

**Child Protective Systems Oversight Committee**  
Tuesday, January 17, 2017 | 4:00 PM to 6:00 PM  
Child Abuse Prevention Center  
4700 Roseville Rd, North Highlands, CA 95660

MEMBERS

Present	Present	Present
Alexander, Roy	Green, Rebecca	X Stone, Dimitrius
X Bell, Michelle	X Johnston, Maynard (Chair)	X Uda, Betsy
Claar, Jane	X Maulfair, Virginia	X Zone, Sharon
X Edison, Joni	Ore, Chris	
X Felion, Sister Jeanne	X Saika, Tony	
X Powells-Mays, June (Counsel)		
X Nosce, Abigail (Staff)		

**Call to Order**

Meeting called to order at 4:05 pm. Quorum was established.

**Review Meeting Minutes**

The December 13, 2016 meeting minutes were reviewed. **Motion was made by Gini Maulfair, and seconded, to approve the December 13, 2016 meeting minutes. Motion carried.**

**Discussion: CalWORKS collaboration with CPS**

DHA Deputy Director Gladys Deloney provided an overview of how the Department works collaboratively with DHHS CPS (See Attachment A).

- How many reports of suspected child abuse reports are made?
  - (They will get back to the committee on that #)
- DHA will be doing additional mandated reporter trainings in the near future, as refreshers to the staff.
- CPS and DHA staff regularly communicate around eligibility requirements. There are legal limitations around the kind of information can be shared. Customers are not asked about their previous CPS history; however mutual customers often self-disclose CPS history.
- If the customer signs a release, DHA can share their information with other (specified) agencies. If there is impending danger and it is communicated to DHA, they will share information.
  - If the CI subcommittee needs DHA history, they may contact Gladys Deloney.
- Some CPS workers can access CalWIN (an integrated online, real-time automated system used by DHA to track eligibility and benefits determination, client correspondence, and case management for assistance programs) when trying to locate families. However, one challenge is that home addresses are not always accurate in the system, as some families use PO boxes.
- DHA has helped CPS connect their mutual customers to housing. One of the main barriers for parents to reunify with children is securing permanent housing. CPS is currently applying for a grant to bolster these services more.
- CPS has a few investigative assistants housed at DHA, and they have been approved for hiring one more because the services have been very effective.
- DHA and DHHS used to be one department – however, due to the size of each, they are easier to manage as two separate departments. However, they collaborate in many areas such as co-location of services. Neighborhood service centers have proven to be good places to co-locate.

- In 2017, CPS and DHA Division Managers will begin meeting regularly to touch bases on collaboration efforts. Some of these efforts may include training around DHA services and collaboration in CPS' cohort program.

### **CPS Update**

CPS Deputy Director Michelle Callejas provided additional information around how DHA works collaboratively with DHHS CPS (See Attachment B) and addressed the previous inquiries of the CPS Oversight Committee for inclusion into their 2016 Annual Report.

#### **Discussion:**

- Regarding hiring more Social Workers: A challenge right now is the shortage of Master's degree Social Workers (MSW) available. There are Bachelor's degree Social Workers (BSW) available. CPS has requested some MSW positions be converted to BSW positions as a way to address this.
- Regarding the recommendation for CPS to ensure stronger AOD policies are put in place: Substance abuse, domestic violence and mental illness are the three highest risk factors the SW takes into consideration with assessing.
- Regarding more structure and accountability for Non-minor Dependents (NMDs) in the Extended Foster Care (EFC) program: A new court has been added that only focuses on NMDs. Policies are being tightened and everyone is held to the same standards. CPS supervisors serve as court officers.
- Child and Family Teams (CFTs) are instrumental to services. With Continuum of Care Reform (CCR), CFTs are required to meet within 60 days of placement. CFT meetings can last anywhere between three to six hours. CPS will be looking into how to staff this appropriately; currently there isn't enough staff to serve. There is a tremendous amount of time and manpower involved in staffing these meetings – both with CPS and with other members of the CFTs. CPS is currently working with County Counsel to find out who are required be at these meetings and who are optional.
- DHA does annual trainings online and has access to their P&Ps remotely. DHA will consult CPS on how they do it and the technology used. Michelle will get specifics around what is needed and will forward the information to the Oversight Committee to consider in their recommendations.
- Regarding the Hotline: CPS is creating training around how to effectively pull history, asking necessary questions at the time, looking at schedules and how to get people to a live person sooner. Division management has been working with the Department of Technology (DTECH) to find out what their current VoIP communications system can offer.
  - Have wait times improved from last year?
    - Based on data received, the Hotline is operating at the same level. Last year, the focus was on technology; this year management will be focusing on business practices. Last year's data depicted average wait time. This year CPS is working on obtaining the ability to gather data around peak times. Average wait times differ depending on time of day. Gaining this data will help paint a better picture.
    - Suggestion from Committee member: Allow for providers to submit 111-66 forms to an intake person online; this may reduce the wait time by reducing the amount of questions asked over the phone.
- The CI subcommittee requests that they receive a copy of the 826 form when it is sent to the State – for the committee's tracking purposes. Michelle will consult County Counsel about this and will get back to the committee.

### **2016 Annual Report Work Plan/Updates**

- The Children's Coalition's Policy and Advocacy (P&A) Committee is still in the process of finalizing their Continuum of Care Reform (CCR) report and requested additional time to complete it.
  - The Oversight Committee asks that a final draft be completed and submitted to the System's Subcommittee for review by January 31, 2017.

- In order to adhere to Annual Report 2016 Work Plan timelines, the February 2017 meeting will need to be pushed back a week.  
**Motion was made by Dr. Johnston, and seconded, to hold the February 2017 meeting on February 14, 2017. Motion carried.**
- An ad-hoc writing committee will meet to finish the first draft of the 2016 Annual Report before the next meeting. Abigail will email the committee with an invite.

### **Subcommittee Updates**

#### Critical Incidents (CI) Subcommittee and CPS Quality Improvement Committee

- The subcommittee reviewed one case at their last meeting and anticipates reviewing another one at the next meeting.

#### Systems Subcommittee

- The subcommittee awaits the P&A committee's report on CCR.

### **Announcements**

- Christina Solomon has volunteered to join the CPS Oversight Committee and fill the CPS Line Staff seat.

**Motion was made by Dr. Johnston, and seconded, to approve Christina Solomon for the CPS Line Staff seat and ask the Children's Coalition to ratify her at their next meeting. Motion carried.**

### **Public Comment**

None.

