

Family First Sacramento Comprehensive Prevention Plan

March 30, 2023



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Family First Sacramento Lead Planning Team

LIST OF LEAD PLANNING TEAM MEMBERS

The Lead Planning Team identified to drive the Family First Sacramento CPP process included:

Child Welfare:

- Karen Parker, Division Manager
- Kristi Baumbach, Program Planner
- Dianne McFarland, Program Planner
- Jenny Ng, Program Planner DCFAS (eff. 11/7/22)

Probation:

- Lynsey Semon, Division Chief
- Derek Casebeer, Assistant Division Chief
- Robert Edmisten, Supervising Probation Officer
- Jenny Ng, Administrative Services Officer II
- Angelina Bryant, Administrative Services Officer II

Introduction

The Federal Family First Prevention Services Act (FFPSA) was enacted under Public Law 115-123 in 2018. In part, it created a prevention services program that allows states the option to access uncapped Title IV-E federal financial funds for the provision of specified evidence-based mental health, substance use, and in-home parent skill-based services to children and youth at imminent risk of entry into foster care, their parents or kin caregivers and pregnant or parenting youth in foster care. This includes kin caregivers of children/youth who are not under the placement and care of a Title IV-E agency and are qualified for prevention services. As noted in CDSS ACL 22-23, “the intent of this legislation is to increase the availability and early access to quality prevention services for children, parents, and kin caregivers to help children remain at home while simultaneously reducing the use of foster care placements.”

More recently, in July 2021, California’s Family First Prevention Services (FFPS) was established in Welfare and Institution Code (WIC) 16585-16589 as an opt-in program for county and Tribal Title IV-E agencies to develop and implement Title IV-E prevention services as part of comprehensive prevention, early intervention services and to address child well-being. For California’s prevention framework, Title IV-E prevention services under Part 1 of FFPSA are a fundamental component of the broader comprehensive prevention planning for the State FFPS program. In order to opt in to the FFPS program, local child welfare and probation departments must submit a Comprehensive Prevention Plan (CPP), the components of which will include primary, secondary and tertiary prevention and interventions strategies and services that support the ability of parents and families to provide safe, stable, and nurturing environments for their children and youth.

ACIN 1-73-21 provides an overview describing the requirements of the State FFPS program, including the populations to be served, allowable services, and preventions services case requirements. ACL22-23 explains the opt-in process for counties to participate in the overall FFPS umbrella, and receive both Title IV-E FFPSA funds and State Block Grant funds. Sacramento County Department of Child, Family and Adult Services, Department of Probation, and Health Services Behavioral Health Department opted into the FFPS plan for the State of California on April 1, 2022. The state acknowledged receipt of the Letter of Intent June 27, 2022. This is the Comprehensive Prevention Plan for Sacramento County DCFAS-CPS and Probation Department, under the title “Family First Sacramento (FFS).” Our Family First Sacramento Vision is that Sacramento County’s children, youth and families are safe, healthy, and able to thrive at home, in school, and in their communities through the county's commitment to valuing and supporting the needs of our diverse population.

Sacramento County has a rich foundation of prevention efforts and collaboration across the public and private sector. This FFS work offers an opportunity to expand our vision and model of prevention services and to deepen our partnerships with communities, Tribes and other partners. In 2019, we established the Sacramento County Prevention Cabinet, a countywide cross-disciplinary collaboration of public and private agencies/organizations with a vision to eliminate child abuse and neglect fatalities and critical injuries in Sacramento County by 2030. In early 2020, we hired a consultant to guide development of our Child, Youth and Family System of Care Interagency Leadership and Advisory Teams (AB 2083), focused on developing a comprehensive, strength-based, trauma-informed and culturally responsive system of care that is responsive to the needs of children, youth and families who are involved, or are at risk of being involved, with the child welfare or juvenile justice systems. Since 2000, we have had a strong network of prevention focused Birth and Beyond Family Resource Centers in 9 communities with

high rates of system involvement. Additionally, the Black Child Legacy Campaign includes Community Incubator Leads in 7 communities with the highest rates of Black child deaths, with all 7 fully operational starting early 2017. The Family Resource Centers focus on primary and secondary community interventions and have partnerships with the Department of Child, Family and Adult Services (DCFAS) to work with families impacted by child welfare. Community Incubator Leads focus on primary and secondary level community prevention interventions, including working with Child Welfare, Probation and our Department of Human Assistance. In addition, at the tertiary level, Sacramento County offers a voluntary Informal Supervision Program to families in an effort to prevent juvenile court intervention and a child's entry into foster care. DCFAS also funds Prevention Wraparound services to address risk factors, strengthen families and prevent formal involvement with child welfare and juvenile justice.

FFS enables our County to further focus on the primary and secondary levels of intervention to support family well-being. Our FFS Logic Model (Attachment 1) developed for FFS focuses on services at these two levels, driven by data and feedback from a variety of sources. This Comprehensive Prevention Plan (CPP) and attached FFS Logic Model focus on new and innovative efforts such as Guaranteed Basic Income and concrete supports to assist families before they come to the attention of a public system, which supports our vision of families being safe, healthy and able to thrive in their communities. In addition, we plan to enhance efforts that have proven beneficial to families, such as co-location of staff that provide a variety of services. Specific enhancements will be determined after we engage with community members and partners to identify what co-location of services might look like in each community. Recognizing "one size does not fit all," we will explore the idea of co-location specific to each community, which could be at a community provider setting, a school, a health clinic or a mobile unit, and could be inclusive of an array of services, depending upon what will best support members of that particular community.

Our vision is to continue to enhance our prevention efforts at every level so all families have access to the things they need so that they can thrive in their community. We also feel it is important to have accessible, evidence-based services at the tertiary level, such as Parents As Teachers, Nurse Family Partnership, Healthy Families America and Functional Family Therapy, to name a few, so that when a child/family is at risk, we have quality, culturally-responsive services available to meet their needs. Our logic model creates a strong foundation for primary and secondary interventions, and supports our further exploration of a community pathway and the concept of community supporter vs. mandated reporter in the future.

Sacramento County understands through the data and feedback gathered that public systems create disproportionality and disparities, and we believe this area needs to be further addressed with intentionality. There have been efforts through the years to reduce bias through monitoring data, utilizing decision making tools, training staff, hiring staff in special skills language/culture positions, and implementing innovative programs, such as the Black Child Legacy Campaign, the Community Incubator Leads and the Cultural Broker program. Additionally, we have several evidenced-based practices available in our community, yet despite these efforts, we continue to see disparities in child and family experiences across our child and family-serving systems. The FFS Logic Model speaks to an institutional analysis and development of a plan that will help us better understand and ultimately eliminate racial disparities. Through FFS, we plan to work with a consultant to create a sustainable plan that focuses on practice, policy and agency culture to reduce bias and systemic racism and their impact on families.

FFS is committed to deepening our prevention work at all levels, building deeper collaborations with communities, Tribes and partners to enable families to stay together and thrive.

Governance Structure

Below is a visual representation of the Governance Structure for the development of Family First Sacramento's Comprehensive Prevention Plan for California's FFPS.

The County of Sacramento, via the County Board of Supervisors and County Executive, Ann Edwards, assumes ultimate responsibility for FFPS funding and accountability. The Family First Sacramento project and team receive approval for its actions via the selected governing body, the Sacramento County Prevention Cabinet. The Prevention Cabinet is a cross-sector public/private collaborative including those with lived expertise, as well as leadership representatives from Public Health, Probation, Child Welfare, Behavioral Health, Human Assistance, First 5 Sacramento, Wilton Rancheria, Kaiser, and Sacramento County Office of Education (SCOE). With their oversight and final decision-making authority, this body meets the requirements for the Comprehensive Prevention Plan.¹

There is another body of high-level sponsors that the Family First Sacramento (FFS) team reports to more directly, to obtain vision, guidance, resources, and approvals. This is the Executive Sponsor Committee. There is some overlap between the members of the Executive Sponsor Committee and the Prevention Cabinet. The Executive Sponsor Committee is made up of Department of Child, Family and Adult Services (DCFAS)(Michelle Callejas, Melissa Lloyd, , , Department of Probation (Marlon Yarber, Julie Wherry), Department of Health Services (DHS) (Timothy Lutz, Dr. Ryan Quist), , First 5 Sacramento (Julie Gallelo), Department of Human Assistance (DHA)(Ethan Dye), Casey Family Programs (Dana Blackwell), Wilton Rancheria (Cheryl Douglas), and Sacramento County Office of Education (SCOE)(Chris Williams). The Executive Sponsors meet with the FFS team approximately twice per month, and assist the team in bringing key issues for decisions to the Prevention Cabinet. Additional roles and responsibilities of the Executive Sponsors are to guide and direct the development of the County Comprehensive Prevention Plan, provide and affirm vision and direction to the planning and implementation teams, provide guidance to respective agency members on the planning and implementation teams, make decisions, resolve issues and provide resources (funding and staff) to the project as needed, attend meetings with the planning team to review status reports and identify items that need approval from the Prevention Cabinet, and guide internal and external communications across the county and within their respective agencies.

The Lead Planning Team is comprised of DCFAS and Probation representatives in consultation with Implematix consultants, Dr. Khush Cooper, Kevin Morgan and Kira Cummins. The Lead Planning Team is responsible for understanding the project timelines and requirements, overseeing and guiding the FFS Implementation Team (FFSIT) work, and developing and driving the county plan/timeline for development of the CPP. The Lead Planning Team identifies resource needs along the way, engages the FFSIT in securing those resources, develops work products outside of meetings to move the work forward, and understands the alignment with the Prevention Cabinet and System of Care work. The Lead Planning Team takes action based on guidance from the Executive Sponsors and circumstances unique to Sacramento County. The Lead Planning Team carries information and recommendations to the Executive Sponsors for consideration and drives the work of the FFSIT.

The FFSIT acts as a Steering Committee and includes representatives from DCFAS-CPS, Department of Probation, DHS (Mental Health and Substance Use Prevention & Treatment), Public Health (PH), Child

¹ All County Letter 22-23, p. 9, #4

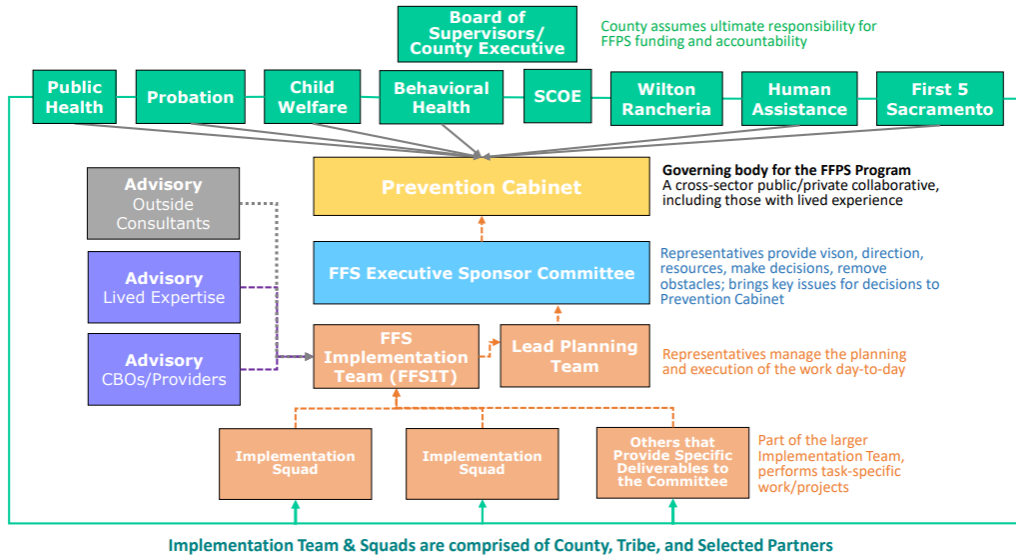
Abuse Prevention Council (CAPC), DHA, Stanford Sierra Equity & Partnership, Wilton Tribal Rancheria, SCOE and Technical Assistance Coaches from Implematix via Casey Family Programs. The FFSIT actively participates in developing the CPP, taking on tasks that are appropriate to the area they represent. The FFSIT makes preliminary decisions and commitments on behalf of members' respective agencies with the authority they have, about plan components and elevate decisions to their Executive Sponsor as needed. They may act as a liaison between the FFSIT and their agency management. The FFSIT and Lead Planning Team make recommendations to the Executive Sponsors and ensure the relevant flow of information and context to guide the decision-making process. The FFSIT works to remove agency barriers, gather necessary information, and help develop specific plan components as appropriate. The consultants provide technical assistance as needed for various members of the FFSIT, and as needed for various stages of the project and CPP development. They guide the FFSIT in completion of the CPP, and provide additional specific coaching and assistance to the Lead Planning Team.

Beyond the FFSIT are small subgroups or committees we called "Squads," convened as needed to address specific elements of the plan development such as data gathering & analytics, program design, funding, etc. The goal is for them to assist the FFSIT with the information needed to develop the CPP, including talking points and deliver critical information back to their agency.

Family First Sacramento has ensured advisory group participation by way of community partner focus group/feedback sessions, focus groups of parents with lived expertise, focus groups of parents in the specific focus zip code areas, as well as focus groups of current & former foster youth, and CPS-involved youth with lived expertise. This was sought at the beginning to help inform focus population selection, family needs, existing service array and service gaps. Their input is foundational to the program design, and will be sought again at key points in the development, implementation and monitoring stages of the CPP.

The Lead Planning Team and FFSIT began meeting weekly in July 2022. The early work focused on developing our governance structure, determining our Guiding Principles (Attachment 2), developing a mutual vision, and creating the Charter (Attachment 3) for the development of the CPP. The vision statement created by FFS is "Sacramento County's children, youth and families are safe, healthy, and able to thrive at home, in school, and in their communities through the county's commitment to valuing and supporting the needs of our diverse population."

These teams have come together, from a cross-sector of agencies and partners in the community, with input from parents and youth with lived expertise, and considered and discussed elements of the CPP including implementation and selection of Evidence-Based Practices. The formal cross-sector teams will continue to meet through all phases of implementation including training, fidelity monitoring and continuous quality improvement. As we move forward, we will continue to seek ongoing feedback from community partners, parents and youth with lived expertise at critical junctures of this project to continue to inform and guide the work. The CPP content has been informed by information and data provided by partners participating on the FFSIT as well as the advisory groups. All members of the Lead Planning Team, the FFSIT, the Executive Sponsors and the Prevention Cabinet reviewed the CPP for input and finalization. The governance structure will continue throughout the full three-year implementation period, and provides a solid foundation for ongoing FFS work in collaboration with other prevention efforts in our county.



Cross-Sector Collaboration, Partner Engagement

Many of the required partners for cross-sector collaboration are already included on the Lead Planning Team, FFSIT, Executive Sponsor Committee and/or Prevention Cabinet. It is our goal that through engagement and collaboration with our partners, this will include participation in the CQI process to support FFS implementation. The following required partners are included in those bodies referenced:

- Child Abuse Prevention Council (CAPC)
- Child Welfare Agency
- Probation Department
- Tribal Representation (One Federally Recognized Tribe in Sacramento: Wilton Rancheria)
- Office of Education
- Department of Health Services, Division of Behavioral Health

Sacramento County has a rich history of cross-collaboration with many partners as evidenced by our existing AB 2083 Child, Youth and Family System of Care (CYFSOC) & Interagency Leadership Team (ILT), our Prevention Cabinet efforts, the Black Child Legacy Campaign, Community Incubator Leads (CILs) Birth & Beyond/Family Resource Centers, and First 5 Sacramento. Other required partners were at the table via community partner feedback sessions (providers, parents, youth, former foster youth), and will continue to be invited to provide ongoing feedback at key decision points along the way, including implementation and monitoring of the FFS Program.

While developing the CPP, intentional efforts were made to engage the specific communities of our focus population to further refine strategy decisions. We will continue to work with those impacted communities and those with lived expertise, to ensure our strategies are culturally responsive to the needs of the population. This is included as part of our monitoring and feedback plan, including our plan for CQI. We anticipate that our county level CQI efforts will feed into future state governance and prevention planning.

The primary barrier to engaging some of the required and suggested partners has been the limited timeframe in which to do so. Listening sessions were held via zoom with the community providers of Sacramento County, Parents and Youth/Young Adults with lived expertise. Focus population and strategy development was predicated in part upon those sessions. Only then did we determine which actual zip codes (neighborhoods) would be our initial focus. Once we selected our initial focus population, there was a need to go deeper into those communities for feedback. Setting up sessions with natural neighborhood leaders (formal and informal) takes time due to the need to establish relationships and build the trust needed for the work to be culturally responsive, meaningful and effective. We continue to work towards building those relationships and making adjustments as needed after consultation with those in the neighborhoods and communities we are focused on. We are currently partnering with the Prevention Cabinet, the Family Resource Centers and the Community Incubator Leads who are embedded in our focus neighborhoods and have already established trust with the residents to hold community level listening sessions. The next step of the plan will be to create further opportunities for partnership at the community level, deeper engagement and feedback loops with our focus communities to ensure community voice as we move to implementation.

Tribal Consultation and Collaboration

This statement recognizes that Sacramento is the ancestral homeland of the Nisenan, Maidu, Miwok and Me-Wuk peoples, who are the Indigenous Peoples of this land, and have lived here since time immemorial.

Wilton Rancheria, a Miwok Tribe, is the sole federally recognized Tribe within the boundaries of Sacramento County. According to the Wilton Tribal Rancheria website, the Wilton Rancheria is comprised of descendants of the Penutian linguistic family identified as speaking the Miwok dialect. Wilton Tribal Rancheria currently has approximately 950 members² of which approximately 62% reside in Sacramento County. Approximately 40% of the Tribe is under the age of 18, and approximately 60% of the children and youth are in the Elk Grove Unified School District.³

Efforts to engage the Wilton Rancheria began in June 2022 shortly after the State acknowledged receipt of Sacramento County's Letter of Interest. As representatives of the Prevention Cabinet and one of the fiscal sponsors of Family First Sacramento, the Director and Deputy Director of the Department of Child, Family and Adult Services reached out to the Wilton Rancheria Elders for a contact within the Tribe. The Department connected with the ICWA Executive Director, in August 2022. The Department reached out specifically to the Wilton Rancheria ICWA Executive Director to establish a pathway to relationship building, which respects Tribal sovereignty and co-creates prevention strategies with Tribal leadership. The ICWA Executive Director joined the FFS effort as an Executive Sponsor beginning September 2022 and as an FFSIT member in January 2023. This will be an important part of obtaining Tribal voice in general going forward, and specifically in relation to the Wilton Rancheria Tribe to make sure we are aware of service needs, gaps, and how to ensure culturally appropriate prevention services going forward. Wilton Rancheria has provided guidance and feedback on CPP development and implementation via the Executive Sponsor Committee. They are already developing their own needs assessment. When we develop plans for subsequent focus populations, the county will work closely

² Wilton Tribal Rancheria, ICWA Executive Director, Cheryl Douglas

³ County of Sacramento, County Self Assessment 2021-2026

with Wilton Rancheria to support its community to analyze its own data and create culturally derived recommendations for prevention strategies.

While the Native American population in Sacramento is not directly part of the initial focus population, it is a priority focus population and CPS will actively engage additional Tribes to develop prevention strategies given the disproportionate representation of Native American in our child welfare system(s). The key to this effort will be initiating and maintaining ongoing engagement between FFS and other local Tribes such as the Nisenan, Maidu and Me-Wuk Tribes, to evaluate what prevention strategies are working and where there may be gaps. We will seek out opportunities to engage with the Tribes around practices related to comprehensive prevention and strengthening of families in the Native American community. In addition, Probation's focus population will encompass the Native American population who are pre-adjudicated youth going through the court process and their families. Lastly, FFS prevention strategies will be in full compliance with requirements for the Indian Child Welfare Act, by virtue of training, both induction and program-specific training, as well as Social Worker and Supervisor CORE Training as applicable, and via ICWA-specific training by Sacramento County, County Counsel upon updates or changes to laws related to the Indian Child Welfare Act.

Integrated Core Practice Model (ICPM)

FFS Executive Sponsors value the incorporation of the Integrated Core Practice Model (ICPM) at all levels of system work. This starts at the leadership level and filters down through all levels of staff to support the work directly with families, youth and children. Members of the Executive Sponsor Committee are involved in many other cross-system initiatives, including but not limited to the Child, Youth and Family System of Care (CYFSOC/AB 2083), Black Child Legacy Campaign (BCLC), the county's Child Safety Forward Sacramento Initiative of Prevention Cabinet, the Commercially Sexually Exploited Children (CSEC) Team, and the First 5 Sacramento Commission programs. Each of these initiatives have incorporated principles, values, leadership behaviors and practice behaviors of the ICPM framework to guide interactions with children, youth and family, program staff, contractors and other system partners. This has set a strong foundation to further the development of cross-systems, integrated prevention services in Sacramento County. For CPS and Probation's existing ICPM efforts refer to the "Integrated Core Practice Model (ICPM) Efforts" (Attachment 4). For the CPS "Core Practice Model (CPM) with Safety Organized Practice (SOP) Infusion Model Description," see Attachment 5.

ICPM is supported by and aligned with existing practice guidance used in Sacramento County, including the Universal Trauma-Informed Care Curriculum. The intent of implementing ICPM's leadership and practice behaviors across systems is to provide staff at all levels with the essential principles and professional behaviors that lead to strong relationships with each other and with children, youth and family that center family voice, support open and transparent conversations and foster a team approach. Cross-sector ICPM training provided by California State University, Fresno's Central California Training Academy occurred in 2021 to include supervisors, managers and directors from CPS, BHS, Probation, Juvenile Court, DHA, First 5 Sacramento, SCOE, and Alta Regional Center. This training will be offered again, and will include direct line staff (social workers, probation officers and those from other partner agencies and Tribal partners) after the state releases the 2023 update to the ICPM. Our AB2083 Interagency Leadership Team (ILT) has prioritized the implementation of ICPM across Sacramento County's CYFSOC within the next year, and has tasked its Advisory Team to develop an implementation

plan, which will include how to sustain the training, to keep the workforce grounded in the practice and principles.

For Family First Sacramento FFPS work specifically, ICPM and CPM-SOP values, principles and leadership and practice behaviors have been foundational to the development of the CPP, and will continue to be forefront and foundational in all interactions and partnerships, at the Executive Sponsor level and across all levels of staff. When implementing our CPP, leadership behaviors will continue to be incorporated into interactions with internal staff, cross-system partners, Tribes, parents and youth with lived expertise, and the community in general. It is the plan for internal staff to receive ongoing CPM-SOP training and coaching and to build in ICPM training into future RFPs and contracts with service providers. Our goal is for direct family and child level interactions to consistently incorporate CPM-SOP practice and leadership behaviors, to authentically engage and elicit family and support network voice at each step, and to partner across systems to continue to build strong relationships and empower families. This includes from the time of first engagement with a family to performing safety and risk assessments, candidacy assessments, service planning and delivery, and transitioning from services.

Focus Population, Candidacy & Needs Assessment

FOCUS POPULATIONS FOR FFS

Background/County Demographics

Sacramento County is very large and diverse with a population estimate of 1,588,921 as of 2021. Less than a quarter of the population, 23.3% are under the age of 18. Children under the age of five make up 6% of the population.⁴ Additionally, Sacramento is predominantly White, similar to California, but has a higher percentage of Black or African Americans than the state. Sacramento has significantly less percentage of Hispanic or Latino persons, and a higher percent of persons with Two or More Races.

Race and Hispanic Origin	Sacramento	California
White Alone	61.40%	71.10%
Black or African American Alone	10.90%	6.50%
American Indian and Alaska Native Alone	1.60%	1.70%
Asian Alone	17.80%	15.90%
Native Hawaiian and Other Pacific Islander Alone	1.30%	0.50%
Two or More Races	7.00%	4.20%
Hispanic or Latino	24.40%	40.20%
White Alone, not Hispanic or Latino	42.10%	35.20%

Sacramento County is comprised of seven cities: Sacramento, Citrus Heights, Rancho Cordova, Folsom, Elk Grove, Galt, and Isleton.⁶ 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,

⁴ <https://www.census.gov/quickfacts/sacramentocountycalifornia>

⁵ <https://www.census.gov/quickfacts/fact/table/CA,sacramentocountycalifornia/PST045222,PST045221>

⁶ <https://www.saccounty.gov/Government/Pages/CitieswithintheCounty.aspx>

Orangevale, Parkway, Rancho Murieta, Rio Linda, Rosemont, Vineyard, Walnut Grove, and Wilton.⁷ There is a very diverse representation and groups of various races and ethnicities within and between those communities and zip codes. To understand the greatest area of need for prevention at all levels, and specifically to address populations with disproportionate representation in the child welfare system, Sacramento County DCFAS and other system partners have completed data reviews regarding the populations of children and youth entering the child welfare and/or probation system, at risk of entering either system, or in a population that would benefit from primary prevention opportunities. This includes looking at age, race/ethnicity, and zip code information given the diverse communities in Sacramento County. Based on the data analysis, we have selected some specific zip codes and population demographics with the highest rate of disproportionality as the initial focus for Sacramento County's Comprehensive Prevention Plan.

CPS Focus Population

With the Family First Prevention Services (State Block Grant), efforts, Sacramento County's focus is on impacting families within the focus communities. As work progresses, more focus will be needed at a community level to support the healthy communities and environments the families are residing in. Taking into account current child welfare data, social determinant of health related information from the County Self-Assessment (CSA), homicide & critical injury data from the Prevention Cabinet, community level zip code and race/ethnicity information, and other various data sources, the Family First Sacramento team has identified **Black/African American children ages 0-5 and their families** in the following zip codes as our initial focus population: **95823, 95815, 95821, 95828** (and two secondary zip codes of **95825 & 95838**). Subsequent priority focus populations, once we expand our prevention efforts, will include additional overrepresented populations in the child welfare system, including Native American children & youth, LGBTQ children & youth, and pregnant and parenting youth. The FFS team understands that by starting with the most impacted population, it does not preclude serving other populations as we move forward, while also continuing efforts that impact the larger child welfare population served.

While it will be some time before we are able to fully implement FFPSA strategies related to the Comprehensive Prevention Plan, we anticipate maintaining our FFS focus population of children overrepresented in the child welfare system, especially Black/African American children ages 0-5 and their families. The candidacy for FFPSA includes our FFS focus population of children with substantiated or inconclusive child abuse/neglect allegations but with no open case and substance-exposed newborns. Data for these two areas of candidacy can be found in the CPS Focus Population Data (Attachment 6).

We are very well situated in our community with some FFPSA allowable Evidence-Based Practices. We are funding Parents As Teachers expansion at our Birth and Beyond CBOs. While not yet rated as a well-supported EBP, Effective Black Parenting Program is rated as a promising practice and is in process of being evaluated as an approved parenting class for families involved in the juvenile court process. In addition, Nurse Family Partnership is in the process of expanding through enhanced funding. With future opportunity to match federal funding, we anticipate our candidate populations to further benefit from EBPs such as these (home visitation specifically), by preventing involvement with the child welfare system entirely, preventing further penetration into the child welfare system, preventing placement into foster care or future juvenile justice involvement.

⁷ https://www.saccounty.gov/Government/Documents/CDPs_within_the_County.pdf#search=census%20places

How the CPS Focus Population was Determined

There is no shortage of information regarding the disproportionately rates for Black/African American children and youth involved with the child welfare and juvenile justice systems in California, and this is also well-documented in Sacramento County. The Sacramento Blue Ribbon Commission Report on the Disproportionate African American Child Deaths recommended a steering committee on the Reduction of African American Child Deaths (RAACD), which was established in June 2013. The RAACD Steering Committee recommended and was approved funding for Community Incubator Lead (CIL) organizations and a backbone organization to coordinate their efforts which included the use of Cultural Brokers as one of the strategies to support African American families. In addition, Sacramento County declared racism a public health crisis in November 2020⁸. Systemic racism, individual implicit bias and explicit racism in our community and public systems directly contribute to the disproportionate outcomes we see for Black/African American children and youth in Sacramento. Given that knowledge and the data used for the development of this Comprehensive Prevention Plan, we want to make a special note that data contained in this document is only a highlight of what is being tracked and available that gives insight into the well-being of Black/African American families in Sacramento. Many other aspects of daily living impact individual, family and community well-being that are not directly addressed in this document.

Based on prior prevention efforts and review of data, we looked at suspected child abuse or neglect allegation referrals to the Sacramento County Child Welfare Hotline System. Below is a table for Fiscal Year 21/22 wherein CPS received allegations regarding Black/African American children and youth at a rate of 150.1 per 1000 children/youth, Native American children and youth at 95.1 per 1000 and White children and youth at 46.6 per 1000 children/youth.⁹ There was definite disproportionality in the rates that Black/African American and Native American children/youth were referred to CPS with allegations vs. White children/youth. This first call leads to ongoing disproportionate representation throughout every contact point in the system. The percent of the representation of Black/African American and Native American children/youth at every point in the system remains significantly higher than for White children/youth.

Rate per 1,000 Children/Youth by Race/Ethnicity at Each Decision Point Within Sacramento County's Child Protective Services System						
FY 21/22	With Allegation	With Investigation	With Substantiation	With Open New Case	With Open to Informal Supervision	With Open to Court
	Rate per 1,000 Children/Youth					
Black/African American	150.1	96.9	17.9	8	3.19	4.99
Native American	95.1	60.3	16.9	10	4.76	5.81
White	46.6	25.2	4.6	2.1	0.9	1.23

We looked at five fiscal years' of data, including the most current data (FY21/22) referenced in the CPS Focus Population Data (Attachment 6). As noted in the table showing the ethnic makeup of all children and youth involved in the child welfare system at each decision point, it shows that after the calls are received and Structured Decision-Making tools are applied, disproportionality (in terms of percent of Black/African American children/youth involved at that decision point, vs. percent of African American children/youth in the population) does decrease at the next decision point; however, disproportionality

⁸ <https://www.sacounty.gov/news/latest-news/Pages/Board-Declares-Racism-As-Public-Health-Crisis.aspx>

⁹ Data Source: Business Intelligence CWS/CMS extract (9/14/22)

between representation of Black/African American children/youth vs. White children/youth continues to be present throughout all decision points. Attachment 6 contains detailed charts and tables describing the data analyses, which led us to selecting this focus population.

Probation Focus Population

In Sacramento County, prevention is the focus at each referral level for the youth we serve. For FFS, the Sacramento County Probation Department plans to focus on our population of youth who have had citations filed by the District Attorney and pre-adjudicated youth placed on Electronic Monitoring (GPS) and /or Home Supervision (EM/HS). The goal of FFS service strategies, High Fidelity Wraparound and Functional Family Therapy, will be to divert youth away from formal court processes whenever possible and to prevent deeper involvement into the juvenile justice system. Prevention services for candidates identified in the plan will mitigate risk of youth entering into foster care. For additional information, refer to the Candidacy Assessment Tool (Attachment 7).

