

**Sacramento County
California Child and Family Services Review
County Self Assessment**



County Self Assessment Report:

Submitted May 1, 2012

Sacramento County Department of Health and Human Services

Sacramento County Probation Department

Submitted to the California Department of Social Services

**California's Child and Family Services Review
County Self-Assessment Cover Sheet**

County:	Sacramento County
Responsible County Child Welfare Agency:	Department of Health and Human Services, Child Protection Services Division
Period of Assessment:	2008-2011
Period of Outcome Data:	2008-2010
Date Submitted:	1/10/12

COUNTY CONTACT PERSON FOR COUNTYSELF-ASSESSMENT

Name & title:	Laura Williams
Address:	925 Del Paso Blvd, Sacramento, CA95815
Phone:	916 874-5080
E-mail:	williamslau@sacounty.net

CAPIT/CBCAP/PSSF Liaison

Name & title:	Nancy Marshall
Address:	925 Del Paso Blvd, Sacramento, CA95815
Phone:	916 874-2796
E-mail:	marshallN@sacounty.net

Submitted by each agency for the children under its care

Submitted by:	CPS Deputy Director
Name:	Michelle Callejas
Signature:	

Submitted by:	County Chief Probation Officer
Name:	Don Meyer
Signature:	

In Collaboration with:

County & Community Partners	Name(s)	Signature
Board of Supervisors Designated Public Agency to Administer CAPIT/CBCAP/PSSF Funds	Michelle Callejas	
County Child Abuse Prevention Council	Sheila Boxley	
Parent Representative	Deyanira Galvez	

As Applicable¹

Name(s)

County Adoption Agency (or CDSS Adoptions District Office)	Stephanie Lynch
Local Education Agency	Alyson Collier, Ginger Swigart, Charlene Hunt, Margaret Jones, Becky Muta

Board of Supervisors (BOS) Approval

BOS Approval Date:	1/10/12
---------------------------	---------

Name:	Don Nottoli, Chair
Signature:	

Many individuals contributed to the development and completion of the self-assessment process. In addition to direct contributions to this report, the suggestions and comments of others have been invaluable in this effort.

With regards to the funding provided through the Office of Child Abuse Prevention, the Child Abuse Prevention Council signs off on the overall plan that includes Promoting Safe and Stable Families (PSSF), Child Abuse Prevention, Intervention and Treatment (CAPIT,) and Community-based Child Abuse Prevention (CBCAP) Funds. Monthly reports about services provided are presented to the council.

Required Core Representatives

Name	Affiliation
Sheila Boxley Stephanie Biegler Gina Roberson	Child Abuse Prevention Council, also acting as Children's Trust Fund Commission
Elizabeth Sterba	Children's Trust Fund Commission via Sacramento County Children's Coalition
Nancy Marshall	CAPIT/CBCAP/PSSF Liaison
Board of Supervisors Designated Public Agency to Administer CAPIT/CBCAP/PSSF Funds	Michelle Callejas
Luis Villa	DHHS, CPS Division
Sharon Saffold	Sacramento Public Health Division
Pam Gressot, Albert Titman	Sacramento Mental Health Division
54 responded to a survey	CPS administrators, managers, and staff
Amanda Coronado	Buena Vista Rancheria of MeWuk Indian Tribe
14 attended a Focus Group	Parents
18 attended a Focus Group	Probation Administrators, supervisors, and officers
Sheila Boxley	Family Support Collaborative
52 FFAs	Resource Families and Care Givers
Chloe Walker	Youth Representative

Recommended Stakeholders

Name	Affiliation
Maria Morfin and 14 other AOD providers	DHHS, Alcohol and Drug Division
Gini Moulfeir	Court Appointed Special Advocates
Olivia Balcao	Alta Regional Center
Margaux Rooney	Domestic Violence Provider
Alyson Collier, Ginger Swigart, Charlene Hunt, Margaret Jones, Robert Sanger, Becky Muta	Education
Stacy Boulware-Eurie, Paul Seave, Carol Chrisman, Dean Petersen, Jorge Akagi	Dependency/Juvenile Court Bench Officer and court staff
Jeff Reinl	Law Enforcement
Lori Green	Deputy District Attorney
David DeLuz	Urban League
57 responded to a survey	Service Providers
Elaine Ellers	Teen pregnancy prevention

Dorothy Willborn, Maynard Johnson, Michelle Ornelas-Knight, Anthony Urquiza	Medical Providers
Gladys Deloney, Janine Braun	Department of Human Assistance
Rachel Raymond, Traci Lee	Legal providers
Karen Grace-Kaho	Foster Care Ombudsman

Table of Contents

A.	Introduction	6
B.	Demographic Profile Outcomes Data (Foster Care and General Population)	7
B.1.	Sacramento County	8
B.2.	Child Population by Ethnicity & Age Totals in Sacramento County	8
B.3.	Indian Tribes in Sacramento County	11
B.4.	Sacramento County Education Levels, persons 25 years and older	12
B.5.	Sacramento County Educational Enrollment Totals	12
B.6.	Sacramento County High School Dropout Rates	13
B.7.	Sacramento County Cal WORKS Case Totals	14
B.8.	Sacramento County Unemployment Rate	14
B.9.	Sacramento County Licensed Child Care Waitlist	16
B.10.	Sacramento County Age-Appropriate Immunization Coverage	17
B.11.	Sacramento County Prenatal Care Statistics	18
B.12.	Deaths Due to Child Abuse or Neglect	20
B.13.	Sacramento County Health Insurance Coverage Information	23
B.14.	Sacramento County Low Birth Weight and Teen Pregnancy Statistics	24
B.15.	Child Welfare Service Participation Rates	26
B.16.	Juvenile Probation Participation Rates-point in time April 1, 2010	31
C.	Public Agency Characteristics	33
C.1.	Size and Structure of Agencies	33
C.2.	County Government Structure	34
D.	PQCR Executive Summary	42
E.	Outcomes	44
F.	Systemic Factors	82
F.1.	Relevant Management Information Systems	82
F.2.	Case Review System	83
F.3.	Foster Parent Licensing, Recruitment and Retention	87
F.4.	Quality Assurance System	93
F.5.	Service Array	99
F.6.	Staff/Provider Training	111
F.7.	Agency Collaborations	113
G.	SIP Executive Summary/Summary Assessment	123
H	Appendix	129
1	CPS Organizational Chart	129
2	Probation Organizational Chart	130
3	Birth and Beyond Family Resource Centers	131
4	Judicial Review and Technical Assistance Project Title IV-E Site Visit—Dependency, 1/3/11	132

A. Introduction

California Assembly Bill 636 (Chapter 678, The Child Welfare System Improvement and Accountability Act of 2001) established the Child Welfare Outcomes and Accountability System to (a) improve child welfare services for children and their families in California and (b) provide a system of accountability for outcome performance in each of the state's 58 counties. The process for achieving these two broad objectives is the California Child and Family Services Review (C-CFSR). The process includes both quantitative (Self-Assessment) and qualitative (Peer Quality Case Review¹) assessment of a county's performance on measures of child safety, permanency and well-being. The results of the assessments support the development of a System Improvement Plan (SIP) that establishes measurable goals for system improvement and presents strategies for achieving those goals. The C-CFSR process also includes ongoing monitoring of system improvement efforts using quarterly reports of data extracted from the Child Welfare Services/Case Management System (CWS/CMS).

The C-CFSR specifies eight child and family outcomes for which counties are accountable and that are the central focus of the self-assessment process. In the assessment, the county reviews its performance in each area and identifies its strengths and the areas needing improvement. The outcomes are the following.

1. Children are, first and foremost, protected from abuse and neglect.
2. Children are safely maintained in their own homes whenever possible and appropriate.
3. Children have permanency and stability in their living situations without increasing re-entry to foster care.
4. The family relationships and connections of children are preserved as appropriate.
5. Children receive services adequate to meet their physical, emotional and mental health needs.
6. Children receive services appropriate to meet their educational needs.
7. Families have enhanced capacity to provide for their children's needs.
8. Youth emancipating from foster care are prepared to transition to adulthood.

B. Demographic Profile and Outcomes Data (Foster Care and General Population)

This section provides an introduction to the County Data Report and Children's Report Card, which serves as the basis for the county self-assessment review. In addition, the section contains a description of the demographics of Sacramento County, including families, children, and youth. The demographic information provides the reader with an understanding of the context in which Sacramento County's child welfare services are provided. The analysis of the data was provided by several sources including; surveys of staff and service providers and focus groups.

County Data Report

Quarterly Outcome and Accountability County Data Reports published by the California Department of Social Services (CDSS) in collaboration with University of California Berkeley provide Federal and State program measures that serve as the basis for county self- assessment reviews. These measures are used to track performance in child welfare services over time. The intent of the system is for each county, through their self-assessment review, to determine the reasons for their current level of performance and to develop a plan for measurable improvement.

The County data report supporting this self-assessment is from October 2010. The measures within the report are grouped into five general categories of outcome measures. They are: Child Welfare Services Participation Rates; Outcome Indicators; Process Measures; and Caseload Demographics. An analysis of each of the measurements is contained in Section E.

The data source for these reports is the Child Welfare Services/Case Management System (CWS/CMS). The accuracy of the information derived from CWS/CMS is continuously improving.

Sacramento County Children's Report Card

In addition to the County Data Report, the 2011 Sacramento County Children's Report Card was also reviewed as a valuable resource in putting our county in context. This is the sixth edition of the Report Card. It presents data on 40 different indicators of childhood health and well-being in the areas of demographics, education, family economics, health, safety, and social and emotional well-being. The Sacramento County Children's Coalition has designed the Report Card to serve as a foundation for:

- Guiding policy development;
- Setting goals for improvement;
- Tracking changing conditions;
- Supporting allocation of resources; and
- Promoting community responsibility for positive change.

Other important sources of demographics for this report include the Sacramento County Child Death Review Team and the Birth & Beyond 3 year Report FY07-08 and 09/10.

B.1. Sacramento County:

Sacramento is the 8th most populous of the 58 California counties. The United States Census Bureau estimates that the total population of Sacramento County in 2010 was 1.4 million. Females comprised 51 percent of the population and males comprised 49 percent of the population. The 2011 population estimate for Sacramento County is 1,468,552. The overall population for Sacramento County increased by nearly 200,000 (192,477) residents between 2001 and 2010, a 15.5% increase. The County's growth has been slightly greater than the State (14.1%) over the past decade.

Age Distribution: 26 % (376,711) of the population was under 18 years of age. 12% (177,889) were ages 18 years through 25 years of age. The remaining 62% of people in Sacramento County were over 25 years of age in 2011. Of the children under the age of 18 years living in Sacramento County, 33% were 0 through 5 years of age; 33% were age 6 through 11 years of age: and 34% were 12 through 17 years of age.

Table 1 shows the growth in each population group. Children and young adults increased 28.9% in the 10-year interval.

Table 1 Population Projections for Ages 0 through 25 Sacramento County 2001 and 2011

Age	2001	2011	Percent Change 2001-2011
Total Population	1,271,540	1,468,552	15.5%
0 through 3	73,086	82,289	12.6%
4 and 5	38,153	40,550	6.3%
6 through 11	124,629	126,052	1.1%
12 through 17	116,759	127,820	9.5%
18 through 25	138,048	177,889	28.9%
Total Under 25	490,675	554,600	13.0%

Source: California Department of Finance

B.2. Child Population by Ethnicity & Age Totals in Sacramento County:

Table 2A below presents the racial profile of Sacramento residents under the age of 25. Table 2B shows the foster care entries for September 2011 by race/ethnicity and age. Table 2C presents a the race/ethnicity for one quarter of foster care entries.

Sacramento has substantial populations of Hispanic (20.8%), Asian (12.7%), and African American (9.4%) children and young adults. Children under 3 years of age are most likely to enter care (Table 2B) and Table 2C shows the disproportionality of African American children in care.

Table 2A Population by Race/Ethnicity Sacramento County 2011

	Under 25	Percent Under 25	Total Population	Percent of Total Population
African American	56,638	10.6%	138,100	9.4%
American Indian	2,961	0.6%	10,570	0.7%
Asian	69,198	13.0%	186,641	12.7%
Hispanic	137,663	25.6%	305,210	20.8%
Multirace	39,294	7.3%	65,531	4.5%
Pacific Islander	5,246	1.0%	13,639	0.9%
White	222,772	41.9%	748,861	51.0%

Source: California Department of Finance

**Table 2B: Children Entering Foster Care
Age and Ethnicity - September 2011**

Age	Caucasian	African American	Hispanic	Asian / Pacific Islander	Native American	Not Defined	Total
0	7	12	8	2		1	30
1	4	8	2				14
2	1	2					3
3	4	6	2				12
4	2	3	2				7
5		3	3				6
6	3	7	2			1	13
7		3					3
8		2	1			1	4
9		3	1				4
10		2	1				3
11	1	4	2				7
12		3	1				4
13	1	1	4				6
14	3	2	2				7
15	1	2	1				4
16	1	3	1				5
17	4	1	2				7
Total	32	67	35	2	0	3	139

Source: SafeMeasures DataBook

**Table 2C: Foster Care Entries by Ethnicity
July 2011 - September 2011**

	Caucasian	African American	Hispanic	Asian / Pacific Islander	Native American	Not Defined	Total
FY 2010/11 Averages	47	39	20	6	4	4	120
FY 2010/11 % of Total	39.3%	33.0%	16.6%	5.3%	2.9%	2.9%	100.0%
July 2011	34	23	16	4	1	6	84
August	41	41	28	4	0	2	116
September	32	67	35	2	0	3	139
Jul. - Sept. Averages	36	44	26	3	0	4	113
Jul. - Sept. % of Total	31.6%	38.6%	23.3%	2.9%	0.3%	3.2%	100.0%

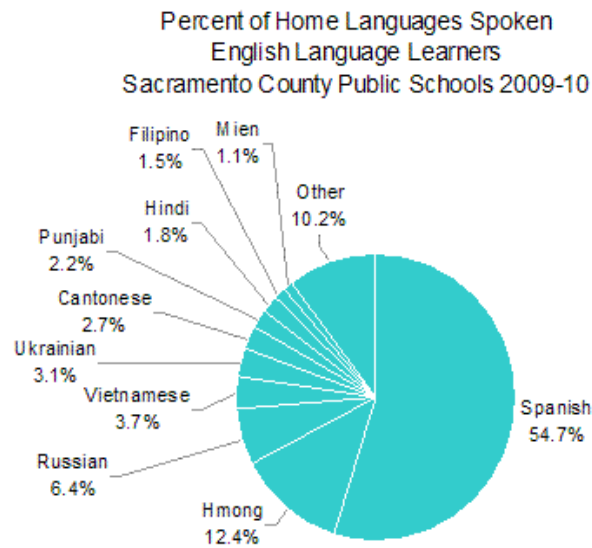
Averages are monthly averages.

Source: CWS/CMS

Language: The United States Census Bureau Community Survey 2009 reports that in Sacramento County 30 percent of people at least five years of age spoke a language other than English at home. Of these people, 44 percent spoke Spanish and the remainder spoke some other language.

There are more than 50 different languages spoken in the homes of Sacramento County students. Although Spanish is the most common language other than English spoken at home, there are 6 different languages spoken by at least 1,000 students. Sacramento County has heavy concentrations of Hmong, Russian, Ukrainian, Hindi, and Mien speakers, as compared to elsewhere in the state.

Figure 1



Analysis for Basic Demographics:

- The population of Sacramento County continues to increase at a time where funding for services are decreasing. Sacramento County has strong prevention and collaboration efforts such as the Family Support Collaborative in place to leverage any dollars that are received in order to maximize services. Despite this there continues to be a challenge to providing services across the board to a growing number of families in need. In addition to struggling with the current economic climate, families are challenged by accessing mental health, substance abuse, and public health services within the community. These services, and other services, have been affected by budget cuts over the last few years.
- As of December 2011, Sacramento CPS employs 56.8 FTE special skill social workers, who have either cultural and/or language expertise. Before the October 2009 layoffs, 13 additional special skill social workers were employed.
- Cultural disparities continue to exist in our county. African Americans make up 10% of the population but are overrepresented in the child welfare population. The CSA discussion with staff, and focus groups with biological parents during the PQCR, revealed that there is a long-standing history of mistrust, resulting in the lack of accessing of mental health and substance abuse services by the African American Community. A Blue Ribbon Commission has been set up to address cultural disparities in African American child deaths. A final report will be

submitted to the Board of Supervisors in 2013.

- Surveyed parents felt that there was a bias against African American families and that if they live in low-income neighborhoods, there is a lack of resources to support their families. There was a general feeling by families that there is institutionalized racism within the major service providing agencies such as CPS. Surveyed parents shared the following:
 - “The importance of having a translator on site during the questioning and investigating ...they should hire more bi-lingual staff but you should be able to speak English WELL too. “
 - Non-English speaking families that need services suffer because there are so many different dialects so even when they speak a different language they won’t know about the resources in the community. Also be culturally aware as well.” There was a consensus that workers should be bi-lingual and bi-cultural.
- Language barriers are most difficult when discussing medical issues.
- The non-profit and public agencies strive to provide services that are culturally competent for all ethnicities. Child Welfare has "special skills" workers and cultural workers in recognition of the needs of these populations. Unfortunately there is a lack of these workers, and for some cultures such as Hmong, they don't exist. During the current layoffs, it was found that special skills workers are in a different classification than other social workers, are unable to change classifications once they become "special skills" workers, and have limited ability to promote. As a result, there will be a barrier moving forward in recruiting these much needed workers. The Department is revisiting Title 21 requirements.
- The utilization of AmeriCorps members in prevention services has been a unique approach to recruiting a wider population of service providers. AmeriCorps members are recruited from within the communities they serve and reflect the culture and language of the resident service population.
- The Probation Department has a diverse work force which serves families. The Sacramento Assessment and Treatment Facility (SATC) has flyers in different languages including Punjabi, and Russian.
- Sacramento County contracts with a number of community based organization to provide translation. In addition, both agency and community-based services utilize a phone system for translation.
- Culturally appropriate, local resources throughout the county for the continuum of child abuse, prevention, intervention and treatment continues to be an unmet need, which is being partially met by the Birth & Beyond program which serves families with children 0-5 years of age in their eight service areas. See Appendix 3 for a listing. The Birth & Beyond staff and AmeriCorps members reflect the ethnic/linguistic diversity of the population they serve.

B.3. Indian Tribes in Sacramento County

The Buena Vista Rancheria of Me-Wuk Indians is the federally recognized tribe in Sacramento County. Sacramento County works in collaboration with the Tribe to improve services for Native American children and families.

B.4. Sacramento County Education Levels, persons 25 years and older. (Source: U.S. Census Bureau, 2005-2009 American Community Survey)

Sacramento County has 15 school districts including one post-secondary school district with six school campuses. The primary and secondary public school students in Sacramento County are served by 14 independent districts, including educational services for special populations (special education, court schools, and community schools).

Educational Attainment - The United States Census Bureau studied the educational attainment of Sacramento County residents 25 years of age and older. As shown in Table 3 below, 27.5% of the adults 25 years of age or older had achieved a bachelor’s degree or more advanced degree. 36% of the population included had attained an associate’s degree or had attended some college without attaining a degree. 85% of this population had graduated high school, and 15 percent had less than a high school diploma.

58.9% of students participated in subsidized school lunch programs in 2010/2011. This number is related to the high level of child poverty in Sacramento County.

	Total	African American	American Indian	Asian	White	Hispanic any Race
Total Population 25 and Older	907,740	80,812	9,343	125,828	594,010	151,100
No High School Diploma	14.9%	12.6%	26.4%	22.1%	11.2%	36.3%
High School Graduate	21.4%	22.0%	25.0%	16.6%	22.2%	22.0%
Some College	27.3%	39.5%	25.4%	15.6%	28.1%	22.9%
Associate Degree	9.1%	9.3%	9.5%	8.7%	9.6%	5.4%
Bachelor's Degree	19.0%	10.3%	7.7%	28.0%	19.7%	9.4%
Graduate Degree	8.5%	6.4%	5.9%	9.1%	9.3%	3.9%

Source: U.S. Census, 2009 American Community Survey
 Data Note: Table does not include "Other" or "Two or More Races". Information was unavailable.

Special Education class -

- More than 26,000 (26,233) students in Sacramento County

Public Schools are enrolled in special education classes or receive special education services in full inclusion classrooms.

B.5. Sacramento County Educational Enrollment Totals (Source: California Department of Education Demographics Department for 2008 - 2011 School Years <http://dq.cde.ca.gov/dataquest/> Rate Per 1000 for enrollment in K-12 and special education.)

Number of children attending school –

- Total public & private school 09/10 enrollment is 258,559
- The student population in both public and private settings remained stable since 2005 despite a 9.5% growth from 2001 to 2011 (Table 1)
- Since 2000, the number of charter schools and their enrollment has increased annually. In 2009, there were a total of 35 charter schools in Sacramento County with an enrollment of 18,747 students
- 13% (30,938) of public school students attended alternative education classes, an increase of 171% from 2000.

B.6. Sacramento County High School Dropout Rates (Source: California Department of Education)

Children leaving school prior to graduation:

- Sacramento County has seen three consecutive years of decreased graduation rates (Table 4.)
- The graduation rate in Sacramento County is currently comparable to statewide (Table 4.)
- For the class of 2009, more than one in five students (22.1%) in Sacramento County did not graduate and more than 4,220 students dropped out between 9th grade and graduation day.

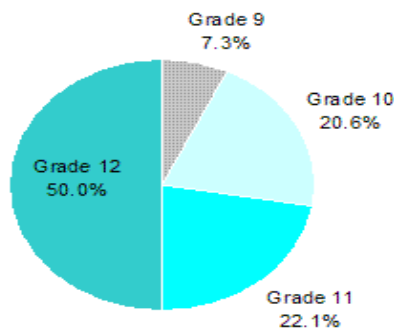
	2006-07	2007-08	2008-09
Sacramento County	80.4%	78.8%	77.9%
California	80.6%	80.2%	78.6%

Source: California Department of Education

	2006-07	2007-08	2008-09
Sacramento County	23.5%	21.4%	23.3%
California	21.1%	18.9%	21.5%

Source: California Department of Education

Figure 2 Percent of Dropouts by Grade Level
Sacramento County Public Schools 2008-09 Cohort



Source: California Department of Education

Analysis for Education:

- It is uncertain why there is a decrease each year in high school graduation. The CSA discussion noted that with an increase in unemployment, poverty, transportation difficulties, and such a diverse population that high school graduation is not a priority for many families.
- Staff note there also appears to be a decrease in tolerance for certain behaviors in the schools and an increase in expulsions.

B.7. Sacramento County Cal WORKS Case Totals

Number of families receiving public assistance (Cal Works) -

- More than 388,000 unduplicated Sacramento County residents relied on some form of publicly funded support in 2010. This amounts to 27% of our population.
- The number of unduplicated individuals receiving public aid or assistance has increased by 23% since 2006.

Programs	2006	2007	2008	2009	2010
CalWORKs	109,243	109,814	117,443	122,839	126,400
CAPI	1,404	1,505	1,543	1,459	1,353
Foster Care	10,970	10,947	10,783	10,736	9,966
General Assistance	13,953	16,481	20,492	23,112	21,333
KinGap	647	640	648	662	675
Medi-Cal - Non Cash Linked	206,062	203,052	206,566	215,005	226,307
Non-Assistance CalFresh	91,263	106,438	114,498	139,249	162,895
Refugee Cash Assistance	515	368	351	469	467
*Total Recipients by Program	434,057	449,245	472,324	513,531	549,396
**Total Unduplicated Recipients	314,918	319,897	399,615	364,469	388,105

Data Notes:

* Within each program a recipient is counted once in the period identified (calendar year). An individual may be a recipient of more than one program.

**An individual is counted only once, regardless of the number of services they received.

Source: Sacramento County Department of Human Assistance

B.8 Sacramento County Unemployment Rate

- In December of 2010, 84,600 residents were unemployed (12.6%).
- In 2010, unemployment by month fluctuated between 12.1%

	2005	2006	2007	2008	2009	2010
Sacramento County	5.0%	4.8%	5.4%	7.2%	11.3%	12.8%
California	5.4%	4.9%	5.3%	7.2%	11.4%	12.4%
National	5.1%	4.6%	4.6%	5.8%	9.3%	9.6%

Source: California Employment Development Department, Labor Market Information Branch
National data from the Bureau of Labor Statistics

and 13.1% in Sacramento County.

- Unemployment has more than doubled since 2005.
- Sacramento County has maintained a similar unemployment pattern to the State of California, both of which are higher than the nation.
- According to the California Budget Project, the average unemployed Californian in 2010 had been searching for work for eight (8) months.
- In Sacramento County (2009) 73.3% (43,016) of Single-Parent families with children under 18, earned less than \$50,000 annually; 33.8% (19,840) earned less than \$20,000 annually.
- In 2009, the median household income in Sacramento County was \$56,799
- The California Budget Project calculated that a single parent household would need to earn more than \$57,000 per year to maintain self-sufficiency. Falling short of this amount most likely means that the household must rely on some form of supplemental assistance.
- The median family income for a married couple is more than double the median income for a single parent household.
- The median income for single-parent households is substantially below a self-sufficient wage.
- The median family income for a single-mother household is less than 200% of the Federal Poverty Level for a two person household.
- 31,676 families lived below poverty in Sacramento County in 2009.
- 17.5% of families with children in Sacramento County live below poverty (up from 14% in 2007).
- The percent of families living below poverty is higher in Sacramento County than in the State (15.8%). Married – Below Poverty level = 9.8%, Single – Below Poverty level = 30%
- Between 2007 and 2009, 5,764 Sacramento County families (with children under 18) slipped below poverty level income.
- Single parent families are 2 to 3 times more likely to live in poverty than two-parent families.

Table 8 Median Family Income by Family Type
Families with Children Under 18
Sacramento County and California 2009

	Sacramento County	California
Married Couple	\$78,081	\$79,044
Single-Father	\$36,274	\$37,742
Single-Mother	\$27,147	\$27,205

Source: U.S. Census Bureau, 2009 American Community Survey

Analysis for Unemployment and Poverty

- There is long standing generational and systemic poverty in Sacramento County. Almost 60% of all children receive subsidized lunches. Unemployment rates are increasing and this puts more families in poverty.
- Unemployment has ripple effects throughout the county: the demand for licensed child care has decreased. This was a concern expressed during the CSA as possibly parents are putting their children in unlicensed, unmonitored, and unsafe child care situations.

- The main industry in Sacramento is government, which continues to have layoffs.
- It is also anticipated that unemployment and poverty rates are underreported due to the number of migrant farm workers. It is difficult for migrant workers to access services. Many are mistrustful of government agencies.
- Prevention services attempt to meet the needs of many families, including migrant families. 37.9% of families served by the Birth & Beyond program are Hispanic. Of the 10,116 primary languages spoken by families served, Spanish was the primary language.
- The Birth & Beyond program provides much needed services for families living in poverty, home visitation services often included crisis intervention, links to basic needs, including referrals for transportation, parenting and food resources. However, the program lost one site, in Arden Arcade, due to funding reductions. Annual data needs assessments are completed to ensure that the communities being served are still the most appropriate in terms of need.
- A wide range of services are needed, and to some extent, provided for families living in poverty, including transportation, and home visitation. These services are partially being provided by the First 5 Sacramento's funding of the Birth & Beyond program for families with children 0-5 years of age in their eight service areas. As an example of the increase in need for transportation services, the B & B program has seen an increase from providing 5,779 transportation services in FY09/10 to 8,313 one-way transportation services in FY10/11.

B.9. Sacramento County Licensed Child Care Waitlist (Source: The Annie E. Casey Foundation, KIDSCOUNT Data Center, datacenter.kidscount.org.)

- Number of Children on childcare waitlist: 3,077 for 2010
- Childcare centers: 487 providers with capacity of 33,901 slots
- Family Child Care: 2,222 providers with capacity of 20,902 slots
- Between 2006 and 2010 Family Child Care Homes decreased by nearly 600 providers (21%), and the total capacity decreased by 18% or more than 4,500 spaces for children.
- The total number of childcare spaces available has decreased by 8% since 2006.
- In 2008, the California Child Care Portfolio reported that licensed child care capacity served 36% of Sacramento County's children with parents in the workforce.

Analysis for Decrease in Licensed Child Care Facilities:

- There has been a decrease in the demand for childcare with the unemployment rate increasing. Additionally, a lot of providers are aging out.
- Many parents are forming informal relationships with other families and not putting their children in licensed homes, instead with friends etc. This trend was a concern for the CSA process.
- Child Action funding contracted through Sacramento County was discontinued due to 71J provisions. 71J is a provision of the Sacramento County Charter which prohibits contracting for work that County employees do unless the Board of Supervisors makes specific fundings such as cost effectiveness or efficiency. Contracted employees must be laid off before County employees doing the same type of work are laid off. As a result, new processes and staff training had to occur. Child Care Providers had to wait 6-8 months for payment and many to close their doors.
- Many families have moved back in with grandparents. It was identified by the Probation Department that services for grandparents were an unmet need in the community. There are few services available. Surveyed parents felt overwhelmingly that grandparents are the best placement for children if they have to be out of the home of the parent.

B.10. Sacramento County Age-Appropriate Immunization Coverage (Source: State of California Department of Public Health, Center for Infectious Disease Division, Department of Communicable Diseases, Immunization Division, Childhood Immunization Coverage 2006-2008 Report.)<http://www.cdph.ca.gov/programs/immunize/Documents/ChildhoodImmunizationCoverageCA2006-08.pdf>

- Slightly over 89% of children are receiving age-appropriate immunizations (see Table 9).
- 74.4% of 0-24 months up to date on immunizations.
- The North Central Valley Region (San Joaquin, Stanislaus, and Sacramento Counties) has one of the lowest full immunization rates in California. Only the Central Valley and the Rural Northern County Regions have lower rates.

Vaccination Coverage in Sacramento County	Children 2-4 years old with vaccinations*	%Of Total Enrollment	Children 4-6 years old with vaccinations*	%Of Total Enrollment
2006-2007 School Year	15106	90.9	17105	89.8
2007-2008 School Year	14986	92.9	14482	89.2

*Definition: Estimated vaccination coverage with all required immunizations among children ages 2-4 over 11 months in county licensed child care and children ages 4-6 in kindergarten.

B.11. Sacramento County Prenatal Care Statistics (Source: California Department of Public Health)

Table 10 Percent Prenatal Care During First Trimester by Race/Ethnicity
Sacramento County and California 2001-2009

	2001	2003	2005	2007	2009
California	85.4%	87.3%	85.8%	81.1%	81.3%
Sacramento County	81.1%	82.5%	80.8%	76.7%	79.1%
White	84.6%	86.2%	84.9%	80.1%	82.4%
Hispanic	77.9%	79.0%	78.2%	74.2%	77.3%
Asian	74.9%	79.8%	78.8%	76.6%	77.4%
Pacific Islander	65.4%	62.8%	66.8%	59.8%	59.7%
African American	77.5%	80.3%	76.3%	73.2%	74.9%

Source: California Department of Public Health

- 79.1% of pregnant Sacramento County women seek prenatal care in the first trimester, and 17.7% received care in the second trimester (For a total of 96.8% for the first and second trimesters).
- The percent of pregnant women receiving prenatal care in the first trimester has decreased in the past 10 years.
- The percent of women receiving first trimester care has been consistently lower than statewide.
- Non-white mothers are less likely to receive first trimester prenatal care than white mothers.

Analysis for Prenatal Care:

- The percent of pregnant women receiving prenatal care in the first trimester has decreased in the past 10 years. The percent of women receiving first trimester care has been consistently lower than statewide. Many feel there is fear of seeking prenatal care which will get the court involved if they test positive for drugs. Some feel there is a culture of not knowing they are pregnant in the first trimester. Additionally there has been a decrease in the number of small clinics in neighborhoods. Community services have pulled outreach back in to larger clinics.
- Undocumented Mothers are concerned that they will get reported to ICE. Pregnant teens frequently fear of telling parents and don't with the inevitable, frequently wait until they are showing at 25 or 26 weeks. Schools are doing less "Family Life" classes. To make sure the STAR testing goals are met, they have decreased this curriculum; they can't afford the time any more.
- Surveyed families shared that the process to get health insurance is too difficult and too long; might take 2-3 months. Additionally parents may not know they qualify for Medical or they may feel the co-pay is too high. They also noted that some conceal their pregnancies from CPS due to a fear that their kids will be removed.

Table 11 Infant Mortality Rates by Race/Ethnicity
Rates per 1,000 Live Births
Sacramento County 2001-2008

	2000-2002	2001-2003	2002-2004	2003-2005	2004-2006	2005-2007	2006-2008
African American	12.7	13.4	12.8	14.1	13.0	11.9	11.3
Asian/Pacific Islander	5.1	4.4	4.2	3.8	4.0	4.9	5.9
White	5.4	4.8	4.5	4.2	4.8	5.7	5.4
Hispanic	4.9	5.2	5.1	4.8	4.8	3.9	4.4

Source: California Department of Health and Human Services, Health Status Profile 2010

- Infant mortality rates have seen fluctuations, but no consistent improvement or decline over the past decade. As is the case nationwide, infant mortality rates are much higher in the African American community than in any other race/ethnicity.
- Infant mortality serves as an indicator of a population’s over-all health, education, and socioeconomic status.
- Infant mortality rates reflect the health of the mother and general well being of the family unit. The variations in these rates can indicate the general well being of specific populations.
- Infant mortality rates for African Americans are more than double that of any other race/ethnicity.
- In Sacramento County (2009) 6.9% of all live births were low birth weight babies. (1,406 births)
- According the Child Death Review Team Twenty Year Report, infants consistently represent the population with the highest mortality rate and frequency of death while representing only 6% of the general child population. The leading causes of death are perinatal conditions (47%0, Congenital Anomalies (20%), SIDS 915%), Undetermined (4%), Infections (3%), and Child Abuse Homicides (2%).
- At least one known risk factor was present in the deaths of 41% of the infants. Specifically, 22% had a family history of prior abuse and neglect, 19% had a family history of alcohol and drug use, and 13% had a family history of violent crime including domestic violence.
- The highest concentrations of infant deaths were in Arden Arcade, Citrus heights, Del Paso Heights, Fruitridge, North Highlands/Antelope, North Sacramento, Oak Park, Rancho Cordova, Rosemont and South Sacramento.
- 20% of infant deaths during the last twenty years were resulting from sleep related deaths. From 2003 to 2006, the number of infant sleep related deaths decreased by nearly half, concurrent with a public education campaign focusing on the importance of infant safe sleeping in specific zip codes with the highest rates of infant sleep related deaths. In mid 2007, when the campaign ended due to lack of funding, the rate began a steady increase. Over 90% of the sleep related deaths were in situations/families with known risk factors including non-infant bed, familial history of alcohol and/or drugs, co-sleeping, prone or side sleeping position, familial history of crime or domestic violence, drug or alcohol involved at time of death, and/or history of poverty, homelessness or public assistance.

B.12. Deaths Due to Child Abuse or Neglect

In 2009, there were 6 Child Abuse and Neglect (CAN) homicides, all of which were Sacramento County residents, out of 154 total child deaths. All 6 CAN homicides were separate incidents. In 2008, there were 12 CAN homicides, including deaths of 11 Sacramento County residents and one out-of-county resident, out of 166 total child deaths. Of the 12 CAN homicides in 2008, there were 11 separate incidents.

Figure 1b below shows the number of CAN homicides from 1997 – 2009. Figure 1c below illustrates the number of CAN Homicides as five year rolling averages of rates from 1997-2009. Using rolling five year averages of rates makes it easier to depict can homicide trends over time. There was a statistically significant decrease in CAN homicides from the 1997 – 2001 period through the 2003 – 2007 period.² In the 2003 – 2007 period through 2005 – 2009 period there has been an increase in CAN homicides.

Figure 3

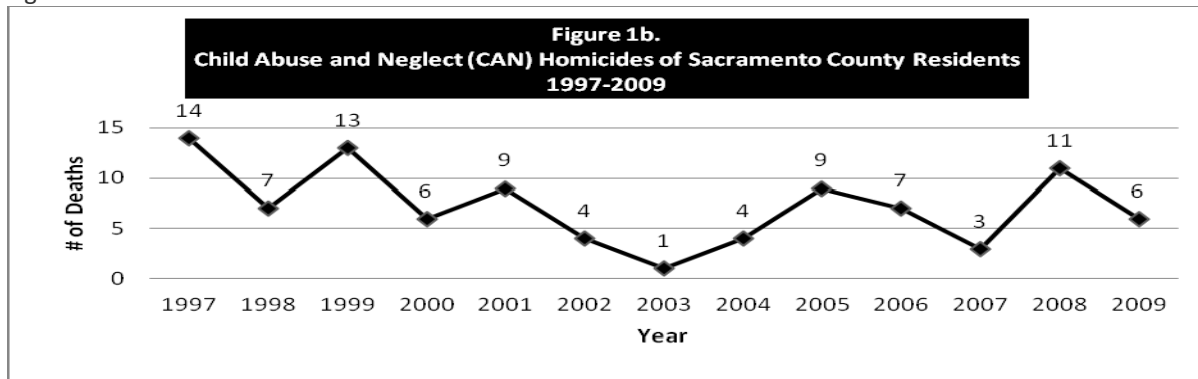
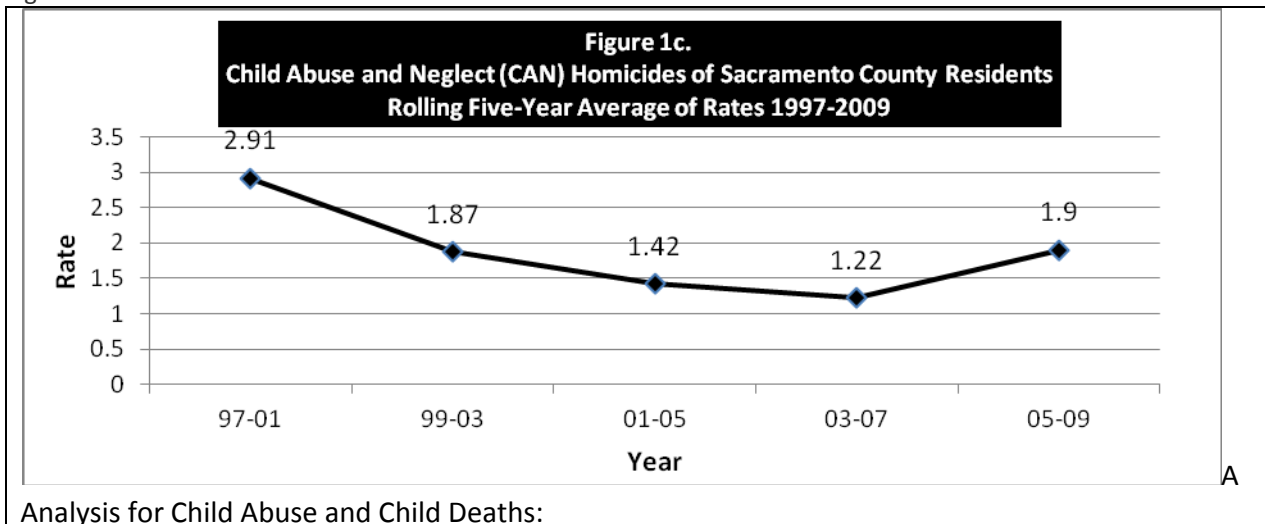


Figure 4



Analysis for Child Abuse and Child Deaths:

²Based on consultation and Poisson regression analyses provided by Dr. Neil Willits, University of California, Davis Statistical Laboratory and consultation with Drs. Cassius Lockett (Sacramento County Department of Health and Human Services) and Steve Wirtz (California Department of Public Health).