**Meeting adjourned at 6:10pm**

## CHILD PROTECTIVE SERVICES OVERSIGHT COMMITTEE PRESENTATION

January 17, 2017

### Q1: What are ways that DHA collaborates with CPS? How often are reports made?

The Department of Human Assistance (DHA) works collaboratively with Child Protection Services (CPS). DHA and CPS collaborations:

- DHA is working with the Department of Health and Human Services (DHHS) specifically Child Protective Services (CPS) and other county departments to decrease African American Child deaths in Sacramento County by 10% to 20%. In April 2013, the Sacramento Blue Ribbon Commission under Supervisor Phil Serna described the 20 year problem of disproportionate African American Child Deaths. According to reports from the Child Death Review Team, African American children die at twice the rate of other children.
  - DHA and CPS have taken the lead roles in creating Multidisciplinary Teams (MDTs) to service the neighborhoods with the highest number of African American Child deaths.
    - ✓ Arden Arcade
    - ✓ Valley Hi/Meadowview
    - ✓ Fruitridge/Stockton Blvd
    - ✓ Oak Park
    - ✓ North Highlands/Foothills
    - ✓ North Sacramento/Del Paso Heights
  - DHA has committed resources to aid in the success of reducing child deaths
    - ✓ A total of seven (7) CalWORKs Human Services Specialists are assigned to each MDT location.
    - ✓ The Human Services Specialist (HSS) and co-located CPS Informal Supervision Social Worker will coordinate with the Community Lead the challenges and needs of mutual customers. This will improve the safety and stability of families in crisis.
    - ✓ The HSS will also be able to leverage all the resources located at their parent bureau to provide services to customers such as housing assistance.
- DHA and CPS collaborate on ensuring the health and safety of minor pregnant or parenting teens who apply for public assistance. A referral (Supplemental Statement of Facts – Minor Parent CW 25 (attachment two)) is made by DHA staff to CPS Emergency Response who investigates the living circumstances of pregnant or parenting minors. Cash aid is not authorized until the investigation is completed and CPS notifies DHA staff that aid may be issued.
- DHA and CPS work closely together for children in the Foster Care, Kin-GAP, and the Approved Relative Caregiver programs. CPS Social Workers place abused, neglected, or at risk children with family or foster homes and collaborate with DHA staff to ensure the children receive financial support, medical coverage and family stability.

**Q2: Is there coordination between CalWORKs Eligibility Specialists and CPS workers?**

- a. **Can there be cross-sharing of information that would help CPS workers?**
  - b. **Are Eligibility Specialists available to be consulted on cases open with CPS?**
  - c. **What are the legal limitations of sharing information on children/families on CalWORKs (with other county departments such as CPS)?**
- All DHA staff regardless of program or classification are Child Abuse and Neglect (CAN) mandated reporters. They have been trained to communicate with CPS whenever CAN is suspected.
  - When a mutual customer self discloses that she or he has a CPS case our workers have been instructed to have the customer sign a release of information allowing DHA to share information with the CPS Social Worker. The CPS Social Worker should obtain a release from the customer before requesting information from DHA. The signed release from the customer covers both the sending and receiving department. The release can be used for 12 months from date signed.
  - DHA staff can provide consultation/information on basic program eligibility including rules and regulations. They can also provide information on the locations and methods a customer can use to apply for benefits.
  - The Welfare and Institutions Code (W&I) Section 10850 does not allow information to be shared that does not have a direct connection or bearing on that benefit program. Questions related to who lives in the customer's home or the customer's benefit amount cannot legally be shared with an organization that is not administering the CalWORKs program. The mutual customer would have to give DHA permission to share that information. DHA can however, share that kind of information with another county's Social Services organization that administers CalWORKs when a former Sacramento DHA customer is requesting services.
    - Section 10850 of the W & I Code states "...all applications and records concerning any individual made or kept by any public officer or agency in connection with the administration of any provisions of this code relating to any form of public social services for which grant-in-aid are received by this state from the United States Government shall be confidential, and shall not be open to examination for any purpose not directly connected with the administration of such program, or any investigation, prosecution, or criminal or civil proceeding conducted in connection with the administration of any such program. The disclosure of any information which identifies by name or address any applicant or recipient of these grants-in-aid to any committee or legislature is prohibited..."

**Q3: What are the role/functions of DHS Social Workers? What services do they provide in the community?**

- DHA Social Workers work out of the DHA public assistance offices providing support and resources to needy families in Sacramento County. Major areas of focus include:
  - Providing services to homeless families, such as the Housing Support Program, to help with both temporary shelter and permanent housing.
  - Employment services
  - Information and referrals to community resources
  - Provide assessments on Kin-GAP children with special needs to determine eligibility for a Special Needs Rate.
  - Domestic Violence referrals to local shelters
  - Family Stabilization services, including housing, employment, mental health counseling, drug and alcohol counseling and landlord tenant negotiations.

**Attachments:**

Attachment one – Social Services programs administered by the Department of Human Assistance

Attachment Two – Supplemental Statement of Facts - Minor Parent

Attachment One

Social Services programs administered by The Department of Human Assistance

Social Services Programs	Program Descriptions
California Work, Opportunity and Responsibility for Kids (CalWORKs)	<p>The CalWORKs program provides financial assistance to needy families so that children may be cared for in their own homes. The child must be experiencing the following situations:</p> <ul style="list-style-type: none"> <li>• An Absent parent – one or both parents are no longer in the home.</li> <li>• A deceased parent</li> <li>• An unemployed parent or parents</li> </ul> <p>There is a 4-year lifetime limit for adults in California. Within the 48-month CalWORKs time limit, there is also a Welfare-to-Work 24-month time clock.</p> <p>Applications for CalWORKs can be made on line at <a href="http://www.mybenefitscalwin.org">www.mybenefitscalwin.org</a> or by phone 916-874-3100 or by visiting these DHA locations:</p> <p><u>CalWORKs Locations:</u></p> <ul style="list-style-type: none"> <li>• 3960 Research Drive</li> <li>• 2700 Fulton Avenue</li> <li>• 5747 Watt Avenue</li> <li>• 10013 Folsom Boulevard</li> <li>• 4433 Florin Road</li> <li>• 2450 Florin Road</li> <li>• 210 North Lincoln Way, Galt</li> </ul>
Welfare to Work (WTW)	<p>Welfare-to-Work (WTW) is a comprehensive statewide employment program for CalWORKs recipients designed to enable participants to achieve self-sufficiency through employment.</p> <ul style="list-style-type: none"> <li>• Eligible WTW activities include, but are not limited to: <ul style="list-style-type: none"> <li>◦ Subsidized Employment</li> <li>◦ Unsubsidized Employment</li> <li>◦ Job search and job readiness assistance</li> <li>◦ Vocational education and training</li> <li>◦ Community Work Experience (CWEX)</li> </ul> </li> </ul>