How Probation's Focus Population was Determined

The Probation Department conducted an evaluation of current and historical data, looking at the first points of entry into the juvenile justice system to determine the focus population. Services were fairly comprehensive and readily available for most of the other referral levels in the Department. There was a noticeable lack of youth and family intervention services for the citation population and for those youth placed on Electronic Monitoring (GPS) and/or Home Supervision pre-adjudication. We suspected the lack of intervention services might result in more youth progressing further into the juvenile justice system beyond this point.

NEEDS ASSESSMENTS: CPS

CPS Needs Assessment: Data

To help determine what needs should be prioritized for the CPP, we explored and analyzed data and information from many sources. This includes deeper digs into data not just from CPS and Probation, but also from our cross-sector collaborators and FFSIT members, as well as respected online data sources such as the US Census, Casey Opportunity Map, KidsData, 2-1-1, etc. Just as important, we held community provider feedback sessions, parent listening sessions, youth focus groups and community focus population listening sessions to get community, parent and youth voice. We also considered the social determinants of health areas of Economic Stability, Education, Health, Mental Health/Behavioral Health, Neighborhood and Social/Community, which shape the conditions of daily life into which people are born, and in which they grow, work, live and age. For detailed descriptions of these data, please see the CPS Needs Assessment Data document (Attachment 8).

CPS Needs Assessment: Listening Sessions

In addition to the collected data above, we held listening sessions with multiple groups of partners to find out the story behind the numbers. Some of the listening sessions occurred as part of our County Self-Assessment, or via our First 5 Sacramento or Sacramento County Children's Coalition partners for example, prior to this specific FFS effort. Even though those efforts were not specific to FFS, they obtained community and family voice, and we wanted to ensure we paid attention to work already done in this area. The results of those listening sessions are included in the CPS Listening Sessions (Attachment 9) and First 5 Sacramento Survey Results Summary for FFPS Focus Zip Codes (Attachment 10). To specifically address the FFS work we also held community partner/provider sessions in October 2022,

parent listening sessions in November 2022 and youth listening sessions in October 2022. Below are the results of those listening sessions.

Family First Sacramento Community Provider Forums

In direct support of the development of this Comprehensive Prevention Plan, Family First Sacramento held two community-based sessions 10/26/22 and 10/27/22, to gather input from community providers and other partners. There were approximately 55 participants at the first session (an evening session), and approximately 75 participants in the second session (a morning session). Invited participants included, but were not limited to those who had previously participated in the CSA listening sessions, those who were invited by the Executive Sponsors and those who were included by the Prevention Cabinet. Context for the FFPS funding streams and CPP requirements was provided. The selected focus populations were shared, along with some of the data used to arrive at the selection. Initial possible proposed strategies were discussed. The goal was to learn from the expertise of our community partners and providers as to the appropriateness of the focus population selection (validation), the proposed strategies, and what else they would want to see included from their lens. There were breakout groups to ensure everyone's voice was heard, and a significant amount of feedback was collected, reviewed and utilized in the development of the CPP.

Overall themes included the need for culturally matched services, addressing the impact of bias, and the need to build trust with families in the community. Needs identified included accessibility to services/co-location (including flexible hours and walk-ins), flexible funds for concrete needs such as housing, childcare, food, and gas/transportation, and employment and work skills building opportunities. There was a more pointed focus about the notion of co-location of services. Feedback included the need to focus on communities, not just zip codes as zip codes can be expansive so that not everything is within easy access to all; family advocates or people with lived expertise would be an important addition; and having safe spaces for families, youth and children to go (especially in instances of domestic violence) would be important. Recommendations included neighborhood based co-location of services (consider how schools may be incorporated as natural support centers) and the full gamut of well-supported EBPs which are included in the Community Provider Forum Feedback Summary (Attachment 11).

Family First Sacramento Youth Voice Sessions

In direct support of the development of this Comprehensive Prevention Plan, Family First Sacramento held two youth voice listening sessions, 10/20/22 with 5 youth and 10/25/22 with 4 youth to gather input from the youth lens. Participants included attendees at a recurring Independent Living Program class and an Extended Foster Care Orientation. The youth were involved or formerly involved in the child welfare system, and placed (or formerly placed) outside of their homes. The goal was to learn from youth's lived expertise as to what services, supports and resources, if available in their communities, may have changed their story and prevented their contact with the child welfare system. It was designed to be engaging with pre-determined, open-ended questions, listening and invitations to the youth to share about their experiences and perspective on what families need to stay safe and thrive in their communities. We wanted to know from their expertise, what could be done differently within communities to help support families and address needs early on, which may prevent families from being reported to CPS.

The youth highlighted themes including a negative image of CPS in the community, a lack of culturally appropriate services (stigma toward mental health issues within certain cultures, lack of mental health providers of same culture/experience, mandated reporters not understanding children and youth's

cultures) and a general feeling of isolation. They felt “one-stop shops” would be helpful and we should involve schools more in this effort. They suggested creative ways to get resources out in the community, and the need for safe spaces in the community where families (especially women with children and youth) could get information and be safe. Specifically they recommended having a “referral lite” (an avenue where mandated reporters could connect families to trained people with resources prior to involving CPS). They felt mandated reporters needed better training (including options to help when they see a need vs. reporting to CPS). They thought a “WRAP-like” service for pregnant moms in the community prior to CPS involvement would be important. They also indicated it would be critical to meet concrete needs such as employment, food, housing, transportation, financial support, cell phone access, and timely resource provision for identified need. For more information, refer to the Youth Voice Feedback Summary (Attachment 12).

Family First Sacramento Parent Voice Sessions

In direct support of the development of this Comprehensive Prevention Plan, Family First Sacramento held a parent voice listening session 11/2/22 with 3 parents to gather input from the parent lens. Participants included parents who had a previous open Informal Supervision case (related to DUI and alcohol addiction) and a pregnant parent with additional children involved with CPS, removed from her care, and placed with a relative in another county (related to domestic violence).

Themes identified by the parents were similar to many of the other listening sessions previously described. The participants identified challenges around accessing services including site location, days/hours open, restrictions on some services (eligibility requirements), having multiple children and utilizing public transportation or Uber/Lyft with car seats, lack of childcare at service agencies, and having legal restraints like ankle monitors, which makes it difficult to access some out-of-home services. They also made note of stigma (worried what people will think if they ask for support) and that programs are not offered in their language or do not reflect their culture. They also identified needing primary supports including affordable housing (esp. for women leaving a situation involving domestic violence), childcare (including cost, locations, additional hours, respite, and help with enrollment), transportation, career support, immediate support in time of crisis (food, diapers, funds) and stress-reduction/self-care. Recommendations included women’s empowerment/self-love groups, building parents’ support systems, seeing the parent as a partner/bringing expertise, providing parent partners to support parents and adding more crisis nurseries. For more information, refer to the Parent Voice Feedback Summary (Attachment 13).

In addition to the feedback sessions mentioned, we are working with the Prevention Cabinet, FRCs, and CLs to hold additional sessions. Once completed those sessions will help inform our next steps.

CPS Needs Assessment Summary

The overall picture for the county is showing disproportionality in many social domains of health leading to disproportionality and disparate outcomes at the child welfare level for Black/African American and Native American children and youth. The data and the feedback from youth, families and community are in alignment with one another regarding all indicators.

Economic stability in the form of income, concrete needs, and childcare are significant factors that need to be addressed for prevention at the community level to succeed. In Sacramento, 33.9% of Black/African American children and youth are in poverty as compared to White children and youth at

14.2%¹⁰ (despite Black/African American children and youth representing 10% and White children and youth representing 33.2% of the child population). We note that 95825 has the highest poverty rates for Black/African American children under 5 at 60%, and our next highest are 95821, 95815 and 95828 at 57% each. For families with incomes less than \$35,000, zip code 95815 has the highest rate (77%) of children under age 5 in poverty below \$20K. In 95823, 33% of the CalWORKs recipients (with children ages 0-5), 24.3% of the CalFresh/MA recipients, and 17% of the Medi-Cal only recipients are Black/African American. All three of those percentages are the highest of all our focus zip codes. These statistics suggest an opportunity to pilot guaranteed basic income.

For emergency childcare and respite services, there are only two Crisis Nurseries in the county (only one of which is in our focus area). We know that there is a capacity issue for childcare in general, with there being a 71% shortage in licensed childcare slots available. Further, it can be unaffordable given the high cost of rent, and the significant number of single mothers (one income) in our focus areas. There are a significant number of infant/toddler, preschool and school-aged children not being served. This information suggests the need to increase capacity and availability of quality, affordable childcare within communities.

Issues for children in this area continue through early childhood education and continuing on to school. There are waitlists for Head Start programs, and we see negative indicators in education as children mature through the system, where significantly larger percentages of Black/African American youth are reported to have chronic absenteeism and suspensions than White youth in our focus zip codes. We also then see the percentages of young people with formal college education (4-year degree) as being significantly less in a few of our zip codes (95815-15%, 95823-15%, 95828-16%, and 95838-12%) than Sacramento (31%) overall. Prevention needs to start early, in order to see improvement in the trajectory for young people, especially for those disproportionately represented.

We looked at overall health in our communities for Black/African Americans versus other races, and see disparity there, with 59.2% of Black/African Americans expressing having Excellent/or Very Good health versus White individuals at 92.4%. Black/African American mothers in Sacramento have the highest rate of infants born at low birthrate. Black/African American infants are referred for child welfare services significantly disproportionately for having been exposed prenatally or having been born with a positive toxicological screen, for illicit drugs or alcohol. We also looked at mental health needs, and found that of our focus zip codes, 95823 has the highest amount and percent of Black/African American and Native American children receiving outpatient services for our matched clients, and for the behavioral health system overall. This may suggest a need in this region for more outpatient services, given the size of the region. In looking at data matches between CPS and BHS, we see that 28.8% of the mothers received services while only 5.4% of the fathers received outpatient services. This points to a potential need here as well for more neighborhood based and accessible services.

We also thought it was important to figure out why families are coming to the attention of CPS, and one of the largest contributing factors overall was domestic violence. Other factors included factors related to a lack of anger management skills, harmful relationships, parental mental health issues, and parenting affected by drug abuse. Risk/Safety/Needs for the children and youth included behavioral or mental health, domestic violence, drug/alcohol exposure, emotional/behavioral needs, and trauma concerns. These factors for the parents and the children/youth suggest a need for wellness services within communities, accessible to families. This is an area for future consideration as we explore prevention

¹⁰ <https://kidsdata.org/region/344/sacramento-county/results#ind=&say=&cat=6,37>

efforts throughout our larger community, which will also be considered in our AB 2083 System of Care work and in our co-location strategy by developing deeper partnerships with existing providers related to issues of intimate partner violence, to increase accessibility to services.

For this strategy, we have observed how powerful co-location services within communities can be, by looking at the CILs and co-location of Informal Supervision social workers, DHA eligibility specialists and deputy probation officers focused on prevention efforts. For FFS, we are keeping our options open, to ensure we can meet the needs and wants of families in the communities we will be serving via co-location. This could mean mobile units for some neighborhoods, while other neighborhoods may prefer co-located services at a school-based setting within the community. It may be that families prefer an existing co-location or agency site, but additional/different services or hours are needed. We plan to be very intentional with this opportunity, and will delve deeper into neighborhoods and with prevention partners to make the most of this opportunity to remove barriers to accessibility, and help families thrive in their communities.

Housing is another area that shows up as an identified need for families, and an area for improvement according to the data. Our zip codes are among the top 10 requesting help with housing and shelter. It was the number one request for service (2-1-1) for all six of our focus zip codes. This is more support for something such as a guaranteed basic income trial. Once a family encounters CPS, there are resources available such as Bringing Families Home Program. However, for a shift to a prevention focus, housing insecurity is an important societal that needs to be addressed.

Lastly, as FFPS is intended to have a significant impact on addressing disproportionality in the child welfare system, we looked closely at who is reporting to child welfare and what happens once those reports are made. This was vitally important as we already noted Black/African American children and youth are being reported to the child welfare hotline at a rate 3 times that of White children and youth. Our age group was 0-5, so we did not have as many educators reporting as we might have if the age group was higher, so we focused on Law Enforcement (LE) Removals. We learned that Black/African American children are 6.7 times more likely to be removed by LE than White children are. We also saw that White children returned home sooner than Black/African American children at each time designation did. We also heard from youth and families that they do not feel systems understand or empathize with their cultures. They wanted mandated reporters to better understand, and be able to help instead of falling back to reporting families to CPS, when it may not be needed. We heard repeatedly about the lack of trust families have in our systems, and how there is stigma in asking for help, and fear in not really understanding how systems can help. This area clearly needs attention, and could be addressed in many ways including DEI informed mandated reporter training, specific DEI coaching within agencies, and inclusion of community voice when developing new mandated reporter trainings.

NEEDS ASSESSMENTS: PROBATION

Probation Needs Assessment: Data

Snapshot data on EM/HS cases for 1/1/21, 7/1/21, 1/1/22, and 7/1/22 was reviewed. Although record sealing of a case when a youth turns 18 or has their case terminated/dismitted impacted the data for 1/1/21(21) and 7/1/21 (6), it was determined the results were only slightly impacted. Historical citation data was reviewed for 2020 through 2021 and current cases through July 2022. The Department also evaluated factors such as age, race, gender, zip code area, and Probation Status. For additional information, refer to the Probation Case Analysis (Attachment 14).

The results of the snapshot data is highlighted by zip codes, trends, assessments, and service gaps in the following:

- Three zip codes had the highest rates of pre-adjudicated youth¹¹
 - ✓ 95823 (Parkway)
 - ✓ 95828 (Florin)
 - ✓ 95838 (Del Paso Heights)
- Trends
 - ✓ A significant number of CPS referrals between the ages of 0-5 (approximately 50% of youth) with an average of 8 CPS referrals per youth
 - ✓ Substantial amount of emotional and physical trauma
 - ✓ Family drug and incarceration history
- Assessment and service gaps
 - ✓ Lack of assessment and linkage to services.
 - ✓ Pre-adjudicated youth placed on Home Supervision or Electronic Monitoring had an average of 140 days to adjudication.
 - ✓ Citations filed in Court had an average of 200 days to adjudication.

Probation Needs Assessment: Listening Sessions

In an effort to further assess the needs of youth in our community, bring improvements to service delivery, and support youth voice and choice to address barriers to treatment and successful outcomes, the Probation Department surveyed youth under community supervision and in custody at our Youth Detention Facility (YDF). Youth have a perspective on their unique needs, which is often overlooked by system planning initiatives, and the Department wanted to include their voice in planning processes. The survey results covered areas of identified resources, service needs, and areas youth saw where assistance from the Department or other system partners would be beneficial. The Probation Youth Survey Results included 134 youth responses with ages ranging between 13-17 years old (Attachment 16).

The top five identified resources and service needs were education, transportation, life skills, employment or vocational services, and mental health services. Of those surveyed, 46% were seeking employment and needed additional skills.

Throughout the survey, other areas where youth added needed resources, services and assistance included:

- Food access,
- Obtaining an identification card or driver's license,
- Acquiring necessary documents (i.e. birth certificate, medical card, social security card, transcripts),
- Affordable housing,
- Parenting classes and childcare (daycare),
- Pro-social activities, and
- Mental health treatment services.

¹¹ See Attachment 15 for Sacramento County Probation Juvenile Population by Resident Zip Code.

Probation Needs Assessment: Summary

Our focus zip codes fall within the top five (5) neighborhoods with the highest average number of youth under Probation's jurisdiction, to include: pre-adjudicated youth, youth on informal and formal probation, and non-minor dependents. The data suggests there is disproportionality among these particular zip codes.

Although probation has little to do with the initial contacts and referrals to the juvenile justice system, we have identified clear gaps in early intervention services for youth at the first point of entry into the juvenile justice system. Existing cases pending court adjudication leading to an outcome primarily receive probation supervision under terms and conditions of compliance with minimal assessments and linkage to service providers and resources. FFS gives us the opportunity to channel these youth away from further involvement into juvenile justice by offering families and youth home-based services to address risk and needs, resulting in better outcomes and family stabilization.

Service/Asset Mapping

CPS

CPS Existing Prevention Efforts

The County of Sacramento is well-situated in terms of existing prevention efforts. The County has decades of growth and improvement in child welfare service provision, as well as developing, funding and implementing prevention strategies. This includes prevention at all levels (primary, secondary and tertiary), including some of the resources mentioned in the Service/Asset Mapping (Attachment 17). While Sacramento will continue to invest in these collaborations, initiatives and funding innovations, FFS planning efforts have given us the opportunity to mine further gaps and strategize for their closure.

CPS Gap Analysis

While Sacramento County has made significant investments in prevention efforts, our data, service array review, and listening sessions within the community, tell us that our prevention service milieu is insufficient, as we still have disproportionality and disparities in our system. Our identified FFS strategies are intended to help achieve our desired outcomes and are highlighted below. While these strategies are designed for our focus population, many will be available to the community at large in our focus zip codes. Therefore, more than just our focus population of Black/African children ages 0-5 and their families will receive benefit.

At the primary level, we already have Mandated Reporter training for the entire county provided by the Child Abuse Prevention Council; however, our understanding from feedback is the training may be strengthened by adding Diversity, Equity and Inclusion (DEI) and resource information. Therefore, one of our strategies is updated mandated reporter training, to include a DEI framework. Furthermore, we believe it is just as important to support child welfare staff at all levels in having the skills and ability to address possible biases in their work. We know that Black/African American families and families of other races and ethnicities, who come to the attention of the child welfare system, face systemic and individual bias and racism. While child welfare has made efforts to counteract the effects of such bias and racism (Structured Decision Making, data reviews, Anti-Racist training series, Implicit Bias training,

etc.), we acknowledge we need to address bias at a different level. This includes practice, policy, and organizational culture. It is our intention to complete a systemic analysis and develop a plan to increase knowledge and skill, and improve policies and agency culture. We believe addressing the implicit bias present in our policies and in our engagement with families, will reduce racial/ethnic disparities in all phases of child welfare system interventions. Lastly, while we are not currently including this as a strategy, we are aware of a new Statewide Task Force under development to focus on a plan of “Community Supporting” instead of mandated reporting. This concept coincides nicely with the feedback we heard from our youth and parents in particular, which has great potential to further reduce the effects of systemic bias and racism, and is something we will continue to evaluate moving forward.

We know that families of color are disproportionately affected by poverty. Economic and concrete supports are a strategy to reduce racial disproportionality in child welfare systems and improve family and child well-being.¹² Research shows that when families can meet their basic needs, they can go beyond surviving and begin thriving.¹³ Research of Guaranteed Basic Income (GBI) demonstrations have shown participants to have significant improvement in mental health including reduced stress, anxiety, depression and anger, and increased sleep, and increased enjoyment of and time spent with family (Stockton Economic Empowerment Demonstration¹⁴ and Magnolia Mother’s Trust¹⁵). Conversely, there is evidence that reduced ability to meet one’s basic needs may result in increased child welfare involvement. We noted that contributing factors most prevalent in the case plans of our point in time focus population revolved around domestic violence, substance use, anger, etc. We believe that by providing financial support and connection to resources for basic needs will reduce stressors on families, and subsequently reduce calls to our child abuse hotline, maltreatment to children/youth and family involvement in the child welfare system. A couple of our strategies focus on increasing financial stability of families currently in poverty. One strategy is to facilitate a GBI pilot with an evaluation component, and the second is to provide access to flexible funding to assist with basic needs (food, transportation, utility bills, application fees, rental arrears, etc.). We are still in the process of developing the full scope of the GBI pilot, and plan to request a CalWORKs and CalFresh Income Exemption Request through CDSS as well as work with our local Public Housing Authority in an effort to protect housing benefits as much as possible. We also plan to offer benefits counseling to potential participants, to ensure they can make an informed decision about participation in the GBI pilot. We plan to contract for the research component and funding disbursement and tracking.

One specific concrete need that rose to the top from all feedback groups was childcare. Per Chapin Hall,¹⁶ waitlists to access subsidized childcare are significantly associated with an increase in child abuse & neglect investigations.^{17, 18} We have learned that there is a significant overall childcare shortage in our county and a specific shortage in the availability of subsidized childcare. Families also may have difficulty with complicated applications for subsidized childcare. Furthermore, families need flexible childcare outside of the standard M-F 8:00 – 5:00 schedule, to accommodate non-traditional work schedules. Most young children, especially infants and toddlers, are cared for in home-based childcare

¹² <https://www.chapinhall.org/project/a-key-connection-economic-stability-and-family-well-being/>

¹³ <https://www.incomemovement.org/about>

¹⁴ https://static1.squarespace.com/static/6039d612b17d055cac14070f/t/6050294a1212aa40fdaf773a/1615866187890/SEED_Preliminary+Analysis-SEEDs+First+Year_Final+Report_Individual+Pages+.pdf

¹⁵ <https://springboardto.org/magnolia-mothers-trust/>

¹⁶ <https://www.chapinhall.org/wp-content/uploads/Economic-Supports-deck.pdf>

¹⁷ Klevens, J., Barnett, S.B., Florence, C., & Moore, D. (2015). Exploring policies for the reduction of child physical abuse and neglect. *Child Abuse & Neglect*, 40, 1-11.

¹⁸ Rice, D., Schmit, S., & Matthews, H. (2019). Childcare and housing: Big expenses with too little help available. <https://www.cbpp.org/research/housing/child-care-and-housing-big-expenses-with-too-little-help-available>

settings. Home-based childcare providers who are primarily family, friend and neighbor caregivers are the largest population of caregivers serving the largest number of children 0-5. According to 2019 national data, about 5 million informal home-based caregivers care for 5.8 million children 0-5. Home-based childcare is the preferred setting for Black and Latino families, for rural families, for families with nontraditional or unpredictable work schedules, and those with low-incomes.¹⁹ We have also heard that the rigid childcare hours are a deterrent for some families as there is a threat of reporting late pick-ups to CPS. Therefore, one of our strategies will be to increase childcare capacity in our focus zip codes.

For our pregnant and parenting families, we have some particularly valuable resources available to our focus zip codes and community-wide including the array of in-home parenting programs mentioned previously. Unfortunately, we are aware there are capacity issues and community awareness challenges. We are hopeful that our strategies focused on improving connection to supports will improve the number of families who are able to take advantage of these important resources.

Another selected strategy we have chosen is to improve community access to and awareness of services to address all the social determinants of health where they may need some assistance. We plan to have flexibility in contracting to address accessibility in each of our focus communities, which could include consideration of mobile wellness units and/or co-locating services as determined to be priorities in the neighborhood by the neighborhood. This may also include parent partners/advocates, and events to build awareness of services and supports in the community. An interactive Google map was created to capture the location of the following services/organizations in our community: CILs, FRCs, Head Start locations, the two crisis nurseries, DHA benefits offices, and Behavioral Health outpatient programs. It also captures a point in time estimate of the Black/African American population sizes in each of our focus zip codes²⁰. Our goal as we move into implementation is to continue to engage with the identified communities to further develop specific plans.

At the secondary level, we learned that we have great community partnerships in our focus communities to support our focus population, via the FRCs, CILs, and Cultural Brokers. However, there may be too few for the population size and geographic spread of our community. Through other efforts, DCFAS is partnering with Sierra Health Foundation and First 5 Sacramento to add a Family Support Navigator for each CIL and FRC to directly support families' navigation of systems and connections to resources. Our primary level strategies above will also support secondary level prevention.

At the tertiary level, our hope is that the same strategies we are employing at the primary and secondary level will also lead to reduced entries and re-entries into foster care. Additionally, through Emergency Response Enhancement funds, we are moving forward with implementing a Red Team, and will likely be able to pilot this with one of our FFS initial focus populations.

Evidence-Based Programming to be Sustained by FFPSA

Sacramento County is rich in terms of the Evidence-Based Practices available in the community already as depicted in the Evidence-Based Practices (EBP) & Other Programs in Sacramento County Related to FFPSA (Attachment 18). Of the well-supported practices included in the CDSS Five-Year State Plan, we have the following (practiced to fidelity) available: Parents As Teachers, Nurse-Family Partnership, Healthy Families America, PCIT, and Functional Family Therapy.

While it will be some time before we are able to fully implement the FFPSA elements of the Comprehensive Case Plan, we have made some initial considerations as to the EBPs we want to pursue.

¹⁹ <https://thrivingproviders.org/>

²⁰ https://www.google.com/maps/d/u/0/edit?mid=1SVPIMtFL_Buabb52hbrQNrxCNh1dp6g&usp=sharing

As noted earlier, we anticipate maintaining our focus population of Black/African American children ages 0-5 and their families for our candidacy group. The candidacy group for FFPSA will be children with substantiated or inconclusive child abuse/neglect allegations but with no open case and substance-exposed newborns. In the Juvenile Dependency Court system, we support the use of parenting classes that are part of the array of EBPs through home visitation. Nurse Family Partnership is in the process of expanding through enhanced funding. Lastly, we are utilizing Family First Transition Act (FFTA) funding to enhance capacity for Parents As Teachers (PAT), in an effort to continue building a strong foundation of evidence-based in-home parenting programs already available in our county. We especially favor PAT as it has been demonstrated as being effective with diverse populations, including Black and Latino families and has led to a decrease in the percentage of children suspected to be abused or neglected.²¹ Plans for FFPSA and EBP selection have been an ongoing discussion as we developed this Comprehensive Prevention Plan. Our partners, Department of Health Services, Division of Behavioral Health and Public Health (who oversees NFP), have been at the table during the development of the plan, including considerations for Candidacy Population and EBP selection.

We also have Cultural Brokers available to families at the tertiary level who provide invaluable support to Black/African American families who are involved with our system. However, there are some capacity issues, and the CB Program is not yet an Evidence-Based Practice for Sacramento County. Fortunately, there is funding and effort under way to evaluate the CB program, and this may be an EBP we look towards in the future FFPSA prevention efforts if possible. We also are keeping our eye on some promising home visitation programs currently available in Sacramento such as Effective Black Parenting Program and Family Spirit.

We are well positioned to build and expand upon multiple EBPs listed above, and when child specific reporting through CWS-CARES becomes available, we will continue to evaluate the State-approved EBPs in our county at that time, and plan to incorporate EBPs into prevention plans as is appropriate based upon assessment of each child and family situation, including consideration of Evaluated Out referrals and Red Teams for our community pathways to FFPSA funded EBPs. For now, as detailed in the section below, CPS will support and leverage Probation's selection of Functional Family Therapy as its EBP for this iteration of our Comprehensive Prevention Plan.

Probation Gap Analysis

The Probation Department conducted a semi-formal gap analysis system evaluation to determine which services were already in place for populations we serve and which populations were in need of additional or new services to determine the focus population. This system evaluation identified three main levels where youth are referred to the juvenile justice system comprised of the community, law enforcement or court. Youth referred at the community level come to the attention of the juvenile justice system via community groups or through the DCFAS. Youth can receive prevention and supportive services through formal programs such as wraparound, the Juvenile Justice Diversion and Treatment Program (JJTDP), and off-site community housed intervention initiatives such as the Black Child Legacy Campaign. Outside services for this group can be received through schools, associated agencies, tribal communities, and faith based services. Referrals to juvenile justice through law enforcement often involve a citation given to the youth for behaviors, which include minor to moderate level criminal offenses. Law enforcement agencies can also make a direct referral to the District Attorney to decide whether to file charges. Interventions for citation cases range from the community group, contracted treatment interventions

²¹ https://www.casey.org/media/22.07-QFF-SC-Home-visiting-programs_fnl.pdf

with community based organizations, or resource referrals to community treatments, support services, and/or tribal resources.

The final level includes youth referrals to the juvenile justice system through the courts in two ways: Informal Probation status and Wardship. When a youth's court case is adjudicated, or decided, it receives a status or is dismissed. Informal Probation usually offers a youth the chance to complete a series of court orders, and once completed, the charges can be dismissed. In Sacramento County, informal cases can also hold Dependency status with child welfare and are referred to as "Crossover Youth." These youth's needs are evaluated and met by DCFAS, while Probation offers supervision, assistance, and support if the dynamics of the case shift into more serious behavior. Wardship is a formal version of probation supervision by officers in the community and conditions issued by the court for the youth to follow. This referral level includes interventions ranging from contracted treatment interventions to community supports and services from community-housed providers or tribal partners.

After a court disposition, all youth are evaluated for Title IV-E candidacy, risk of reoffending, and other needs through a series of assessments and consultation with staff from embedded Behavioral Health clinicians. In an interactive interview with the youth and family, probation officers administer the Youth Level of Service/Case Management Inventory (YLS/CMI). The Department has spent several years building treatment capacity in the community to address the needs of the youth in our systems with evidence-based, culturally relevant, trauma-informed, and developmentally appropriate family-focused interventions to include, but are not limited to, Multi-Systemic Therapy (MST), Functional Family Therapy (FFT), and Trauma Focused Cognitive Behavioral Therapy. Treatment interventions are coupled with supervision to assist the youth and families in intervention and accessing services by removing any barriers to treatment while also holding youth accountable for their behavior choices, to avoid putting them at risk for further system involvement. Other supportive interventions are connected to the youth and their family, such as mentoring services, youth advocates, and parent partners.

Based upon the data collection efforts described in this plan, the Probation Department proposes to provide culturally relevant, trauma-informed, and developmentally appropriate prevention and early intervention services to youth with citations filed by the District Attorney and pre-adjudicated youth placed on Electronic Monitoring (GPS) and/or Home Supervision. The Department will create the Prevention and Intervention Project, which will utilize High Fidelity Wraparound and the evidence-based intervention Functional Family Therapy (FFT). The goals of the Prevention and Intervention Project include diverting youth from deeper involvement into the juvenile justice system; improving success in education, employment, and peer relations; as well as increasing youth and family support to stabilize the family unit.

Evidence-Based Programming to be Sustained by FFPSA

High Fidelity Wraparound services will involve a family centered, strengths-based and needs-driven planning process for creating individualized services and supports for youth and their families. Specific elements of the program will include Child and Family Teams (CFTs), family and youth engagement, individualized strength-based case planning, and flex funding. Officers will utilize the Youth Level of Service/Case Management Inventory 2.0 (YLS/CMI) criminogenic risks, strengths, and needs assessment, in collaboration with the youth's family/legal guardian, to determine their strengths and areas of need. Additional assessments by the High Fidelity Wraparound provider, which will include early clinical assessment, trauma screening, and the use of the Child and Adolescent Needs and Strengths (CANS) assessment to measure improvement over time will identify additional needs. Wraparound Services is a

promising practice designed to support and stabilize the family unit by addressing their needs, building strengths and skills, and creating positive connections in the community.

There are ten principles of Wraparound which include; 1) family voice and choice 2) teaming 3) natural supports 4) collaboration 5) community-based 6) culturally competent 7) individualized 8) strength-based 9) persistence and 10) outcome based.