- For the past 20 years, Sacramento County’s Child Death Review Team (CDRT) has investigated the death of every child in the County from birth to age 18. This 20-member multidisciplinary team reviews deaths to identify causes and publishes an annual report containing recommendations for improving conditions and preventing future deaths and injuries. During that time, 296 children died of homicides. There are two types of homicides: child abuse and neglect homicides (CAN) which are those where the perpetrator is the primary caregiver and third party homicides which are those where the perpetrator was not the primary caregiver. 53% of the 296 homicides were CAN homicides. Some highlights of the CDRT findings include:
 - From 1999 to 2004, CAN homicides decreased by approximately 2 deaths per year. This was simultaneous to funding for CPS for early intervention services through family maintenance and implementation of evidence based prevention programs including Nurse Family Partnership and Birth & Beyond. Beginning in 2004, the trend line began to increase by just less than one death per year. This change was simultaneous to decreased prevention and early intervention programs.
 - The primary mechanisms for CAN homicides are firearms (16%), battering/beating (28%), shaking (13%), stabbing (4%), suffocation/strangulation (10%), and chronic neglect (9%).
 - The frequency of CAN homicides is greatest in South Sacramento (Valley Hi/Meadowview/Florin), North Highlands, North Sacramento/Del Paso Heights/Hagginwood, Citrus Heights/Organgevale/Fair Oaks, Fruitridge/Stockton Blvd, and Arden Arcade.
 - Infants and children 1-4 years of age comprise 75% of the CAN homicides and 28% of the population.
 - African American children comprise 30% of the CAN homicides and 12% of the population.
 - Sixty percent of the CAN homicide perpetrators are the biological parents.
 - Between 2004 and 2009, there were 1,033 child deaths in Sacramento County. 24% were injury related, and of those 16% were the result of CAN homicides. Of the 39 CAN homicides, 71% have a history with CPS. Of those with CPS history, 9 of 17 decedents had Sacramento County CPS involvement that included cases that were open and closed prior to six months before their deaths and 6 of 17 had open cases with Sacramento County CPS at the time of their death.
 - The leading causes of all child deaths over the last twenty years in Sacramento County were perinatal conditions (29%), congenital anomalies (16%), infant sleep related (12%), homicides (8%), and motor vehicle collisions (7%).
 - Child maltreatment was involved in the deaths of 405 of the 3,633 (11%) Sacramento County resident children who died between 1990 and 2009. Child maltreatment involves acts of commission that are deliberate and intentional; however, harm to the child may or may not be the intended consequence. The largest category of these deaths was neglect.
 - 44% of all child deaths had a known risk factor for the child or in the family history, including prior child abuse, crime, and substance abuse. A history of child abuse and neglect was present in 23% of all child deaths including 36% of third party homicides, 35% of CAN homicides, 23% of preventable deaths, 22% of perinatal condition deaths, 22% of infant deaths, and 15% of suicides.
 - The disproportionate number of deaths of African American children has been a consistent

and troubling finding throughout the history of the Child Death Review Team. From 1990 to 2009 787 African American children died at a disproportionate rate of 98.02 per 100,000 children, compared to Caucasian children who died at a rate of 57.02 per 100,000 during the same time period. During that time, African American children comprised 12% of the child population, but accounted for 22% of Sacramento County's child deaths. Specifically, African American children die disproportionately to their population representation due to third party homicides, SIDS, CAN homicide, and perinatal conditions.

- 20% of youth deaths involved youth ages 10 to 17 years. 57% of all injury related deaths involved youth ages 10 to 17: 100% of suicides, 89% of third party homicides, and 65% of motor vehicle collisions
- It should be noted the definition of death due to child abuse or neglect and the process for making such determinations used by the Child Death Review Team differs from CPS's internal process of identifying child abuse deaths for California Department of Social Services reporting requirements (per SB 39, SOC 826). For this reason, this chart does not reflect the child deaths CPS may have reported to CDSS. For example, in 2006, the Child Death Review Team cited 8 deaths as attributable to child abuse and neglect and Child Protective Services identified 6. For 2007, the Child Death Review Team cited two deaths as attributable to child abuse and neglect and Child Protective Services identified four. There were 11 deaths in 2008, six deaths in 2009 and two deaths in 2010 attributable to child abuse and neglect.
- When any child death occurs and the family is involved with Child Protective Services, the agency conducts a thorough examination of the facts of the case and takes corrective actions if indicated. CPS may also request a review by the Sacramento County Department of Health and Human Services Quality Assurance staff, who does not report to CPS.
- There are also external reviews of Child Protective Services practices in critical cases, such as those provided by the Child Protective Systems Oversight Committee. This committee, composed of community members with expertise in various areas of child welfare, reviews critical cases for the purpose of making recommendations to the Board of Supervisors and to CPS regarding policy and practice.
- Additionally, unique to Sacramento County, the Child Death Review Team reviews all Sacramento County child deaths and publishes an annual report of findings and recommendations developed in conjunction with its Prevention Advisory Committee. In order to address this ongoing crisis, the County is convening a Blue Ribbon Commission comprised of stakeholders, service providers, community leaders, and policy makers. The Commission's purpose will be to address and strategically plan for the implementation of best practice models which could impact this disproportionality. The Commission will thoroughly analyze available data, explore causes, and develop a comprehensive strategic plan for targeted interventions to reduce this disproportionality. Subcommittees will be formed to address particular aspects of this issue. And community focus groups will be convened to report on the Commission's efforts. A final strategic plan, with recommendations, will be presented to the Board of Supervisors in 2013.
- Recommendations from the Child Death Review Team that have led to key prevention strategies have included implementation of the following: Home Visitation programs, Black Infant Health programs, Shaken Baby Syndrome Prevention, Infant Safe Sleeping, Identifying and coordinating services for medically fragile children served by CPS and IHSS, and the Blue Ribbon Commission on Racial Disproportionality in child death rates.

B.13. Sacramento County Health Insurance Coverage Information

(Source: California Health Interview Survey (CHIS) 2009)

Tables 12 and 13 present health coverage information.

- The number of uninsured children has continued to decline over the past five years.
- Less than 3% of children under 18 are without medical insurance.
- Approximately 1 of every 3 children under 18 in Sacramento County – more than 125,000 children – rely on publicly funded health insurance.
- A growing percentage of children are covered through employer based health insurance (from 51.4% in 2005 to 62.3% in 2009). However, as unemployment increases, employer based health insurance may become less available.
- Although data is not available for 2009, it is expected that many more children continue to be without dental insurance than medical insurance.
- Coverage does not necessarily equate to access. According to the 2009 California Health Interview Survey, about 10% of children under 18 have not had a doctor’s visit within the past year.

Table 12 Type of Current Health Care Coverage
Population: Under Age 65 by Source and Age Group
Sacramento County and California 2005, 2007, 2009

	2005		2007		2009	
	0-18	Total Under 65	0-18	Total Under 65	0-18	Total Under 65
Total Population Estimate	402,000	1,214,000	349,000	1,234,000	398,000	1,251,000
Uninsured	*7.2%	9.9%	*4.1%	9.5%	*2.6%	10.9%
Medi-Cal	30.5%	17.9%	21.6%	14.5%	25.7%	14.9%
Healthy Families/CHIP	5.2%	1.7%	7.7%	2.4%	*3.3%	*1.0%
Employment Based	51.4%	62.8%	61.4%	65.7%	62.3%	65.6%
Privately Purchased	5.5%	6.1%	5.1%	5.9%	*3.0%	4.8%
Other Public	*0.2%	*1.6%	*0.1%	2.0%	*3.1%	2.9%

Source: California Health Interview Survey (CHIS)

Data Note: Numbers appearing in grey with an (*) are statistically unstable

**Table 13 Current Status of Medical and Dental Coverage:
Children Ages 0-17
Sacramento County 2009**

	2007		2009	
	Medical Coverage	Dental Coverage	Medical Coverage	Dental Coverage
Sacramento County	96.4%	85.2%	97.3%	N/A
by Income				
0-99% FPL	92.8%	69.9%	90.9%	N/A
100-199% FPL	87.5%	84.6%	97.7%	N/A
200-299% FPL	97.9%	78.1%	99.3%	N/A
300% + FPL	100.0%	92.5%	100.0%	N/A
by Race/Ethnicity				
Latino	97.7%	84.7%	96.0%	N/A
White	93.4%	79.1%	96.0%	N/A
African American	97.3%	95.1%	100.0%	N/A
Asian	100.0%	93.1%	100.0%	N/A

Source: California Health Interview Survey (CHIS) 2009

Data Note: American Indian, Native Hawaiian/Pacific Islander, and Two or More Races were removed. Results were statistically unstable.

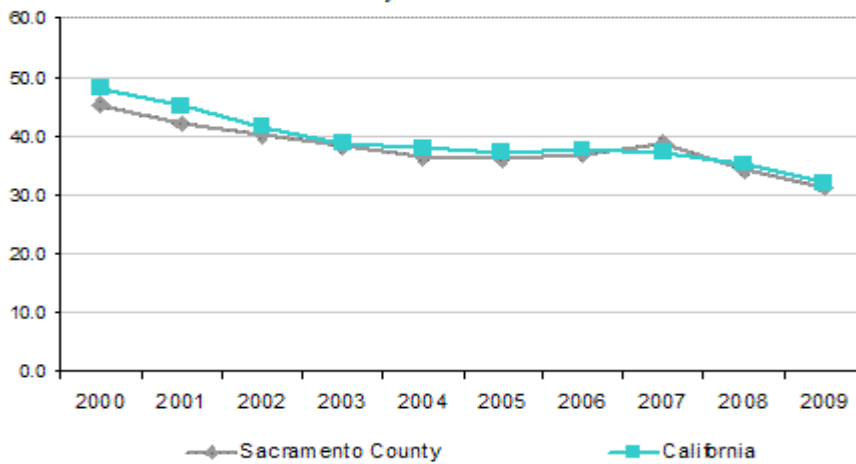
- Table 13 illustrates that the percentage of children with medical coverage in 2009 increased for all but the very poorest children.

B.14 Sacramento County Teen Pregnancy Statistics (Source:

<http://www.cdph.ca.gov/data/statistics/Pages/CountyBirthStatisticalDataTables.aspx>)

- 1,748 children were born to teen mothers in Sacramento County in 2009, which accounted for 8.6% of all live births.
- Birth rates increase throughout the teen years, with most births being to 18-19 year old mothers.
- Researchers calculate that poor and low-income teens, who make up approximately 40% of the adolescent population, account for 83% of teens who give birth and 85% of those who become an unmarried parent.
- Adolescents who become mothers tend to exhibit poorer psychological functioning, lower levels of educational attainment and high school completion. Additionally, there is an increase in single parenthood and less stable employment than those with similar background who postpone childbirth.
- 70% of teen mothers drop out of high school, making pregnancy the primary reason young women drop out early.
- Research shows children of teenage mothers experience poverty at nearly twice the rate for all children; suffer higher rates of abuse and neglect; experience higher rates of early sexual activity; and more commonly end up in foster care.
- Infants born to teen mothers are more likely to be low birth weight, which is associated with numerous health problems including blindness, deafness, chronic respiratory problems, mental retardation, dyslexia and mental illness.
- Figure 5 shows that Sacramento’s teen birth rate mirrors the States.

Figure 5
 Age Specific Birth Rates
 Live Births per 1,000 Females Age 15 through 19
 Sacramento County and California 2000-2009

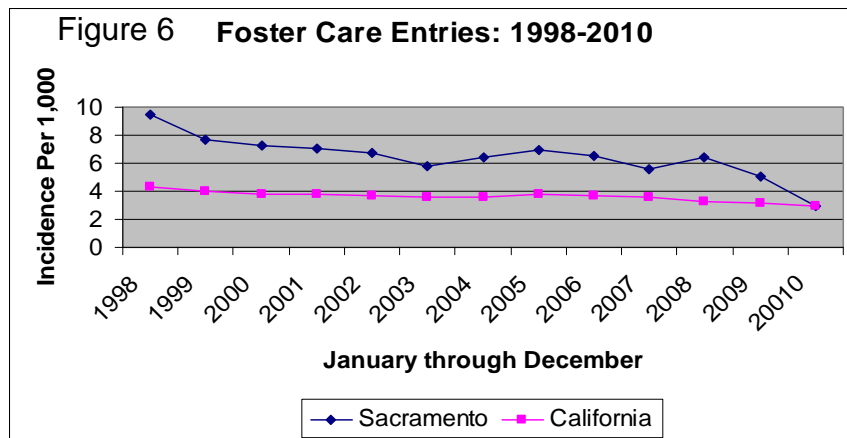


Analysis for Teen Births:

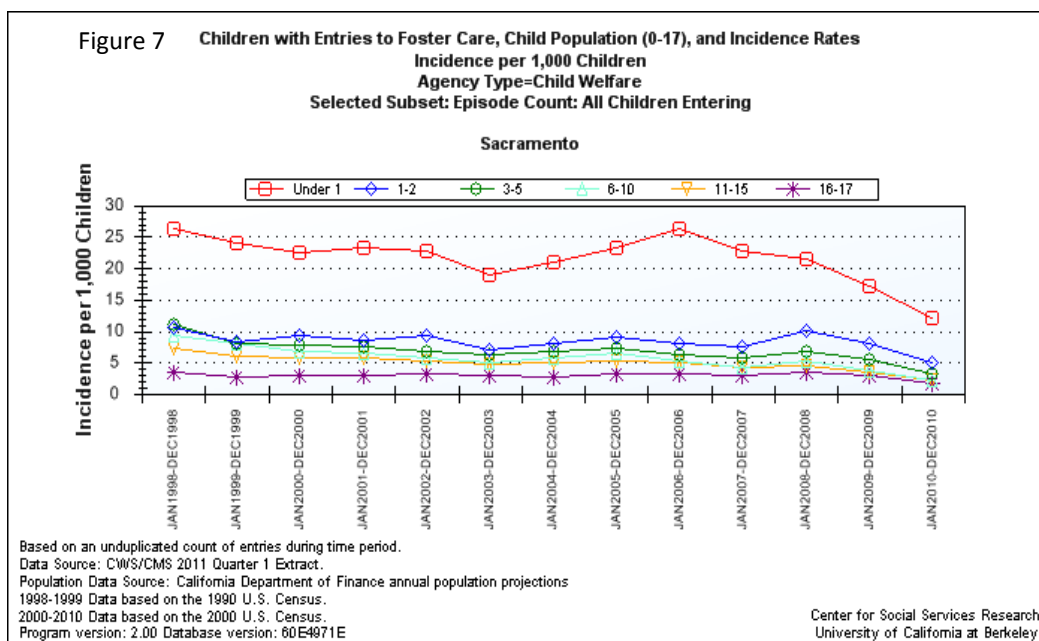
- The teen pregnancy rate has decreased from past years. There was much discussion in the CSA process as to why this has occurred. It was felt that there are more prevention resources available for teens and an increase in outreach by community providers. The Birth & Beyond program is identified as providing significant outreach.
- There has also been an increase in birth control methods available for teens. The State office of Family Planning also made Certified Local Government investments. Unfortunately these grants were terminated July 1st 2011. The grants helped to keep teens active and involved after school.
- Probation identified that the Depo-Provera shot is an easy birth control method (one shot every twelve weeks) and is effective in preventing pregnancies. Youth can receive this in Juvenile Hall.
- Surveyed parents were unsure that these statistics were accurate.
- Additionally it was thought that with so many parents out of work, there might actually be more supervision of teens.
- Many people in the CSA process wondered if abortions had increased, California does not keep track of abortion rates.
- The increase in babies born with a low birth rate was correlated with the lack of prenatal care in the first trimester and difficulty accessing medical insurance, and community clinics.

B.15. Child Welfare Service Participation Rates

Table 14 Child Welfare Participation Rates						
Number of Children less than 18 years of age. Population projections from California Department of Finance.						
	2000			2010		
California	9,249,829			9,295,040		
Sacramento	337,602			363,053		
Participation Rates: Referral Rates (Incidence per 1,000)						
Referral Rates for a given year are computed by dividing the unduplicated state/county count of children with a child abuse/neglect referral allegation by the child population and then multiplying by 1,000.						
	Jan – Dec 08	Jan – Dec 09	Jan – Dec 10	National Standard/ Goal	Direction	Percent Change
California	48.6	47.2	48	NA	Decrease	-0.6%
Sacramento	60.8	55.5	49.9	NA	Decrease	-17.9%
Participation Rates: Substantiation Rates (Incidence per 1,000)						
Substantiation Rates for a given year are computed by dividing the unduplicated state/ county count of children with a substantiated allegation by the child population and then multiplying by 1,000.						
	Jan – Dec 08	Jan – Dec 09	Jan – Dec 10	National Standard/ Goal	Direction	Percent Change
California	9.7	9.3	8.9	NA	Decrease	-8.2%
Sacramento	15.5	11.1	7.2	NA	Decrease	-53.5%
Participation Rates: Entry Rates (Incidence per 1,000)						
Entry Rates for a given year are computed by dividing the unduplicated count of children entering foster care by the state/county child population and then multiplying by 1,000.						
	Jan – Dec 08	Jan – Dec 09	Jan – Dec 10	National Standard/ Goal	Direction	Percent Change
California	3.3	3.2	3.1	NA	Decrease	-6.0%
Sacramento	6.4	5.1	3.0	NA	Decrease	-53.1%
Participation Rates: In Care Rates (Incidence per 1,000)						
In Care Rates for a given year are computed by dividing the Point In Time count of children in child welfare supervised foster care by the state/county child population and then multiplying by 1,000.						
	Jul 1, 2007	Jul 1, 2008	Jul 1, 2009	Jul 1, 2010	Direction	Percent Change
California	7.2	6.5	6.0	5.5	Decrease	-23.6%
Sacramento	10.9	10.2	10.2	8.4	Decrease	-22.9%

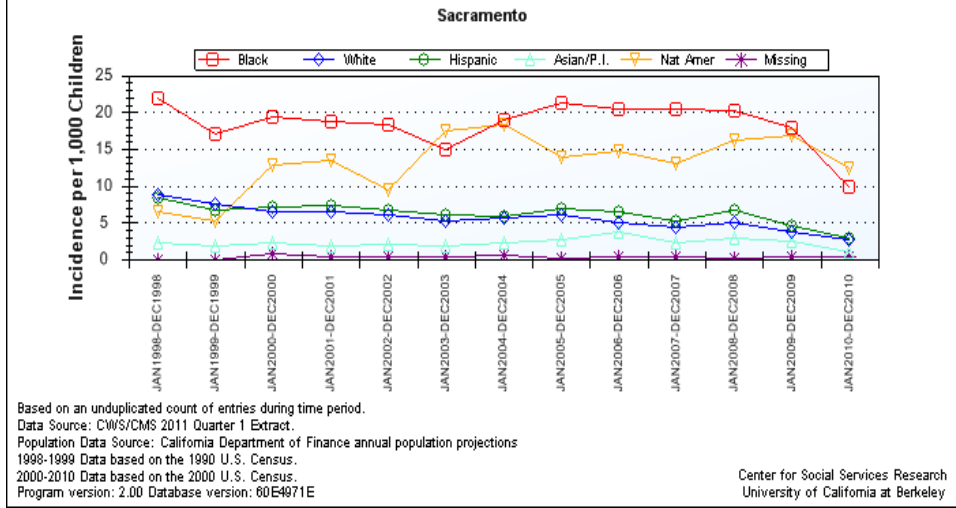


In the period from 2008 to 2010, reports of children with abuse/neglect allegations decreased by 18% but the number of children entering foster care decreased 53%, to 3 per 1,000. For the first time, Sacramento’s rate equaled the State’s rate; in prior year Sacramento always had a much higher rate. See Figure 6.



Foster care entry rates decreased as the child’s age increased, and the rates of entry decreased for all age groups.

Figure 8 Children with Entries to Foster Care, Child Population (0-17), and Incidence Rates
Incidence per 1,000 Children
Agency Type=Child Welfare
Selected Subset: Episode Count: All Children Entering

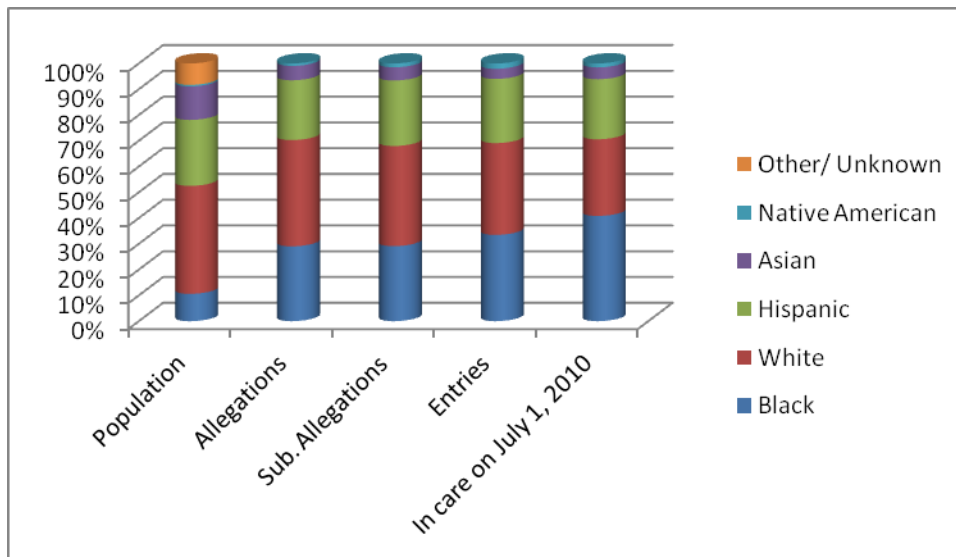


Entry rates were highest for African American and Native American children. Again, all groups showed decreases.

CPS Caseload Disproportionality

According to the table above, just under ten percent of the child population in Sacramento are African American. The chart below shows that, in relation to the population, African American children are overrepresented in entries and foster care caseloads for 2010.

Figure 9 Disproportionality



Allegation Type	JUL2007- JUN2008	JUL2008- JUN2009	JUL2009- JUN2010	JUL2010- JUN2011
Sexual Abuse	8.7	8.7	9.1	8.8
Physical Abuse	21.7	22	25.1	27.8
Severe Neglect	1.7	1.8	1.6	2.1
General Neglect	48.8	47.9	53.1	56
Exploitation	0.1	0.1	0.1	0
Emotional Abuse	8.8	9.7	6.8	2.6
Caretaker Absence/Incapacity	1.7	1.7	1.3	0.8
At Risk, Sibling Abused	1.5	1.2	2	1.9
Substantial Risk	7.1	7	0.8	.
Missing
Total	100	100	100	100

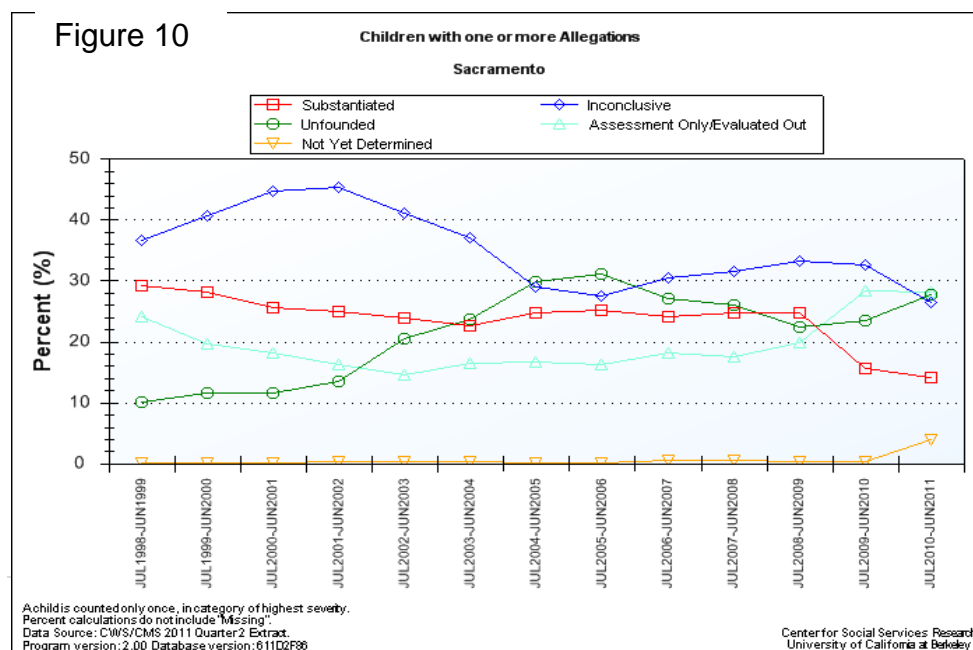
Over the period of July 2007 through June 2011, the distribution of allegation types changed some with the following decreasing

- Substantial Risk
- Emotional Abuse

And these increasing:

- Physical abuse
- General Neglect

Together, general neglect at 56% and physical abuse at 28% (as measured from July 2010 to June 2011) account for 84% of referrals. Riverside, San Diego, Fresno, and Santa Clara all show increases in general neglect allegations, with Santa Clara increasing from 20% to 33% over this time. In contrast, these counties remained steady or showed only small increases in physical abuse. It is unclear why Sacramento's physical abuse referrals have increased.



Of the allegations, the percentage evaluated out increased markedly to 28% in July 2010 to June 2011. As a result of this increase, the other disposition types decreased. This large increase indicates the need for more community services that can serve and support troubled families whose problems don't reach the CPS threshold.

Disposition Type	JUL2007- JUN2008	JUL2008- JUN2009	JUL2009- JUN2010	JUL2010- JUN2011
Substantiated	24.7	24.6	15.5	14
Inconclusive	31.5	33.1	32.6	26.4
Unfounded	25.9	22.4	23.4	27.7
Assessment Only/Evaluated Out	17.4	19.7	28.2	28.1
Not Yet Determined	0.5	0.3	0.2	3.8
Total	100	100	100	100

When the percentage of disposition types is calculated omitting the evaluated out category (see the table below.) it is clear that unfounded allegations have increased to 39%. Inconclusive allegations have returned to the 2007-2008 level while substantiated allegations have dropped to 19% in the most recent 12 months.

Disposition	JUL2007- JUN2008	JUL2008- JUN2009	JUL2009- JUN2010	JUL2010-JUN2011
Substantiated	30%	31%	22%	19%
Inconclusive	38%	41%	45%	37%
Unfounded	31%	28%	33%	39%

Analysis for Participation Rates:

- In the period from 2008 to 2010, reports of children with abuse/neglect allegations decreased by 18% and the number of children entering foster care decreased 53%, to 3 per 1,000. The above statistics generated much discussion in the CSA process across all stakeholder groups and many variables contributed to this decrease.
- Prevention programs such as Birth & Beyond which is a one-stop shop for services and the Family Resource Centers are a great help to support families. The Birth & Beyond 3 year Report FY 07/08 – 09/10 has provided significant support regarding this assertion. Over 8,000 families were served during this 3-year period within community-based Family Resource Centers.
- Parent Project that works with teenagers is a great service for conflict resolution.
- Black Infant Health and Lilliput, WIND and Celebrating Families are supportive for families.
- Prevention collaborations (FSC/B & B FRCs/NFP) and Differential Response are meeting the unmet need of families who do not meet the CPS threshold; however, without intervention and support, they will pass that threshold and their children will come into the CPS system. By providing front-end prevention services such as home visiting, evidence based parenting classes, supports for basic needs, parent support groups, and outreach, families will be able to safely function without CPS intervention. The Family Support Collaborative (FSC) provides mandated child abuse reporting training, is the lead agency for AmeriCorps members, provides child safety and safe sleeping outreach and education, and leadership of the Family Support Collaborative.
- The PSSF funded Sacramento County Informal Supervision program provides voluntary intensive family maintenance services as a preventative service to families with children 5

and under. This is a service provided in lieu of Juvenile Court intervention, thus directly affecting the number of children entering the child welfare system. A very successful subset of these cases are families with AOD issues who receive these services plus drug treatment services and an acclaimed Voluntary Drug Court Program which was recently recognized by SAMSHA.

- The B & B program has a program-wide Parent Cabinet made up of parent leaders from the 8 FRC's. They meet monthly as a group and have representation on the Program Managers Operational Meeting. They are involved in outreach, education, and the recruitment other parent leaders.
- Changes in Child Welfare service delivery model which eliminated Family Maintenance program have resulted in families being referred to CPS and receiving no services. Research conducted during the Child Welfare Stakeholders process revealed approximately 30% of the families in California who are reported to CPS receive no services are re-reported and have subsequent open cases. Some of the families no longer served in Family Maintenance or who would have been so served are now being served in B & B as evidenced by an increase in the B & B service population to 45% of those having a CPS history.
- The Child Welfare agency has implemented a policy of staffing cases with the assigned social worker, supervisors and managers, prior to obtaining warrants and the removal of children. This policy of a heightened level of assessment has resulted in a higher threshold for removal. Child Welfare has become far more deliberate and specific in decision making and doing more work with families prior to removal.
- The use of Structured Decision Making in screening for child abuse and neglect has tightened up when a response is needed.
- The Child Welfare agency has moved towards vertical case management which has changed how referrals and court documents are responded to and prepared.
- Team Decision Making Meetings are producing safety plans so families can remain together safely and prevent the need to enter the child welfare system.
- Probate cases are being diverted to getting up front guardianships and not entering the child welfare system

B.16. Juvenile Probation Participation Rates - point in time April 1, 2010

Between 2/1/10 and 1/31/11. A total of 164 new cases were committed to either Level A (In-State) or Level - B placement (Out -of-State). Information relative to seven categories were obtained to get a "snapshot" of the types of cases being committed to Placement.

Characteristics of these 164 youth are described in the paragraphs below:

- **Previous Commitments/interventions to redirect delinquent behavior**

Of these 164 youths who entered placement, many had previous correctional interventions. Note that 1 youth could be listed in multiple categories.

- 22.6% (37) had at least 1 previous commitment to Sacramento County Boys Ranch. Of those 37 youth, 43.2% (16) had been at the Boys Ranch more than once.

- 20% (33) had at least 1 previous commitment to Previous Warren E. Thornton Youth Center. Of those 33 youth, 51.5% (17) had been at the Youth Center more than once.
- 81% (133) had Previously been assigned to field supervision .
- 61% (100) had a violation of probation. 59% (59) youth had more than one probation violation.
- **Other legal status:** Previous 300 WIC = 37 or 22.5%
- **Felonies previously sustained:** Prior felonies = 110 with 51 cases having more than one felony previously sustained: 67%
- **Gang Involvement :** Of the 164 new commitments, 90 were classified as gang members: 55%
- **Psychological/Mental Health Diagnosis:** Of the 164 new commitments, 86 had a DSM IV diagnosis: 52%
- **Special Education/26.5 :** Of the 164 new commitments, 73 had an active IEP and/or eligible for 26.5 services: 44.5%
- **Assaultive:** Of the 164 new commitments, 135 were known to have assaulted another person(s): 82%

Analysis for Probation Participation Rates:

- As can be seen above the Placement Division of the Probation Agency is serving high level of needs youth of whom 82% have assaulted someone, 55% are classified as gang members, and 52% have a DSM IV diagnosis.
- This has affected reunification rates which will be discussed in the Outcomes Section E of this report.

C. Public Agency Characteristics

C.1. Size and Structure of Agencies

The Board of Supervisors (BOS) governs Sacramento County, with representatives elected from five districts. The Board appoints a County Executive who acts as the Chief Executive Officer (CEO) for County. The Countywide Services Agency is one of the agencies under the BOS.

The Department of Health and Human Services (DHHS) is under the direction of Countywide Services Agency. Within DHHS are these Divisions: Alcohol and Drug Services, Mental Health, Public Health and Primary Health Service, Senior and Adult Services, and CPS. Partnerships are reinforced between divisions that are serving many of the same families. Child Protective Services (CPS) is a major division within DHHS. An organizational chart for CPS is attached (Appendix 1). Under the CPS Deputy Director position, there are three division managers. Emergency Response and Family Maintenance are the responsibility of one division manager. Each of the other two division managers administer regions and centralized programs such as Court Services, Adoption, Licensing, etc. Two units report directly to the Deputy Director: A fiscal/asset administration unit and a program support unit.

The Sacramento County Probation Department (Appendix 2) is responsible for the background investigation of criminal and juvenile offenders and the preparation of social history reports and case plans for the Superior Courts. Probation is also responsible for the operation of the Juvenile Hall, supervision of both adults and juveniles granted probation by the courts, and the suitable placement and supervision of youth removed from the care and custody of their parents by the courts.

The Probation Department operations are aligned into two service areas; Youth Detention Facility and Probation Services. Probation Services managers report to the Assistant Chief Probation Officer and ultimately to the Chief Probation Officer whereas the Youth Detention Facility management reports directly to the Chief Probation Officer, The Chief Probation Officer is appointed by the Superior Court pursuant to Penal Code Section 1203.6. The result is a dual reporting structure to both the Superior Court and the Board of Supervisors through the Countywide Services Agency.

C.1.a. County Operated Shelter

Sacramento does not operate a children's shelter but contracts with a group home, the Children's Receiving Home, to provide shelter services. The average length of stay is 23 - 25 days. However, this average includes both RCL 10 (the shelter) and 12 (group home.) Every child under 5 receives a medical exam. The Children's Receiving Home of Sacramento has a long history of providing quality emergency shelter which includes 24- hour care and support, food, clothing, full medical and dental exams, mental health services, an on-grounds school through San Juan Unified, on call clinical support, a family visitation center and recreational activities to enhance the experience of the children served.

C.1.b. County Foster Home Licensing

Under the auspices of CDSS Community Care Licensing (CCL), the CPS Foster Home Licensing (FHL) Program recruits, monitors, supports and approves licenses for county foster and adoptive parents. CPS strives to place youth, whenever possible, in the least restrictive setting.

C.1.c. County Adoptions

Sacramento County is a state licensed, full service, adoption agency. Social Workers in Adoptions conduct the child's adoptability assessment, adoption home study and placement matching.

The adoption program collaborates with Sierra Adoptions and Lilliput Children's Services and other private adoption agencies, in an effort to provide timely permanency for dependent children.

C.2. County Government Structure

This section is further explained by copies of the Organizational Charts obtained in the Appendix section.

C.2.a. Bargaining Unit Issues

Sacramento County Management and Labor representatives are working in partnership to strengthen communication and address workload concerns. This partnership is vital to effectively introduce new practices and ensure the success of Redesign efforts. With this in mind, Sacramento County and United Public Employees (UPE, Local 1) in 2010 created the Workload Policy Board. The Board's mission includes:

- Recognize that changes to policies and procedures can have a direct impact on workload.
- Analyze and evaluate policies and procedures for their specific impact on workload by program.
- Analyze recommended strategies for implementation of policy and procedural changes to mitigate workload impact.
- Evaluate necessity for change by considering benefits versus adverse consequences of change.
- County staff represented by bargaining units include: social workers, family service workers, eligibility workers, clerical staff, court professionals, social work supervisors and program specialist, and managers.

The Sacramento County Probation Association (SCPA) represents the Probation Department line level officers. Probation supervisors are represented by the Sacramento County Management Association (SCMA) and managers are represented by the Law Enforcement Manager's Association (LEMA). The Probation Department maintains a Joint Labor-Management Team to facilitate proactive communication between staff and supervisors/managers and to address significant issues that may arise.

CSA Stakeholders at the community convening and several focus groups identified Sec. 71J of the Government Code as a barrier to contracting with service providers for needed services, as these contracted services could be done by county employees that would otherwise be laid off.

Section 71J states that notwithstanding any other provision of the Charter, the Board of Supervisors may contract for the provision of County services for reasons of economy and efficiency when all of the following conditions are met:

(1) The contract does not cause the displacement of civil service employees. The term “displacement” includes, layoff, demotion, and involuntary transfer to a new classification. Displacement does not include changes in shifts or days off, nor does it include reassignment to other positions within the same class; and

(2) The County has met and conferred, in accordance with its legal obligation pursuant to Government Code Sections 3500 et seq., with an organization that represents County employees

(3) The contract for services is awarded through a publicized, competitive bidding process.

Section 71J was seen as a barrier to providing contracted services.

C.2.b. Financial/Material Resources

Sacramento County receives financial support from a variety of sources to provide services that achieve positive outcomes for children and their families. It should be noted that due to Sec71J some flexibility has been lost. The county is no longer able to contract with many services that a county classification can do. Due to budget reduction many community-based contracts have been cut, including the B & B program and the Nurse Family Partnership Program that are no longer funded by the County, but through First 5 Sacramento. Other services such as mental health, child care, and homeless programs have not been funded elsewhere.

A summary of the types of funding and flexibility are described briefly below:

Available Flexible Funding

- Wraparound – Sacramento County is a member of the Consortium. Funding is used to provide intensive services to children placed in a higher level of care or at risk in an effort to move placement to a less restrictive setting. There are a total of 168 wrap slots for joint use by Probation, CPS, and the Adoption Assistance Program.
- Blended Funding – Sacramento County has successfully used the following funding to sustain a primary prevention program: Medi-Cal Administrative Activities, Targeted Case Management, Early Periodic Screening Diagnosis and Treatment, Promoting Safe and Stable Families, Child Abuse Prevention Intervention and Treatment, Community Based Child Abuse Prevention Services, and Local and state First 5 (AKA Proposition 10).
- In-Kind Service – All provider agencies with Birth & Beyond are expected to provide in-kind funds.
- AmeriCorps – Positions funded by AmeriCorps are used by CPS and community partners to build community capacity and expand services.
- Funds generated through the wraparound program can be utilized by CPS to pay for services related to maintaining children in the home with parents should the wrap case plan require this service to stabilize the family.
- Kinship Emergency Funds – State and federal funding utilized to assist relatives in providing care to relative children, reducing placement disruptions and increasing the number of children placed with relatives.
- Specialized Incentives and Assistance Program (SCIAP) – State funding utilized to maintain a placement or purchase necessary equipment not covered by Medi-Cal

- Emancipated Youth Stipends – Funding to assist youth in furthering their education
- Supportive and Therapeutic Options Program (STOP) – This fund pays for supportive services to prevent subsequent out of home placement for SED and emancipating youth when no other funds are available.

