled meetings to address the status of referrals, services provided, and barriers.

### **Post Adoption Services**

PSSF funds also support the .8 full time equivalent (FTE) post-adoption social worker with Sacramento County CPS. Sacramento County has one social worker who provides a broad range of post-adoption services to adoptees, their birth parents, and their siblings. Services include providing information and referrals to families for mental health services, parenting supports/services, and other services as requested. The post Adoption social worker is the contact for outside agencies such as other CPS agencies, whom many need information. The post-adoption social worker may also provide case file records when adoptees or parents misplace documents. Upon request, the social worker can provide adoptees or the family copies of forms, new birth certificates, and social security name changes and prepares non-identifying background letters or information about the birth of new siblings. The post-adoption social worker also facilitates post-adoption contact between parties, including providing information about the consent for contact and sibling waiver forms for parents and siblings. The social worker facilitates communication between adoptive families and the birth parents/siblings. Communication can be through a P.O. Box, email address, or referral to outside agencies who can assist with contact arrangements.

An Adoption Supervisor oversees the services of the post-adoption social worker and provides regular monthly staffing and log review. The post-adoption social worker keeps a monthly log of requests about adoptive parents from children, adoptive siblings from children, adoptive children from parents, medical information, and history regarding CPS involvement. The Department's Post Adoption Services frequently receive requests from adult adoptees for medical and psychological background information. Although this information is provided to the adoptive family at adoption, the family may not have it available when the adoptee becomes an adult and seeks birth family information. Providing this information to adult adoptees is integral to Post Adoption Services. The Program Manager ensures that requests are staffed with the Adoption supervisor.

The Adoption Supervisor schedules one-to-one supervision with each staff at least once per month to review, monitor, and provide guidance to the social worker, as needed, to ensure families receive the appropriate post-adoption services. The Program Manager is responsible for meeting monthly with the Adoption Supervisor and providing oversight to the supervisor if areas need improvement.

CPS has a Memorandum of Understanding (MOU) with Lilliput (Kinship Support Services) and Stanford Sierra Youth and Families (Destination Family). As part of our partnership, families can access additional services not part of the MOU. Stanford Sierra Youth and Families provides a lending library with books and videos that are valuable to families with adopted children. The Lilliput offers support groups to the same families. Adoptees and adoptive families needing mental health services are referred to Sacramento County Behavioral Health Services ACCESS Team.

## STARS Program

Sacramento County also utilizes PSSF funding to support a healthy family environment by providing substance abuse intervention for parents through the Substance Use Disorder (SUD) Treatment Services STARS (Specialized Treatment and Recovery Specialist) Program. The STARS program provides case monitoring/management to help parents complete the Substance Use treatment requirements in the Child Welfare Case Plan. These requirements may include: entering and completing an SUD treatment program, alcohol and drug testing and attendance of support group meetings. If CPS identifies drug or alcohol involvement, parents are referred to either Early Intervention Family Treatment Court or Dependency Family Treatment Court and STARS.

Sacramento contracted with Children and Family Futures (CFF), a California based non-profit policy analysis and research firm to evaluate its Family Treatment Court Programs (FTC), including Drug Family Treatment Court (DFTC), Early Intervention Family Treatment Court (EIFTC), and the Children In Focus (CIF) enhancement. The purpose of the evaluation is to measure each FTC program's ability to promote positive substance use-related and child maltreatment-related outcomes among participating families. The evaluation of Sacramento Family Treatment Court Programming connects data across collaborative partners under data sharing agreements. The CPS creates special project reports from the Child Welfare Services/Case Management System (CWS/CMS) dataset including the specific child welfare data elements needed for the evaluation. Sacramento's SUPT Division extracts substance use treatment records from SUPT AVATAR database and sends them to CFF monthly. All providers under the Drug Medi-Cal (DMC) programs use SUPT AVATAR data collection system to report information to Department of Health Care Services. In addition, the STARS program tracks SUD-related data and treatment compliance for each participant in SUD treatment and provides an export of those data to CFF monthly. CFF conducts a process evaluation to answer the following key questions:

- How many parents and children are being referred to FTCC-related programs in Sacramento County?
- How do parents and children represent overall Sacramento demographics?
- Are DFTC and EIFTC incorporating FTC Best Practices?
- Are parents satisfied with the DFTC and the EIFTC programming?
- Do parents successfully complete the program?
- What are the costs and potential savings associated with implementing DFTC and EIFTC?

CFF conducts an outcome evaluation to investigate the effects of participation in Sacramento FTC Programming on child well-being, permanency and safety, and on parental involvement and engagement in treatment. Outcomes are based on the Children and Family Services Review (CFSR) outcomes and adult treatment outcomes, and then grouped into five overarching questions:

- Do children remain at home?
- Are parents successful in their SUD treatment?
- Are child who are removed from their parents, reunified?
- Do children experience fewer episodes of maltreatment reoccurrence?
- Are children less likely to re-enter into OOHC following program exit?

For the 2021 Annual Report for Sacramento County FTC, findings for the EIFTC and DFTC from Program Years 2017-2019 and compares preliminary outcomes to a historical group comprised of parents and children served in the Program Years 2008-2016. A historical comparison group was used to overcome

ethical issues of not offering services to families who could benefit from the FTC Programming. CFF prepares a report yearly that is presented to CPS, SUPT and Dependency Court Standing Committee.

The EIFTC steering committee includes representatives from CPS Informal Supervision, clerical, STARS program, SUPT Division and our evaluator with CFF. The steering committee meets every two months. During these meetings, the committee reviews and monitors the EIFC process and services provided by STARS program. Similar to the EIFTC steering Committee, there is a committee that meets to address the DFTC services. That DFTC committee is a collaborative that includes representatives from CPS, STARS program, SUPT Division, parents' and minor's counsel, County Counsel, bench officer and Bridges Specialized Treatment and Recovery Services agency and our evaluator with CFF. The committee meets about once a month to discuss referrals, access to services, trends, etc. Depending on the issue, SUPT contract monitor and CPS liaison determine what corrective action should be taken and monitor the compliance. The SUPT Division contract monitor reviews and invoices submitted monthly by Bridges Specialized Treatment and Recovery Services agency for the STARS program.

### **Short Term Counseling**

Sacramento County PSSF funding also provides short-term counseling services for CPS parents/caregivers to:

- avoid removal of the family's child(ren) from home;
- reunify the family following the removal of the child(ren) from the family home due to neglect, physical, emotional, or sexual abuse; or
- avoid placement failure.

Short Term Counseling services are offered in three modes: individual, family, and conjoint counseling, up to ten 50-minute sessions. Group counseling sessions are offered in twelve 90-minute sessions. These psycho-educational groups are trauma-focused, addressing child abuse and neglect, general counseling, domestic violence, anger management, and sexual abuse. Treatment plans focus to mitigate the unsafe behaviors that negatively impact children.

CPS tracks number of referrals, service modality, number of sessions completed, and ethnicity. CPS is in the process of developing a method of evaluating services to outcomes. Once a year a provider meeting is held, which includes the CPS contract monitor, CPS Contracts Department, Fiscal and contracted providers. The purpose of the meeting is to discuss any changes to the contract, service provisions and requirements, invoicing and insurance. Monthly CPS Contracts monitor clinicians' licensures to ensure they are up to date. A systematic process is currently not in place to monitor the quality of services.

CPS contract monitor and CPS Contracts determine what corrective action should be taken and monitor the compliance. CPS contract monitor reviews and approves all service requests submitted by CPS social worker. Based on the families Family Reunification service component designation, CPS Fiscal allocates PSSF funding. Providers submit invoices monthly for services rendered to CPS Fiscal review and approval.

### **PROBATION**

Sacramento County Probation utilizes quality assurance processes to evaluate ongoing practice, policies and procedures to ensure youth in the probation placement system are receiving quality services.

Quality Assurance processes include but are not limited to the following:

### **Safe Measures**

Safe Measures is a web-based data and case management tool used to help achieve better outcomes, improve service, and operate more effectively. Quarterly information is obtained through Safe Measures to find discrepancies and determine if information needs to be updated.

### **Child Welfare System/ Case Management System (CWS/CMS)**

The CWS/CMS system tracks each case from initial contact through termination of services. Data is reviewed monthly to determine if visits were input correctly and for case information prior to termination of services.

### **Federal Case Reviews (FCR)**

Federal Case Reviews are conducted for the purpose of examining practices and ensuring conformity with Title IV-E and Title IV-B requirements. Cases are reviewed quarterly by DCFAS through a coordinated assistance with a Supervising Probation Officer. This allows direct feedback to the Probation Placement unit from the parent, youth, and substitute care provider. The information gathered from this review process is extremely valuable in how we meet the needs of our youth.

### **Placement Intake Unit**

In 2012, Probation developed a Placement Intake Unit. The unit currently consists of one Supervising Probation Officer and two Deputy Probation Officers.

The Placement Intake Officers review cases referred by the Juvenile Court for suitable placement. They are responsible for scheduling and convening a Child and Family Team meetings to identify relatives or Non Related Extended Family Member (NREFM) willing to provide care for the probation youth. If reunification is not an option, the Foster Parent Recruitment and Retention Support officer then interviews the identified person for potential Resource Family Approval (RFA) placement. If the identified person agrees to become an RFA, officers will conduct a Child Protective Services Check, Criminal History Check and a preliminary home assessment.

If a probation youth must be placed in a Short Term Residential Treatment Program (STRTP), the case is evaluated to synchronize the probation youth's needs with services offered by the provider.

### **Case Planning Process**

Case Plans are a written assessment of the youth's/Non-minor dependent's (NMD) needs. Case plans contain goals and objectives designed to facilitate positive change. It must reflect any updates or new recommendations made by the CFT and be updated every six months. Deputy Probation Officers review them with parents/guardians and youth to engage them in the process throughout their time in placement. Supervisors approve all case plans to ensure all of the required elements are present. Probation officers obtain case plan signatures from participating family members. The Case Plan is attached to the court report and documented in CWS/CMS.

## **Concurrent Planning**

Concurrent planning is a planning process used to establish a contingency permanent plan through placement with a relative or another planned permanent living arrangement while working towards family reunification. During monthly visits, the assigned Deputy Probation Officer has ongoing conversations regarding progress toward reunification and ensure the concurrent plan continues to be a viable option. Concurrent planning starts as soon as appropriate and continues while the youth is in out of home care.

## **Development of Transitional Independent Living Plan (TILP)**

The Transitional Independent Living Plan (TILP) is planning tool often used to help foster youth set individualized goals. Probation Officers must complete a TILP with youth fifteen and a half or older. The probation officer assists the youth in the development of the TILP, attaches it to the court report, and supports the youth in meeting their goals. The TILP is updated every sixth months. Completion of the TILP is documented in Safe Measures and CWS/CMS.

## **Placement Monitor**

The Probation Department's Placement Monitor conducts initial and annual inspections of residential placement programs where Sacramento County Probation youth are placed. The audits include a review of the Community Care Licensing Transparency Website to view all inspection and complaint reports that occurred within the last year. A complete physical tour of the facility takes place using the standards set forth by Community Care Licensing's Group Home Administrative Assessment Tool. This site visit will include an inspection of the general condition and maintenance of both the interior and exterior of the program facilities. The inspection shall include an assessment of whether the facility meets health and safety standards, and any deficiencies will be noted. The preliminary results of the assessment is discussed verbally with the facility director or administrator prior to leaving the facility. A review of the program's policy and procedures, employee files, resident files, and assessment of the programs structural grounds for compliance with the California Department of Social Services, Community Care Licensing requirements; an assessment of whether the physical facility meets health and safety standards as well as face-to-face interviews with all Sacramento County Probation youth placed there. The Placement Monitor may contact the agency's current State of California Community Care Licensing Program Analyst (LPA) to request feedback on the agency or report any issues of concern. The Auditor is also responsible for all investigations into complaints or allegations regarding an STRTP. During the course of an investigation, the Auditor may be required to cross report the allegation to Child Protective Services, State of California Community Care Licensing and local law enforcement. They often collaborate with Community Care Licensing, local law enforcement and other probation entities to complete the investigation.

## **Critical Incident Review Process**

Sacramento Child Welfare has an infrastructure in place to review and monitor critical incidents involving child fatality and near fatalities which is called the Quality Improvement Committee (QIC). The purpose of the Quality Improvement Committee is to review child deaths and major injuries (near fatalities) and to use this information to improve outcomes related to child safety and well-being.

A Quality Assurance report written about a specific critical incident is presented for discussion at monthly QIC meetings. The QIC provides support and direction to staff and partners involved in the case, works on determining the root causes associated with fatalities and near fatalities, and makes recommendations that inform policies and procedures, and practice. QIC membership consists of the CPS Deputy Director, all CPS division managers, two representatives from the CPS Oversight Committee, two program planners responsible for writing the reports, four program managers, and three program planners representing various CPS program regions (currently, Emergency Response Intake, Emergency Response Field Investigations, Permanency, and Program Administration). Additionally, the program manager of the bureau most recently working with the family is included in the specific meeting, as well as subject matter experts as needed.

There is a smaller QIC subcommittee consisting of the program planners responsible for writing the QA report and representatives from the CPS Oversight Committee. The subcommittee meets monthly to review the Quality Assurance report and make preliminary recommendations for improvement. The report, along with any recommendations made by the QIC subcommittee, are then presented to the aforementioned full QIC.

### **Child Death Review team (CDRT)**

Since 1990, the Sacramento County Child Death Review Team, with funding from the Children's Trust Fund, has convened to investigate, analyze, and document the circumstances that led to the death of every child resident of Sacramento from birth through 17 years of age. The CDRT is a multidisciplinary team of professionals from different aspects of a child's and his/her family's life, from medical to academic to law enforcement, with Sacramento County Child Protective Services as an integral and longstanding member. The mission of the Sacramento County Child Death Review Team is to ensure that all child abuse related deaths are identified; enhance the investigations of all child deaths through multi-agency review; develop a statistical description of all child deaths as an overall indicator of the status of children; and develop recommendations for preventing and responding to child deaths based on the reviews and statistical information. The Child Abuse Prevention Council of Sacramento facilitates the work of the CDRT.

As CDRT members share the information and history they have on each case and come to a mutual consensus on the manner and cause of each death, they take a closer look into the Child Abuse and Neglect Homicides with the goal of gaining better understanding of the risk factors for these deaths in the community in order to facilitate the creation and implementation of strategies to prevent future child deaths. Sacramento County is proud that CDRT recommendations have led to important County initiatives, such as the Birth & Beyond Family Resource Centers to eliminate child deaths due to abuse and neglect; the Black Child Legacy Campaign to reduce the disparities of African American child deaths; and the Safe Sleep Baby Campaign to decrease infant sleep-related deaths.

Sacramento County's CDRT serves as a model to replicate for other California counties and states. It was recognized in the United States Government Accountability Office's (GAO) analysis of national reporting on child maltreatment fatalities and the Children's Bureau Office on Child Abuse and Neglect study that examined prevention recommendations, their implementation, and their impact on reducing child deaths.

## National Resource Center (NTC) Training and Technical Assistance

Sacramento County does not utilize the training and technical assistance that is available through the federal partners at the Western Pacific Implementation Center, the NRC, or the Quality Improvement Centers.

# Peer Review Results

## Focus Area

Sacramento County conducted the virtual Child Family Services Review (CFSR) Peer Review orientation on Thursday, January 6, 2022 and the CFSR Peer Review on January 10-14 and 18-21, 2022. The federal outcome measure focus areas were:

- P4: Reentries to foster care for Child Welfare Services to prevent the reentry of children into foster care after a placement discharge
- P1: Permanency in 12 months for Probation to increase the number of children discharged to permanency within 12 months of entering care

## Method

The Peer Review process is used in California as an avenue for each county's child welfare and probation departments to conduct an in-depth qualitative analysis on one specific focus area, or outcome measure. This process requires both agencies to conduct a quantitative analysis of each federal and state outcome measure and, in partnership with CDSS, select the outcome measure which requires a closer look. The Sacramento County Peer Review was conducted virtually via Zoom on January 6, 10-14 and 18-21, 2022.

Peer counties were selected to conduct the review based on a review of data statewide showing counties that consistently perform well on the selected outcome measures. The peer counties and the staff who participated are shown in the table below.

County	Social Workers	Probation Officers
Contra Costa	1	
Fresno	1	
Los Angeles		1
Merced	1	
Orange	1	
San Bernardino		1
San Diego		1

Shasta	1	
Tulare	1	

The Peer Review opened on the morning of January 6, 2022, with introductions and a training that included an overview of the C-CFSR process, a description of Sacramento County, identification of the outcome area which would be the focus of the review, and a discussion of county performance and progress on the different outcomes. Participating were CDSS consultants, UCD staff (facilitators for the review), and CWS and Probation staff and administrators. The presentation was followed by training on the interview process and tools for the peer reviewers.

During the review, 27 interview sessions were conducted. Cases were selected for which the peer review planning team believed would elucidate both strengths and challenges existing in the system, which contribute to the county performance on the appropriate outcome measure. CDSS consulted with Sacramento County before the final cases were selected for the peer review. The breakdown of case types is shown below.

Item	Child Welfare	Probation Placement Unit
Re-Entry	13	
No Re-Entry	5	
Permanency in 12 months		1
No Permanency in 12 months		8
Total	18	9

CDSS provided standardized tools for use during the peer review which were based on a review of the literature for best practices relating to each focus area. Once the cases were identified, social workers and probation officers who were the primary practitioners on the case were notified and given the appropriate interview tool to review so they could prepare. A total of 16 social workers and six probation officers were interviewed.

Following the completion of interviews, peers were provided time to debrief, during which they analyzed the interview information to identify common themes regarding strengths and challenges of the Sacramento County child welfare and probation systems. The top themes were identified in the categories outlined in the CDSS O&A Debrief form designed for each measure. Peers voted together to identify the top themes. The themes were not edited after the fact except for minor spelling edits, protection of identity edits and/or grammatical improvement.

Peers were also asked to provide recommendations for improvement. The summary is outlined in the Summary of Findings section that follows.

## Summary of Findings

Peers gathered information and presented their top strengths, challenges, and promising practices to the County. The findings are presented below in alignment with the corresponding debrief domain.