The High Fidelity Wraparound process goals include: creating a plan to help meet the behavioral health needs prioritized by the youth and family; improving the youth and family's ability to manage their own services and supports; developing and strengthening the youth and family's natural social support system over time; and integrating the work of all child-serving systems and natural supports into one organized and effective plan. The services will support and stabilize the family, build on their strengths, address needs that are associated with juvenile justice system involvement, and maintain the youth's emotional and social well-being after they have exited the program.

The High Fidelity Wraparound model was chosen due to: 1) the disproportionality of the focus population and the cultural competence of the model with inclusion of family's beliefs, values, culture 2) the high level of quality assurance built into the program; 3) the robust body of research around the intervention that shows positive outcome domains including school success, juvenile justice recidivism, functioning, mental health cost. Additionally, a Wraparound model has been utilized with many youth populations within Sacramento with positive results for several years, to include those involved with CPS, BHS and Probation. Community partners were consulted and engaged through our survey process to inform the services we plan to offer under this grant. Using the YLS/CMI assessment tool youth will be identified as program candidates and referred to the Prevention Intervention Project for services. As a system of care, Sacramento County embraces the diversion of low-risk youth toward proven intervention services, including the Juvenile Justice Diversion Treatment Program for youth with a mental health diagnosis. As a Crossover Youth Practice Model Site, Probation has focused a great deal of resources to keep child welfare youth from crossing over into the juvenile justice system. Probation will coordinate referrals with the community-based organization (CBO) provider and will provide a comprehensive referral packet to include the youth's YLS/CMI assessment, court orders, and other pertinent information.

FFT is a family intervention program for youth with disruptive, externalizing problems. FFT has been applied to a wide range of youth and their families in various multicultural contexts. Focus populations range from at-risk pre-adolescents to youth with moderate to severe problems such as conduct disorder, violent acting-out, and substance use/misuse. While FFT focuses on youth aged 11–18, younger siblings of referred adolescents often become part of the intervention process. Intervention ranges from, on average, from 12 to 14 one-hour sessions. The number of sessions may be as few as eight for mild cases and up to 30 for more difficult situations. In most programs, sessions occur over a three-month period. The FFT clinical model, conducted in clinic settings as outpatient therapy and as a home-based model, offers clear identification of specific phases, which organize the intervention in a coherent manner, thereby allowing clinicians to maintain focus in the context of considerable family and individual disruption. Each phase includes specific goals, assessment foci, specific techniques of intervention, and therapist skills necessary for success.²² Agencies must participate in weekly consultations with an off-site program consultant to ensure fidelity to the model and evaluate the outcome measures required by the program in order to be certified with Functional Family Therapy Inc. Once the CPP is approved, the

²² CEBC Website - <https://www.cebc4cw.org/program/functional-family-therapy/>

Department will contract with local community and tribal partners to deliver FFT services to our population.

At the beginning of the planning process for the CPP, Probation created two Community Intervention Officer positions to assist with FFPSA, as well as referrals for other youth on probation. The purpose of the Community Intervention Officers is to provide linkages to prevention and early intervention services for youth and their families to divert further involvement into the Juvenile Justice System by stabilizing the youth in their homes and communities. The Community Intervention Officers evaluate all referrals and citations from Court. The Community Intervention Officers reach out to the youth and their family for consent, information gathering, and to complete assessments, if appropriate. If the family chooses to opt into intervention services, the Community Intervention Officer will complete assessments, including a candidacy evaluation (Evaluation of Imminent Risk) and a YLS-CMI (short form). After completing the assessments, the youth and their family will be referred to the Senior Mental Health Counselor for evaluation and a referral will be submitted to an identified intervention program. If the family chooses not to opt in to preventative services, intervention referrals and compliance with Court orders will be the responsibility of an assigned field probation officer. For cases without an assigned field officer where the family declines the assistance of the Community Intervention Officers, the youth and family will be responsible to obtain services and report on their progress to the Courts. A resource guide will be provided to the family to access support as needed and the case will continue through the citation process.

The Prevention and Intervention Project is a trauma-informed approach that consists of short-term intensive services with the capacity to serve 50 youth and families at any given time. Specific elements of the High Fidelity Wraparound services and FFT will include CFTs, family and youth engagement, individualized strength-based case planning, connections to community supports, behavior health services, youth and parent partners and availability of flex funding.

Theory of Change/Logic Model

CPS

DCFAS has selected several strategies to address outcomes at the primary, secondary and tertiary level for our focus population. The desired outcomes include decreasing entries and reentries into foster care, decreasing the rate of substantiated referrals to child welfare, decreasing referrals to CPS, increasing the number of parents that have access to affordable, quality childcare (ages 0-2), and reducing the disproportionality and disparity in investigations and removals. The attached FFS Logic Model for CPS and Probation outlines the strategies identified for child welfare, at every level, primary, secondary and tertiary, to achieve the desired outcomes, using the State Block Grant funding (Attachment 1).

PROBATION

The Probation Department is dedicated to data driven decision-making and evaluating initiatives and interventions using real time, unbiased outcome information that includes the High Fidelity Wraparound and FFT interventions being utilized in the CPP. Probation will be evaluating the following data points to evaluate the outcomes for the focus population:

- Model fidelity (through wraparound and FFT fidelity checklists and reports)

- Number of youth and families accessing the wraparound or FFT intervention (completions, failures – with reasons, non-completions)
- Evaluating for a decrease in Home Supervision/Electronic Monitoring contract agreement violations pending adjudication
- Evaluating for a decrease in youths involvement further into the Juvenile Justice system (department case management report servers)
- Evaluating future delinquency by strengthening a youth’s attachment to family and other prosocial individuals
- Number of youth who were placed in out of home care after receiving services – compared with rates of youth prior to the onset of the CPP intervention

Spending & Sustainability Plan

CPS

As noted in our Logic Model, Sacramento County is focusing very heavily on introducing primary level prevention interventions that, for the most part, are not currently available in our community. As has been mentioned, we have a vast array of preventions services available, including a strong foundation for Evidence-Based Practices aimed at prevention. Even with those services in place, we note that disproportionality is still a significant area of concern for the county. We anticipate that the strategies chosen for our FFS Comprehensive Prevention Plan will have a direct and significant impact on the desired outcome of reducing entries and re-entries into foster care and reducing disproportionate representation in the child welfare system of Black/African American children ages 0-5 specifically.

Below is a chart of the Sacramento County Child Welfare Spending Plan for the State Block Grant funding.

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Fiscal

				FUNDING SOURCES:	
				CDSS	Private
				ALLOCATIONS:	
				\$7,300,000	\$5,000
Activity/Service	Fiscal Agent	Grantee/ Contractor Name	Time Frame	GF State Block Grant Child Welfare	Private Funding (TBD)
Delivery of Services/ Implementation:					
Diversity, Equity and Inclusion (DEI) Coaching/Institutional Analysis	Sacramento County DCFAS	Pending	FY 23/24	\$1,000,000	
Childcare Capacity Building	Sacramento County DCFAS	Pending	FY 23/24	\$1,000,000	
Flexible Funding to Meet Basic/Concrete Needs	Sacramento County DCFAS	Pending	FY 23/24	\$2,000,000	
Guaranteed Basic Income (GBI) Pilot & Evaluation	Sacramento County DCFAS	Pending	FY 23/24	\$2,300,000	\$5,000
Accessibility to Services with Flexibility Based Upon Community Input to Contract for Services Such As: Mobile Wellness Units, Co-location of Identified Services, Parent Partners/Advocates, Building Awareness and Events in the Community/Administrative Costs, Warm Line for Black Family Support Specifically, and/or other areas identified by community that could increase accessibility to services	Sacramento County DCFAS	Pending	FY 23/24	\$1,000,000	
GRAND TOTAL				\$7,300,000	\$5,000

The first listed activity is DEI coaching and institutional analysis. In November 2022, the Board of Supervisors adopted a resolution declaring racism a public health crisis in Sacramento County and directed the County to create a Racial Equity Cabinet. Contracted consultants worked with the DEI project team and focused work on policy/procedure analysis. There will be a DEI Cabinet to oversee the work moving forward. Our public health officer, chief of probation, and directors from DCFAS and DHA are members of the cabinet and they will share information to help inform the FFS DEI work. In addition to this existing effort, the FFS work is investing \$1,000,000 to provide specific DEI Coaching, contract for an Institutional Analysis for child welfare, and to update and include a DEI component for mandated reporter training which is provided by CAPC of Sacramento. DCFAS will look for funding within our existing training contracts and our UC Davis Northern Academy contract with UC Davis Continuing & Professional Education – Human Services going forward to ensure sustainability of the identified coaching for child welfare staff and supervisors to be able to continue effectively addressing the impact of implicit bias in the child welfare system.

The next activity is childcare capacity building. There are discussions taking place about utilizing ARPA funding to increase childcare capacity, especially subsidized childcare resources. The CPP intends to allocate \$1,000,000 in SBG funds to supplement ARPA funding should it be directed to this area. As there is not currently existing Title IV-E prevention funding available for primary-level prevention efforts, it is unlikely there will be additional opportunities to further this effort in a sustainable way going forward, though continued focus and work with partners will occur during implementation to further determine possible funding streams that can be leveraged.

A focus of primary and secondary level prevention that continues to be lifted by youth, parents, and community partners, and supported by research, is the need for families to be able to meet their basic needs and maintain stability in the social determinants of health that shape the conditions of their daily lives. This can be whatever the family needs to remain stable in the various social determinants of health (economic stability, education, health, mental/behavioral health, neighborhoods and social/community health). We have included \$2,000,000 for contracted providers to assist with concrete supports for families in our focus zip codes (i.e. food, rent, utilities, childcare, employment support, transportation, medical, etc.). Similar to other primary and secondary level prevention interventions, there is not currently federal level funding to support these strategies. However, if the strategy milieu is effective, it should result in savings from the reduction of foster care costs that could potentially be reinvested through contracted providers to further supplement concrete needs in future years. We also will continue to reassess our current contracts with providers in the community to look for opportunities to build in flexible funds to support meeting families' concrete basic needs.

A Guaranteed Basic Income pilot is another intervention aimed at meeting families' immediate and concrete needs. It is similar in that it is funding provided to specifically address primary level concrete needs of families, with the assumption that families do better when they have economic stability. Systemic factors and inequities, including the legacy of racism and white supremacy, contribute to America's high poverty rate. In particular, Black and Latino families who face discrimination in employment, housing, and access to government benefits, experience higher rates of poverty and have been unable to build generational wealth²³. Utilizing GBI as a way to increase financial stability can reduce stressors that may lead to child welfare involvement, and help to reduce disproportionality in the child welfare system. Through the GBI pilot, grounded on values of trust, dignity and respect for recipients, families, who are experts on their own needs, will determine how to use the funds to support their family in achieving the best outcomes for their own health and well-being. The Department has allocated \$2,300,000 in SBG funds toward this endeavor, with an additional approximately \$5,000 in private/non-governmental funds (funder to be determined). The details of the GBI pilot are currently in development, and we plan to contract for random selection of participants, benefits counseling, payment disbursement and data tracking, program evaluation, etc. We estimate based on existing GBI related research we will need at least 12 months for the payment disbursement (not to mention the initial start-up time needed), as well as off-boarding and evaluation time. Therefore, this strategy is almost entirely dependent upon receiving an extension in the time the Department has to expend the SBG funds. In terms of sustainability, we hope at the very least to further contribute to the growing body of research towards guaranteed basic income, which could possibly lead to further funding streams to support GBI in Sacramento county. Additionally, as we continue to prevent entries into the child

²³ <https://www.povertylaw.org/article/guaranteed-income/#:~:text=A%20guaranteed%20income%20program%20provides%20recurring%20cash%20payments%2C,reducing%20the%20racial%20wealth%20gap%20and%20increasing%20equity.>

welfare system, we hope to be able to reinvest the savings in the more successful primary/secondary strategies that we have selected, going forward.

Another area for primary and secondary level prevention is accessibility to services. This is something we have shown via the data, service maps and youth, family, and community voice that impacts families in such a way that may lead to their coming to the attention of the child welfare system. CPS is allotting \$2,000,000 in SBG funds to improve access to services within communities. Currently, the plan and specifics of the spending is purposefully high level to enable us to partner with each community to better understand their needs. This may be a contract for mobile wellness units to meet families in their neighborhoods. It may also be that additional sites for co-located services are identified. Supports could include services for substance use/treatment, mental health, domestic violence, parenting, housing, childcare, transportation, employment/work skills, education, crisis support, response to evaluate out referrals, etc. The department is in process of scheduling additional focus zip code listening sessions to help determine what individual neighborhoods identify as their priority needs. These sessions are being held keeping in mind the culture of the community and families that are in the focus zip codes for this first phase of intervention. The CPP is intentionally not prescribing what accessibility will look like as we intend to maintain flexibility in our ability to partner and contract with providers to ensure resulting services are developed to include culturally appropriate and responsive services tailored to meet the needs of the neighborhoods. It is uncertain that mobile crisis units will be able to be sustained without federal prevention dollars allocated in the future for primary and secondary level prevention strategies. Co-location may lend itself more likely to be sustainable, especially if existing service provider sites are used, and participation by service providers is included in-kind, and allocated for within individual provider budgets.

For any of the strategies identified, Sacramento County DCFAS hopes to realize savings from the future FFPSA-funded EBP practices that are federally funded, that we may be able to reinvest in some of the primary/secondary level prevention strategies selected that prove to be most successful.

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PROBATION

Fiscal

					FUNDING SOURCE:	CDSS
					ALLOCATIONS	\$1,724,228
Activity/ Service Type	Activity/Service Name	Fiscal Agent	Grantee/ Contractor Name	Spending Time Frame	GF State Block Grant Probation	
Preplanning:						
D	FFS Program Administrative Costs	Sacramento County Probation	N/A	Oct 21-June 22	\$80,000	
Subtotal					\$80,000	
Development of Plan:						
L	FFS Program Administrative Costs	Sacramento County Probation	N/A	June 22-June 23	\$145,000	
K	Eligibility Determination	Sacramento County Probation	N/A	Sep 22-Jan 23	\$10,000	
O	Probation Department FFS Training	Sacramento County Probation	N/A	Jan 23-June 23	\$100,000	
Subtotal					\$255,000	
Delivery of Services/Implementation:						
N	Probation Department FFS Training Costs	Sacramento County Probation	N/A	March 23-June 24	\$275,000	
Q	Functional Family Therapy	Sacramento County Probation	Pending	FY 23-FY24	\$250,000	
Q	High Fidelity Wraparound	Sacramento County Probation	Pending	FY 23-FY24	\$364,000	
X	FFS Program Administrative Costs	Sacramento County Probation	N/A	March 23-June 24	\$500,228	
Subtotal					\$1,389,228	
Total					\$1,724,228	

Fiscal Legend

Preplanning		Development of Plan		Delivery of Services/Implementation	
A	Program Planning	I	Program Development	Q	Program Implementation
B	Agency and Provider Management	J	Agency and Provider Management	R	Agency and Provider Management
C	Eligibility Determination	K	Eligibility Determination	S	Eligibility Determination
D	Other Administrative Costs	L	Other Administrative Costs	T	Other Administrative Costs
E	Program Evaluation	M	Program Evaluation	U	EBP Programs
F	Traditional Training Costs	N	Traditional Training Costs	V	Program Evaluation
G	FFPSA Training	O	FFPSA Training	W	Traditional Training Costs
H	Automation Costs	P	Automation Costs	X	FFPSA Training
				Y	Automation Costs

Sustainability

By tracking outcomes with an expected reduction in the number of youth progressing further into the juvenile justice system, these results and the subsequent system will result in county cost savings. The Five-Year State Prevention Plan, Title IV-E Prevention Services Clearinghouse, includes FFT as a Well-Supported EBP, and once the plan is implemented, the State will receive a 50% federal match for the delivery of EBPs in the Clearinghouse. Other funding streams will be leveraged to continue providing intervention services for the focus population in the years following the conclusion of FFPS funding. As we expand capacity, we will continue to work with our community providers to support their ability to practice to fidelity.

Additional Assurances

CPS

Please see the attached completed Assurances Template (Attachment 19)

PROBATION

Please see the attached completed Assurances Template (Attachment 19)

As the data also shows that a disproportionate number of African American youth are impacted within the juvenile justice system, there is the possibility of systemic and implicit biases in the workforce, which may impact this statistic. The Department will initiate implicit bias training for all community supervision, placement, and court officers as well as any identified training to help support and enhance our CPP.

Training for the community provider workforce will be included in the contracting processes. To maintain fidelity to the model of Wraparound and Functional Family Therapy, facilitators of the interventions must undergo training and maintain certification standards with the national governing body. Contracts with community providers will include an expectation that staff will remain in compliance with the certification standards and model fidelity in order to continue delivering the intervention.

DocuSigned by:
Michelle Callegas
CBB85A621EF14AE...
Signature of Authorized CWS Representative

3/30/2023
Date

DocuSigned by:
Marlon Harber
ED62F8C7788D4DA...
Signature of Authorized Probation Representative

3/30/2023
Date

DocuSigned by:
Timothy Lutz
2CEEDCEC78134F6...
Signature of Authorized Behavioral Health Representative

3/31/2023
Date

Attachments

Attachment 1: Family First Sacramento Logic Model (To view document, click [here](#))

Attachment 2: Family First Sacramento CPP Development Guiding Principles (To view document, click [here](#))

Attachment 3: Family First Sacramento County Charter (To view document, click [here](#))

Attachment 4: Integrated Core Practice Model (ICPM) Efforts (To view document, click [here](#))

Attachment 5: Sacramento County CPS Core Practice Model (CPM) with Safety Organized Practice (SOP) Infusion Model Description (To view document, click [here](#))

Attachment 6: CPS Focus Population Data (To view document, click [here](#))

Attachment 7: Candidacy Assessment Tool (To view document, click [here](#))

Attachment 8: CPS Needs Assessment Data (To view document, click [here](#))

Attachment 9: CPS Listening Sessions (To view document, click [here](#))

Attachment 10: First 5 Sacramento Survey Results Summary for FFPS Focus Zip Codes (To view document, click [here](#))

Attachment 11: Community Provider Forum Feedback Summary (To view document, click [here](#))

Attachment 12: Youth Voice Feedback Summary (To view document, click [here](#))

Attachment 13: Parent Voice Feedback Summary (To view document, click [here](#))

Attachment 14: Probation Case Analysis (To view document, click [here](#))

Attachment 15: Sacramento County Probation Juvenile Population by Residence Zip Code (To view document, click [here](#))

Attachment 16: Probation Youth Survey Results (To view document, click [here](#))

Attachment 17: Service / Asset Mapping (To view document, click [here](#))

Attachment 18: Evidence Based Practices (EBP) & Other Programs in Sacramento County Related to FFPSA (To view document, click [here](#))

Attachment 19: ATTACHMENT B- ASSURANCES TEMPLATE (To view document, click [here](#))

Family First Sacramento Logic Model- FY 23/24

Program Vision: Sacramento County's children, youth and families are safe, healthy, and able to thrive at home, in school, and in their communities through the county's commitment to valuing and supporting the needs of our diverse population.

Focus Population Served

CPS: African American children 0-5 years of age and their families residing in the following zip code areas: 95815, 95821, 95823, 95828, 95838 & 95825.

Probation: Pre-adjudicated youth 13-17 years of age going through the Court process and their families (youth who have been referred to Probation but their Court cases have not yet reached a resolution).

Focus Population Needs to be Addressed by Culturally Relevant Services

- Concrete Supports: Food, Clothing, Childcare, Affordable Housing, Transportation
- Healthcare including Behavioral Health
- Community Connectedness
- Access to & awareness of services (Parenting, Domestic Violence, Behavioral Health, Early Childhood Education) when and where needed as defined by the family
- Home-based services

Services

CPS:

- Diversity, Equity and Inclusion (DEI) Coaching/Institutional Analysis
- Childcare Capacity Building
- Funding for basic/concrete needs
- Guaranteed Basic Income (GBI) Pilot & Evaluation
- Accessibility to Services with Flexibility Based Upon Community Input in Each Zip Code, in Contracting for the Below:
 - Mobile wellness units/co-location
 - Parent partners/advocates
 - Admin Costs/events/building awareness in the community
 - Warm Line for Black Family support specifically *(or we identify existing and increase awareness in community)*

Probation:

- Functional Family Therapy
- High Fidelity Wraparound
- Community Intervention Team
- Admin Costs/Training/Building Awareness with Community Partners

Assumptions: Sacramento County believes investing in primary prevention is foundational in keeping families together, and strengthening families and communities. We built our prevention strategies with the below assumptions in mind.

CPS:

- Actively addressing structural racism and implicit bias within the child welfare system will help reduce racial/ethnic disparities.
- Waitlists to access subsidized childcare are significantly associated with an increase in child abuse and neglect investigations ([Chapin Hall – Slide 33](#)). Therefore, increasing availability of childcare providers who are diverse and offer flexible hours in our community will directly reduce child abuse and neglect investigations.
- Families of color are disproportionately affected by poverty. Economic and concrete supports are a strategy to reduce racial disproportionality in child welfare systems and improve family and child well-being ([Chapin Hall](#)). When families can meet their basic needs, they can go beyond surviving and begin thriving ([Income Movement](#)).
- When families have access to services in the community they are better able to provide for their children's overall wellbeing.

Probation:

- Youth and families fare better when they have equitable access to services aimed at specific needs, assisting the youth with home and community stabilization.
- With the connection to services, youth and families' contact with the juvenile justice system will be limited and/or eliminated altogether.



Family First Sacramento Logic Model- FY 23/24

Resources
CPS: State Block Grant Funding, Leverage Funding and Staff Resources, In-Kind Support.
Probation: State Block Grant Funding, Internal Staff Support, Referral Process, Supervision and Support Unit.

- Through child and family team meetings, we will achieve better outcomes for our youth and families by focusing on targeted interventions, case management, engagement, and case planning.
- Youth and families will thrive at home and in their communities if systems and community partners are included along the continuum of interventions.
- Youth and families will have better outcomes when they function as part of a treatment team and their voices and concerns are integrated within services.

TERTIARY

Outcomes for Focus Population	FFPS Funded Strategy	Indicators/Measurement
Decreased entries/ re-entries into foster care	<ul style="list-style-type: none"> • Diversity, Equity and Inclusion (DEI) Coaching/Institutional Analysis for CPS • Funding for basic/concrete needs • Increase accessibility to services with flexibility based on community input in each zip code, in contracting for the below: <ul style="list-style-type: none"> ○ Mobile wellness units/co-location ○ Parent partners/advocates ○ Admin Costs/events/building awareness in the community ○ Warm Line for Black Family support specifically <i>(or we identify existing and increase awareness in community)</i> 	<ul style="list-style-type: none"> • Federal measures and internal data related to demographic entry rates and re-entry into foster care
Decreased youth on probation	<ul style="list-style-type: none"> • Functional Family Therapy • High Fidelity Wraparound • Community Intervention Team • Admin Costs/Training/Building awareness with community partners 	<ul style="list-style-type: none"> • Internal data related to # of youth's cases progressing to adjudication before and after

SECONDARY

Outcomes for Focus Population	FFPS Funded Strategy	Indicators/Measurement
Decreased rate of substantiated referrals to Child Welfare	<ul style="list-style-type: none"> • GBI Pilot & Evaluation • Diversity, Equity and Inclusion (DEI) Coaching/Institutional Analysis for CPS • Funding for basic/concrete needs • Increase accessibility to services with flexibility based on community input in each zip code, in contracting for the below: <ul style="list-style-type: none"> ○ Mobile wellness units/co-location ○ Parent partners/advocates ○ Admin costs/Events/Building awareness in the community ○ Warm Line for Black Family support specifically <i>(or we identify existing and increase awareness in community)</i> 	<ul style="list-style-type: none"> • Internal data related to substantiated referrals before and after for the focus population



Family First Sacramento Logic Model- FY 23/24

Prevent further involvement with the juvenile justice system	<ul style="list-style-type: none"> • Functional Family Therapy • High Fidelity Wraparound • Community Intervention Team • Admin Costs/Training/Building awareness with community partners 	<ul style="list-style-type: none"> • Internal data related to # of youth's cases progressing to adjudication before and after
PRIMARY		
Outcomes for Focus Population	FFPS Funded Strategy	Indicators
Decreased referrals (new investigations) to Child Welfare	<ul style="list-style-type: none"> • Diversity, Equity and Inclusion (DEI) Coaching/Institutional Analysis for CPS • Updated mandated reporter training • GBI Pilot & Evaluation • Funding for basic/concrete needs • Increase accessibility to services with flexibility based on community input in each zip code, in contracting for the below: <ul style="list-style-type: none"> ○ Mobile wellness units/co-location ○ Parent partners/advocates ○ Admin costs/Events/Building awareness in the community ○ Warm Line for Black Family support specifically <i>(or we identify existing and increase awareness in community)</i> 	<ul style="list-style-type: none"> • Internal data related to # of new referrals opened by hotline baseline # and after
Increased # of parents that have access to affordable, quality childcare (0-2 age range in general)	<ul style="list-style-type: none"> • Childcare capacity building <ul style="list-style-type: none"> ○ Consider funding to increase providers/capacity with flexible childcare 	<ul style="list-style-type: none"> • Baseline and after – cost for family based and center based and # of spots available • Potential future partner data
Reduction in disproportionality and disparity in investigations and removals	<ul style="list-style-type: none"> • Diversity, Equity and Inclusion (DEI) Coaching/Institutional Analysis for CPS to help address: <ul style="list-style-type: none"> ○ How to support Supervisors/ Program Managers/ Division Managers to have discussions regarding individual bias, systemic racism in a safe space ○ Inquiry skills and ability to address possible biases during consultation spaces where decisions are made ○ Review policies with a lens of how they support institutional racism and make updates to intentionally create equity for families disproportionately represented in the Child Welfare system ○ Determine how to support staff at all levels to create/participate in discussions related to bias/racism in a safe space/safe way (how to lessen defenses) ○ Consider what a DEI team to support education across programs could look like • Updated mandated reporter training 	<ul style="list-style-type: none"> • Internal CPS data (decision points: referrals, investigations, substantiations, open cases (IS & Court), removals, etc.) • TBD with partner • Mandated Reporter referral data (ethnicity of child) – baseline and after

Attachment 2



Family First Sacramento CPP Development Guiding Principles

HOW WE ARE WITH EACH OTHER

1. We have an open and collaborative mindset; this is “new; and we have no “right answers”; we are in the unknown, exploring together
2. We are inclusive of all ideas from all sectors and are respectful to others
3. We use the phrase “tell me more” to get more information when hearing a new idea from a place of inquiry
4. We allow ourselves to be vulnerable and are supportive to others when they are being vulnerable as part of an inquiry approach
5. We ask questions rather than making assumptions about what the other person is saying
6. We assume goodwill and hold an agreement that healthy disagreements are part of a functional team
7. We deal directly with the person with whom we have an issue. When appropriate, we can take things outside the team meeting to get to resolution
8. We can use meeting breaks if we need to cool off the room from an intense conversation
9. We stay in the realm of possibility when exploring new ideas, and work on getting to yes with realistic solutions. We commit to really looking at and exploring new ideas
10. We agree to be flexible and fluid in our attitudes as this project evolves; our roles in the project and as a result of the project may change and we don't project changes and feelings about those changes onto the group
11. We make sure that the voices of the children, youth and families are included in our discussions--we are a group of professionals, and serve the mission by listening to those with lived experience
12. We maintain open and honest communication as part of our commitment to the project and ongoing work.
13. We honor and use each other's talents, skills & knowledge and give grace to each other's shortcomings

HOW WE CONDUCT OUR MEETINGS AND OUR WORK

1. We always have focus for meetings, especially for standing meetings. We don't have meetings if they are not needed
2. We have an agenda for meetings with times, objectives, goals, outcomes, action items completed, and document what needs to be done for the next meeting. Everyone knows what they need to do for the next meeting, with grace allowed if something doesn't get done
3. We follow-up on items that did not get completed at the next meeting



Family First Sacramento CPP Development Guiding Principles

4. We honestly communicate to the team with a status update on our tasks and ask for help and creative solutions if we can't make a promised deadline
5. Transparency in an important word. We are transparent about what is happening for us in terms of getting promised work done (tasks and in the moment)
6. We have clearly documented plans, tasks, and dates that we all agree to
7. Consensus means that each of us "can live with it" at minimum
8. We share highlights of discussions and decisions that the group has made, but we do not necessarily attribute things to individuals
9. We talk about the group positively outside of the group
10. We will look at alternatives to all-virtual meetings when possible

Attachment 3



County Executive

Ann Edwards

Deputy County Executive

Chevon Kothari

Social Services

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County of Sacramento

Family First Sacramento

County Charter, 2022

(CDSS FFPS)

This Charter establishes a Project Management Structure for the County of Sacramento's CDSS Family First Prevention Services program, known as "Family First Sacramento". The goal of the charter is to:

- Ensure compliance with CDSS and the Families First Prevention Services Act,
- Ensure an agency and community collaborative effort,
- Utilize data-informed planning, and
- Develop needs-driven prevention strategies as a part of this Charter.

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REPRESENTATION

Leadership/Governance

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Membership - Roles & Expectations

The Implementation Team is comprised of Sacramento County Agencies including:

- Department of Child, Family & Adult Services
 - Child Protective Services
 - Central Administration
- Probation Department
- Health Services
 - Behavioral Health Services
 - Mental Health
 - Substance Use Prevention Treatment
 - Public Health Services
- Department of Human Assistance
- Stanford-Sierra Equity & Partnership
- Tribal Representation from Wilton Rancheria

Each participating agency sends one representative with an option to have an alternate representative. The alternate is authorized to make the same decisions as the primary representative. The alternate does not attend meetings as a general rule, and the primary member is responsible for ensuring the alternate stays informed regarding program issues. It is expected that all members are prepared on the topic at hand, have reviewed the pertinent prior work of the team, and are well-informed of the processes.

Invitations to the Implementation Team are not intended to be forwarded; communication of progress and current issues is the responsibility of the member and more broadly the Communications Squad. The purpose of the limits on the number of attendees is to ensure the group can be agile and make solid decisions quickly.

Please see attached for additional/specific information as to the actual members of each level of the team and their associated roles & responsibilities.

Guiding Principles

- See attached

STRUCTURE

Meetings

Meetings will occur on a regular basis for each group, with the addition of ad hoc meetings for all representatives on an as needed basis. The meeting schedule will be as follows:

- The full Implementation Team will meet weekly.
- The Lead Planning Team meets weekly as well, with multiple additional meetings throughout the week with variations of the Lead Planning Team members in attendance as needed.
- The Executive Sponsors will meet with the Lead Planning Team and/or the full Implementation Team on a bi-weekly basis (especially prior to the monthly Prevention Cabinet meeting) and additionally as needed.

Workgroups (Squads) will be assigned specific tasks and duties as part of the plan development. They will have standing meetings to aid them in their work, with additional meetings scheduled as needed.

Decision Making

The development of the Comprehensive Prevention Plan (CPP) for the County of Sacramento begins with the Lead Planning Team. The Leads understand the project requirements and timelines, coordinate the work of the Implementation Team, and document decisions.