Probation currently has no process in place to certify relative and non-relative caregiver homes. This certification process is the necessary link to accessing Kinship Care and Kin Gap funds for youth placed with relatives. The lack of a certification process was identified during the PQCR process as a barrier to permanency and life long connections for probation youth whose case plan does not include reunifying with a parent or guardian.

Interagency Funding Initiatives

Sacramento County has an extensive mechanism of blended funding to support Multi-Disciplinary Team Meetings (MDTs).

- Early Periodic Screening, Diagnosis and treatment (EPSDT) – Mental Health services for Medi-Cal eligible children
- Promoting Safe and Stable Families (PSSF)
- Medi-Cal Administrative Activities (MAA)
- Targeted Case Management (TCM)
- AmeriCorps
- Child Abuse Prevention, Intervention and Treatment/Community Based Child Abuse Prevention (CAPIT/CBCAP)
- First 5 Commission Funding

C.2.c.Staffing

On June 1, 2011, CPS had 628.1 FTE (See Figure 10), of whom half were social workers, 10% other direct service staff, and 11% supervisors. Due to the layoffs starting in October 2009, vacancies have not been a problem. By June 2011 the vacancy rate was -2%.

As of December 16, 2011, Dependency workers have an average of 27 cases while adoptions have an average of 30. This average is calculated excluding workers on leave and vacant positions.

Sacramento County CPS had 328 allocated staff positions on June 1, 2011. This is a 31% reduction from the 472 social worker positions on July 1, 2008. Position reduction started in August 2009 (380 FTE) and continued through April 2010(335 FTE).As of June 1, 2011, 70% of social work staff worked in one of two programs: Emergency Response (43%) or Dependency (27%).

Social Worker Staffing

Figure 11 (Sacramento County Data Book, Allocated Positions)

Staffing by Categories June 2011

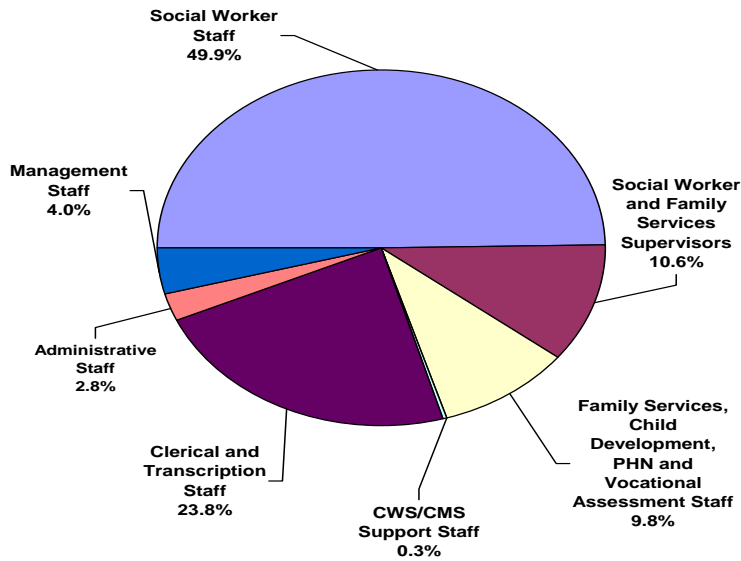


Table 15: Social Worker FTE As Of 6/1/11³

	FTE	Percent
Emergency Response	141	43%
Dependency	87	27%
Other Support	25	8%
Adoptions	21.4	7%
Foster Home Licensing	18.9	6%
Informal Supervision	16	5%
Day Care Licensing	10.8	3%
Guardianship	8	2%
	328.1	100%

Table 15 breaks down the social worker positions by the program they are assigned to.

³ Sacramento County Data Book, Allocated Positions

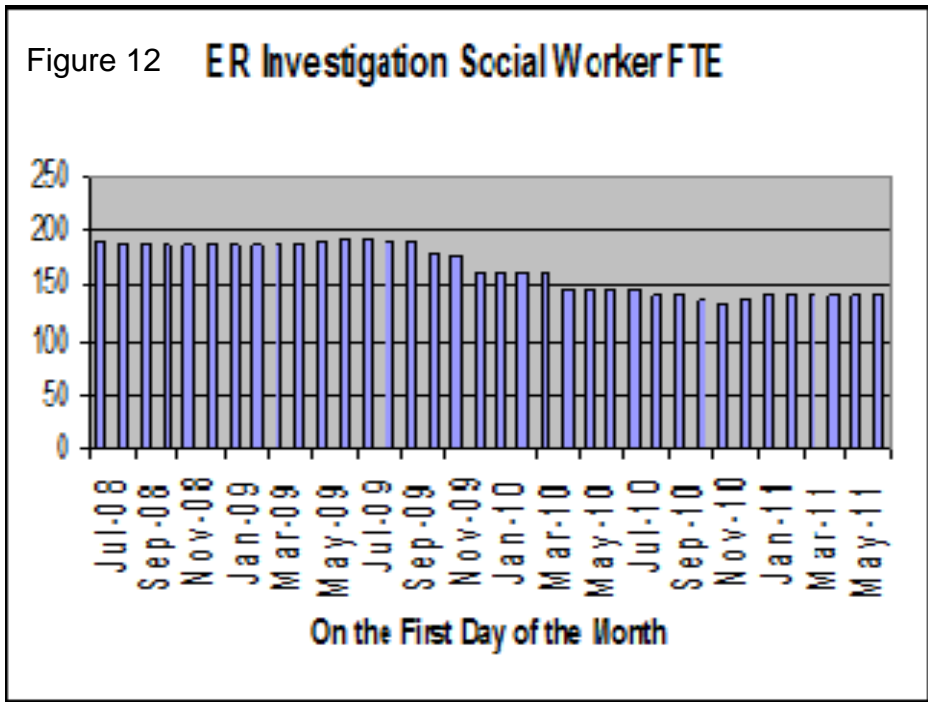


Figure 11 shows that the Emergency Response staffing pattern was stable from July 2008 through September 2009, ranging from 186.5 to 192.5 FTE. In October 2009, FTE started to decrease ending in March 2010 with 160.3 FTE. In April 2010, 19.3 FTE were abolished when the Dependent Intake program was eliminated, resulting in 145 FTE. The FTE remained fairly steady through June 2011, ranging from 136.7 to 146.

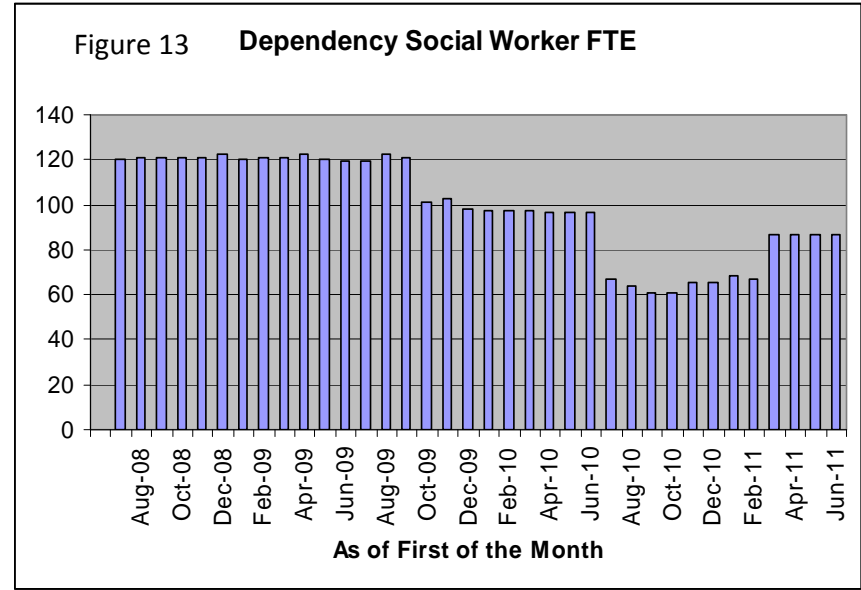
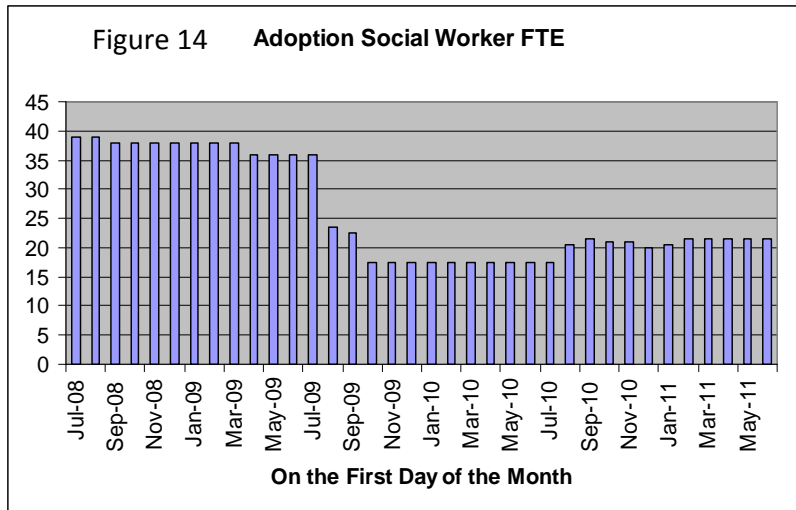


Figure 13 illustrates the impact of budget cuts on the dependency program. From July 2008 to September 2009, there were between 119 and 122 social workers. Then, in October 2009, FTE dropped ending at 97 in June 2010. Social workers then dropped again, varying between 61 and 69 FTEs from July 2010 to February 2011. In March staffing recovered somewhat to 87 FTEs. This increase was the result of closing the ER dependent intake program.



Adoption social work staff ranged from 36 to 39 FTE from July 2008 to July 2009. In August 2009, FTE abruptly dropped from 23 to 17 through July 2010. In August 2010, adoption social worker FTE increased some, ranging from 20-21.

Probation Staffing

As of December 1, 2011, the Probation Department has an allocation of 624.4 total positions. There are 492.9 sworn positions and 131.5 non-sworn positions. Foster care and out -of-home placement services make up the Placement Division, which is managed by a Chief Deputy Probation Officer. Officers are assigned between three units, each managed by a Supervising Probation Officer. The three units combined have a total of six Sr. Deputy Probation Officers, eleven Deputy Probation Officers, two Deputy Probation Assistants, one half-time public nurse, and two Clerical Support Staff.

The responsibilities of these 3 units include the identification of suitable placements, monthly supervision, case plan development and other mandated reporting requirements related to minors committed to the care and custody of the Probation Officer by the Juvenile Court.

Some officers also work as part of an assessment team in conjunction with the Integrated Model for Placement, Assessment, Case Management, and Treatment (IMPACT) program administered by the Sacramento Assessment and Treatment Center (SACT). The program provides individualized, comprehensive assessments of minors adjudged wards of the Court and committed to the care and custody of the Probation Officer for suitable placement. Initially funded by the Juvenile Crime Enforcement and Accountability Challenge Grant administered by the State Board of Corrections (now the Correction Standards Authority), the IMPACT program is currently funded through a blend of Mental Health and MediCal and Foster Care dollars.

Probation Caseloads

Probation Placement caseloads fluctuate in number but average 20 per staff member.

C.2.d. Political Jurisdictions

Sacramento County includes the City of Sacramento as well as other incorporated municipalities with political boundaries. In addition to the services provided by Sacramento County, other primary

jurisdictions include an extensive public school system with multiple jurisdictions, county and local level law enforcement, tribal governance, and service delivery systems, as summarized below:

Tribes The Buena Vista Rancheria Tribe of Me-Wuk Indians is the federally recognized tribe in Sacramento. Sacramento County works in collaboration with the Tribe to improve services for Native American Indian children and families.

School Districts There are 15 school districts including the Sacramento County Office of Education, which operates special schools in Sacramento County, and one post-secondary school district.

- Natomas Unified
- Folsom/Cordova Unified
- Sacramento City Unified
- Elk Grove Unified
- Arcohe Union
- Galt Joint Union Elementary
- River Delta Unified
- San Juan Unified Schools
- Grant Joint Union High
- Elverta Joint
- Center Unified
- Rio Linda Union
- Robla Del Paso Heights
- North Sacramento
- Galt Joint Union High

The districts serving primary and secondary schools each have a locally elected board. The districts serving primary and secondary school pupils range in size and some represent exclusively elementary or secondary schools, while others are K-12. The Sacramento County Office of Education (SCOE) provides fiscal oversight, training, and other forms of supportive infrastructure for the districts. SCOE is governed by the County Board of Education and is not part of the county government system.

CPS reorganized in 2009 into four regions that mirror the larger schools district boundaries. School partnerships will be a major benefit of this structure along with enhanced knowledge of regional service resources. The data has not shown any impact directly attributable to reorganization. There are fewer caseworker changes, however. Two case worker transfers have been eliminated: one from an emergency response to a court child worker and another from a family reunification worker to a long term placement worker.

Law Enforcement

In addition to the Sacramento County Sheriff's Department, there are seven municipal police departments serving the Cities of Citrus Heights, Elk Grove, Folsom, Galt, Isleton, Rancho Cordova, and Sacramento. Law enforcement on many state properties within Sacramento County, including the State Capitol, is within the jurisdiction of the California Highway Patrol. In addition, both the California Department of Parks and the Sacramento County Regional Parks Department employ rangers to provide law enforcement on state and county park properties.

CPS has negotiated MOUs with the major law enforcement districts to clarify roles and expectations.

Cities

The city of Sacramento is the major population center in the county. Sacramento County CPS provides services in the City of Sacramento as well as the cities of Citrus Heights, Elk Grove, Folsom, Galt, Isleton, Rancho Cordova, and the unincorporated areas of the county.

D. PQCR Executive Summary

In an effort to ensure continuous quality improvement for children, youth and families in the child welfare and probations systems, Sacramento County conducted its Peer Quality Case Review (PQCR) May 23rd to May 27th, 2011. Throughout the planning and the PQCR event itself, Sacramento County was committed to the principle that the PQCR is an informative process in assisting to drill more deeply into practice areas which address the needs of the children, youth and families they serve. This commitment led to the desire to learn more about two areas: Child welfare was curious about the re-entry rate after reunification; Probation desired to examine the least restrictive placement setting.

In an effort to glean as much information as possible from peer counties, Sacramento invited the counties of Santa Clara, Nevada, Tulare, Los Angeles, San Diego, San Bernardino, and Orange to participate on the interview teams and provide peer county insights and recommendations. These counties were selected due to their excellent outcomes in these areas or because of promising practices that had been observed by staff.

To help guide the development of tools to be used for focus groups and interviews, literature reviews were conducted. For Child Welfare Services, a literature review revealed a number of factors that are correlated with re-entry – child characteristics, family characteristics, and at times the child welfare services provided. For Probation's focus area of least restrictive placements, the literature review revealed less restrictive placement alternatives, such as community programs, are better able to meet the multifaceted needs of youth involved in the juvenile justice system.

Child Welfare: Re-Entry after Reunification

Reunification with the child's family of origin is the most common permanency outcome, with 49% of US children placed in foster care ultimately reunifying (U.S. Department of Health and Human Services (HHS), 2008). As of October 2010, there were 3229 children in Sacramento's Child Welfare System (CSSR). 43.5% of children in Sacramento reunified with their parents within 12 months as compared to 44.2% statewide (CSSR 9/09).

According to the Center for Social Service Research, in 2009, Sacramento's re-entry rate was 13.5% (192). This is higher than the statewide average of 12% (CSSR 09/09) and the national goal of 9.9%. At the end of 2008, CSSR reports that 19.9% or 264 of Sacramento's children re-entered care between 12-24 months after re-unification. A data collection software program, Safe Measures shows an updated, although provisional 12 month reentry rate of 12.5%

At the onset of the PQCR, it was hypothesized that visitation related issues were at the heart of why families re-entered the child welfare system. However, a review of the data gathered from the families' focus group and the social worker interviews has actually shown that this is not the case. Approximately half of the cases were reopened for the same reasons that the child was initially taken into custody. The other half was for different reasons, with several associated with parental mental health issues that had not been addressed in the previous service plan. Below are the themes that emerged related to why families re-entered the child welfare system.

- Poor choice of partner by parent (i.e. domestic violence in relationship)
- Parent's untreated MH issues affected aftercare compliance
- Parent relapse
- Parents inability to comply with the aftercare plan
- Neglect – parents did not realize the extent of the child's medical needs
- Lack of aftercare plans

Probation: Least Restrictive Placement

Youth placed in group home settings are more than twice as likely to be delinquent than youth who were placed in family foster care. As of October 2010, there were 224 youth placed through Probation in Sacramento County. Of those, 62% were placed in group care. On average in the state, 58.2% of probation youth are placed in group care. Sacramento's percentages of probation placements in group care are higher. Ninety-three (93) were in placement less than 12 months and 107 were in placement for more than 12 months. 82% of all probation youth have committed an assault.

Probation picked the focus area to help discern if their current practice of placing youth in the homes of relative and non-relative extended family members WITHOUT fully certifying the homes was in the minor's best interest. The youth Probation works with, represent significant challenges to whoever is their caregiver. It was the Probation Department's assumption that if they had a process to certify homes of relative and non-relative caregivers, an income stream would be available to these families to assist with the care of a youth, which would ultimately provide a lesser restrictive placement option for more youth.

Final Observations

Sacramento County Probation Department entered the PQCR process with a clear question of "Why aren't more of our youth placed with relatives?" This PQCR clearly identified the reasons for this. While some wards' behavioral traits clearly warrant a higher level of care, there exist barriers to placement. After careful analysis it is clear that to strengthen the practice of least restrictive placement; our Probation department needs to focus on a process for relative approval, certification, and in that lies funding and supportive services. Additionally strengthening ILP services will assist in supporting the least restrictive placement.

Sacramento County Child Welfare Services entered the PQCR process with the question of "Is there anything else we need to know about our re-entry into foster care?" We have slowly been improving and it was an area identified in our most recent System Improvement Plan, but is there something we are missing. Without a doubt, the findings conclude that we need to continue our shift in culture for meaningful team decision-making, individualized case planning, family engagement, and community support.

E. Outcomes

All of the data was extracted from the Center for Social Services Research: Citation: Needell, B., Webster, D., Armijo, M., Lee, S., Dawson, W., Magruder, J., Exel, M., Cuccaro-Alamin, S., Putnam-Hornstein, E., Williams, D., Simon, V., Hamilton, D., Lou, C., Peng, C., Moore, M., Jacobs, L., & King, B. (2011). *Child Welfare Services Reports for California*. Retrieved 9/2011, from University of California at Berkeley Center for Social Services Research website. URL: http://cssr.berkeley.edu/ucb_childwelfare

Safety:

S 1.1: Safety Outcome Measure - No Recurrence of Maltreatment

This measure answers the question: Of all children who were victims of a substantiated maltreatment allegation during the 6-month period, what percent were not victims of another substantiated maltreatment allegation within the next 6 months?

County's Current Performance: Child Welfare

Table 16 S1.1 No Recurrence of Maltreatment (October through March)					
	2009	2010	2011	Direction	Standard
Sacramento	94.3%	95.9%	94.8%	Mixed	94.6

Current performance is above Federal Standard (94.6%).

Analysis of S1.1: No Recurrence of Maltreatment

- Sacramento County has continued to perform above the Federal Standard (Table 16) and well above most California Counties. Sacramento County has maintained this high standard due to the number of corrective actions put into place. For example, staff cited the more consistent use of the Structured Decision Making Tool (SDM) as a reason for the improvement in this measure. Having a tool to assist them in making safety decisions has increased the staff's confidence in the field in making such difficult life and death decisions. These corrective actions include:
- In March 2010, Sacramento Emergency Response assumed investigation of subsequent child abuse referrals for open cases. Now on each referral a forensic investigation is done, resulting in an increased accuracy in referral dispositions. Using the expertise of Emergency Response staff ensures that families in open cases are adequately and objectively assessed for risk of abuse or neglect.
- In March 2011, Emergency Response retrained its staff on referral disposition to ensure consistency across the agency and with the penal code. Again, this has created a greater sense of confidence and ensures families are viewed objectively and comprehensively.
- In April 2011, a quality assurance review was conducted on disposition accuracy and procedural adherence, which will serve as a base line for measurement of practice improvement after the training. In that sample 83.3% of the dispositions had supporting documentation. In December 2011, the percentage increased to 89%. The agency has

trained social workers on effective engagement strategies including how to engage the family in identifying issues and in the case planning process. TDMs use a team approach by including the family, service providers, extended family members, and friends.

- Additionally, the County has worked with community based agency partners to implement a number of Child Abuse prevention programs such as Birth and Beyond, Differential Response, WRAP, TBS and Community Resources assist in helping families while out of the CPS system. Birth & Beyond served 8176 individuals over a 3-year period. The program addresses child abuse prevention, school readiness, medical care, basic needs, prenatal care, employment, and a range of Parenting Classes. B & B has also provided aftercare for families with children birth to 5 years. The primary model for parent education is the internationally recognized, evidence based Nurturing Parenting Program. Services are provided in the homes and in Family Resource Centers and other community locations.
- Birth & Beyond services are now funded by First 5 Sacramento which assumed the funding following a complete elimination by Sacramento County due to budget reductions. First 5 funds are legally restricted to services for children from birth to age 5 years and their families. As a result, Birth & Beyond services are now restricted to this same target population eliminating support, parent education, differential response and other services to families in the community whose children are 5 and older.
- Also, the caseload of families served by Birth & Beyond has changed with the budget reductions to CPS. Forty-five percent of the caseload now has a history of CPS involvement. These families present to paraprofessional Birth & Beyond staff with higher risk/safety levels. This places a greater burden on the program without greater funding. Families from the community who wish to self-refer are frequently placed on wait lists, as Birth & Beyond prioritizes CPS referrals.
- Recent child abuse homicide data suggests that there is a gap in the availability of prevention services in Arden Arcade, Citrus Heights, Fair Oaks and Orangevale. Arden Arcade previously had a Birth & Beyond site which was eliminated due to budget cuts.
- An unmet need continues to be services for the African American community. African American children represent 12% of the population and 22% of the child deaths in Sacramento County.
- An unmet need for recurrence of maltreatment continues to be broad spectrum prevention/intervention/aftercare services. These include services that would assist a family after closing its case with the CPS agency. After reunification, there have been limited services in areas of mental health and substance abuse. Previously the Birth and Beyond FRCs were funded to include both an AOD counselor and an infant mental health professional. Due to reduced budgets, community support services have been reduced. Parents who struggle with chronic, relapsing diseases such as mental illness and substance abuse struggle to find ongoing services. Community based mental health services for adults have been significantly reduced as a result of budget cuts that triggered the elimination of contracts due to Section 71J.

S1.2: Safety Outcome Measure - No Maltreatment in Foster Care Child Welfare Services

This measure answers the question: Of all children served in out-of-home care during the year, what percent were not victims of a substantiated maltreatment report by a foster parent or facility staff while in out-of-home care. The denominator is the total number of children served in foster care during the specified year; the numerator is the count of these children in care who were not victims of a substantiated maltreatment report by a foster parent or facility staff.

County's Current Performance: Child Welfare Services

Table 17 S1.2 No Maltreatment in Foster Care (October through September)					
	2009	2010	2011	Direction	Standard
Sacramento	99.77%	99.65%	99.51%	Steady	99.68

Current performance is slightly below the Federal Standard (99.68%).

CWS Analysis for S1.2.: No Maltreatment in Foster Care

- This continues to be an area of improvement (Table 17). CPS has attempted to address this area, by instituting a quality of care e-mail box. This provides a mechanism for workers to report their concerns about foster homes and FFAs. Sacramento Licensing either investigates the concern itself or refers it to Community Care Licensing.
- In order to provide for better continuity and communication, the Licensing Division now has a policy and procedure to suspend placements into foster homes and FFAs about which workers have concerns.
- Additionally, to assist with better coordination and attention to these important cases, Emergency Response and Community Care Licensing agreed to do joint responses when indicated for complaint investigations.
- The Division adopted a policy to promote continuity for children in placement by foster worker making monthly visits to children in placement. In this way, the worker is more apt to pick up issues with the child's development and problems in the placement.
- The Licensing Division also feels that culturally responsive placements tend to make a child more comfortable within a home, thus reducing behavioral problems and decreasing potential frustration with foster parents.

Analysis for Probation Outcomes S1.1 and S1.2: No Recurrence of Maltreatment and No Maltreatment in Foster Care

- No data exists to suggest that probation youth are suffering maltreatment by staff of programs currently being utilized by the Probation Department for the placement of probation youth.
- Probation Officers see every youth in every placement, including out of state monthly. The policy of the department is that the case carrying Probation Officer needs to have a continuous relationship with the youth and make sure that the placement is constantly monitored.
- The CSA process identified that frequency of contact leads to less maltreatment in foster care.
- Recently a group home liaison and monitor position was established partly to conduct internal audit of placements and services provided by group homes. This was partly in response to Community Care Licensing decreasing its site visits to once every five years. The Probation department is dedicated to ensuring that placements are safe and appropriate.

S2B: Safety Outcome Measure -Timeliness of Investigations for 10-day and Immediate Referrals
 This measure looks at the percent of investigated child abuse/neglect referrals in the study period

that have resulted in an in-person response (either immediate or within 10 days depending upon the assessment of the situation) for both planned and actual visits.

County’s Current Performance: Child Welfare

Table 18 Sacramento County Three Year Average 2008-2010		
Ethnic Group	% Investigation Timeliness	
	IR	10 Day
White	96.5	88.9
Black	95.9	86.8
Hispanic	97.2	88.3
Asian/P.I.	97.0	90.0
Native American	94.4	93.0

(SafeMeasures)

Table 19 Sacramento County Average Timeliness 2008-2010		
Age Group	Immediate Response	10 Day Response
Under 1	95.4%	89.2%
1-2	94.8%	90.3%
3-5	97.9%	87.9%
6-10	97.8%	89.0%
11-15	97.4%	85.4%
16-17	96.9%	88.8%
Total	97.5%	88.0%

(SafeMeasures)

Referral timeliness does not vary significantly by race or age.

S 2C: Safety Outcome Measures- Timely Social Worker Visits with Child

This measure examines the percentage of all children who required a monthly social worker visit, who received a face-to-face visit?

Table 20 2C – Timely Social Worker Visits with Child (monthly averages)				
	2008	2009	2010	Direction
Sacramento	89.0%	92.0%	91.3%	Improvement
California	92.3%	92.9%	92.6%	Steady

(Source: Safe Measures)

Sacramento County improved in making timely contact with children. Improvements of timely referral response as well as timely social worker contact with child were in our last SIP focus areas. Improvement was due to greater management monitoring coupled with a decrease in caseload. Immediate Response investigations and monthly social worker visits have risen to above 90%. Timely 10 day responses continues to fall below the 90% level.

Analysis S.2B Timeliness of Referral Investigation

- There are a number of underlying issues that have impacted this outcome. Although compliance is above 90% for Immediate Referrals, room for improvement is consistently sought as children’s safety is paramount. 10 day referral compliance is slightly below 90% and maybe impacted by a long standing workplace standard of responding to Immediate Referrals over 10 day referrals. Coupled with staff lay offs, staff reassignments and

increased duties as mentioned in the analysis of S1.1 and S1.2, 10 day referrals are not at the level that is desired. Additionally, with reassignments, training of staff necessitated time away from the office, thus impacting this outcome as well.

- Data analysis to discover underperformers, coaching and support of underperformers, and documentation of referral timeliness in each emergency response staff's performance evaluation.
- Technology support such as laptops and safe measures have supported this measure. Additionally reminders from supervisors are helpful.

Timely Social Worker Visits with Child (Table 20):

- Contact timeliness remains above 90% but again not at the level that is desired. Contact timeliness has been impacted by staff cuts and increased case loads. Two of the four adoption units were disbanded due to budget cuts. Consequently, adoption caseloads soared into the 80's which decreased contact timeliness. Once again, staff were also reassigned necessitating training time away from the office, thus reducing the number of days to complete contacts.
- In order to assist the staff in prioritizing their work, the agency prioritized that face to face contacts with children 5 and under were the highest priority. This has ensured that the most vulnerable children are seen first and consistently. To assist contact timeliness, Sacramento implemented a process to enter FFA social worker contacts in preparation for the elimination of contact waivers. This has helped increase the compliance for children in FFA placements.

Recommendation for possible inclusion in the SIP:

S 1.1: Safety Outcome Measure - No Recurrence of Maltreatment -

Current performance is above the Federal Standard (94.6%). However, recent funding changes that restrict prevention services to the 0 to 5 year child population and their families, the reduction in prevention program expenditures at the state and local level, and identified gaps in geographic areas of the community raise concern for the future. In addition, the significant cutback in family maintenance has shifted early intervention services for a large population to the community based sector and eliminated early intervention services to others. Therefore, the county would like to continue careful focus of this measure, especially as it links to prevention intervention, and reentry.

S 2B: Safety Outcome Measure -Timeliness of Investigations for 10-day

Current performance is below the state level.

PERMANENCY:

The most permanent and beneficial outcome for any child placed out of his/her home is to be successfully reunited with his/her parents. However, recognizing that this is not always possible, developing alternative permanent plans early in the "life" of a case is critical to good outcomes for

children. Those alternatives are considered in the following order: adoption, legal guardianship and successful emancipation with permanent lifelong connections. Sacramento County also considers stable placement with a relative as permanency. This section of the report discusses performance in providing permanency for children/youth in the child welfare system.

Reunification Outcomes

Permanency Measure C1.1: Reunification within 12 months (Exit Cohort)

This measure answers the question: Of all children discharged from foster care to reunification during the year that had been in foster care for 8 days or longer, what percent were reunified in less than 12 months from the date of the latest removal?

Current Performance: Child Welfare

Table 21 & Figure 14 (All of the data was extracted from the Center for Social Services Research: Citation:

Needell, B., Webster, D., Armijo, M., Lee, S., Dawson, W., Magruder, J., Exel, M., Cuccaro-Alamin, S., Putnam-Hornstein, E., Williams, D., Simon, V., Hamilton, D., Lou, C., Peng, C., Moore, M., Jacobs, L., & King, B. (2011). *Child Welfare Services Reports for California*. Retrieved 9/2011, from University of California at Berkeley Center for Social Services Research website. URL: http://cssr.berkeley.edu/ucb_childwelfare Extract Q3 2011)

Table 21 C1.1 Reunification with 12 months (exit cohort) [October through September]					
	2009	2010	2011	Direction	Federal Standard
Sacramento	70.3%	67.7%	63.5%	Decrease	75.2%

Sacramento's timely reunification, as measured by exits within 12 months, declined sharply in 2010 and 2011. Sacramento's decrease was most likely due to elimination of voluntary family maintenance and its attendant high usage of voluntary placements.

Permanency Measure C1.2: Median Time to Reunification (Exit Cohort)

This measure answers the question: Of all children discharged from foster care to reunification during the year who had been in foster care for 8 days or longer, what was the median length of stay (in months) from the date of latest removal from home until the date of discharge to reunification?

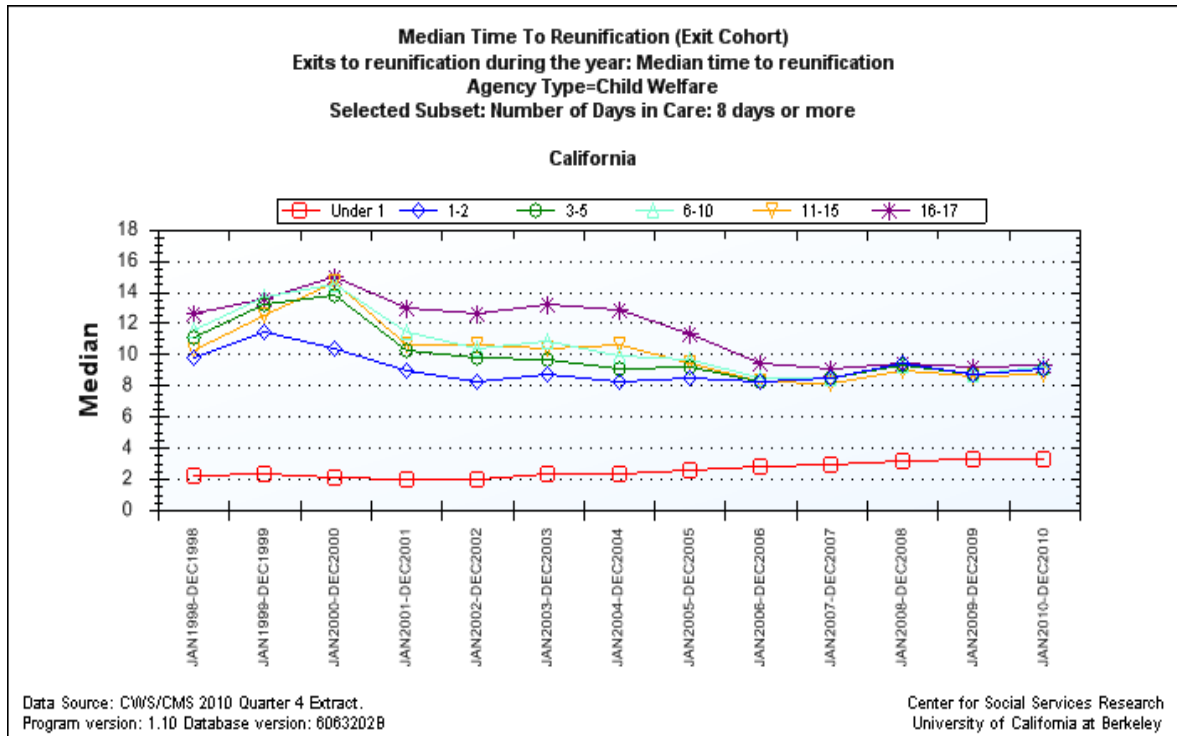
Current Performance: Child Welfare

Table 22 (All of the data was extracted from the Center for Social Services Research: Citation: Needell, B., Webster, D., Armijo, M., Lee, S., Dawson, W., Magruder, J., Exel, M., Cuccaro-Alamin, S., Putnam-Hornstein, E., Williams, D., Simon, V., Hamilton, D., Lou, C., Peng, C., Moore, M., Jacobs, L., & King, B. (2011). *Child Welfare Services Reports for California*. Retrieved 9/2011, from University of California at Berkeley Center for Social Services Research website. URL: http://cssr.berkeley.edu/ucb_childwelfare)

Table 22 C1.2 Median months to reunification (exit cohort)					
	2009	2010	2011	Direction	Federal Standard
Sacramento	7.3	8.5	8.1	Worsening	5.4

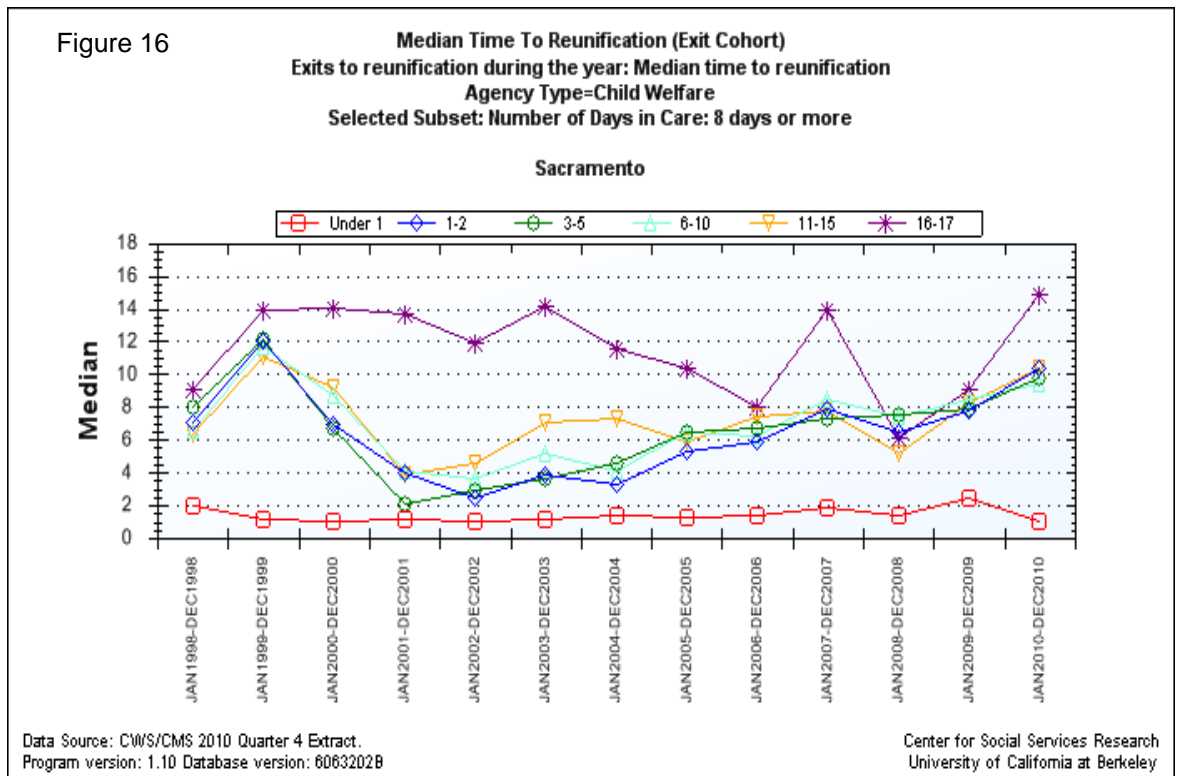
This measure supports C1.1 by showing that median reunification time has increased in the past three years.