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	<ul style="list-style-type: none"> <li>◦ Mental health counseling, domestic abuse services, and substance abuse services</li> </ul>
Homeless Assistance	A nonrecurring special need program that is available to provide assistance with the costs of securing permanent housing and to provide assistance for temporary shelter while the family is seeking permanent housing. The family must be homeless and eligible for CalWORKs benefits. Families are eligible to receive homeless assistance benefits every 12 months.
Housing Support Program	The Housing Support Program (HSP) provides financial support and case management services for homeless CalWORKs recipients in Sacramento County to enable them to move into and retain permanent housing.
Cash Assistance for Immigrants (CAI)	CAI is a state mandated program. The program provides cash assistance to legal immigrants who are at least 65 years of age, blind or disabled and are ineligible for Social Security benefits solely due to immigration status.
CalFresh (formerly known as Food Stamps)	<ul style="list-style-type: none"> <li>• CalFresh is the California name for the Federal Supplemental Nutrition Assistance Program (SNAP), previously known as Food Stamps.</li> <li>• The program helps low-income customers purchase the food they need for good health and nutrition.</li> <li>• CalFresh benefits are accessed using the <u>EBT</u> (Electronic Benefit Transfer) card.</li> </ul> <p>Customers can apply for the CalFresh program; Online at My Benefits CalWIN (MyBCW) <a href="http://www.mybenefitscalwin.org">www.mybenefitscalwin.org</a>, or phone 916-874-3100, or by visiting one of these DHA locations.</p> <ul style="list-style-type: none"> <li>• 3960 Research Drive</li> <li>• 2700 Fulton Avenue</li> <li>• 5747 Watt Avenue</li> <li>• 10013 Folsom Boulevard</li> <li>• 4433 Florin Road</li> <li>• 2450 Florin Road</li> <li>• 210 North Lincoln Way, Galt</li> <li>• 1725 28<sup>th</sup> Street</li> </ul>
Foster Care	<p>Provides cash assistance on behalf of needy foster and adopted children.</p> <ul style="list-style-type: none"> <li>• The Department of Human Assistance (DHA) calculates and issues benefits to foster care providers and adoptive parents</li> <li>• The Department of Health and Human Services (DHHS) is responsible for providing placements and services</li> </ul>
Kinship Guardianship Assistance Payment (KinGap)	A cash aid program that supports eligible relative caregivers who are unable or unwilling to adopt but instead become legal guardians as the permanency option for a child exiting the child welfare system. The payments range from \$517 to \$728 a month dependent on the age of the child.



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Approved Relative Caregiver (ARC)	The ARC program provides approved relative caregivers with whom an eligible child has been placed, the opportunity to receive payments equal to the current basic Foster Care rate. The payments range from \$517 to \$728 a month dependent on the age of the child.
General Assistance (GA)	<p>Sacramento County offers employment services for Employable GA recipients thus the county is able to limit assistance to three months/90 days in a 12 month period for employable recipients. Unemployable individuals are not subject to time limits</p> <p>All intakes and cases are handled at the DHA office on 28<sup>th</sup> Street</p> <ul style="list-style-type: none"> <li>• 100 percent County General Fund</li> <li>• Only for adults not families with children</li> </ul> <p>Only for short-term financial assistance to enable a recipient to either find employment or to obtain support from another source (e.g. SSI).</p> <ul style="list-style-type: none"> <li>• These are loans. The recipient's must sign a lien for repayment.</li> </ul>
Medi-Cal	California's version of Medicaid. Medi-Cal provides medical benefits to all public assistance recipients, and other eligible persons who are seeking assistance with the cost of their medical care. Effective January 2014, with Affordable Care Act Implementation (ACA), Medi-Cal has been expanded to adults without children, ages 19-64.
County Medically Indigent Services Program (CMISP)	<p>Provides medically necessary care to eligible indigent adults who are Sacramento County residents. U.S. citizens or lawful immigrants not eligible for any other health coverage programs and have no other resources for health care. This program is 100 percent County General Fund.</p> <p>CMISP is a program of "last resort" that covers certain hospital services provided at the County Clinic run by The Department of Health and Human Services (DHHS) Primary Care Center at 4600 Broadway, Suite 2200.</p>
Veteran Services	Works with veterans and their families in Sacramento County seeking to file claims for disability and death benefit claims for surviving spouses and dependent children of veterans.

# CHILD PROTECTIVE SERVICES OVERSIGHT COMMITTEE PRESENTATION

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## Attachment Two

### Supplemental Statement of Facts – Minor Parent

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES

#### SUPPLEMENTAL STATEMENT OF FACTS - MINOR PARENT

**The Minor Parent Rule says you can get cash aid if you are under 18 years of age and have never been married and are pregnant or have a dependent child in your care, only if you and your child live with your parent(s), legal guardian, other adult relative, in a group home, or in a maternity home. Your cash aid will be paid to that adult.**

The Minor Parent Rule may not apply if you meet one of the following conditions:

- 1) A child protective services worker determines that it's not physically or emotionally safe for you to live with your parent(s) or legal guardian; or
- 2) Your parent(s) or legal guardian is dead; or you don't know where they live; or they won't let you live with them; or
- 3) You have lived apart from your parent(s) or legal guardian for at least one year before the birth of your child or application for cash aid; or
- 4) You are legally emancipated.

- If you are living apart from your parent(s) or legal guardian, and one of the listed conditions applies, your case will be referred for minor parent services.
- For cash aid and food stamps, the county will require that you and certain household members be fingerprinted and photo imaged. Your benefits may be denied or stopped if you do not cooperate.

Complete the questions below. If you need more space, attach another sheet of paper. If you need help, ask your worker.