The Implementation Team makes preliminary decisions and commitments on behalf of their agencies, takes requests back to their agencies for a final commitment, and takes actions based on guidance from the Executive Sponsors and with the authority they have.

The Executive Sponsors provide and affirm vision and direction for the project. They guide their respective agency members on the Implementation Team and make decisions (including resource allocation for the project). They hold responsibility for semi-final approval of all major outputs of the CPP planning, with the Prevention Cabinet as the final signatory of the CPP for the County of Sacramento.

Issues & Escalation

Issues in general will be handled at the lowest level possible. Squad-level work may be raised to the Lead Planning Team or the Implementation Team as appropriate, and/or as time permits. Issues arising for the Implementation Team and Lead Planners will be escalated to the identified agency if there is a specific need from a particular agency. General issues needing a higher level of support and decision-making will be lifted to the Executive Sponsor team for consideration and direction.

If further level of approval is needed, the Executive Sponsor team will lift the issue to the Prevention Cabinet for final decision-making and/or approval.

Communication

Communication occurs via the established meeting schedule, agenda setting, minutes, and additional external communication as needed to move the work forward. All efforts are made to ensure all teams receive the same messaging for their level, and that all teams have a voice for their level of the work. Guiding Principles are in place to ensure the teams are set up to progress in the work based on mutual agreements of respect, transparency and commitment to the overall success of the project.

Resources Required

The FFPS is a multi-year project that begins with the development of the Comprehensive Prevention Plan for the 5-year project goal. The plan development requires a cross-sector approach including the major social service agencies in the county of Child Welfare, Probation, Behavioral Health, Public Health, First Five and Department of Human Assistance. There is very little time allotted to complete the plan, which is complex, including multiple funding sources and partner agency involvement, so extensive staff resources from each internal agency will be required to complete the project timely. This includes support from the Prevention Cabinet, an Executive Sponsor Committee comprised of the heads of the agencies, an Implementation Team led by Executive Lead Management of the agencies, including management/planner level participants, a Lead Planning team, and a significant amount of ad hoc support on the subcommittees, or "Squads," which will be required to accomplish a significant amount of the work off-line. Agencies should expect to provide, on average, at least 5-7 staff of various class levels and with varying intensity of time-commitment until completion of the 5-year project goal.

PURPOSE

Current State

Sacramento County is located in a state that does not currently have a statewide comprehensive prevention plan. Fortunately, AB2083 establishes a cross-system's group which is focused on prevention and building the Sacramento County Child, Youth and Family System of Care (CYFSOC). However, the CYFSOC does not focus on building the County's state-implemented FFPS program. While Sacramento County is also well-situated with existing prevention efforts via the Prevention Cabinet (functioning since 2019), the Prevention Cabinet is not currently focused on the full scope of prevention services (primary, secondary & tertiary) needed to keep communities and families safe, healthy and thriving.

There are strong foundational partnerships across the County, including well-established community, public and private collaborations. Sacramento has the

building blocks needed for this specific task, focused on prevention. This county is agile at developing new processes and services across agencies, and is well-situated for FFPS implementation.

Project Purpose

The purpose of the project is to generate a Comprehensive Prevention Plan (CPP) to submit to the State of California under the FFPS program. The goal of the resulting CPP is a streamlined, county-wide prevention system to prevent child maltreatment, prevent children from entering the county's formalized protective (child welfare & justice) systems. For youth and family already involved in these systems, the goal is to design protocols to reduce the amount of time spent in these formal systems, reduce further penetration into the systems, and prevent recidivism. Furthermore, the project will consider practices to connect those previously involved in the formal systems, back to their healthy communities to sustain their progress.

To aid in developing healthy communities, the project will pull together primary, secondary and tertiary prevention care systems integrating the program with two main funding streams: FFPSA Part I and State of California Block Grant. The CPP is an opportunity for the County to lay the foundation for community prevention so that it can be implemented effectively and efficiently at all levels.

Towards that end, the project will develop phased strategies within the comprehensive plan to ensure a continuously successful implementation over the next few years. These strategic approaches will be realistic in meeting the resource demands for this program, specifically personnel resources in all agencies, including providers. The strategic approach will also be forward thinking, developing and supporting future workforces in terms of incentivizing interest, educating, recruiting, hiring and retaining talented people.

Scope of Work

The scope of the county's FFPS/FFPSA work focuses on families as the central beneficiaries of all prevention work and takes inspiration from their voices. Additionally, given the extensive prevention efforts in Sacramento, the plan will use existing, current, qualitative and quantitative data (inclusive of a variety of community forums) to inform the structure of the plan and program. The Prevention Cabinet's expertise, resources and research will be leveraged and integrated to further the plan, as well as the Sacramento County Child, Youth and Family System of Care (CYFSOC) Interagency Leadership (ILT) and Advisory Teams.

A keystone of the plan is the focus placed on families and communities represented in the Child Welfare and Juvenile Justice systems which are associated with disproportional adverse outcomes. Further is the focus on increasing access to other county and community-based resources prior to entry into Child Welfare and/or Justice systems, and on enabling appropriate and stable exits from those systems if

already there. This speaks to the need for the CPP to align outcomes across agencies as well as to honor the aspirational outcomes for each agency. Where applicable, the program seeks to utilize effective and efficient deployment of services across all appropriate agencies to maximize overall positive targeted outcomes.

Attention will be given to reducing any disproportionality in the system, whether it be racial, economic, ethnic, sexuality and/or gender identification related. This includes disproportionality reflected in access to services as well as in the lack of availability of services meeting the needs of identified special populations. Focus will be placed on the especially vulnerable groups of children aged 0-5 years, pregnant and parenting foster youth, Black/African American children, Native American children and families who are over-represented in the system. As to the disproportionality of Native American children, Tribal involvement will be key. Sacramento will be partnering with the area's federally recognized Tribe, the Wilton Rancheria youth, families and community.

The scope of this work also includes all existing services, linkages and relationships between several Sacramento County Departments/Programs - Behavioral Health, Substance Use Prevention & Treatment, Probation, Child Welfare, Department of Human Assistance and Public Health. All existing prevention work in the County (medical, educational, recreational, emotional, public health, human assistance, etc.) is also part of this work.

FFPS will also look at primary and secondary prevention strategies specifically taking into account families in need of those services being delivered from their community, including tracking those families to measure efficacy of prevention interventions.

Success Factors

Measures of success will include the timely submission of the plan to CDSS. The plan shall identify a focus population and strategies for the first phase of the CPP, and additional areas for growing capacity in future phases to avoid system entry.

Prevention services designed to prevent further penetration into our systems for families already involved will also be included.

Successful creation of the plan is predicated upon inclusion of community, family and youth for all demographics in the County, building mechanisms for positive communication and for engagement of the larger system (workforce, staff, community and community providers).

It is critical that there is integrity and ongoing fiscal commitment built in regarding the fiscal and funding streams from the federal, state and local levels of government (funding criteria changes each fiscal year as it relates to EBPs). The plan's efficacy will best be realized when there is a clear sense of the goal and purpose and ways to measure the progress towards them, while also ensuring we have committed and dedicated ways to sustain and grow the plan strategies over time.

The project will be well-branded and identifiable across the county for all agencies, community organizations, constituents, and the broader community with clear demarcation and description of the programming available.

Deliverables

The primary deliverable for this Charter is a timely Comprehensive Prevention Plan for Sacramento County. The plan should enable smooth transitions to the future phases of the work as efficiently and effectively as possible.

Timeline

The County of Sacramento, Child Welfare and Probation Departments submitted the Letter of Interest to the state on or about April 5, 2022. The state accepted the submission and authorized the initiation of the work on June 27, 2022 (counties can claim retroactively to the State Block Grant funding effective October 1, 2021). The current deadline for the submission of the final Comprehensive Prevention Plan to the state is January 31, 2023.

Metrics

The Implementation Team will be using a specific Work Plan / Schedule, to develop the Comprehensive Prevention Plan. The Work Plan includes all elements as indicated in the state ACL 22-23. The specific tasks identified to accomplish each required element are assigned to an Implementation Team member or Squad member. Dates and timelines are associated with the tasks. There will be regular reporting at the Implementation Team meetings, with status reports prepared for the Executive Sponsors and Prevention Cabinet as needed.

INCLUSIVENESS/ENGAGEMENT

Stakeholders

The state's FFPS program envisions a community and cross-sector approach to child maltreatment prevention including services and interventions at the primary, secondary and tertiary levels. Below are some of the identified stakeholders at all levels for the Sacramento Community. Though not a fully inclusive list, it captures the vast majority of our families, partners and county agencies currently involved.

- Child Welfare (Executives & Staff)
- Probation (Executives & Staff)
- Behavioral Health (Executives & Staff)
- Tribal Partnership: Wilton Rancheria
- First Five Sacramento
- Public Health
- Children
- Families
- Courts, including Drug Court, Mental Health Court
- Law Enforcement (Response AND Community Involvement)

- Education (Districts, SCOE, Community Colleges, Sac State)
- Sac Housing & Redevelopment Agency
- Homelessness Coordinators
- Department of Human Assistance
- Housing Continuum of Care
- Service Providers
- Community Based Organizations
- Service Providers
- Hospitals (Social Workers)
- Citizen Advisory Groups
- Sacramento County Children's Coalition
- CPS Oversight Committee
- Sacramento Native American Health Center
- Community Incubator Leads & Black Child Legacy Campaign
- Family Advisory Committee & Youth Advocacy Committee
- Religious Organizations (that have been supportive)
- SEIU Local 1021 and United Public Employees (other labor)
- Governing Body
- Prevention Cabinet
- Board of Supervisors
- QIC Team (CPS, Mental Health)

Diversity Statement

The County of Sacramento recently released its core purpose of "Enriching Communities to Thrive." Integral to this purpose are the County's core values of Diversity and Inclusion. The Implementation Team's Guiding Principles embody an approach of respect and inquiry with one another. We also looked very intentionally at areas of disproportionality of representation of Black/African American, Native American and LGBTQ children and youth in the system, as well as disparity of treatment, services, opportunities and outcomes that contribute to such disproportionality when selecting our focus population.

Integrated Core Practice Model (ICPM) Efforts

CPS

Prior to the cross-sector ICPM training in 2021, ICPM readiness building and preparation was occurring several years prior, which built a strong foundation for cross-system collaboration. For the DCFAS CPS Division specifically, the Executive Management Team (EMT), comprised of Program Managers and Program Planners, received a high-level overview of ICPM in the fall of 2017 and in March of 2019, an internal implementation team (Foundational Practice Team) was formed with supportive coaching provided by California State University, Fresno's Central California Training Academy. Sacramento County values ICPM and continues our work in this area in partnership with UC Davis Continuing & Professional Education – Human Services (UC Davis Northern Academy) who provides coaching for our ongoing CPM implementation. In 2021, an integrated practice model specific to Sacramento County CPS called the Core Practice Model-Safety Organized Practice (CPM-SOP) which is anchored in equity and inclusion and grounded in cultural humility was developed and shared with the EMT. Starting in July 2021, the Foundational Practice Team further supported the integration of ICPM by facilitating Core Practice Model (CPM) modules with the EMT where shared learning and discussions occurred surrounding why and how CPM values and behaviors were important in our work at all levels. The integrated CPM-SOP Model (Attachment 4) provides the foundation for agency culture and practice, both when interacting with each other, and with children, youth, young adults, and families. The CPM-SOP model is comprised of five main elements: Engagement, Inquiry/Exploration, Advocacy, Teaming and Accountability.

In January 2022, the EMT facilitated CPM-SOP Skill Enhancement Workshops (SEW) with supervisory level staff, to further support their understanding and integration of CPM-SOP into their practice and professional relationships across the agency, and to assist supervisors in supporting their unit social workers in developing their direct engagement, service planning and delivery interventions with families that is reflective of CPM-SOP. Coaching of staff regarding the CPM-SOP model is ongoing and intentional, and it is the vision that supervisors and social workers will receive specific training in beginning April of 2023 to further utilize the CPM-SOP model when working with families.

The ICPM framework is also utilized in Prevention Child Family Team (PCFT) and Permanency Child and Family Team (CFT) meetings as the primary vehicle for the team-based process and is implemented in four phases: Engagement, Service Planning, Monitoring and Adapting, and Transition. Incorporation of the ICPM principles and behaviors into the PCFT/CFT process results in coordinated and integrated plans individualized to address the unique strengths and needs of each child, family member and their support networks to work together towards enhancing and maintaining safety, permanency, and well-being for the family as a whole. Additionally, the PCFT and CFT Meeting Teams plan to utilize a fidelity checklist based upon the UC Davis Northern Academy's SOP infused version adopted by the CDSS, but broadened to include the CPM. The statewide CFT Implementation Team finalized the tool in December 2022 and will be integrated into practice in the near future.

Integrated Core Practice Model (ICPM) Efforts

PROBATION

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. One of the key concepts for a CFT is to respect and fully incorporate the voice and choice of the youth and their family members to ensure the family can guide the services, which will best meet their needs. Officers involved in CFT meetings are trained in CFT facilitation to understand the CFT process and how best to facilitate the meeting to incorporate the voice and choice of the youth and families. In 2016, Sacramento County embarked on the implementation of the Crossover Youth Practice Model (CYPM), which provided a model for coordinating services between agencies for youth in care who had contact with both the Probation Department and DCFAS-CPS. This in turn aided the county in developing the Sacramento County Child/Youth and Family System of Care (CYFSOC).

The Crossover Youth Practice Model (CYPM) provided DCFAS-CPS, Juvenile Probation, and the Juvenile Court with a foundation for implementing Continuum of Care Reform (CCR) legislation. During the last quarter of 2020, Sacramento County leadership from CPS, DHS-BHS, SCOE, PH, DHA, 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 (ILT) and the CYFSOC Advisory Team. The teams met on a biweekly basis and finalized a joint Memorandum of Understanding (MOU). The AB 2083 MOU is a shared and concrete agreement by and between county system partners to sustain integrative and shared service delivery, and enhance both effectiveness and efficiency for all partners and the youth being served. While the act focuses on youth in foster care, an essential understanding includes an imperative approach to build locally governed interagency or interdepartmental effectiveness on behalf of a much larger number of children and youth. This is based on the emerging awareness that addressing the social determinants of health in communities and promoting child and family well-being, cannot be impacted by any single system or department; and that to effectively maximize its federal, state and local resources, counties must build more collaborative, adaptive and effective service models. The AB 2083 MOU utilizes portions of the CYPM policy to build off 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 CFYSOC has worked with the UC Davis Northern Academy to provide training and information sessions to the leadership within the participating departments on ICPM and how ICPM fits within a "systems of care" approach. Additionally, the CYFSOC is actively researching different ways to share information to enhance services for the children, youth and families of Sacramento County.

All juvenile community supervision, placement, and court officers will be required to attend training on ICPM and AB 2083. Although officers will not be involved in direct service delivery of High Fidelity Wraparound and the Functional Family Therapy intervention, officers will be trained in the concepts of practices for engagement with the service provider and youth/family to provide effective service delivery among agencies and have the best possible outcomes for youth in the intervention.

Attachment 5

Core Practice Model (CPM) with Safety Organized Practice (SOP) Infusion Model Description Sacramento County CPS

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.

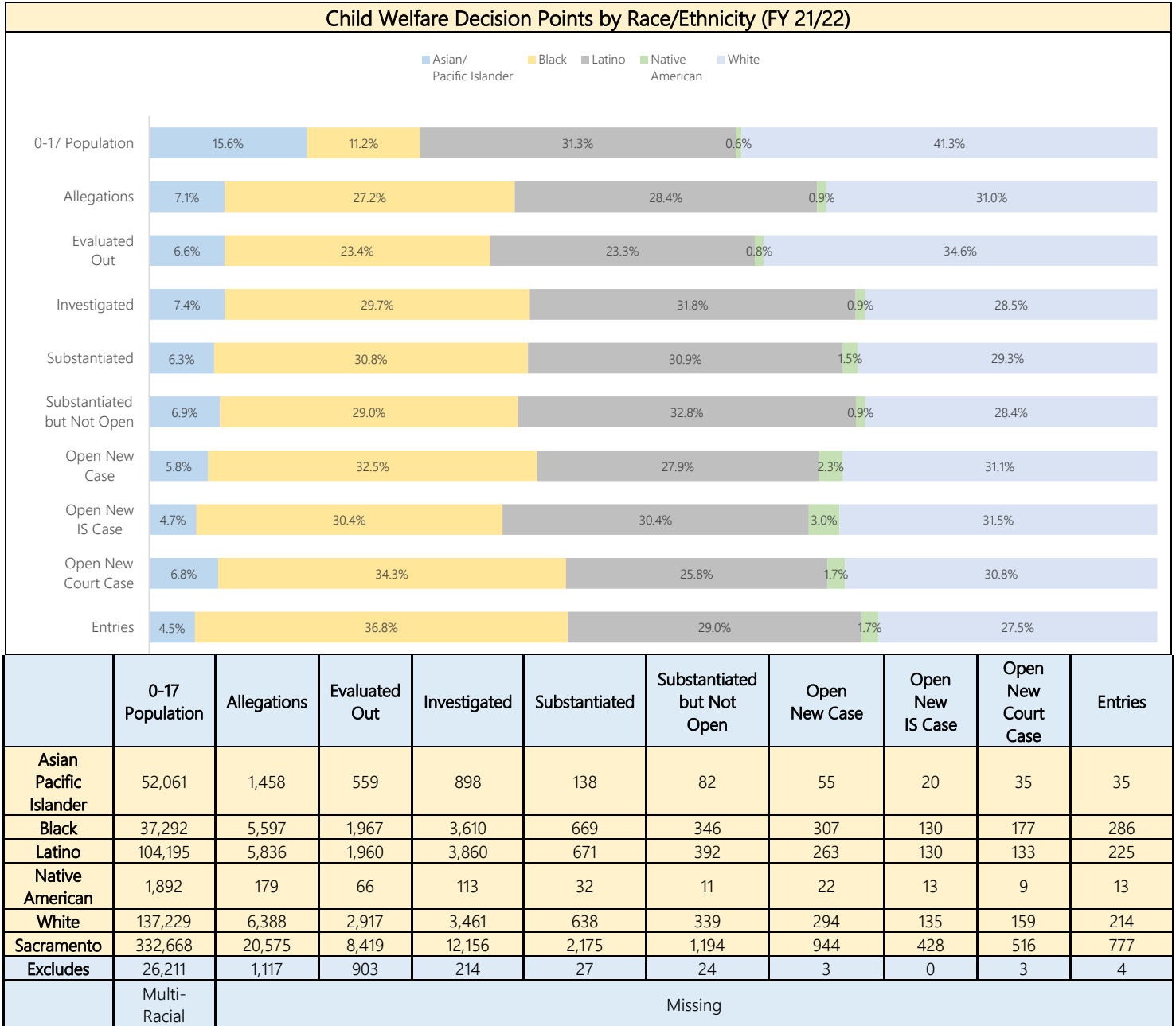


Acronym Key	
CPM	Core Practice Model
SOP	Safety Organized Practice
RFA	Resource Family Approval
CCR	Continuum of Care Reform
CANS	Child and Adolescent Needs and Strengths
LOC	Level of Care
HBSC	Home Based Shelter Care
Wrap-around	Wraparound Services
BFH	Bringing Families Home
Pathways to Wellbeing	Formally known as "Katie A"
SIP	System Improvement Plan
CQI/CFSR	Continuous Quality Improvement/Child and Family Services Review
SDM	Structured Decision Making
CFTM	Child and Family Team Meeting
Cultural Brokers/CIL	Cultural Brokers /Community Incubator Lead

**This represents some of CPS' efforts and is not an exhaustive list*

CPS Focus Population Data

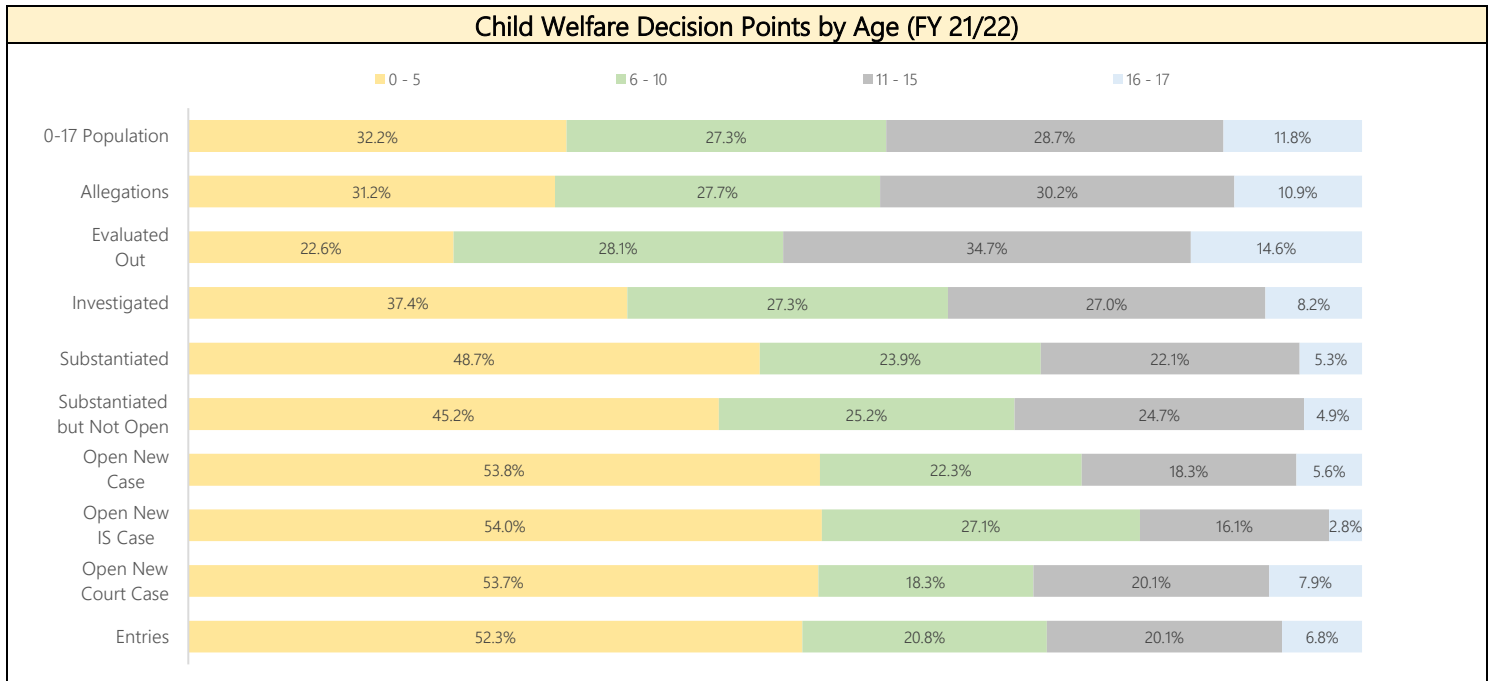
The graph below shows the ethnic breakdown at each decision point in the system. In examining the data in detail (raw numbers below the graph), the data shows that of the Black/African American child population, there are 286 entries of 37,292 (.76 %) in to care while of the White child population, there are 214 entries of 137,229 (.15%) in to care. While we understand that poverty plays a role in the bias that exists that brings families to the attention of child welfare, the data may also suggest a need to update mandated reporter training to address issues of Diversity, Equity, Inclusion and Belonging. Family level feedback also indicated a need for more cultural awareness, understanding and addressing the impact of implicit and explicit bias, and the need for awareness of resources among mandated reporters to be able to offer supportive services to families.





CPS Focus Population Data

The child welfare data on children/youth’s ages at these points of contact in the system has also been analyzed. In summary, the data shows that ages 0-1 were the group at highest risk based on the highest representation at every contact point. We looked at five fiscal years of data; below is the most current data (FY21/22) for reference. While children ages 0-5 are only 32.2% of the 0-17 year old population, they account for 52.3% of entries into foster care. Further, while the total percentages of children/youth entered in to care for ages 0-5 and ages 6-17 appear similar (52.3% and 47.7% respectively), it is worth noting that of the ages 0-5 population, there are 407 entries of 115,605 in to care while of the ages 6-17 population, there are 366 entries of 243,274 in to care.¹



As noted earlier, Sacramento County has many cities, communities and zip codes. We looked at a period from January 1, 2018 to September 29, 2022 to determine in which zip codes we see the majority of child welfare involvement for Black/African American children ages 0-5. Below is a chart showing the top five zip codes represented at every point of contact in the child welfare system.²

Highest Percentage of Child Welfare Involvement of Black/African American Children Ages 0-5 by Zip Code and Decision Point in the Child Welfare System																	
Allegations		Evaluation Out		Investigations		Substantiations		Substantiation but No Case		Open New Case		Removals		Initial Removals		Subsequent Removal	
11,265		4,174		6,604		1,561		808		719		826		695		131	
95823	11.6%	95823	10.6%	95823	12.3%	95823	11.7%	95823	12.2%	95823	12.1%	95823	11.0%	95823	11.4%	95823	9.2%
95815	5.2%	95815	4.8%	95815	5.6%	95815	5.5%	95815	6.1%	95815	5.8%	95821	5.1%	95821	5.0%	95822	9.2%
95825	4.5%	95825	4.2%	95825	4.8%	95838	4.9%	95838	4.7%	95838	5.0%	95815	4.5%	95815	4.3%	95815	5.3%
95838	4.2%	95822	4.2%	95838	4.3%	95821	4.4%	95821	4.5%	95821	4.6%	95822	4.4%	95828	3.9%	95821	5.3%
95821	4.1%	95842	4.2%	95821	4.1%	95825	4.4%	95833	4.1%	95828	4.0%	95828	4.1%	95838	3.7%	95828	5.3%

¹ Data Source: CWS (Business Intelligence 10-03-22)

² Data Source: Business Intelligence (Extract 09/29/22)

CPS Focus Population Data

The yellow zip codes are our 4 primary focus zip codes (95823, 95815, 95821, & 95828); the blue zip codes are our 2 secondary focus zip codes (95825 & 95838) which also border at least one of our primary zip codes. **Note due to the small sizes, there may be additional zip codes with the same count as the Top 5.* As an example, it is easy to see that zip code 95823 is consistently the highest zip code in all key contact points for Black/African American children ages 0-5.

Our CPP aims to reduce entries and re-entries into foster care, thus, we also reviewed a data set that looked at entries and re-entries by zip code. A September 25, 2022 pull of data from the Child Welfare Services Case Management System (CWS/CMS) shows 167 Black/African American children ages 0-5 with initial removals to out of home care from the following zip codes: 20 (12.0%) are in the 95823 zip code and the next top 4 zip codes include three of our identified zip codes: 95828 (13 or 7.8%), 95821 (11 or 6.6%) and 95817 (10 or 6.0%). There are 20 Black/African American children ages 0-5 in out of home care on a subsequent removal. The top 5 zip codes for the subsequent removals are 95820, 95833, 95823, 95828 & 95621 (though the raw numbers for each are very small).³ This data supports the focus zip codes selected for our focus population.

It is also important to share the data provided by the Wilton Rancheria regarding their population size, and involvement in the child welfare system. According to the Wilton Rancheria data, as of October 21, 2022 the Wilton Rancheria member base is 961. Of that total, 362 are children and youth. It is estimated that approximately 28% of their children/youth are involved with a CPS system. For Sacramento County, on September 25, 2022 we had a total of 35 Native American children/youth (ages 0-17) in open voluntary or court cases, which includes children/youth from Wilton Rancheria and other Tribes. It is further noted that members are still being added to the Wilton Rancheria rolls since the casino has been opened, and due to their membership criteria being based on line of descent, vs. blood percentage, there will always be more opportunity to continue to add members.

The work being done by the Sacramento County Prevention Cabinet on Child Safety Forward (CSF) also informed our focus population selection. The CSF found that the highest numbers of homicides and near fatalities were found in the following zip codes: 95838 (Del Paso Heights), 95823 (Valley Hi) and 95822 (Meadowview). The CSF learned that 77% of the children (deaths/critical injuries) were ages 0-5 and that Black/African American children were the most frequent victims of child abuse and neglect deaths and critical injuries (disproportionate to Sacramento County's overall population). When looking at just victims 0-5 years of age, the top three zip codes slightly changed. Instead of 95822, the third zip code is 95833 (Garden/South Natomas).

Each data point for age, ethnicity and community, whether from CPS, the Prevention Cabinet, census data, and more (see additional data sources in the Needs Assessment section), has supported the FFS initial focus population of Black/African American children ages 0-5 and their families in the 95823, 95815, 95821, 95828, 95825 & 95838 zip codes (communities of Valley Hi, North Sacramento, Arden Arcade, Del Paso Heights, and Florin).

³ Data Source: CWS/Business Intelligence (09/25/22)

Evaluation of Imminent Risk and Reasonable Candidacy

Name: _____ XREF: _____ DOB: _____ Date: _____

The minor is under the age of 18 -Yes -No: If no, stop here; the child is not a candidate for foster care.The minor is the subject of a §602 petition -Yes -No: If no, stop here; the child is not a candidate for foster care.

Delinquency, substance abuse, criminal behaviors are not in or of themselves a reason the child is at imminent risk of foster care placement.

 Parent or guardian in need of support services to ensure effective care and control of child in the home

- Parent is physically or mentally unable to provide adequate care without preventative services.
- Parent is unwilling to have the minor remain in the home without preventative services.
- Parent is unable to provide adequate care because of criminal conduct, minimizes child's behavior, periodic or prolonged absence, or incarceration.
- Parent has another child in foster care.
- Other
- Does not apply

 Family has recent (within six months) or current involvement with a Social Services agency

- Child is a dependent of the Court.
- Parents/guardians currently participating in a Family Maintenance, Family Preservation or another voluntary program.
- Child had a recent Foster Care placement as a dependent or voluntary placement.
- Other
- Does not apply

 Current pattern of repeated or increasing uncontrollable behavior

- Child has great difficulty being safely maintained in a community placement environment such as school setting, community intervention program, or day program.
- Child has demonstrated a pattern of engaging in delinquent behaviors or has increased participation in such behaviors despite the use of community interventions.
- Other
- Does not apply

 Deterioration in family relations

- Child isolates self from others and does not engage family members.
- Family home environment is characterized by frequent conflict or violence.
- Minor dissociates self from family members and prefers association of peers.
- Other
- Does not apply

 Nature of offense indicates risk to self or others

- Victim resides in the same home as the child.
- Access to victim remains likely.
- Offense indicates risk of future self-harm.
- Other
- Does not apply

 Recent (within six months) runaway or beyond control behavior in the home setting

- Child has left home regularly without permission and engaged in risky behavior.
- Consequences for poor behavior have little or no effect.
- Other
- Does not apply

Recent (within six months) or current drug use/abuse by minor or parent (alone is not sufficient for imminent risk – must be accompanied by another risk factor)

- Substance abuse by parent(s).
- Substance abuse by minor.
- Other
- Does not apply

Other current or recent (within six months) indicators of imminent risk. Supervisor review and approval needed.