Figure 15 C1.2 Median Time to Reunification (Exit Cohort) By Age
California



Sacramento

Figure 16



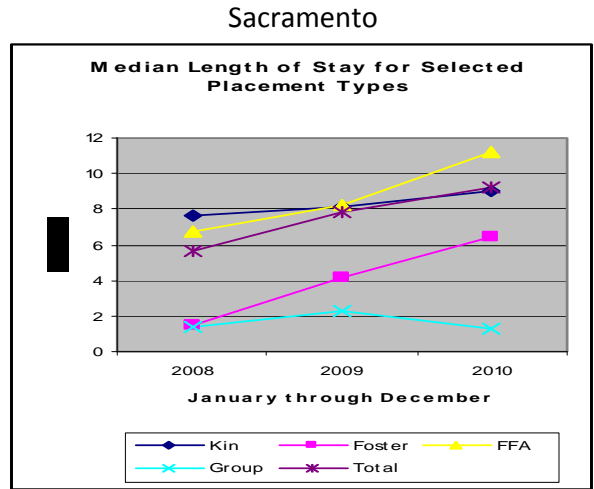
As shown in Figures 15 and 16 above, both Sacramento and California show little variation in the time to reunification except for children under 1, who reunify very quickly. However, Sacramento's youth aged 16-17 took an increasingly long time to reunify, especially in 2010.

Figure 17 (All of the data was extracted from the Center for Social Services Research: Citation: Needell, B., Webster, D., Armijo, M., Lee, S., Dawson, W., Magruder, J., Exel, M., Cuccaro-Alamin, S., Putnam-Hornstein, E., Williams, D., Simon, V., Hamilton, D., Lou, C., Peng, C., Moore, M., Jacobs, L., & King, B. (2011). *Child Welfare Services Reports for California*. Retrieved 9/2011, from University of California at Berkeley Center for Social Services Research website. URL: http://cssr.berkeley.edu/ucb_childwelfare)

All lengths of stay increased during the three years except for group home, which is primarily the Children's Receiving Home (see figure 17.)

Tables 23 and 24 show that children placed in FFAs have the longest time to reunification, with the median time rising during the three years. The length of stay in foster homes increased the fastest, but it was still below the average. The length of stay in kin homes did not increase as much as in other placements, but the other placements caught up to kin

Figure 17 C1.2 Median months to reunification (exit cohort) By Placement Type— Sacramento



Selected Placement Type	2008	2009	2010
Kin	7.6	8.1	9
Foster	1.5	4.2	6.4
FFA	6.7	8.2	11.2
Group	1.4	2.3	1.3
Total	5.7	7.8	9.2

Selected Placement Type	2008	2009	2010
Kin	1.3	1.0	1.0
Foster	0.3	0.5	0.7
FFA	1.2	1.1	1.2
Group	0.2	0.3	0.1
Total	1.0	1.0	1.0

Permanency Measure C1.3: Reunification within 12 Months (Entry Cohort)

This measure answers the question: Of all children entering foster care for the first time in the 6-month period who remained in foster care for 8 days or longer, what percent were discharged from foster care to reunification in less than 12 months from the date of latest removal from home?

Current Performance: Child Welfare

Table 25 (All of the data was extracted from the Center for Social Services Research: Citation: Needell, B., Webster, D., Armijo, M., Lee, S., Dawson, W., Magruder, J., Exel, M., Cuccaro-Alamin, S., Putnam-Hornstein, E., Williams, D., Simon, V., Hamilton, D., Lou, C., Peng, C., Moore, M., Jacobs, L., & King, B. (2011). *Child Welfare Services Reports for California*. Retrieved 9/2011, from University of California at Berkeley Center for Social Services Research website. URL: http://cssr.berkeley.edu/ucb_childwelfare)

Table 25 C1.3 Reunification within 12 months April through September (entry cohort) Percent Reunified					
	2008	2009	2010	Direction	Federal Standard
Sacramento	50.1%	45.8%	41.4%	decreasing	48.4%

About half the children who enter care are reunified within 12 months. Both the State and Sacramento fall below the federal standard.

Figure 18

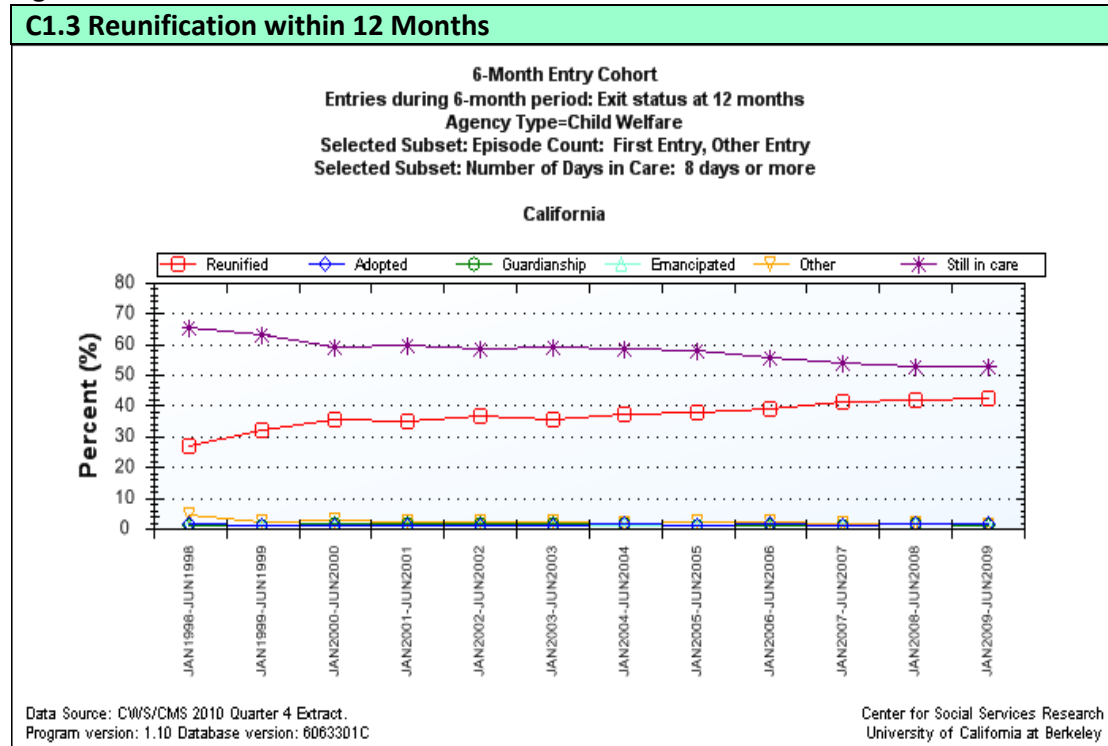
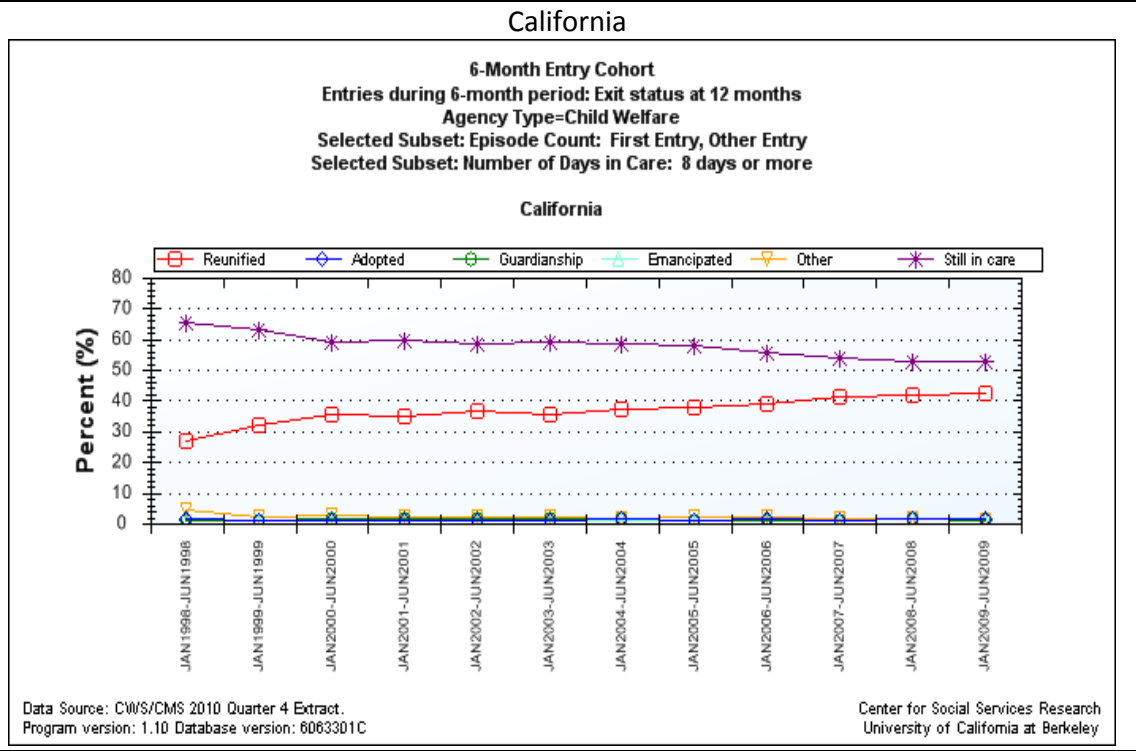


Figure 19

C1.3 Reunification within 12 Months



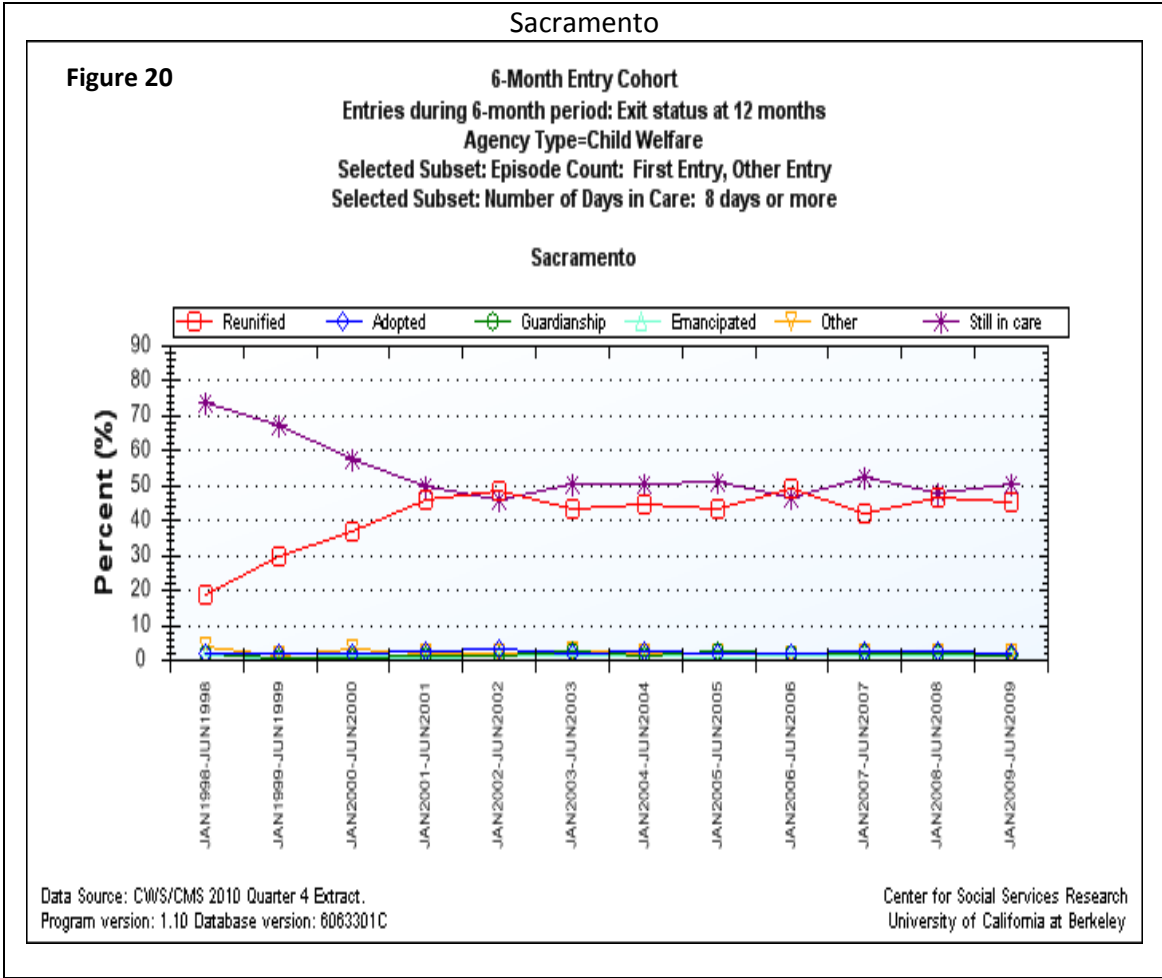


Table 26 Sacramento County Team Decision Meetings (TDMs)					
	Imminent Risk of Removal	Emergency Placement	Potential Placement Change	Exit From Placement	Total
FY 06/07	71		246	31	348
FY 07/08	162		490	61	713
FY 08/09	187		937	88	1212
FY 09/10	324	79	645	156	1204
FY 10/11	261	31	688	245	1225

(Source: Sacramento County Data Book)

CWS Analysis for C1.1, C1.2 and C1.3: Reunification

- Sacramento nearly meets the federal standard when an entry cohort is used. Of the children who enter foster care, the County reunifies an appropriate percentage within 12 months—47.5%. But, when we look at exits cohorts, Sacramento’s timely reunification is getting worse, not better. Sacramento dropped from 70.6% in 2009 to 61.4% in 2010 for the percentage reunified within 12 months of those who were reunified; the median length of stay to reunification was 9.2 months in 2010. With the drop in the rate of children entering care, there are fewer children staying for a short time. This, in turn, increases the reunification time.
- While median months to reunification (C1.2) for the exit cohorts did not show any racial disparity, children under 1 and youth 16 to 17 stayed a disproportionate time—babies a very short time and 16 to 17 year old youths a very long time. See figure 16. Reunification time showed increases in all types of placements except for Group (which is predominately Sacramento shelter); According to C1.2, Sacramento County licensed foster homes continue to have the shortest length of stay (6.4 months). FFA length of stay was 1.75 months longer than county foster homes while those in kin placements stayed 1.4 times longer than those in county foster homes.
- Discussion in the CSA process identified that due to the decrease in the voluntary Family Maintenance program and a decrease in individualized services for families, such as the move towards group therapy; it is unrealistic for families to reunify within shorter time frames. The criteria have been tightened for children to enter the system and only the highest need children and families are provided foster care services. Other families are referred to Differential Response and other community based services.
- The outcomes regarding reunification was something Sacramento focused on in our last SIP and several strategies were identified.
 - Team Decision Making Meetings (Table 26) which were identified across all stakeholder groups as beneficial due to the empowering of families to be included in the decision making process, have significantly increased their numbers during of the CSA period.
 - Sacramento implemented TDMs in June of 2006, holding 348 in FY 06/07. In FY 09/10, Sacramento held 3.5 times that number (1204 meetings). The biggest growth occurred in FY 08/09.
 - In July of 2009, emergency placement TDMs were started as a pilot project. The biggest growth in TDMs has been in exit from placement which, in FY 10/11, was 7 times those in FY 06/07 (1225 and 348 respectively).
 - Potential Placement Change TDMS have always comprised the majority, 56% in FY 09/10.
 - Other promising practices that have been implemented are Signs of Safety and an increase in relative placements
 - CPS has made significant systemic changes that it is anticipated will increase timely reunification. Vertical case management has been insituted, whereby one worker provides both family reunification and permanent placement services to the family. This continuity of care will be beneficial for the relationship between the family and social worker.

- There are many challenges to reunification, some that were identified are:
 - Case load size (27 cases per worker) affects the length of time to reunification.
 - Scarcity of community support services lengthens the time to reunification. These include community mental health services and substance abuse supports.
 - With the budget cuts the agency has moved towards group therapy. Parents have difficulties disclosing and assessments seem to take longer.
 - Parents are asked to write essays as part of treatment. The social worker is not allowed to read the essay. Some respondents were not sure how effective this approach is.
 - There is a different threshold for entering and exiting the child welfare system.
 - It is hard to get everything to the level the department wants for returning the children.
 - Affordable housing is a huge issue.
 - Families can't afford some of the services they need.
 - Competing demands between CalWORKS/CPS and some parents don't know how to advocate for themselves.
 - Providers don't necessarily have the programming that the families need.

Probation Analysis for C1.1, C1.2, C1.3 and C1.4: Reunification

- Family Reunification is the number one priority for the Probation Department. However, there is an increased severity of probation youth's risk factors, including; gang involvement, assaultive behavior, increase in mental health issues and other difficulties. It is often not realistic for them to be returned home in 12 months. For some youth such as sexual offenders the program is longer than 12 months so they are unable to reunify within the Federal time frames. Probation continues to encourage visitation and contact in order to facilitate Family Reunification.
- In the current economic climate, there are many parents that are homeless and really can't afford for the youth to return home. In some cases, even a weekend pass is not affordable for the parents.
- Youth do not have any realistic plans for employment. Previously the youth might be able to get a job to help the family. Now teen employment is very difficult; they are competing against adults and do not have the role models to be successful. Probation works with ILP to develop better plans for employment. This is an area to consider for the SIP.
- Several local programs that were essential in the care and treatment of delinquent youth have closed. There were options before like the Sacramento County Boy's Ranch which had the ability for youth to have short stays in a structured setting while the youth worked on their treatment goals and program staff engaged the family to work on reunification concerns and challenges. Options, like the Boys Ranch no longer exist.
- There is frequently generational criminality and gang involvement in families of youth committed to Level A and B placement. There are no role models for the youth and it is hard to reunify them when their parents are participating in criminal behavior or are incarcerated.

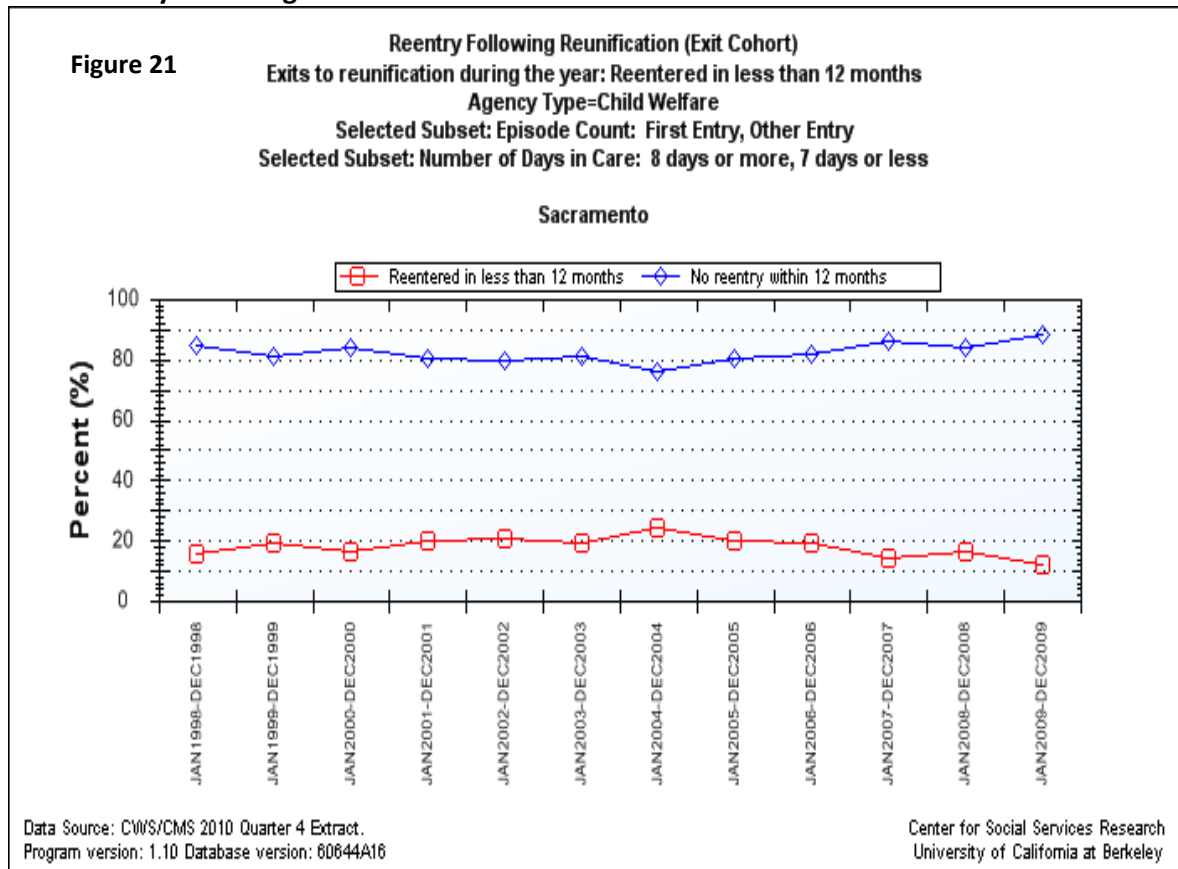
Permanency Measure C1.4: Re-Entry Following Reunification (Exit Cohort)

This measure answers the question: Of all children discharged from foster care to reunification during the year, what percent reentered foster care in less than 12 months from the date of the earliest discharge to reunification during the year?

Current Performance: Child Welfare

Table 27 C1.4 Reentry following reunification (October through September)					
	2008	2009	2010	Direction	Standard
Sacramento	14.0%	13.5%	13.7%	Steady	9.9%

C1.4 Reentry following reunification



Analysis for C1.4: Reentry

- While California’s reentry rate has increased slightly, Sacramento’s has shown a small but mostly steady decrease since 2004 which is an improvement.
- Parents, staff, and other stakeholders all identified the difficulties facing families after reunification. Many stated that the focus is on getting the children returned and not on fixing the multiple issues that the family is facing. Once the child is returned home and CPS exits the family, many supports are also removed, for example bus passes, counseling, and medical services.

- Another challenge identified is that when children are in the system they are frequently placed in another part of the city in a foreign school and have infrequent visitation with their parents. It is a culture shift to be removed from the home and then returned. The trauma the child experiences sometimes manifests itself in behavioral problems that the parent is ill equipped to cope without ongoing support. This heightens the risk of relapse. Team Decision Making Meetings are a strategy that has been utilized to identify relatives and/or foster families within the child’s home neighborhood who may provide support to the family after reunification.
- Community Providers that were surveyed noted that services provided by the community, mental health services, and in home services were the main supports for reunified families.
- Relapse is common among parents with chronic diseases such as mental illness and substance abuse.
- Several local programs that were essential in the care and treatment of delinquent youth have closed. There were options before like the Sacramento County Boy’s Ranch which had the ability for youth to have short stays in a structured setting while the youth worked on their treatment goals and program staff engaged the family to work on reunification concerns and challenges. Options, like the Boys Ranch no longer exist.
- While data does exist in CWS/CMS on probation cases since 10/1/11, much placement data is missing thereby invalidating CWS/CMS as a reliable source of outcome/performance measures for probation cases.

If reunification is by-passed or terminated, adoption is the most permanent next choice. The outcome measure uses being in care for 17 months as a marker that adoption should be pursued. A major step toward adoption is terminating parental rights which make the child legally free for adoption. Measure C2.4 measures how many children who have been in foster care for 17 months (who aren’t freed during those 17 months) have been legally freed within the next 6 months. Since adoption usually takes a year, measure C2.3 takes another look at these children who have been in care for 17 months to see how many were adopted within the next 12 months. Ideally adoption would already be well under way, if not completed, for children in care 17 months or more. Decreasing trends could indicate that Sacramento is doing a better job of starting adoption early.

Most California counties, Sacramento included, do not terminate parental rights until an adoptive family has been found. This group of measures looks at the timeliness of the adoption process—when does it start and how long it takes.

Permanency Measure C2.1: Adoption Within 24 months (Exit Cohort)

This measure answers the question: Of all children discharged from foster care to a finalized adoption during the year, what percent were discharged in less than 24 months from the date of the latest removal from home?

County’s Current Performance:

Table 28 C1.1 Adoption within 24 months (Exit Cohort) (October through September)					
	2009	2010	2011	Direction	Standard
Sacramento	34.5%	42.3%	34.8%	Mixed	36.6%

Permanency Measure C2.2: Median Time to Adoption (Exit Cohort)

This measure answers the question: Of all children discharged from foster care to a finalized adoption during the year, what was the median length of stay (in months) from the date of latest removal from home until the date of discharge to adoption?

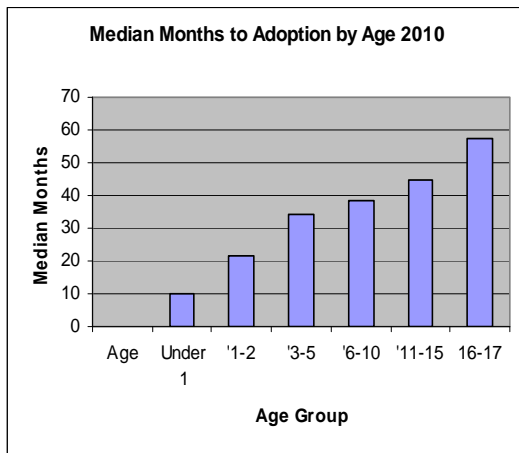
Current Performance: Child Welfare

Table 29 C2.2 Median Months to Adoption for Children who Exited to Adoption (October through September)					
	2009	2010	2011	Direction	Standard
Sacramento	28.0	25.7	28.0	Mixed	27.3

In 2011, those who were adopted spent a median of 28 months in foster care.

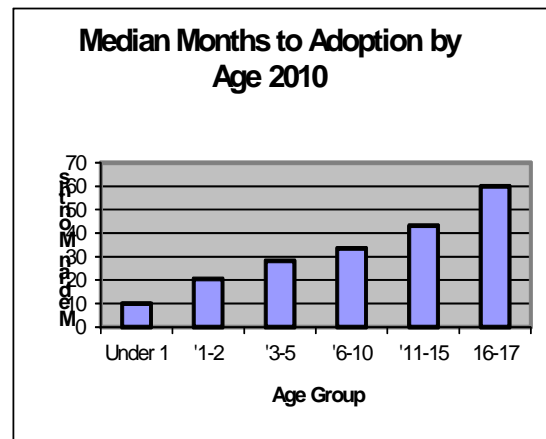
California

Figure 22



Sacramento

Figure 23



The length of time from foster care entry to adoption increases as children get older. This pattern is true for both California and Sacramento County

Table 24 Median Time to Adoption by Placement Type and Race/Ethnicity

California

Placement Type	Median Months
Kin	31.6
Foster	24.4
FFA	31.2

Race/Ethnicity	Median Months
Black	32.0
White	27.1
Hispanic	31.3

Sacramento

Placement Type	Median Months
Kin	28.4
Foster	21.5
FFA	25

Race/Ethnicity	Median Months
Black	28.6
White	23.2
Hispanic	27.5

Sacramento and California both show that adoption from foster home placements take the shortest time and kin the longest. But, for each placement type, Sacramento is more timely than the State.

While Sacramento shows some variation among race/ethnic categories, they are all within 1 standard deviation of the mean and are therefore not significant.

Permanency Measure C2.3: Adoption within 12 Months (17 Months in Care)

This measure answers the question: Of all children in foster care for 17 continuous months or longer on the first day of the year, what percent were discharged to a finalized adoption by the last day of the year?

Current Performance: Child Welfare

Table 31 C2.3 Adoption within 12 months for children in care 17 months or more (October through September)					
	2009	2010	2011	Direction	Standard
Sacramento	18%	15.3%	25.2%	Mixed	22.7%

Table 32 C2.3 Adoption within 12 months for children in care 17 months or more by Race—Sacramento				
Race	2008	2009	2010	2010 Number of Children
Black	12.0%	15.7%	14.2%	544
White	16.2%	17.6%	17.9%	391
Hispanic	22.4%	22.1%	18.9%	312

Both California and Sacramento County are under the federal standard for adoption for long staying children.

Racial disparity does not appear to be a primary factor influencing this measure although a disparate number of African American children are in the foster care system. Variation by age and placement type does occur as explained above for measures C2.4. The county has a Kinnections 1 grant that focuses on finding relative placements for African American dependents, age 0 to 17. Relative placements often lead to legal and/or emotional permanency.

Permanency Measure C2.4: Legally Free Within 6 Months (17 Months in Care)

This measure answers the question: Of all children in foster care for 17 continuous months or longer and not legally free for adoption on the first day of the year, what percent became legally free within the next 6 months?

Current Performance: Child Welfare

Table 33 C2.4 Legally Free within 6 months for children in care 17 months or more) (October through March)					
	2009	2010	2011	Direction	Standard
Sacramento	3.2%	5.3%	7.1%	Increasing	10.9%

Table 34 C2.4 Legally Free within 6 months for children in care 17 months or more) by Placement Type Sacramento				
Placement Type	2008	2009	2010	2010 Number of Children
FH	10.7%	5.0%	2.9%	35
FFA	6.9%	3.6%	3.9%	532
Kin	5.6%	5.0%	9.0%	212

Neither California nor Sacramento met the federal standard.

Table 35 C2.4 Legally Free within 6 months for children in care 17 months or more) by Race and Age Sacramento

Race	2008	2009	2010	2010 Number of Children
Black	3.3%	3.2%	2.8%	427
White	6.9%	2.0%	6.9%	288
Hispanic	9.1%	6.2%	3.4%	207

Age	2008	2009	2010	2010 Number of Children
0-5	32.5%	21.4%	25.0%	40
6-12	2.0%	7.3%	4.6%	109
13+	.6%	0%	0%	0

In 2010, freed children in kin placements rose markedly to 9%. This may be because a larger proportion of those living with kin hadn't been freed before 17 months. The statistics by race/ethnicity were too variable to draw a conclusion.

By its nature, adoption is oriented toward infants and children. In 2009 and 2010 no youth 13 or older who had been in foster care for 17 months was freed in the next 6 months.

Permanency Measure C2.5: Adoption within 12 Months (Legally Free)

This measure answers the question: Of all children in foster care who became legally free for adoption during the year, what percent were then discharged to a finalized adoption in less than 12 months?

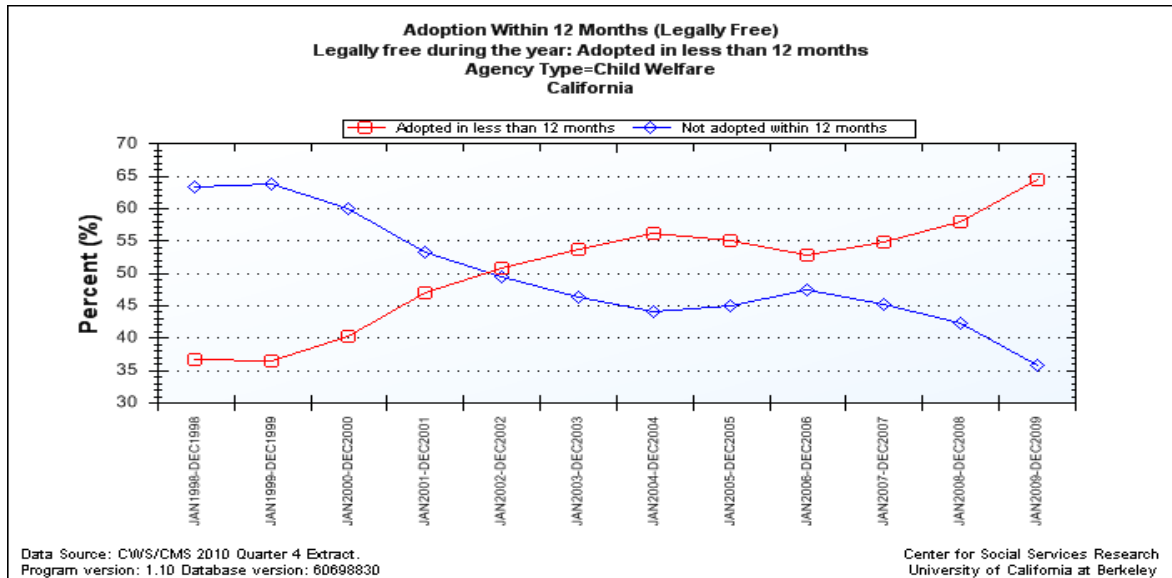
Current Performance: Child Welfare

Table 36 C2.5 Adoption within 12 months of being legally freed (October through September)					
	2008	2009	2010	Direction	Standard
Sacramento	58.5%	51.9%	59.6%	Mixed	53.7%

This measure ignores how long the child was in care before being freed. Rather it looks at the timeliness of the adoption process once the child is freed. Sacramento has a very different pattern than the State. Starting in 2007, California percentage of freed children adopted within 17 months of being legally freed has increased. See Figure 19. In contrast, Sacramento’s percentage shown in Figure 20, has decreased since 2005.

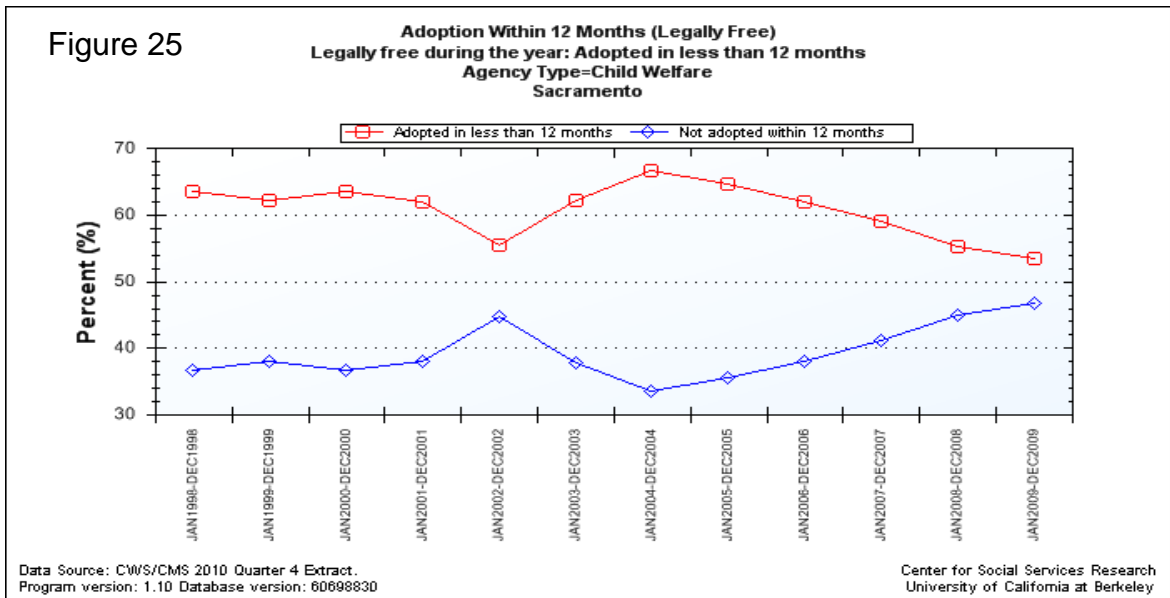
Figure 24

California



Sacramento

Figure 25



Analysis for C2.1, C2.2, C2.3, C2.4 and C2.5: Adoption

- Once a child’s parental rights are terminated, Sacramento has become less timely in finalizing his/her adoption. Even so, Sacramento was close to the federal standard.
- Adoption social work staff ranged from 36 to 39 FTE from July 2008 to July 2009. In August 2009, FTE abruptly dropped from 23 to 17 through July 2010. In August 2010, adoption social worker FTE increased some, ranging from 20-21. As a consequence, caseloads increased to the mid-eighties, with a subsequent reduction in adoption outcome achievement. The number of children adopted in FY2010/11 increased 87% from the previous fiscal year. CPS continuously revisits the recommendation for reunification and seeking permanency.
- Workers state that sometimes relatives may not want to adopt or take legal guardianship of the child. They don’t want to supplant the parent and continue to hold hope that the child can be reunified. With the agency placing more children in relative homes, the number of adoptions could decrease. However, currently 46% of Sacramento’s finalized adoptions are with relatives.
- Sacramento has consistently made special efforts to find adoptive families for hard to place children. Typically, these children have been in care longer. Therefore, when they exit, it increases the time to adoption
- Staff notes that permanency is negatively impacted by the child’s special needs, lack of suitable families, and the child’s age. In addition to the child’s special needs and lack of suitable families, our community partners identified the lack of adequate resources to support families as a reason for low rates of permanency. Starting earlier family finding was identified to be a possible way to improve permanency rates. Destination Family focuses on placing children with relatives. Although Sacramento County considers a stable relative placement as permanency, these placements are not included as permanency in the Berkeley

outcome measures. While a number of relatives do eventually take guardianship or adopt, it is not an objective of the program. Since March 2010 Destination Family has had 2 cases finalize guardianship and one case finalize adoption out of 42 referrals. Two more are pending finalization of adoption this year.

- No statistics are kept on the permanency outcomes of The Heart Gallery. Many families fostering CPS dependents value services provided by the county social worker, and when placed in a FFA, the FFA social worker. In addition to advice on behavior management and relationships with the biological family, the social worker refers the child to needed services such as mental health counseling. Family Service Workers or the FFA social worker often transport the dependent to family visits and appointments. The foster parents like the training provided to them. Finally, foster parents retain the option of giving a 7-day notice for placement change.

Recommendation for possible inclusion in the SIP:

- Permanency Measure C2.3: Adoption within 12 Months (17 Months in Care)
- Permanency Measure C2.4: Legally Free Within 6 Months (17 Months in Care)
- Permanency Measure C2.5: Adoption within 12 Months (Legally Free)
- Permanency Measure C3.3: Long Term Care Outcome: In Care 3 Years or Longer (Emancipated/Age 18)

Permanency Measure C3.1: Long Term Care Outcome: Exits to Permanency (24 Months in Care)

This measure answers the question: Of all children in foster care for 24 months or longer on the first day of the year, what percent were discharged to a permanent home by the end of the year and prior to turning 18?

Current Performance: Child Welfare

Table 37: C3.1 Exits to Permanency (October through September) 24 Months in Care

	2008	2009	2010	Direction	Standard
Sacramento	21.2%	17.6%	28.7%	Increasing	29.1%

After a decrease in 2009, Sacramento comes within .4% points of the standard in 2010.

Table 38: C3.1 Exits to Permanency (24 Months in Care) Sacramento	JAN2010-DEC2010 %
Exited to reunification by end of year and before age 18	2.5
Exited to adoption by end of year and before age 18	13.2
Exited to guardianship by end of year and before age 18	5.1
Exited to non-permanency by end of year	11.6
Still in care	67.5
Total	100

However, as Table 38 shows, 67.5% of Sacramento children were still in foster care after two years. Adoption was the most common permanency option for these long staying children.

Table 39: C3.1 Exits to Permanency (24 Months) by Age Sacramento 2010					
Age Group	Reunification	Adoption	Guardian-ship	Non-Permanency	Still in Care
Under 1	-	-	-	-	-
1-2	-	68.4%	-	-	31.6%
3-5	-	58.4%	4.0%	-	37.6%
6-10	4.3%	21.2%	7.1%	-	67.4%
11-15	3.0%	3.7%	6.5%	2.3%	84.4%
16-17	2.0%	1.7%	3.4%	33.5%	59.4%

Once a child has been in care for 2 or more years, age is an important factor influencing both the likelihood and form of permanency. The older the child was, the more likely s/he remained in care. The probability of adoption decreases sharply with age.