1) YOUR NAME (PRINT, MIDDLE INITIAL, LAST)		DATE OF BIRTH		SOCIAL SECURITY NUMBER		COUNTY USE ONLY	
CURRENT ADDRESS (STREET NAME, STREET NUMBER, CITY, STATE, ZIP CODE)		PHONE NUMBER		CASH NUMBER		CASH NUMBER	
CITY		STATE		ZIP CODE		CASH NUMBER	
2) DO YOU LIVE WITH YOUR PARENT(S), OR A LEGAL GUARDIAN, OR IN A GROUP OR MATERNITY HOME?		YES		NO		MY NAME AND ADDRESS	
IF "YES", list who and relationship to you, and sign and date item 3) in the Certification Section.		IF "NO", explain why not and for how long, and complete items 3) through 5).				PERSONAL NAME	
3) NAME OF YOUR CURRENT HOME (STREET NAME, STREET NUMBER, CITY, STATE, ZIP CODE)		CITY		STATE		ZIP CODE	
4) NAME OF YOUR CURRENT HOME (STREET NAME, STREET NUMBER, CITY, STATE, ZIP CODE)		CITY		STATE		ZIP CODE	
5) DOES THE OTHER PARENT OF YOUR CHILD(REN) OR UNBORN CHILD LIVE WITH YOU? YES NO		NAME OF OTHER PARENT		DATE OF BIRTH		SOCIAL SECURITY NUMBER	
6) LIST EVERYONE LIVING IN THE HOME. IF YOU ARE PREGNANT, LIST CHILD AS "UNBORN" AND GIVE DUE DATE.		NAME OF PERSON		RELATIONSHIP TO YOU		NAME	
7) YOUR SIGNATURE		DATE		CASH NUMBER		CASH NUMBER	
8) SIGNATURE OF WITNESS (MAY BE INTERVIEWER OR PROVIDING INFORMATION)		DATE		CASH NUMBER		CASH NUMBER	

## **CPS ~ DHA Collaborative Efforts**

### **CPS Oversight Committee Meeting 1-17-17**

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#### **Permanency – EFC**

There are 2 EFC Units in CPS that work directly with 2 DHA Eligibility Specialists assigned to the EFC caseload to streamline communication. Several months ago, DHA was seeing a large number of EFC youth coming to its 28th street office to pick up their monthly payments rather than waiting for them to arrive in the mail. The increased foot traffic caused a backlog in the DHA lobby. CPS arranged a series of meetings with DHA to trouble shoot the issue. DHA provided CPS with a list of names of youth who regularly came into the lobby to pick up a check. This was good feedback for the EFC SWs who were able to have conversations with the youth to determine why they wanted to pick up their checks rather than waiting for them to be mailed.

CPS and DHA established a system whereby:

- The youth are required to go thru their EFC SW when they want to pick up a check.
- The SWs approve requests where the need is real and communicate directly with DHA staff regarding which youth need to pick up checks.
- This resolved the traffic issue in the DHA lobby and provided the SWs with a regular means of communication with the EFC youth regarding their financial needs/challenges.

The EFC Units invited the DHA ESs to a unit meeting to establish strong working relationships and foster better communication. CPS and DHA have also developed a more well-defined communication plan in order to problem solve matters as they arise.

#### **Permanency – AAP & Foster Care**

Our AAP workers and supervisor are in daily contact regarding payments for AAP and meet for trainings at least twice a year. CPS has also suggested meeting monthly between the teams. Co-location is an idea that CPS may recommend soon.

Our Foster Parent Liaison works closely with DHA to sort out payment issues for our county homes when needed.

#### **Program Administration – Permanency – Court Services**

The PA Data Entry Unit interfaces with DHA to ensure that timely and correct foster care payments are made to foster parents. This collaboration includes:

- Partnership between clerical staff in the Data Entry Unit and Program Specialists within program in CPS to ensure that social workers are providing the necessary information via CPS internal forms (CS 1173 and CDRS) to generate the SOC 158A
  - CS 1173=Placement Changes Form
  - CRDS=Child Removal Data Sheet
  - SOC 158A=Foster Child's Data Record and AFDC-FC Certification
- Upon receipt of a CS 1173 form, Data Entry inputs the necessary information into CWS/CMS to generate a SOC 158

**CPS Oversight Committee Meeting 1-17-17**  
**Responses to Inquiries**

## **2015 Recommendations**

### **From the Critical Incidents Subcommittee**

- 1. That the Board of Supervisors develop a countywide commitment to encourage other departments – such as Law Enforcement, Mental Health, hospitals, and the courts –to become more aware and responsive to how their decisions impact the safety of children and the work of CPS, and collaborate better with CPS and each other (perhaps forming a Blue Ribbon Commission to address this issue).**

We don't know what discussions that BOS has had with other agencies but CPS continues to forge partnerships and work collaboratively with both system and community based partners that serve children and families.

In 2016, we developed new partnerships through projects with other child serving agencies including:

- Developing seven Community Incubator Leads (CILs) as a part of the Steering Committee on Reduction of African American Child Deaths that will offer resources to families in neighborhoods that have the highest number of African American child deaths. This is a collaborative partnership with multiple county agencies and includes staff being co-located at the following agencies:
  - Greater Sacramento Urban league – (Oak Park)
  - Liberty Towers – Community Impact Center (North Highlands/Foothill Farms)
  - Building Healthy Communities (Fruitridge/Stockton)
  - Mutual Assistance Network (Arden/Arcade)
  - South Sacramento Christian Center (Valley Hi)
  - Roberts Development (Del Paso)
  - Focus on Family (Meadowview)
- Identifying homeless programs in conjunction with DHA, SHRA, SSF, and VOA that would best align with supporting families who are at risk of being homeless via Paid Re-Housing Prevention resources
- For 2017, we will partner with UCD CAARE Center on their PC-CARE Program which will support children in foster care by providing in-home UCD services to the child and caretaker to help with the transition to a new home through coaching and psycho-education with the ultimate goal of achieving placement stability.
- Reinitiating quarterly meetings at the Mexican Consulate to help with collaborative and supportive efforts for families within our community.
- Partnering with Probation, including quarterly meetings with management, to collaborate, problem-solve and continue to build relationships in order to improve safety for youth and ensure accountability on all levels. Also = CSEC and CYPM
- Holding Community Partner meetings which include BHS, CLC, Probation, SPD/SSD, CRH and other service providers, to share data, improve communication, and increase system-wide responses to high needs youth.