- Yes
- No

Explain:

Additional Comments:

- The child is not or is no longer at imminent risk of removal to foster care. If no, stop here.
- The child is/remains at imminent risk of removal to foster care.

Preliminary review indicates the child/family may need the following services in order for the child to safely remain in his/her home:

- | | |
|--|--|
| <input type="checkbox"/> Medical services | <input type="checkbox"/> Mental Health services |
| <input type="checkbox"/> Education services | <input type="checkbox"/> Independent Living Program |
| <input type="checkbox"/> Substance Abuse services | <input type="checkbox"/> Anger management services |
| <input type="checkbox"/> Gang education/intervention | <input type="checkbox"/> Parenting classes |
| <input type="checkbox"/> Abuse counseling/services | <input type="checkbox"/> Sex offender therapy |
| <input type="checkbox"/> Family conflict services | <input type="checkbox"/> Social/Life Skills services |
| <input type="checkbox"/> Juvenile Justice Accountability | <input type="checkbox"/> Other |

A complete assessment and case plan are being done by the Probation Officer to further clarify issues and refine identified needed services for the minor to remain safely in his/her home. Absent the effectiveness of these services, the plan is to remove the child from their home for a suitable foster care placement

SOURCE DOCUMENTS

- | | | |
|---|--|--|
| <input type="checkbox"/> Delinquency Records on Minor | <input type="checkbox"/> Criminal Records on Parent/Guardian | <input type="checkbox"/> Child Welfare Records |
| School Information: <input type="checkbox"/> Attendance | <input type="checkbox"/> Grades | <input type="checkbox"/> Behavior |
| <input type="checkbox"/> Other (please describe): | | |

Deputy Probation Officer

Supervisor

Attachment 8

CPS Needs Assessment: Data

Economic Stability

For the child and youth population of Sacramento, we see there is an inverse relationship in poverty for Black/African American and White children/youth. Black/African American children/youth experience poverty at a rate of more than 3 times their representation in the population, while White children/youth experience a rate of poverty at less than half their representation in the population.^{1, 2}

Child Population and Children in Poverty by Race/Ethnicity		
2014-2018	Child Population, by Race/Ethnicity (Regions of 10,000 Residents or More) ⁴	Children in Poverty, by Race/Ethnicity (Regions of 10,000 Residents or More) ⁵
African American	10.00%	33.90%
American Indian/Alaska Native	0.50%	S
Asian American	14.60%	20.10%
Hispanic/Latino of Any Race	32.00%	25.90%
Native Hawaiian/Pacific Islander	1.10%	S
Non-Hispanic/Latino White	33.20%	14.20%
Multiracial	13.70%	20.20%
All Children		21.60%

**"S" in the table indicates numbers too small to report*

In looking specifically at our identified focus zip codes, over 55% of Black/AA children under five years live in poverty in 95825, 95821, 95828 & 95815 (95825 is at 60%, 95821, 95828 and 95815 are all at 57% while 95838 is at 33% and 95823 is at 27%.) Furthermore, the poverty rate for Black/African Americans of all ages is higher in all six focus zip codes as compared to the overall zip code poverty rates. When looking at Black/African American families with incomes less than \$35,000 a large portion have incomes under \$20,000

- 95815: 77%
- 95828: 55%
- 95838: 55%
- 95825: 53%
- 95821: 53%
- 95823: 51%³

Other indicators available in the Casey Opportunity Map for economic stability, such as unemployment rate, work hours needed to rent a 2-bed home at minimum wage, renters spending more than 30% of income on housing and reduced/free lunch eligibility do not vary too much between these zip codes. However, the overall county fares better in the overall poverty rate, the poverty rate for children under 5, the unemployment rate, and the number of renters spending more than 30% income on housing, than our focus zip codes. Our focus zip codes are not all the same in terms of various indicators of economic stability. For example, there is a difference in vacant housing available (with 95815 having the highest percent of vacant housing at 9% versus 4%-5% for the others). There is also a difference in the percent of families accessing Supplemental Nutrition Assistance Program (SNAP) benefits, with 95815 & 95838

¹ <https://www.kidsdata.org/region/344/sacramento-county/results#ind=&say=&cat=6>

² <https://www.kidsdata.org/region/344/sacramento-county/results#ind=&say=&cat=37>

³ Data Source: Casey Opportunity Map

CPS Needs Assessment: Data

having the highest at 25% with 95825 having the lowest at 17%. All zip codes have moderate access to healthy foods except 95838, which has poor access.

Another source helpful in understanding economic stability for Sacramento communities is the Department of Human Assistance (DHA). To aid in understanding some of the economic needs of our initial focus population, DHA pulled data for September 2022 - October 2022 by zip code. This includes CalWORKs, CalFresh and MediCal benefit information.⁴

Percent and Number of Black/African Americans Receiving Some Benefit by Zip Code			Percent of Recipients of Each Benefit that are Black or African American								
Zip Code	Black or African American	Total Count	Total All Ethnicities CalWORKs Count	Black or African American	Total # Black or African American	Total All Ethnicities CalFresh/MA Count	Black or African American	Total # Black or African American	Total All Ethnicities MediCal Only Count	Black or African American	Total # Black or African American
95815	13.0%	464	568	15.5%	89	1033	14.0%	145	1952	11.7%	229
95821	11.8%	558	778	14.0%	109	1501	11.8%	177	2426	10.9%	265
95828	14.1%	682	410	31.0%	128	1231	16.6%	205	3189	10.8%	345
95838	15.4%	712	552	25.4%	140	1336	17.5%	234	2722	12.2%	333
95825	17.4%	760	666	21.6%	144	1343	17.7%	238	2342	16.1%	378
95823	21.3%	1849	1111	33.0%	367	2429	24.3%	591	5092	17.0%	887

Each zip code lists how many Black/African American children ages 0-5 are receiving some form of assistance (CalWORKs, CalFresh/MediCal and MediCal only) through DHA, by percent and total number. So, for instance, in the 95823 zip code, 21.3% (or 1,849) are age 0-5, are Black/African American and receiving some form of assistance and there are 1,111 individuals in 95823 receiving CalWORKs, of which 33% are Black/African American.

We also completed a data match with DHA on a point in time of Black/African American children ages 0-5, Native American children and youth and Pregnant/Parenting teens in open CPS cases (removed & in-home as of September 25, 2022). A crosswalk of those children and youth with DHA showed that of the 321 identified, of which 248 were Black/African American children ages 0-5, they were able to match a total of 245 youth. Of those, 11% had not received any type of benefit within the last 12-month period and 84% had active MediCal.

DHA also completed a review of the mothers and fathers on 223 of the youth identified above (out of home care only) and were able to match 364 parents. Of those, 46% appear to have not received any type of public assistance in the last 12 months, 40% were on MediCal, 24% were on CalFresh, and just 7% were on CalWORKs.

What this data points to is a challenge for families in our focus population having access to important benefits, despite having other social services supports in place. Given the number and location of Department of Human Assistance offices, there may be an issue with accessibility within the neighborhoods of our focus population. We also recognize that there can be a stigma to applying for and receiving public benefits that may impact families' ability to receive the supports they may be eligible for.

⁴ Data Source: Department of Human Assistance

CPS Needs Assessment: Data

The rate of single mothers in our zip codes is highest in 95815 at 21%, but five of our zip codes are higher than the overall county, which is 13%. Additionally, of the single parent households in our focus zip codes, Black/African American mothers raise children/youth in single parent households at 2-3 times the rate of White mothers. The majority of families in our zip codes, if they were employed, would need to work 82 hours a week (at minimum wage) in order to rent a 2-bedroom home without spending more than 30% of their income, making childcare a must. However, in 2021, in Sacramento County, 71% of children age 0-12 with parents in the labor force, have no licensed childcare spaces available for them.⁵ Even if sufficient childcare options were available, it is often too expensive for families, especially single mothers, to afford. In Sacramento County in 2021, monthly infant childcare in a licensed family childcare home costs \$1,032 and \$1,422 in a licensed Child Care Center. The monthly cost for a preschooler is not much better at \$900 for a licensed family childcare home and \$983 for a licensed Child Care Center.⁸

When more than 30% of one's income is spent on housing, it makes childcare, which is already difficult to find and incredibly expensive, unaffordable and out of reach. According to the "2021 Sacramento Family & Child Data Portfolio," There was an 8% increase from 2018 to 2021 in the number of children in subsidized care (17,532 in 2021) and 80% of the families served on the childcare subsidy program are single parents (most are female-led). According to Child Action's Public Policy Advisor, the "Childcare Eligibility List" (CEL) shows there are currently (as of 3/23/23) 3,844 children waiting for child care. This number only includes families who have signed onto the waitlist. It is very likely that many more income-eligible families (particularly those in hard to reach communities) have not yet signed onto the waitlist. An income eligible family without subsidized care may spend over 20% of their income on childcare (if they have only one child), while a family with a subsidy may spend only 10% of their income on their subsidized childcare. While there is subsidized childcare available via Child Action (center-based and home based costs), there are issues with capacity in that they can only serve about 25% of families in need. As parents are standing by for childcare, they are unable to rejoin Sacramento County's workforce.

There are two Crisis Nurseries in Sacramento County (95821 & 95831 – only one of which is in our focus area). The Crisis Nurseries provide support to families with children age 0-5, in times of crisis (both daycare and overnight care). They are available 24 hours a day, 365 days per year, but there are capacity limitations, limitations on the amount & frequency a family can use the services and limits to the immediacy of being able to access the service when needed. The services are truly meant to assist in times of crisis (i.e. sudden illness or accident, domestic or intimate partner violence, short-term substance use treatment or an unexpected but short-term medical or mental health situation). Children can stay up to 30 days, but there are only 20 beds total between the two sites, and they can only care for 25 children total during the day.⁶ The locations are also limited and as noted, most of our focus zip codes do not have a crisis nursery readily accessible.

Education

According to kidsdata.org, only 55.7% of children in Sacramento County age 3-5 are enrolled in preschool or kindergarten (as compared to 60.0% for California).⁷ Looking a little deeper, we see that it is even

⁵ https://rrnetwork.org/assets/general-files/Sacramento_2023-02-14-212808_iftp.pdf

⁶ <https://www.kidshome.org/what-we-do/crisis-nursery-program/>

⁷ <https://www.kidsdata.org/topic/785/preschool-kindergarten-10k/table#fmt=1200&loc=2,344&tf=156&sortType=asc>

CPS Needs Assessment: Data

less for our focus zip codes. Casey Opportunity Maps show us the following enrollment percentages for 3 & 4 year olds:

Percent of 3 & 4 Year Olds Enrolled in School							
	95823	95815	95821	95828	95825	95838	Sacramento
Age 3 & 4 school enrollment	41%	42%	41%	35%	34%	46%	43%

While this does not include children of typical age for kindergarten, it does show us where children in our zip codes may be lagging behind Sacramento overall (95828 & 95825).

Additional data from our SCOE & SETA (Sacramento Employment and Training Agency) partners show there are waitlists for families in our focus zip codes who want to enroll their children in Head Start. As noted below, a few of the districts associated with our focus zip codes show wait lists between 10-70 people⁸

Waitlists for Families Wanting to Enroll in Head Start					
Zip Code	Name	School District	Capacity	Enrolled children	Wait list
95815	Sharon Neese		85	81	~60-70
95823	Solid Foundation	Most sites are SCUSD	40	37	~15-40
95825	No SETA Programs; All SJUSD	All SJUSD			SJUSD
95828	Florin Elementary	Most EGUSD	40	20 (Waiting for staff to open other class)	~10
95838	North Ave	Most TRUSD	89	75	~20

SCOE and the Glen Price Group provided information gathered in their efforts toward developing their Student Mental Health and Wellness Plan (SBMHWP) and Student Behavioral Health Incentive Program (SBHIP) work. While we are looking at specific zip codes, educational data is gathered via school districts. The districts do not always match up cleanly with zip codes, so one zip code may have schools belonging to multiple districts. This makes it a bit difficult to gather and interpret the data as precisely as we would like. However, we can get a very close approximation. In reviewing the districts and the zip codes we are focusing on, SCOE and the Glen Price Group have indicated the following as the best district matches for our focus zip codes:

- 95815 Twin Rivers School District
- 95821 Robla and San Juan Unified School Districts
- 95823 Elk Grove and Sacramento City School Districts
- 95855 San Juan Unified School District
- 95828 Elk Grove and Sacramento City School Districts
- 95838 Robla, San Juan Unified, and Twin Rivers School Districts

The Glen Price Group shared a plethora of data for these districts including information on absenteeism, suspension, expulsion, graduation, and enrollment. In large part, they were able to break down these broad categories by ethnicity, homelessness, foster youth and youth with disabilities. Casey Opportunity Maps also show us that zip codes 95815 and 95838 are lagging behind the county in percent of youth who

⁸ Provided by Lisa Carr @ Seta, via Christine Smith @ SCOE January 13, 2023

CPS Needs Assessment: Data

complete a 4-year graduation (85% compared to 88%). While this data doesn't specifically speak to our focus population (ages 0-5 years), it shows the potential trajectory depending on access to services and the impact of implicit bias.

Absenteeism, Suspension, Graduation and Enrollment in Focus Zip Code School Districts 2020/2021 (unless specified): Approximations Based on Graphs Provided										
	Chronic Absenteeism		Suspension (2018/2019)		Expulsion (2018/2019)		Graduation		Enrollment	
	Black African American	White	Black African American	White	Black African American	White	Black African American	White	Black African American	White
Elk Grove Unified	21%	7%	14%	3%	0.09%	0.01%	80%	92%	6476	10233
Robla Elementary	30%	20%	6%	3%	0.00%	0.00%	n/a	n/a	296	269
Sacramento City Unified	41%	11%	14%	3%	0.11%	0.04%	76%	90%	4614	6340
San Juan Unified	35%	11%	15%	5%	0.19%	0.05%	78%	89%	2612	17859
Twin Rivers Unified	41%	25%	16%	8%	0.20%	0.15%	84%	82%	2836	3545

Health

According to trusted online community well-being data hub, kidsdata.org, in Sacramento County, Black/African Americans have worse health status than Black/African Americans in California, while White people fare better in Sacramento County than those in California overall (see below).⁹

Health Status by Race/Ethnicity			
California	Percent		
Race/Ethnicity	Excellent or Very Good	Good	Fair or Poor
African American/Black	74.6%	20.5%	4.9%
American Indian/Alaska Native	79.8%	20.2%	S
Asian/Pacific Islander	78.9%	17.2%	3.9%
Hispanic/Latino	70.9%	21.8%	7.3%
White	83.7%	14.4%	1.9%
Multiracial	73.0%	19.4%	7.6%

Health Status by Race/Ethnicity			
Sacramento	Percent		
Race/Ethnicity	Excellent or Very Good	Good	Fair or Poor
African American/Black	59.2%	S	S
American Indian/Alaska Native	S	S	S
Asian/Pacific Islander	74.3%	S	S
Hispanic/Latino	73.9%	26.1%	S
White	92.4%	7.0%	S
Multiracial	99.1%	S	S

**S" in the table indicates numbers too small to report

The data on health determinants shows that Black/African American mothers in Sacramento have the highest rate of infants born at low birthrate compared to mothers of other races/ethnicities. As of 2016 Black/African American mothers had infants with low birth rates at nearly twice the percent as White mothers (see below).¹⁰

⁹ <https://www.kidsdata.org/topic/1996/health-status-race/table#fmt=2489&loc=2,344&tf=127&ch=7,11,8,10,9,73,1288,1290,1289&sortColumnId=0&sortType=asc>

¹⁰ <https://www.kidsdata.org/topic/302/low-birthweight-race/table#fmt=92&loc=2,344&tf=88&ch=7,11,8,507,9,73&sortColumnId=0&sortType=asc>

CPS Needs Assessment: Data

Rate of Infants Born at Low Birthrate by Race/Ethnicity	
Sacramento	Percent
African American/Black	10.5%
American Indian/Alaska Native	S
Asian/Pacific Islander	8.2%
Hispanic/Latino	6.2%
White	5.5%
Multiracial	8.1%

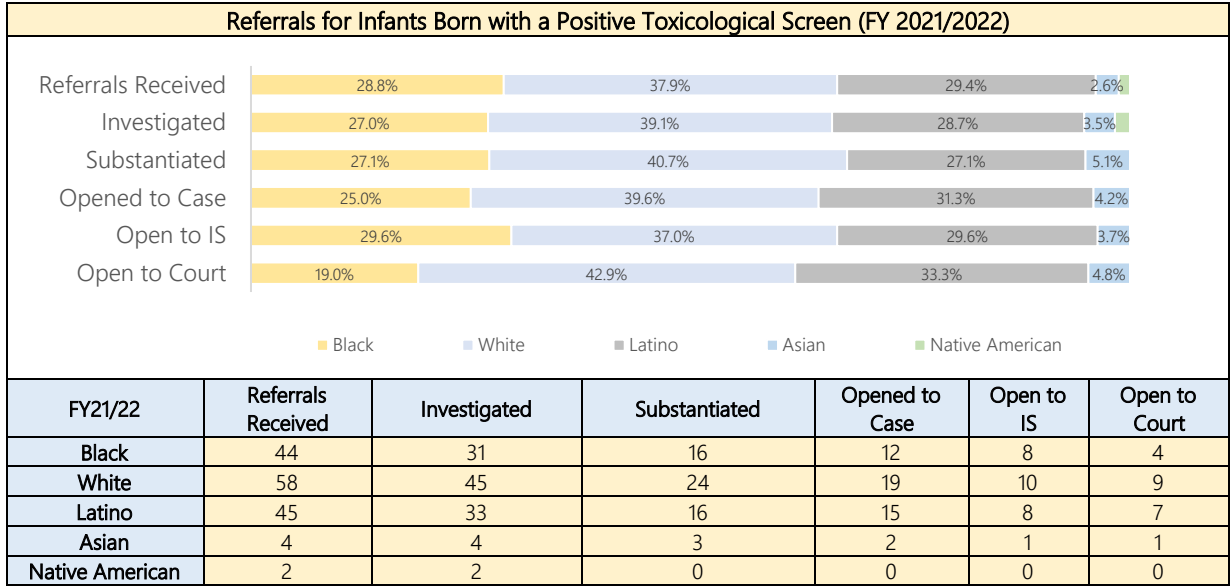
***“S” in the table indicates numbers too small to report*

When we did a data match of 313 focus population families open to CPS with Public Health’s Nurse Family Partnership program (NFP), the African American Perinatal Health program (AAPH) and the Black Infant Health program (BIH), we found minimal crossover. There were no matches for the NFP program (which makes sense given their criteria requires a first time pregnancy at less than 28 weeks’ gestation). For the AAPH program, there were 10 mothers in various stages of receiving services, who were also open to CPS in our focus population. There were only 16 mothers being served by both child welfare and BIH, despite there being 150 women on average served by BIH on a monthly basis. We suspect there may be an issue with awareness of these services within communities. There may also be hesitance or fear within communities of accepting help from a governmental agency.

Services provided by the BIH Program include referrals to housing, grief counseling, parenting education, transportation, financial assistance, and referrals for a variety of services including but not limited to domestic violence, DHA, BCLC, mental health, employment, and basic needs such as diapers, clothing, food banks and shelters. While it makes some sense that there would be few, if any crossover of CPS families with NFP, many more of these 313 families may have been able to benefit from the BIH and AAPH programs, which could possibly have prevented involvement with the child welfare system.

To see further how the children in our focus age group fare beginning at birth, and where supports may be needed in the community, we looked at CPS referrals for children born testing positive for drugs or alcohol. Below is a chart of referrals, broken out by race, and how those families moved through the child welfare system. Reflecting back on the representation of Black/African American children as a percentage of the population versus the representation of White children as a percentage of the population, it is easy to see that there are significantly more referrals received for Black/African American children in comparison to White children, based on population size, and that trend continues throughout the decision points.

CPS Needs Assessment: Data



We also see slight differences in our focus zip codes as compared to Sacramento in both the percent of children without health insurance and individuals without health insurance (see below).¹¹

Percent of Children & Individuals Without Health Insurance							
	95823	95815	95821	95828	95825	95838	Sacramento
Children Without Health Insurance	2%	2%	2%	3%	2%	4%	2%
Individuals Without Health Insurance	7%	7%	6%	7%	8%	9%	6%

When looking at the 2-1-1 Sacramento, 2021 Statistics Summary, the largest percent of callers (15.8%) were Black/African American and the top zip codes from where calls originated were:

2-1-1 Sacramento Top 10 Zip Codes Highest # Calls			2-1-1 Sacramento Top 10 Zip Codes Highest # Calls		
	Top Zip Codes 2021	# Calls		Top Zip Codes 2021	# Calls
1	95823	4,751	6	95821	1,991
2	95825	2,471	7	95822	1,875
3	95815	2,295	8	95828	1,853
4	95838	2,168	9	95608	1,851
5	95820	2,123	10	95660	1,808

The top 5 needs expressed included Healthcare at #4, with 9,779 (15.1%) of the calls about healthcare including Health Education, Immunizations, Disease/Disability Specific Screening/Diagnosis,

¹¹ Data Source: Casey Opportunity Map

CPS Needs Assessment: Data

Communicable Disease Control and Medical Public Assistance Programs (these did not exclude information related to COVID-19).¹²

Mental Health/Behavioral Health

Maternal mental health is an important factor in keeping children in our focus population safe, healthy, and remaining together with their families. According to Robert Hickman, LMFT who is a member of the Sacramento County Maternal, Child and Adolescent Health Advisory Board (MCAHAB), the Maternal Mental Health Collaborative (SacMMHC) and Postpartum Support International, “the perinatal period is a time when hormonal changes related to pregnancy can cause emotional instability that ranges from mild to severe and dangerous in susceptible women.” There are ethnic differences in the rate for prenatal and postpartum depression. Black women experience the highest percentage of depressive symptoms of all racial and ethnic groups during both prenatal and postpartum periods.¹³ The effects of racism, poverty and related social determinants of health influence the experiences of pregnant and postpartum women within the healthcare system and their ability to access and engage in needed perinatal support and mental health services. There is verifiable evidence that the effects of untreated perinatal mood and anxiety disorders profoundly influence family and child development including:

- parenting responses and establishment of a safe and nurturing home environment,
- child development including emotional and behavioral regulation, social development and executive function skill development and learning/behavioral challenges in school,
- involvement in the child welfare system and involvement in the juvenile justice systems

Given the importance of mental health and its impact on children and parents, we explored the level of access of mental health services by our focus population. Sacramento County Behavioral Health Services used client specific data matches of our focus population (at a point in time) to compare CPS, Probation and Behavioral Health (BH) youth recipients of BH services. Below is a graph that compares these three groups and where they have been served within the Behavioral Health system, from September 2021 – September 2022. They noted that population of youth in general involved in the Behavioral Health system have a much higher percentage of being served in Outpatient services (100%), as they would not be identified without being involved in the BH system.

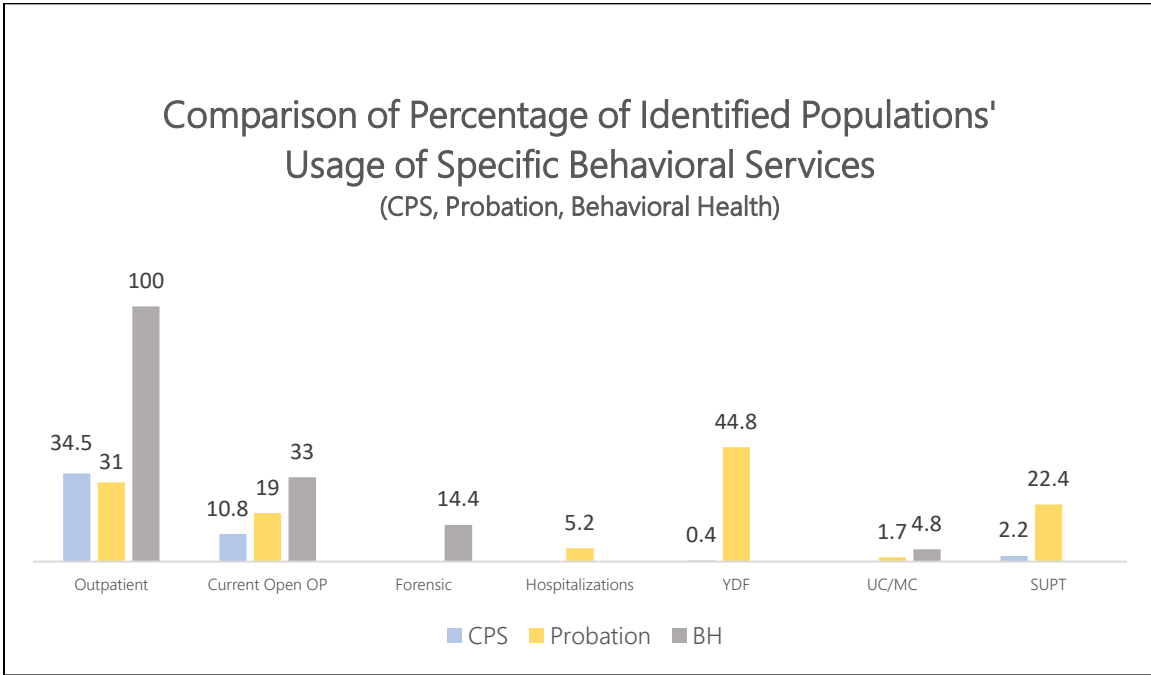
To compare between systems, CPS has a slightly higher percentage of children in Behavioral Health Outpatient than Probation in the last year (34.5% vs 31.0%), although Probation had more currently open in Outpatient than CPS (19.0% vs. 10.8%). Both CPS and Probation youth did not have Forensic program contact. Probation youth had hospitalizations in the year (5.2%), while CPS and BH did not. As for Youth Detention Facility (YDF) contact, the CPS youth had a small amount of contact (0.4%), while the Probation youth understandably had a good portion of contact (44.8%). Urgent Care and Mobile Crisis were most utilized by BH youth (4.8%) while Probation had a smaller percentage (1.7%). Finally, SUPT services were most utilized by Probation youth (22.4%) and a smaller percentage of CPS youth (2.2%). In receiving and analyzing this data, it represents a point in time of services delivered, but does not speak to whether there is an overserving or underserving of the population. Other information provided by Behavioral Health is

¹² <https://211sacramento.org/211/wp-content/uploads/Sacramento-Statistical-Annual-2021.pdf>

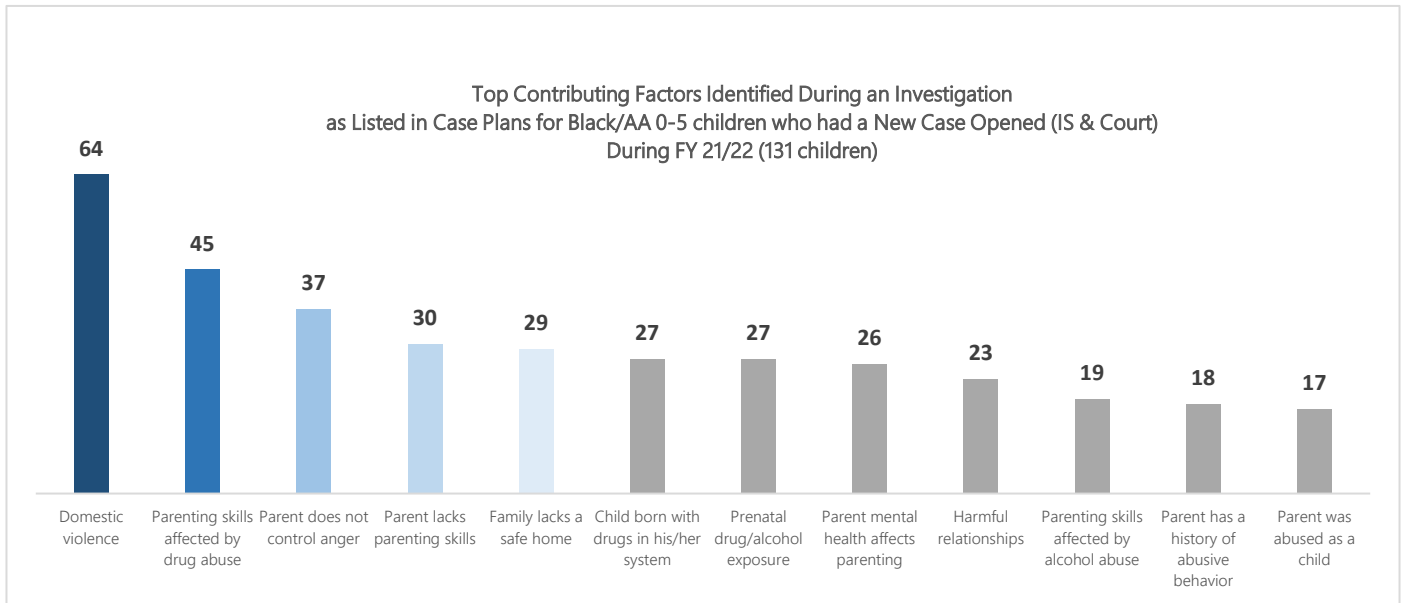
¹³ <https://dhs.saccounty.gov/BHS/Documents/Advisory-Boards-Committees/Mental-Health-Board/MHB-Reports-and-Workplans/RT-MHB-Spending-Recommendations-for-MHSA-Funds-2019.pdf>

CPS Needs Assessment: Data

that 28.8% of the mothers of the matched CPS youth received outpatient services while only 5.4% of the fathers received outpatient services.



To help understand the needs of the parents participating in services through CPS, we looked at the Contributing Factors noted in the parents' case plans for our focus population. The table below reflects a variety of contributing factors, which are also indicative of the underlying stress families experience that can impact their parenting and may result in child welfare involvement.