Table 40: C3.1 Average Exits to Permanency (24 Months) by Race Sacramento 2010					
Race	Reunification	Adoption	Guardian-ship	Non-Permanency	Still in Care
White	3.4%	11.6%	4.1%	14.0%	66.8%
Black	3.2%	11.4%	6.9%	10.7%	67.9%
Hispanic	0.8%	17.4%	3.6%	11.7%	66.4%
Asian	-	21.3%	2.1%	6.4%	70.2%

There were no strong patterns by race.

Table 41: C3.1 Exits to Permanency (24 Months) by Kin Placement Type Sacramento 2010			
Placement Type	January - December		
	2008	2009	2010
Reunification	2.7%	2.1%	1%
Adoption	14.6%	19.9%	22.8%
Guardianship	8.4%	8%	8.6%
Non-permanency	8.4%	8%	7.9%
Still in care	65.9%	62%	59.7%
Total	100%	100%	100%

Table 41 only looks at children in kin placements. The percentage of children in kin placement for 24 or more months has declined from 2008 to 2010 by 6.2 percentage points. Fewer (59.7%) children in kin placements were still in care in after 24 months 2010 compared to the overall percentage of 67.5% in Table 38.

Table 42: C3.1 Average Exits to Permanency (24 Months) 2008-2010 by Selected Placement Type-- Sacramento			
	Kin	Foster Care	FFA
Reunification	1.9%	5.5%	2.7%
Adoption	19.1%	16.9%	10.5%
Guardianship	8.3%	6.6%	3.7%
Non-permanency	8.1%	7.2%	11.8%
Still in care	59.7%	66.2%	71.3%
Total	100%	100%	100%
2010 Child Count	290	40	580

Table 42 averages the percentage of exits over three years and presents the data for the dominate placement types. FFAs are the least likely placement type to provide permanency to long staying children. There are very few long staying children in county licensed foster homes (only 40 in 2010) so this placement type doesn't have much impact. Overall, kin provides long staying children with the best change of permanency, but even so, 60% remain in care.

Permanency Measure C3.2: Long Term Care Outcome: Exits to Permanency (Legally Free at Exit)

If reunification is by-passed or terminated, adoption is the most permanent next choice. The outcome measure uses being in care for 17 months as a marker that adoption should be pursued. A major step toward adoption is terminating parental rights which make the child legally free for adoption. Measure C2.4 measures how many children who have been in foster care for 17 months (who aren't freed during those 17 months) have been legally freed within the next 6 months. Since adoption usually takes a year, measure C2.3 takes another look at these children who have been in care for 17 months to see how many were adopted within the next 12 months. Ideally adoption would already be well under way, if not completed, for children in care 17 months or more. Decreasing trends could indicate that Sacramento is doing a better job of starting adoption early.

Most California counties, Sacramento included, do not terminate parental rights until an adoptive family has been found.

Measure C3.2 answers the question: Of all children discharged from foster care during the year who were legally free for adoption, what percent were discharged to a permanent home prior to turning 18?

From July to September, 2011, Sacramento County slightly exceed the national standard of 98%. But this is largely a meaningless measure since children's rights aren't terminated until an adoptive home is located. So it would be shocking if almost all of the children weren't adopted.

Current Performance: Child Welfare Permanency Measure C3.3: Long Term Care Outcome: In Care 3 Years or Longer (Emancipated/Age 18)

This measure answers the question: Of all children in foster care during the year who were either discharged to emancipation or turned 18 while still in care, what percent had been in foster care for 3 years or longer?

County's Current Performance: Child Welfare

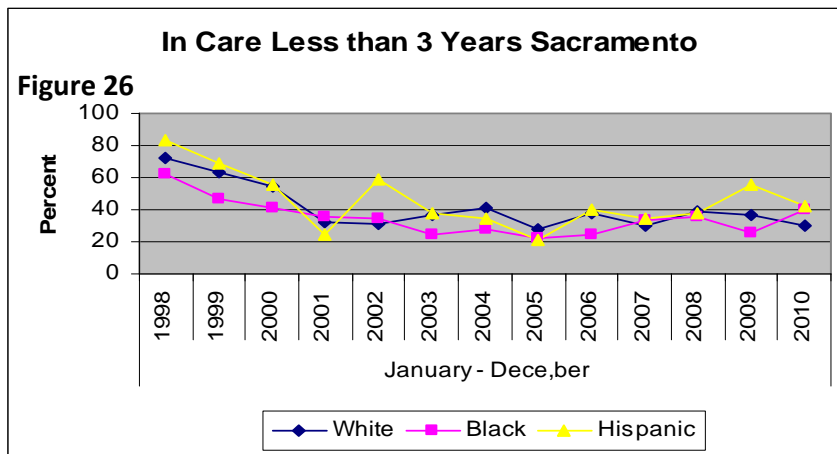
Table 43: C3.3 Length of Stay of Youth Who Emancipated or Turned 18 Sacramento			
October through September			
	2009	2010	2011
% In care 3 years or longer	63.9%	58.5%	64.7%
Federal Standard	37.5%		

Measure C3.3 looks at youth who either emancipated or turned 18 during the year. The federal standard is that no more than 37.5% of those who do age out or emancipate stay 3 years or longer in foster care. In Sacramento, 62.2% of those children stayed three years or longer.

Table 44: In Care Less than 3 Years Sacramento			
	January - December		
	2008	2009	2010
White	39	36.4	29.8
Black	36	25.2	39.8
Hispanic	37.5	56.1	42.6

For these youth, time in care after 3 years is highly variable when examined by race; no pattern predominates. See Table 44 and Figure 26.

Age isn't an important variable for this measure since most of the children are older.



Analysis for C3.1, C3.2 and C3.3: Adoption

- Outcome C3.1 shows that Sacramento was very close to the federal standard in achieving permanency for children who have been in foster care for at least 24 months of care. The older the child was, the more likely s/he remained in care. The probability of adoption decreases sharply with age. Kin provides long staying children with the best chance of permanency, but even so, 60% remain in care in Sacramento (C3.1, 2010). As Figure 22 illustrates, there were no consistent racial or ethnic patterns.
- Budget and consequent staff reductions typify the past few years. With an increase in caseloads, the time required to do in depth family finding and provide transitional services diminishes. There were no policy or practice changes.
- In January 2012, Sacramento will begin to implement AB 12 mandated services for Youth 19 years old. Sacramento has a planning committee to work on the implementation of AB 12.
- Recommendations of starting family finding a lot sooner in the case and continue to attempt to place with relatives was also a theme of the CSA.
- C3.2 examines all children discharged from foster care during the year who were legally free for adoption, and reports what percent was discharged to a permanent home prior to turning 18. Since California practice does not generally free children unless they have an adoptive home identified, this federal measure isn't very revealing. Both California and Sacramento have 95% or higher of legally freed children discharged to a permanent home.
- Measure C3.3 looks at youth who either emancipated or turned 18 during the year. The federal standard is that no more than 37.5% of those who do age out or emancipate stay 3 years or longer in foster care. In Sacramento 62.2% of these children stayed 3 years or longer. This is clearly a concern and an area to consider for the SIP.

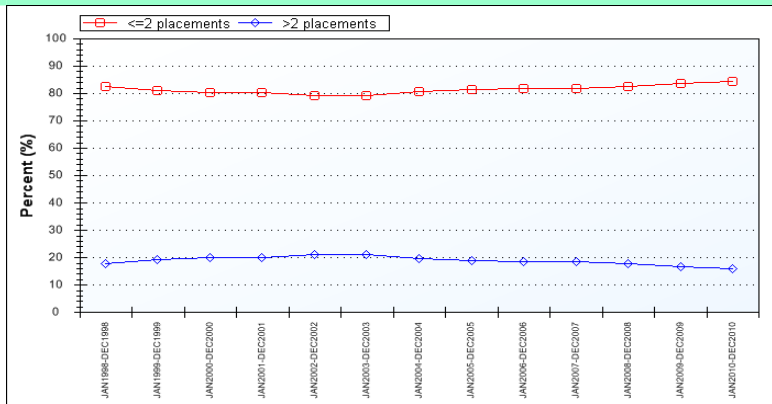
Permanency Measure C4.1: Placement Stability Outcome: Placement Stability (8 Days to 12 Months In Care)

This measure answers the question: Of all children served in foster care during a year who were in foster care for at least 8 days but less than 12 months, what percent had two or fewer placement settings?

Current Performance: Child Welfare

Figure 27: California

C4.1 Two or Less Placements For those in care Less than 12 Months.



California’s placement stability for those in foster care less than 1 year (red line) has been increasing slowly over the last three years, topping at 84.1% in 2010.

Figure 28: Sacramento

C4.1 Two or Less Placements For those in care Less than 12 Months.

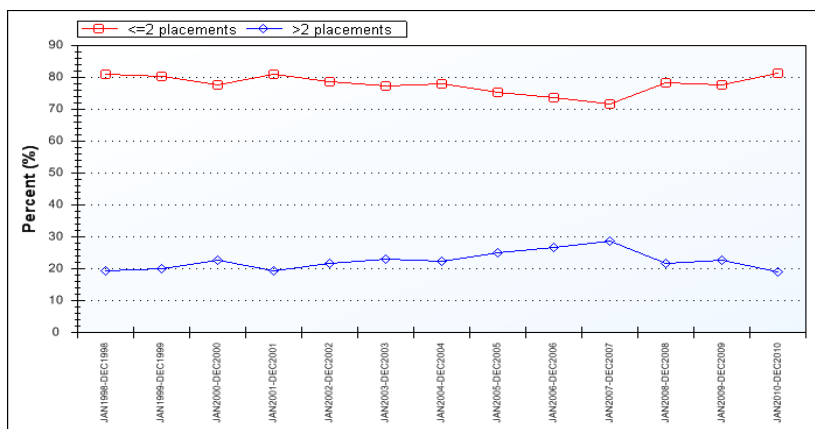


Figure 28 shows that Sacramento’s placement stability has been increasing over the last three years, reaching nearly at 81% in 2010 and 2011. However, it is still below the federal standard as shown in Table 39 below.

Table 45: C4.1 Placement Stability for Those in Care Less Than 12 Months--California October through September

	2009	2010	2011
<=2 placements	78.6%	80.8%	80.7%
Federal Standard	86%		

Permanency Measure C4.2: Placement Stability Outcome: Placement Stability (12 to 24 Months in Care)

This measure answers the question: Of all children served in foster care during a year who were in foster care for at least 12 months but less than 24 months, what percent had two or fewer placement settings?

Current Performance: Child Welfare

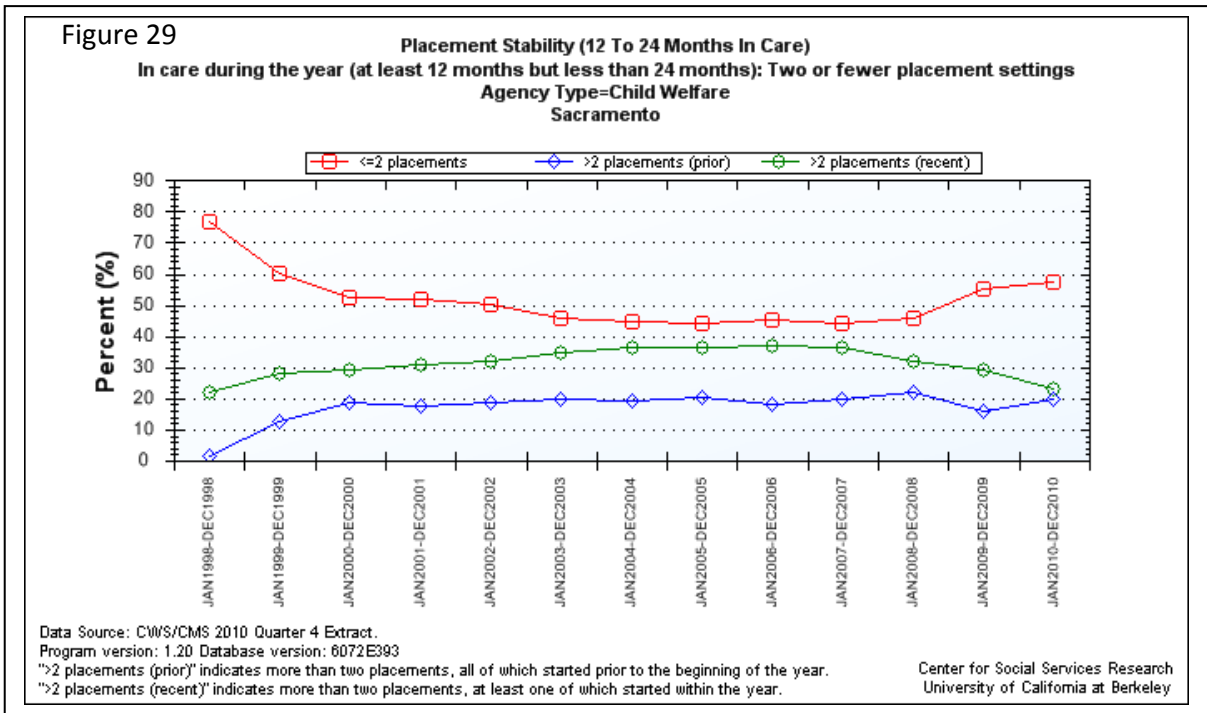
Table 46: C4.2 Sacramento 2 Or Less Placements 12 - 23 Months in Care			
	October through September		
	2009	2010	2011
<=2 placements	53.9%	57.8%	59.8%
Federal Standard	65.4%		

In Table 46 Sacramento County's performance is improving but still below the federal standard. Table 47 compares placement stability by age for both the State and Sacramento County. Sacramento lags behind the State in every age group.

Table 47: C4.2 2 or Fewer Placements-12-23 Months in Care by Age		
	California	Sacramento
Less than 1yr	76.5%	75.4%
1 to 2 yrs	69.1%	65.3%
3 to 5 yrs	64.5%	59.0%
6 to 10 yrs	64.8%	54.6%
11 to 15 yrs	51.9%	42.1%
16 to 17 yrs	46.9%	45.7%

In Figure 29 below, those who have had 2 or more placements are subdivided into two groups: "Prior" (the blue line) denotes those whose moves all occurred before the analysis year. "Recent" (the green line) are those who had a move in the analysis year. The intent is to decrease the percentage of children having a "recent" move. As Table 48 illustrates, the percentage of California's mid-term "recent" movers hasn't changed much in the last three years. It has been between 22 and 23%. In contrast, Sacramento's proportion of "recent" movers has declined from 31.9% in 2008, to 28.5% in 2009, and 22.7% in 2010.

Table 48: C4.2 Less than 2 Placements 12 to 23 Months in Care			
	2008	2009	2010
California Recent	22.6%	23.1%	22.9%
Sacramento Recent	31.9%	28.5%	22.7%

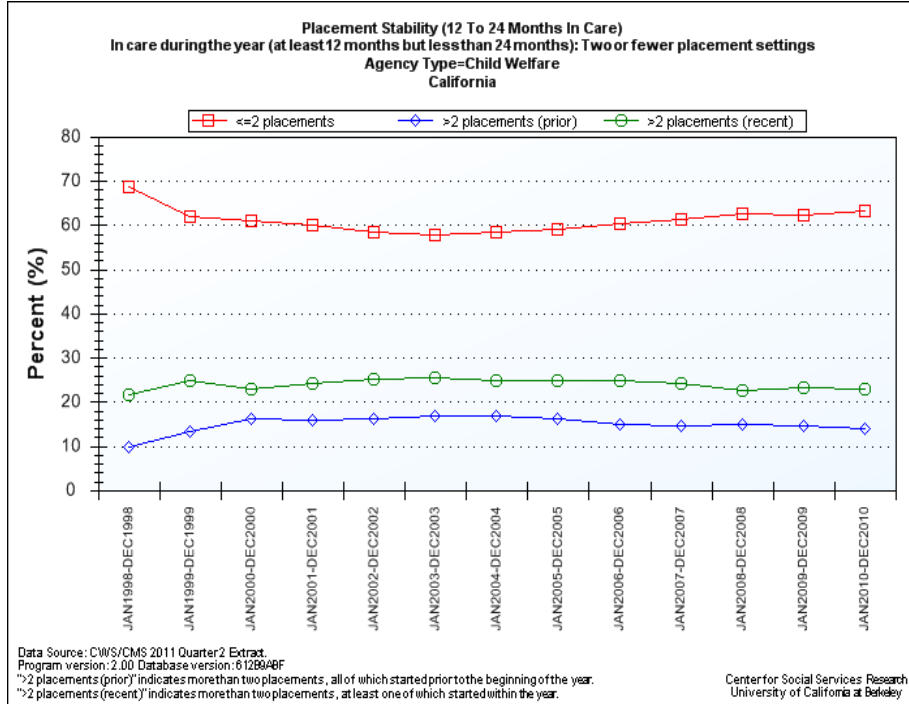


Tables 49 and 50 present the more detailed data illustrated in Figure 29.

Table 49: C4.2 Placement Stability for Those in Care 12 to 24 Months—California January - December			
	2008	2009	2010
<=2 placements	62.4%	64.2%	63.2%
>2 placements (prior)	15%	14.7%	13.9%
>2 placements (recent)	22.6%	23.1%	22.9%
Total	100%	100%	100%

Table 50: C4.2 Placement Stability for Those in Care 12 to 24 Months—Sacramento January - December			
	2008	2009	2010
<=2 placements	46%	56.1%	57.6%
>2 placements (prior)	22.1%	15.4%	19.7%
>2 placements (recent)	31.9%	28.5%	22.7%
Total	100%	100%	100%

Figure 30



Sacramento’s performance for mid-term stayers is also below the State’s in 2010, 57.6% compared to 63.2% for the State. However, both jurisdictions showed a marked improvement in 2010 for both those with 2 or fewer placements as well as those who recently had 2 or more placements.

Permanency Measure C4.3: Placement Stability Outcome: Placement Stability (At Least 24 Months In Care)

This measure answers the question: Of all children served in foster care during a year who were in foster care for at least 24 months, what percent had two or fewer placement settings?

Current Performance: Child Welfare

Table 51 presents California’s placement stability while Table 52 presents Sacramento’s. For long stayers, 3 years or longer, California decreased its placement stability, especially in 2010. In contrast, Sacramento’s stability has steadily gotten better. Nevertheless, Sacramento’s placement stability is still worse than the State’s with 26% having 2 or fewer placements compared to the State’s 32.3% in 2010.

Table 51: California –C4.3 2 or fewer placements for In Care 24 or More Months			
	January - December		
	2008	2009	2010
<=2 placements	33.4%	33%	32.3%
>2 placements (prior)	40.3%	41.2%	40.8%
>2 placements (recent)	26.3%	25.8%	26.9%
Total	100%	100%	100%

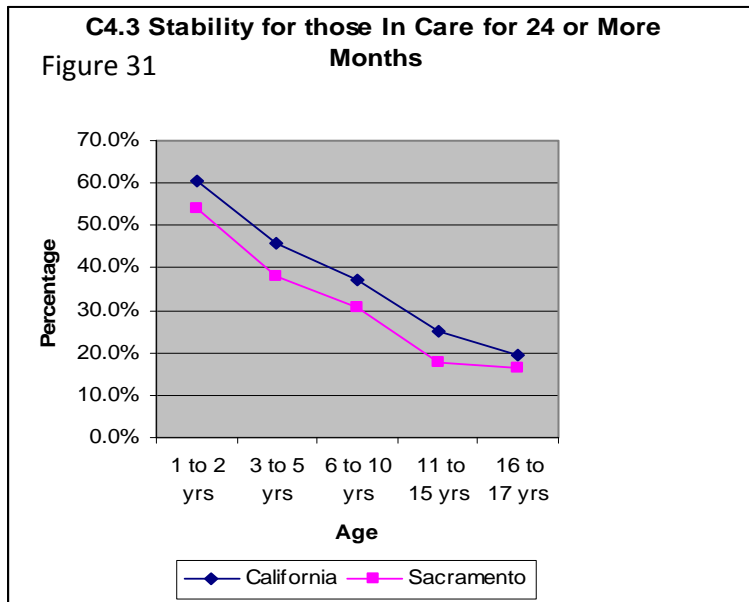
Table 52 C4.3 Sacramento Placement Stability In Care 24 or More Months			
	January - December		
	2008	2009	2010
<=2 placements	22.8%	22.6%	26%
>2 placements (prior)	42.3%	45.2%	40.1%
>2 placements (recent)	34.9%	32.2%	33.9%
Total	100%	100%	100%

Table 53 C4.3 Stability More than 24 Months in Care (October through September)			
	2009	2010	2011
Sacramento	22.7%	25.4%	27.8%
National Standard	41.8%		

Table 53 compares Sacramento County’s overall performance with the federal standard of 41.8%. Despite Sacramento’s improvement, it is still far below the standard.

Table 54: C4.3 Stability More than 24 Months in Care by Age		
	California	Sacramento
1 to 2 yrs	60.6%	53.9%
3 to 5 yrs	46.0%	38.2%
6 to 10 yrs	37.1%	30.6%
11 to 15 yrs	25.1%	17.8%
16 to 17 yrs	19.4%	16.3%

Table 54 and Figure 31 compare Sacramento’s and California’s placement stability by age for long term stayers, those staying 3 or more years. Clearly placement stability decreases by age. Sacramento has less placement stability than the State in every age group.



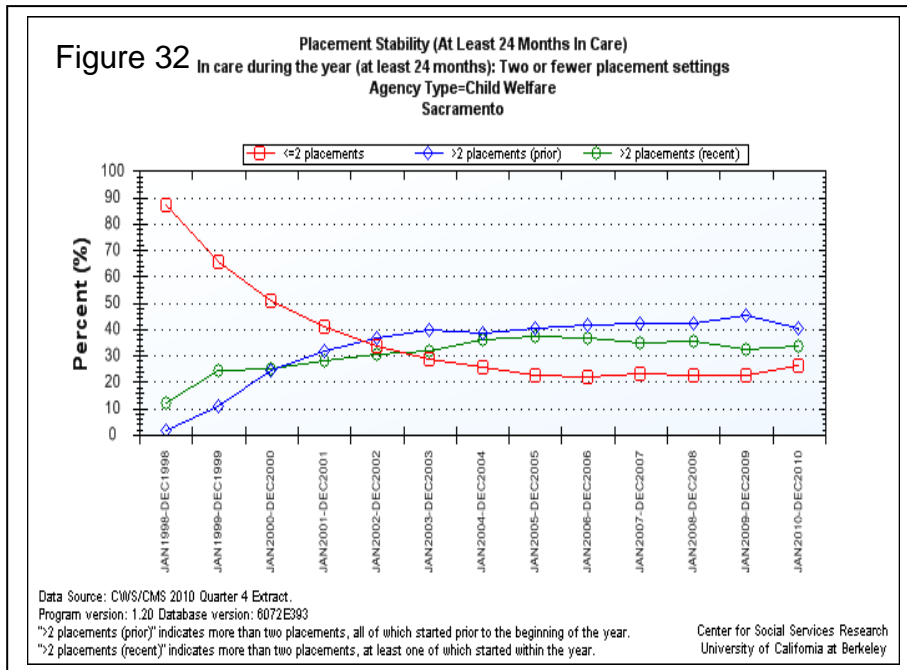


Figure 32 repeats the recent (green line) and prior (blue line) moves for those in care 3 or more years for Sacramento County.

Table 55: C4.3 Placement Stability for Those in Care more than 24 months—California January –December

	2008	2009	2010
<=2 placements	33.4%	33.0%	32.3%
>2 placements (prior)	40.3%	41.2%	40.8%
>2 placements (recent)	26.3%	25.8%	26.9%
Total	100%	100%	100%

Tables 55 and 56 present the data depicted in Figure 32 above.

Table 56: C4.3 Placement Stability for Those in Care more than 24 Months—Sacramento January – December

	2008	2009	2010
<=2 placements	22.8%	22.6%	26%
>2 placements (prior)	42.3%	45.2%	40.1%
>2 placements (recent)	34.9%	32.2%	33.9%
Total	100%	100%	100%

Analysis for C4.1, C4.2, and C4.3:

- For short term stability [C4.1—2 or fewer placements for those in care less and 12 months], both California and Sacramento have improved in the last three years to 84.1% and 81% respectively; both are still below the federal goal of 86.0%.
- Mid-term stability [C4.2—2 or fewer placements for those in care 12-24 months] both California and Sacramento have improved in the last three years to 63.2% and

57.6% respectively; both are still below the federal goal of 65.4%. Age, not race/ethnicity, is the influencing variable.

- For those in care over two years [C4.3—2 or fewer placements for those in care more than 24 months] both California and Sacramento have improved in the last three years to 32.3% and 26% respectively; both are still below the federal goal of 41.8%. Age, not race/ethnicity, is the influencing variable.
- The difficulties identified in the CSA process to impact placement stability are the lack of relative placements, inconsistent use of TDMs, and family finding not starting at the beginning of the case. These problems still exist in spite of improvements in the last 3 years.
- Foster care stability is an outcome with targeted intervention in the current SIP. Holding potential placement change TDMs and increasing relative placements were the strategies used. Unfortunately, insufficient use of TDM's blunts the success of the strategy.
- The Relative Approval process has greatly improved. When a relative is identified staff go out straight away even in the evening to start the approval process. Some children are released in as little as a few hours to the relative. There is also easy access to live scan that significantly helps. One challenge with this policy is sometimes relatives don't pass the criminal records check.
- Sacramento County has seen the benefits of starting Family Finding at the beginning of the case as this improves placement stability and relative placement which aids in permanency.
- The CSA process identified that placing children in FFA's is helpful for placement stability. It is felt that this is the case because there is more support in FFA's, they have weekly visits by social workers, are provided respite and have organized outings and other supportive events. As mentioned previously the needs of the children entering the child welfare system have risen. Fewer children are entering the system and those that are have higher needs and need a team approach to meet those needs. FFA's provide that higher level of care. FFA's are more willing to provide permanency. Most FFA homes have had their adoptive home study completed and can adopt the children. FFAs have a policy that they have to do a TDM prior to placement moves. The FFA holds their foster parents accountable.

Well Being Outcomes

Three measures are included in this section.

- 4A reports on siblings placed together.
- 4B examines placement in the least restrictive setting.
- 4E presents Indian Child Welfare Act (ICWA) placements.

Siblings Outcome: Siblings Placed Together (All) - Measure 4A

This measure answers the question: Of all siblings placed in out-of-home care, what percentage of them are placed together?

County’s Current Performance:

On April 1, 2010, 51.1% of siblings placed in out-of-home care were placed together. From the baseline of April 1, 2007 the percentage of siblings in out-of-home care that are placed together has increased from 45.7% to 51.1%. There are no Federal Standards for this outcome at this time. The state performance is 54.6%; Sacramento County is performing below the statewide level.

Siblings Outcome: Siblings Placed Together (Some or All)-Measure 4A

This measure answers the question: Of all siblings placed in out-of-home care, what percentage of them are placed together with some or all of their siblings?

County’s Current Performance:

On April 1, 2011, 67% of all siblings placed in out-of-home care were placed together with some or all of their siblings. From the baseline of April 1, 2008 the percentage of siblings in out-of-home care that are placed with some or all of their siblings increased from 65.4 to 67%.

There are no Federal Standards for this outcome at this time. The state performance is 73.3%; Sacramento County is performing below the statewide level.

**Placement Outcome: Type of Placement - Measure 4B Child Welfare Services
January 1, 2011**

For child welfare, on April 1, 2011, FFAs were the predominate placement with 39% of the children followed by kin at 27%. Kin placements at entry increased from 9.5% on 1/1/09 to 21.9% on 1/1/10. Table 57 below illustrates that Probation’s youth predominately reside in group homes (66%).

Table 57: Placement Outcome: Type of Placement - Measure 4B Probation – Point in Time 6/1/1												
N= 193	Guardian ships		Kin Placements		Foster Placements		FFA Placements		Group Home Placements/Shelter		AWOL	
	N	%	N	%	N	%	N	%	N	%	N	%
Sacramento	0	0	7	4	1	1	6	3	128	66	26	13

CWS Analysis for Placement:

- In 2010, Sacramento implemented a new placement policy clearly stating that relative placement was the first option. This policy was reinforced by creation of the Centralized Placement Services Unit (CPSU) which makes all placements for children entering foster care as

well as replacements. CPSU strives to make the first placement with a relative, even though it may only be temporary, in order to provide a familiar environment for the child. Creation of the CPSU was a 2010 SIP strategy. The CPSU placement process also requires a TDM [also a 2010 SIP strategy], a practice that favors relative placement when placement is needed. Data for Team Decision Making reflects that 1,225 meetings took place during the fiscal year affecting 1,776 children in FY 10-11. A final service change in 2011 was to require program manager review if a social worker did not place with an approved relative.

- Implementation of the CPSU has increased the consistency of searching for relatives and holding TDMs.
- **Challenge:** AFCAR data inquiry and data entry for non-relative substitute care providers is poor. 39.3%⁴ of Sacramento's foster care children are placed in FFAs. Until this problem is rectified, Sacramento's performance on ICWA placements will be unknown.

Analysis for Probation Placement:

- The probation worker and supervisor focus groups identified these issues:
 - As a unit, Probation Officers are very concerned with the youth. They are a dedicated group of staff, all whom have been there ten years or more. Because everyone in the unit enjoys their work and have relatively low caseloads, they are able to work effectively and closely with families and youth.
 - Another important factor that impacts placement success, is the fact that the staff also believe in the importance of placing youth in the least restrictive placements. They are committed to transitioning youth to least restrictive environments.
 - Additionally, because of their experience, they have all developed considerable engagement skills with this group. They can work through resistance, and receive training to review current skills and learn new skills to engage these youth and their families.
 - The morale of the unit is good as they were shielded from layoffs for FY 10-11. They feel that the success of their caseloads builds morale. This impacts the outcomes positively.
- As of October 2010, there were 224 youth placed through Probation in Sacramento County. Of those, 62% were placed in group care. On average in the state, 58.2% of probation youth are placed in group care. Clearly Sacramento's probation placements in group care are much higher. (Source: 2011 PQCR Findings)
- Placements have been positively affected by the positive partnerships and collaborations with other agencies. For example, having a public health nurse to work with the youth and interface with assigned Probation Officers has been very positive. Another example is the use of the Interagency Management Authorization Committee (IMAC) comprised of Child Welfare, mental health, probation and schools. Additionally, officers seek out placement programs that use evidence based practices and uses the Sacramento Assessment and Treatment Center (SATC) for placements.
- Sacramento is participating in the Residential Based Services initiative. This has helped improve the resources available for youth. To ensure group home placements are safe and

⁴CSSR Foster Care Point in Time/In Care Report for 1/1/11

meeting their objectives, Probation has a staff member that conducts internal audit of group homes.

- There are a number of barriers and challenges to meeting the Agency's goal of placing in the least restrictive placements such as with relatives. The agency has lacked a protocol for relative placement assessments. Additionally when there are relative placements, relatives are challenged by accessing financial programs such as CalWORKS and there are no kinship funds to support these families.
- Another area of concern is the lack of effective therapeutic supports to help youth work on their issues while in placement. There is no realistic psychiatric treatment while in placement and even less when they turn 18. Aftercare and ILP services are a real problem and more transitional supports are needed. To address this need, Probation makes a WRAP referral about three months before the youth is scheduled to return home. Wrap provides the support necessary to transition the youth to his/her home. Working with the judicial bench has been challenging as well. The Court has limited knowledge of the placement process and do not always follow the PO's recommendations. Another concern is that each staff is charged with completing the SSI applications for each youth on an individual basis. This is an important task, but not an effective use of time and resources.

The well being outcomes measure how well the child welfare and probation systems are caring for the children and youth in out of home placement. At this time these measures do not have Federal standards and data collection on some measures has been difficult to gather.

Measure 5A: Health and Education Passport Child Welfare

This measure is the percent of children entering foster care who have an initiated health passport (health record). Cohort: Includes county welfare department supervised children entering foster care during the quarter with an initial open placement for at least 30 days

321 out of 448 children in foster care between 4/1/11 and 6/30/11 have Health and Education Passports. Safe Measures Extract date: 9/30/11

Measure 5B: Timely Dental Exams and Medical Exams 1/1/11 to 3/31/11

Percent of children who meet the periodicity schedule for medical and dental assessments. This is measuring, of all the children who were due a health exam and dental exam in the given period, how many received them.

Data: 5B (1) Health Exams – 1353/1471 (92.0%)

5B (2) Dental Exams – 931/1100 (84.6%)

Measure 5F: Psychotropic Authorization 10/1/09 - 12/31/09

10% of children in foster care have a court order or parental consent authorizing the child to receive psychotropic medication.

Analysis for Data Entry for Well being Outcomes:

- In Sacramento County all data entry pertaining to Psychotropic Medication and medical exams is centralized. The information comes from the social worker and CHDP medical exams and is entered into the CWS/CMS system. There is no such process for dental exams which is why this level may be below the level of completed medical exams (84.6% compared to 92.0%). Social workers interviewed felt that children received medical and dental exams in a timely manner, and this may just be a data entry issue.

Well-Being: Measure 8A

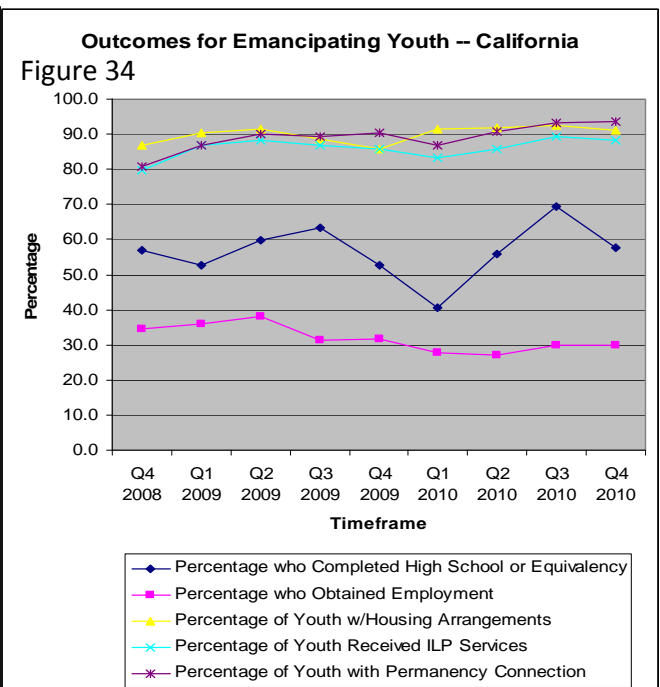
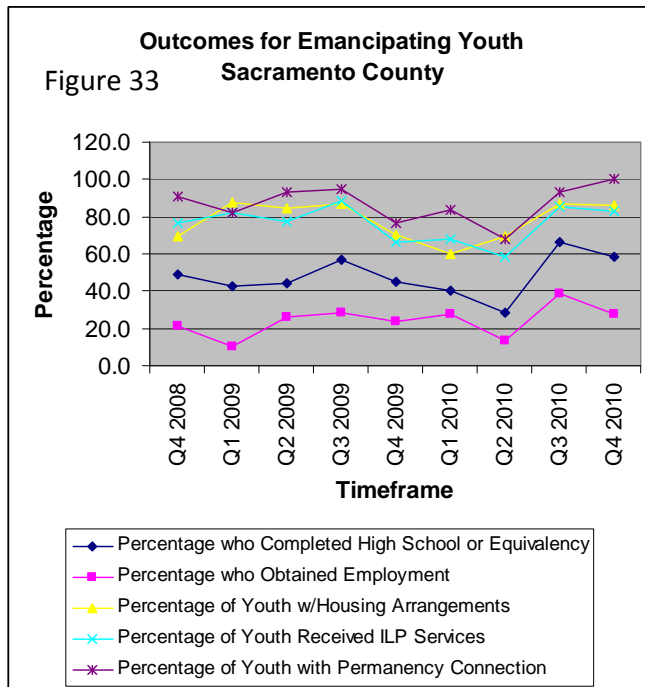


Figure 33 presents Sacramento County’s outcomes while Figure 34 presents the same outcomes for the State. Both jurisdictions have outcomes in the same order, e.g. employment is the lowest and permanency connection is the highest. In general, Sacramento’s outcomes are lower than those of the State.

Analysis for Emancipating Youth:

- For the last several years social workers for youth exiting the system completed a survey in order to compile the data for the SOC 405E report. In August 2010, new ILP related data items were added to CWS/CMS. As a result staff are not accustomed to reporting some of the data items. Another challenge with accurate data for this measure is that ILP contract staff do not have access to CWS/CMS. Their current reporting forms do not include the needed data.
- Sacramento obtained a permanency connection for 100% of the youth for the fourth quarter of 2010.
- There were a number of factors noted by staff to impact positive emancipation outcomes.

They include having connections, including those with birth families, housing resources, community services, supportive placement resources (i.e. foster parents), mentors, and a strong practice model (i.e. utilizing TDM meetings).

- Additionally, staff felt that an expanded and stronger ILP would help the outcomes for youth. Community Partners noted that having strong emancipation plans were very important. Additionally Community Partners noted that academic support, housing, and employment support were crucial factors supporting emancipating youth. AB12 was also mentioned by staff and Community Partners to be a step in the right direction.
- As obtaining a high school diploma is a factor in positive outcomes, staff cited that having a supportive adult and a stable placement to be the most important supports to achieving this goal. Community Partners also noted that a youth's desire was a critical factor in obtaining one's high school diploma.
- The Youth Investment Center Program, funded by United Way and AmeriCorps, serves Foster Youth. AmeriCorps members serve as mentors, guiding youth life skills activities to build skills necessary for a successful transition to adulthood, including graduation from high school. Additionally, foster youth gain self-sufficiency through job readiness skills for transition to adulthood and the workplace. Financial literacy is accomplished through management of their own Individual Development (Bank) Accounts where they can earn and save money to contribute to their expenses after graduation. Core service activities include, but are not limited to: mentoring, homework assistance, life skills support and case management. Activities focus on the evidence-based Ansell Casey Life Skills Assessment (ACLSAs) age-appropriate domains of: Communication, Daily Living, Academics/Study Skills, Home Life, Self-Care, Social Relationships, Housing/Money Management, Career Planning and Work Life.

Service Changes:

For the last several years social workers for youth exiting the system complete a survey in order to compile the data for the SOC 405E report for this measure. In August 2010, new ILP related data items were added to CWS/CMS. These findings are outlined in the Measure 8A Table above.