- In these meetings, we also strategize and develop cross-system processes for improving collaborative responses regarding child safety (Installation of a POD camera across from CRH in process).
- Collaborating with BHS regarding the Community Support Team, and ensuring youth with significant trauma and behavioral needs are supported and linked to services as soon as possible.
- Beginning February 2017, we are re-starting quarterly law enforcement meetings with CPS ER management and EGPD, SSD, SPD, CHPD, Folsom PD, and Galt PD to discuss collaboration toward increased teaming, any jurisdictional issues, and to share updates pertinent to each agency's role in regard to child and family safety.
- Currently working on expanding out station opportunities with SSD and SPD and school districts.

**2. That the Board of Supervisors support and encourage CPS management's efforts to improve employee retention, particularly around the issues of high caseloads and employee morale. What this support means is that there need to be more SW positions allocated to the CPS department.**

- CPS conducted five mass hiring events in 2016 filling more than 40 vacancies between July and December.
- CPS has also held joint labor-management meetings to collaborate and gather input and ideas from labor about employee morale, and retention.
- Based on feedback collected during exit interviews of staff that left CPS service, the top two concerns for leaving were workload and support/training.
- Hiring in cohort groups has given new staff the opportunity to develop peer groups and support mechanisms resulting in increased morale. Providing comprehensive, program-specific training and delaying case assignments has also increased morale as new SW staff are more well-informed and well-prepared before they go out into the field. The addition of assigning peer mentors to new social work staff has also led to increased employee morale.

**3. That the Board of Supervisors request CPS to ensure that stronger drug and alcohol policies are put in place, that CPS workers have the resources needed to evaluate caretaker substance abuse (training, ready access to testing, consultative support, etc.), and that caretaker substance abuse is elevated to high risk when formulating the "Safety Plans".**

- The Workforce Development Unit provided a class titled *Alcohol and Drugs In the Youth Population* to the most recent social worker cohort and has in its cadre of AOD trainings a class on *AOD - Signs of Use Identification*.
- Also, all policies and procedures will be reviewed given Proposition 64 as CPS prepares to meet the need to ensure all staff are trained and policies are aligned to address marijuana and safety.

4. That the Board of Supervisors review funding for Public Health Nurses and provide the necessary funding to the Division of Public Health to increase the number of PHNs dedicated to both child maltreatment intervention (in collaboration with CPS) and prevention (field nursing).
  - There are 25 PHNs working in CPS, four of whom are registry nurses working in the Foster Care Program. CPS PHNs are assigned to the Emergency Response, Permanency, Court Services and CPSU programs.
  - The state allocated new PHN funding for oversight of psychotropic medication which will equate to 1.5 psych med PHNs. CPS and PH management met recently to discuss hiring.

#### **From the Systems Review Subcommittee**

##### **Regarding the Extended Foster Care program:**

5. **There needs to be more accountability and more structure for the NMDs, incorporating input from SWs, attorneys and providers.**
  - With the implementation of the EFC Court, we have seen far more accountability for NMDs specific to the eligibility criteria. In addition, SWs are providing more details around active engagement efforts in court reports. SWs were also provided information on how best to collaborate with CLC and ensure proper documentation for court. Having one court has provided the SWs with consistent expectations allowing us to continue to hold youth and ourselves accountable with the hope of improved outcomes.
  - With the addition of two more ILP Youth Advocates this year for a total of three (one working specifically with EPY) in the ILP program, we have structured their positions so that they are the subject matter experts of the services available to ILP youth in our community. They also assist the SWs in linking these youth to the services for which they are eligible while providing more support and structure for those youth struggling with the motivation to access such services. It has enabled many youth to meet the criteria. It has also provided additional support to our recommendations to terminate the dependency of some by ensuring that youth who do not meet the criteria are aware of the services for which they are eligible should they determine they are ready to accept the assistance we've recommended.
6. **There is a need for increased coordination and collaboration among attorneys, SWs, Probation Officers, the Regional Center System and Mental Health.**
  - CPS coordinated a meeting with the EFC supervisors, PMs and Alta Regional to increase mutual understanding and expectations each agency. We were able to formulate some agreements around collaboration, how best to handle an inability to get in touch with an Alta Regional and/or EFC SW. We discussed required documentation that we could potentially have access to, procedure for placements, and services delivered. This information was provided to SWs during a unit meeting and has improved our working relationships.

- Alta Regional has been present at TDMs and is coordinating much better with the EFC SWs. Understanding the services and barriers that effect how we deliver services were helpful to both parties in improving our collaboration.
- An EFC probation officer is co-located with the EFC SWs. This has allowed for increased collaboration, and better access to services for crossover youth as we share our resources. In addition, a new crossover youth practice model has been developed.
- We have more recently added two new mental health providers that attend our monthly ILP advisory, a wrap around provider as well as a representative from the Transitional Age Program. This has assisted with knowledge about the services offered, referral process, eligibility, and has improved mutual understanding of the whole picture for our young people struggling with mental health issues.

**7. There are several community agencies, individual, and corporate donors that are committed to assist former foster youth. Much could be gained by convening all interested stakeholders to hold an annual resource fair that all NMDs should be required to attend in order to identify the available resources.**

- Much is being done to ensure that those working with our NMDs have the knowledge and access to the services in our community for which they are eligible. We hold a monthly ILP advisory committee hosted by the County with community agencies and all interested stakeholders to ensure our youth are aware of and have access to a variety of services. The EFC SW and ILP SWs working directly with our youth attend. Presentations are given at each meeting from various agencies in the community providing TAY services.
- In addition, there have since been active efforts to discover and vet new agencies. Our youth advocates via AmeriCorps have been working to become "experts of our community." They have worked to provide the SWs easily accessible folders of resources for our youth. They visit community agencies to bring back resources and determine youth friendliness of the agencies. They have assisted in providing referrals, transporting youth to programs, and providing knowledge of resources to our SWs. These youth advocates attend emancipation conferences in an effort to assist youth as they continue to make this transition to adulthood. They provide education around EFC and also provide referrals to services.
- In October, Sacramento County worked collaboratively with our ILP contracted providers and other community agencies such as CASA, Center for Employment Training, and American River College to host a Health, Education, and Career conference that included a resource fair. Several agencies participated. Unfortunately there was low youth attendance. Local school districts have also hosted resource fairs with very low youth attendance. Sacramento County partnered with the Youth Engagement Project and identified a goal of increasing engagement of youth in ILP in an effort to ensure their commitment and participation in collaborative events that provide the youth with the knowledge and access to services that they need. As we enter the early phases of our project, we are gathering feedback directly from the youth, the adults working with them, and community partners. Upon review of the feedback the project will be designed with new programs, outreach, and engagement strategies. Our-end-of-the-year goal is to host a large ILP event which includes a resource fair employing our improved methods of engagement and outreach in hopes of better participation.



istly, we have since hired an ILP SW who will be partnering with iFoster to implement the job readiness program in Sacramento County. The iFoster jobs program matches employers with entry-level positions to foster youth who have been specifically trained, provided with adequate resources and ongoing coaching and support. This SW will provide 32 hours of employment skills training through an identified curriculum that youth must complete prior to being matched with a potential employer. The curriculum consists of job skills, soft skills, and life skills training. In addition, this worker will be providing ILP services, referrals to services, education, and assisting in hosting events for ILP eligible youth to include NMDs.