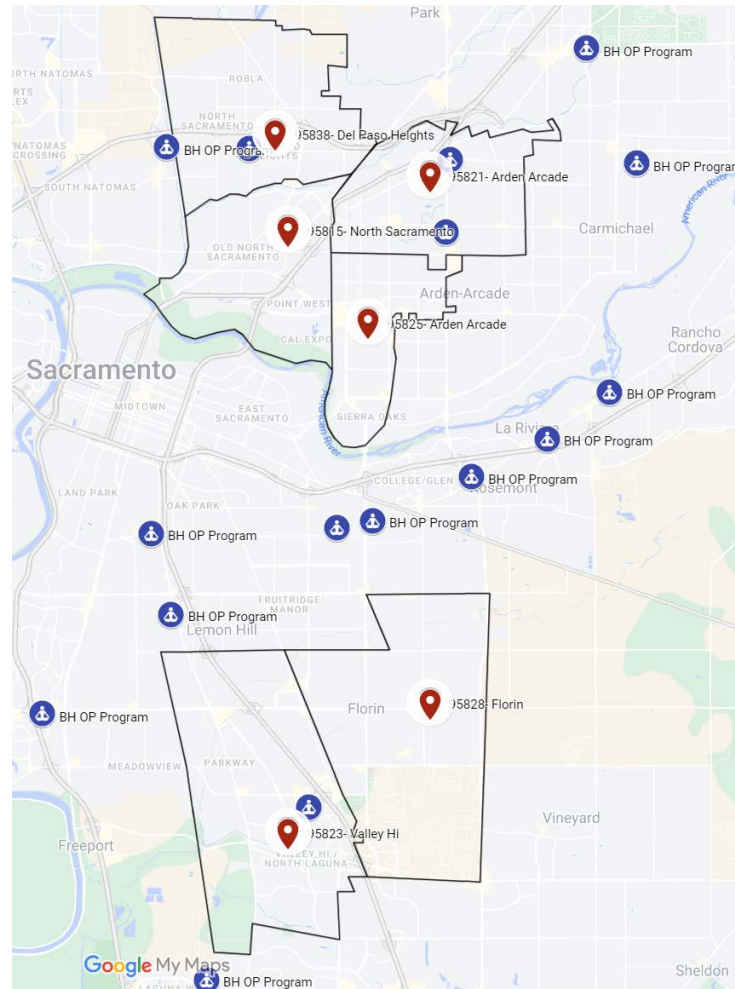


We also wanted to explore the behavioral health and mental health needs of children from our original point in time (September 2022) pull of Black/African American children ages 0-5, Native American

CPS Needs Assessment: Data

children/youth, and pregnant/parenting youth in open cases (in home or in out of home placement). In reviewing SDM Safety Assessments, Risk Assessments and Child Strengths and Needs Assessments (data regarding our original focus group on 9/25/22, extracted on 1/1/23), we found there were 247 children and youth with risk assessments completed. Of those, 13% were identified as having risk factors associated with behavioral health or mental health. There were 125 children/youth with safety assessments completed. Of those, 38% had safety factors related to domestic violence and 54% had risk factors related to drug/alcohol exposure. There were 239 that had a Child Strengths and Needs Assessment completed, of which 22% had identified “Emotional or Behavioral” needs, with 18% of them showing it as an unmet need and 4% of them indicating it was a concern that directly contributed to danger to the youth. In addition to the emotional/behavioral needs, the Child Strengths and Needs indicated there were 20% with identified trauma concerns. Of those, 77% were noted to have a response to prior trauma, which was a concern, and it was an ongoing unmet need. There were 23% whose response to prior trauma was a concern that directly contributes to danger to the youth.

In a service map which shows the location of Behavioral Health outpatient programs (blue dots), in or near our six focus zip codes, we see that outpatient services significantly follow along Highway 50, with only one located in our focus zip codes in the south where 95823 is (our area of greatest need) and three in our focus zip codes in the north.

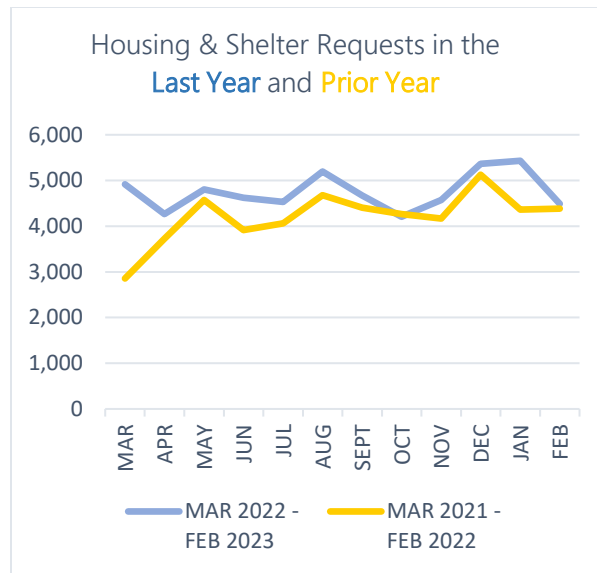


CPS Needs Assessment: Data

Neighborhood

In reviewing 211 Sacramento for our six focus zip codes, we see that for the time period 12/30/21 – 12/29/22, all six zip codes are amongst the top 10 requesting housing and shelter. It also shows us there was a significant increase in requests for Housing and Shelter overall from last year to this year.¹⁴

Top 10: Highest Rates of Requests for Housing & Shelter by Zip Code			
Rank	Zip Code	Rank	Zip Code
1	95811	6	95825
2	95814	7	99823
3	95815	8	95838
4	95652	9	95660
5	95817	10	95832



Housing & Shelter Requests in the Last Two Years by Month (12 month period as of February 2023)												
	MAR	APR	MAY	JUN	JUL	AUG	SEPT	OCT	NOV	DEC	JAN	FEB
MAR 2022 - FEB 2023	4,915	4,264	4,806	4,624	4,528	5,197	4,671	4,206	4,574	5,362	5,431	4,486
MAR 2021 - FEB 2022	2,855	3,727	4,574	3,911	4,060	4,677	4,403	4,265	4,164	5,126	4,360	4,382

When specifically looking at our focus zip codes, we see that of all the types of service requests that could be made (housing & shelter, food, utilities, healthcare & COVID, mental health & addictions, employment & income, clothing & household, government & legal, etc.) Housing & Shelter was the #1 request for service for all six zip codes. Further, specifically for Housing & Shelter requests (which

¹⁴ <https://www.211sacramento.org/211/> (About Us tab; Count Statistics)

CPS Needs Assessment: Data

include shelter, low cost housing, home repair/maintenance, rental assistance, landlord/tenant issues, etc.), low-cost housing was the #1 request.

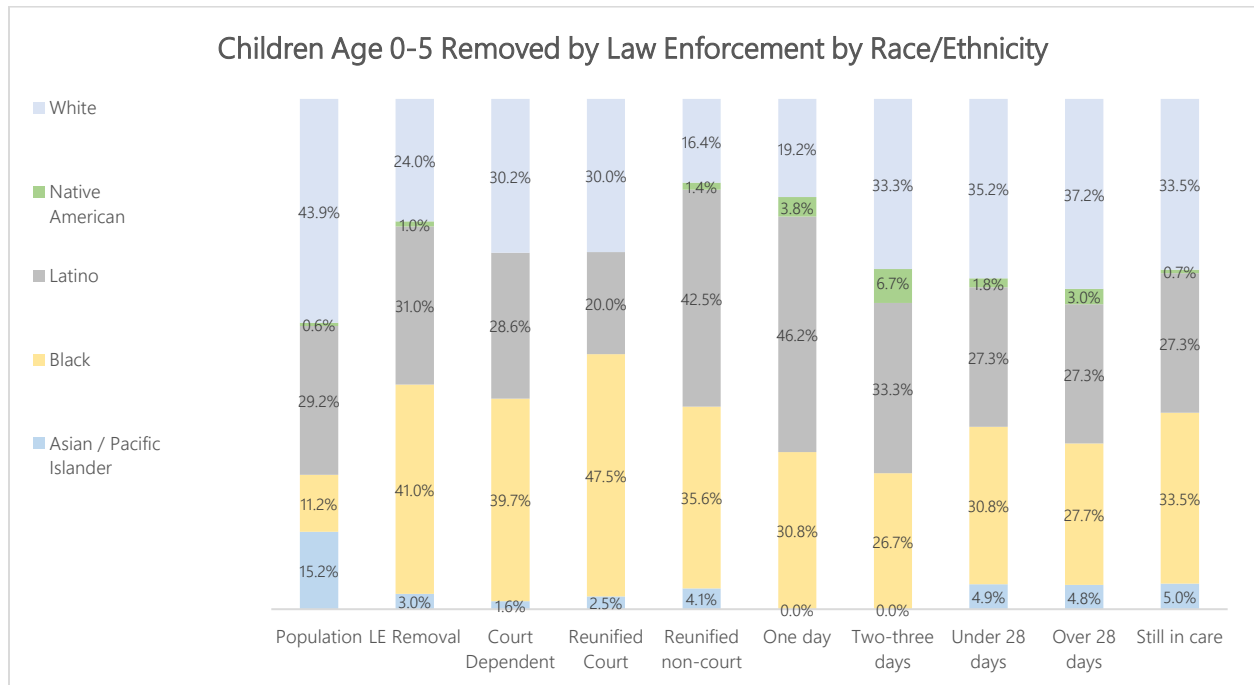
2-1-1 Top Requests by Focus Zip Codes (by percent of requests from that zip code)							
	95823	95815	95821	95828	95825	95838	Sacramento
211 Top Service Request	40.10%	42.40%	38.10%	35.60%	40.40%	41.90%	39.30%
211 Top Housing & Shelter Requests	39.70%	38.50%	36.40%	49.33%	31.20%	41.50%	41.50%

**Past 365 days as of 3/8/23*

Social/Community

Equity and advocacy are important aspects of community health. Given the significant disproportionality in the number of calls that come into the hotline for Black/African American children and youth, we wanted to explore why that is. We reviewed data related to who are making reports to the hotline. For FY 21/22 Law Enforcement and Educational staff were tied for the highest report of allegations overall. For all points of contact, general neglect was by far the largest reported maltreatment category. For the purpose of this work, we focused on Law Enforcement (LE) removals for our focus population age and ethnicity, as education is not a top reporter for the 0-5 age group. While LE is a first responder, which may account for a higher number of interactions with families in general, Black/African American children are still 6.7 times more likely to be removed by LE than White children are.

This not only supports our focus population choice, but also shows some possible areas we may want to explore in terms of reducing systemic disproportionality. The data shows us that not only are Black/African American children removed more than White children are, White children return home sooner than Black/African American children at each time designation.



Attachment 9**CPS Listening Sessions**County Self-Assessment (2021-2026)

In fulfillment of California’s Child and Family Services Review requirements, partner feedback was sought from a diverse array of parties including foster youth (Extended Foster Care/Independent Living Program youth EFC/ILP), parents and community partners. The EFC/ILP session was May 12, 2022. We were able to hold a focus group with three participants in attendance and subsequently distributed a survey to which 25 youth responded (from 5/9/22 – 5/20/22). Their focus was more on their experiences in placement. They did indicate receiving financial support works well to help them stay focused and on-track, pushing them to reach their goals. They also recommended more services such as group activities or community service to help youth at facilities keep off the streets (which could work for any youth, not just those at facilities). The parent feedback sessions were November 18 & 19, 2021, and seven parents participated. Consistent services and cultural empathy played a role in how parents perceived the services received. Some felt social workers did not display a genuine cultural awareness and empathy when engaging with families. A male parent specifically felt his side of the story was not heard or considered, feeling his ethnicity and gender as a man influenced the social worker.

The “Sacramento Stakeholder Series” was held on December 7, 8, & 10, 2021. The goal was to get feedback from key community stakeholders in part on regional needs and resources. While the exact number of participants in the sessions isn’t noted, the following agencies and community organizations were noted on the registration link.

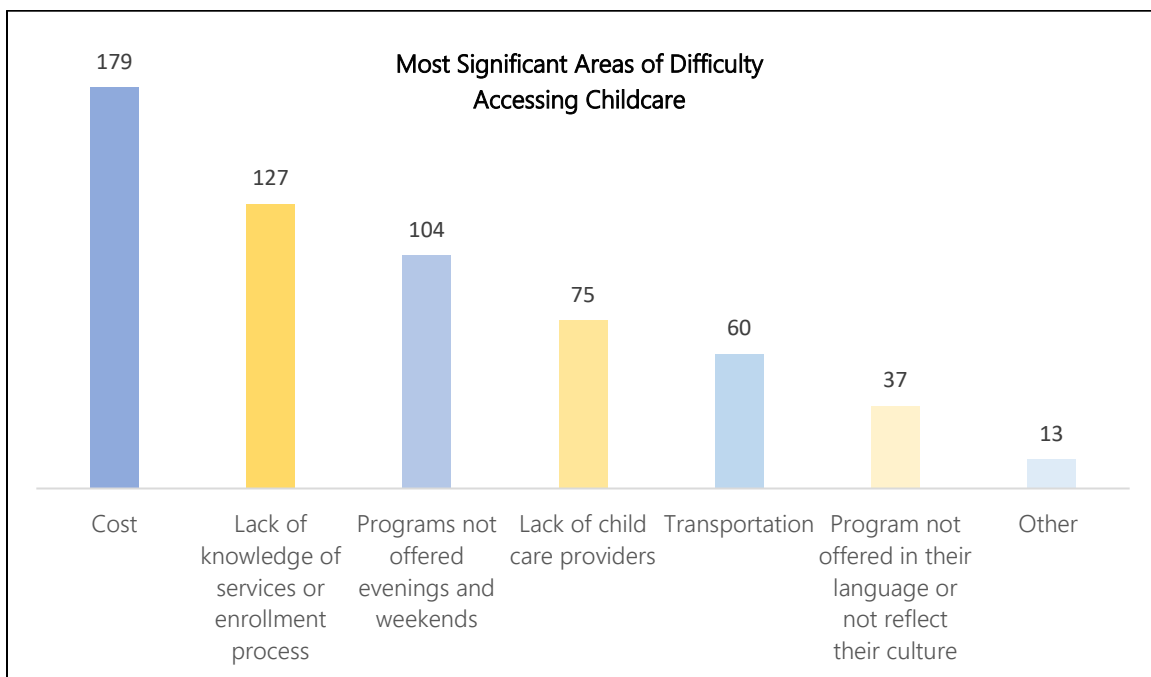
Sacramento Stakeholder Meetings	
Agency/Community Organizations noted on Registration Link	
A Brighter Childhood, Foster Family Services	H.O.P.E. Therapeutic Services
A Path to Recovery	Koinonia Family Services
American River College	Lilliput, a part of Wayfinder Family Services
Alcohol and Other Drug 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

CPS Listening Sessions

Some factors identified as contributing to abuse and neglect included: lack of basic needs; lack of stability due to mental health and substance use/misuse; lack of coping skills or tools to understand/manage the effects of generational, historical, and/or recurring traumas; lack of housing/severe lack of quality housing; lack of quality, reliable and convenient transportation; lack of access to appropriate and available childcare. Some strengths identified included use of parent partners and advocates, services open to all, not just those who qualify and access to respite care. Recommendations include one-stop shops for services, services customized and supported by staff, parent partners and advocates to help guide parents through it all and prioritizing home-based and mobile services to reduce strain and stress of transportation and timing/scheduling challenges. There was a significant focus on the impact of systemic racism and implicit bias. In part, they recommended hiring more staff of different ethnicities to work with youth and families of the same ethnicity, blind referral processes, accountability and tough conversations, training on historical and generational effects of racism & slavery as well as Jim Crow Laws, and Supervisor mentorship.

First 5 Sacramento Community Survey

First 5 Sacramento completed a community survey of over 900 community members as part of their information gathering to inform their 2021-2024 Strategic Plan. Of those, 208 respondents were from the FFS focus population zip codes. The feedback on areas of need for concrete supports included childcare (see table below for most significant areas of struggle noted in accessing childcare), housing supports and transportation. Other trends included difficulty with location of services, stigma in asking for assistance, and lack of culturally relevant services and providers that look like them and speak their languages. For more detailed information about the survey and demographics of respondents in our zip codes, please see attached First 5 Survey Results Summary for our focus zip codes (Attachment 10).





CPS Listening Sessions

Sacramento County Children's Report Card (2021) Community Convening

The Sacramento County Children's Coalition, in partnership with others, hosted seven community convenings in August 2021, partnering with trusted nonprofits that support families in neighborhoods of greatest need. Parents, caregivers, youth, and community partners were all invited to participate. The goal was to receive feedback (via polls, word clouds and group discussion) to provide a more complete picture of the child, youth and family needs in Sacramento County. Almost 100 community members from 36 zip codes participated. Some of the information shared aligns with what the data in this report shows, as well as other listening sessions noted in this report.¹ The top three biggest challenges facing families right now were listed as lack of childcare (48%), housing (36%) and lack of educational support services for children (30%). For childcare specifically, comments included difficulty with the enrollment process (specifically paperwork), the need for original documentation and a lack of crisis nurseries and other supports for parents to "take a break."

¹ Data Source: Sacramento Children's Report Card Community Convenings Summary (2021)



FIRST 5 SACRAMENTO
FFPS FOCUS ZIP CODES
SURVEY RESULTS
SUMMARY

Ng. Jenny

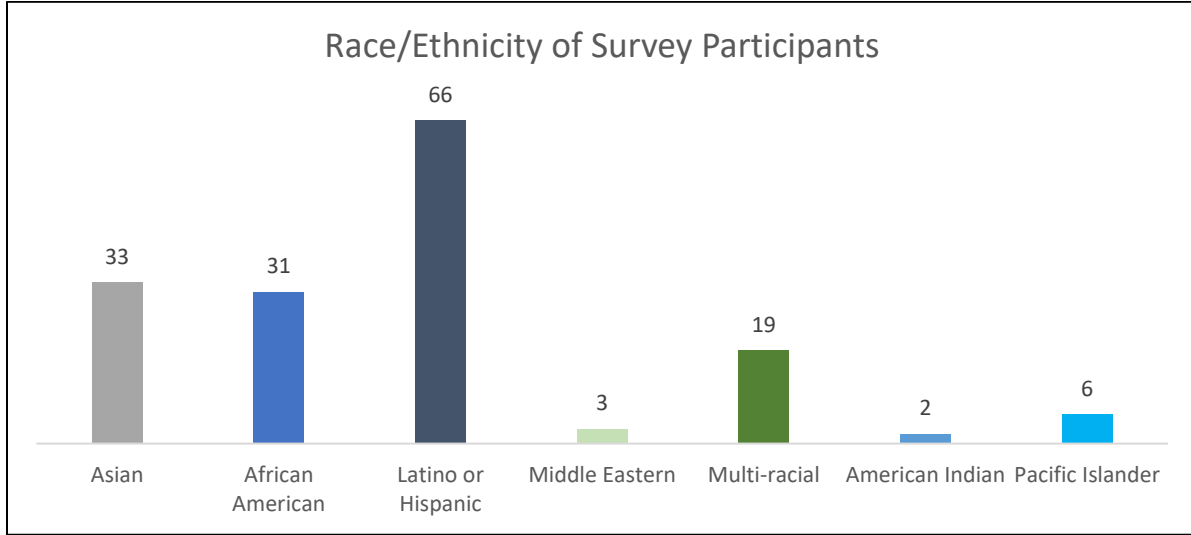
COUNTY OF SACRAMENTO

[Demographics.....Page 2](#)
[Trends.....Page 4](#)
[Summary of Questions.....Page 4](#)

Demographics

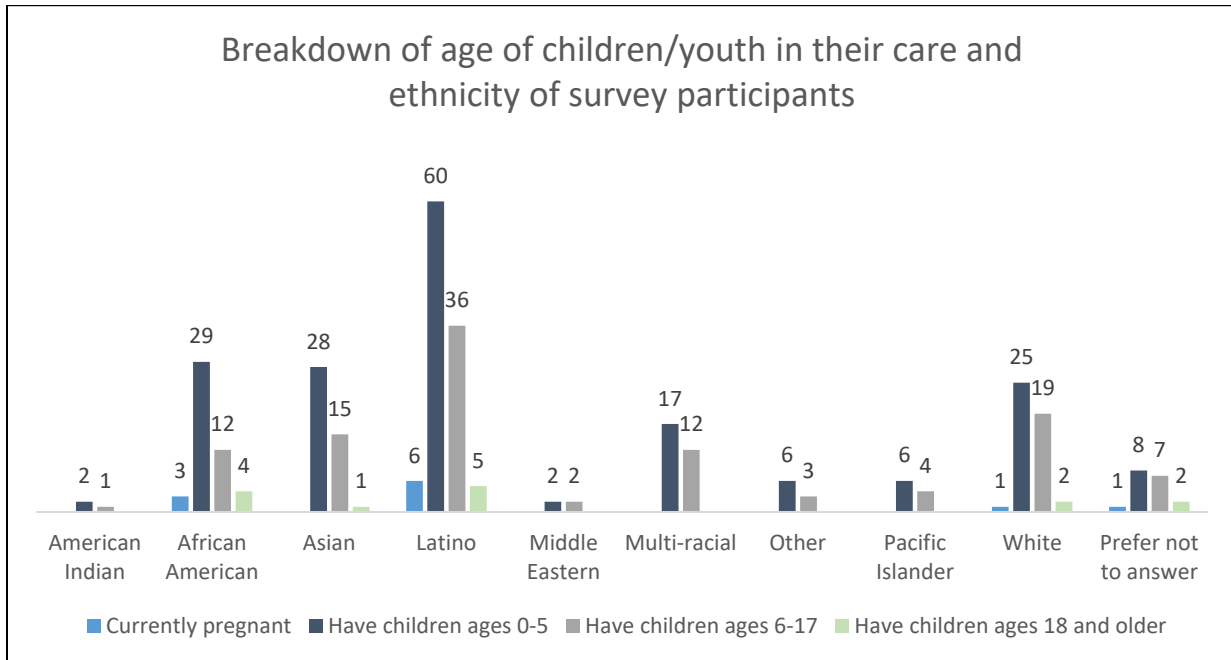
There were a total of 208 responses to the survey from First 5 Sacramento. All of the participants were either pregnant, a parent/caregiver, grandparent or foster parent.

Race/ethnicity of those surveyed ranged from the following:



The breakdown of the age of the children/youth of the survey participants ranged from the following:

- 0-5 years old: 183
- 6-17 years: 111
- 18+ years: 14



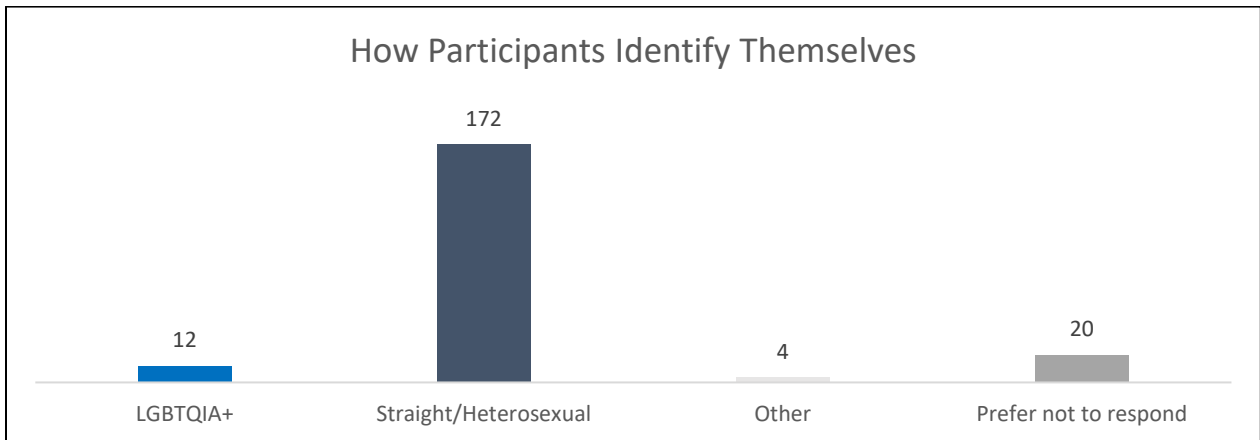
The zip codes of those surveyed ranged from the following:

Zip Code	Total
95823	72
95838	32
95821	30
95828	30
95815	29
95825	15

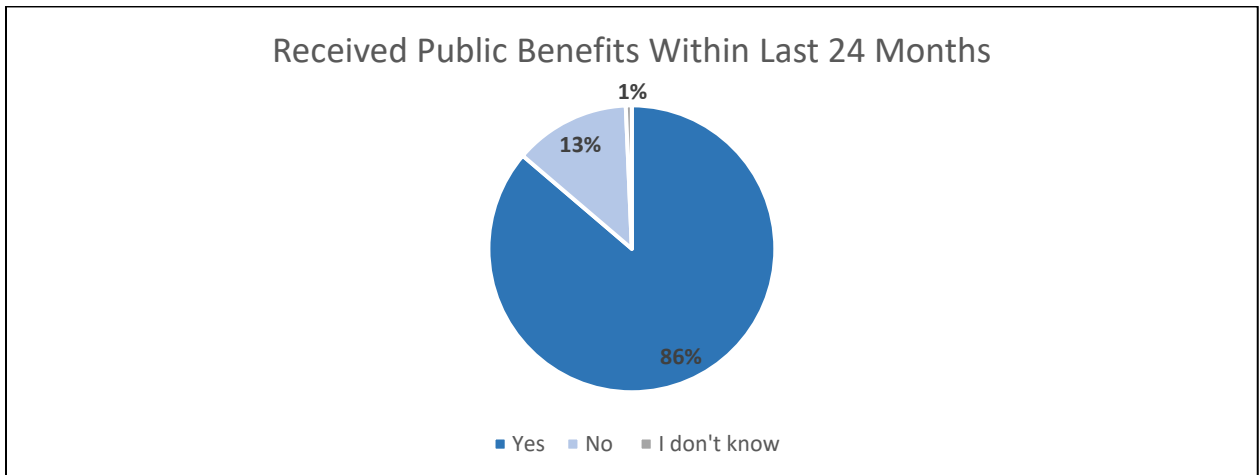
Those surveyed were asked for their birth of origin:

Birth of Origin	Total
Inside of US	146
Outside of US	56
Prefer not to respond	6

Participants were asked how they identified:



Participants were asked if they had used public benefits/assistance in the last 24 months:



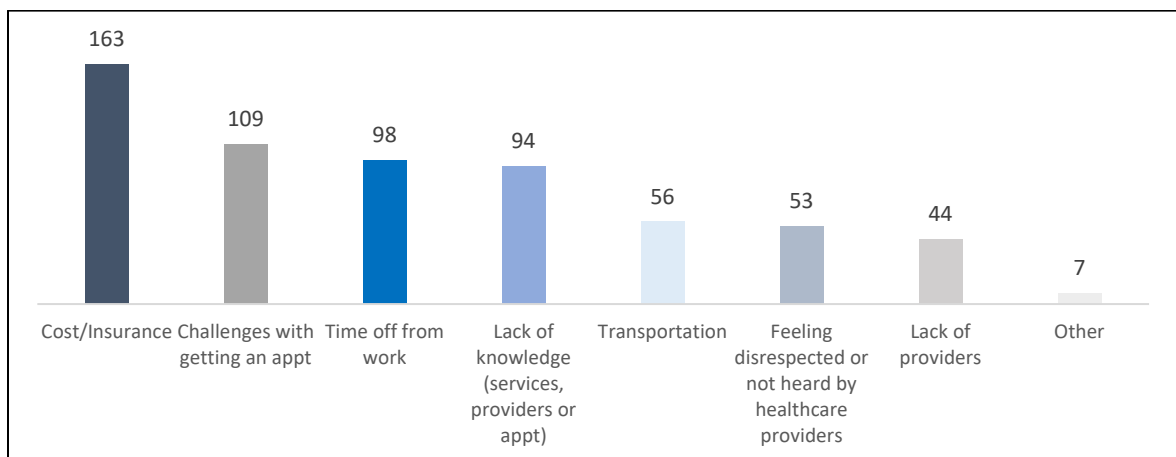
Trends

Overall there was a trend of parents/caregivers/families wanting culturally relevant services and providers that look like them and speak their languages to be providing the services. The following trends were also prevalent in the survey:

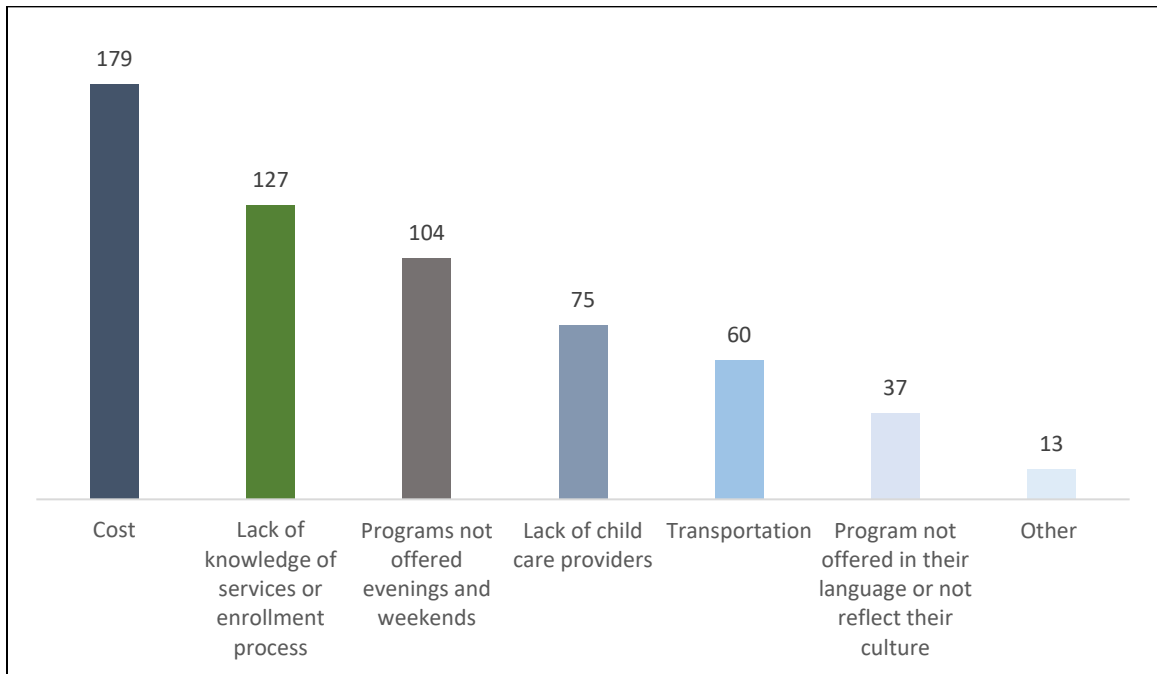
- Need for low cost or free child care.
- Need for services/programs for children with special needs.
- Parents/caregivers/families wanting to be involved and/or have their feedback taken into account.
- Need for housing support and services.
- Stigma to asking for help/assistance.
- Location of services and programs/transportation.