F. Systemic Factors

This section of the report analyzes the systemic factors that impact county performance and practice. The systemic factors for the CSA are the same as those included in the federal CFSR.

F. 1. Relevant Management Information Systems:

Child Welfare Services

Sacramento County primarily uses Microsoft Word, Access and Excel Software. Sacramento has laptop computers and netbooks which are used by social workers and supervisors. This allows for more flexible utilization of workstations to fulfill job duties. After-hours staff can access the CWS/CMS application via remote access.

The DHHS County Intranet is a convenient mechanism to provide staff with reference material such as CWS/CMS computer process maps to assist staff in performing job functions including data entry.

Sacramento County has additional computer-based applications to provide CPS staff with efficient and research-based assistance to document their work relative to case management. These applications are also used for supervision, management, and quality assurance. These systems include:

- Safe Measures - Safe Measures derives data from CWS/CMS and provides supervisors and managers with a quality assurance tool.
- Structured Decision Making (SDM) – CPS Social Workers and supervisors use this research based and web enabled intake, safety, and risk assessment tools to assist with critical case decisions.
- Business Objects – This reporting tool greatly enhanced the capability of Sacramento County to gather CWS/CMS statistical information for the purposes of assessing the quality of services for CPS clients.
- Countywide Foster Youth Service Database – The Sacramento County Office of Education (SCOE), in collaboration with local school districts, foster care agencies, DHHS, probation and law enforcement, developed a web-based site to collect health and education passport data on children in foster care.

WEB Applications

- Independent Living Program (ILP) – Sacramento County developed and uses a web-based application to gather ILP information.
- Foster Home Licensing (FHL) – A separate FHL database was developed to capture information on foster homes and foster parent training.

Data used for outcome in this report is generally high with the exception of medical and dental exams and ILP outcomes. The Division's Data Integrity and Accountability plan will be implemented in the summer of 2012. It will require more complete data entry and monitoring of the quality and currency of the data. In addition, a new process will be implemented in the Spring of 2012 in which public health nurses contact the child's medical and dental provider twice a year to gather health information which they then enter into CWS/CMS.

Probation

The overall structure of the Technology Division for probation is the use of the Juvenile Probation Information Program (JPIP), Program Information Program (PIP), and since October 1, 2010, Probation has had access to CWS/CMS. The Technology Division provides technology that serves employees of the Probation Department. The philosophy of this division centers on the belief that technology should improve the safety, accuracy and efficiency of Probation staff while providing Management with the tools and information they need to make educated decisions.

On October 1, 2010, Probation began entering data into CWS/CMS. The responsibility to enter data into CWS/CMS prior to this date was CDSS. Prior to the October start date, active probation cases were migrated. During the process of migrating cases, it was learned that cases with significant placement history (3+ years in one case) lacked any placement history. This caused concern relative to the validity of placement data in the CWS/CMS system. Discussion between the Probation Department and CDSS were held to discuss how to address this missing data. CDSS advised Probation that Probation would need to enter all historical data, currently missing from CWS/CMS. Probation advised CDSS that Probation would be responsible to enter placement data beginning on October 1, 2010. Any placement data that ought to have been entered prior to this date was the responsibility of CDSS.

CAPIT/CBCAP/PSSF programs

Social Solutions' Efforts to Outcomes software is utilized to gather and store program information required by the CAPIT/CBCAP/PSSF programs. Demographic, integrated case management, and program outcome data for countywide services are routinely inputted by program staff. Program Supervisors and Managers from contract agencies review and analyze data on a quarterly basis and report resulting data to the CAPC, Sacramento's CAPIT/CBCAP/PSSF Administrative Agent and Planning Body. Data for each service area/contract provider is analyzed separately, comparatively, and then aggregated by CAPC quarterly. Outcome data is reported quarterly to the Sacramento County Department of Health and Human Services, and annually to the CAPC Governing Board, Sacramento County Board of Supervisors, and California Department of Social Services. All electronic data is stored using password protected software. Case files containing consent and confidentiality forms, signed case plans, other original documents, and program financial records are stored in locked file cabinets within secure office locations.

F.2. Case Review System

Parent-Child-Youth Participation in Case Planning Child Welfare

Social Work staff has been trained on Family and Youth Engagement Protocols that identify strategies and practices to better engage families, specifically around case planning activities. The engagement of families and youth in case planning has been set forth as a best practice throughout the decision-making points of the case. Practice changes that reflect improved family engagement efforts are being implemented. Practice changes include: the participation of Parent Leaders, who are former CPS clients, in Parent orientation to encourage parent participation in case planning; the use of SDM tools as a foundation for joint case planning between the social worker and the parent;

the use of Team-Decision Making to include families in placement decisions and reunification planning.

Initial case plan development is completed within 60 calendar days of the initial contact with the family. If Voluntary FM services appear warranted the ER and FM worker make a joint visit, to complete the case plan with the family. Services are tailored to meet the needs of families, specifically with input from the family. It is the practice for the social worker in conjunction with the parents, to complete the "Case Plan Family Assessment." This assessment along with the SDM Strengths and Needs Assessment enables the parents and the social worker to develop the "Child Welfare Services Case Plan" for voluntary services.

In court related cases, parents participate in the case planning development. "A Parent's Guide to the Child Welfare System" is a brochure provided to parents explaining the case planning process. The brochure is used as a tool when the family and social worker develop a case plan. Social workers draw input from parents and children in determining the areas of need and strengths in the development of the case plan. Social workers meet with the child and parents monthly per Division 31 regulations. Sacramento County utilizes Structured Decision Making Tools (SDM) to assist in the assessment and case planning process. The "Family Strength and Needs" tool is completed every three months in Family Maintenance and every six months in Family Reunification to evaluate strengths and needs. The Child Welfare Services Case Plan and Case Plan Updates are completed and updated in CWS/CMS. Case plans must be updated every 6 months.

Foster youth age 16 years and older participate in the development of their Transitional Independent Living Plan (TILP). The TILP outlines the steps needed to prepare for emancipation and independent living. An Emancipation Conference may be held prior to the emancipation date and includes participation of the youth and key members of the youth's support system.

Formalized permanency staffing with supervisory staff from Guardianship and Adoptions) occurs prior to each status review and prior to most requests to change a youth's permanency plan. There is also a coordinated effort between these programs where joint home visits are made with Adoptions social workers to educate families regarding permanency options.

Probation

Cases committed to placement originally begin as an intake into the Youth Detention Facility (YDF) Juvenile Intake. Officers in this unit are responsible for the initial assessment of juvenile offenders booked into the YDF and/or cited by law enforcement. Intake Officers review the arrest report, ensure there is probable cause and conduct a preliminary investigation, which includes a risk assessment of each juvenile booked into custody. Based on the officer's evaluation and the results of the Detention Risk Assessment Instrument (DRAI), the Intake Officer determines whether the minor should be detained pending further review by a Judge or Referee. If detention is not mandatory or appropriate, the Intake Officer may release the minor to a parent/guardian on home supervision, electronic monitoring, or without conditions pending the next hearing.

The next step of the case review (due process) of a potential placement case involves the investigation and submission of recommendations to the juvenile court. Probation Officers in the Placement Unit conduct case investigations and prepare pre-disposition social study reports with

unbiased recommendations for the Juvenile Court. These reports require investigations into the offense and the background of the juvenile and are used by the Courts, District Attorney, and Public Defender for negotiations when determining disposition.

Juvenile Court Structure and Relationship

The Presiding Judge of the Juvenile Court is responsible for administering both the Dependency and Delinquency Courts.

Juvenile Dependency Court

The Juvenile Dependency Court is a division of the Sacramento County Superior Court and is located at the William R. Ridgeway Family Relations Courthouse. A supervised playroom where children can wait during the Court Hearings is provided in an adjacent building. There are interview rooms where clients and attorneys can meet on site.

Referees are assigned to the dependency cases. There are four courtrooms for dependency cases and one courtroom for Dependency Drug Court.

Children and parents are assigned attorneys from Children's Law Center of Sacramento (CLC). County Counsel represents the Department of Health and Human Services, Child Protective Services. A child may have a Court Appointed Special Advocate (CASA) appointed by the Court to advocate for them through the Dependency process.

Sacramento County utilizes Permanency Mediation and Pre-Trial Conferences as mechanisms to resolve contested issues without going to trial. Permanency Mediation has been helpful in resolving post adoption visitation and contact for biological families. Pre-Trial conferences have been successful in clarifying issues for trial, and also resolving issues without going to trial.

DHHS and the Court have a number of standing committees in place to ensure ongoing communication. These include, but are not limited to, the Visitation Committee, the Court/DHHS Managers meeting, the Intake Committee, and the Operations Committee. While each of these efforts contribute to the improved working relationship between DHHS and the Court, the recently completed PQCR report cites continuing need to make improvements in the relationship.

Court processes by and large run smoothly, without excessive continuations. The Department does not routinely request termination of parental rights just because a child has been in care for 17 of the last 22 months. Rather, the Department seeks termination of parental rights when an adoptive home has been identified.

The January 3, 2011 Administrative Office of the Courts review of Sacramento Dependency Court made 7 findings.

- "Ensure that findings regarding the development of the case plans are consistently made by the court and that the case plans are signed. Similarly, ensure that the report contains information on how the case plan was created.
- Complete thorough case plans that detail the parents' and child's participation in the development of the case plan and ensure the case plans are signed as required.

- Include documentation in the reports regarding Family Finding and Engage Efforts. Review the documents, *Identifying Connections for Youth* and *Helping the Child Find Connections*, for a sample chart and questionnaire aimed at identifying connections for the child and/or youth.
- Review the document, *ACL 09-86 Notification of Relatives*, for information regarding requirements for social workers and probation officers to provide notification to relatives of children being placed into out-of-home care.
- Use the D6d finding at the permanency hearing when reunification services are terminated and a hearing under Welfare and Institutions Code section 366.26 is set: 'The likely date by which the child may be placed for adoption, appointed a legal guardian, placed permanently with a relative, or placed in an identified placement with a specific goals is __/__/__.'
- Use the D6c finding at the permanency hearing when reunification services are continued under Welfare and Institutions Cods sections 366.21(e), 366.21(g), and 366.22(b): 'The likely date by which the child may be returned to and safely maintained in the home or placed for adoption, appointed a legal guardian, placed permanently with a relative, or placed in an identified placement with a specific goals is __/__/__.'
- Review *Information Sheet 13: Postpermanency Hearing Findings and Orders Pending Completion of Welfare and Institutions Code, section 366.26 Hearing* and hold a hearing at which the youth's status is reviewed and the required title IV-E findings and orders are made at six month intervals pending the completion of a section 366.26 hearing that is continued beyond the six month time frame."

Sacramento County is now in compliance regarding relative notification and the six month hearings. For the D6d finding, Sacramento modifies the finding somewhat by only including the 26 hearing if adoption or guardianship is the plan. For the D6c finding, Sacramento only includes the plan of return home.

Juvenile Delinquency Court

Probation officers in The Placement Unit conduct case investigations and prepare pre-disposition social history reports. These reports, which require investigations into the offense and the background of the juvenile, are used by the Courts, District Attorney, and Public Defender for negotiations and sentencing. Officers also prepare reports for disposition and fitness, coordinate psychological evaluations, and must prepare extensive case plans pursuant to legislative mandates for each minor who is detained or may be detained in excess of thirty days prior to the disposition hearing. For purposes of the social history report, officers must also obtain a statement from the victim when applicable, as well as recommendations for restitution.

Juvenile Intake

Juvenile Intake is responsible for the initial assessment of juvenile offenders booked into the Youth Detention Facility and/or cited by law enforcement. Intake officers complete a risk assessment of the juvenile and the offense. For those minors delivered to the Youth Detention Facility for booking, a set process must be followed which includes reviewing the arrest report, ensuring probable cause and a preliminary investigation. Based on the officer's evaluation, use of the Detention Risk Assessment Instrument and review of relevant codes, the intake officer will recommend to the Court whether the child should be detained pending further review. If detention is not mandatory or appropriate, the intake officer may release the minor to a parent/guardian on home supervision or without conditions pending the next hearing. Regardless of detention or

release, there are stringent timelines that must be met in processing each case, specifically regarding the filing of a petition with the Juvenile Court or coordinating the minor's appearance at a the Adult Court system's preliminary hearing, when applicable.

Timely Notification of Hearings

CPS has an established process for meeting the statutory requirements for timely notification to parents, caregivers, youth over the age of 10 years, tribes, dependent siblings who are over the age of 10 years and their caregivers, attorneys and tribes when applicable.

Probation Officers ensure all required parties sign each case plan prior to submitting hard copy reports to the Juvenile Court. The Office of the Public Defender provides notice of hearings to minors and family members.

Probation Officers make face to face contacts with every Ward on Probation at least once per month with no exceptions. This includes minors placed great distances from Sacramento County and out of state. Visits are also conducted in person at least once a month with the care provider and parents when at all possible, thus ensuring case plans are jointly generated with all pertinent parties.

F.3. Foster Parent Licensing, Recruitment and Retention

Under the auspices of CDSS Community Care Licensing (CCL), the CPS Foster Home Licensing (FHL) Program County recruits, monitors, supports and approves licenses for county foster and adoptive parents. CPS strives to place youth, whenever possible, in the least restrictive placement, non-related extended family members and to maintain siblings together.

During fiscal year 2010/2011 Sacramento peaked at 455 licensed foster homes. Many of these homes are specifically licensed and trained to provide care for children with unique needs i.e. medically fragile, non-ambulatory, parenting or pregnant teens (Whole Foster Families) or certified as a Multi-Treatment Foster Care family.

Although the resources to continue recruitment efforts have been reduced, FHL social workers acknowledge the value of targeted recruitment and strive to maintain a presence in the community.

Resource parent orientations are held monthly to provide the community with information on how they can assist children in need of care.

FHL has a strong commitment to ensure that resource homes from diverse communities are licensed and available for all children in care. FHL maintains strong community partnerships with the Foster Family Agencies and with the faith based, Hispanic and the Native American community. It is through these partnerships that children in care are maintained in their communities.

CPS uses the Parent Resource Information Development and Education (PRIDE) curriculum to prepare resource families for the youth who will be in their care. The PRIDE curriculum is offered in English and Spanish. In addition to the 8-week PRIDE classes, FHL has included a Cultural competency workshop that trains resource families on the multitude of cultural needs and awareness. A Rules and Regulations class is also provided to families to assist them in navigating

through the different State requirements. FHL also provides free First Aid and CPR for resource families.

CPS utilizes AmeriCorps members to support resource parents. This has provided FHL with two resource parent liaisons, one of whom is Spanish speaking, to assist the Spanish speaking resource families.

Although FHL no longer utilizes the Efforts to Outcomes (ETO) database, FHL monitors and records recruitment efforts on how new applicants have heard about the FHL program. Many new interested families who attend the orientation have heard of FHL through past recruitment efforts. On the average, it takes families 1 - 3 years to commit to becoming a resource family.

FHL recognizes the need to continue to reach out to the faith based community. There are still efforts, despite the lack of resources to recruit for resource families in the community. In the 2010-2011 fiscal year, FHL has participated in four faith based recruitment events and seven community events.

Recruitment

The Foster Care Licensing Program systematically recruits foster and adoptive families, focusing on zip codes that have a high proportion of children entering care. Recruitment occurs during festivals, fairs, children's events, faith-based events, and multicultural events in the affected neighborhoods. For instance, a recruitment opportunity developed when CPS and the Sacramento City Unified School District co-sponsored the Health, Education & Career Fair. A plan is being developed to strengthen partnerships with schools and increase recruitment efforts within schools. Other recruitment efforts include:

- Partnerships with foster family agencies to host a variety of community events to enhance the awareness of those fostering and adopting youth. A monthly meeting occurs with the Foster Family agencies and includes Community Care Licensing and Sacramento County Office of Education to discuss any current issues, concerns or legislation that may impact the care of foster youth.
- Existing foster parents are a recruitment resource and receive an incentive for any referral that results in a granted license.
- Collaboration with Sierra Adoptions on Destination Family, which is a permanency finding program for foster youth ages 11 to 18 years. Collaboration with Lilliput through their Kinnections program locates relatives for connections or placement for children in care.
- In collaboration with California State University Sacramento (CSUS) and volunteers from local agencies, the County hosts a Heart Gallery event that displays professionally photographed youth and siblings in need of permanent homes. The Heart Gallery photos have been showcased throughout the community.
- A resource pamphlet was created and sent to care providers specializing in Native American youth.

Once a potential foster or relative home has been identified, they are carefully screened using Community Care Licensing standards for homes that are receiving federal Title IV-E or IV-B funds, including criminal record clearances.

Applications for foster home licenses/adoption are available at foster home licensing orientation. The orientation provides an overview of the foster home licensing and adoption processes and requirements, and a description of youth needing foster and adoptive homes.

Prior to training and licensure, an initial inspection of the applicant's home is completed. Any deficiencies must be corrected before a license is issued. The homes are re-inspected annually to ensure that safety is maintained.

Applicants are required to complete eight (8) weeks of PRIDE training. PRIDE curriculum gives applicants the tools needed for success as adoptive or resource parents. The curriculum fully embraces Family to Family concepts, educating potential care providers and adoptive parents on current welfare strategies, including parent engagement. PRIDE is offered in English and Spanish.

PRIDE curriculum includes a variety of viewpoints. For instance, a parent leader from the Parent and Staff Shared Leadership Task Force, who has personally experienced CPS intervention, participates in teaching that collaborative relationships between resource parents and bio-parents are in the youths' best interest.

If any complaints are received regarding a licensed home, a Licensing Program Analyst (Foster Home Licensing social worker) will respond and conduct an investigation. Serious allegations of physical or sexual abuse are referred to CCL and to the CDSS legal division for potential administrative action up to and including license revocation.

Sacramento County has three Native American Indian Foster Family Agencies who are coordinated with for Native American Indian child placement. These FFA's are members of the Sacramento County Round Table and communicate effectively with the department regarding placement and services for Native American children.

Retention

Retention is a nationwide problem and remains an on-going concern for Sacramento County. The County continues to lose foster homes for a variety of reasons, although the number of homes that have exited decreased from 122 in 2007/2008 to 30 in 2010/2011. The majority of closures were because of personal reasons (i.e. the family had moved, or health related issues). CPS continues to attempt to recruit culturally diverse and appropriate homes.

Retention efforts include on-going training on topics of interest to resource parents; a variety of training activities; providing events at which resource parents may network; and expanding the PRIDE training team to include a broader spectrum of trainers.

Beginning in 2010/2011 fiscal year, Team Decision Meetings became mandatory. These meetings provide an opportunity for the resource families to be a vital part of the case plan and an opportunity to share what support is needed to maintain placement.

Retention is improved through better communication. The Shared Leadership task force is a committee with CPS staff and Foster Parent participation. The task force discusses any issue that

may affect the ability of foster parents to effectively parent foster children. Experts are invited to speak on such topics as eligibility issues and requirements, health and dental health resources, upcoming events and new legislation. CPS uses mass mailings to keep resource parents informed of pertinent information, such as changes in law affecting foster care. Retention efforts continue despite the reduction in resources and FHL staff. Retention efforts include:

- CPS Management continues to meet monthly with the Foster Parent Association president to keep on-going communication.
- FHL staff and management meet monthly with resources parents through the Shared Leadership committee.
- LPA's continue to meet with the resource parents on an annual basis.
- Through AmeriCorps, FHL has two resource parent liaisons that assist newly licensed resource parents as they navigate through the dependency system.
- Implementation of mandatory Team Decision Meetings for placement changes. These meetings provide an opportunity for the resource families to be a vital part of the case plan and an opportunity to share what support is needed to maintain placement.
- With the development of the Centralized Placement Support Unit, resource families are provided full disclosure of the specific needs of a child. Full Disclosure allows for the families to make the most informed decision about accepting a child into their home.
- In 2009, collaboration between DHHS and DHA created Voice Recognition. This new system allows resource families to quickly inform DHA who is in their home.
- Since 2006, relative caregivers have been included in the Foster Care picnic and its name has been changed to the Foster and Kin Caregiver Picnic. Organizing the Foster and Kin caregiver picnic is a collaboration between FHL and the Foster Parent Association.
- In May 2007, resource parents brought the "Walk Me Home" 5 K Walk fundraiser to Sacramento for the first time. Each year since FHL has supported the "Walk me Home" event. Funds are used to increase positive awareness for foster care, increase recruitment of foster families, and to raise funds for foster children to attend events. CPS assists the resource parents in their organization of this event and many staff participates as well. Through these events, resource parents raised enough money to send 52 children to Marine World, Great America, and Marine World.

Relative and Non-related Extended Family Member (NREFM) Homes

Social workers are required by law to consider relative and NREFM homes for placement at the earliest opportunity. While relatives may be approved for placement by meeting standards, it is up to the case carrying social worker to assess whether the relative or NREFM is the best placement resource for the youth. Every relative must be noticed of the detention hearing and every relative that comes forward is evaluated for placement. Team Decision Making meetings assist in identifying the most appropriate relative/NREFM's as placement if multiple relatives come forward.

CPS reorganized the Foster Home Licensing Program to include the Kinship Unit. A swing shift position was created to expedite recruitment of relative and non-related extended family member resource parents in order to accomplish early placements with relatives. This unit completes initiation approvals, reassessments, and annual home inspections of relative and NREFM homes in order to ensure standards are met and to maintain Federal funding for these homes. Two Spanish

language/cultural social workers and one African American culture worker are assigned to the Kinship unit so that the family's needs can be better met. If there are allegations of abuse, neglect or safety concerns regarding children in relative or NREFM homes, those referrals are investigated by the social worker assigned to the youth's case. The Kinship supervisor is also alerted and a Kinship social worker is assigned to monitor the investigation and document in the Kinship file the outcome of the investigation and, if needed, assist the relative or NREFM if possible, or rescind approvals. The Kinship social worker maintains contact with the case carrying social worker throughout the investigation regarding placement stability and safety.

CPS has partnered with Lilliput Children's Services to provide services to kin caregivers. The Kinship Supportive Services Program (KSSP) became operational in November 2007. KSSP also provides kinship orientation in collaboration with the American River College Foster and Kinship Care Education at the KSSP offices on a quarterly basis. Services include assistance with in-home support, respite, advocacy, support groups, and assistance with establishing guardianship. All kinship homes are referred to Lilliput Children's Services within two months of the placement. The Kinship supervisor generates a bi monthly report of new relative caregivers so that KSSP can contact every new relative placement and offer services.

Sacramento County has a Memorandum of Understanding (MOU) with the Mexican Consulate. For those youth unable to remain safely in the care of their parents, a CPS liaison works with the Mexican Consulate to facilitate the placement of youth with their relatives in Mexico, rather than placing the youth in non-relative foster care.

Sacramento County has been facilitating the California Welfare Directors Association (CWDA) sub-committee for relative approval for Northern California Counties.

Resources

Approximately 1.5 years ago Sacramento Child Protective Services (CPS) implemented a Centralized Placement Support Unit (CPSU). CPSU is located on the same grounds as the Sacramento Children's Receiving Home. Every child who is detained is evaluated for relative placement and the CPSU team is trained to expedite emergency placements with relatives/NEFRM as a first placement. The CPSU also makes referrals to the Kinship unit when interested relative /NEFRM's are identified. The goal of this unit is to reduce the trauma children experience by placing children who are in protective custody or are in need of a subsequent placement with family or non-related extended family members (NREFM). Another goal for CPSU is to increase placement stability for all children in care.

This unit is comprised of two distinct roles: placement support social worker and a child worker.

Child Worker role:

A child worker is assigned to a child who has just been placed into protective custody. Child Workers work with the family to mine for possible relatives that could provide care and placement on an emergency basis. These emergency relatives placements,(309ER's) are completed the same day of removal or within the 72 hour custody hold. If an emergency relative placement is made, the child worker will approve the home on an emergency basis and then submit a referral to the kinship unit for a more in-depth approval.

The child worker conducts emergency home assessments to ensure the home is safe. They will provide placement support for up to 30 days.

If there are no viable relatives that could take the child on an emergency basis, a placement support worker is assigned. The child worker works closely with the placement support worker and with the identified resource family. They also assist in completing all of the placement paperwork.

Placement Support worker role:

The placement support worker's role is to match the needs of the child to the skill set of a resource family. Once a matched home is located, the placement worker completes all placement paperwork needed to reimburse the family.

Placements

There are several types of placement requests that the placement support worker responds to: initial placements, subsequent placements, adoptive placements, group home and Intensive treatment foster care homes and voluntary placements or Protective Emergency Placements (PEPS).

There are several steps to request a TDM and to access placement support. The case carrying social worker completes the CPSU referral form, a form created to request multiple services. A case carrying social worker can request placement support, kinship referral, and request a TDM. This form reduced the multitude of referrals case carrying social workers needed to complete. Placement social worker will then locate a matched home, while adhering to the placement policy and locating the least restrictive setting, and coordinates the move of the child to the new home. CPSU has built in a quality assurance component to ensure that the resource family is free of any administrative holds, licensing complaints or concerns. The placement social worker assesses for the possibility of relative care. The placement support worker checks CWS/CMS for any previously approved relatives.

Collaboration with the Sacramento County Office of Education

Beginning January 1, 2011, the Centralized Placement Support Unit (CPSU) has been utilizing the School Connect database to match children to resource families. The Placement Support Unit is the only unit within Child Protective Services that utilizes the School Connect database to match children to placement. Case carrying social workers do not have access. This is our main resource tool to access available homes. School Connect was developed and funded by the Sacramento County of Education. School Connect allows us to quickly search for resources families based on availability, school districts and with families that have the experience and or expertise in working with certain behaviors and medical conditions. This is a new way to locate available homes that best meet the needs of children in need of care. Each Foster Family Agency has their own confidential home pages that list their available certified homes. There are about 100 characteristic fields per home that are uploaded into the database.

F4. Quality Assurance System

Child Welfare Services

The case plan is the roadmap for child welfare services. The goal describes the destination and objectives describe the path to achieve the goal. Goals and objectives for participants change as the case evolves. Because the case plan is fundamental to delivering child welfare services, the Division sets specific completion standards. Supervisors ensure case plans are developed timely, appropriately and contain all the required elements. SafeMeasures is used to monitor case plan timeliness

The case planning process is timely, transparent, and involves active engagement of parents and age appropriate children from the beginning. The assessment process is continuous throughout the life of the case. Even when a child's plan is permanent placement, reunification always remains an option. The social worker, in partnership with the family, helps to define family strengths, needs, services to address those needs and what the family can do for themselves and where other family members may be of help. This requires a focus on family strengths with attention to culture, traditions, values and lifestyle.

The Case Plan Family Assessment and Case Plan are completed in CWS/CMS using the application to generate the Microsoft Word document.

When preparing to complete the case plan, and/or case plan update, social workers continuously evaluate a number of factors during the course of their management of the referral or case. The illustration below depicts common factors that contribute to the content of the case plan.



From Case Plan policy/process/procedure.

Medical and Developmental Assessments

The medical clearance program is funded by First 5 Sacramento and serves children 0-5 years of age who are living in Sacramento County. All children in this age range should get HEARTS for Kids services. Some children start with the medical exam and some (newborns, children who were hospitalized, children who saw another medical provider the day they were placed into custody) are referred directly to public health nurse (PHN) and early interventionist clinicians.

The medical clearance exam is not designed to assess mental health and developmental issues. The examiner does diagnose obvious developmental delays that are observed during the exam (child not walking when they should be, speech impediments, child not able to sit still, etc.) or recommends that child receives follow-up (testing to rule out ADHD, developmental screening to assess motor delays, etc).

All children in the age range, whether or not they received an exam, are referred to the PHN for a developmental screening and to ensure that they have a medical and dental home. The PHNs use the ASQ (Ages and Stages Questionnaire) developmental screening tool. PHNs also provide education and community resources during the home visit. They conduct several home visits if needed to complete a developmental screening. They also refer to SCOE, Alta, Head Start, WIC and school districts as needed.

The Early Interventionist receives a referral on the child from the PHN, usually within a few weeks of child’s exam or entry into foster care. They conduct a home visit to assess the child’s social and

emotional functioning (using the ASQ-SE screening tool) and follow-up on needs identified by the nurses. They ensure any nurse's referrals have been made. They make referrals if new behaviors/concerns arise and the referrals were not made previously. They also will make referrals to the Mental Health ACCESS team if they feel the child needs therapy/treatment.

There are 17.5 FTE Public Health nurses who support social workers around health issues.

- 1 PHN assigned to the ER medical neglect team
- 2.0 PHNs for Hearts for Kids (entry medical exams for children 0-5 years of age)
- 2.0 PHNs for Court Services where they interview parents at detention hearings and order/review medical records
- The remaining 12.5 are assigned to the regions to provide support to Emergency Response and Dependency workers.

Sacramento County continuously monitors and assesses progress towards meeting safety, permanency, and well-being outcome measures in accordance with California Assembly Bill 636. Qualitative and quantitative data reviews occur throughout the agency and, in addition, Sacramento County Department of Health and Human Services provides a Human Services Program Planner for reviews of circumstances involving individual cases.

In compliance with the Child Welfare System Improvement and Accountability Act, the county participates in a continuously recurring five-year cycle of self-assessment, planning, implementation, and review. The cycle involves a peer quality case review, self-assessment, and development of a system improvement plan. The Program Administration Office arranges and facilitates the completion of the Peer Quality Case Review (PQCR). The PQCR provides examination of child protective services and probation field practices as seen through the eyes of county child welfare and probation staff from other jurisdictions, community stakeholders, and service consumers, for the purpose of service improvement. The Program Administration Office oversees the creation of the County Self Assessment, which is this report. The CSA incorporates information gained through the PQCR, input from Child Protective Services staff, community stakeholders, and other partners in protection, and service consumers to identify system strengths and weaknesses with the goal of overall program improvement.

The System Improvement Plan (SIP) is developed by the county agencies, with input from the larger community, using information resulting from data analysis, case reviews, the PQCR, and the self-assessment. Participation by the greater community reinforces accountability, as well as forging better partnerships within the community. The plan must include outcome indicators, including improvement goals. The SIP also addresses how prevention activities are coordinated and how services will be provided during the plan period. The plan becomes an operational agreement between the State and County. Progress toward SIP goals is measured monthly when the Quality Assurance Program Manager submits a status report to the Division Managers and Deputy Director. The report is discussed at the first management meeting of the month and corrective plans are made when necessary. The Quarterly Outcome Report from the State is reviewed by the Quality Assurance Program Manager to assure that management has already made adjustments where performance is lagging. The State Quarterly Outcome Report is distributed to management and posted on the intranet.

Use of the Safe Measures program at all levels within the Child Protective Services helps staff monitor compliance on a daily basis and assists management in identifying practice areas or systems issues in need of attention. SafeMeasures can be used to display performance trends and to compare performance across the agency. The analysis of these trends and comparisons assists the agency in the adjusting the allocation of resources to improve service delivery.

The CWS/CMS team within Program Administration generates more than one hundred reports monthly to assist programs with compliance, service delivery, and track progress towards outcome goals. Examples of such reports are Team Decision Making meetings held, placement changes, expiring psychotropic medication authorizations, ICPC placement, group home placements, and children placed out of county. In addition, the CWS/CMS team produces quarterly data books tracking child welfare activities across the department.

The CWS/CMS team identifies data compliance issues within the CWS/CMS database and provides training on the use of the database, SafeMeasures, and Structured Decision Making. In addition, the team participates in statewide committees and meetings for the purpose of improving data and using CWS/CMS to comply with changes in law and regulations.

On a weekly basis, the Child Protective Services Management Team reports outcome data information from each program, plans for upcoming activities, and addresses performance deficits as they arise. On a monthly basis, the Management Team meets in person to discuss progress towards meeting outcomes and to implement program changes for the purpose of compliance and meeting outcome goals.

Child Protective Services staff meet regularly with group home providers, foster family agencies, foster parent organizations, day care providers, and other community partners (such as, but not limited to, local law enforcement agencies, the Court, child advocate groups, and the local Child Abuse Prevention Center) to collaborate in the improvement in meeting the needs of children and families.

The Quality Assurance unit, within Program Administration, provides qualitative reviews of specific practice areas. The fact that the Quality Assurance unit is within Program Administration, rather than attached to a program providing direct client service, provides a level of neutrality that is of value in assessing practice strengths and weaknesses. Currently the QA Unit reviews 10% of monthly emergency response cases for adherence to processes identified as needing improvement. The unit also reviews 10 evaluated out referrals a month.

Program Administration facilitates the Quality Council, an agency-wide committee tasked with identifying systems issues as reflected in the findings of Department of Health and Human Services reviews of critical cases. In addition, the Quality Assurance unit is responsible to monitor investigations to ensure that all child abuse fatalities or near-fatalities are reported to the State.

An agency Structured Decision Making expert provides regular qualitative review of use of the Structured Decision Making tools. She provides one-on-one coaching, as well as agency-wide training on the use of the tools throughout Child Protective Services.

Staffing are held with staff, supervisors and managers prior to any child being removed and warrants are obtained prior to removal.

Supervisor review of court reports is the primary quality assurance process to assure that the case plan and services provided address the child and family's needs and that required processes, like MEPA and ICWA, are met.

Probation

Probation, along with CPS staff, meets quarterly with the CDSS to review Quarterly Outcomes Performance Reports.

Since October 1, 2011, Probation utilizes CWS/CMS reports that provide performance progress and information on outcome measures.

Probation staff routinely utilizes Assessment Tools to both make assessments and document decision making. The Positive Achievement Change Tool Assessment and Case Management System (PACT) is a comprehensive assessment and case management process that addresses both criminogenic needs and protective factors, from the moment a youth enters the system to the moment s/he exits.

The PACT assessment process is the cornerstone of our efforts to implement evidence-based services and interventions throughout the juvenile justice system in Sacramento County. The PACT Pre-Screen and Full Assessment were developed to assist Juvenile Probation Officers and contracted case managers in determining a youth's level of risk to re-offend, identifying areas of highest criminogenic need, developing a meaningful intervention plan, and monitoring progress in reducing risk factors. The underlying philosophy is that the PACT enables Juvenile Probations Officers to reduce recidivism by promoting positive changes in attitudes and behaviors of youth while directing treatment and monitoring court-ordered sanctions. The PACT provides Department staff with data necessary to make informed decisions about which youth need which interventions and to what extent.

The PACT is used when youth are first detained and assessed by the intake officer and assigned Court officer. This assessment follows the youth through the court process and, in our case, the placement process. Once a minor is committed to Placement, the assigned officer reviews the PACT assessment and makes adjustments as necessary. These are reviewed by supervisors and the management team.

CAPC

First 5 Sacramento ensures effective fiscal and program accountability for the CAPIT and CBCAP contract activities by utilizing a multi-faceted approach. First 5 contracts with CAPC to serve as the lead fiscal agent for the Birth & Beyond (B & B) Collaborative. CAPC does the following to ensure fiscal and program accountability of the sub-contracted agencies operating the B & B Family Resource Centers (FRC).

- Fiscal Claims are reviewed monthly. Contract agencies must submit fiscal claims monthly. CAPC staff reviews each subcontractor's claim to ensure that funds are being expended as budgeted and that all expenses are appropriate and necessary. Monthly fiscal data is aggregated quarterly and expenditure patterns are carefully reviewed. Independent audits of CAPIT/CBCAP funds are conducted annually for contract and subcontract agencies.
- Program data is reviewed quarterly by CPS Program Planners, First 5 Program Planners, B & B Agency Executive Directors, FRC Program Managers, and CAPC staff to ensure that project goals, objectives, and targeted outcomes are being met.
- Internal systems developed by CAPC and the B & B partners include: 1) an intranet that provides all the needed documents and materials; 2) policies and procedures to govern the program operation and strengthen adherence to the model; 3) training, both in person and on-line, with specified timeframes by category of staff; 4) on-line training registration, pre- post- test results, and tracking of training requirements by staff person; 5) consistent evaluation internally and by an independent evaluator; and 6) a collaborative structure that oversees performance and accountability.

These funds are administered by DHHS, with the CPS planner liaison responsible for ensuring program and fiscal accountability, working directly with First 5 Sacramento's fiscal staff. In addition, DHHS Fiscal Services reviews the invoices from First Five before including the expenditure in the quarterly child welfare claim. DHHS fiscal claims CBCAP funds separately. The PSSF funds are audited by Sacramento County as part of its routine audit function.

First 5 also performs quality assurance:

- On-site reviews are conducted annually by First 5 Sacramento Program and Fiscal staff. During these reviews, program policies, procedures, and established best practices are discussed to ensure contractor compliance. Additionally, a sampling of client case records are reviewed to ensure that client consent, assessment, case planning, thorough case documentation, and evaluation tools are being completed timely, and that community based resources are being effectively coordinated for families who have multiple needs.
- Progress toward long-term outcomes is monitored monthly and reviewed annually. Since CAPIT/CBCAP services are tied to Sacramento's Child Welfare Outcomes, the following CPS outcomes are reviewed annually: Sacramento's child maltreatment, foster care entry, abuse recurrence, and family reunification rates. This data is then analyzed in comparison with state and national standards (when applicable) as well as data from comparison counties. Two major studies have been done by two independent evaluators using comparison groups to elevate the quality of the data.
- If contractors fail to meet their goals, objectives, and targeted outcomes, and/or fully comply with funding requirements, First 5 Sacramento will provide the contractor(s) with a written description of the corrective action steps that must be taken, the date they must be completed by, and provide notice of the date that a written description of the steps/actions taken to fully address concerns. The First 5 Sacramento Commission will then determine if issues of non-compliance have been satisfactorily addressed. If issues were not satisfactorily addressed, the contractor(s) will receive a notice that their contract for services is being terminated. Annual contract renewals are dependent upon contractor's compliance with established policies and

procedures, ability to meet or exceed project goals, objectives and targeted outcomes; and, satisfactory completion of any corrective action steps that were required.

For the PSSF funded Family Support Workers, the quality of these services is monitored by the CPS Program Manager responsible for oversight of these staff and keeps data on the appropriate utilization of these workers. Additionally the Juvenile Court findings that the CPS has provided reasonable pre-placement and reunification services support the efficacy of these workers.

For the PSSF funded Family Reunification Short Term Counseling (STC) Services, counseling providers submit timely counseling reports to both CPS and the Court for evaluation. Additionally the program's effectiveness is measured by the percentage of re-occurrence of abuse/neglect declining and children remaining safely in their homes. The Juvenile Court findings that the CPS has provided reasonable pre-placement and reunification services supports the efficacy of these services.