CWS Strengths	
<b>Background</b>	<ul style="list-style-type: none"> <li>• Voluntary cases/Protective Emergency Placement (PEP) program – done before removal</li> <li>• Variety of trainings provided</li> <li>• Social workers (SW) with 3+ years of experience</li> <li>• Knowledge of services and connecting clients to those services, SW knowledge of case/knows case well, worker/unit consistency across life of case</li> </ul>
<b>Maintaining Connections</b>	<ul style="list-style-type: none"> <li>• When family finding done early, children were placed in relative care</li> <li>• Prioritize relative placement/assessing for relative placement</li> <li>• Maintaining contact with youth and family/family connection</li> <li>• Maintaining and promoting family connections</li> </ul>
<b>Engagement</b>	<ul style="list-style-type: none"> <li>• Child and Family Team (CFTs) – in compliance/used consistently</li> <li>• SW engagement-building rapport/relationships, identifying child/youth needs.</li> <li>• Youth engagement and inclusion of voice               <ul style="list-style-type: none"> <li>○ Included in CFTs, visits, and interactions</li> <li>○ Children who very young were observed by social workers to glean their feelings about situations</li> </ul> </li> </ul>
<b>Assessments and Services</b>	<ul style="list-style-type: none"> <li>• Access to adequate mental health and substance abuse services               <ul style="list-style-type: none"> <li>○ Including full psychological evaluation, when necessary</li> </ul> </li> <li>• Appropriate referrals and services being made and followed up on</li> <li>• Good collaboration/coordination with service providers</li> </ul>
<b>Placement Matching</b>	<ul style="list-style-type: none"> <li>• Strong evidence of prioritizing relative placements, local placements</li> <li>• Least restrictive placement when at all possible/placement stability</li> <li>• Good working relationship between parents and resource parents</li> </ul>
<b>Reunification Strengths</b>	<ul style="list-style-type: none"> <li>• Structured Decision Making (SDM) used in assessing for reunification</li> <li>• There is a policy for CFTs to be held initially and every 90 days               <ul style="list-style-type: none"> <li>○ CFT meetings are being used for safety planning in preparation for reunification, provides opportunity for network and service providers to come together to case plan, discuss barriers, what’s working well, address questions, concurrent planning</li> </ul> </li> <li>• When social workers engaged the family well, families did well</li> </ul>

	<ul style="list-style-type: none"> <li>○ SWs presented a genuine effort to reunify families and keep them together</li> </ul>
<b>Transition Planning Strengths</b>	<ul style="list-style-type: none"> <li>● Lots of services – including substance abuse and counseling</li> <li>● Family and network are included in aftercare plan</li> <li>● Wraparound offered in aftercare</li> </ul>
<b>Reentry Strengths</b>	<ul style="list-style-type: none"> <li>● Relative placement</li> <li>● Continued contact with family</li> <li>● Supportive services</li> </ul>
<b>CWS Challenges</b>	
<b>Background</b>	<ul style="list-style-type: none"> <li>● Lack of family finding/difficult to do on un-engaged parent’s family</li> <li>● No warm hand-off between social workers</li> <li>● Out-of-county placements</li> <li>● Court not adopting department recommendation <ul style="list-style-type: none"> <li>○ Lack of communication between department and court</li> </ul> </li> </ul>
<b>Maintaining Connections</b>	<ul style="list-style-type: none"> <li>● Staff are dependent on families being present up front, rather than practicing consistent &amp; ongoing active efforts on formal family finding</li> <li>● Lack of father engagement is common, which may mean one less person to have placement of child/reunify</li> </ul>
<b>Engagement</b>	<ul style="list-style-type: none"> <li>● Parent buy-in/willingness to communicate, including locating absent parents, makes engagement difficult</li> <li>● Family situation – unstable housing, moving out-of-county, mental health and substance abuse behaviors</li> <li>● Father engagement –when dads uninterested, inadequate support and services to dads, training to help engage fathers</li> </ul>
<b>Assessments and Services</b>	<ul style="list-style-type: none"> <li>● Service challenges <ul style="list-style-type: none"> <li>○ Lack of available beds for in-patient AOD services leads to long wait time to substance abuse services</li> <li>○ Unable to connect family with bilingual service provider quickly</li> <li>○ Need for local, easily accessible service providers (i.e. near public transportation)</li> </ul> </li> <li>● Behaviorally-based case-planning <ul style="list-style-type: none"> <li>○ How is behavior change being assessed versus just service compliance?</li> <li>○ “Cookie-cutter” drop down menu of behaviors not useful in making behavioral based plans/changes</li> </ul> </li> </ul>

	<ul style="list-style-type: none"> <li>• More emphasis on natural support network building (non-professional supports) would be beneficial</li> </ul>
<b>Placement Matching</b>	<ul style="list-style-type: none"> <li>• Paternal family not contacted/engaged, lack of ongoing family finding</li> <li>• No culturally matched placement available or evidence of culturally informed placement matching effort</li> <li>• Out-of-county placement issues - i.e. relatives out of area</li> </ul>
<b>Reunification Challenges</b>	<ul style="list-style-type: none"> <li>• Inconsistent concurrent planning/no back-up plan, especially when goal was reunification</li> <li>• Court not following agency recommendations <ul style="list-style-type: none"> <li>○ Not always clear why or is it how recommendations or needs/issues are articulated to the court?</li> <li>○ If the court orders less intervention will it affect the outcome/lead to re-entry</li> <li>○ Unclear how behavior change assessed prior to reunification</li> <li>○ Indicators show that safety and risk concerns may still exist at the time of reunification</li> </ul> </li> </ul>
<b>Reentry Challenges</b>	<ul style="list-style-type: none"> <li>• Services offered but challenges with hard-to-engage parents (domestic violence, mental health, substance abuse, etc.)</li> <li>• When reasons for removal not mitigated, increased chance of re-entry</li> </ul>

**Probation Strengths**

<b>Background</b>	<ul style="list-style-type: none"> <li>• Years of experience/experienced PO <ul style="list-style-type: none"> <li>○ Experience in various units, time in current position, participated in lots of trainings (CFT, continuum of care, etc.)</li> </ul> </li> <li>• Workers are knowledgeable in placements and services</li> <li>• Workers have good rapport with families, youth, and placements</li> </ul>
<b>Maintaining Connections</b>	<ul style="list-style-type: none"> <li>• CFTs, regular phone calls, in-person visits, zoom calls</li> <li>• Transportation and travel support</li> <li>• STRTP – good connections with staff, good communication</li> <li>• Family-finding conducted at the beginning of a case and strong relationships with family supported positive outcomes</li> </ul>
<b>Engagement</b>	<ul style="list-style-type: none"> <li>• CFTs, visitation, monthly contact, and transparency while discussing permanency goals <ul style="list-style-type: none"> <li>○ Family/youth voice included</li> </ul> </li> </ul>
<b>Assessments and Services</b>	<ul style="list-style-type: none"> <li>• Mental health, substance abuse assessments, IEP, counseling, risk and needs assessments, referrals for services based on assessment outcomes</li> <li>• AB-12 being offered to youth</li> <li>• STRTPs – whole-person centered placement <ul style="list-style-type: none"> <li>○ On-site services/one-stop shop</li> </ul> </li> </ul>

<b>Placement Matching</b>	<ul style="list-style-type: none"> <li>• CFTs to discuss placement which resulted in providing necessary/appropriate higher level of care</li> <li>• Strong engagement of parents supported inclusion of parent and youth voice</li> <li>• Supportive services/Wrap after care</li> <li>• Maintenance of connection/visitation when youth placed out-of-state</li> </ul>
<b>Permanency</b>	<ul style="list-style-type: none"> <li>• Family engagement and youth voice in reunification planning and goal setting</li> <li>• Permanency goals regularly reviewed - at monthly contacts and at CFTs</li> </ul>
<b>Probation Challenges</b>	
<b>Background</b>	<ul style="list-style-type: none"> <li>• Translation services (Spanish) are available but officers tend to lean on family members for translation</li> <li>• PO changes when placement changes – is this their policy? <ul style="list-style-type: none"> <li>○ Is impeding permanency</li> </ul> </li> <li>• Concurrent planning, family finding, planning in case placement isn't successful <ul style="list-style-type: none"> <li>○ Depending solely on reunification as plan</li> </ul> </li> <li>• Parents not required to complete services so challenges in home still exist when child returns <ul style="list-style-type: none"> <li>○ PO noted that parents don't have a case plan to follow so child is returned to an environment wherein the parents didn't do any work/challenges may still exist.</li> <li>○ No parenting guidance/support to help parents parent youth.</li> </ul> </li> </ul>
<b>Maintaining Connections</b>	<ul style="list-style-type: none"> <li>• Youth who AWOL/are unavailable and families with complex struggles/parents not making meaningful behavior change present a challenge in maintaining connections</li> <li>• Distance of placement – impacted visits, impacted travel</li> <li>• Ongoing family finding/family search not consistently done</li> <li>• Language barrier/translation services <ul style="list-style-type: none"> <li>○ Are things being clearly and correctly communicated through informal translators?</li> </ul> </li> </ul>
<b>Engagement</b>	<ul style="list-style-type: none"> <li>• Frequent running away makes it challenging to create a relationship with PO <ul style="list-style-type: none"> <li>○ Frequent change in POs may lead youth to not feel connected/engaged with new PO</li> </ul> </li> <li>• Frequent placement changes/changing PO with every placement makes it more difficult to establish a relationship with a youth who is already exhibiting challenging behaviors</li> <li>• Parents resistant to engage in services/unable to engage resistant parents</li> </ul>
<b>Assessments and Services</b>	<ul style="list-style-type: none"> <li>• Out-of-state placement/coordination with out-of-state services</li> <li>• STRTP placement changes can lead to disruption in services (new therapist, new substance abuse service provider, etc.)</li> <li>• Efforts to preserve placements at STRTP</li> </ul>

<b>Placement Matching</b>	<ul style="list-style-type: none"> <li>• Frequent running away limits options for placements</li> <li>• Out-of-state placements are not an option and in-state placements do not always best meet youth’s needs <ul style="list-style-type: none"> <li>○ Need more in-state placement options.</li> <li>○ Out-of-state placements are appropriate/helpful in some instances (e.g. when youth needs to break from negative peers)</li> </ul> </li> </ul>
<b>Permanency</b>	<ul style="list-style-type: none"> <li>• No local placements available and challenges with out-of-state placements no longer being an option</li> <li>• No transition plan before reunification</li> <li>• No family finding</li> </ul>

## Peer Promising Practices

Child Welfare Services Promising Practices	
<b>Orange County</b>	<ol style="list-style-type: none"> <li>1. Monthly supervision with staff, where supervisors are eliciting elements of critical thinking using Safety Organized Practice (SOP) – specifically three questions - in support of developing rigorous and balanced assessments prior to case decision-making <ul style="list-style-type: none"> <li>○ Consider family history, engaging families' natural support network, look for actions of protection demonstrated over time, initial concerns are mitigated, and behavior specific case plans</li> </ul> </li> <li>2. Placement preservation – ongoing efforts to preserve placements by providing resources and supports to caregiver and conducting CFT meetings prior to any placement change. Decrease number of placements, provide stability for child, and allow for consistent service delivery <ul style="list-style-type: none"> <li>○ Services such as Wrap, parenting, CFT is an opportunity to hear the resource families' voice and ensure they have necessary supports to continue care for the child(ren)</li> <li>○ Any out of home placement</li> </ul> </li> <li>3. Peer Mentor Program <ul style="list-style-type: none"> <li>○ Mentor program is voluntary and offered at the beginning of dependency to all parents receiving reunification services. The program adds support and a mentorship that helps keep parents engaged with the agency and services. Helps them navigate the dependency system</li> </ul> </li> </ol>
<b>Tulare County</b>	<ul style="list-style-type: none"> <li>• Project Fatherhood-Support group for fathers</li> <li>• Parenting group for fathers</li> <li>• Parent Partner-Mentorship to parents who have been through the CWS process</li> <li>• Contract with a local resource centers to provide basic needs services to family reunification (FR)/family maintenance (FM) families for employment and housing search, transportation, respite, etc.</li> <li>• Language line service for easy access to an interpreter</li> </ul>

	<ul style="list-style-type: none"> <li>• Ongoing assessment of risk and safety and before dismissing dependency ensure the issues that led to CWS involvement have been addressed and no longer an issue</li> <li>• Develop safety plan if applicable and identify support network</li> <li>• Conduct Team Decision Making meetings and Child Family Team meetings immediately when there is a concern to identify needs and set up additional supportive services if needed</li> <li>• Family Engagement Service – a meeting once every six months with parents and providers to follow up on service and check participation compliance             <ul style="list-style-type: none"> <li>○ This allows for the agency to address strengths/challenges/worries</li> <li>○ This also provides opportunities for the parents to make suggestions on how agency can provide sufficient support</li> </ul> </li> <li>• Family connections initiated to search for extended family to maintain family connections and to inquiry about potential relative placement</li> <li>• Ongoing worker discussions about behavior focused case planning and concurrent planning</li> <li>• Placement preservation TDM are initiated to discuss preserving placement by way of Level of Care, Special Rates and Wrap Around services.</li> </ul>
<p><b>Contra Costa County</b></p>	<ul style="list-style-type: none"> <li>• Parent Partnership Unit – This position consists of successful parents that reunified with their children, with the case closed for over a year or more. Their role is to engage parents that might struggle with engaging with social workers. They motivate disengaged parents by sharing their success stories</li> <li>• Early Intervention Specialist – This unit partners with inpatient and outpatient programs in the community. They keep track of bed availability in different programs. They assist parents in completing their AOD assessment and match parents with appropriate programs that fits their needs. This reduces the wait time for parents in accessing substance abuse programs on their own.</li> <li>• Family Finding Engagement Unit – Providing initial and ongoing family finding during the life of the case</li> <li>• Contacting /emailing social workers providing updated list of relatives located, for placement and fostering connections.</li> </ul>
<p><b>Shasta County:</b></p>	<ul style="list-style-type: none"> <li>• In home, hands on parenting education when the child is returned or visiting at home. Programs such as Safe Care and Triple P. These programs have providers in the home environment and provide practice opportunities for parents to build on their skills, confidence, etc.</li> <li>• Follow up on initial family finding efforts, meeting with a team prior to Six Month Review (SMR) to review relative placement, family search and engagement, connections for the child and family, discuss permanent planning, next steps etc.</li> <li>• Father engagement groups, specifically addressing topics relevant to fathers, parenting tips, relationships, trauma etc.</li> <li>• Utilizing parent partner programs to provide support and services that will extend beyond Child Welfare Involvement</li> </ul>

<p><b>Fresno County</b></p>	<ul style="list-style-type: none"> <li>• Differential Response (DR) referral made for all families who reside in a designated DR zip code upon successful reunification and closure of the Child Welfare case in order to provide ongoing support and aftercare services. Data is tracked on Efforts to Outcomes (ETO) and compared to Safe Measures determine if services were accepted or not to compare for preventative services</li> <li>• All parents that meet criteria for bypass of reunification services are presented to the Family Reunification Panel to determine if the department will offer services. Parents have the opportunity to provide input to the panel</li> <li>• Fresno County policy requires that CFTs occur every 90 days as opposed to the State mandate of every 6 months</li> <li>• Parent partner program provides parents with support throughout the life of their case and assistance with navigating Child Welfare system from parents who have personal experience with Child Protective Services</li> <li>• Cultural brokers assist Social Workers in working with African-American families, which helps to prevent entry/re-entry. In addition, the Cultural Brokers assist relatives at the referral stage in applying for guardianship of kin in order to prevent entry into the foster care system (this service is not specific to African-American families)</li> </ul>
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**Probation Promising Practices**

<p><b>Los Angeles</b></p>	<ul style="list-style-type: none"> <li>• LA County Probation Dept. conducts family finding</li> <li>• There is an Upfront Family Connection Unit that assist in family finding and this has been beneficial</li> <li>• There is regular contact with families, RFA families, STRTPs, schools, etc.</li> <li>• CFT meetings have been in compliance</li> <li>• Frequent face-to-face contacts, telephone calls, zoom and monthly visits to youth and families, RFA families, STRTPs, schools, etc.</li> <li>• Reunify youth and families</li> <li>• Placing youths in RFA homes</li> <li>• Providing services to youth and families and RFA families</li> <li>• Follow up with youth and families and RFA families</li> </ul>
<p><b>San Diego</b></p>	<ul style="list-style-type: none"> <li>• Residential screener conducts CFT with child and parent(s)/guardians regarding placement to gather info about the child’s needs/wants in order to find the most appropriate placement. Child has interview with facility and sometimes a virtual tour to build rapport with facility and ask any questions</li> <li>• Placement PO conducts regular CFTs once the youth is placed at the facility where case plan goals are reviewed and the child’s voice is heard and maintains regular face-to-face/phone call communication with child and placement facility</li> </ul>

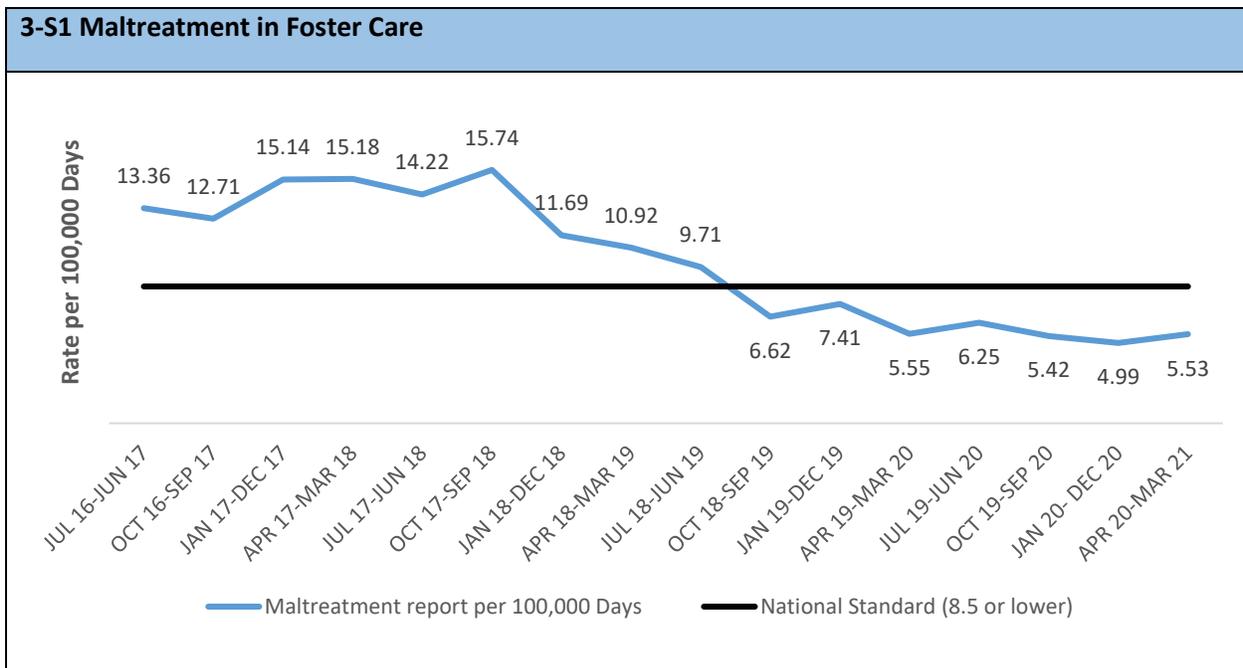
	<ul style="list-style-type: none"> <li>• Additional funding may be used to meet the child’s needs such as: incentives (gift card, snacks, extra day on pass, extending curfew)</li> <li>• Additional community resources can be added such as finding a mentor for the child and/or parent</li> </ul>
CWS Interviewee Recommendations	
<b>Policies and Procedure</b>	<ul style="list-style-type: none"> <li>• More collaboration with the court to follow agency’s recommendations</li> <li>• Streamline the process for interpreters, less paperwork</li> </ul>
<b>Training</b>	<ul style="list-style-type: none"> <li>• Training on family engagement and unbiased thinking</li> <li>• More special skills workers to work with specific populations</li> <li>• Training on how to reduce re-entry should be provided to the workers (x2)</li> <li>• Time management training for social workers</li> <li>• Safety Plan and implementation: Good on paper but is it tested?</li> <li>• More mental health training for severe cases-not just trauma-informed</li> <li>• Engagement             <ul style="list-style-type: none"> <li>○ Not being afraid to really meet the family</li> <li>○ Respect people even when social workers don’t understand their lifestyle</li> <li>○ Trauma informed training</li> <li>○ Motivational Interviewing (MI)</li> <li>○ Dealing with aggressive parents</li> </ul> </li> </ul>
<b>Resources</b>	<ul style="list-style-type: none"> <li>• More providers to work with same sex</li> <li>• Build natural resource with family             <ul style="list-style-type: none"> <li>○ Safety plan with family so they can refer to the safety plan after the case closes</li> <li>○ Maintain contact after case closes</li> <li>○ Parent partner (cultural broker)</li> </ul> </li> <li>• Housing resources are lacking (x2)</li> <li>• More following a case once it’s closed to provide resources             <ul style="list-style-type: none"> <li>○ After care services</li> <li>○ Reassignment to same SW if needed</li> </ul> </li> <li>• More centralized mental health assessments for kids and parents</li> <li>• More knowledge of resources that are available</li> <li>• Cultural broker program for other ethnic groups</li> </ul>

	<ul style="list-style-type: none"> <li>• Need more bilingual providers</li> <li>• Availability of in-patient substance abuse</li> </ul>
<b>Probation Interviewee Recommendations</b>	
<b>Policies and Procedures</b>	<ul style="list-style-type: none"> <li>• Have written policies and procedures with current practices (x2)</li> <li>• Written policies and procedures for placement unit. Presently, no formal guidelines for placement officer.</li> <li>• Go over policies and procedures regularly</li> </ul>
<b>Resources</b>	<ul style="list-style-type: none"> <li>• Ability to place out of state</li> <li>• Incentive discussion with services providers to reduce AWOL</li> <li>• Parenting classes specifically to managing child behaviors (what to expect and adjustment periods)</li> <li>• Increased recruitment for RFA homes</li> <li>• Big brother/big sister programs available</li> </ul>

# Child Welfare Outcome Data Measures

The following outcome measures serve as the basis for the Sacramento County Self-Assessment (CSA) and are used to track the County’s performance over time. The data source in this report is the UC Berkeley California Child Welfare Indicators Project (CCWIP).<sup>53</sup> This CSA Report will focus on the County’s performance as defined by the CFSR 3 outcomes and methodology. The following sections describe the federal and state outcome measures and compares significant changes from the previous CSA (2016).