Summary of Questions

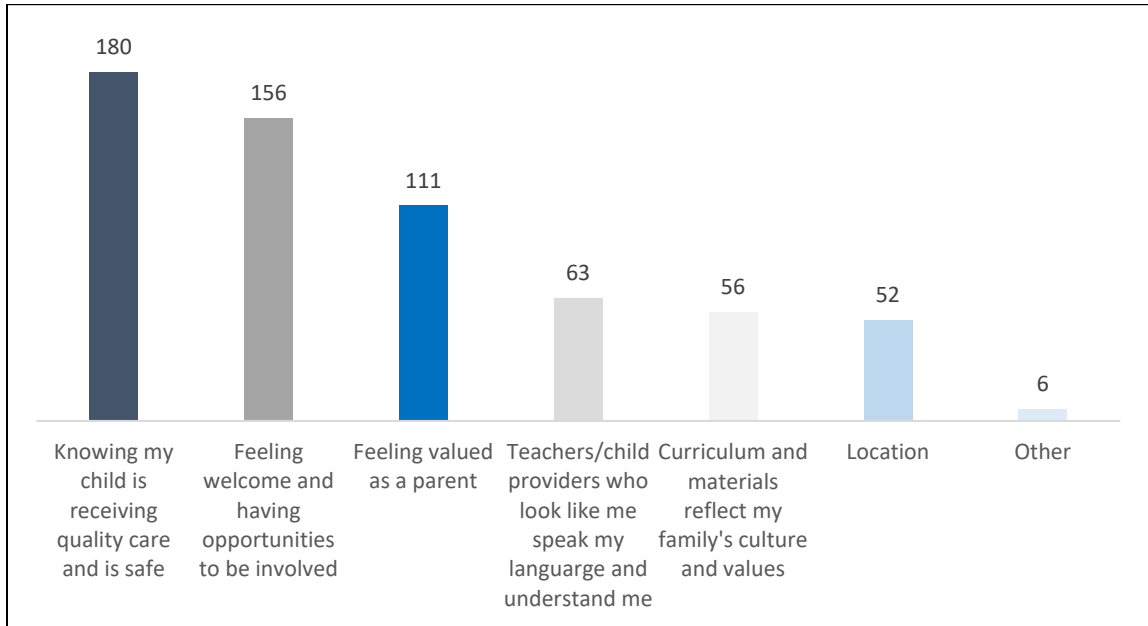
- Have you ever participated in a program that is funded by First 5 Sacramento?
 - 34% of participants had participated in a program that is funded by First 5 Sacramento.
 - 35% of participants had not participated in a program that is funded by First 5 Sacramento.
 - 31% of participants were unsure if they had participated in a program that is funded by First 5 Sacramento.
- We know that all of these things are important to raise healthy children. In your experience, which of these are MOST important for First 5 Sacramento to focus on right now? (top 5):
 - Access to healthy food
 - Healthy pregnancy and birth
 - Children's behavioral and mental health needs
 - Children safety and injury prevention
 - Well-child check ups
- What do you believe are the biggest barriers or reasons why families may struggle to access medical, dental, and mental health services for their children?



8. What makes you feel safe and supported when receiving medical, dental, and mental health services for yourself or your children? (top 5):
- Feeling like my provider takes the time to listen to me.
 - Knowing that I am receiving quality care.
 - Getting all of my questions answered.
 - Child friendly office spaces.
 - Appointment with providers who look like me, speak my language, and understand me.
9. We know that all of these things are important for child care and early learning. In your experience, which of these are MOST important for First 5 Sacramento to focus on right now? (top 5):
- Free or low cost child care.
 - High quality child care.
 - Free or low cost preschool.
 - Child care for children with special needs.
 - Summer learning programs for young kids.
10. What are the biggest barriers or reasons why families may struggle to access child care and early learning programs for their children?



11. What makes you feel safe and supported when participating in child care and early learning programs for young children?



12. We know that all of these things are important for parents to feel best equipped to handle the challenges of parenting. In your experience, which of these are MOST important for First 5 Sacramento to focus on right now? (top 6):

- Immediate support in times of crisis (financial, food, and diaper).
- Referrals and connections to needed services.
- Tools for parents to support their child’s development.
- Help with homelessness or stable housing.
- Information on healthy child development.
- Stress reduction and self-care for parents.

13. What are the biggest barriers or reasons why families may not take advantage of parenting supports that exist in their communities? (top 5)

- Unfamiliarity with services available.
- No child care provided.
- Programs not offered evening and weekends.
- Program not offered in their language or doesn’t reflect their culture.
- Stigma (worried what people will think of them if ask for support).

14. What makes you feel most safe and supported when participating in parenting support programs? (top 6):

- Feeling welcome and having opportunities to be involved.
- Knowledgeable staff.
- Getting all my questions answered.
- Feeling valued as a parent.
- Parents/caretakers/families being viewed as partners/bringing expertise.
- Curriculum and materials reflect my family’s culture and values

15. There are programs and services in Sacramento County that support the health and development of children and families. This ranges from pregnancy support programs to parenting support programs. What are the top reasons why families may drop out of these support programs after they started? (top 6):
- Too many other things they were worried about/too stressed.
 - Schedule conflict.
 - Did not feel a connection to staff.
 - Did not feel safe or supported.
 - Staff did not reflect my values, culture or life experience.
 - Did not relate to curriculum.
16. How can services be more fair and just when it comes to children ages 0-5 and their families?
- Being located in the neighborhoods where services are needed most.
 - By reaching and serving children and families with the highest needs.
 - By taking family's culture into consideration in delivering services.
 - By hiring parents/caretakers/family members of children 0-5 as staff.
 - Other (heart to heart support, better communication, online services and connections, and being supportive of families).
17. How can First 5 Sacramento promote racial equity in its work? (top 5):
- Make sure programs are sensitive to the cultures of families.
 - Fund programs that reach children with the highest needs.
 - Include parent/community voice in program planning and decision making.
 - Make sure programs focus on the strengths of different cultures and how they raise their children.
 - Partner with other agencies to increase funding for programs specifically for children of color.
18. How could First 5 Sacramento make sure the voices of parents are heard and included?
- Provide parent leadership opportunities with decision-making power.
 - Create ways to provide ongoing feedback to the commission.
 - Hold regular community listening sessions in the home language of the community.
 - Partner with parent-led organizations.
 - Other (surveys, partner with local organizations, and parent council).
19. What are the best communication methods to reach parents families/parents/caregivers of children ages 0-5 today? (top 6):
- Email.
 - Text messages.
 - Facebook.
 - Word of mouth/friends/family.
 - Television.
 - Public transportation ads.
20. Which in-person venues do families/parents/caregivers use to access resources and information? (top 5):
- Community events
 - Family resource centers

- Schools
- Health and medical offices
- Parks/Rec centers/Community centers

Other responses for venues families/parents/caregivers use to access resources and information included faith based organizations, libraries, resource and referral agency, non-profit organizations, laundromats, and salons and barber shops.

Attachment 11

COMMUNITY PROVIDER FORUM FEEDBACK SUMMARY	
Overall Themes	Co-Location of Services Feedback
<ul style="list-style-type: none"> • Culturally matched services (safe spaces to access services) • Trust – families don't trust systems • Bias impact • Lived experience of staff (people from the community) • Accessibility of services/co-location <ul style="list-style-type: none"> ○ Neighborhoods (not just zip codes) ○ Schools ○ Walk in/no wait ○ Evening & weekend hours • Basic needs (\$) for flexible use <ul style="list-style-type: none"> ○ Housing ○ Child care ○ Health care ○ Food ○ Support for crisis ○ Gas ○ Employment • Skilled staff with lived expertise • Focus on one thing – Family Focused • CPS reputation – goes to trust (consider use of technology) • Avoidance <ul style="list-style-type: none"> ○ Stigma of government system use ○ Fear & non-trust 	<ul style="list-style-type: none"> • Drill down to communities within zip codes • FRCs not accessible to all <ul style="list-style-type: none"> ○ Expand hours of services ○ Walking distance • Valley High Suicide Prevention • Erica Lighthouse • Services at/near schools for whole family • Walk-in availability • At-home services • SCOE: wellness centers focus of schools <ul style="list-style-type: none"> ○ Peer counselors • Head Start • Family advocates/CB/HV • Lived expertise on site • MH/Health/PHNs • Use churches • Use Head Start • Understand risk factors • Domestic violence/intimate partner violence • Parenting • Safe space for youth (i.e. clubhouse)
Recommendations	Primary Support Needs
<ul style="list-style-type: none"> • Neighborhood-based co-location (consider how schools might be incorporated as natural support centers) <ul style="list-style-type: none"> ○ Substance use treatment ○ Mental health services ○ Domestic violence ○ Parenting ○ Housing ○ Childcare ○ Transportation ○ Income/work skills • Well-supported EBP services <ul style="list-style-type: none"> ○ Parents as Teachers ○ Healthy Families America ○ Nurse Family Partnership ○ PCIT-MH • Services <ul style="list-style-type: none"> ○ Early Intervention Family Treatment Court/Cultural Brokers (tertiary/build evidence) ○ Effective Black Parenting (promising EBP) (all 3) ○ PC-Cares (is it culturally relevant?) ○ Cultural Brokers (all levels) 	<ul style="list-style-type: none"> • Housing support • Transportation • Childcare • Income/employment/work skills • Youth programming • After-hours available (outside of regular business hours) • Family advocates • Education link for services • Crisis intervention • Special populations
<p><i>For additional information, please refer to the summary documents from those listening sessions.</i></p>	

Attachment 12

YOUTH VOICE FEEDBACK SUMMARY	
Overall Themes	Co-Location of Services Feedback
<ul style="list-style-type: none"> • Improve CPS image in community <ul style="list-style-type: none"> ○ Use new/available technology better ○ Social media ○ "Tour" for parents in community – like Probation does or Citizen Academy • Lacking culturally appropriate services <ul style="list-style-type: none"> ○ Stigma toward MH issues (culturally specific) ○ Need MH provider of same culture/experience ○ MH Liaison to help cultures understand youth depression/anxiety ○ Mandated reporters do not understand youth's cultures ○ Community providers do not understand AA culture • Youth feeling isolated (before & after removal) • Hard for youth to communicate with their SW • Need to "build parents up" 	<ul style="list-style-type: none"> • "One Stop Shops" • Involve schools more in this effort • Creative ways to get resource info out in community <ul style="list-style-type: none"> ○ Especially to women ○ Especially to women of cultures where women have no power (and need access to info w/o causing problems w/spouse) • Safe spaces in community to get info • Spaces in community for youth and parents to be safe • Further develop community-based agencies to help immigrants in general (multi-cultural)
Recommendations	Primary Support Needs
<ul style="list-style-type: none"> • "Referral Lite" Find an avenue where mandated reporters can connect families to trained people with resources, before reporting to CPS • Better training for mandated reporters (about options to help when they see a need vs. report to CPS) • Alternative parenting options in community like "CASH" Community Against Sexual Harm (available at Bishop Gallegos and has great outcomes – only one removal of 23 pregnancies) • WRAP-like service for pregnant moms in the community prior to any CPS involvement • Group activities* • Community service* 	<ul style="list-style-type: none"> • Meet concrete needs <ul style="list-style-type: none"> ○ Employment ○ Food ○ Housing ○ Transportation ○ Financial support** ○ Cell phones (safety, connection to support – before any CPS involvement; and don't require SW to approve) • Provide resources <i>timely</i> (quick response to identified need)
*From CSA	

Attachment 14

Probation Case Analysis

- Pre-adjudicated youth
- 13-17 years of age
- Going through the Court process and have not reached a resolution
- Youth and families have been referred to Probation
- Top zip codes include: 95823, 95828 and 95838

	95823		95828		95838	
	EM/HS	Citation	EM/HS	Citation	EM/HS	Citation
African American	62%	57%	67%	79%	58%	40%
CPS Referral 0-5	88%	57%	40%	30%	33%	50%
Drug History	38%	57%	53%	30%	50%	38%
Parent/Guardian Incarceration History	30%	50%	73%	50%	30%	63%

Figure 1. Manual review of each identified case and supporting documentation under the youth’s file (Intake Report, Social Study Report, and/or other related documents).

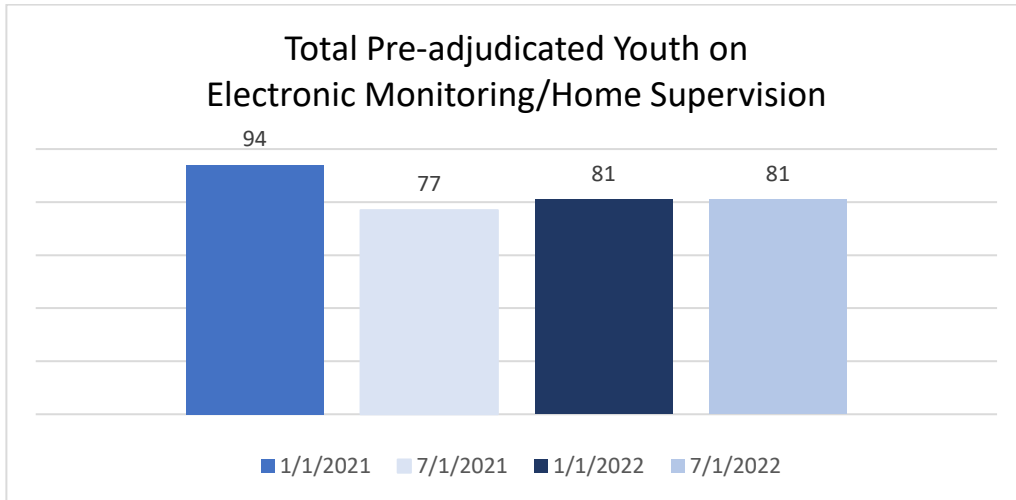


Figure 2. EM/HS snapshot data reviewed for 1/1/21, 7/21/21, 1/1/22, and 7/1/22. Record Seals impacted data for 1/21/21 with 21 sealed cases and 7/1/21 with 6 sealed cases.

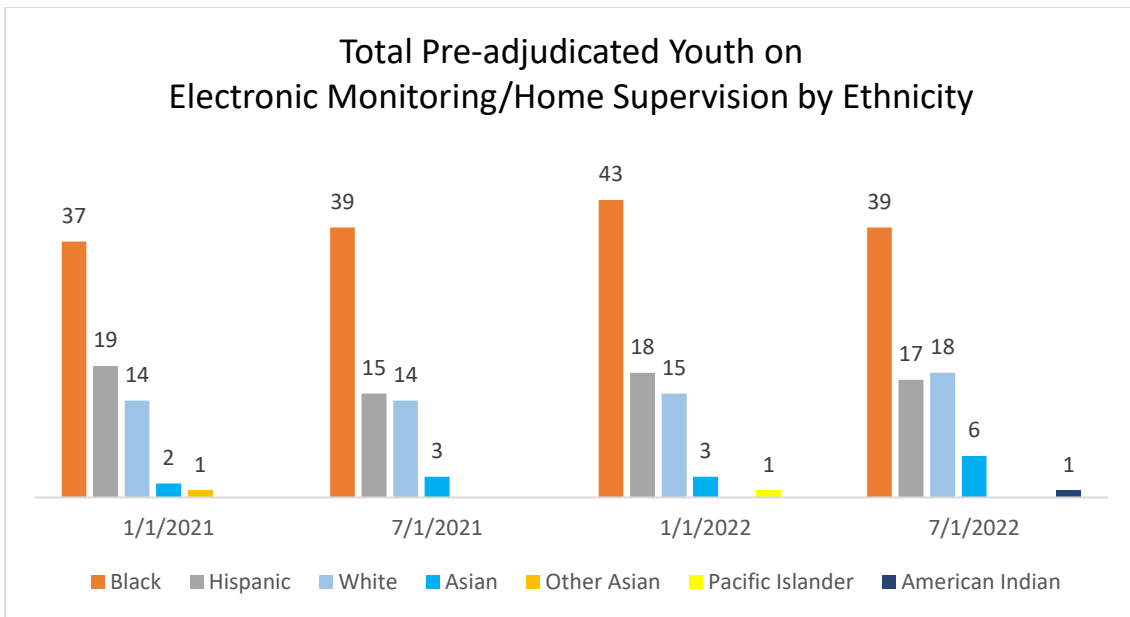


Figure 3. EM/HS snapshot data for 1/1/21, 7/21/21, 1/1/22, and 7/1/22. Record Seals impacted data for 1/21/21 with 21 sealed cases and 7/1/21 with 6 sealed cases.

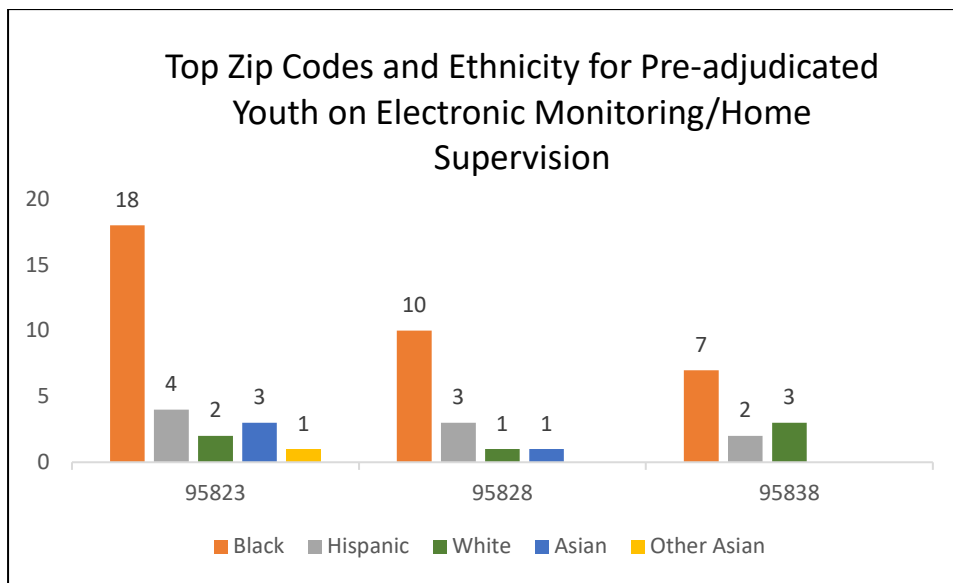


Figure 4. EM/HS snapshot data for 1/1/21, 7/21/21, 1/1/22, and 7/1/22. Record Seals impacted data for 1/21/21 with 21 sealed cases and 7/1/21 with 6 sealed cases.

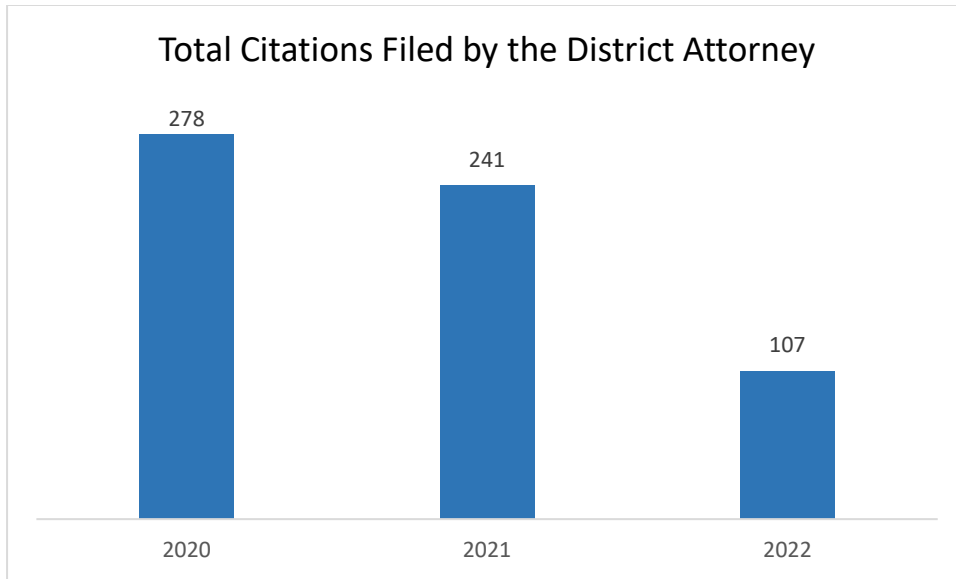


Figure 5. Citations historical data for 2020, 2021 and pending 2022 data. Several 2022 cases remain in the pending status and once resolved, the data will reflect a full three years of citations.

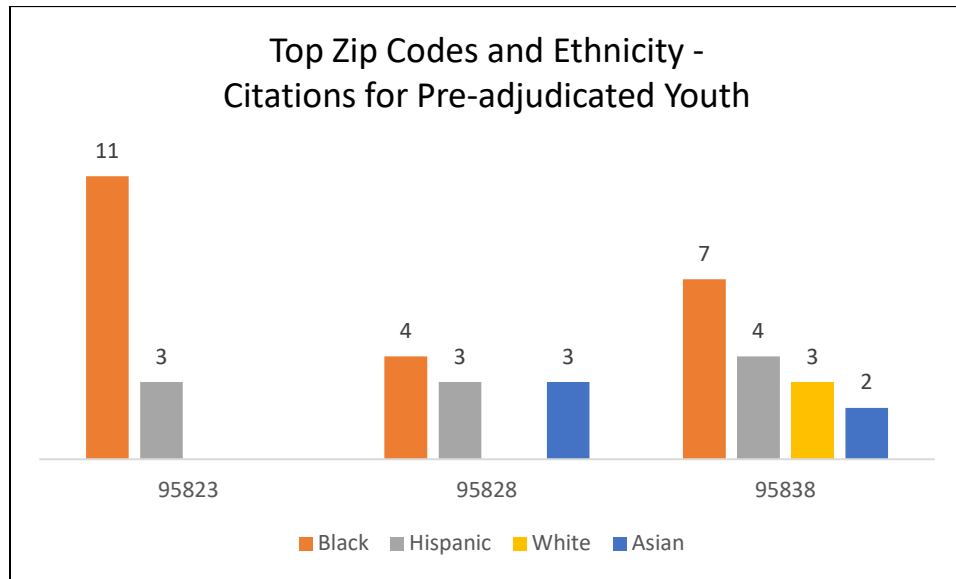


Figure 6. Citations historical data for 2020, 2021 and pending 2022 data. Several 2022 cases remain in the pending status and once resolved, the data will reflect a full three years of citations.

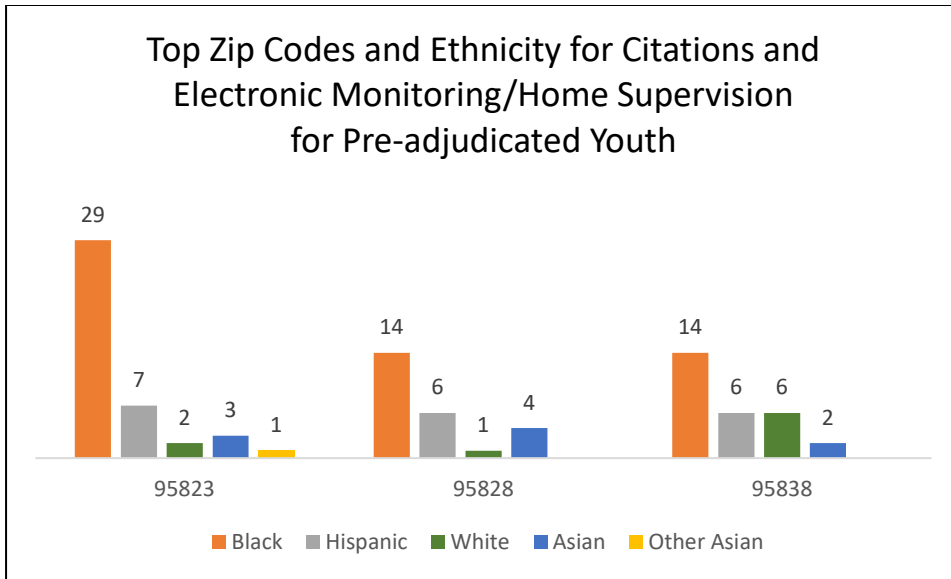


Figure 7. EM/HS snapshot data for 1/1/21, 7/21/21, 1/1/22, and 7/1/22. Record Seals impacted data for 1/21/21 with 21 sealed cases and 7/1/21 with 6 sealed cases. Citations historical data for 2020, 2021 and pending 2022 data. Several 2022 cases remain in the pending status and once resolved, the data will reflect a full three years of citations.

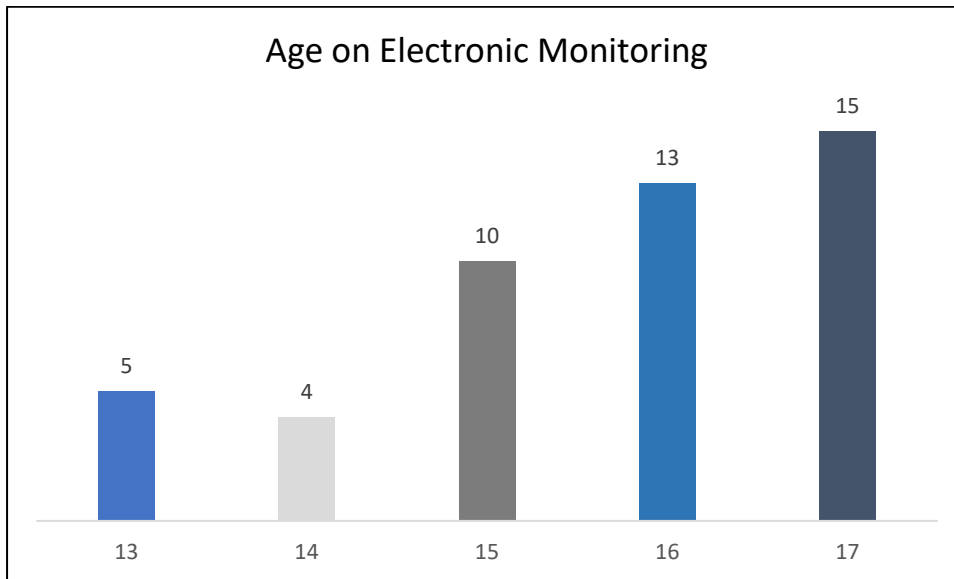


Figure 8. EM/HS snapshot data for 1/1/21, 7/21/21, 1/1/22, and 7/1/22. Record Seals impacted data for 1/21/21 with 21 sealed cases and 7/1/21 with 6 sealed cases. Citations historical data for 2020, 2021 and pending 2022 data. Several 2022 cases remain in the pending status and once resolved, the data will reflect a full three years of citations.

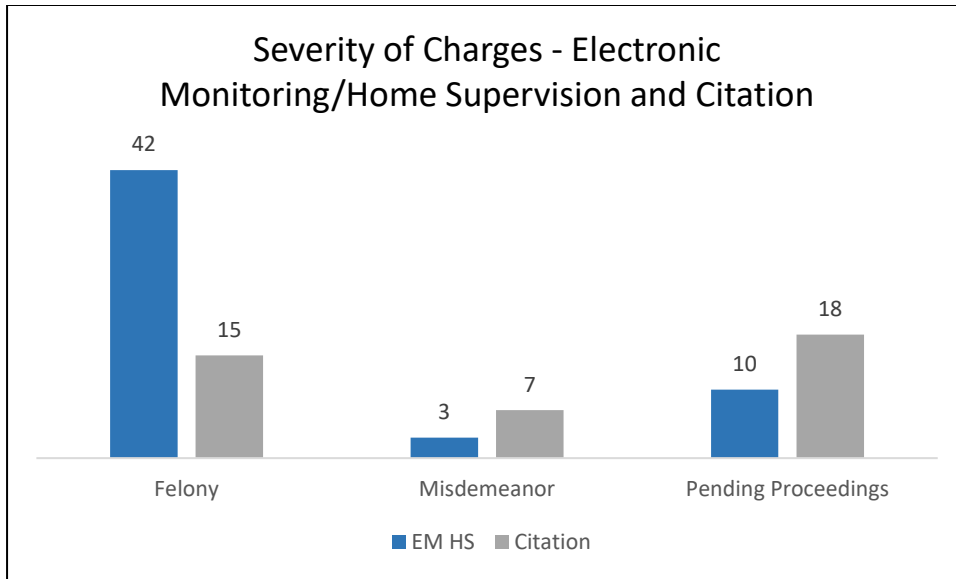


Figure 9. EM/HS snapshot data for 1/1/21, 7/21/21, 1/1/22, and 7/1/22. Record Seals impacted data for 1/21/21 with 21 sealed cases and 7/1/21 with 6 sealed cases. Citations historical data for 2020, 2021 and pending 2022 data. Several 2022 cases remain in the pending status and once resolved, the data will reflect a full three years of citations.

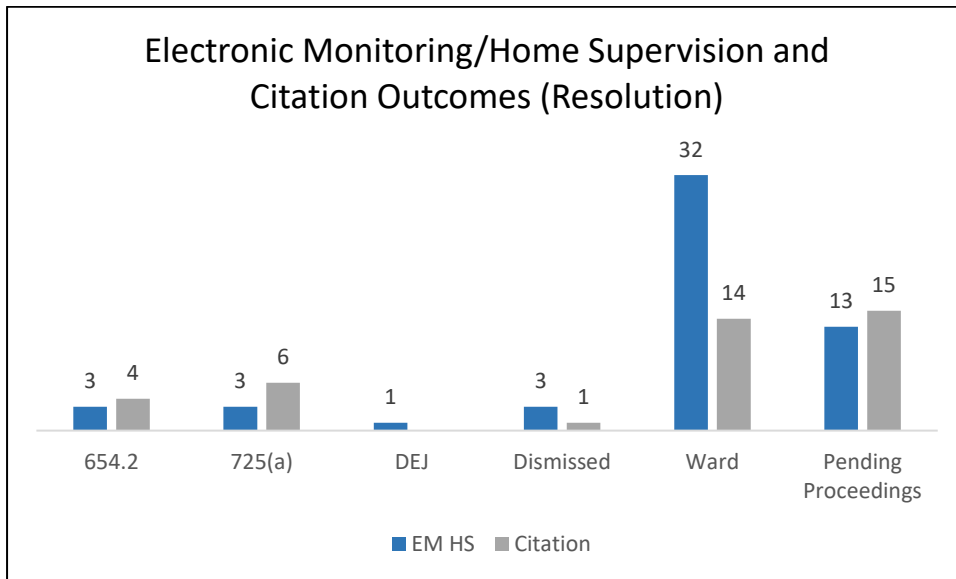


Figure 10. EM/HS snapshot data for 1/1/21, 7/21/21, 1/1/22, and 7/1/22. Record Seals impacted data for 1/21/21 with 21 sealed cases and 7/1/21 with 6 sealed cases. Citations historical data for 2020, 2021 and pending 2022 data. Several 2022 cases remain in the pending status and once resolved, the data will reflect a full three years of citations.

Sacramento County Probation

Juvenile Population By Residence Zip Code

The below table shows the number of youth on probation, as of the first day of each year, categorized according to the zip code of their last known residence. The data includes youth pre-adjudication, on informal probation, on formal probation and those supported by Probation under Assembly Bill (AB) 12. The highlighted identified target population zip codes fall within the top five (5) neighborhoods with the highest average number of youth (2018-2023) under Probation's jurisdiction.