For PSSF funded CapKids Program (Sierra Adoption Agency) & Sacramento County Adoptions Staff, effectiveness is measured in the number of "hard to adopt" children who gain and maintain permanent homes through the program. Additionally Sierra Adoptions contract has milestones which are monitored. As the CapKids Program is made up of County employees, they are monitored through the normal course of business operations, which include direct supervision, case staffings, case reviews and data monitoring. To ensure client satisfaction, social workers meet with clients, caregivers and families on a monthly basis. Concerns are dealt with individually through supervision and regular program oversight. For Sierra Adoption Agency oversight, the provider is monitored directly. It provides data on the clients and families served to the County liaison. County social workers have regular contact with the agency in support of children and families on the caseload. Concerns are dealt with individually and on a case-by-case basis through program monitoring and contractual oversight. In fiscal year 2010-11, 62 children and 118 families were served through the CapKids program. Of those, 22 were children with special needs. Twenty-four (24) of 60 children served were placed in adoptive homes.

F.5. Service Array

Service Array

Families in our community have a range of services available to them. Agencies serving our community work hard to provide culturally competent services that meet the needs of non-native English speakers and members of specific ethnic or cultural groups. These services combine to provide a continuum of family-centered, holistic care. Many of our agency staff and community partners are bi-lingual and bi-cultural.

We have one federally recognized Native American Indian tribe in our county – the Buena Vista Rancheria of Me-Wuk Indians. We follow the Indian Child Welfare Act and make inquiries for every family. If a child is identified as an Indian child, we request culturally appropriate services from the tribe and/or recommendations on how to individualize and provide culturally appropriate services for the family.

One major use of the CBCAP and CAPIT funds is the Birth & Beyond (B & B). First 5 contracts with CAPC to serve as the lead Fiscal Agent for the B & B Collaborative. The program is explained in detail below.

Birth & Beyond (B & B) Program

Overview:

The Birth & Beyond (B & B) Program is a comprehensive primary prevention and early intervention program that provides support services for families with children ages 0-5 via neighborhood-based Family Resource Centers (FRC.) The program became operational in 2000, pursuant to a directive from the Sacramento County Board of Supervisors to the Family Support Collaborative (FSC) in 1998. This directive came about due to a recommendation from the Child Death Review Team following several years of tragic and highly publicized child abuse homicides. The program signifies a shared commitment among Sacramento County policy makers, public agencies, and private nonprofit service organizations to the prevention of child abuse and neglect.

The B & B Program service components were designed to provide support to families with two important features: (1) strategic FRC placement in the neighborhoods with the highest concentrations of families at risk for child abuse and neglect; and (2) a “strength-based approach” that capitalizes on inherent family strengths as a context for addressing challenges encountered by all families. The program features home visiting services for up to five years, beginning in early infancy between birth and six months of age, as well as supportive and informational services provided to all community members through a network of Family Resource Centers (FRCs). Through funding from First 5 Sacramento, the B & B Program has integrated additional evidence-based practice to the menu of services: Crisis Intervention Services (CIS), Effective Parenting Initiative (EPI), and Home Visitation Services. All B & B sites partner with CPS to provide Differential Response Joint Visits and services to families. The lead agencies of the Birth and Beyond sites/program are The Effort, the Sacramento Children’s Home, La Familia Counseling Center, Folsom Cordova Community Partnerships, Mutual Assistance Network, River Oak Center for Children and CAPC. Funding for this program comes primarily from First 5 Sacramento, which is partially funded with CAPIT and CBCAP money. The program model incorporates the internationally recognized, evidence based Nurturing Parenting Program model. Its founder has worked directly with the program and the trainers are certified nationally.

Eight Family Resource Centers (FRCs) are the neighborhood hub of B & B Program services, including Nurturing Parenting Program (NPP) evidence-based home visitation and group-based parenting education classes, two additional group-based parenting education workshops, recreational activities, special events, information and referrals to other services, transportation, and play care for children whose parents are engaged in an FRC activity. Birth & Beyond has a capacity to serve up to 1,280 families with weekly NPP home visiting services. Home visitation families received an average of 3 home visits per month for 90 minutes per visit.

The B & B Program has been tracking family-specific outcomes since the program began, with a focus on the families served by the home visitation component. For example, in the Birth & Beyond Three year Report FY 07/08 – FY 09/10, 8,176 families were served by one or more of the B & B

programs. (These numbers may be duplicative as families generally access more than one service). Home visitation represents a direct service with regular contact, an integrated approach to case management, and sustained service over time. It is important to note that 49% of B & B home visitation families had involvement with CPS prior to B & B. An evaluation of the B & B Home Visitation Program of parents who met a minimum participation criteria found :

- Reduced risk of child abuse & neglect of those receiving home visitation services:
 - 93% of 242 families who had previous CPS contact remained free of CPS contact
 - 100% of 236 families who had NO previous CPS contact remained free of CPS contact.
- Increased immunizations:
 - 76% of families were up to date with immunizations
- Breastfeeding initiation & duration:
 - 58% of families reported breastfeeding for any period of time;
 - 53% of these families breast fed for six months
- Improved health screenings:
 - 84% of families made all well child appointments
- Enhanced child development:
 - Nearly 72% of all home visits (37,922 visits) included information, educational materials and coaching related to child development.
- Improved school readiness:
 - 71% of families were aware of kindergarten at closure of their case and 77% already met the requirements.
- Improved parenting skills:
 - There was improvement from baseline scores in all areas of parenting skills, from confidence in parenting to adequate supervision.
- Environmental home safety:
 - There was improvement in home safety in the areas of exposure to tobacco, home stability, and adequacy of home structure.
- Employment readiness:
 - At closure, 55% reported employed compared to 25% at intake.
- Prenatal care received:
 - 85% of women who reported no prenatal care, received information regarding prenatal care during home visits and received referrals for prenatal care.

Beginning in FY07/08 the eight B & B FRCs launched an extensive new initiative of effective parenting classes, based on three evidence-based models (Make Parenting a Pleasure; Dare to Be You; and Strengthening Multi-Ethnic Families and Children). In addition, the program added a new service component in the form of Crisis Intervention Services (CIS).

Participation in approximately 25 different types of FRC classes has also increased steadily over the past three years, averaging over 1,500 a year, or nearly 200 per site per year. Parenting classes and parent support groups are the most robust of class and workshop activities, accounting for over half (58%) of all participation in FRC classes.

Parent Input:

During this current CSA process, the Child Abuse Prevention Council facilitated four (4) focus groups with parents involved with the FRCs. 50 parents participated in the focus groups and shared their perspectives regarding the demographical data and outcome data presented to them. During these sessions, parents shared their satisfaction with the B & B programs and the FRCs. One parent shared that Birth & Beyond Parenting Classes are helpful. "Parents make a connection with other parents and feel supported." Another stated that the B & B's Nurturing Parenting Class was helpful. Other parents shared:

- "I have had home visitation and counseling and they have been helpful. "
- "Due to home visitation I have become a parent leader and I am more aware within my community."
- "parenting classes are helpful"
- "I love the parenting classes and I have noticed my change at home. The class information rubs off on you."

Quality Assurance:

The Birth & Beyond Program ensures that it maintains high quality by analyzing its programs and FRC services. It recently underwent a 3-year evaluation of its program from FY 07/08 to 09/10. The evaluation focused on tracking quantitative data, adjusting both data collection and reporting to fulfill reporting requirements, and adapting to changes in the program structure.

The evaluation team provided an interface between the Birth & Beyond database and the data reporting requirements to First 5 Sacramento. This has required the evaluation team to tailor the existing data fields to satisfy First 5 quarterly and annual reporting. In addition, the evaluation team facilitates reporting to all funding sources, including First 5 Sacramento, California Volunteers (AmeriCorps performance measures), and CAPIT and CBCAP annual reports. It utilizes evidence based practices and has monitored the effectiveness of the programs.

Summary:

The B & B Program consisting of Birth & Beyond home visitation and the Family Resource Centers have been undergoing some remarkable changes between FY07/08 and FY09/10. These included: the integration of the Nurturing Parenting Program (NPP) Home Visitation, the launch of the Effective Parenting Initiative (EPI), and the introduction of Crisis Intervention Services (CIS), and the integration of Differential Response. After 10 years this Program has demonstrated its critical position and role in the primary prevention and early intervention of child abuse and neglect.

Services funded by CBCAP, CAPIT, PSSF

In the past PSSF funds supported Birth & Beyond. With the sharp budget cut, First Five took over the major funding role for Birth & Beyond which freed up PSSF funding to support county operations. In FY 10/11, PSSF funded the CapKids contract (\$96,866), which recruits adoptive homes for hard to place dependents. Another \$300,685 was claimed for CPS adoption staff case work, making a total of \$397,551 spent in the area of adoption. PSSF Family Support funds

(\$363,535) were spent on CPS family service workers who provide transportation and supervision for visitation. \$293,994 was spent in the area of Family Preservation by funding the Intensive Supervision program in the East Region. This program serves families for who a child abuse/neglect petition is held in abeyance as long as the family accepts and benefits from voluntary services. Finally \$228,482 was spent in the area of Family Support by funding counseling services for parents in the reunification program.

There is a broad range of prevention services funded through CBCAP and CAPIT. These activities have been contracted in order to provide relevant prevention services for children and families in Sacramento County. CAPC receives CAPIT and CBCAP funds on behalf of the Family Support Collaborative which is composed of the B & B agency partners. CAPC is a non-profit organization that provides a variety of services funded by CAPIT, CCTF, Kids Plate, Federal AmeriCorps, MediCal Administrative Activities (MAA), private donors, hospital systems, foundations, Children's Trust Fund, United Way, and others. These services include provision of public awareness and outreach activities to the community regarding child abuse and neglect prevention, parent engagement and leadership, child abuse mandated reporter and other training, information and referral to families including those receiving CPS services, child death review team and other collaboratives, FRC management, foster youth programs, Shaken Baby Syndrome prevention services, public education and outreach, contract management and intermediary services, and oversight of contracted providers.

The B & B is funded by CPCAB, CAPIT, First 5 Sacramento, MAA, AmeriCorps, and partner match. The FRCs provide parent education, home visitation, crisis intervention, parent leadership, outreach and education. All FRC's are providers of Differential Response Services. CPS relies on the FRC system of home visiting, center based services and crisis intervention specialists to serve families and prevent entry/re-entry into the foster care system. The parent education offerings are also critical services. The FRC's offer evidence-based parenting curriculums with a focus on prevention. The belief is that the earlier that a family receives intervention services, the more effective those services will be. Over 40% of the families are 25 years or younger and 18% are teen parents.

Additionally the FRCs provide outreach activities to target populations. For example, they outreach to Spanish Speaking parents by having bilingual staff at each FRC training as well as provide trainings in Spanish. Another example of an outreach activity is to the Native American community. The FRC staff participated in the Sacramento Native American health Center's Health fair to promote availability of activities and resources at all 8 FRC's. By participating in these events, the FRC's and their staff understand better how to serve Native American Families. Another outreach activity is targeted presentations conducted with WarmLine FRC (an FRC specializing in servicing families whose children are special needs children) to inform them of services, resources, and activities in their communities. The B & B AmeriCorps members and staff mirror the ethnic and linguistic profile of the communities they serve.

B & B also provides joint visits with CPS to families whose situation does not currently warrant an open CPS case, but who need support. The joint visits provide an opportunity to connect the families to community services while still monitoring their progress.

The *Family Support Collaborative* (FSC) is funded by CAPIT funds, CBCAP, First 5 Sacramento, MAA, and AmeriCorps. This collaboration is an umbrella organization for B & B. It provides training, mandated child abuse reporting training, acts as the lead agency for AmeriCorps members, and provides child safety and safe sleeping outreach & education in addition to leadership of the FSC. The FSC has also taken a lead role in both legislative and funding activities to ensure that the program continues intact and the service provision is uninterrupted.

Sacramento County CPS Family Support Workers are funded by PSSF Family Support funds as well as state and federal child welfare services funding. These FSW's provide services to children and families including home visitation, transportation to services and court hearings, parent/child visitation and parent education.

Family Reunification Short Term Counseling (STC) Services are funded by PSSF Limited Family Reunification funds. Over 40 clinicians throughout the county provided services in a variety of communities and settings, including FRC's. The clinicians offer individual, conjoint (couples), family and group counseling sessions which are focused on safely keeping the family intact or addressing the issues that caused the child to be removed from the home.

CapKids Program (Sierra Adoption Agency) is funded by PSSF Adoption Promotion and Support funds, state and federal dollars, as well as county funds when appropriate. CapKids provides case management and social work to support child/family involved with the CapKids program; Homefinding for hard to place children, helps prepare children and families for adoption/permanency; pre-placement activities and work with caregivers to ensure smooth transition to permanency. The program funds a contract with the Sierra Adoption Agency and well as some of the CPS staff costs.

County Children's Trust Fund:

There are five programs supported by the County Children's Trust Fund (CCTF). These include CAPC, KidsFirst, Lilliput Children's Services, Stanford Settlement, and WEAVE. CAPC receives 24.77% of the CCTF and provides information and referral phone line for services and basic needs, mandated reporter training, Child Death Review Team, and family resource support on site with CPS. KidsFirst is funded with 21.05% of the CCTF and provides support groups for children to improve home/school behavior, parent support groups, and links families to community resources. This program serves children and families in Citrus Heights. Lilliput Children's Services is funded with 8.63% of the CCTF, and provides family support to kinship families and provides in home and group training to Kin parents. The Stanford Settlement serves the Twin Rivers SARB students and families and is funded with 25.71% of the CCTF. It provides identification and outreach to abused/neglected children in the target population, provides social development groups, provides home and school visits, and works on improving home/school relationships. WEAVE, Inc. serves mothers and children in a Domestic Violence Safe House and is funded with 19.84% of the CCTF. It teaches moms about the impact of DV on children, improves parent/child ability to communicate, helps children develop safety plans, and delivers Trauma-Focused Cognitive Behavioral Therapy to children.

:

Other Sacramento Partner Agencies	Services
<p>Alta California Regional Center http://www.altaregional.org/ Center assists persons with developmental disabilities, including infants at risk and their families.</p>	<ul style="list-style-type: none"> • Disability Services • Individualized Services • Outreach
<p>Asian Pacific Community Counseling: http://www.apccounseling.org/index.html Provides EPI Train-the-Trainer and Workshops in Vietnamese and Hmong. Asian Pacific Community Center (APCC) serves the mental health needs of the Sacramento County's diverse Asian and Pacific Islander communities.</p>	<ul style="list-style-type: none"> • Ethnic/Minority Services • Individualized Services • Health and Family Wellbeing • Outreach
<p>Break The Cycle: http://www.breakthecyclejewelry.com/default.html Break the Cycle designs and handcrafts jewelry that raises awareness of child abuse and uses a large portion of its profits to create and distribute comfort packs at no charge, to law enforcement and social service agencies. These comfort packs are given to children who are identified as abused as part of a child abuse/neglect referral investigation.. are reporting abuse. These cool backpacks contain items to help relieve stress, encourage creativity, provide comfort and build confidence for children who have suffered at the hands of another in an effort to "Break the Cycle."</p>	<ul style="list-style-type: none"> • Resource information to parents • Comfort packs
<p>Bikers Against Child Abuse (Sacramento Chapter): http://www.bacaworld.org When a child does not feel safe s/he can call a pre-screened member team who will come to the child's location to offer support and comfort.</p>	<ul style="list-style-type: none"> • Child support •
<p>Birth & Beyond: http://www.birth-beyond.com The Birth & Beyond (B & B) Program is a comprehensive primary prevention and early intervention program that provides in-home and neighborhood-based services for children and families. Provides Differential Response services. B & B's lead fiscal agent is the Child Abuse Prevention Council, and B & B's Family Resource Centers are operated by: Folsom Cordova Community Partnership, La Familia Counseling Center, Mutual Assistance Network, River Oak Center for Children, Sacramento Children's Home, The Effort, Inc. Funded by CBCAP, CAPIT</p>	<ul style="list-style-type: none"> • High Risk of Abuse/Neglect • At risk of foster care • Family Stabilization • Child Abuse Prevention • Individualized Services • Health and Family Wellbeing • Outreach • Network
<p>California Coalition Against Sexual Assault: http://www.calcasa.org Provides leadership, vision and resources to rape crisis centers, individuals and other entities committed to ending sexual violence.</p>	<ul style="list-style-type: none"> • Network • Outreach
<p>Casey Family Programs: http://www.casey.org Information, training, outreach, programs and tools to support families, children, and youth, especially those in the child</p>	<ul style="list-style-type: none"> • High Risk of Abuse/Neglect • Child Abuse Prevention

welfare system.	
<p>Center on Social & Emotional Foundations for Early Learning: http://www.vanderbilt.edu/csefel/modules.html Training resources and materials on early child development and supporting families with infants/toddlers.</p>	<ul style="list-style-type: none"> • Individualized Services • Health and Family Wellbeing • Outreach
<p>Child Abuse Prevention Council of Sacramento, Inc.: www.thecapcenter.org The lead fiscal agent for Birth 7 Beyond Funded by CAPIT and County Children’s Trust Fund</p>	<ul style="list-style-type: none"> • High Risk of Abuse/Neglect • Child Abuse Prevention • Network • Outreach
<p>Child Action: http://www.childaction.org Provides outreach, education, workshops, and child development training for parents of young children. Child Action, Inc. is a private, nonprofit corporation created in 1976 to provide for the education and social welfare of children and families by organizing, sponsoring and administering services to children, especially daycare</p>	<ul style="list-style-type: none"> • Health and Family Wellbeing • Outreach • Network
<p>Consortium for Children – The Permanency Planning Mediation Project is a program funded by CDSS that offers mediation to birth families when reunification services are ended and before parental rights are terminated. The project engages a child’s birth family in making a permanency plan for their child and guides the birth family and adoptive family to an agreement about a safe degree of openness once adoption occurs.</p>	<ul style="list-style-type: none"> • Permanency
<p>Fast Track - A short-term intensive service program of EMQ Families First. The goal is to keep children at home with their parents while the family is involved with court interventions. The program is developed to serve families in the Dependent Supervision Program with current allegations of domestic violence or a history of domestic violence. This program can also serve families with AOD issues and issues of chronic neglect. The components of service include: Development of child and family teams with natural resources; Intensive case management; Intensive behavioral interventions; Use of community-based resources.</p>	<ul style="list-style-type: none"> • At Risk of Abuse/Neglect • At risk of Foster Care • Family Stabilization • Individualized Services • Outreach
<p>Kids Plates: http://www.kidsplates.org Kids' Plates fees are used to fund child abuse and prevention programs..</p>	<ul style="list-style-type: none"> •

<p>Kinnections - Targets African American children from birth to age 17 entering the CPS for the first time. CPS automatically refers children who meet the criteria for intensive services. Lilliput provides 3-6 months of intensive family finding efforts. Once a relative placement is identified, Lilliput provides supportive services such as pre-placement household preparation, in-home visitation, connection to community resources and informal family team decision making meetings.</p>	<ul style="list-style-type: none"> • Ethnic/Minority Services • Permanency • Individualized Services • Outreach
<p>Kinship Navigator: http://cakinship.org Kinship Caregivers or Relative Caregivers are adults who have taken over the responsibility of raising another relative’s child when the biological parent (s) are not able to care for them. Kinship Navigator provides referrals and other information.</p>	<ul style="list-style-type: none"> • Ethnic/Minority Services • Permanency • Network • Outreach
<p>LaVerne Adolfo Housing Program – This transitional housing program offers resources to assist former youth in becoming self-sufficient. This program was created by the Sacramento Emancipation Collaboration.</p>	<ul style="list-style-type: none"> • Individualized Services
<p>River Oak Center for Children (ROCC) – ROCC works directly with probation, mental health, and CPS. It is a multi-service child/family agency serving over 900 clients on any given day. River Oak is a provider of Wraparound services, other intensive in-home services, out-patient mental health, early-intervention mental health, multi-dimensional treatment foster care, differential response, Family Resource Centers, Birth & Beyond Home Visitation Program, and Parent Education. Funded by CBCAP, CAPIT</p>	<ul style="list-style-type: none"> • Risk of Foster Care • At Risk of Abuse/Neglect • Permanency • Family Stabilization • Individualized Services • Outreach • Network
<p>Sacramento Native American Health Center http://www.snahc.org/ The health center is committed to enhancing the quality of life by providing a culturally competent, holistic, and patient-centered continuum of care.</p>	<ul style="list-style-type: none"> • Ethnic/Minority Services • Native American • Individualized Services • Geographically Isolated • Family Health and Wellness • Outreach
<p>Sacramento Chinese Community Service Center: http://www.sccsc.org/html/outreach.htm Provides EPI Train-the-Trainer and Workshops in Russian.</p>	<ul style="list-style-type: none"> • Ethnic/Minority Services • Family Health and Wellness
<p>Sacramento County Dept. of Health & Human Services: http://www.sacdhhs.com The county agency that provides Behavioral Health Services, Child Protective Services, Primary Health Services, Public Health Services, and Senior and Adult Services.</p>	<ul style="list-style-type: none"> • Ethnic/Minority Services • High Risk of Abuse/Neglect • Family Stabilization • Outreach
<p>Sacramento County Office of Education: http://www.scoe.net</p>	<ul style="list-style-type: none"> • Network

<p>Programs & Services offered to children and families and Parent Resources with links to family support services.</p>	<ul style="list-style-type: none"> • Outreach
<p>Sacramento Crisis Nursery: http://www.kidshome.org/what-we-do/CrisisNursery.php The Crisis Nursery 's mission is to prevent child abuse and neglect by providing support to families at times of crisis. It is a family strengthening program where families can bring their children, newborn through age 5, for emergency child care or overnight care during stressful or difficult times.</p>	<ul style="list-style-type: none"> • High Risk of Abuse/Neglect • Risk of Foster Care • Family Stabilization • Outreach
<p>The Sacramento Children's Home Provides comprehensive child and family service organization that has been providing services to the most vulnerable children and families in Sacramento for nearly 150 years . It focus on ending the generational cycle of child abuse and neglect through programs and partnerships with CPS including the Crisis Nursery Program, Family Resource Centers, Birth & Beyond Home Visitation Program, Parent Education Counseling Programs, Wraparound, Education, and our legacy Residential Treatment Program.</p>	<ul style="list-style-type: none"> • High Risk of Abuse/Neglect • Risk of Foster Care • Isolated Geographically • Family Stabilization • Network
<p>Wonder, Inc. – This non-profit organization provides one-on-one mentors for dependent youth ages 6-12 years. The mentors support and guide the youth through fun, age-appropriate experiences. In August 2008, Wonder, Inc expanded their program to include some limited activities for teens.</p>	<ul style="list-style-type: none"> • Individualized Services • Outreach

Health Insurance Coverage

Prior to July 2010, children entering the foster care system in Sacramento County were automatically removed from their assigned geographic managed care (GMC) plan and placed on fee-for-service (straight) Medi-Cal. This practice made it more convenient for caregivers to obtain medical and dental services for children. In addition, UCD CAARE Center provided medical clearance exams and fee-for-service Medi-Cal allowed children to receive x-rays, lab work and follow-up services within the UCD system as necessary. However, because greater than 90% of children entering foster care are assigned to a GMC plan, this meant that children were not returning to the medical and dental providers they were established with prior to entering foster care. CPS, in consultation with the DHHS Public Health division and First 5 Sacramento, determined that it was in the best interest of children to not be removed from their GMC plan but to remain in their “medical and dental homes” upon entry into foster care. Subsequently, in July 2010, CPS began leaving children with the GMC plan and provider they were assigned to when placed into protective custody. This change in practice has provided continuity of care, reduced duplication of services, allowed children and youth to stay with providers they are comfortable with, and ensured that children will receive services from a provider familiar with their medical and dental history. In addition, maintaining children in their medical and dental homes contributes to child safety and well-being, both in foster care and when the child returns home, because a medical and dental

provider who is familiar with the child before, during, and after foster care is more likely to notice changes/concerns (weight loss, frequent injuries, pattern of unusual bruises, etc.).

Although this change in practice has been beneficial for many foster children, it is not in the best interest of all children to remain on their GMC plan and in fact, is not possible in some situations. Requests for removing a child's GMC plan and enrollment in fee-for-service Medi-Cal requires CPS management approval. Each situation is carefully considered so that children change providers only when absolutely necessary. Examples of situations when a child may be disenrolled from his/her medical and dental home include:

- The child is receiving substandard care with the provider.
- The child does not like the provider and/or refuses to receive care from the provider.
- The medical or dental provider cannot meet the child's needs or the child has special needs that require services from a specific health plan or provider.
- Child is placed outside of Sacramento County.
- Child may not have established a relationship with a medical and/or dental provider and it is more convenient to establish the child with a provider in close proximity to the child's placement.
- The child may be assigned to a GMC medical group that does not have a pediatrician.

It is important to note that a small number of children who enter foster care are not assigned to a GMC plan. They either have fee-for-service Medi-Cal or no medical and dental insurance. The following summarizes what health plans these children will have:

- Children entering foster care with fee-for-service Medi-cal will remain on fee-for-service Medi-Cal.
- Children entering the system with no medical and dental insurance, usually newborns, will be placed on fee-for-service Medi-cal.
- Children entering foster care with private insurance will be enrolled in fee-for-service Medi-Cal. The Sacramento County Department of Human Assistance works with CPS to remove the private insurance, which is a barrier to the child receiving services while in foster care.

There are several challenges faced in maintaining children in their medical and dental homes. The first is that it is often not convenient for the caregiver to take the child to the established provider. Caregivers often work with a particular medical and dental provider near their home who accepts fee-for-service Medi-Cal and they want to take any child placed in their home to those providers. A second concern has been that a number of children are placed out of county and must be disenrolled from the GMC plan as the insurance does not work in counties outside Sacramento. The third concern has been lack of access to appointments and the poor quality of care received from the GMC dental providers. The fourth challenge has been convincing the GMC medical providers to see children for a CHDP exam within 30 days of placement and to obtain an annual exam for children in foster care. Usually medical providers do not see older children (after the age of seven) on an annual basis unless there is an illness or injury but children in foster care are suppose to have an annual exam.

Medical Clearance Exam Program

In August 2010, Sacramento County CPS implemented a comprehensive medical examination program for children ages 0-5 taken into protective custody. This program is funded by the First 5 Sacramento Commission and was developed in collaboration with partners from the Sacramento County Public Health and Behavioral Health Services as well as a private medical practice. The 0-5 eligibility age range was selected as the most vulnerable population and due to First 5 Sacramento's statutory funding restriction to this age group. The services provided by the program include a medical exam and home visitation from public health nurses (PHN) and early intervention mental health clinicians (EI). There is also clerical support attached to ensure that the medical clearance exam information is included in the CWS/CMS health notebook and Health and Education Passport (HEP). The purpose of the program is to identify medical and developmental issues/concerns at the time children are placed into protective custody and to ensure they receive necessary services and follow-up/treatment.

This program provides medical exams the day the child is taken into protective custody. The business day following the exam, a public health nurse (PHN) receives the case and reviews the discharge summary from the examination. The PHN calls the caregiver that day to discuss any urgent medical needs identified at the exam and steps for the caregiver to take to follow-up. The PHN schedules an appointment for a home visit within 2-3 weeks to ensure the caregiver is aware of the child's medical and dental home, to discuss health concerns and community resources available as well as to complete a developmental screening. The PHN then refers to the early intervention program component. The EI clinician will provide home visitation services to support the caregiver, assess the child's social-emotional functioning and need for mental health treatment, and ensure connections to regional centers, school districts and infant mental health as needed. The EI services are provided for as long as needed.

The program includes a monthly case conference component that allows CPS to address barriers of access and connection to medical, developmental, and behavioral services necessary for children 0-5 years of age who had a medical clearance exam. Representatives from CPS, public health, early intervention and the agency providing the medical exam attend the conference. Each child receiving a medical clearance exam with any finding of a medical or developmental concern is discussed at the conference. The team reviews barriers to obtaining services and problem solves how to ensure needed services are accessed. The team also ensures that the child has been referred and connected with appropriate services for the child's diagnosis and identified conditions. The child's situation continues to be discussed each month until resolution of condition or connection to services is verified.

Clerical support for the program is provided by First 5 Sacramento, which ensures that the data from the exam is documented in CWS/CMS. The office assistant enters the exam date, diagnosis, treatment plan, referrals, and medications in the health notebook and creates a HEP.

CPS Foster Care Nursing Services

After budget cuts that eliminated CPS nursing positions, CPS received seven PHN positions in September 2010. This allowed CPS to replace lost positions in the CPS Emergency Response program as well as add several positions to the foster care program.

In an effort to improve efficiency and build relationships among PHN and the CPS social workers they support, CPS began collaborating with the Public Health division in spring 2010 to assign foster care nurses by geographic region and to have the foster care PHN assigned to a child's case for the entire period the case is open to CPS. As a result, each region has two PHNs assigned to consult with ER social workers and conduct joint home visits to determine the safety and health of children alleged to be abused or neglected. Each region is also assigned two foster care nurses to assist social workers in ensuring that foster children's medical and dental needs are met in a timely manner. The foster care PHNs have recently been assigned to specific units to encourage consultation and collaboration among PHNs and social workers. The PHNs have met with their assigned units to provide an understanding of how the PHN can support the social worker with the child's medical, dental, and developmental needs. ER and foster care PHNs provide services including:

- Consulting with medical providers to obtain information immediately.
- Scheduling urgent appointments.
- Explaining medical conditions and treatment plans.
- Educating caregivers about children's medical and dental needs.
- Attending team decision making meetings as requested.

Management from CPS and the Public Health division meet quarterly to discuss staffing, how to maximize nursing services available and to problem solve any challenges that have arisen.

Documentation of Medical and Dental Services

Documentation in CWS/CMS remains the biggest challenge regarding medical and dental services for children. CPS only receives CHDP exam forms for well-child visits. Information regarding exams for illness or injury must be requested by the caregiver or social worker. In 2012, CPS will be implementing mandatory check-ins with each foster child's medical and dental providers. Social workers will receive refresher training on entering information into CWS/CMS and can either enter the information themselves or provide to designated clerical staff for entry into CWS/CMS health notebook.

F.6 Staff/Provider Training

Child Welfare:

New employees are enrolled in required county-wide training, such as AB1825 and baby car seat training. New CPS social workers participate in 4-6 weeks of on-the-job training with a peer trainer in their assigned program before assuming a full caseload. It should be noted that due to layoffs there has not been much of a need in the last two years for new worker training. CPS requires all new social workers to complete Core Curriculum training provided through the Northern Regional Training Academy within the first year of hire. The Academy offers the 13 day Core Curriculum over a 4 month period. Module topics include Human Development and Behavior, Assessment Skills, Case Planning and Coordination, and Intervention Skills and Techniques.

CPS requires all social workers and supervisors to obtain 20 hours of continuing education per year. Training and Staff Development (TSD) tracks all staff training on a database. TSD generates an

annual report to the employee, their supervisor, and managers for review to ensure staff are completing required classes and fulfilling the annual training requirement.

Family Serve Workers participate in training through the Regional Training Academy's certificate program for paraprofessionals, for which participants can receive college credits. Topics include understanding the Dynamics of Child Abuse and Neglect, Building Skills for Working with Families, Successful Home Visits and Family Visitation.

New managers receive training from the RTA in leadership, as well as financial management. SafeMeasures training is provided as an in-service to enable supervisors and managers to monitor for compliance and trend analysis.

CPS staff provide their colleagues with in-service training regarding CWS/CMS system, new social worker training, best practice issues, changes in the law, practice guidelines, state and federal regulations and other policies that impact practice with children and families.

CPS also receives cross training in collaboration with community partners such as San Juan Unified School District Foster Care, Alta California Regional Center for the Developmentally Disabled, WEAVE Domestic Violence Programs, and various ethic/cultural community providers and advocates.

In partnership with California State University Sacramento, the California Department of Social Services and with federal Title IV-E funding, a stipend program is available for students to obtain their Master's in Social Worker Degree. Students who are current county employees may continue working while attending school.

Probation:

The Standards and Training for Corrections (STC) Division works in collaboration with state and local corrections and public/private training providers in developing and administering programs designed to ensure the competency of state and local corrections professionals. Specific activities of STC include:

- Administering a statewide training course certification process that includes a coordinated training delivery system
- Establishing and updating minimum selection and training standards (California Code of Regulations, Title 15)

Each eligible staff meets the following training standards each year

- (1) Journey probation officer - 40 hours.
- (2) Journey juvenile counselor - 24 hours.
- (3) Journey corrections officer - 24 hours.
- (4) Probation supervisor - 40 hours.
- (5) Supervising juvenile counselor - 40 hours.
- (6) Supervising corrections officer - 24 hours.
- (7) Manager - 40 hours.
- (8) Administrator - 40 hours.

Annual training is designed to provide updating and refresher instruction. Flexibility is permitted in course content and method of instruction in order to meet changing conditions and local needs.

CAPC

To promote skill building and professional development among public and private service providers throughout Sacramento County, including PSSF/CAPIT/CBCAP contractors, CAPC provides ongoing training opportunities and has full responsibility for B & B training.

To assist sub-contractors with implementing effective service delivery strategies and practices, evaluating services provided, and improving outcomes for children and families, CAPC staff routinely provide technical assistance via telephone calls, email exchanges, and site visits. Technical assistance is provided at the request of sub-contractors or at any time CAPC staff determines that it may be beneficial. CAPIT/CBCAP/PSSF funds are available annually for county liaisons and parent consumers to attend required meetings, conferences, and training events.

For the Birth & Beyond program, CAPC provides the following training to Family Resource Center staff and AmeriCorps members: Cultural Awareness; Conflict Resolution; Professional Boundaries & Confidentiality; Active Citizens; Mandated Child Abuse Reporter Training; Impacts of Violence on Children; Family Violence; Nurturing Parenting Programs for Infants and Toddlers, Prenatal, and Fathers; Make Parenting a Pleasure; Dare To Be You; and School Readiness.

F7. Collaboration with Public and Private Agencies

This section addresses collaborations in providing services to Sacramento County youth and families. Collaboration descriptors include information on stakeholders' participation in guiding agency practice and policy, progress reports, and the coordination of services to benefit populations mutually served by CPS, Probation, and other federally and state-funded programs.

Child Protective Services Overview:

CPS is engaged in on-going collaboration and consultation with public agencies, private community-based organizations, other providers of child welfare services, and service consumers in an effort to better meet the service needs of children and families. These collaborative efforts include discussions on program/service implementation, two-way dialogue about concerns and issues, as well as prioritizing and problem solving.

Strengths:

- Regular meetings with the courts, mental health services, public health services, law enforcement, probation, educational institutions, and the local child abuse council improve services.
- MOUs that clarify collaborative roles and responsibilities between CPS and law enforcement agencies, Foster Family Agencies, Public Health, Mental Health and other partner agencies.
- Workload Policy Board and Program Specific Workgroups have developed stronger partnerships between labor and management to improve the implementation of services to children and families.

- Destination Family has been successful in finding family connections for youth between the ages of 11 and 18 years.

Areas of Need:

- The cross-training opportunities for partner agencies should continue to increase.
- Partnerships with private funding sources should be developed.
- The sharing of outcome data with community collaborators should be improved.
- Community participation in TDM meetings should be increased.

Probation Department Overview:

Sacramento County Probation Placement Division is engaged in on-going collaborations/consultation with a broad array of public agencies, private community-based organizations, consumers, individuals, and other providers in an effort to better meet the service needs of youth and families. These collaborative efforts include discussions on program/service implementation, two-way dialogue about concerns and issues, cooperative planning, prioritizing and problem solving.

Strengths:

- Regular meetings with the courts, mental health services, public health services, law enforcement and educational institutions.
- Collaborations with CPS and with DHA regarding improving outcomes for disabled youth.
- Work towards creating a protocol for family finding has begun.
- Since the 2005 PQCR, Probation has enhanced the working relationship with CPS, allowing for the utilization of CPS knowledge and resources of the child welfare system. Examples of this are the development of procedure and protocol for the investigation of suspected child abuse in treatment facilities, and placing minors in NFREM homes.

Areas of Need:

- Proactive cross training with other agencies is needed.
- More partnerships with alternative funding sources are needed.
- There is a need to provide allied agencies with training to enhance their understanding of Probation processes, needs, and decision-making.
- Ensure Probation Placement staff is aware of relevant community resources and supports clients' access to services.
 - Improved collaboration, communication, and support from the Court.
 - A professional facilitator for IMAC is needed.
 - Continue to work with school districts to gather complete academic information including transcripts and individual education plans.
 - Development of a Family Finding Protocol is needed.
 - Improve the sharing of outcome data with community collaborators to assist in improved outcomes.
 - Procure additional high quality in-state and out-of-state placement providers.

Sacramento County Partnerships

Alcohol and Drug Advisory Board –This board provides recommendations about alcohol and drug program-related matters as they are brought to their attention by the Board of Supervisors, DHHS Alcohol and Drug Services Division, other County-funded agencies/departments, the board members themselves, and other individuals. The board ensures citizen and professional involvement at all stages of the process leading to the formation and adoption of the county alcohol and drug program plans.

Alta Regional Center Memorandum of Understanding – A memorandum between CPS and the local regional center establishes a working relationship between the agencies for the purpose of better meeting the needs of regional center consumers with CPS involvement.

American River College-ILP collaboration - This local community college collaborates with ILP to assist foster youth in transitioning to college. As part of services, youth are provided information on the Cal-Grant and CHAFFE grant programs as well as various scholarships.

Birth & Beyond Family Resource Centers (FRCs) – FRCs bring support services to families in eight high-risk neighborhoods. Delivered services include home visitation, Court-approved parenting classes, and assistance in access to pre-natal care. Additionally, all sites offer school readiness activities and have a Crisis Intervention Specialist to work with families facing challenges. All B & B sites partner with CPS to provide Differential Response joint visits and aftercare services to families. The lead agencies of the Birth and Beyond sites/program are The Effort, the Sacramento Children’s Home, La Familia Counseling Center, Folsom Cordova Community Partnerships, Mutual Assistance Network, River Oak Center for Children and CAPC –AmeriCorps/FSC. Funding for this program comes primarily from First 5 Sacramento.

Bridges, Inc. STAR Program – The *Specialized Treatment Recovery Services (STARS)* program is a support services program of Bridges Inc. STARS works with three specific client populations and is designed to provide Sacramento County with case monitoring for adults and juveniles dealing with substance abuse issues. The program provides parents involved with Child Protective Services and Sacramento County Dependency Courts with assistance in meeting the mandates given to them regarding drug and alcohol treatment, testing and support. The STARS program monitors clients for the Dependency Drug Court and the Early Intervention Family Drug Court.

Brown Bag Lunch Meetings – Bench officers, including the Presiding Judge of the Juvenile Court meet with probation representatives to provide feedback and answer questions.