**8. There needs to be a far more structured approach to the initial process for NMDs with accountability measures implemented. It is our understanding that there is now a special dependency court for NMDs which creates far more consistency, court activity and follow up with the assigned judge. This is a big step towards accountability and consistency in the message to the NMD.**

- The NMD Court was established in April 2016. The presiding judge oversees this courtroom.
- We established a new process whereby the supervisors of the EFC units attend court and act as Court Officers for these hearings.
- We have seen many benefits from this approach. Having all cases heard in one courtroom allows us to fully understand the consistent expectations of this courtroom.
- Over the course of the last several months, we have been able to quickly troubleshoot problem areas identified by the presiding judge regarding issues such as corrections to the Findings and Orders, increasing the detail of engagement efforts in court reports, increasing collaboration with CLC, and holding youth accountable to the expectations of the EFC program in a more timely fashion.
- Having our supervisors in the courtroom allows them to share their expertise about the nuances of the program with the court allowing for more informed decisions. It has also allowed for a more fluid the relay of information to the SWs leading to timely changes to practice encouraged by the court. We have established a more collaborative atmosphere with the court that seems to be benefiting the NMDs.

**Other**

**9. All dependents of CPS need the same level of intervention/attention that is being afforded to the Commercially Sexually Exploited Children (CSEC) population.**

- CPS agrees that all children and youth need high levels of intervention and attention focused on their particular needs.
- CCR brings opportunity for increased levels across the board:
  - We're developing a process to conduct required CFTs for every child or youth that comes into care – 60 days.
  - In addition, we have employed a teaming approach with the restructuring of TDM and SOP.
  - Behavioral Health will attend our Permanency Management Team meeting to discuss collaboration on a new diversion program.
  - We are moving toward having TDMs, MDTs and CFTs for all youth.



**10. The BOS support technical solutions that would support the operations of CPS. These include software programs for more structured online storage and for the organization of Policies and Procedures (P&Ps). Also, we recommend making P&Ps available via mobile devices and the ability for staff to participate in online interactive trainings. Currently, this is not possible.**

- In collaboration with DTECH, we are researching various technologies to meet the identified needs of document storage, learning management software, training videos, and policy and procedure development and distribution. The P&P Taskforce is working collaboratively with the county's Department of Technology to select the most appropriate software solutions.
- The BOS approved us to purchase software for our P&Ps
- In addition, an Administrative Services Officer II position has been approved. This position will be involved in the maintenance of the policy and procedure software. The hiring selection process will begin in mid January 2017.

**11. That CPS complete their work on Policies and Procedures and submit a timeline to the CPS Oversight Committee.**

- The Department is committed to strengthening its existing infrastructure in the development of policies and procedure with the assistance and consultation services from Resource Development Associates (RDA).
- In September 2016 and October 2016, RDA delivered a policy-writing training to program planners and program specialists in order to build the Department's capacity in policy writing.
- In December 2016, the Department allocated three program specialist positions to be dedicated policy writers and we believe we will make more significant process over the course of the year. They will begin in late January and undergo P&P training and then delve into the work.

## **2014 Recommendations**

- 1. Complete the Policies and Procedures (P&P) process within the timeframe designated. The Oversight Committee commends CPS for seeking external expertise in revising their P&Ps. However, this important effort needs to be fully realized in a timely manner so Social Workers have clear policies and procedures to guide their practice in ensuring children are safe.**
  - In late October 2016, the CPS Workforce Development Unit in Program Administration was fully staffed with one planner position, three specialist positions and two support staff positions to provide or coordinate training for CPS staff. In addition, the Workforce Development Unit works closely with designated division wide trainers to coordinate, develop and deliver trainings. Consultation and collaboration with Sacramento County Counsel is required for all trainings in order to ensure legal compliance. The Training Leads/Policy Writers are the subject matter experts on social work practice.
- 2. Due to the particular complexity of Court Services, as part of the Court Stability Plan, CPS should ensure that Court Services is fully staffed with experienced Social Workers.**
  - Court Services stability has been achieved and staffing levels have remained stable. The stability is closely monitored through data collection and enhanced attention to staffing levels, hiring needed and program needs so we do not find ourselves in the same situation again.
  - An additional Program Manager was added as well as additional Court Officers.
  - The Court Services clerical program has been restructured and an ASO1 oversees the daily operations and troubleshoots issues that arise. The status of Court Services per the 2014 report states that we hoped to achieve the stabilization of Court Services by fall of the reporting year.
- 3. \*Prioritize and fully resource the Continuous Quality Improvement (CQI) process through staffing, training, and data systems, so that it becomes an ongoing and integrated part of CPS, despite the pull to respond to other pressing issues.**
  - All CQI-related positions housed within Program Administration, Emergency Response and Permanency have been filled. However, two of the three CQI positions housed within Program Administration have been temporarily shifted to assist with the mandated 25 quarterly Child and Family Services Reviews (CFSR). There are two new CFSR staff pending background clearances before start dates can be confirmed. Once start dates are established, the new appointees will need to successfully complete CFSR certification training via the Northern California Training Academy as well as in house training to get acclimated to CPS and the CFSR process.
  - It is anticipated that PA's CQI staff will return to regular duties in May of this year.
- 4. As part of the Quality Improvement Committee (QIC), develop a proactive plan for measurement to be put in place so that changes made can be measured to determine whether that change resulted in intended improvement. The QIC staff, and other identified staff throughout the Division, should have specific training in the evaluation of continuous quality improvement and be able to guide the group in designing clear**

**and objective ways of measuring the outcome of the recommendations resulting from critical incident reviews. Significant and thoughtful investment is needed to answer the following question, “How will we know that a change is an improvement to help keep children safe?”**