## 3-S1 Maltreatment in Foster Care



Data Source: UCB CCWIP Q1 2021

Outcome Measure 3-S1 measures the number of children with substantiated reports of maltreatment by any perpetrator while a child was in foster care during a 12-month period.

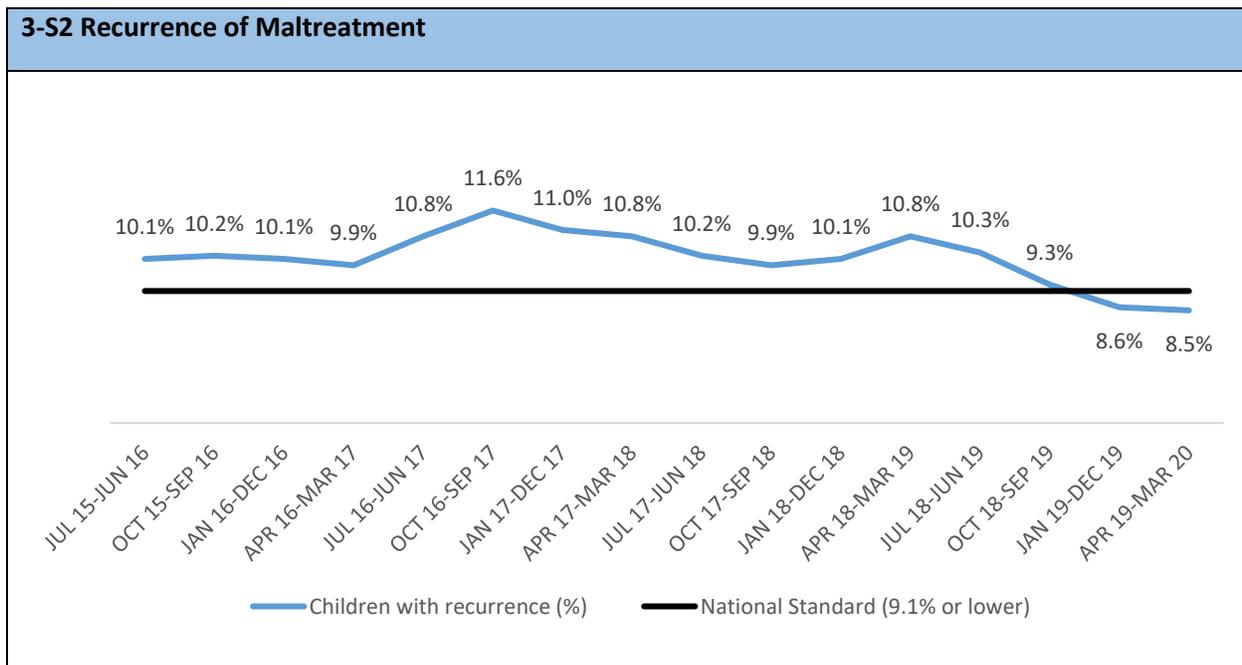
Since the last CSA, the County’s performance has consistently improved, leading to performance exceeding the national standard in the period under review.

Apr 17 to Mar 18	Apr 18 to Mar 19	Apr 19 to Mar 20	Apr 20 to Mar 21
15.8	10.8	5.5	5.3

<sup>53</sup> <https://ccwip.berkeley.edu/>

An analysis of the data revealed no major differences between gender and ethnicity; however, age reflects continuous improvements in the age groups of “6 to 10” (5.18%) and “11 to 15” (5.1%). Age groups “3 to 5” (10.81%) and “16 to 17” (9.93%) had the highest rates of substantiated maltreatment in the period under review.<sup>49</sup> Outcome measure S1 was an area of focus for child welfare via one of the workgroups in the prior System Improvement Plan (SIP) cycle. A workgroup of multidisciplinary partners, both county and agency partners, was convened to address this outcome area. The workgroup did significant drill down and analysis of the data and found that how youth were opened in new referrals due to Commercial Sexual Exploitation of Children (CSEC) inflated the counts of maltreatment. In addition, data entry into the CWS/CMS database did not always accurately capture the date the maltreatment occurred; for those youth who were abused prior to coming into foster care, but only reported the abuse after they were in care, they were being counted erroneously in the numbers of maltreatment in care. Sacramento County child welfare addressed these areas to ensure accurate data entry and only opening referrals when driven by Structured Decision Making (SDM) tools, and the rate of maltreatment in foster care is now more accurately reported as a result.

### 3-S2 Recurrence of Maltreatment



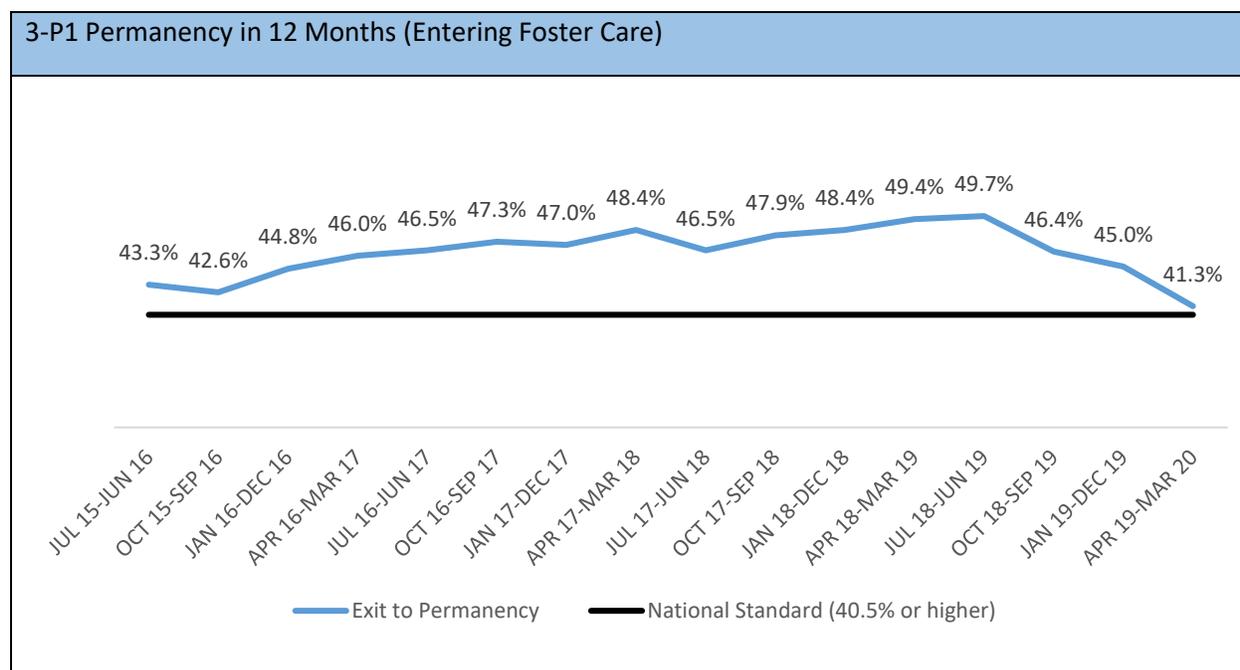
Data Source: UCB CCWIP Q1 2021

Outcome measure 3-S2 measures the percent of children who were victims of a substantiated maltreatment allegation during a 12-month reporting period and then were victims of another substantiated maltreatment allegation within 12 months of their initial report. The data for the period April 2019 to March 2020 is 8.5% which meets the national standard. The State is also meeting the national standard at 8.2% for the period under review.<sup>49</sup>

An analysis of the data by age and ethnicity reveals that children in the age groups 1 to 2 (9.9%) and 16 to 17 (9.2%) as well as Asian (14%) and Native American children (10.7%) had higher rates of recurrence of maltreatment than other age and ethnic groups.<sup>49</sup>

Some contributing factors to the improved performance include expanding the Informal Supervision (IS) Program, decreasing the Emergency Response Program caseload averages, and the CFT implementation throughout the child welfare continuum. The IS Program has grown to five units, allowing families to receive intensive services over a six to twelve-month period. Lower caseloads enable social workers to increase child and family engagement efforts and develop tailored safety and aftercare plans. Prevention CFTs incorporate the families' voices and improves the families' linkages to community-based services to prevent further maltreatment.

### 3-P1 Permanency in 12 Months (entering in foster care)



Data Source: UCB CCWIP Q1 2021

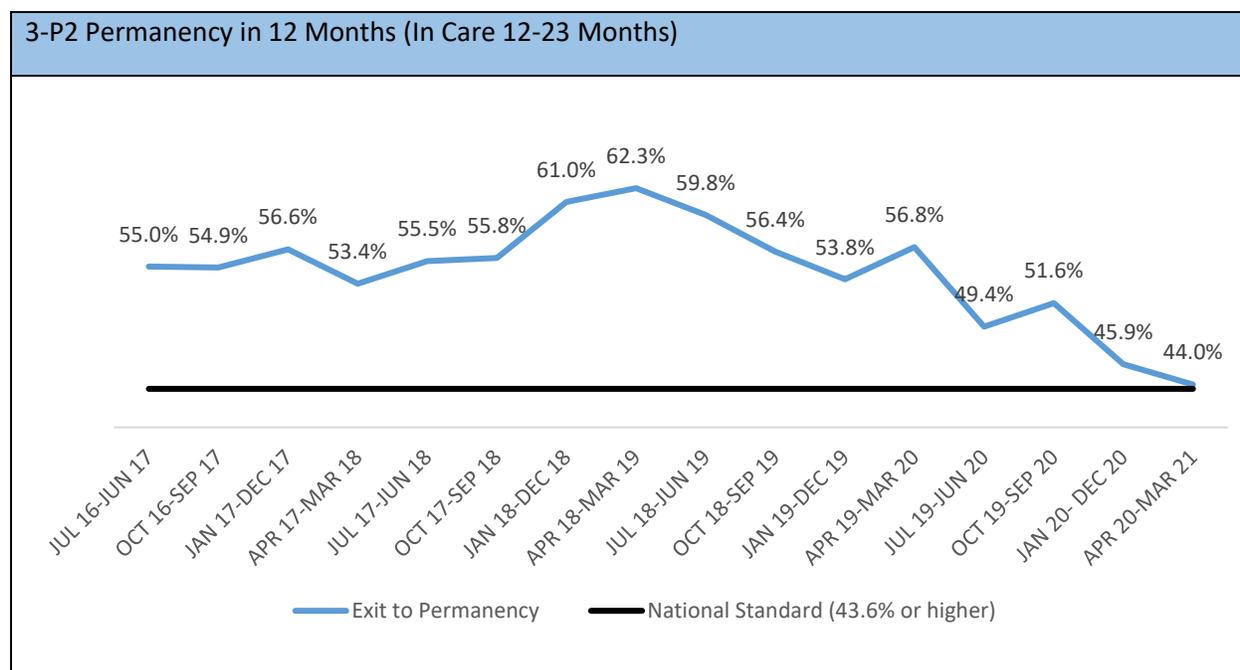
The current CFSR 3 outcome of Permanency in 12 Months defines permanency as an exit to reunification, guardianship, or adoption. This outcome measures the percent of children who enter care in a year (the time periods shown on the graph), and then exit to permanency within 12 months of their entry date. In the entry time period between April 2019 and March 2020, 41.3% of children went on to achieve permanency within one year, which exceeds the national standard. The national standard is performance greater than or equal to 40.5%, and the most recent state performance is 31.4%. There were no significant performance trends between gender.<sup>49</sup>

Since the last CSA, age groups “1 to 2 years”, “6 to 10”, and “11 to 15” have consistently exceeded the national standard, while age group “3 to 5” fell below the standard for the most recent quarter under review (39.6%). The age groups “under 1” and “16 to 17” are also under the national standard at 30.7% and 35.3%, respectively. By placement type, 100% of Pre-Adoption, 35.5% of relative placements, 44.7%

of FFA, 63.6% of Court Specified, 50.8% of Congregate Care, and 52% of Shelter achieved permanency in 12 months.

This outcome has historically been an area of positive performance for Sacramento County child welfare, thus, it was not an area of focus in the prior System Improvement Plan (SIP). Other data analyses conducted in the prior SIP cycle regarding permanency for children in care for longer time periods (over one year), revealed that court closures due to COVID in 2020 most likely impacted permanency numbers, as many hearings did not occur or were significantly delayed. The drop in performance in this outcome area for the entry time period April 2019- March 2020 (with the exit time period falling between April 2020-March 2021) may in part be caused by this dynamic; however, more analysis is needed before making that determination.

### 3-P2 Permanency in 12 Months (In-care 12-23 months)



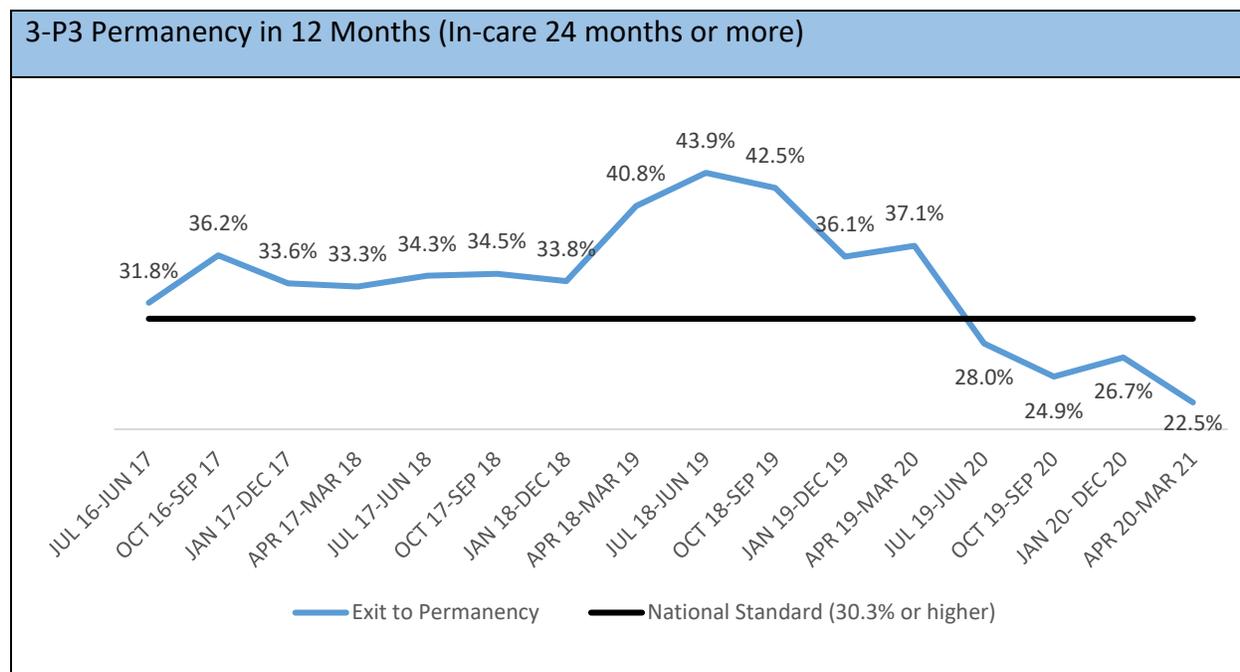
Data Source: UCB CCWIP Q1 2021

The current CFSR 3 outcome of Permanency in 12 Months for Children in Foster Care 12-23 Months looks at all the children in foster care on the first day of the one year period (as shown on the graph) that have been in care between 12 and 23 months. It measures what percent were discharged to permanency within 12 months. In the time period between April 2019 and March 2020, 44.0% of children achieved permanency, which is slightly above the national standard (43.6%) for the current time period. The most recent state performance is 39.9%. Sacramento has maintained performance above the national standard since the previous CSA, peaking at 62.3% in the period April 2018 and March 2019, but has been trending downward since.<sup>49</sup>

In the period under review, ages “3 to 5”, “11 to 15” and “16 to 17” all performed under the national standard. Ethnicity also seems to have an effect on this measure. For the reported period, Latino and Native American children experienced delayed exits to permanency more than other ethnicities. Males

have also performed under the national standard for the period of review, with 42.1% achieving permanency. An analysis of placement types reveals that while children placed in congregate care are consistently less likely to exit to permanency (4.3%), FFA (36.3%) also performed under the national standard during the period under review.