California State University at Sacramento (CSUS) – CSUS collaborates with CPS in the preparation of future child welfare service professionals. Title IV-E curriculum is focused on the social work discipline specific to protective services. Title IV-E social work students are placed in internships within CPS where they have the opportunity to learn social work skills that can only be developed by practicing actual case work.

Capital Kids Are Waiting (CAP Kids) – CPS collaborates with Sierra Adoption Services on its successful CAP Kids Are Waiting Program, which finds homes for children with medical problems, disabilities or other issues that make finding homes for them difficult.

Casey Family Programs - Casey Family Programs is providing technical assistance to CPS in relation to the implementation of Signs of Safety and Concurrent Planning. Casey is also providing support in connection with the development of data and communications plans.

Celebrating Families - In an effort to break the cycle of addiction in dysfunctional families and to help promote healthy parenting, Bridges and the STARS Program began offering Celebrating Families to CPS families in February of 2009. In this unique program, the entire family participates in educational groups and activities in order for both the parents and the children to recover from the damage caused by alcohol and drug addiction.

Child Abuse Prevention Council (CAPC) – CAPC is a community leader in helping to develop prevention and intervention strategies and enjoys a long-standing, productive relationship with many community-based organizations (CBOs). CPS has partnered with the local CAPC to implement education and awareness programs related to Shaken Baby Syndrome, infant safe sleeping and drowning prevention; to implement B & B in eight communities; and to develop collaborative strategies and policies for protecting children.

Child Death Review Team – A 21 agency multidisciplinary team, including representatives from local hospitals, the district attorney’s office and other law enforcement agencies, Public Health, CPS, and CAPC, meets monthly to review the circumstances of each child’s death aged 0-17 years for the purposes of identifying causes and trends in child deaths and recommending prevention strategies. The Child Death Review Team annually produces a report and presents findings to the Board of Supervisors.

Child Protective Systems Oversight Committee – This committee provides oversight of child protective systems within Sacramento County through quality assurance reviews and the review of critical cases. The committee provides an annual report to the County Board of Supervisors with findings and recommendations.

Children’s Coalition – Representatives from child service agencies, families, and community leaders meet monthly to address systemic barriers to services.

Children’s Receiving Home of Sacramento (CRH) – CRH is the shelter for abused and neglected children in Sacramento County. The average length of stay is between twenty-five and thirty days. CRH provides health, mental health, and pre-placement services to youth until a relative or foster placement can be arranged. The Receiving Home also provides Residentially Based Services (RBS) and ILP services. CRH includes an assessment center to foster girls who are at risk of multiple placements due to behavioral or mental health issues.

Children's Research Center (CRC) – CPS social workers use a comprehensive set of evidence-based tools, known as Structured Decision Making (SDM), created and maintained by the CRC to assess risk and safety factors for families referred to Child Protective Services.

Consortium for Children- The Permanency Planning Mediation Project is a program funded by CDSS that offers mediation to birth families when reunification services are ended and before parental rights are terminated. The project engages a child's birth family in making a permanency plan for their child and guides the birth family and adoptive family to an agreement about a safe degree of openness once adoption occurs.

Court and CPS Managers Meeting – This meeting provides an avenue for the Court and CPS management to strengthen communication and address issues to improve service for youth and families.

Court and Probation Chief's Meeting – The Juvenile Court Presiding Judge meets twice monthly with the Probation Division Chief to discuss various issues and address ongoing needs.

Dependency Drug Court (DDC) – DCC promotes and supports recovery from alcohol and other drugs as well as the reunification of children with their families. It is a collaboration of the Superior Court, CPS, Alcohol and Drug Services, Children's Law Center (CLC), Bridges STARS (Specialized Treatment and Recovery Services) Program, and local treatment providers.

Dependency Drug Court Steering Committee – This committee is comprised of representatives from the County Executive's Office, CPS management, AOD, Community Based Organizations, parent and children's attorneys, county counsel, and juvenile court bench officers. The committee makes policy decisions and discusses implementation challenges affecting the program's outcome measures.

Dependency Standing Meeting – Judicial Officers, Juvenile Court staff, attorneys, CPS management, and representatives from CASA and Alcohol and Drug Services meet monthly to discuss issues that present barriers to court proceedings, share information, and discuss common issues related to permanency and wellbeing.

Destination Family - This collaborative effort of CDSS, Sacramento County, and Sierra Adoption Services creates lifelong family connections for Sacramento youth in foster care. The goal is that no youth will age out of foster care without a permanent family connection that is as legally, emotionally, and physically secure as possible.

Domestic Violence Coordinating Council – The Office of the District Attorney and representatives of other law enforcement agencies, members of the health care community, DHHS representatives, and CBOs meet to coordinate response protocols, ensure successful prosecution of perpetrators, and enhance Domestic Violence services.

Domestic Violence Death Review Team- This team examines domestic violence deaths to identify systemic gaps and make recommendations to the Board of Supervisors. Members include CPS, law enforcement, District Attorney's office, Coroner, medical personnel, Probation, California State Attorney General's Office, and WEAVE.

Early Intervention Family Drug Court (EIFDC) – A partnership of Alcohol and Drug Services, CPS, and STARS, Inc. This voluntary program provides substance abuse treatment, case management and oversight to families affected by substance abuse with emphasis on but not limited to methamphetamine use. The target population which initially included only mothers and infants with a positive toxicological screen at birth or during the third trimester of pregnancy was expanded in November 2009 to include families with children 0-5 years of age, affected by substance abuse.

Education Liaisons - Provided by the Sacramento County Office of Education and under contract with CPS, the Education Liaisons help social workers gather educational information about youth placed in custody for the purpose of better meeting their educational needs.

Family and Children Community Treatment Program (FCCTP) – The FCCTP is collaboration between Probation and Quality Group Homes, Inc. and is used in conjunction with the Integrated Model for Placement, Case Management, and Treatment (IMPACT) Program. This program works with foster youth and their families to eliminate the need for or reduce the duration of out-of-home placement through a provision of services suited to the specific needs of the youth and family.

Family Support Collaborative (FSC) – This public/private partnership offers governance structure to several family support programs. Staffed by the Child Abuse Prevention Council of Sacramento, the FSC has direct responsibility for the B & B program.

Fast Track - Is a short-term intensive service program from EMQ Families First. The goal is to keep children at home with their parents while the family is involved with court interventions. The program is developed to serve families in the Dependent Supervision Program with current allegations of domestic violence or a history of domestic violence. This program can also serve families with AOD issues and issues of chronic neglect. The components of service include: Development of child and family teams with natural resources; Intensive case management; Intensive behavioral interventions; Use of community-based resources.

Foster Family Agency and Group Home Meetings – County staff meet monthly with placement providers to reduce barriers to permanency for children.

Foster Family Agency (FFA) Memorandum of Understanding (MOU) – This MOU clarifies roles and responsibilities of county and FFA social workers when placing dependent children in out of home care.

Foster Parent Association — The Sacramento County Foster Parent Association supports local foster parents in achieving safety and permanence for foster youth. CPS management and staff meet with the Association regularly to address concerns relating to youth in their care and systems issues. Through these on-going discussions, the Association participates in shaping policy and procedures.

Foster Youth Services– This collaboration with the Sacramento County Office of Education provides educational counseling, records transfers, and other educational services for foster youth.

Human Services Coordinating Council – The Human Services Coordinating Council (HSCC) serves as an advisory body to the Sacramento County Board of Supervisors on matters relating to health and human services planning and policy issues. This committee comprised of community members and representatives from Community Based Organizations, DHA, DHHS, and the County Executive’s office. This committee makes policy recommendations regarding human services delivery in Sacramento County.

Interagency Management and Authorization Committee (IMAC) – IMAC meets weekly for coordination of services and sharing of resources, in situations where children suffer from significant mental health issues that interfere with placement stability or require a high level of care. Disciplines represented include Probation, Mental Health, CPS, the local regional center, and school districts.

Integrated Model for Placement, Case Management, and Treatment (IMPACT) Program, which is located at the Sacramento Assessment Center, is a collaboration between Probation and Quality Group Homes, Inc. The Assessment Center is a 21-bed non-secure, co-educational, pre-placement facility. The goal of the program is to situate the youth in the most appropriate placement by identifying treatment needs and services to meet those needs. A multidisciplinary team determines the functional level of the child in ten areas: criminality, education, psychology, medical, social attachment, occupational, substance abuse, psychiatry, recreation, and family dynamics.

Juvenile Justice and Delinquency Prevention Commission – This commission consists of members appointed by the presiding judge of the Superior Court with the concurrence of the judge of the Juvenile Court. Members reflect a variety of professional backgrounds in youth service organizations and include youth. The commission’s purpose is to initiate and coordinate the work of community agencies engaging in delinquency prevention programs.

Kinnections - Assists African American children from birth to age 17 entering the CPS for the first time. CPS automatically refers children who meet the criteria for intensive services. Lilliput provides 3-6 months of intensive family finding efforts. Once a relative placement is identified, Lilliput provides supportive services such as pre-placement household preparation, in-home visitation, connection to community resources and informal family team decision making meetings.

LaVerne Adolfo Housing Program– This transitional housing program offers resources to assist former youth in becoming self-sufficient. This program was created by the Sacramento Emancipation Collaboration.

Law Enforcement Agencies– Partnerships between CPS and law enforcement agencies for the purpose of protecting children from abuse and neglect have been formalized through memoranda of understanding. These mutual agreements define the operational relationships between CPS and various law enforcement agencies and are undergoing revision to reflect current practice.

Medical Neglect Review Team (MNRT) - The MNRT reviews CPS referrals/cases involving chronic and/or complex medical issues. The MNRT consists of representatives from various agencies including Public Health Nursing (PHN) and CPS.

Mental Health and CPS partnership – Mental Health provides two senior mental health workers for consultation and joint home visits with CPS staff.

Mexican Consulate - A memorandum of understanding between CPS and the Mexican Consulate establishes a working relationship between the agencies for the purpose of successful placement of children with their family members living in Mexico whenever they are unable to reunify with family members living in the United States.

Missing Children Recovery and Stabilization Project – This group is developing a collaborative response plan to support and stabilize AWOL youth upon return to care. The response plan will include an immediate response team to support youth with services such as drug treatment, counseling-support for SECT youth, home finding, relative search, and transition support to encourage youth to remain in car. Participating agencies include: CPS, CASA, Sacramento Children’s Home, EMQ Families First, Sierra Forever Families, Children’s Receiving Home, Stanford Home and the Children’s Law Center.

Mutual Assistance Network of Del Paso Heights (MAN) - MAN uses neighborhood residents to expand commercial, financial, and employment opportunities for the neighborhood, to improve public safety and social conditions in the neighborhood, to stimulate the building of self-help and mutual assistance programs to achieve good health and successful lives for the residents of this neighborhood. The MAN FRC provides a variety of grassroots committees serving residents including CPS clients.

Mutual Assistance Network (MAN) Parent Advisory Group – This group, comprised of parents, faith-based organization representatives, community members, and MAN board members, helps govern a local FRC.

Pregnant and Parenting Teens Collaborative – The goal of this group is to ensure pregnant and parenting teens are provided the services they need, improve service coordination, ensure their children’s safety, and prevent dependency. The group also makes recommendations to the County regarding policy and service delivery. Participating agencies include: the Children’s Law Center, Young Moms Connect (YCU), CPS, The Child Abuse Prevention Council of Sacramento (CAPC), Natomas Unified School District and Sutter Teen Programs.

Probation Advisory Committee – This committee was developed in collaboration with Chief Probation Officers of California, Resource Center for Family-Focused Practice at U.C. Davis, Administrative Office of the Courts, California Department of Social Services, and county probation departments. This committee examines juvenile placement issues, develops curriculum and training for placement probation officers, and provides a forum for the exchange of information between probation departments and other partners to enhance the practice of juvenile probation for the safety of the community and youth involved in juvenile justice. The goal is to meet the needs of probation youth in foster care through meeting state and federal outcome goals. Sacramento County Probation Department collaborates regularly to insure that services to youth and their families and the community are aligned with state and federal laws and regulations and best practice.

Public Health and CPS partnership – Public Health Nurses provide consultation to CPS staff and are available for joint home visits.

Residentially Based Services (RBS) – These services seek to improve permanency outcomes for youth in group home care by enhancing the quality and scope of care and services through the integration and coordination of the services and efforts of families, placing agencies, providers and other key stakeholders. RBS Services are tailored to the strengths and needs of each child enrolled in the program and include: family engagement and empowerment; comprehensive care coordination; as well as intensive short-term residential stabilization and treatment

River Oak Center for Children (ROCC) – ROCC works directly with probation, mental health, and CPS. It is a multi-service child/family agency serving over 900 clients on any given day. River Oak is a provider of wraparound services, other intensive in-home services, out-patient mental health, early-intervention mental health, multi-dimensional treatment foster care, differential response, and home visitation. River Oak Center for Children has sponsored training, including Adoption Clinical Training, for members of the community including CPS staff. Agency management has served on all CPS community committees and the community collaborative that oversees home visitation and Differential Response.

The Sacramento Children's Home is a comprehensive child and family service organization that has been providing services to the most vulnerable children and families in Sacramento for nearly 150 years. It focuses on ending the generational cycle of child abuse and neglect through programs and partnerships with CPS including their Crisis Nursery Program, Family Resource Centers, Birth & Beyond Home Visitation Program, Counseling Programs, Wraparound, Education, and a Residential Treatment Program.

Sacramento County Court Appointed Special Advocates (CASA) – CASA recruits trains and supervises volunteers who are appointed by the Juvenile Court to advocate for the best interests of dependent youth.

Special Assault and Forensic Evaluation Center (SAFE Center) – The SAFE center is a child-friendly, supportive environment where specially-trained CPS staff interview child sexual abuse victims. The SAFE center is a collaborative venture involving CPS and 18 agencies, including the Sacramento County District Attorney's Office, other law enforcement agencies and other county and public agencies.

Student Attendance Review Board (SARB) – School Attendance Review Boards (SARBs), composed of representatives from various youth-serving agencies, help students and their families solve school attendance and behavior problems.

Suspected Child Abuse and Neglect Team (SCAN) – Multi-disciplinary team meetings at local hospitals review child abuse cases and potential child abuse cases. Disciplines involved in the MDT include CPS, physicians, nurses, psychologists, and law enforcement.

Wonder, Inc. – This non-profit organization provides one-on-one mentors for dependent youth ages 6-12 years. The mentors support and guide the youth through fun, age-appropriate

experiences. In August 2008, Wonder, Inc expanded their program to include some limited activities for teens.

Workload Policy Board - The County and UPE have established program workgroups for the purpose of improving communication and addressing workload concerns. It is the intent of both parties that any changes that impact workload will be reviewed by the Program Specific or Integrated workgroups.

Wraparound – In Sacramento County, wraparound services are targeted to assist youth who are placed in, or are at risk of placement in, a RCL 12 or higher group home. The wraparound service providers are EMQ Children and Family Services, River Oak Center for Children, the Sacramento Children’s Home, and Stanford Home for Children. This collaborative effort involves the Divisions of Mental Health, CPS, and Probation. In addition, beginning in Fall 2008, families receiving Dependent Supervision services due to domestic violence may also receive short-term Wraparound Services provided by EMQ.

241.1 – Ad Hoc committee comprised of Judicial Officers, CPS management and supervisors, and attorney groups to resolve issues and interests in common concerning the WIC 241.1 process.

602 Delinquency Standing Committee – Various partners in the juvenile justice system including the Juvenile Court Presiding Judge and other Bench Officers, and representatives from the District Attorney, Public Defender, Probation, Sheriff, Court clerks and others collaborate in resolving issues.

Interaction with Local Tribes

Sacramento County facilitates monthly meetings of the Sacramento County Native American Roundtable, a forum for collaboration with the Indian community, tribal representatives and Indian service agencies as well as the State and other stakeholders. Tribal relationships appear to have improved. Tribes are taking more proactive approach to their families. They are collaborating more with the agency in working together on the case plan. Native American Health Center is a great resource. ER has improved in identifying and notification around ICWA. In January there will be a Native American Receiving Home opening in Sacramento, which will serve neighboring counties. The Roundtable’s goals are to:

- Ensure a process to identify Native American/Alaskan native ancestry for every child/family, beginning at initial intervention and continuing through the life of the case, to determine ICWA eligibility, ensure expert witness testimony, place within family or tribe and provide effective, culturally appropriate services through all county, community and state resources.
- Develop and maintain an adequate, trained and comprehensive pool of ICWA Expert Witnesses to provide timely and thorough reports (per law) that speak to the needs and permanence of Sacramento County Native American/ICWA eligible children/youth and families.
- Collaborate with SCNART to develop and maintain expanded Native American/ICWA resources and internet information to include: worker manual; FAQs; bulletin boards; internet links to community partners, updated provider lists training, as well as tribal activities and cultural events.

G. SIP Executive Summary/Summary Assessment

The Department of Health and Human Services' Child Protective Services (CPS) Division, and the Probation Department continue to implement systemic changes in accordance with California's Child and Family Service Review (C-CFSR) guidelines. The C-CFSR implemented an outcome-based accountability system to measure each County's performance in providing child welfare services. The lead agency for completing the SIP is the Department of Health and Human Services', Child Protective Services (CPS) Division. The Probation Department is a contributing agency to the SIP and is responsible for assessing outcomes for children under its direct supervision who also receive child welfare services. The data source for these reports is the Child Welfare Services/Case Management System (CWS/CMS), reports from which are published by the California Department of Social Services in collaboration with University of California Berkeley at http://cssr.berkeley.edu/ucb_childwelfare/RefRates.aspx

Previous C-CFSR Cycle

The previous reporting cycle began with the submission of an updated Self-Assessment to the California Department of Social Services (CDSS) on March 17, 2009. The Self-Assessment provided an analysis of the County's performance as reported in the October 2008 Quarterly Report, and served as the foundation for the new three-year System Improvement Plan (SIP). Upon completion of the previous Peer Quality Case Review (PQCR) and the Self Assessment in December 2009, Sacramento County embarked upon a three-year System Improvement plan (SIP).

Current C-CFSR Cycle.

New to this cycle is the integration of the Office of Child Abuse Prevention Needs Assessment. The integration of child abuse prevention, intervention, and treatment allows for the county to look holistically at its service delivery model across the continuum of care. The CDSS continues to provide valuable consultation on an ongoing basis.

The priority outcomes and the strategies in the 2009 SIP address the findings and recommendations from recent reviews presented to the Board of Supervisors (BOS) that were completed by MGT of America Inc, and the 2008-2009 Grand Jury Report. Periodic progress reports are provided to the BOS on the activities occurring to address the recommendations. Several of the actions items in the SIP are in process and demonstrate efforts underway to address needed improvements.

G.1.2009 System Improvement Plan

The first area addressed in the 2009 System Improvement Plan was factor **2B – Timely Response to Referrals**. In 2008, timeliness to Immediate Referrals was 93.9% and Timeliness to 10 day referrals was 79.5%, both below the state standards of 96.9% and 92.7% respectively. The County implemented the following strategies to address this outcome.

- Out-stationed locations,
- Addition of a second shift
- Addition of weekend shifts
- Supervisor use of SafeMeasure Reports

For the period from 2008-2010, the average Immediate Response Timeliness was 97.5% and for 10 days Referrals it was 88.0%. The latter outcome continues to need attention.

The second area addressed in the 2009 SIP was factor **2C – Timely Social Worker Visits with Child**.

The County implemented ten strategies to address this outcome. These include:

- Managers report these statistics weekly on a phone call with the Deputy Director and Division Managers.
- In February 2010, the Deputy Director prioritized seeing every child 5 and under, regardless of their placement setting. Children in FFAs and group homes are currently a lower priority
- The most recent measure of factor 2C was 91.3%, below the state's average of 92.6%, but an improvement from 88.9%. This outcome continues to need attention.

The combined third areas addressed in the 2009 SIP were factors **C1.1 Reunification within 12 months (exit cohort), C1.2 Median Time to Reunification, C1.3 Reunification within 12 months (entry cohort), and C1.4 Reentry within 12 months following reunification**. At the end of March 2008, 14% of children re-entered foster care after reunification. The following activity was put into place:

- Hold Team Decision Meetings (TDM) before Reunification.
- TDM's also held for placement stability and at time of removal.

The most current data from 2010 shows that Sacramento's performance for C1.1 was 61.4%, below California at 64.7% and the federal standard of 75.2%. Sacramento's performance for C1.2 was 9.2 months, higher than California's median of 8.5 months, and the federal standard of 5.4 months. Sacramento's performance of C1.3 was 47.5%, above California's average of 45% and below the federal standard of 48.4%. Re-entry into Foster Care C1.4 was above the state (12.0%) and federal standards (9.9%) at 12.1%. CPS will consider focusing on these four measures in the upcoming SIP.

The fourth combined areas addressed in the 2009 SIP were factors C4.1 – C4.3 – Placement Stability. This outcome was the focus of the recent PQCR in May 2011.

- TDMs held for all placement changes.
- All new placements and placement changes will be done through the Placement Unit which will insure relatives are considered and TDMs are held.

Sacramento's performance of C4.1 was 81.1% in 2010 and C4.2 was 57.4% (federal standard 65.4%). Measure C4.3 was 34.2% in 2010, below the federal standard of 41.8%.

The fifth area addressed in the 2009 SIP was factor 4A – Siblings Placed Together. In January 2009, Some Siblings Placed Together was 66.9% and All Siblings Placed Together was 45.9%. Increases in kin placement through TDMs and documenting relatives in CWS/CMS contributed to this improvement. Current performance in 2010, Some Siblings Placed Together was 67.0% and All Siblings Placed together 67.0%. This is below the state standard of 73.3% but has improved over the last three years.

The Sacramento County Probation Department focused the last SIP cycle on enhancing the professional development of placement staff in the areas of permanency, family finding, independent living skills, and Federal requirements for Indian Child Welfare Act, in order to

positively impact the lives, and enhance the sense of permanency, for minor's placed through the Delinquency Court.

It was identified through the PQCR process that the Probation Department would like to focus more on placement with relatives in an approved, funded placement with fiscal and case management supports for the caregivers. Recommendations from the PQCR will be considered for incorporation in to the SIP.

On October 1, 2010 Sacramento County Probation Department became responsible for all of their data entry in to the Child Welfare Services/Case Management System and is looking forward to being able to pull accurate data from the system for the next SIP cycle. A systemic factor that will be addressed in collaboration with the CDSS is how to retrieve previous information.

The Sacramento Child Abuse Prevention Center (www.thecapcenter.org), which includes the Child Abuse Prevention Council, continues to provide effective child abuse prevention, intervention and treatment to families. In 2010 some of the accomplishments included:

- 140,000 children served.
- 80,000 parents educated.
- 10,000 professionals trained.
- 2,500 volunteers recruited who provided almost 80,000 hours of service.
- 27,000 professional caregivers received information and support.
- Effectively advocates for legislation, policy, and funding to prevent child abuse.
- Has developed a web-based reporting system to evaluate the effectiveness of programs.

The Birth and Beyond Program is a comprehensive primary prevention and early intervention program that provides in-home and neighborhood-based services for children and families. B & B was seen by all stakeholders as a premier program meeting the needs of the diverse populations in Sacramento County, by the strategic placement of Family Resource Centers in neighborhoods which provide intensive services and outreach to the community. B & B has three critical elements: home visitation, family resource centers and crisis intervention. (Birth & Beyond 3 Year Report, FY07/08-FY09/10)

G.2. Additional Information

In response to an unusually high number of critical cases, MGT and the Sacramento County Grand Jury issued reports in the spring of 2009 intended to strengthen the Division's infrastructure. Naturally, implementation of these recommendations is a priority and thus they have been incorporated into the SIP Matrix as System Issues.

The recommendations from the two reports have been grouped into the following six strategies:

- All employees will receive a formal performance evaluation on a regular basis
- Increase worker retention
- Reformat and consolidate existing policies and procedures
- Implement an automated service referral system
- Embed data analysis in management decisions
- Safety assessments shall be done timely and correctly

The 2010 Child Protective Systems Oversight Committee Annual Report to the Board of Supervisors also made recommendations for improvement:

- Revisions and updates to Policies and Procedures
- Improved Human Resources Practices
- Compliance with Structured Decision Making (SDM) Assessments
- Use of Team Decision Making (TDM)

Most recently the 2011 Child Protective Systems Oversight Committee Annual Report to the Board of Supervisor made the following recommendations, many built on the previous year's report:

- CPS should accelerate the timeline for revision of all policies and procedures.
- CPS should make a top priority of evaluating all staff by the end of 2010 and annually thereafter.
- CPS should establish and monitor concrete outcome measures for improvements as a result of new disciplinary practices and on-going training and report results to the Oversight Committee annually.
- CPS should create an annual training plan based on the systems improvement plan, with the training provided linked to daily practice through managerial supervision and accountability.
- CPS should adhere to a thorough and objective case review process to ensure the quality and accuracy of SDM use, and the Board of Supervisors should ensure the resources necessary to do so are provided.
- CPS should establish and monitor concrete outcome measures for improved SDM quality and accuracy as a result of assigning all referrals to Emergency Response for investigation and report results to the Oversight Committee annually.
- CPS should publish their TDM implementation goals, including specific timelines and outcome measures, and report to the Oversight Committee semi-annually.
- For cases where TDM is used in Emergency Response for children that are at imminent risk of removal, CPS should create a clearly defined process that ensures follow-up services are provided to TDM families and that progressive intervention is implemented if risk factors reoccur.

G.3. 2011 County Self Assessment Process

Sacramento County embarked upon this CSA process by forming a planning team consisting of CDSS, CPS, Probation, and the Child Abuse Prevention Council. The Planning team was responsible for developing the process for information to be gathered by way of, on line surveys, focus groups and interviews. These include the following:

- On-line Survey Monkey with Service Providers (89) and Staff (61)
- Focus groups with:
 - social workers
 - Management team
 - Probation team
 - Birth and Beyond Collaboration
- Individual interviews with teen pregnancy program , EMQ Families First, American Indian Child Resource Center, Judicial Officers

- Focus groups with Parents
- Focus group with Community Stakeholders
- Focus group with Alcohol and Other Drug service providers

Additionally information from the 2011 PQCR was incorporated into this CSA. The Planning Committee determined that nine focus groups would be conducted as part of the PQCR process. The focus groups were conducted the week prior and the week of the PQCR event.

Focus Groups for CPS were conducted with:

- Social Workers
- Reunified Parents
- CPS Attorneys
- Supervisors and Managers

Focus Groups for Probation were conducted with:

- Probation Officers
- Probation Supervisors
- Probation Youth
- Youth in Juvenile Hall
- Caregivers

G.4. Potential Outcomes for the 2012 SIP

The data gathered from these sources in conjunction with Outcome Data has helped the County identify potential SIP focus areas.

Child Welfare

- Safety Measure S1.1 No recurrence of maltreatment
- Safety Measure 2B: Percent of Child Abuse/Neglect Referrals with a Timely Response
- Permanency Measure C1.1: Reunification within 12 months
- C1.2 Median Time to Reunification
- C1.3 Reentry within 12 months (PQCR completed on this outcome)
- Permanency Measure C2.3: Adoption within 12 Months (17 Months in Care)
- Permanency Measure C2.4: Legally Free Within 6 Months (17 Months in Care)
- Permanency Measure C2.5: Adoption within 12 Months (Legally Free)
- Permanency Measure C3.3: Long Term Care Outcome: In Care 3 Years or Longer (Emancipated/Age 18)
- Systemic Outcome – Cultural Disparity and Disproportionality in the caseload

Potential Strategies

- The cross-training opportunities for partner agencies should continue to increase.
- Community participation in TDM meetings should be increased
- Proactive cross training with other agencies is needed

- Team Decision Making Meetings as a strategy that can be utilized to identify relatives and/or foster families within the child's home neighborhood.

In addition the department will continue to review the recommendations made by the Child Protective Systems Oversight Committee.

Probation

- Permanency Measure 4B: Least Restrictive placement:(PQCR completed on this outcome)
- Permanency Measure C1.4: Re-Entry Following Reunification (Exit Cohort)
- Well-being: Independent Living Skills

Potential Strategies

- Recommendations of developing a family finding protocol that starts family finding in the beginning of a case and continues to attempt to place with relatives.
- Ensure Probation Placement staff is aware of relevant community resources and supports clients' access to services.
- A professional facilitator for IMAC is needed
- Procure additional high quality in-state and out-of-state placement providers.

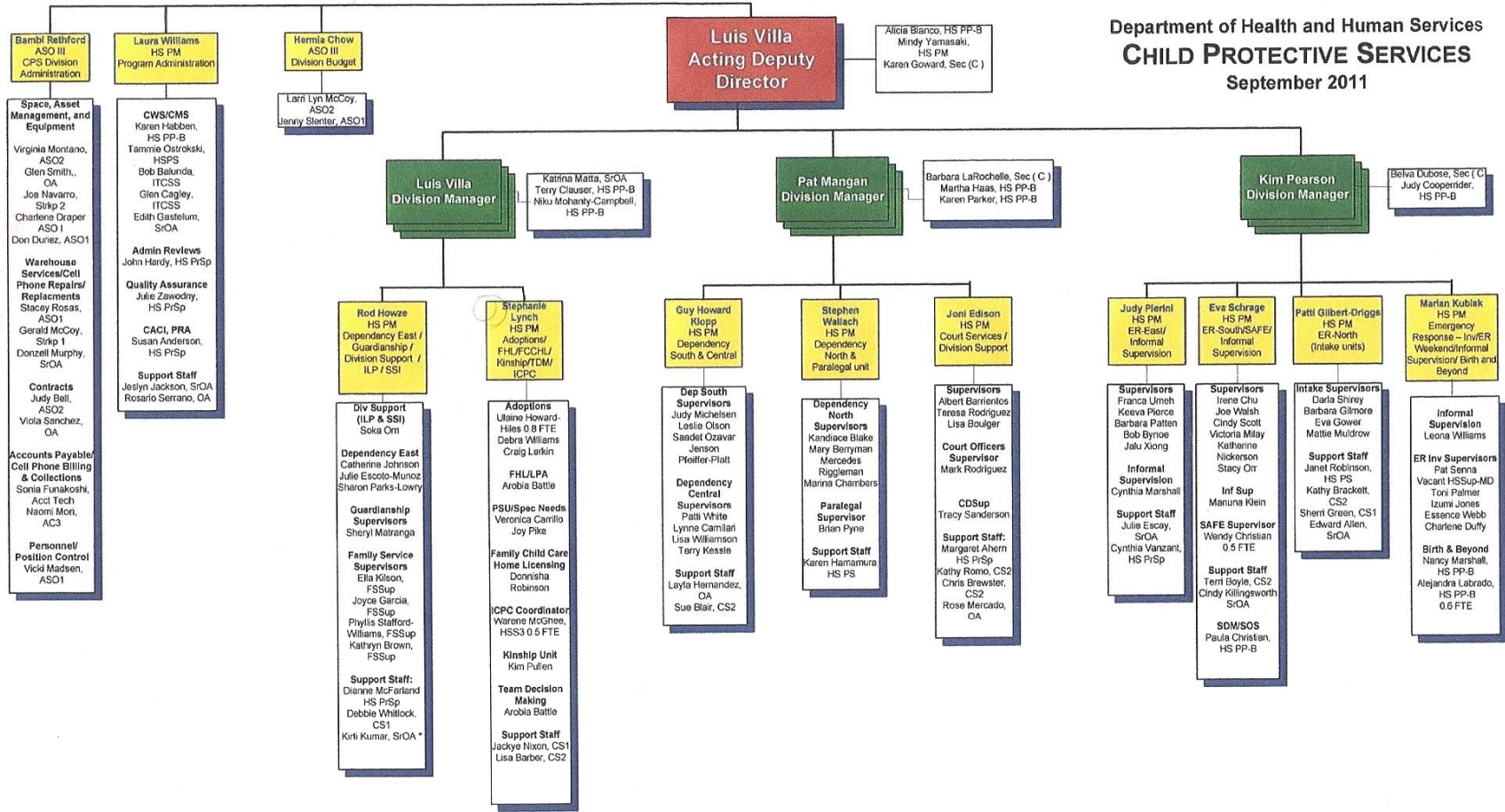
Prevention

The CSA process identified that services offered by the B & B Program, in particular, Differential Response, home visitation, and services offered at the Family Resource Centers through the Birth and Beyond Collaborative, meet unmet needs in the county. Though these services are primarily limited to children ages 0 to 5 years due to funding restrictions, they address the following needs:

- The majority of prevention services provided in the County,
- Serve 8 of the 12 highest risk communities,
- The diversity of Sacramento population in a culturally appropriate manner, and
- The populations of families at risk of re-entry and those needing follow-up care.

Appendix 1: CPS Organizational Chart

Department of Health and Human Services CHILD PROTECTIVE SERVICES September 2011



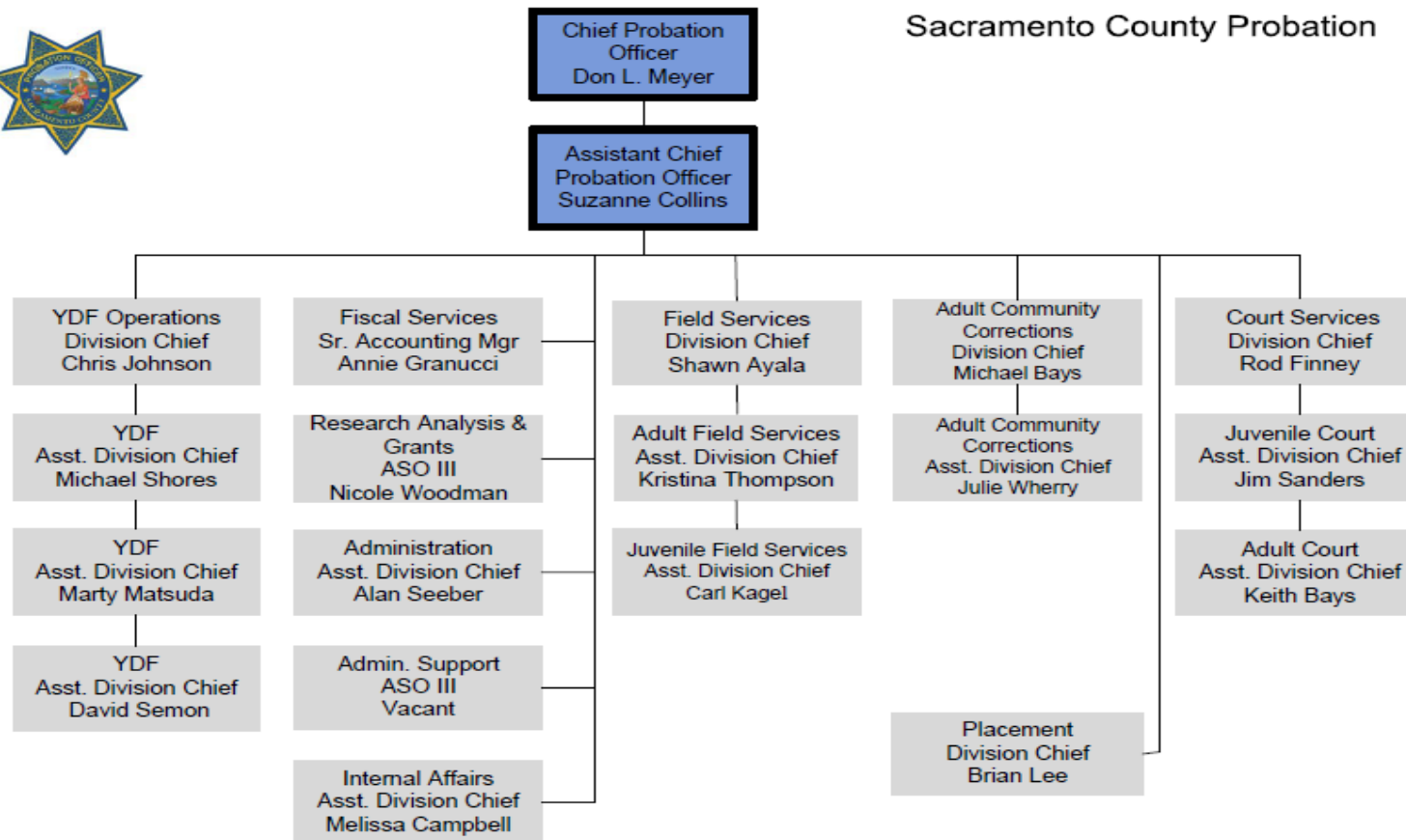
(CPS Division Org 9/11)

*=appointment pending

Appendix 2: Probation Organizational Chart



Sacramento County Probation



Oct 2011

Appendix 3: Birth and Beyond Family Resource Centers

Appendix 3: Birth and Beyond Family Resource Centers

Center Name	Address	Phone	Fax	City	State	Zip
Meadowview Family Resource Center	Courtland/River Delta, Elk Grove, Freeport, Greenhaven, Meadowview, South Land Park/Broadway, Walnut Grove	95822* 95831 95932 95690 95818 95736* 95615		Elk Grove	CA	95622* 95831 95932 95690 95818 95736* 95615
Valley HI Family Resource Ct	7000 Franklin Blvd, Suite E20 Sacramento, CA 95823	Ph. 290-9281	Fax 422-0112	Sacramento	CA	95823 95825 95758*
North Sacramento Family Resource Center	1217 De Paso Blvd Suite B Sacramento, CA 95815	Ph. 879-3743	Fax 879-3752	Sacramento	CA	95815* 95833 95821 95829*
The Effort at North Highlands	6015 Watt Avenue, Suite 2 North Highlands, CA 95660	Ph. 679-3925	Fax 679-3928	North Highlands	CA	95652 95660 95673 95841 95843 95842 95910 95829* 95821
La Familia Counseling Center	5523 34 th Street Sacramento, CA 95820	Ph. 452-3601	Fax 452-7828	Sacramento	CA	95814* 95817* 95820* 95824 95822* 95665 95827 95832
River Oak Family Resource Center	4322 4 th Avenue Sacramento, CA 95817	Ph. 244-5800	Fax 244-5841	Sacramento	CA	95811 95814* 95816 95817* 95818 95820*
Folsom Cordova Community Partnership	10995 Coloma Rd, Suite 200 Rancho Cordova, CA 95670	Ph. 868-0043 or 361-0684	Fax 361-3653	Rancho Cordova	CA	95680 95685 95670 95742 95826 95827 95830
Mutual Assistance Network	811 Grand Avenue, Suite A3 Sacramento, CA 95836	Ph. 927-7694	Fax 564-8443	Sacramento	CA	95825* 95815* 95836 95834 95821

Appendix 4: Judicial Review and Technical Assistance Project Title IV-E Site Visit—
Dependency, 1/3/11

See separate attachment by this name.