Zip Code	Area Descriptor	2018	2019	2020	2021	2022	Average	Change 2018-2022
	Total	2018	2019	2020	2021	2022	2020	0%
	Other Zip Codes	291	253	194	173	193	221	-34%
95823	Parkway	181	166	146	141	78	142	-57%
95838	Del Paso Heights	109	67	75	60	70	76	-36%
95821	Marconi	100	88	76	63	37	73	-63%
95828	Florin Mall	85	94	69	61	50	72	-41%
95815	Old North Sacramento	85	68	59	50	61	65	-28%
95670	Rancho Cordova/Gold River	85	53	65	55	42	60	-51%
95660	North Highlands	78	57	49	47	52	57	-33%
95822	Freeport/Fruitridge	71	61	53	46	44	55	-38%
95820	Tahoe Park	81	47	35	38	47	50	-42%
95842	Foothill Farms	71	51	47	42	33	49	-54%
95833	South Natomas	63	49	45	41	32	46	-49%
95608	Carmichael	52	39	40	37	33	40	-37%
95827	Rosemont/Lincoln Village	46	41	40	33	38	40	-17%
95610	Citrus Heights	57	49	35	30	24	39	-58%
95824	Fruitridge/Stockton	46	36	35	33	33	37	-28%
95841	Madison	43	31	36	27	45	36	5%
95825	Arden	45	27	37	33	34	35	-24%
95843	Antelope	45	40	34	30	26	35	-42%
95758	Laguna	56	44	31	21	18	34	-68%
95826	Rosemont/College Greens	42	31	28	33	35	34	-17%
95624	Elk Grove	45	35	44	22	22	34	-51%
95632	Galt	48	24	24	29	28	31	-42%
95834	Natomas	34	27	37	22	23	29	-32%
95621	Citrus Heights	41	24	19	21	14	24	-66%
95630	Folsom	37	20	30	20	12	24	-68%
95757	Laguna South	22	23	32	25	16	24	-27%
95831	Pocket	25	20	19	21	18	21	-28%
95662	Orangevale	19	14	18	22	21	19	11%
95818	Land Park	16	18	18	23	14	18	-13%
95832	Meadowview/Hood	21	23	17	16	9	17	-57%
95835	North Natomas	18	14	21	20	13	17	-28%
95628	Fair Oaks	20	12	15	18	20	17	0%
95817	Oak Park	27	13	16	7	7	14	-74%
95829	Vineyard	16	14	14	8	8	12	-50%
95673	Rio Linda	14	11	7	13	5	10	-64%
95864	Arden Arcade	12	7	7	2	3	6	-75%
95814	Downtown	8	4	5	5	5	5	-38%

Probation Youth Survey Results

The top five identified resources and service needs were education, transportation, life skills, employment or vocational and mental health services. Of those surveyed, 46% were seeking employment and needed additional skills.

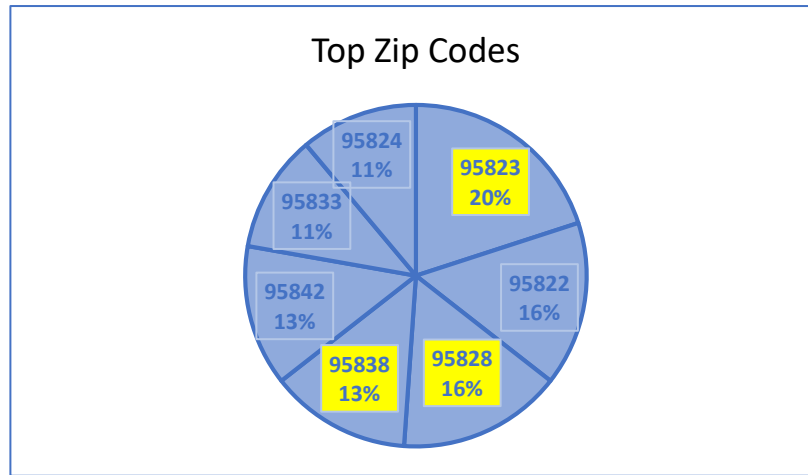


Figure 1. Most occurring zip codes in the survey (highlights indicate top target population zip codes).



Figure 2. Employment assistance needs as indicated by survey participants.

Throughout the survey, other areas where youth added needed resources, services and assistance included:

- Food access,
- Obtaining an identification card or driver's license,
- Acquiring necessary documents (i.e. birth certificate, medical card, social security card, transcripts)
- Affordable housing,
- Parenting classes and childcare (daycare),
- Pro-social activities, and
- Mental health treatment services

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Sacramento County Existing Prevention Efforts

As noted earlier in the CPP, the County of Sacramento is fortunately well-situated in terms of existing prevention efforts. The County has decades of growth and improvement in child welfare service provision, as well as developing, funding and implementing prevention strategies. This includes prevention at all levels (primary, secondary and tertiary). Many of these prevention efforts and initiatives support families involved in both the child welfare and juvenile justice systems. Below is a listing of existing efforts that are already under way in Sacramento that support our community. Where they support CPS and Probation specifically, those areas will be identified. These efforts have acted as a launching platform for developing the CPP and how FFPS SBG and FFPSA can support further prevention efforts in the county.

Board of Supervisors (BOS) – DCFAS as Designated Public Agency for Prevention Funding

The Sacramento County Board of Supervisors (BOS) 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.

Prevention Cabinet

Formed in 2019, the Sacramento County Prevention Cabinet (Prevention Cabinet) is a countywide cross-disciplinary collaboration of public and private family serving agencies/organizations and the governance body for Family First Sacramento. The Prevention Cabinet consists of 35 members, from 20 agencies/organizations/lived expertise across eight child and family serving systems. Members are from higher levels of leadership (Chief Executive Officers, Executive Directors, etc.) who have decision-making power within their agency/organization, as well as members from the community who are local parents and caregivers. The Prevention Cabinet embraces the opportunity and challenge to further analyze child fatality/near-fatality data; collect social determinants of health data; review current screening and investigative policies; and use the information to inform and implement a strategic plan to accomplish their vision to eliminate child abuse and neglect deaths and critical injuries, in Sacramento County by 2030. The Prevention Cabinet Ten-Year Strategic Plan relies on four strategy areas: Community, Parent, and Youth Voice; Racial Equity; Trauma-Informed Systems & Practices; and Building & Implementing a System of Care.

Child Abuse Prevention Council (CAPC)

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

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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, youth and families.

The CCTF provides ongoing funding to the County's designated Child Abuse Prevention Council (CAPC) for comprehensive, countywide 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.

AB 2083 Child, Youth and Family System of Care (CYFSOC)

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 sustain integrative and shared service delivery, and enhance both effectiveness and efficiency for all partners and the youth being served. While the act focuses on youth in foster care, an essential understanding includes an imperative to build locally governed interagency or interdepartmental effectiveness on behalf of a much larger number of children and youth. This is based on the emerging awareness that addressing the social determinants of health in

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communities and promoting child and family well-being, cannot be impacted by any single system or department; and that to effectively maximize its federal, state and local resources, counties must build more collaborative, adaptive and effective service models. The MOU for Sacramento County is completed and confirms the agreement between child and family serving agencies of Sacramento County to develop and implement an integrated children's services approach known as the Sacramento County Child, Youth and Family System of Care (CYFSOC). The CYFSOC mission is to develop a comprehensive, strength-based, trauma-informed, and culturally-responsive system of care, that is family-centered, multi-disciplinary, collaborative, timely, accessible and responsive to the needs of children and families who have experienced trauma or are involved, or at risk of being involved, with the child welfare or juvenile justice systems and/or are receiving foster care services in either of those systems.

Promoting Safe and Stable Families Program (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 focus on all three prevention levels and provides coordinated prevention and intervention services for family preservation, community-based family support, family reunification, and adoption promotion and support. 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.

Informal Supervision (IS)

Informal Supervision (IS) is part of the Emergency Response (ER) Program. There are currently five IS social worker units. The IS social workers provide intensive services to children 0-12 years 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. Parents typically receive IS services between six to 12 months. Services offered may include, but are not limited to, in-home case management, substance use treatment through EIFTC (described below), parent coaching, PHN support/assessments and connection to services to address an array of other needs such as parenting skills, mental health, emergency shelter/permanent housing, respite care, and basic needs.

Early Intervention Family Treatment Court (EIFTC)

The EIFTC program was implemented in Sacramento County in February 2008 to support families participating in the Informal Supervision program in order to:

- Increase the number of children who can remain safely at home, while parents undergo intensive substance use/misuse treatment
- Reduce the risk that infants or other children in the home will be harmed in the future
- Increase the availability of substance use/misuse 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.

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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 use/misuse 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 the mother and/or infant test positive for substances at delivery or prenatally (during the third trimester of the pregnancy), when a parent’s substance use is impacting the safety of their child, or when a parent has a child twelve years old and under and is deemed to have need for these services. Parents receive an assessment for substance use services and if eligible, are immediately referred to the appropriate level of treatment, be it residential or outpatient. The parents also gain immediate access to a Recovery Specialist, via Specialized Treatment Recovery Services (STARS), who supports the parent’s engagement in substance use services. Recovery Specialists also assist in identifying and removing barriers that impact a parent’s ability to fully participate in services or keep parents/caregivers from participating in services. Most recently Sacramento County received a grant to include Cultural Brokers as part of an engagement strategy at the Emergency Response level in an effort to engage more Black/African American families in IS and EIFTC services in an effort to prevent entry into foster care.

CalWORKs

The CalWORKs is a public assistance program under the umbrella of Department of Human Assistance (DHA) that provides cash aid and services to eligible families that have a child(ren) in the home.

Public Health (PH)

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. FCPHNs help identify health care needs for children/youth in foster care, assist care providers in obtaining timely, comprehensive health assessments, and interpret health care reports for social workers, probation officers, foster placement and others as needed. There are also public health nurses supporting families with children participating in the Informal Supervision court prevention program, who assist with developmental screenings, connection to services and providing education to parents related to the medical/developmental needs of their child(ren). In addition, Public Health offers Nurse Family Partnership (well-supported EBP in the Title IV-E Prevention Clearinghouse), Black Infant Health (not rated yet) and African American Perinatal Health (not rated yet) programs, all of which provide in-home parenting support to families at the primary, secondary and tertiary level.

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Behavioral Health Services (BHS)

Mental Health

Behavioral Health provides access to preventative mental health services to families in the community via self-referral or through a community provider referral. For children and youth involved with the child welfare and/or probation systems, CPS and Probation collaborate with BHS for mental health assessments and services. 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. BHS provides connection to an array of mental health/behavioral interventions, several of which are well-supported EBP in the Title IV-E Prevention Clearinghouse such as Parent-Child Interaction Therapy (PCIT), PC-CARE, Functional Family Therapy (FFT), Wraparound Services, Therapeutic Behavioral Services (TBS), and Flexible Integrated Treatment (FIT) services to children and youth who meet criteria.

BHS also offers an array of prevention and early intervention programs, such as a suicide prevention crisis line, bereavement, support groups and grief services, mobile crisis assessment and intervention, mental health consultation for preschoolers, 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.

Substance Use Prevention and Treatment (SUPT)

Behavioral Health provides access to preventative SUPT services to families and youth in the community via self-referral or through a community provider referral. CPS collaborates with the Behavioral Health Adult System of Care to provide assessment and intervention to families who come to the attention of our system and who might benefit from the array of services available through SUPT. SUPT provides prevention and treatment services for substance (alcohol and drug) use disorders. The range of services includes prevention services, outpatient treatment, intensive outpatient services, medication-assisted treatment, withdrawal management (detoxification), residential treatment, recovery services and more. Services are available for youth, young adults, perinatal/parenting women, adults, and seniors.

WEAVE Celebrating Families!

WEAVE Inc. collaborated with the creators of Celebrating Families! to provide their scope and expertise on Domestic Violence to create a DV overlay of the standard curriculum. Celebrating Families! is an evidence-based, trauma-informed skill-building program that uses a two-generational approach to support the entire families, working with parents and their children. The goal of the program is to offer families the opportunity to gain skills and maintain safe and healthy relationships, as well as keep their family united in a stable home. The 16-week educational groups focus on the physical, psychological, social, and spiritual aspects of healthy living. WEAVE partners with community-based organizations throughout the county to co-facilitate the Celebrating Families! groups in order to reach the diverse population in our county. The activities incorporate protective factors, and create a safe space to learn, heal, and bond through community, peer support and companionship.

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Prevention Child and Family Team (PCFT) meetings (CPS)

Prevention Child and Family Team (PCFT) meetings are utilized in the Emergency Response and Informal Supervision programs in CPS to provide support and resources to children, youth and families in open referrals and voluntary cases, and although voluntary, are strongly encouraged. 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)
- ER to IS Case planning
- Referral/case closures (Prevention/Aftercare Planning)
- Discuss Informal Arrangements
- Mental health services
- Safety planning
- Secondary caregiver returning home

Child and Family Team Meetings (Probation)

Child and Family Teams (CFT) are comprised of the probation officer, 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. CFT Facilitator training is given to Placement Officers in order for CFTs to focus on a permanency goal and is strength based.

Birth & Beyond (B&B) 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. The program became operational in 2000, and offers comprehensive primary and secondary prevention and early intervention services to pregnant women and families with children and youth ages 0-17, via nine family resources centers strategically nestled in neighborhoods where risk factors for child abuse and neglect persist. B&B FRCs rely on blended funding 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, and are at no cost to families.

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The goal of the B&B FRC program is to promote the wellbeing of children, youth and families, increase the strength and stability of families, and prevent child maltreatment among at-risk families.

B&B FRCs offer a continuum of child abuse and neglect prevention services, tailored to meet the individualized and unique needs of children, youth and families. Program services are inclusive of four main strategies: evidence-based home visitation programs (such as Healthy Families America and Parents as Teachers which are both well-supported EBPs in the Title IV-E Prevention Clearinghouse); parenting education workshops (such as Nurturing Parenting Program, Making Parenting a Pleasure and Effective Black Parenting Program which is a Promising EBP in the Title IV-E Prevention Clearinghouse); crisis intervention case management; and social and emotional support and learning.

The B&B FRC program works in collaboration with Sacramento County CPS to ensure the safety and wellbeing of children and youth through Differential Response (DR). 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.

Black Child Legacy Campaign (BCLC) Community Incubator Lead (CIL) a Multi County-Level Agency Collaboration

The Sacramento Blue Ribbon Commission Report on the *Disproportionate African American Child Deaths* recommended a steering committee, Reduction of African American Child Deaths (RAACD), which was established 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 assisted in receiving funding for Community Incubator Leads (CIL) currently operating in seven strategic neighborhoods.

The BCLC and CILs support communities, and partner with both CPS and Probation. The CILs are designed to be a central 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. CPS, Probation and DHA have staff co-located at each CIL, who are part of the MDT. One critical function of the MDT focuses staffing complex family situations to leverage insight and knowledge from each team member. 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 based upon community feedback, but it also helps increase access services in the community. Specific to Probation, officers work in collaboration through the MDT process to identify needs, and provide supervision, support, and rehabilitative services to youth on juvenile probation. These services include parenting classes, child well-being, educational and vocational training.

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Sacramento County Cultural Broker Program (SCCB)

The Sacramento County Cultural Broker (SCCB) Program is a joint effort between CPS and the community to implement strategies designed to:

- Reduce African American child deaths
- Reduce first-time entries and reentries of African American children and youth into foster care
- Increase relative placements and connections for African American children and youth
- Increase safe, successful, and timely reunification for African American families

Cultural Brokers are not county employees, which is intentional as the advocacy they provide is designed to come from a neutral party, which helps build trust within the community and with the families being supported. 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.

Referral to the SCCB program is free to families who have an open CPS Emergency Response referral or CPS case. 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's removal or create a barrier to timely reunification.

Safe Sleep Baby (SSB)

A 20-year analysis of Sacramento County Child Death Review Team (CDRT) Infant Sleep Related (ISR) death data found that on average, every other week in Sacramento County an infant died of a sleep-related death and half of the deaths were African American infants who comprised only 11% of the County infant population. Promisingly, CDRT reported that nearly all such deaths were preventable due to an environmental risk factor that caused the death. CDRT later reported that an infant with a history of child welfare referrals is on average 2.6 times more likely to suffer an ISR death than an infant without a CPS referral.

Through funding from the First 5 Sacramento Commission, the Child Abuse Prevention Council (CAPC) developed and launched Safe Sleep Baby (SSB) in 2014. This is a countywide culturally responsive infant safe sleep education campaign that promotes infant safe sleep practices, provides access to infant safe sleep environments, and works to systemically improve infant safe sleep policies in hospitals, county systems, and other organizations with the goal to decrease infant sleep-related deaths in Sacramento County, especially among African American infants.

A 2020-2021 external evaluation reporting Sacramento County 2019 CDRT data found that since 2012-2014, Sacramento County infant sleep related deaths decreased 56% amongst African Americans and the disparity gap between African Americans and all other races decreased 65%.

In 2021, the Office of Child Abuse Prevention funded an SSB pilot-program in Sacramento County to build a public/private cross-system community partnership, pivotal in preventing child abuse and neglect, by referring child welfare Evaluated Out calls and calls that meet child welfare involvement for African American families, it infant safe sleep education and culturally responsive neighborhood services. Specifically for African American families the model utilizes the Sacramento County Cultural Broker model to engage, educate, and sustain infant safe sleep education from a culturally responsive lens.

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Sacramento Children's Home Crisis Nursery

The two Sacramento Children's Home Crisis Nurseries in our county directly prevent child abuse and neglect by supporting families during times of crisis. The nurseries allow parents to bring their children ages newborn to five years for emergency hourly or overnight care during difficult times, with the goal of keeping families together and reducing the number of children entering foster care. Children are able to stay for up to 30 days, with the goal of the parent being able to stabilize their situation and have their child return to their care as quickly as possible.

Bringing Families Home (BFH)

Sacramento County operates the Bringing Families Homes (BFH) program, providing critical housing-related supports to child-welfare involved families who are also experiencing housing instability, in support of family maintenance and family reunification efforts. The services offered are intended to quickly address housing instability to help families secure and/or retain permanency housing and include:

- One-time assistance,
- Partial or full financial assistance for move-in costs to include 1st month's rent and/or deposit and eviction prevention as funds allow, or
- Rapid Rehousing (RRH)

Case management focused on housing identification, housing retention, and employment is also offered.

Help Me Grow Sacramento

Help Me Grow (HMG) Sacramento is operated in collaboration by the Sacramento County Office of Education (SCOE) and funded by First 5 Sacramento. 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, and may be provided direct support through ongoing home visits to ensure that families access follow up assessments and other needed comprehensive services.

Help Me Grow is also 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 countywide 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.

Services for LGBTQIA Community

In an ongoing effort to support the needs of Lesbian, Gay, Bisexual, Transgender, Queer, Questioning, Intersex, Asexual (LGBTQIA+) youth in foster care, Sacramento County CPS has LGBTQIA Resource Specialists, Social Workers who work directly with families and LGBTQIA youth and who provide additional

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training and supports to their peers working with an LGBTQIA client if they needed assistance, support and/or resources. CPS also participates in the CDSS SOGIE Workgroup and continues to help evolve language and practice as lessons are learned over time. CPS is researching additional ways to sustain training efforts, as well as enhance practice and data collection for this population. There are also several community based organizations that support LGBTQIA youth and families in our county, and parents and youth are connected to these organizations when it is identified it may be of benefit.

Wilton Rancheria

In addition to being the only federally recognized Tribe in the Sacramento region, and one of our cross-sector partners for the CPP, Wilton Rancheria provides important services to their Tribal community, and some services to the community at large. Specifically for Wilton Rancheria members, there are programs for higher education scholarships, financial assistance for adult education, financial assistance for trade/vocational programs and educational planning assistance for Tribal members in grades 9-12. The Tribe has a housing department that provides support via the Indian Housing Block Grant and the Homeless Housing and Prevention Program. These services include supports such as rental assistance, emergency housing assistance, temporary shelter assistance, mortgage assistance, home repair and improvement, and down payment or rental deposit assistance. Positive Indian Parenting is also available and is an approved parenting education program for families involved in the child welfare system.

Sacramento Native American Health Center (SNAHC)

SNAHC is a Health Center committed to enhancing quality of life by providing culturally competent, holistic, and patient-centered continuum of care. 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 children, youth and adults. The dental department provides patient education, prevention, and general dentistry for children, youth and adults. The Behavioral Health program combines mental health and substance use/misuse 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 (promising EBP) which has been approved by Sacramento County for use with parents involved with the child welfare system.

Juvenile Justice Intervention Services (JJIS)

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

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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).

Juvenile Justice Diversion and Treatment Program (JJTDP)

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 across multiple 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.

JJTDP 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
5. Reduce juvenile detention and/or young adult incarceration

Family Urgent Response System (FURS)

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 via 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. Probation and DCFAS in collaboration with 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.

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Family Finding

Sacramento County partners with two agencies, Wayfinder Family Services and Stanford Sierra Youth & Families, to provide Family Finding and Kinship Support Services to support stepping children and youth down to a less restrictive level of care, having more children/youth placed with kin, and to impact disproportionality.

In addition to intensive family finding services, 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 and youth 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.

Short Term Counseling

Sacramento County CPS contracts with providers in the community to provide short-term counseling services for families involved with the child welfare system to:

- Avoid removal of the family's child(ren)/youth from home;
- Reunify the family following the removal of the child(ren)/youth 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 and youth.

UC Davis Child and Adolescent Abuse Resource and Evaluation (CAARE) Diagnostic and Treatment Center

UC Davis Child and Adolescent Abuse Resource and Evaluation (CAARE) Diagnostic and Treatment Center is recognized nationally as a model program for the evaluation and treatment of child maltreatment as well as training of mental health providers in empirically-based treatments. The mission is "to provide patient care, teaching, research and prevention initiatives on behalf of abused and neglected children and children and youth identified as high risk." Some services offered include evaluations, PC-CARE parent-child behavioral intervention treatment program, Parent-Child Interaction Therapy (PCIT), and Trauma-Focused Cognitive Behavioral Therapy (TF-CBT). The CAARE center also provides trauma-informed services to children/youth and families experiencing homelessness through their REACH Families Project.

Comprehensive Integration of Resilience into Child Life Experiences (CIRCLE) Clinic

UC Davis Health and the Department of Health Services partnered to open a first-of-its-kind clinic in Sacramento in 2020 to provide medical care for children and youth in the foster care system. The purpose of the CIRCLE clinic is to:

- Offer a medical home for children and youth involved with the child welfare system
- Offer primary pediatric and coordinate specialty care
- Coordinate and provide mental health services in partnership with the UC Davis CAARE Center

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- Screen and refer for any behavior and developmental concerns in partnership with providers at the UC Davis MIND institute
- Connect the child and family with appropriate resources in the community
- Offer follow-up and communication support between the family and child welfare as needed

Child Abuse Treatment Program (CHAT)

UC Davis Child and Adolescent Abuse Resource and Evaluation (CAARE) Center provides short-term crisis counseling for children and youth 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 MediCal 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.

Roadmap for Success-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.

Roadmap to Success Re-Entry Development for Youth (R.E.D.Y. GO!)

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 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 detention 2) the transition out of detention 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

Service / Asset Mapping

and positive youth development are made. The collaborative process and plan implementation continue as case managing officers provide supervision and support within the community.

Family First Prevention Services Act (Part IV)

The Family First Prevention Services Act (FFPSA) signed into law on February 9, 2018, includes reforms to help keep children and youth remaining safely with their families and to avoid the 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 prevention and support services for families which will help children and youth remain at home, reduce the unnecessary use of congregate care, and build capacity of communities to support children, youth and families. FFPSA Part IV seeks to limit reliance on congregate care for serving children/youth 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 CCR 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 a Review by a Qualified Individual, Court Reporting and Case Planning and Aftercare.

Attachment 18**Evidence Based Practices (EBP) & Other Programs In Sacramento County Related to FFPSA**

*Indicates EBP implemented with Fidelity in Sacramento

P= Primary Level Prevention S= Secondary Level T= Tertiary Level Prevention

EBP	P	S	T	Rating	In CA Plan?	Parenting	MH	Sub Tx	Target Population	Provider
Parents As Teachers*	X	X	X	Well-Supported	Y	X			New and expectant parents continuing until child reaches kindergarten	B&B FFTA funding enhancement
Nurse-Family Partnership (NFP)*		X	X	Well-Supported	Y	X			Young, income eligible first time parents from early pregnancy through child's first 2 years	Public Health
Healthy Families America*		X	X	Well-Supported	Y	X			New and expectant parents with children at-risk (enrollment begins prenatally up to 28 weeks gestation)	B&B
PCIT*	X	X	X	Well-Supported	Y		X		PCIT: Parents caring for children 2-7 years old who experience emotional and behavioral problems that are frequent and intense	Sac Children's Home Turning Point River Oak UCD Central Star
Functional Family Therapy		X	X	Well-Supported	Y		X		At-risk youth ages 11-18, and their families, who have been referred for behavioral/emotional problems	River Oak UCD Stanford Sierra
Motivational Interviewing	X	X	X	Well-Supported for SUPT	Y	X	X	X	Used to promote behavior change with a range of target populations and variety of problem areas	Providers MAY use MI techniques but none implement to model fidelity
Effective Black Parenting Program (Black Parenting Program)	X	X	X	Promising	N	X			Parents caring for Black/AA children/youth 0-17	B&B
Family Spirit	X	X	X	Promising	N	X			American Indian mothers (ages 14-23) who enroll during 2 nd trimester of pregnancy. Program continues until 3 years postpartum.	SNAHC
PC-CARE	X	X	X	Awaiting Rating	N		X		Parents caring for child 1-10 years (or up to 12 if they still like to play)- based upon PCIT	Sac Children's Home Turning Point River Oak UCD Central Star
Black Infant Health (BIH)	X	X	X	Not Rated	N	X			Black/AA mothers 16+ years who are pregnant or who have a child up to 1 year old	Public Health
African American Perinatal Health Program (AAPHP)	X	X	X	Not Rated	N	X			Black/AA low income mothers who are not first time parents	Public Health
Positive Indian Parenting	X	X	X	Does not Meet Criteria	N	X			Serves American Indian/Alaska Native parents.	Wilton Rancheria



KIM JOHNSON
DIRECTOR

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GOVERNOR

ATTACHMENT B- ASSURANCES TEMPLATE

Family First Prevention Services (FFPS) Program Assurances

County of Sacramento

Instructions: These assurances must be submitted by local child welfare services (CWS) and probation agencies that opt into the FFPS Program and are a required component of the local comprehensive prevention plan (CPP). These assurances will remain in effect unless changed by the submission of updated assurances and an updated CPP. Any changes to the local CPP must include resubmission of these assurances.

Title IV-E Prevention Program Reporting

In accordance with section 471(e)(5)(B)(x) of the federal Social Security Act and California Welfare and Institutions Code (WIC) section 16587(d)(9), Department of Child, Family and Adult Services & Department of Probation, (Name(s) of participating child welfare services and/or probation agency) is providing this assurance, consistent with the local CPP and the California Title IV-E Prevention Services State Plan, to collect and report to the CDSS information and data required for the FFPS Program, including all information and data necessary for federal financial participation, federal reporting, to determine program outcomes, and to evaluate the services provided. This includes, but is not limited to, child-specific information and expenditure data.

Child Safety Monitoring

In accordance with section 471(e)(5)(B)(ii) of the federal Social Security Act and California WIC sections 16587(d)(7)-(8), the Department of Child, Family and Adult Services & Department of Probation (Name(s) of participating child welfare services and/or probation agency) assures it will provide oversight and monitoring of the safety of children who receive services under the FFPS Program, including oversight and monitoring of periodic risk assessments throughout the period of service delivery. The agency further assures it will monitor and oversee the safety of children and periodic risk assessments for children who receive FFPS program services through its contracted community-based organizations. If the local child welfare and/or probation agency determines the child's risk of entering foster care remains high despite the provision of the services, the agency assures that it will reexamine the child's prevention plan during the 12-month period. In the case of an Indian child, the agency assures the assessments, and any reexamination of the prevention plan will be conducted in partnership with the Indian child's tribe.

Workforce Development and Training

In accordance with section 471(e)(5)(B)(viii) of the federal Social Security Act, the Department of Child, Family and Adult Services & Department of Probation (Name(s) of participating child welfare services and/or probation agency) assures it will adhere to the FFPS training plan as outlined in the California Title IV-E Prevention Services State Plan, and ensure caseworkers within both the community and Title IV-E agency pathways under the FFPS program are supported and trained in assessing what children and their families need, connecting to the families they serve, accessing and delivering the needed trauma-informed and evidence-based services, overseeing and evaluating the continuing appropriateness of the services, and all other foundational requirements, including but not limited to, understanding how the requirements of the federal Indian Child Welfare Act (ICWA) and implementing state laws intersect with prevention services provided through the community based and Title IV-E agency pathways.

Trauma-Informed Service Delivery

The Department of Child, Family and Adult Services & Department of Probation (Name of participating child welfare services and/or probation agency) assures that in accordance with section 471(e)(4)(B) of the federal Social Security Act and California WIC section 16587(d)(6), each service in the CPP provided to or on behalf of a child will be provided under an organizational structure and treatment framework that involves understanding, recognizing, and responding to the effects of all types of trauma, including historical and multigenerational trauma, and in accordance with recognized principles of a trauma-informed approach and trauma-specific interventions to address trauma's consequences and facilitate healing.

Model Fidelity for Evidence-Based Programs and Continuous Quality Improvement

In accordance with section 471(e)(5)(B)(iii)(II) of the federal Social Security Act and California WIC sections 16587(d)(10) and 16587(d)(11)(A), the Department of Child, Family and Adult Services & Department of Probation (Name of participating child welfare services and/or probation agency) assures that services provided in the CPP will be continuously monitored to ensure fidelity to the practice model, to determine the outcomes achieved, and to refine and improve practices based upon information learned, using a continuous quality improvement framework, developed in accordance with instructions issued by the CDSS. The agency agrees to participate in state level fidelity oversight, data collection, evaluation, and coordination to determine the effectiveness of a service provided under the FFPS program.

Equitable and Culturally Responsive Services and Supports

In accordance with the Governor's Executive Order N-16-22, and consistent with California Five Year Prevention Services State Plan, the Department of Child, Family and Adult Services & Department of Probation (Name of participating child welfare services and/or probation agency) assures that the implementation of interventions, services and supports should be equitable, culturally responsive and targeted to address disproportionality and disparities experienced by black, indigenous, and people of color, as well as lesbian, gay, bisexual, transgender, queer and plus (LGBTQ+) children and youth.

Coordination with Local Mental Health

In accordance with section 471(e)(10)(C) of the federal Social Security Act and California WIC section 16588(f)(3), the Department of Child, Family and Adult Services & Department of Probation (Name of participating child welfare services and/or probation agency) assures the agency will establish a joint written protocol, based on the model developed by the CDSS and Department of Health Care Services for use among the child welfare agency, probation department, behavioral health agency, and other appropriate entities to determine which program is responsible for payment, in part or whole, for a prevention service provided on behalf of an eligible child.

Signatures

Signature: These assurances must be signed by the official with authority to sign the CPP and submitted to the CDSS for approval.

DocuSigned by:
Michelle Calleyas
C8B65A621EF14AE...

Signature of Authorized CWS Representative
3/30/2023

Date

DocuSigned by:
Marlon Yarker
ED62F8C7788D40A...

Signature of Authorized Probation Representative
3/30/2023

Date