### 3-P3 Permanency in 12 Months (In-care 24 months or more)



Data Source: UCB CCWIP Q1 2021

The current CFSR 3 outcome of Permanency in 12 Months for Children in Foster Care 24 Months or More looks at all the children in foster care on the first day of the period (time periods shown on the graph) that have been in care for 24 months or more. It measures the percentage of children who were discharged to permanency within 12 months. The national standard is performance greater than or equal to 30.3%. The most recent State performance is 29% (Q1 2021, April 2020 to March 2021). Sacramento’s overall performance for all children in foster care for Q1 2021 is 22.5%, which is below the national standard and State performance. Since the last CSA, Sacramento was performing above the national standard until a marked decrease for the period of July 2019 to June 2020 and has remained below the national standard.

49

All ethnic groups and genders have performed below the standard in the period under review. By placement type, 100% of Pre-Adopt, 42.5% of Kin, 24.5% of Foster, 17.8% of FFA, and 5.6% of Congregate Care achieved permanency per this standard.

Of children in care 24 months or more, those over the age of 11 are consistently less likely to exit to permanency in the year than children ten years and younger. For the period under review, children in the age group “6 to 10” also performed under the national standard with 21.2% exiting to permanency. All age groups are performing lower in the Q1 2021 time period as compared to the two prior years, and all

age groups except “3 to 5” (which was higher in Q1 2020 than Q1 2019) have trended down over the most recent three years.<sup>49</sup>

Outcome by Age	Apr 18 to Mar 19 Q1 2019	Apr 19 to Mar 20 Q1 2020	Apr 20 to Mar 21 Q1 2021
1 – 2	93.5%	86.7%	71.4%
3 – 5	71.9%	88.9%	54.8%
6 – 10	57.3%	61.7%	21.2%
11 – 15	25.6%	27.7%	20.7%
16 - 17	14.2%	8.9%	8.2%

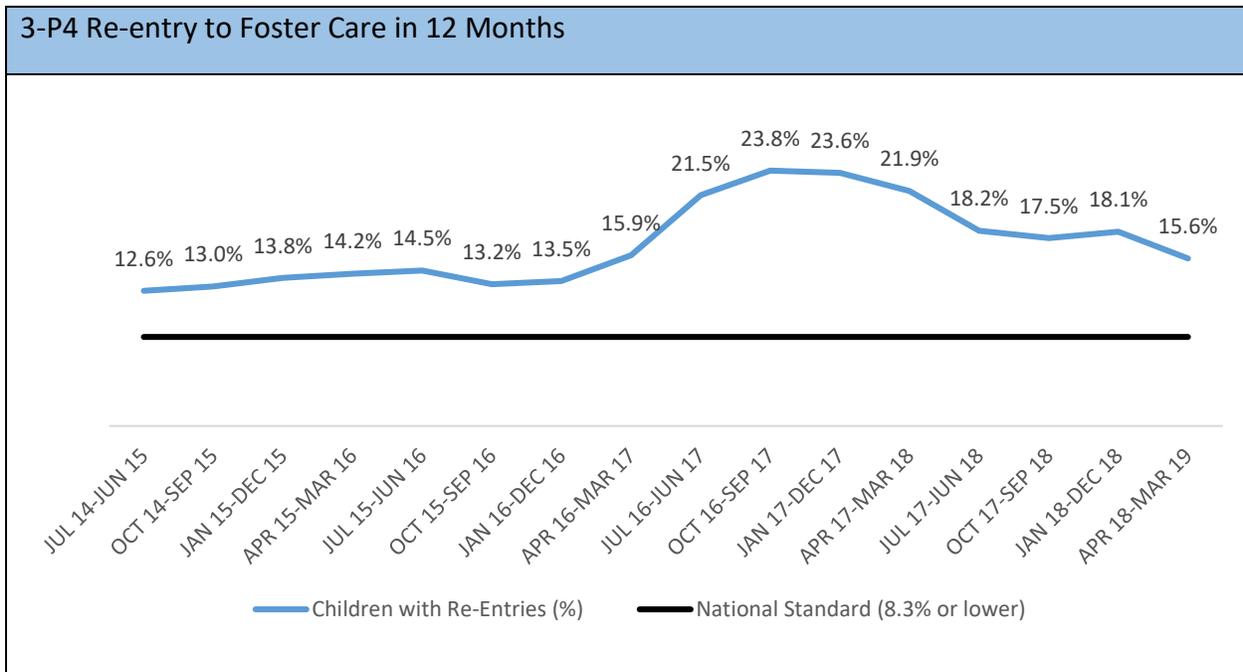
This in part reflects that it may be more difficult to find adoptive homes for older children. As observed in the data trends, the most likely exit to permanency after a child has been in care for more than 24 months is adoption. Nonetheless, there is a growing pattern for older youth to stay in care so that they are eligible to become Non-Minor Dependents (NMD) and receive extended services and support until the age of 21.

Other external factors that may have affected the performance is the fact that youth in placement 24 months or more are likely to be older youth, likely to have experienced more trauma, and likely to have more symptomatic behaviors. In the currently available family setting placement options, there needs to be a focus on placement stability and addressing the well-being of the youth. Caregivers need to have a strong trauma lens with which to view their foster children. The County will need to recruit and train caregivers to be empathetic, understanding, as well as skilled at managing /de-escalating trauma-related behavior.

This outcome may be affected by Sacramento County’s use of the CapKids program. Sacramento County utilizes PSSF funds to fund some of the services provided by the CapKids program. The CapKids program provides enhanced family engagement and child specific recruitment services to support efforts to secure adoptive or guardianship homes for children who have been in foster care longer and have been identified as "hard to place." Services provided by the Contractor include case management, child specific recruitment, matching and family disclosures. They assist with the logistics of pre-placement visits and support families and caregivers to ensure smooth transitions for youth into adoptive or guardianship homes. They provide up to 24 post adoption two hour support sessions as well. The goal is to provide all supportive services to increase permanency outcomes for hard to place children and youth.

The three federal permanency measures outline the importance of practice that occurs in the beginning of a case. Given that reunification is the most likely outcome for children in care less than one year, barriers to reunification and overrepresentation of ethnic children experiencing delayed permanency while in foster care need to be addressed. The upcoming SIP plan will further address these barriers and in collaboration with community partners seek to address and mitigate factors that impede reunification.

### 3-P4 Re-entry to Foster Care in 12 Months



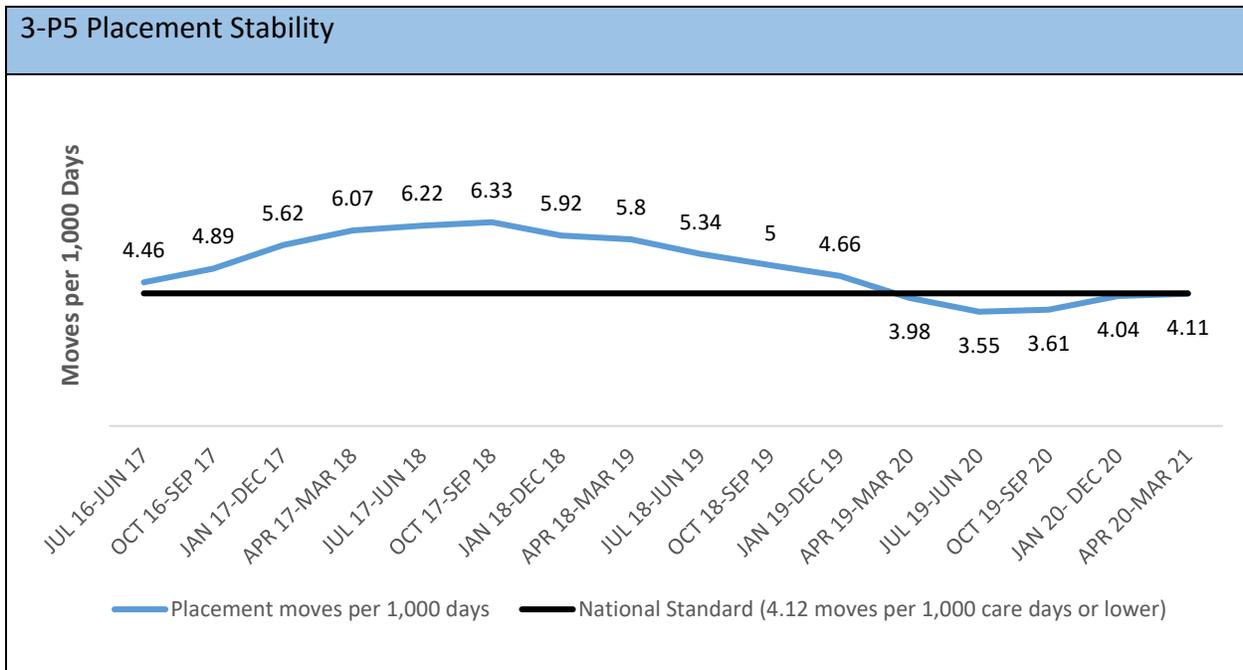
Data Source: UCB CCWIP Q1 2021

The CFRS 3 outcome of P4 Re-entry to foster care measures all children who entered care in the 12-month period (as shown on the graph) and who are then discharged within 12 months to reunification or guardianship, then re-entered foster care within 12 months of their discharge. Sacramento County did not meet the national standard of 8.3% or lower for this measure for the current performance (15.6% for April 2018 to March 2019), or any time during the last five years. The State’s current performance (10.8%) also continues to be higher than the national standard.<sup>49</sup>

Factors of age, gender and placement do not appear to have an effect on the outcome of this measure as all have higher rates of re-entry than the national standard. As for ethnicity, for the period under review, only Native American children re-entered at a rate below the national standard.

This measure is the focus of the child welfare Peer Review, as discussed in this report. This measure was also a focus of the previous System Improvement Plan, as it was below the national standard and a companion measure to 3-P1. The goal of improvement for both of these measures will be to exit children to permanency in a timelier manner without increasing reentry into care. A continued focus on enhancing community services and family support is essential to improving this measure.

### 3-P5 Placement Stability



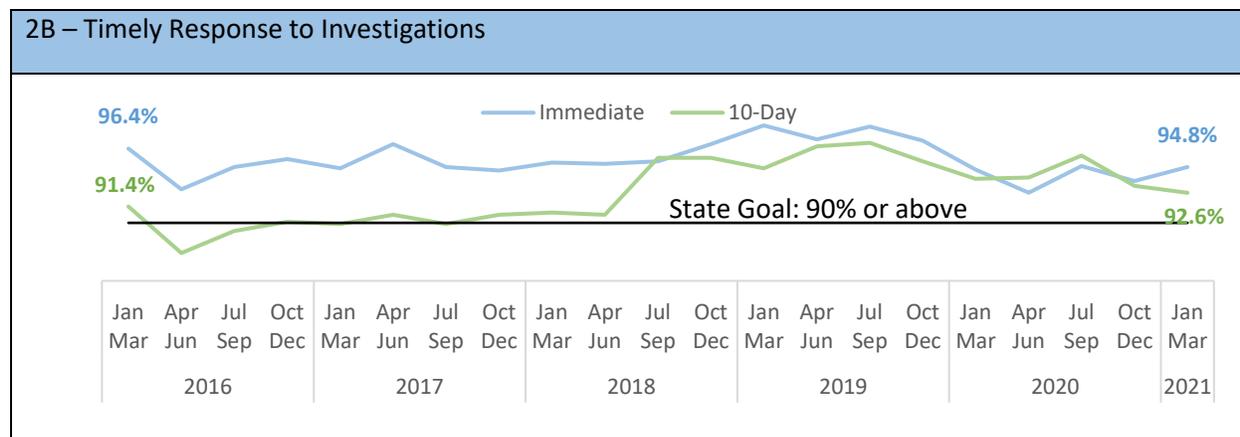
Data Source: UCB CCWIP Q1 2021

Outcome Measure 3-P5 measures the rate of placement moves per day of foster care for a cohort of all children who enter foster care in a 12-month period. The national standard is 4.12 moves per 1,000 care days, or lower. Sacramento County is meeting the standard with an average of 4.11 moves per 1,000 days for April 2020 to March 2021. The state is meeting the national standard with a rate of 3.36. Infants entering care continue to meet the standards for this measure and children under 2 improved to meet the standard since the July 2018 to June 2019 quarter. Outcomes by ethnicity are positive for Latino (3.72) and Native American (0.6) children. For April 2020 to March 2021, female children had 4.5 placement moves per 1,000 days, which is above the national standard.<sup>49</sup>

Outcome by Ethnicity	Apr 18 to Mar 19 Q1 2019	Apr 19 to Mar 20 Q1 2020	Apr 20 to Mar 21 Q1 2021
Native American	5.45	2.69	0.60
Latino	6.35	4.70	3.72
Black	5.57	4.28	4.22
White	5.49	3.55	4.17
Asian / Pacific Islander	5.62	1.89	6.06

In the last 5 System Improvement Plan (SIP) cycle, the Strategy “Increased Support for Resource Families” worked to improve this measure, and performance was trending in a positive direction until January 2020 to December 2020, when performance started trending in the wrong direction. It is suspected that the increase can be related, in part, to the COVID-19 pandemic; however, more analysis would be needed before making that determination.

## 2B Timely Response (Immediate Response Compliance) & (10-Day Response compliance)



Data Source: UCB CCWIP Q1 2021

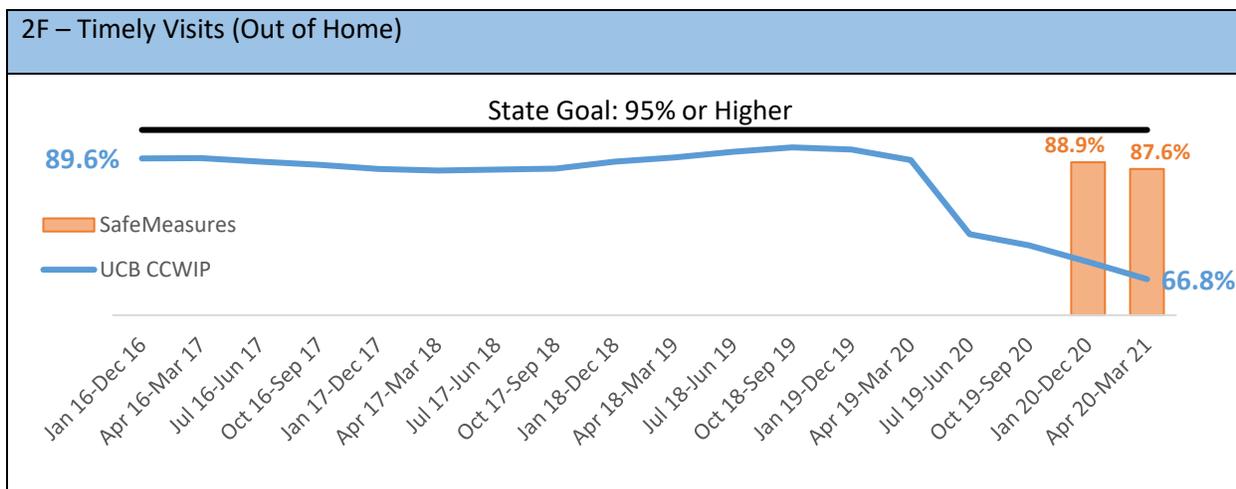
Measure 2B tracks the timely response (both attempted and completed contacts) to the investigated referrals received by Sacramento County CPS. The graph above shows the County’s performance for the last five years for both Immediate Response (IR) referrals and 10-Day referrals.

For Immediate Response referrals, Sacramento County has performed above the goal of 90% for every quarter, with a low of 92.6% in April to June (Q 2) 2020 and a high of 98.4% in January to March (Q1) 2019. The average performance for the measure over the five years is 95.4%. The dip in April to June coincides with the start of the COVID-19 epidemic, which effected county operations as the agency adjusted to changing rules and regulations designed to protect both staff and clients while still providing the required services. Since that point, Sacramento County’s performance has increased performance.<sup>49</sup>

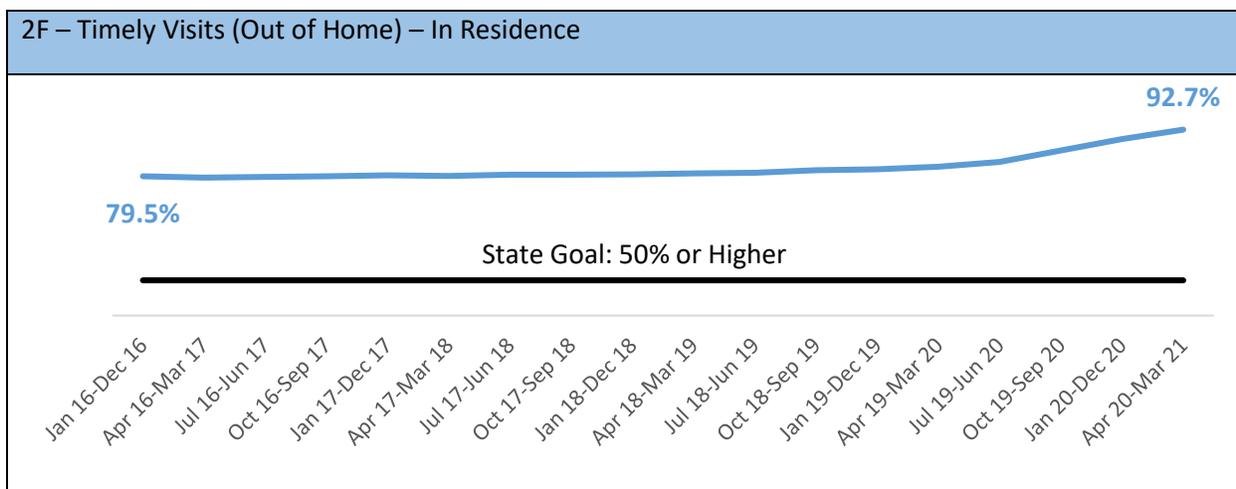
For 10-Day referrals, performance has been consistently above the state goal since October to December (Q4) 2017. Prior to that, from July to September (Q3) 2016 to July to September (Q3) 2017, performance was above 89%. Sacramento County’s lowest performing quarter was April to June 2016 when it dipped down to 87.4%. This low point was part of a downward trend of performance that started back in 2013 and continued until July – September (Q3) 2018. This improvement in performance is the result of multiple factors. The first is that there was an effort to improve monitoring caseload sizes of referrals in 2018 and during that time, caseload size decreased to an average of 14 new referrals assigned per month for the second half of 2018 (per the ER Asset Management System). Another factor that helped improve performance on this measure is starting in July 2018, Sacramento County began assigning referrals over the weekend with a goal of assignment of 10-Day referrals with 24 hours. This gave the ER social worker field investigators more time to meet the 10-Day requirement.

In addition, starting in 2020, Sacramento County Emergency Response upgraded from the Excel based Asset Management system (AMS) to the new online interactive database Availability Management System (AMS) to provide a more simplified and interactive resource, which allows for real time availability of staffing for assignments to help ensure a more efficient process for assigning referrals. The new system provides much more ease of access to data for supervisors and management to track their staff's caseloads and intervene as needed.