- Safety Plan and Body Check Qualitative Reviews were conducted in November 2016-December 2016. The purpose of the review is to gather information regarding current practice in conducting Body Checks and developing Safety Plans, and to identify strengths and areas needing improvement in the systemic level. Reviews conducted by ER Programs Specialists in November 2016 to December 2016.
- In alignment with the Continuous Quality Improvement Framework and in an effort to develop a proactive plan to measure outcomes aimed at determining whether an intervention resulted in the intended improvements, the QIC Root Cause Matrix and the QIC Recommendation Tracking Log were created in May 2016.
- The previous recommendation matrix documented a list of recommendations (interventions) aimed at increasing safety. However, the recommendations/interventions tended to be narrow in scope and compliance driven (i.e.: was the task completed?). Additionally, this tracking mechanism did not capture information about how the recommendation/intervention resulted in the intended improvement and thereby increased safety.
- The Root Cause Matrix was developed, from a review of the previous recommendation matrix, in an effort to identify themes and establish measurable outcomes.

#### **QIC Root Cause Matrix:**

- Objectives:
  - To systematically identify and determine underlying causes that may contribute to child fatalities or near fatalities
    - Answer the questions:
      - 1) Why was the child harmed?
      - 2) What can the agency do differently to prevent future harm?
  - To translate themes into Continuous Quality Improvement (CQI) studies to better assess systemic issues and develop strategies to create targeted interventions
- Four themes (underlying causes) have been identified from a review of the 2015 QIC Recommendation Matrix and the 2016 recommendations to date. The themes are as follows:
  - Assessment/Critical Thinking
  - Engagement
  - Intervention
  - Partnering with Community
- Each root cause theme is accompanied by “sub-themes” and suggested outcome measures

#### **QIC Recommendation Tracking Log:**

- Objective:
  - To provide an internal feedback/follow up mechanism to ensure that QIC recommendations are addressed and identified tasks are completed timely

- The current tracking log includes the following:
  - Date of recommendation
  - Specific recommendations made by the QIC
  - Staff assigned
  - Specific information about the progress of actions undertaken in response to recommendations
- An internal protocol establishing a timeline for follow up has also been developed
- Internal protocol timeline:
  - Week 1-Large QIC (Recommendations made by QIC Members)
  - Week 2-Email follow up from PA to those with outstanding action items
  - Week 3-Schedule meeting regarding existing action items
  - Week 4-Follow up meeting occurs (if needed)
  - Week 1-Large QIC

This is a continual process of the Quality Improvement Committee recognizing that outcome measurements take time. Continued next steps include determining a mechanism in which it can be determined how the interventions (recommended changes) resulted in the intended improvements.

5. **\*Support the creation of a CPS Training and Staff Development Unit dedicated to training, technical assistance, case reviews, Policies & Procedures, and lessons learned from QIC. The Training Unit should include a staff accountability component to ensure staff are getting training they need and are demonstrating improvement in knowledge and skills. Additionally, a Deputy County Counsel should be assigned to the Training Unit to contribute to and support improved Social Worker skills and practice including but not limited to: training on accuracy of dispositions, establishing fact patterns to get to the correct disposition, preparing court reports, reviewing policies and procedures to ensure alignment with regulations and legal requirements, and to review new legislation and regulations to inform practice and policy changes. As part of the training plan, CPS should continue to do case reviews with Social Workers and Supervisors as an effective form of training.**

The following trainings have been developed and completed or are scheduled:

- SW Standards & Division 31 Regulations (completed)
- Body Checks (combined with ER) (completed)
- Safety Plans (combined with ER) (completed)
- Early Case Assignment/Matrix (completed)
- Court services and Dependency Guidelines (completed)
- TDM Observations(completed) Permanency Overview (completed)
- JV 220 (psychotropic meds) (completed)
- CYPM overview training (completed)
- CYPM 101 (UC Davis provided across the division) (completed)
- Social Worker Safety Training (provided to all programs) (completed)
- Substance Abuse Resource Training for Youth (scheduled for December;
- had to be rescheduled)

- Mileage and Travel (scheduled for November however the trainer cancelled do policy changes) Visitation Changes and New Legislative Updates (schedule for January 10, 2017)
- EFC/ILP (scheduled for February 2017)

Additionally, the recent social worker cohort members are also receiving training and support from their Peer Mentors and Supervisors.

**6. Implement the recommendations and changes initiated as a result of the QIC and Critical Incident Subcommittee case reviews.**

- This is addressed in the Critical Incidents Subcommittee 2014 Recommendations on pages 12 and 13 below.

**7. Establish a consistent ongoing means for intentional interagency coordination of County departments that intersect in the lives of families and children. Coordinated interagency communication between Department of Human Assistance including government aide and domestic violence; Probation; Department of Health and Human Services including Child Protective Services, Behavioral Health, In-Home Supportive Services, and Public Health will decrease fragmentation and improve service delivery.**

- See Response to 2015 Recommendation Number 1
- Beginning February 2017, participation in quarterly law enforcement meetings with CPS ER management and EGPD, SSD, SPD, CHPD, Folsom PD, and Galt PD to discuss collaboration toward increased teaming, any jurisdictional issues, and to share updates pertinent to each agency's role in regard to child and family safety.

**8. Continue to refine improvements within the CPS Call Center such as:**

**1. Explore data driven innovative strategies to reduce wait times through expanding successful models being implemented;**

- Working with DTECH to learn functionality of system with respect to producing data reports
- Ongoing data review occurs and has resulted in continuous quality improvement via restructuring work schedules to meet the high peak call volume.
- The newly acquired positions are in the process of being filled and will enhance productivity as these additional staffing resources will further enhance Hotline operations with the primary goal of reducing wait times.
- Additionally, the priority lines have been revised and will have specific staff assigned to them. This is in progress and will start in March 2017.
- In addition, in an effort to expedite initial call response, we are reconfiguring clerical staff to allow for the caller to speak to a live person versus a recording at the onset of the call.
- The Hotline now has a Program Specialist assigned to Hotline operations to work with and support the Program Manager in the efforts toward improvements.

**2. Improve the consistent use of SDM hotline tools for consistency in response times;**

- Approximately 40 SDM reviews by ER management were completed during 2016. The SDM reviews utilize an SDM review tool that assesses the consistency of use of SDM Intake assessment tools and the outcome of the referral designation for 10-day or immediate response times. The review is completed assessing the CWS/CMS information and the SDM Intake Hotline tool.
- Compliance was above 90 percent.
- The next SDM compliance review is underway.