## 2F – Monthly Visits



Data Source: UCB CCWIP Q1 2021 / SafeMeasures Extract 9/13/21



Data Source: UCB CCWIP Q1 2021

The graph above for 2F: Timely Visits (Out of Home) depicts the percent of children who had timely (monthly) in-person monthly visits from a social worker in a given year. The graph for 2F: Timely Visits (Out of Home) - in Residence illustrates the percent of children who had an in-person visit from a social worker in the home where they resided.

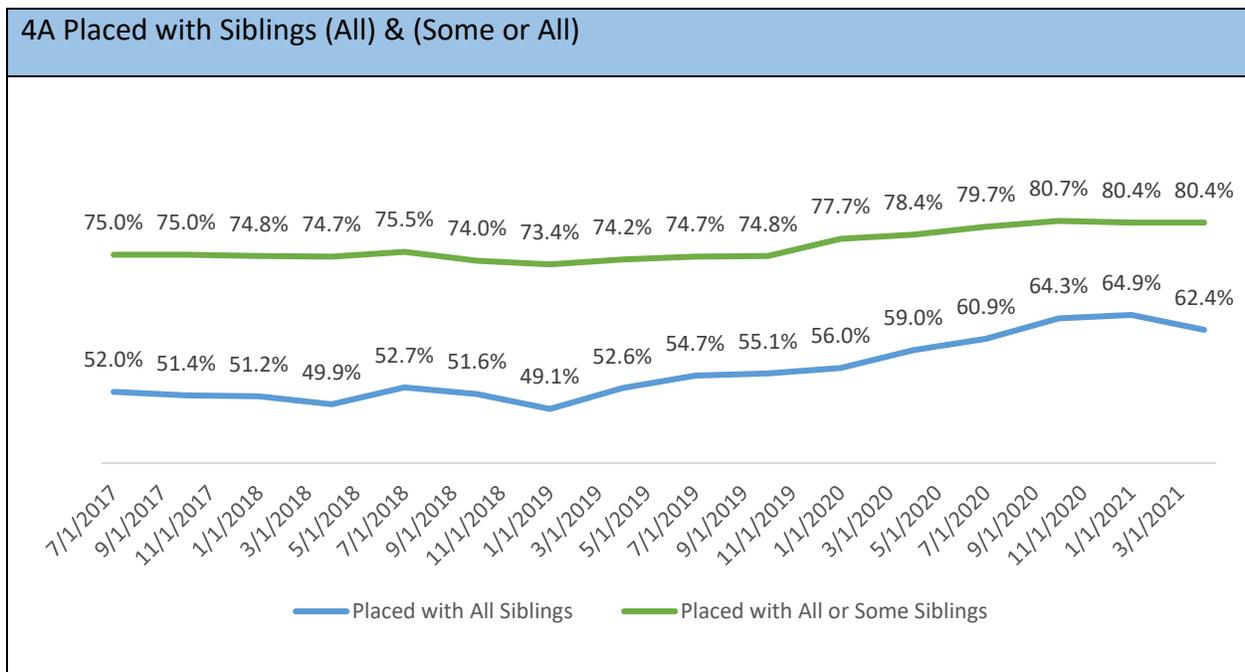
Since the State Goal for out of home visits increased to 95% in 2015, Sacramento child welfare has not met the requirements for 2F. Sacramento's performance has historically been around 90%, which would meet the previous requirement of 90%. Currently, Sacramento's performance on the measure has been trending downwards for the past four periods, down to 66.8% as of Q1 2021 from 89.3% one year prior.<sup>49</sup> One major contributor to this decline in performance was California's Stay at Home order that went into effect in March 2020, and as part of that order, All County Letter (ACL) 20-25 allowed for social workers to complete face to face contacts by video conference in addition to in-person. The Measure 2F data shown above in the graph from the UCB California Child Welfare Indicator Project only includes in person contacts and not video conferences. Using what data that is available in SafeMeasures that does include video conferences, Sacramento County's performance in Measure 2F was 85.7% for the most recent time period. So while Sacramento is still not meeting the State Goal, when taking into consideration the contacts made by video chat, performance is in the 85-90 percent range, as it has been historically.

Historically on this measure, gender and ethnicity have had little effect on performance, as performance is relatively steady between all groups. Age does appear to have an effect on the measures, as the younger children tend to have a monthly contact at a higher rate than older youth. In the most recent period, according to UCB CCWIP, the under one year of age population had the highest performance at 73.7%, and the 16-17 age range had the lowest at 54.3%. In the prior five year System Improvement Plan (SIP), drill down was done on this measure, which found that older youth also correlated to those youth who are identified as Commercially Sexually Exploited Children (CSEC) and cross-over with the juvenile justice system, and the youth who had those designations had fewer contacts completed. This also overlapped with youth who had more absences from placement (runaway), and were thus unable to be seen in person.

In regards to the contacts in the preferred residence, Sacramento has consistently performed above the State Goal of 50%. This measure reflects over 90% performance in Q1 2021. An initial increase in performance was seen from March 2020 (82%) to April 2020 (93%), when fewer in-person contacts occurred during the early stages of the pandemic, and when they did, they occurred in the residence. However, after the number of visits increased again, the performance remained above 90%.

As the ACL 20-25 allowance of video conferences in lieu of face to face contacts ended in July of 2021, the shift back to in person visits is anticipated to help return performance to previous levels on the UCB CCWIP website (as they are not counting video chats as an acceptable contact). In addition, CPS management receives monthly reports on 2F status to allow them to see performance during the fiscal year. There are also ongoing efforts for management and staff to use SafeMeasures as a case management tool, as one of its many features for social workers and supervisors is the ability to track which youth on their caseload are due for a visit during the month.

## 4A Siblings (All) & (Some or All)

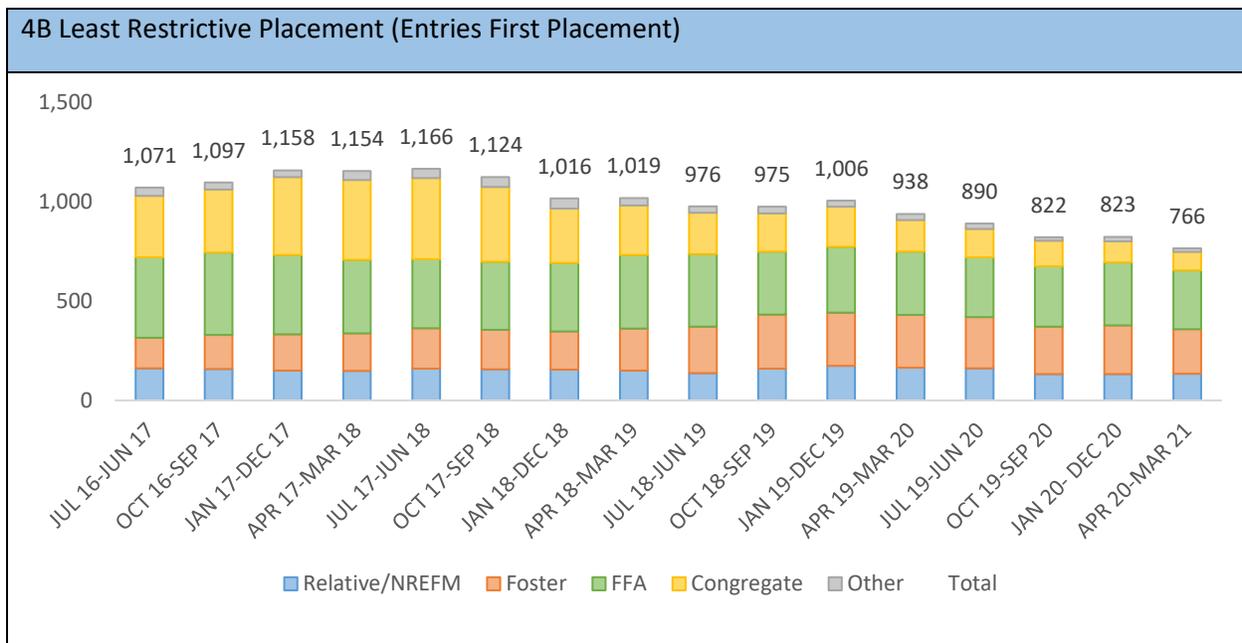


The graph above examines the percent of sibling groups placed in child welfare supervised foster care. Sacramento County puts emphasis on placing siblings together whenever possible. As the graph above depicts, from the prior CSA timeframe in 2016 to the current CSA data timeframe, Sacramento has increased in the percent of children placed with some or all siblings (from 75% in Q2 2017 to over 80% in Q1 2021).<sup>49</sup>

The percent of children placed with all siblings in care has ranged from a low of 49% in Q1 2019 to a high of about 65% in Q1 2021. Sacramento currently reports just over 62% of children placed with all siblings at the end of Q2 2021.

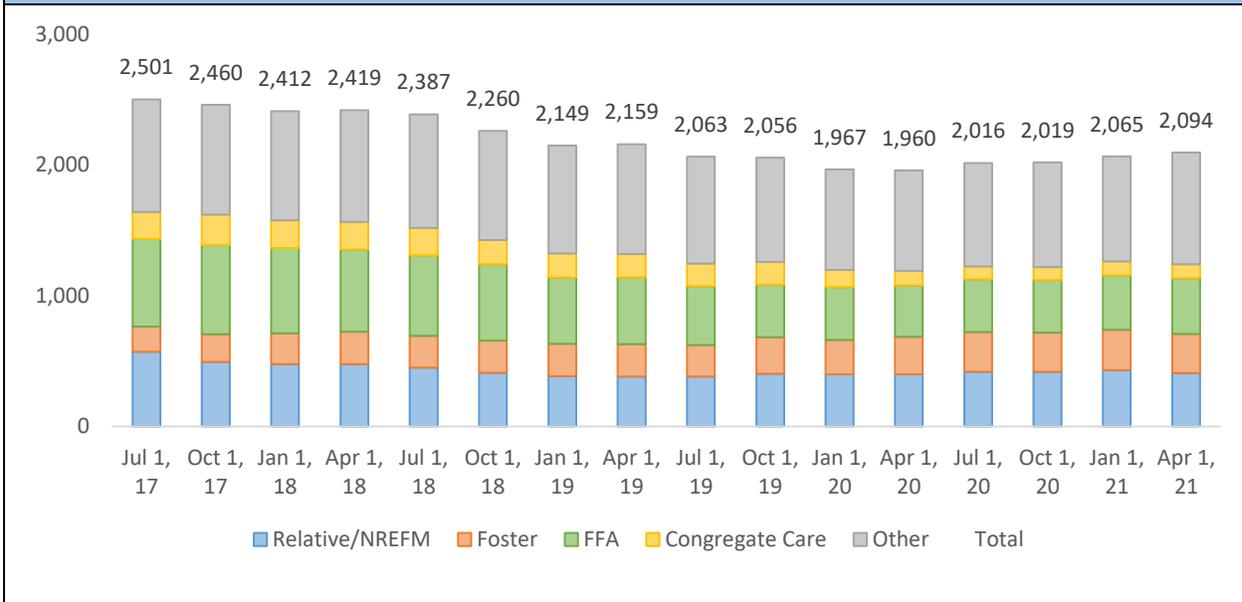
Many factors affect the ability of the agency to place children with siblings, including the size of the sibling set and the needs of the children. As noted in detail earlier in this report, Sacramento County utilizes a Centralized Placement Support Unit (CPSU) for placements. The CPSU social workers are trained to routinely attempt to place siblings together first before placing them separately.

## 4B Least Restrictive Placement (Entries First Placement)



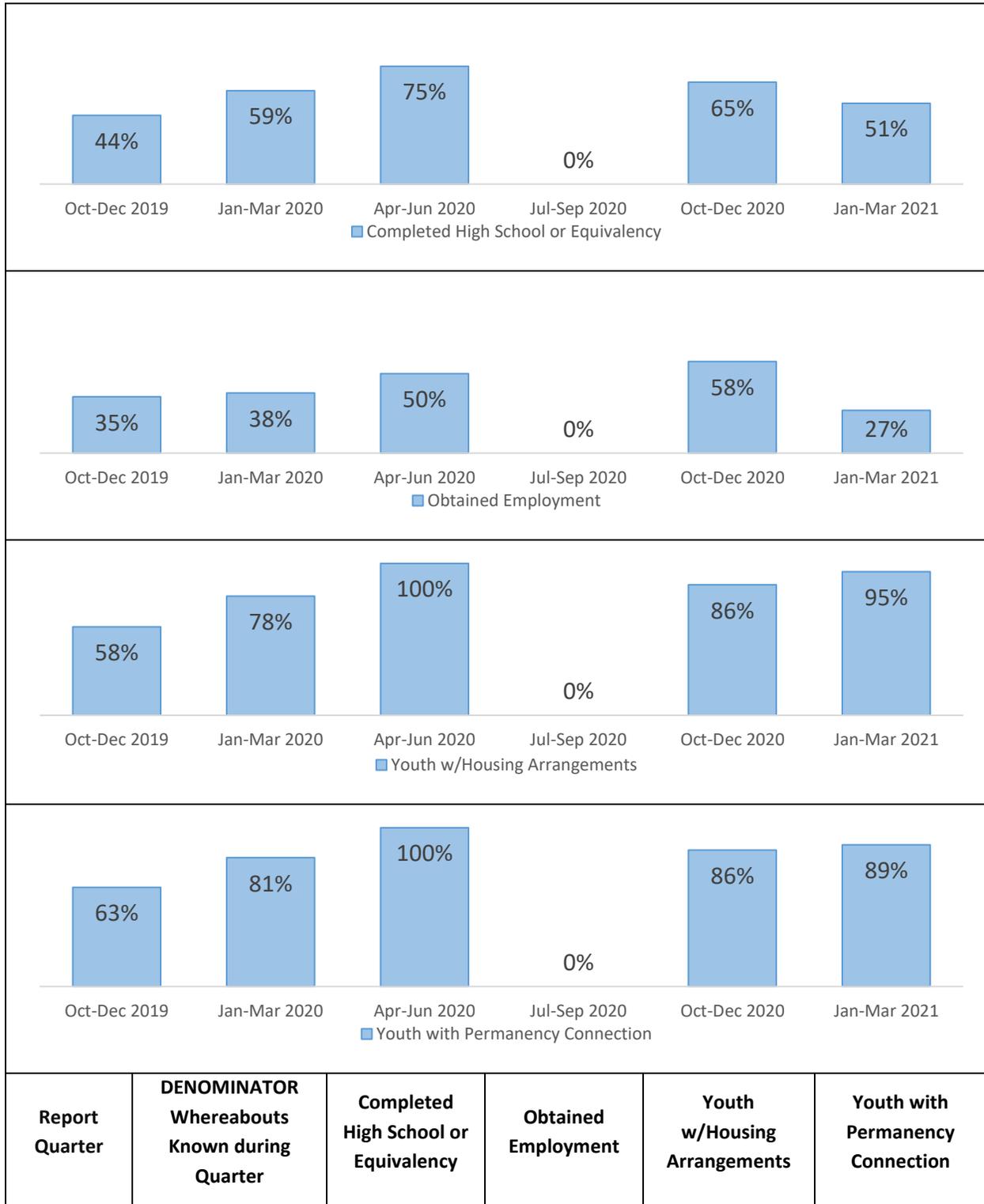
The graph above shows the breakdown of first placement types for children ages 0-17 years entering care. Foster Family Agency (FFA) placement types were the most common type of first placement at the time of the prior CSA and have remained the most prevalent to date, with county foster placements as the next most common type of first placement. Congregate care/shelter placements have been reduced since the last reporting period (beginning in 2017) as Sacramento County has implemented the Continuum of Care Reform (CCR) and the Resource Family Approval (RFA) models. These efforts work toward reducing the number of congregate care placements and increasing home-based family setting placements. During the timeframe shown in the graph, relatives went through approval with Sacramento County’s Resource Family Approval process and some relatives were not able to be cleared until the full process was complete, thereby resulting in a need for a different type of first placement. Sacramento County remains committed to placing with relatives first whenever possible.<sup>49</sup>

#### 4B – Least Restrictive Placement (Point in Time)



The above graph depicts the breakdown of placement types for children age 0-17 on the first day of each quarter for the current CSA data reporting period. As shown in this graph, when looking at data from a point in time, the count of placements with relatives has remained consistent since the last CSA, though not as high as with the previous reporting period.

## Outcome Measure 8A: Outcomes for Youth Exiting Foster Care at Age 18 or Older



Oct-Dec 2019	48	21	43.8%	17	35.4%	28	58.3%	30	62.5%
Jan-Mar 2020	37	22	59.5%	14	37.8%	29	78.4%	30	81.1%
Apr-Jun 2020	4	3	75.0%	2	50.0%	4	100.0%	4	100.0%
Jul-Sep 2020	1	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Oct-Dec 2020	71	46	64.8%	41	57.7%	61	85.9%	61	85.9%
Jan-Mar 2021	37	19	51.4%	10	27.0%	35	94.6%	33	89.2%

Sacramento County data for outcome measure 8A, Outcomes for Youth Exiting Foster Care at Age 18 or Older, shows varying performance across subcategories (Completed High School or Equivalency, Obtained Employment, Youth with Housing Arrangements, and Youth with Permanency Connection) from Q4 2019 (Oct.-Dec. 2019) to current Q1 2021 baseline (Jan.-Mar. 2021). However, the data should be interpreted with caution, as this timeframe involves the period during which the COVID-19 pandemic was in effect, and in some quarters very small numbers of youth are represented in the denominator. For instance, with such small numbers in the denominator in Q2 2020 and Q3 2020, greater fluctuation is seen in the performance percentages. The subcategories that have the best outcomes are Youth with Housing Arrangements and Youth with Permanency Connection.

It should be noted that due to COVID-19, exceptions were made to some requirements of participation in the Extended Foster Care program. The education and employment conditions as a requirement to participate in Extended Foster Care were waived through December 31, 2021. Further, data to distinguish between racial, geographical, or ethnic groups in Measure 8A is not currently reported.

No strategies were identified in Sacramento’s last five year SIP to address this measure. However, Sacramento County consistently reported on this data measure and the approaches used to service youth age 18 or older in the ongoing SIP Progress Reports. As reported during the prior five year SIP plan, Sacramento County uses the following approaches to positively impact the outcomes in Measure 8A:

*Housing:*

- Transitional Housing Placement Program (THP-NMD) as a supportive placement option
- Housing navigation services
- Housing vouchers for current and former foster youth exiting care and homeless or at risk of homelessness

*Employment:*

- iFoster job readiness program

*Education:*

- California State University, Sacramento (CSUS) First Star Academy, a college access program for youth in foster care
- Independent Living Program (ILP) through work with the Youth Engagement Project.
- Virtual Extended Foster Care orientations offered by the Sacramento County Office of Education (SCOE).

*Permanent Connections:*

- Child and Family Team (CFT) meetings
- iFoster cell phone program to enable youth to maintain connections via talk, text, and social media

The Extended Foster Care program is discussed in more detail in this report under the Child Welfare Infrastructure section.

Measure 8A may also be impacted by outcomes that measure the attainment of permanency. For instance, youth who do not achieve permanency (reunification, guardianship, or adoption) and are thus still in foster care at age 18 years, may enter the extended foster care program and be captured in the Measure 8A outcome.

## Probation Outcome Data Measures

### 3-S1 Maltreatment in Foster Care

3-S1 Maltreatment in Foster Care					
Age Group	APR2016- MAR2017	APR2017- MAR2018	APR2018- MAR2019	APR2019- MAR2020	APR2020- MAR2021
Under 1	-	-	-	-	-
1-2	-	-	-	-	-
3-5	-	-	-	-	-
6-10	-	-	-	-	-
11-15	4	-	1	1	1

<b>16-17</b>	4	3	2	-	1
<b>Total</b>	8	3	3	1	2

### Analysis

The table above describes the number of substantiated reports of maltreatment by any perpetrator while a probation youth was in foster care. The data shows two instances of maltreatment for a probation youth in foster care during the most recent time period,<sup>54</sup> which is far below the national average of 8.9.<sup>55</sup> The Legislature and Juvenile Court has given the Probation Department responsibility for the appropriate and suitable residential placement of wards committed to the care, custody and supervision of the Probation Officer. Appropriate placements focus on the safety, stability, and well-being of the probation youth, while satisfying the expectations of existing laws and the Court, and providing for community safety. Probation Placement Monitor conducts initial and annual on-going inspections of residential placement programs where probation youth under the supervision are placed with the goal of reintegrating the youth back into the community.

### 3-P1 Permanency in 12 Months for Children Entering Foster Care

3-P1 Permanency in 12 Months for Children Entering Foster Care				
	APR2016- MAR2017	APR2017- MAR2018	APR2018- MAR2019	APR2019- MAR2020
<b>Reunified</b>	18.9%	18.5%	17.1%	20.3%
<b>Adopted</b>	-	-	-	-
<b>Guardianship</b>	-	-	-	-
<b>Emancipated</b>	2.7%	1.5%	5.7%	11.9%
<b>Other</b>	-	1.5%	-	6.8
<b>Still in care</b>	78.4%	78.5%	77.1%	61.0%
<b>Total</b>	100.0%	100.0%	100.0%	100.0%

### Analysis

The table above depicts all exits to permanency within 12 months including reunification, adoption, and guardianship using a cohort of all who entered care (first and subsequent entries) in a 12 month period.<sup>56</sup> With Continuum of Care Reform, a senior deputy probation officer position was added to seek out and establish new foster care families and create a single process for an individual/family to provide care for a related or unrelated court dependent or ward on a short term or long term basis. This position is tasked to assist the potential Resource Family with completing the application, obtaining First aid and CPR

<sup>54</sup> <https://ccwip.berkeley.edu/secure/S1.aspx>

<sup>55</sup> <https://www.childwelfare.gov/pubpdfs/canstats.pdf>

<sup>56</sup> <https://ccwip.berkeley.edu/secure/P3.aspx>

certification and a health screening. Additionally, the officer conducts a background check, home environment assessment, a permanency assessment, and face-to-face interviews with the family.

Along with the additional officer, Probation added Intensive Family Finding, consisting of providing family finding services to youth who typically end up in congregate care upon initial entry into the probation system. This effort will increase capacity to maintain youth in the least restrictive setting and lay the groundwork for securing permanent and stable homes. These services are also provided to youth currently placed in congregate care in an effort to increase capacity to step youth down to family-based settings with caregivers who are committed to offering permanency and to establish connections and relationships for the youth.

The plan includes money for initial placement support for relatives who take emergency placement of probation youth with the immediate costs of caring for the youth. Many times, youth have nothing when they are removed from the home. A stipend is provided to relatives in emergency placement situations to purchase clothing, food, hygiene products, and other items needed for the youth. This stipend helps support the placement of youth with family members who would likely refuse the placement without immediate emergency support. This strategy has been implemented by Probation. These changes help strengthen current foster parent recruitment and retention strategies including transitioning youth out of congregate care and into lower levels of care. The overall goal of these strategies is to increase capacity to place children and youth in the least restrictive settings in order to lay the groundwork for securing a permanent and stable home for each youth.

Sacramento County Probation research has shown that 74% of our first time placements abscond when placed at an In-State program<sup>48</sup>. This high rate increases our length of time to achieve permanency. This will be an area that is addressed in the next system improvement plan. In addition, Probation is monitoring the impact of the FFPSA Part IV and Qualified Individual Assessment on our rate of youth who abscond.

### 3-P2 Permanency in 12 Months for Children in Care for 12-23 Months

3-P2 Permanency in 12 Months for Children in Care for 12-23 Months					
Types Of Permanency	APR2016- MAR2017	APR2017- MAR2018	APR2018- MAR2019	APR2019- MAR2020	APR2020- MAR2021
Exited to reunification	45.7%	28.6%	28.0%	12.5%	42.9%
Exited to guardianship	-	-	-	-	-
Exited to non-permanency	8.7%	10.7%	24.0%	12.5%	14.3%
Still in care	45.7%	60.7%	48.0%	75.0%	42.9%
<b>Total</b>	100.0%	100.0%	100.0%	100.0%	100.0%

Data Source<sup>49</sup> - <https://ccwip.berkeley.edu/secure/P2.aspx>

### Analysis

The table above depicts the number of probation youth who were in care the first day of the 12-month period, who had been in care between 12 and 23 months, which were discharged to permanency within 12 months. The number of youth discharged to permanency has remained fairly consistent over the past five years.<sup>4</sup> The 2021 Peer Review suggested probation youth remain with the same Placement Officer until terminated from probation to improve the number of probation youth exiting placement to reunification. This would further improve communication between the officer, probation youth, family/guardian, placement program and other service providers.

This population tends to include probation youth ordered to participate in and complete a Juvenile Sex Offender program. The average time frame to complete a Juvenile Sex Offender Program is between 12 and 18 months.<sup>4</sup>

Numbers for youth who achieve permanency in 12 to 23 months have improved, over the same time period when youth who achieve permanency in less than 12 months have remained about the same. The increase in performance in this area is attributed to our out of state placements and juvenile sex offender foster care populations. Another possible reason is the youth who struggle in their first year and abscond, have now had time to adjust to life in foster care.

### 3-P3 Permanency in 12 Months for Children in Care 24+ Months

3-P3 Permanency in 12 Months for Children in Care for 24+ Months					
Types of Permanency	APR2016- MAR2017	APR2017- MAR2018	APR2018- MAR2019	APR2019- MAR2020	APR2020- MAR2021
Exited to reunification	33.3%	23.5%	11.1%	8.3%	13.3%
Exited to adoption	-	-	-	-	-
Exited to guardianship	-	-	-	-	-
Exited to non-permanency	16.7%	23.5%	22.2%	8.3%	13.3%
Still in care	50.0%	52.9%	66.7%	83.3%	73.3%
<b>Total</b>	100.0%	100.0%	100.0%	100.0%	100.0%

Data Source<sup>49</sup>

### Analysis

The table above depicts the number of probation youth who were in care for 24 months or more, which were discharged to permanency within 12 months. This population tends to include probation youth ordered to participate in and complete a Juvenile Sex Offender program. The average time frame to complete a Juvenile Sex Offender Program is between 12 and 18 months. Our numbers remain

consistently low in this area as the average age of entry into probation foster care is around age 16. With this age of population, permanency is automatically achieved before 24 months.<sup>5</sup>

### 3-P4 Reentry to Foster Care

3-P4 Reentry to Foster Care			
	APR2016 – MAR2017	APR2017- MAR2018	APR2018- MAR2019
Children with re-entries	27.3%	41.7%	8.3%
Children with no re-entries	72.7%	58.3%	91.7%
<b>Total</b>	100.0%	100.0%	100.0%

Data Source 50 - <https://ccwip.berkeley.edu/secure/P4.aspx>

#### Analysis

The chart above depicts the number of probation youth who entered foster care in a 12-month period, discharged within 12 months to reunification or guardianship, and re-entered foster care within 12 months of their discharge. The chart indicates there has been a significant change in the number of probation youth reentering into probation foster care. It also indicates there are a significantly larger number of those who do not reenter than those who do.<sup>57</sup> Preventing reentry is very important to Probation. Information derived from the 2021 Peer Review indicated reasons for positive outcomes may be attributed to the skill and years of service of Placement Officers, experienced PO's including experience in various units, time in current position, participated in lots of training, PO's are knowledgeable in placements and services provided, PO's have a good rapport with families youth and placements.

### 3-P5 Placement Stability per 1,000 Days

3-P5 Placement Stability per 1,000 Days					
	APR2016- MAR2017	APR2017- MAR2018	APR2018- MAR2019	APR2019- MAR2020	APR2020- MAR2021
<b>Under 1</b>	-	-	-	-	-
<b>1-2</b>	-	-	-	-	-
<b>3-5</b>	-	-	-	-	-
<b>6-10</b>	-	-	-	-	-
<b>11-15</b>	1.96	2.05	3.45	0.99	1.18

<sup>57</sup> <https://ccwip.berkeley.edu/secure/P4.aspx>

<b>16-17</b>	3.50	2.18	1.96	1.74	1.33
<b>Total</b>	2.89	2.13	2.43	1.43	1.25

Data Source 56 - <https://ccwip.berkeley.edu/secure/Reentry.aspx>

### Analysis

The above chart depicts probation youth who entered care in the 12-month period and the rate of placement moves per 1,000 days in care. The rate for the most recent period was 1.25 placement moves per 1,000 days in foster care.<sup>8</sup> Probation has been well below the national standard of 4.1 placement moves per 1,000 days in care for the past five years.<sup>9</sup> A possible contributing factor impacting the low placement number may be in part due to Probation’s consistent practice in stabilization by utilizing the youth’s voice through the CFT during various points of the youth’s case. Even though our permanency within 12 months data is above the national average because of our high abscond rate during the first placement, it appears from placement stability data that the subsequent placement is successful

## 2F-Monthly Visits

<b>Measure 2F – Monthly Visits</b>					
<b>Age Group</b>	<b>APR2016- MAR2017</b>	<b>APR2017- MAR2018</b>	<b>APR2018- MAR2019</b>	<b>APR2019- MAR2020</b>	<b>APR2020- MAR2021</b>
<b>11-15</b>	93.1%	95.7%	87.7%	80.1%	52.1%
<b>16-17</b>	88.0%	91.9%	92.7%	88.0%	38.9%
<b>Total</b>	89.4%	92.9%	91.0%	85.1%	43.5%

Data Source 56 - [https://ccwip.berkeley.edu/secure/CDSS\\_2F.aspx](https://ccwip.berkeley.edu/secure/CDSS_2F.aspx)

### Analysis

The above chart depicts the percentage of monthly contacts with probation youth in placement during a one year period. The percentage of total contacts has decreased significantly over the past three years. The Coronavirus Pandemic greatly affected our officers’ ability to be able to see the youth on their caseload in person. During the pandemic, the officers utilized multiple ways to keep in communication with the probation youth from video chats to phone calls. All County Information Notice (ACIN 1-33-20) allowed caseworkers to utilize video chats in lieu of face-to-face contact during the pandemic. The low percentage of contacts done during the pandemic was because the UCB California Child Welfare Indicator Project only includes in person contacts and not video conferences. The allowance of video conferences in lieu of face-to-face contacts ended in July of 2021. With the shift back to face-to-face contacts, the Assistant Chief Deputy, supervisors and the Administrative Services Officer I of the Placement Unit has been utilizing SafeMeasures to ensure monthly face-to-face contacts are being completed.

## Summary of Findings

The C-CFSR process was a collaborative effort between the California Department of Social Services, Sacramento County's Department of Child, Family and Adult Services - Child Protective Services Division, and the Probation Department. Comments and feedback expressed during the County Self-Assessment focus groups and stakeholder meetings demonstrated Sacramento County's commitment to children, families, and system partners. Multiple stakeholders, including county staff, parents, caregivers, foster youth, and collaborative partners, provided valuable feedback on the system's strengths and challenges. The candid and constructive feedback revealed the County's extensive efforts toward child safety, permanency, and well-being and the willingness to work together to address challenges.

### Child Welfare

The analysis in this CSA found that in 2020, Sacramento County had 18,271 children with an allegation of child abuse or neglect. White children, Black/African American children, and Latino children and families showed higher maltreatment indicators than Asian/Pacific Islander (API) children and Native American children and families. Of all the ethnicities, Black/African American children had the most allegations, substantiations, first entries into care, and subsequent entries into foster care. The Sacramento County Cultural Broker Program has been designed explicitly with culturally appropriate advocacy and liaison services to support the disproportionate number of African-American families and parents involved with child welfare services. Children ages 6-10 had the most allegations and the highest number of first entries into care. However, 2020 had the lowest allegations count for all age groups under 17 in the last five years. The allegation of General neglect continues to be the most frequent type of child abuse substantiated. Family Reunification is the most significant portion of the Sacramento County foster care population. Focus areas include relative placement, maltreatment recurrence, and re-entries into foster care.

The result of the CSA process identified many effective services. These included Informal Supervision, Cultural Broker Program, Safe Sleep Baby (SSB) 2.0, work done by prevention partners such as the Child Abuse Prevention Council (CAPC), alcohol and drug rehabilitation, parenting classes, coping skills, and counseling services. In one focus group, a parent reported Sacramento County staff were very sensitive to the family's situation and very encouraging. The parent felt ready to move beyond the family situation. A parent also described the parent-social worker relationship as "friends." Feedback like this shows that Sacramento County is heading in the right direction in providing effective services.

Some areas for continued improvement include the workforce, service delivery, engagement, and the need for additional resources. Social workers continue to have high caseloads and workloads. The level and frequency of communication between families and social workers can be sporadic and inconsistent. Gender equity when dealing with parents and the need for social workers to become more culturally aware of the needs of various ethnic groups is strongly recommended. Father engagement is also an area for improvement.

A few overarching themes were communication, social worker engagement, consistent services, staffing, and training. Communication was a prominent topic in most focus groups and stakeholder meetings. At the service provider level, there was a need to improve communication between social workers, management, and departments. At the social worker-family level, there was an indication that the level

of engagement and communication from the social worker to the family (parent or child) were lacking and inconsistent. Both parents and youth expressed the difficulty in being able to contact their social worker consistently. Depending on the case, some families expressed satisfaction with their social worker, while others wanted more engagement and support.

Staff retention continues to be a challenge. Social workers feel they are overworked. Additionally, although cohort training is well received, more skills are needed for real-life scenarios once the social worker is in the field. Newly hired staff are trained and some quickly leave once they experience the job responsibilities.

A review of the data outcomes reveals face-to-face contacts for children in out of home care is an ongoing area for improvement in child welfare, particularly among older youth. In addition, some outcome measures that historically were areas of strength have performed lower recently, such as permanency measures P1 permanency in 12 months, and P3 permanency in 12 months for those in care 24 or more months. Analysis completed during the prior SIP cycle revealed the impacts of the COVID pandemic on Outcome P3, due to court closures and delayed hearings initially. The drop in Outcome P1 is also hypothesized to be impacted, at least in part, by the COVID pandemic. Further, Outcome Measure P4, re-entry into foster care, continues to be an area for improvement. It was the peer review focus area of child welfare in the 2016 County Self-Assessment and again in this CSA.

Lessons learned from the prior SIP cycle (2016-2021) revealed that the concerted focus on outcome areas using the approach of collaborative child welfare/partner workgroups was a successful model for working to improve outcomes. Partners reported appreciation for being included in the workgroups, and the executive management team reported the workgroups were beneficial by having invaluable partners at the table and promoted teaming and engagement. Further, the workgroups continuously incorporated quantitative and qualitative data drill down to provide clarity and analysis regarding the specific outcome performance. Other lessons learned involved engagement of other stakeholders. Sacramento child welfare recognizes the need to expand engagement of the SIP topics to more CPS staff, parents, youth, and resource parents. Efforts will be made in the upcoming SIP cycle to involve these important stakeholders in the process.

## **PROBATION**

The Probation Department continues to build upon the progress made in the last County Self-Assessment. The analysis in this CSA found that the number of probation youth first entering into foster care has declined from April 2016 to March 2021, which can be attributed to the decreased number of referrals to the Court as well as the Federal and State initiatives mandated by the Continuum of Care Reform (CCR). CCR has led to probation youth remaining in the home with intensive services to prevent the removal for out of home care. Further, this CSA found a significant change in the number of probation youth reentering probation foster care. It also indicates there are a significantly larger number of those who do not reenter than those who do. Information derived from the 2021 Peer Review indicated reasons for positive outcomes may be attributed to the knowledge, skill, and years of service of Placement Officers; officer training; and officer rapport with families and youth. Finally, Probation has made significant progress in the implementation of early intervention programs, which has contributed to the reduction of behaviors leading to further criminality.

During the System Improvement Plan final report, Probation implemented a significant operational change to the Placement Intake process with Child and Family Team Meetings (CFT) occurring post-adjudication and prior to disposition. The CFT plays a vital role as a support network for both the youth

and relatives while also identifying potential resource family caregivers. Expanding CFTs as the hallmark of family engagement early on in the court process helps preserve and stabilize families at all stages of their child welfare involvement.

Since the last CSA, Probation implemented Universal Trauma Informed Care training, which acknowledges that, more often than not, youth in the juvenile justice system have experienced some form of trauma. This course addresses three main learning objectives: What is Trauma, Why Does Trauma Matter and What Can We Do. Understanding the consequences from trauma provides insight so assistance and interventions are tailored to the youth and family.

Despite funding for Foster Parent Recruitment and Retention Services (FPRRS) ending at the end of FY 2019-2020, Probation continues to be committed to allocating funds and resources for the recruitment, support, and retention of Resource Family Applicants (RFA). In an effort to support successful home-based care placements, Probation sees value in community engagement, youth voice and choice, and specialized case management. The digital media campaign with Daley Solutions resulted in interested from 14 RFA candidates in a three-week period. Probation is slated to begin another digital campaign with Daley Solutions for the 2021-2022 Fiscal Year. Overall, the feedback received from RFA families during this CSA was positive in that they have felt connected and supported by the officers. A noted challenge is locating RFA families for juvenile sex offenders. Probation will continue to advocate for this population and their need for a supportive home-based environment. In addition, Probation continues to conduct intensive family finding efforts with plans to enhance these services. Watching trends with youth committed to Placement will hopefully reduce reliance on the STRTP setting; however, there may still be a need for Probation to explore local innovative short-term housing and treatment options with family-centered, trauma-informed and strength-based approaches to treatment in the near future.

Probation is in the developmental phase of creating an on-site or mobile “one-stop-shop” Center. The Center will work with all youth from the first point of entry into the juvenile justice system through targeted efforts to divert youth from the system and with a focused approach on family preservation. The Center’s vision is to use programs designed to address risk and needs in a safe, welcoming, and inclusive environment. Addressing risks/needs through the best practices of evidence-based programming will identify the most appropriate cognitive-behavioral programming, academic support, job readiness, vocational training, and treatment areas. In addition, services at the Center will be specifically identified to enhance RFA recruitment, retention, and support efforts including:

- Child and Family Team Meetings
- Extensive Family Finding Efforts
- Ongoing Foster Parent Recruitment, Retention, and Support
- Community Recruitment Events and Outreach
- Reentry Development for Youth
- Resource Family Approval Application Assistance
- Resource Family Orientation
- Wraparound Program

An area for continued improvement is the rate of staff turnover. During the placement process, a youth is typically assigned to multiple officers for a variety of reasons and at various stages of the process. This reportedly hampers the level of trust and communication. The 2021 Peer Review suggested probation youth remain with the same Placement Officer until terminated from probation to improve the number of probation youth exiting placement to reunification. This would further improve communication

between the officer, youth, family/guardian, placement program, and other service providers. In addition, stakeholders indicated a desire to have more personal contact with the assigned officer as well as officer availability outside of typical business hours.