**3. Review “evaluated out” dispositions to ensure accurate dispositions and address any training issues that may improve more accurate dispositions.**

**\*Were able to be implemented due to Board of Supervisors support.**

- Peer Review continues on a monthly basis (2 evaluated out (EO) referrals per Hotline social worker are randomly pulled and reviewed by the Hotline Supervisory team).
- Discussions takes place in the supervisor’s meeting and direct training and coaching is applied via the Supervisor and/or PM as appropriate.
- The Hotline PM also randomly reviews EO referrals separate from the supervisor reviews to provide an independent Quality Assurance mechanism.

## **Critical Incidents Subcommittee 2014 Recommendations**

**There were five recommendations made by the CI Subcommittee in the 2014 Annual Report:**

### **1) Creation of a Domestic Violence (DV) protocol**

- a. A Domestic Violence (DV) protocol has been established and is a component of the Emergency Response Investigations Policy and Procedure. Training on this policy was completed in April-May 2014.
- b. Additionally, in 2014, Sacramento County Child Protective Services partnered with A Community for Peace (ACFP), a domestic violence family resource center, and the Citrus Heights Police Department (CHPD) to address the needs, safety and emotional well-being of children exposed to domestic violence. Through a joint response by CHPD, ACFP and CPS to Law Enforcement, calls and CPS referrals regarding domestic violence are coordinated so that children are provided with effective, immediate, and ongoing services to help keep them safe, violence-free, and on the path to recovery from the effects of domestic violence. Additionally, a designated CPS social worker, who is well trained in domestic violence, has an office located in ACFP. The presence of a CPS social worker in ACFP is breaking down barriers to needed services for adult victims of domestic violence. *(Information taken from 5/19/15 BDL response)*
- c. The Executive Management Team completed domestic violence training on August 27, 2014 followed by Emergency Response staff on August 28 and 29, 2014. Training occurred for Permanency Staff on September 18, 23, 24, 2014. Domestic Violence training is an ongoing component of Cohort Training for New Social Workers.

The following domestic violence resources, to be used as a guide for critical thinking, were developed, trained to, and provided to staff during the training dates outlined above:

- Domestic Violence Intervention Sheet and Safety Plan
- Domestic Violence Field Sheet

### **2) Ongoing staff training on dispositions**

- a. Disposition Trainings took place with Emergency Response, Informal Supervision and Court Services in August and September 2016. Additionally, Disposition Training for New Social Workers occurred in November 2016 and is an ongoing component of Cohort Training for New Social Workers.
- b. A pilot project introducing Disposition Trees was developed in June 2014 as an additional critical thinking resource. The trees were developed as a mechanism to clarify penal code definitions concerning child abuse and neglect and to adequately apply the information to referral dispositions.

### **3) Consideration of all CPS history when evaluating a case**

- a. The review of prior case history in CWS/CMS was included in the ER Supervisory Academy which took place in August in 2014. The Academy emphasized the importance of reviewing prior case history by gathering relevant documents and reports and using this information during the investigation. Further importance was focused on the use of case discussion within units.



- b. The ER Supervisors Academy reiterated the importance of not only looking at prior case dispositions, but reviewing prior case reports to identify potential patterns of behavior that are indicative of abuse and neglect.

**4. Evaluating the child holistically, considering the risk of harm to a child when developing Safety Plans, including risks associated with drug use, mental health, and domestic violence;**

- a. The Emergency Response Policy & Procedure was strengthened and these factors are specifically delineated in the Safety Plan and the Family Safety Planning Policy & Procedure that was updated (1/5/16). Training was provided to all social workers on this policy in January and February 2016.
- b. Field Resources were developed for social workers to address safety related issues regarding drug use, mental health, and domestic violence as outlined below:
  - Domestic Violence Intervention Sheet and Safety Plan
  - Domestic Violence Field Sheet
  - Alcohol and Drug Services Interview Guidelines
  - Safety Planning Considerations with Victims and Children

**5. Progressive intervention and consequences for parents.**

- a. The Informal Supervision Policy and Procedure has been updated, clearly outlining the following:
  - Expectations for closure,
  - Assessment of a parent's progress
  - Intervention strategies when faced with parental non-compliance
- b. Emergency Response Program Managers conduct case reviews for all referrals that have "very high" SDM risk assessments prior to closure to ensure all safety factors have been addressed, all interventions align with the assessment, and safety threats have been mitigated.
- c. Program Planners conduct case reviews with all Emergency Response staff, reviewing decision points on cases where a fatality or near fatality occurred. Highlights and discussions involve consideration of all CPS history, dispositions, progressive intervention, safety planning, critical thinking, and decision making. These case reviews and on-going discussions occur in small sessions with a supervisor and his/her direct reports.



### **Additional Information Requested**

#### **1. Number of children/youth currently in foster placement**

- 2,095 youth in out-of-home placement as of 1/9/17

#### **2. Number of children/youth currently in relative placement**

- 664 youth in relative/NERFM placement as of 1/9/17

#### **3. Previously reported 567 certified FFAs and 383 County licensed foster homes located in Sacramento County: about how many beds does this represent (how many children/youth can be served?)**

- Count of homes certified to Foster Family Agencies: 587
  - Includes homes located in and outside of Sacramento County
  - Database (School Connect Database) does not provide the total number of beds
- Count of Sacramento County licensed foster homes: 392
  - Total number of beds: 778

#### **4. Number of children/youth in foster placement, relative placement, and group home placement receiving mental health services (#'s for each category would be great, if possible)**

- Of the 2,095 youth (0 – 17) in out-of-home placement as of 1/9/17, 446 are currently receiving mental health services.
  - 660 youth are in an FFA home, 161 receive mental health services
  - 181 youth are in a county licensed home, 45 receive mental health services
  - 664 youth are in relative/NERFM placement, 91 receive mental health services
  - 232 youth are in group home placement, 125 receive mental health services
- The remaining 358 children in out-of-home placement are in a guardian home, resource family home, court or tribe specified home, non-foster care, or a small family home.
  - Of these, 24 receive mental health services.

#### **5. Number of WRAP slots available**

- 201 Wrap contracted slots within BHS - distributed among 4 providers

#### **6. Average wait time from referral (for CPS dependents) to first face-to-face appointment**

- Standard is 10 business days from CPS dependent referral to first face-to-face appointment