Data in this CSA indicate the numbers for youth who achieve permanency in 12 to 23 months have improved while youth who achieve permanency in less than 12 months have remained about the same. This is attributed to youth who struggle in their first year and abscond, youth ordered to participate in and complete a Juvenile Sex Offender program, and youth who directly transition into Extended Foster Care/AB12. The average time frame to complete a Juvenile Sex Offender Program is between 12 and 18 months. Further, the analysis in this CSA found that 74% of Probation youth in first-time placements abscond when placed at an In-State program. This high rate increases our length of time to achieve permanency and will be an area that is addressed in the next system improvement plan. In addition, Probation is monitoring the impact of the FFPSA Part IV and Qualified Individual Assessment on the rate of youth who abscond.

Even though permanency within 12 months data is above the national average, it appears from placement stability data that the subsequent placement is successful. A review of the data reveals the rate of placement moves for the most recent period was 1.25 per 1,000 days in foster care. Probation is well below the national standard of 4.1 placement moves per 1,000 days in care for the past five years. A possible contributing factor impacting the low placement number may be in part due to Probation's consistent practice in stabilization by utilizing the youth's voice through the CFT during various points of the youth's case.

Efforts will be made in the upcoming SIP cycle to continue building upon Probation's areas of strength and address areas for continued improvement.

Overall, child safety and family well-being is everyone's responsibility and is a shared work among child welfare, probation, and stakeholders (from prevention to aftercare). Accountability and collaboration increase teaming between all children and families serving systems. Improving coordinated efforts, identifying gaps, developing services, and being open to change can empower and help stakeholders uplift families to pursue safe, permanent homes.

# Appendices

## **APPENDIX A – CPS FOCUS GROUPS**

See Below

## **APPENDIX B – CPS AND PROBATION JOINT JUDGES/BENCH OFFICER FOCUS GROUP**

See Below

## **APPENDIX C – PROBATION STAFF FOCUS GROUP**

See Below

## **APPENDIX D– PROBATION RESOURCE PARENT FOCUS GROUP**

See Below

## **APPENDIX E - CPS DIVISION ORGANIZATIONAL CHART**

See Below

## **APPENDIX F –CPS SERVICE DELIVERY / COURT PROCESS FLOW CHART**

See Below

## **APPENDIX G– PROBATION ORGANIZATIONAL CHART**

See Below

## **APPENDIX H –JUVENILE JUSTICE CASE FLOW**

See Below

**Appendix A– CPS FOCUS GROUPS**

<b>Child Welfare Executive Management Team (EMT) Focus Group</b>
<b>Strengths</b>
<ul style="list-style-type: none"> <li>➤ Teaming with the family instead of dictating.</li> <li>➤ Communication, transparency and collaborating with the family and their supports.</li> <li>➤ PCFT's/Teaming with the families, making sure their voices are heard and they are an integral part of the process.</li> <li>➤ Ability to assess and ensure families stay together (use of PCFT) and helping families connect with their community.</li> <li>➤ Referring clients to cultural brokers.</li> <li>➤ Family Service Workers.</li> <li>➤ Training our staff and our partners on implicit bias and trauma informed care</li> <li>➤ Preparing to engage supervisors and program specialists in the Core Practice Model.</li> <li>➤ CPS programs and partners: Informal Supervision, The Black Child Legacy Campaign, CPSU, Behavioral Health partners, prevention Wraparound, Community Against Sexual Harm (CASH), UC Davis CSEC trainings, Cultural Brokers, Bringing Families Home, CFTs, Permanency Youth Support workers, Family Engagement Specialists, County Counsel, EFC/ILP, Early Intervention Family Treatment Court and Dependency Treatment Court, Circle Clinic, STARS, Bridges Program.</li> <li>➤ Agency's proactive efforts to increase culturally relevant resources for our families such as Positive Indian Parenting curriculum.</li> <li>➤ Voluntary Services, PEPS.</li> <li>➤ The passion and commitment from leadership which streams out to supervisors and staff; Planners/Managers partner and team really well to support each other.</li> <li>➤ There is good communication between the county and the FFA partners.</li> <li>➤ Partnership with UC Davis and the coaching. Able to provide feedback that is positive. It is a nice impact.</li> </ul>
<b>Challenges</b>
<ul style="list-style-type: none"> <li>➤ Tailoring the case plan to the actual needs of the clients.</li> <li>➤ Challenges with the CWS/CMS system to accurately identify case plan goals for the family.</li> <li>➤ Case plans are not structured in a behaviorally based manner but the discussion about the behaviors we are addressing are discussed in court and in the court report. The case plan is adjusted in the best way possible to capture what is needed and what is desired to reduce risk.</li> <li>➤ Staffing, recruitment and retention.</li> <li>➤ Affordable housing in the community presents a challenge for everyone but specifically in EFC.</li> <li>➤ No county operated ISFC Program.</li> <li>➤ Need more intensive foster homes.</li> <li>➤ Waiting lists for services that families are referred to, agree on the lack of housing options as well.</li> <li>➤ Affirming homes for LGBTQIA+ youth.</li> <li>➤ Reentry into Foster Care - still not meeting standard in this measure.</li> </ul>
<b>Recommendations</b>
<ul style="list-style-type: none"> <li>➤ Involve the family's identified support network.</li> <li>➤ Truly engaging the family to have their voices heard.</li> </ul>

- Focus on staff retention and moral.
- Enhanced visitation for parents: a program where parents are able to receive coaching so that when children come home parents are less overwhelmed.
- Streamlining mental health component when there is a child in an STRTP or who has high acuity needs. Streamlining so that there is not so much paperwork and different processes. It should be a cohesive process.
- Making space to continue DEI work. Sacramento County is still a jurisdiction that has an over representation of African American families. Continued improvement in this area needs to happen.
- Coaching services for Supervisors so that they are equipped to best support workers.
- Improve information sharing among partners.

<b>Social Worker Supervisor and Human Services Program Specialists Focus Group</b>
<b>Strengths</b>
<ul style="list-style-type: none"> <li>➤ Training: County Human Resource training, UCD trainings - supervisors and felt well prepared for their roles; social worker cohort training.</li> <li>➤ Supportive team peers and management team.</li> <li>➤ CPS programs: Informal Supervision, The Black Child Legacy Campaign, Wraparound, Community Against Sexual Harm (CASH), UC Davis CSEC trainings, Cultural Brokers, CFTs.</li> </ul>
<b>Challenges</b>
<ul style="list-style-type: none"> <li>➤ Re-entry into foster care.</li> <li>➤ System is parent focus.</li> <li>➤ Staff turnover – challenges and barriers providing appropriate services for family to complete case plan goals; social workers burn out and high workload.</li> <li>➤ System is more compliance base and less service based.</li> <li>➤ Lack of training across the board for case planning.</li> </ul>
<b>Recommendations</b>
<ul style="list-style-type: none"> <li>➤ More support from social worker supervisors for their team.</li> <li>➤ Analyze policies to reduce tasks.</li> <li>➤ Improve facilitation for case plan and reunification.</li> <li>➤ Consistent communication across division and with children and families.</li> </ul>

<b>CPS Division Wide Support Focus Group</b>
<b>Strengths</b>
<ul style="list-style-type: none"> <li>➤ Training: Trauma training, trauma informed care; Mental awareness.</li> <li>➤ Supportive team peers and management team.</li> <li>➤ Sharing division services and programs to promote better understanding of the division.</li> <li>➤ Respondents reported being able to handle challenges by communicating well, reaching out to all involved parties and having patience.</li> <li>➤ Participants reported feeling well trained and were unable to name any trainings that would be able to assist them in their roles.</li> </ul>

<ul style="list-style-type: none"> <li>➤ Participants named Zoom as a great resource in aiding them to complete their job duties, especially during the pandemic.</li> <li>➤ When asked about communication with social workers, participants reported working with social workers as being their favorite part of being clerical. They reported social workers as the driving force behind the agency.</li> <li>➤ Constant communication about Division updates.</li> </ul>
<b>Challenges</b>
<ul style="list-style-type: none"> <li>➤ CWS/CMS – learning the system – substantial amount of information and data entry process.</li> <li>➤ Staff turnover.</li> <li>➤ Division has extensive resources and programs – challenges knowing all the available support to children, families and staff.</li> <li>➤ Shift in responsibilities have minimized DWS working closely with social workers.</li> </ul>
<b>Recommendations</b>
<ul style="list-style-type: none"> <li>➤ General/cross-training when assigned new projects and task; clerical training; job shadow opportunities.</li> <li>➤ More service support: Department to invest more time into self-care for workers overall; help staff cope with work and the life challenges; placement resources for youth.</li> </ul>

<b>CPS Caregiver Focus Group</b>
<b>Strengths</b>
<ul style="list-style-type: none"> <li>➤ Training used to have many extra fillers and this would double the amount of hours. Now training is more informative and does not have a lot of extra information. They are very helpful.</li> <li>➤ There was help with county orientations and pre-approvals. Training provides a lot of detailed information.</li> <li>➤ Sacramento County does a good job preparing people to become a resource family. Ultimately, no amount of training can prepare you for some of the challenges you are going to face. That is just going to come from experience.</li> </ul>
<b>Challenges</b>
<ul style="list-style-type: none"> <li>➤ Needs: childcare, transportation support.</li> <li>➤ Transition services and support for youth ages 18+.</li> <li>➤ Inconsistent communication with social worker.</li> <li>➤ Delay in processing paperwork.</li> </ul>
<b>Recommendations</b>
<ul style="list-style-type: none"> <li>➤ Previously the County hosted foster parent retreats, a weekend of training, sharing, and networking with other foster parents. That was the best thing ever!</li> <li>➤ Training: resume face-to-face training; regular training related to trauma; Positive parenting training; UCD trauma training program for younger children and older youth; caregiver resources.</li> <li>➤ More service support: transportation, respite, and retreats.</li> </ul>

<b>CPS Youth Focus Group and Survey</b>	
<b>Strengths</b>	
<ul style="list-style-type: none"> <li>➤ Healthy relationship with support system: family and social worker.</li> <li>➤ Case planning: goals setting for college, placement, obtaining driving permit; opening a bank account.</li> <li>➤ Good placement: placement is safe and stable for over two (2) years now.</li> <li>➤ Placement with sibling.</li> <li>➤ Social worker holding youth accountable toward case plan goals.</li> <li>➤ Financial support for EFC/ILP youth.</li> </ul>	
<b>Challenges</b>	
<ul style="list-style-type: none"> <li>➤ Communication with social worker – difficulty reaching worker.</li> <li>➤ Having multiple social workers.</li> <li>➤ Delay in paperwork for services.</li> </ul>	
<b>Recommendations</b>	
<ul style="list-style-type: none"> <li>➤ Create housing partnership for youth.</li> <li>➤ Life skill workshops: budgeting.</li> <li>➤ Resources needed: emotional support, pet/service animal healthcare; cosmetic surgery (braces).</li> <li>➤ Improve communication with social worker.</li> <li>➤ Give more time for parents to complete services, offer support group, more help navigating through the system.</li> </ul>	

<b>CPS Parent Focus Group</b>	
<b>Strengths</b>	
<ul style="list-style-type: none"> <li>➤ Resources: Bridges Program; Well Space Drug testing; Bridges for Dads; anger management, UCD CAARE center, WEAVE, trauma therapy program, Making Parenting a Pleasure, Drug rehabilitation, parenting services, coping skills help, counseling services, all of which helped "immensely" toward one participant's sobriety and made the individual a better parent and person.</li> <li>➤ Management level staff was professional and compassionate with client/situation</li> <li>➤ Communication with staff and service providers.</li> <li>➤ Support from staff and services helped parent feel ready to make and achieve family goals.</li> </ul>	
<b>Challenges</b>	
<ul style="list-style-type: none"> <li>➤ High staff turnover - Families having multiple social workers during their time with CPS.</li> <li>➤ Communication challenges with social workers and court.</li> <li>➤ Services/resources inadequately provided to both parents; lack of services for father.</li> </ul>	
<b>Recommendations</b>	
<ul style="list-style-type: none"> <li>➤ None reported.</li> </ul>	

<b>CPS County Counsel Focus Group</b>
<b>Strengths</b>
<ul style="list-style-type: none"> <li>➤ The division does a good job with informal services before a petition is filed.</li> <li>➤ CPS staff being active in helping families access their case plan.</li> <li>➤ Resources: CASA WEAVE. <ul style="list-style-type: none"> <li>○ Very impressed with the leadership in The Department. Leadership is very committed to the families and have families’ best interest at heart. It is the transition of that commitment to the line worker that is challenging.</li> </ul> </li> </ul>
<b>Challenges</b>
<ul style="list-style-type: none"> <li>➤ Communication is really important and frequently missed.</li> <li>➤ Parental substance use impacts case plan/reunification.</li> <li>➤ High staff turnover - Workers need more time. They appear to be overworked and do not have enough time to do their job.</li> <li>➤ It is very difficult for the Department to retain social workers. Recommendations to retain workers: <ul style="list-style-type: none"> <li>○ More resources to pay social workers more which increase the quality of the working environment.</li> <li>○ The turnover rate and the number of vacancies in the Department is part of the reason the Court sees so many delays.</li> <li>○ Social workers struggle with quality case management due to being overwhelmed.</li> </ul> </li> <li>➤ The Court is seeing is that a case will have 4 or 5 social workers throughout the reunification process.</li> <li>➤ Challenges in the Court receiving timely reports; however, the reports that are received are very thorough.</li> <li>➤ Lack of training across the board for case planning.</li> </ul>
<b>Recommendations</b>
<ul style="list-style-type: none"> <li>➤ Place children with relatives to increase supervise/observe visitation, parental and children support.</li> <li>➤ Utilize more foster placement than STRTPs.</li> <li>➤ The Court needs more time to engage the families.</li> <li>➤ Consistent communication across division and with children and families.</li> </ul>

**Appendix B – CPS and Probation Joint Judges/Bench Officer Focus Group**

<b>Strengths</b>
<ul style="list-style-type: none"> <li>➤ Best practices in helping families achieve safe, timely, and successful reunification include communication between all stakeholders: The bedrock is communication to expedient reunification.</li> <li>➤ Influential programs that lead to positive outcomes in reunification for families: Informal Supervision, Drug court/STARS, Sacramento County Cultural Broker Program, programs that tend to give advocacy from people in similar situations, the youth UCD CAARE Center, Capitol Star.</li> <li>➤ Family engagement seems to happen earlier and more often than it used to.</li> </ul>
<b>Challenges</b>
<ul style="list-style-type: none"> <li>➤ Barriers to successfully reunifying children include:               <ol style="list-style-type: none"> <li>1. Visitation scheduling and logistics</li> <li>2. Orders taking longer to enact</li> <li>3. Clients thinking this is all just a big game to take their children</li> <li>4. Some people fail because they think there was never a chance to succeed anyway- so they just give up</li> <li>5. Access to other services. Waitlisted for AOD, parenting, Anger management, etc.</li> <li>6. Not placing kids with relatives early on</li> <li>7. Sometimes geographical area prohibits placement with family. Sometimes there is family available but the priority is placed on keeping the child close for reunification purposes.</li> </ol> </li> <li>➤ Therapists leave or change. Children often are required to complete a certain number of sessions and it doesn't appear to be enough.</li> <li>➤ Turnover in staff at STRTP's.</li> <li>➤ Not enough placements for older teens (statewide issue).</li> <li>➤ The 60-day time line for STRTP approval is a cramped timeline to get everything done.</li> </ul>
<b>Recommendations</b>
<ul style="list-style-type: none"> <li>➤ With CSEC youth, it is better for stabilization to get away from people, places, and things.</li> <li>➤ Only certain population of clients can access the Sacramento County Cultural Broker Program. It would be nice to have that type of peer support for all clients. The families that don't have the success stories to walk with them they tend to listen to those unsuccessful stories.</li> <li>➤ SUDS and AOD for youth. Kids have to wait until they are 18 to get any assistance/treatment. This is a huge GAP in services.</li> <li>➤ Increase mental health services in the natural community, especially targeted toward adolescent boys.</li> <li>➤ Parenting classes for clients with older children.</li> <li>➤ Encourage family engagement for visits and support, even if the family can't be an RFA.</li> <li>➤ Encourage the bench officer to engage with the youth and encourage the youth/family</li> <li>➤ Include the impacts of the FFPSA Part IV in the SIP.</li> <li>➤ More placement for older teens.</li> <li>➤ Address underlying family issues (mental health).</li> </ul>

## Appendix C– Probation Staff Focus Group

Strengths
<ul style="list-style-type: none"> <li>➤ Recruit, retain, and support RFA families.</li> <li>➤ Monitor STRTPs to make sure they are following state and county standards.</li> <li>➤ Annual STRTP audits, which is above the standard.</li> <li>➤ Ensuring client safety and appropriate services.</li> <li>➤ Good communication, support, and assistance amongst officers.</li> <li>➤ “Warm hand offs” to transfer cases.</li> <li>➤ Knowledgeable officers.</li> <li>➤ Documentation process is efficient.</li> <li>➤ Many years developing relationships with programs. Programs are aware that probation is a good resource for them. Probation supports programs with communication and documentation. There is collaboration between programs and probation to further the common goal of permanency for the clients.</li> <li>➤ Officers develop a report with youth from day one.</li> <li>➤ The pre-dispositional CFT meeting assists with rapport building, answering questions, goal setting, and parental involvement.</li> <li>➤ Family and youth’s voice included and helps with success.</li> <li>➤ Honest communication with probation youth.</li> <li>➤ Lots of years combined working with youth. Understanding their struggles and collaborating with services in the community.</li> <li>➤ Communication with community partners, families, programs, therapists, teachers, case manager, THP staff, etc.</li> <li>➤ Management is very supportive.</li> <li>➤ The “Ready Go” team works well in making sure there is a smooth transition back home.</li> </ul>
Challenges
<ul style="list-style-type: none"> <li>➤ Virtual CFT’s and court appearances are more challenging than face-to-face.</li> <li>➤ Family participation.</li> <li>➤ If the court lacks support and consistency, or undermines the authority of the officers (e.g. “violate on first”), it can be difficult holding youth accountable.</li> <li>➤ If a youth is ordered to placement days before turning 18 in order to provide the youth eligibility for extended foster care (EFC), it undermines the “spirit” of EFC and creates a higher case load.</li> <li>➤ This population of youth can be challenging because of the lack of support at home. When they are in juvenile hall they don’t know where they are going or when they are leaving, which creates additional anxiety for youth on top of existing “issues.”</li> <li>➤ Parents can create additional challenges. They may not agree with placement decisions. Getting parent “buy in” can be very difficult. Not having a “buy-in” from the minor or the family can make the officer’s job much more difficult.</li> <li>➤ Constant changes in laws and policies. Probation requires home visits to be conducted by an armed officer. This has created challenges in supervision.</li> <li>➤ Constant changes in extensions in extended foster care. Officers never know until last minute if the cases will be extended.</li> <li>➤ Programs with therapists and partners who are not very communicative are difficult. If the group home case manager is not committed to helping or engaging with the youth, then the officer does not get much from the case manager.</li> </ul>

- Honesty from the participants in EFC/AB-12: The officer has to get the youth motivated. Participants and the officers need to be more honest and straight up. Officers should not try to enforce “this is what you are going to do.” Instead it should be an engagement process.
- A lot of the AB12 requirements were lenient because of the pandemic. Because so many requirements have been waived, youth know they don’t really have to follow program rules.
- Youth who come out of a structured program but don’t know how to provide their own structure.
- Due to the pandemic, a lot of youth were unable to complete counseling services due to being on a waiting list for a long time. By the time the youth go to court, they have not finished counseling and services had to be extended for another 6 months.
- Out of county placements (travel, monthly contacts, officer availability if needed right away)
- Youth are placed right back into the same environment that they came from.
- Uncertainty on what programs will stay around due to regulation changes (e.g. IMD status). Programs have been scrambling with staffing issues and staff wanting to work. This appears to be due to the pandemic.
- Some of the non-public schools are difficult due to them being surrounded by “like” minors.
- Structure and accountability in RFA homes can be lacking.
- Finding suitable RFA homes, especially for certain offenses, as well as RFA respite care.
- Challenges with service providers: Inconsistent providers, lack of housing, few board and care homes will work with probation, long waitlists for THP’s, homelessness, lack of staffing.

#### **Officer Recommendations**

- Downsizing the case plan - the case planning process can be cumbersome.
- Continue programs to positive placement: AB12, Wraparound, THP, RFA, ILP, emancipation baskets, bus passes, FPRRS, AOD Counseling, Another choice Another Change, La Familia.
- Wraparound should meet with the youth a month or two before they go home.
- Relative RFA homes appear to be helpful for placement retention.
- Be able to return a youth to an STRTP if they are not successful in an RFA home.
- RFA families should feel supported and heard; validate their experience.
- More support through the Wraparound team may be beneficial for RFA families.
- Hold AB 12 youth accountable for the program requirements.
- The bench and Probation need to meet more to discuss topics and trends.

## Appendix D – Probation Resource Parent Focus Group

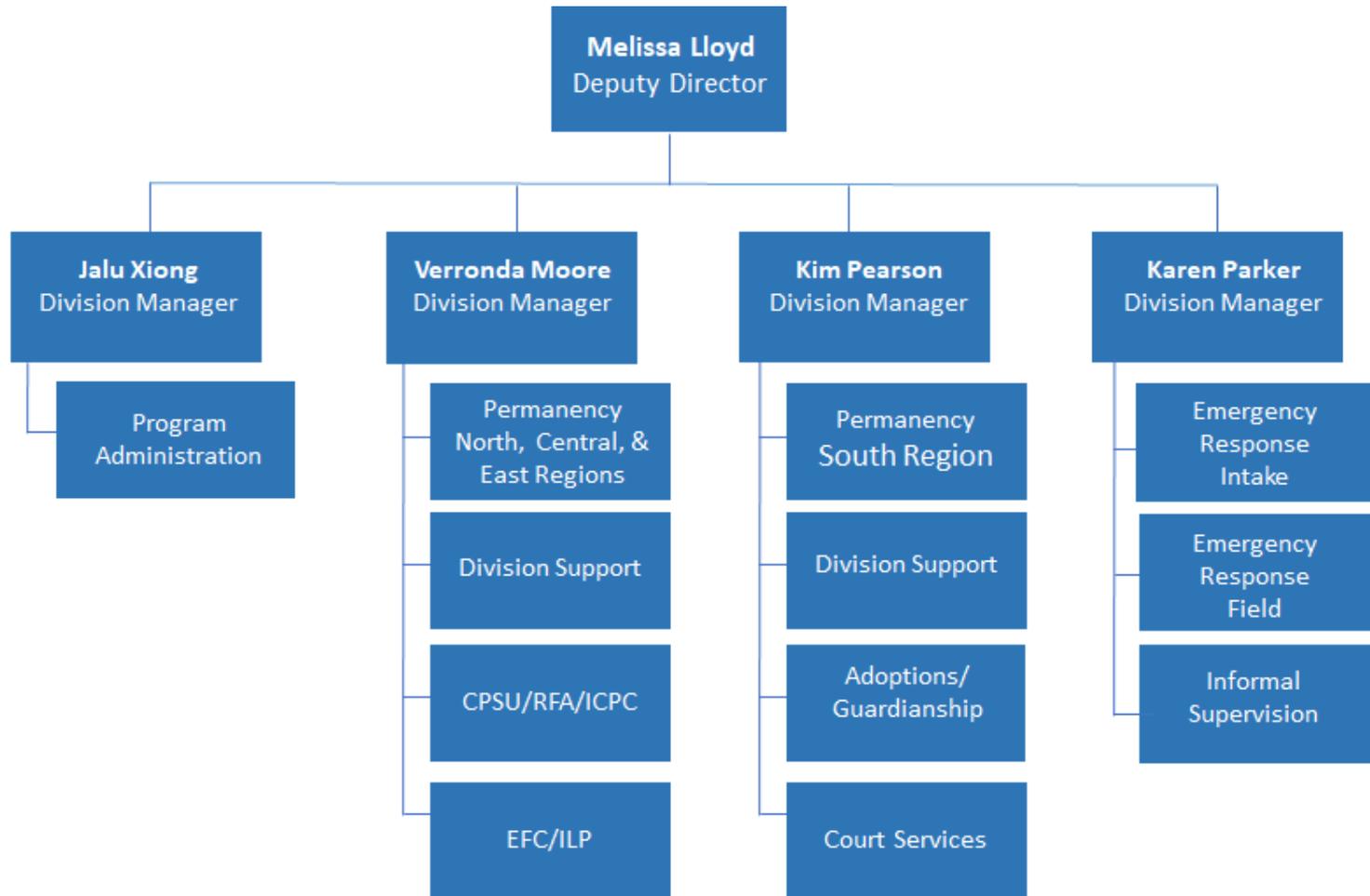
Strengths
<ul style="list-style-type: none"> <li>➤ Officers work with them to enable placements.</li> <li>➤ PO supportive of RFA and relative visitation for kids in the hall; RFA parents try to visit and begin relationship building.</li> <li>➤ Responsive and teaming with the FFA and RFA to problem solve and get kids needs met.</li> <li>➤ Probation Officers genuinely seem to care about youth and RFA parents. Accommodated out-of-county placements, would come to RFA home rather than making them travel.</li> <li>➤ Virtual/remote option for CFTs very helpful to some RFA parents, e.g. scheduling/travel.</li> </ul>
Challenges
<ul style="list-style-type: none"> <li>➤ Foster Youth Rights – while supportive of rights in general, some of them undermine parenting/parenting techniques, i.e. access to cell phones/no monitoring of it, there are some work-arounds but makes it difficult.</li> <li>➤ Had to go to court to get permission for recreational sports because youth’s parent/guardian didn’t want them to be able to participate in a sport/activity. Simple issue got unnecessarily raised to court level. Youth’s parents continuing unhealthy level of control over child while in placement.</li> <li>➤ Need more early intervention and support - Kids go through STRTPs, detentions, multiple placements etc. before getting home-based services or placements.</li> <li>➤ System operating in silos, e.g. education, child welfare, probation, mental health all very disconnected, leads to kids needs going unrecognized. Trauma, developmental issues, not identified by professionals/systems/STRTPs/until in RFA placement.</li> <li>➤ Mental health intake assessment not identifying youth’s needs, youth able to present as well-adjusted but needs services and was denied counseling.</li> <li>➤ RFA parents need/want more access to PO’s outside of typical business hours. e.g. crisis support, to get approval to take youth on family trips or outings that may cross county lines/plans that come up in evenings or over weekends and have to get approval from the youth’s assigned PO, not just whoever answers the 24/7 hour social services support.</li> <li>➤ Inconsistency in communication, expectations, and lots of bureaucracy to manage.</li> <li>➤ Some relative participants expressed frustration with feeling that the current PO entered the relationship with bias against the family.</li> <li>➤ Some participants expressed feeling that the current PO was dishonest with them and the youth – PO practice not in alignment with a trauma-informed practice.</li> <li>➤ Travel permits for out-of-county sports games, family outings are a hassle/take too long.</li> <li>➤ Online training modality/access challenges: Foster Parent College can be glitchy, makes process/keeping up with ongoing training difficult; CPR online class is difficult/glitchy and takes much longer than the stated estimate of time.</li> <li>➤ Youth learn how to manipulate the system and end up falling through cracks.</li> <li>➤ CFT’s that are superficial or just checking a required box are challenging; when youth input is solicited but not given meaningful response/no action taken.</li> <li>➤ Wrap - members of the team “passing the buck” for things not happening/not done vs. all hands on deck, i.e. Wrap providers.</li> <li>➤ RFA parents feel unclear on roles, expectations, no summary.</li> <li>➤ Concern that if question asked it will get written down/escalated unnecessarily.</li> </ul>

- Impression of system/child welfare/probation as unprofessional and employing inefficient processes and methods of business (i.e. faxes).
- Sac County website not informative or helpful, loops back on itself.
- Wraparound-county mental health loss of services/contracts and staffing challenges, delay to getting approval/services initiated, not available outside of typical business hours.
- Youth are self-medicating mental health issues and/or other undiagnosed conditions.
- Youth reluctant to take prescription medication for mental health/other issues.
- Almost all kids have some exposure to use.
- AOD providers are scattered and difficult to access if live in an outlying area
- Youth go to AOD programs and use with other youth and purchase drugs.
- Treatment models used for AOD and Mental Health is not the same.
- If youth doesn't want AOD services, even if mandated, AOD provider won't do intake or provide services.

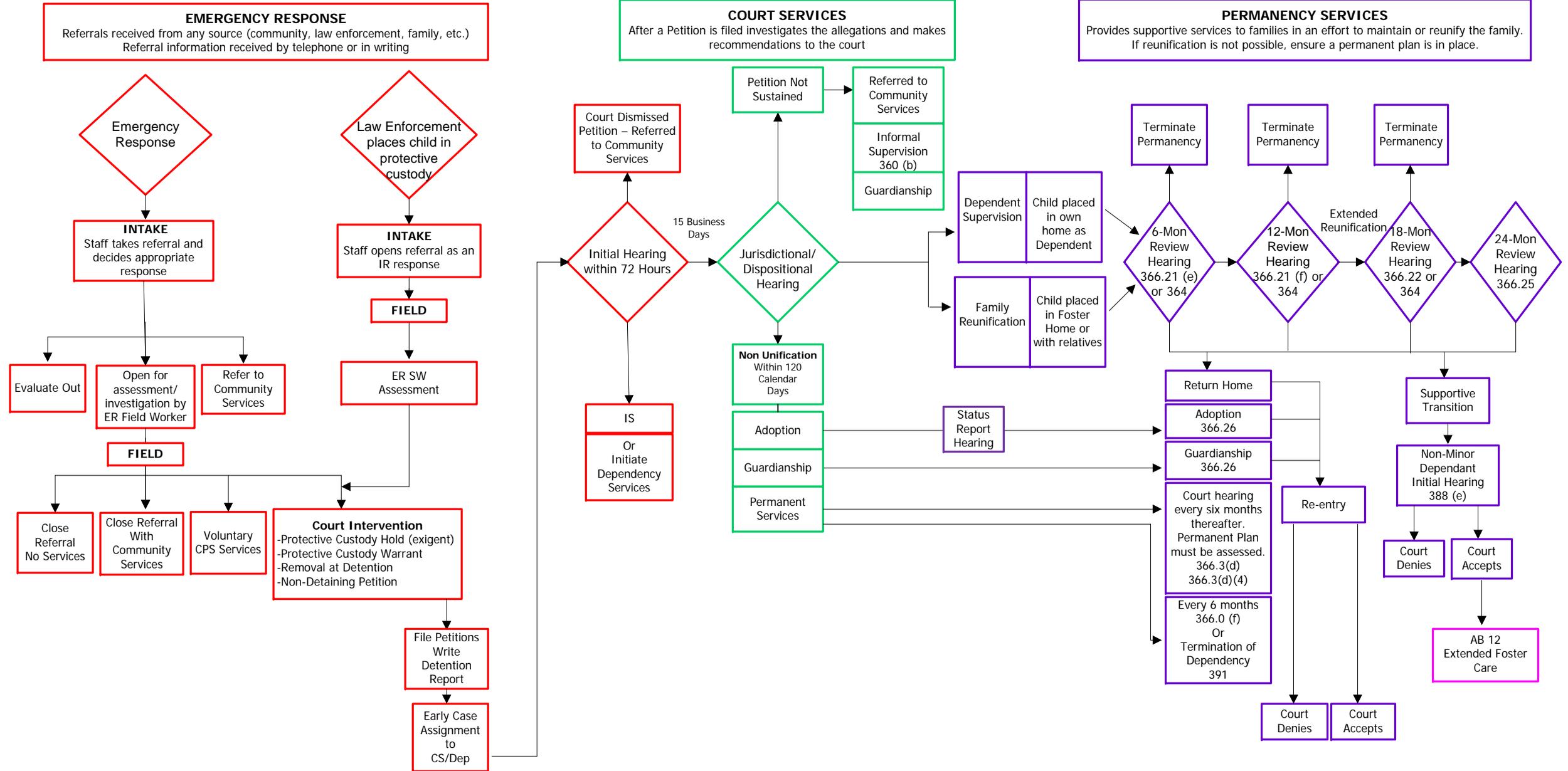
### Recommendations

- Training for Probation Officers: PO's would benefit from a better understanding of how the systems interact, their roles, authority, and financial resources; "Prudent Parenting"; qualification for AB 12/RFA.
- The Level of Care system undermines RFA's being able to get the resources to help kids.
- PO's should familiarize themselves with any child welfare and/or trauma history a youth may have.
- A one-page services flyer for RFA's (PDF with links to everything): what services/programs youth qualify for; what's new with the school system they are in, etc.; updated quarterly with new information, laws, resources, etc.
- Services/training related to youth's basic sleeping and eating habits.
- Play therapy – youth doesn't know how to play/only know how to get negative attention.
- The Sacramento County Juvenile Justice and Delinquency Prevention Commission may be a resource to encourage accountability and change in Probation.
- Local connections, relationships with people with knowledge/experience, more informative and helpful than agencies or professionals.
- Anti-recidivism coalition – peer support group of ex-felons/cons who go into YDF and mentor youth in there. Helpful in advocating during the court process. Not mental health workers, but lived experience and youth may be more inclined to open up to non-professional supports.
- Increase access to recreation/sports/pro-social opportunities for teens.
- Provide more explanation regarding Wraparound services and flex funds.

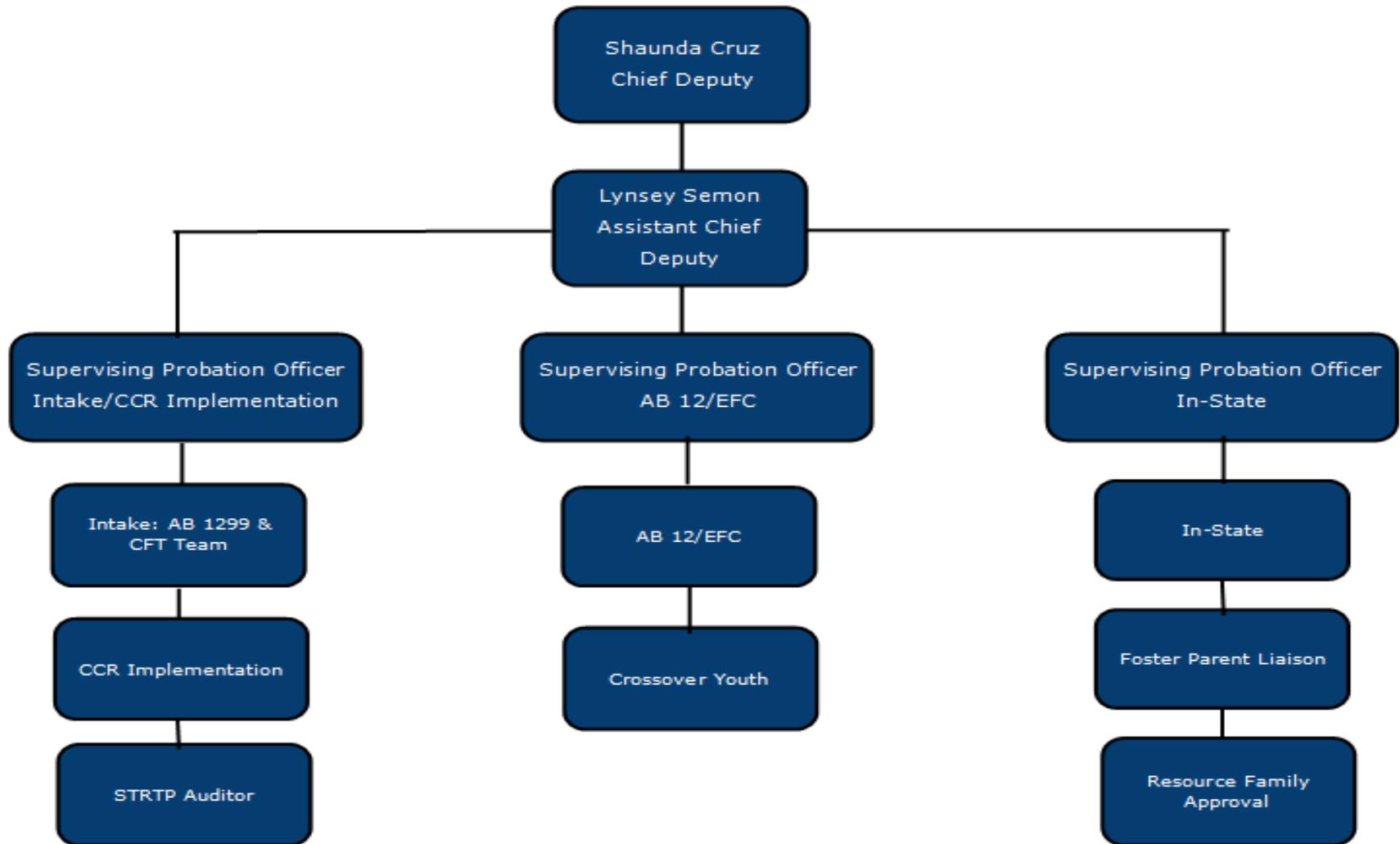
# Department of Child, Family and Adult Services CHILD WELFARE SERVICES DIVISION



## CHILD PROTECTIVE SERVICES SERVICE DELIVERY/COURT PROCESS FLOW CHART AUGUST 18, 2016



# PROBATION PLACEMENT SERVICES



# Juvenile Justice Case Flow (2021)

