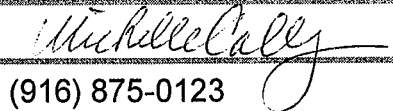



# CALIFORNIA CHILD and FAMILY SERVICES Review

## Annual SIP Progress Report 2013



# California – Child and Family Services Review Signature Sheet

|                                                    |                                                                                    |
|----------------------------------------------------|------------------------------------------------------------------------------------|
| <b>COUNTY</b>                                      | Sacramento                                                                         |
| <b>CSR PERIOD DATES</b>                            | 2008 - 2011                                                                        |
| <b>SIP PERIOD PLAN DATES</b>                       | June 2012 to May 2017                                                              |
| <b>OUTCOME DATA PERIOD</b>                         | Quarter ending: May 2012                                                           |
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\*Signatures must be in blue ink

MAIL THE ORIGINAL SIGNATURE SHEET TO:

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 CHILDREN AND FAMILY SERVICES DIVISION  
 CALIFORNIA DEPARTMENT OF SOCIAL SERVICES  
 744 P STREET, MS 8-12-91  
 SACRAMENTO, CA 95814

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**SIP Progress Report  
Sacramento County 2012-2017  
Year One Update**

**Table of Contents**

**INTRODUCTION..... 1**

**STAKEHOLDER PARTICIPATION..... 1**

**CURRENT PERFORMANCE TOWARDS SIP IMPROVEMENT GOALS.....2**

**STRATEGIES STATUS.....5**

**BARRIERS TO IMPLEMENTATION ..... 13**

**OTHER SUCCESSES/PROMISING PRACTICES ..... 14**

**OTHER OUTCOME MEASURES NOT MEETING STATE/NATIONAL STANDARDS..... 15**

**SYSTEM IMPROVEMENT PLAN CHART ..... 16**

## **Introduction**

In 2001, the California Legislature passed Assembly Bill (AB) 636, the Child Welfare System Improvement and Accountability Act, to establish the California Outcomes and Accountability System (COAS). In an effort to improve child welfare outcomes for children and their families, COAS required all 58 counties to develop a System Improvement Plan (SIP). Sacramento County has adhered to this requirement and developed the SIP involving three key collaborative planning stages: Peer Quality Case Review (PQCR), County Self Assessment (CSA) and the System Improvement Plan (SIP).

The core team for the California Child and Family Service Review (C-CFSR) process was comprised of representatives from Sacramento County Department of Health and Human Services/ Child Protective Services Division, Sacramento County Probation Department, Child Abuse Prevention Council of Sacramento, Inc., and the California Department of Social Services. The SIP process included focus groups, interviews, on-line surveys, and/or community meetings with the C-CFSR team and a multitude of stakeholder attendees from Buena Vista Rancheria of Me-Wuk Indian Tribe, Birth and Beyond / Family Support Collaborative, Sacramento Children's Trust Fund Commission, Court Appointed Special Advocates, Alta Regional Center, medical providers, Teen Pregnancy Prevention, staff and administrators from Sacramento County Divisions of Public Health, Mental Health, Alcohol and Drug Services and Child Protective Services. Other stakeholders included reunified parents, legal providers, caregivers, parent leaders, probation youth and foster youth advocates.

The Sacramento County SIP Progress Report will provide a written analysis of current outcome data performance, status of Sacramento's SIP strategies and action steps, including any revisions. Additionally, it will provide an analysis of obstacles, systemic issues, and environmental conditions that may be contributing to the outcome improvement or decline.

## **Stakeholder Participation**

Numerous community partners, county agencies and other key stakeholders have collaborated with Sacramento County Child Protective Services and Probation to deliver improved services to children within our community. For example, Casey Family Programs, the Northern California Training Academy, Connected Families and Sacramento County Counsel have all participated in and assisted in the organization of training relating to the full implementation of Signs of Safety and engagement practices as required in Strategy 2. The local labor organizations representing employees with Child Protective Services provided feedback and participated in the work required to complete Strategy 4, early engagement of families in reunification. This included sharing ideas, examining current implementation milestones, reviewing ongoing data, and developing a labor compliance tool to assist in implementation oversight.

Probation has participated with the Interagency Management Authorization Committee (IMAC) to ensure that the least restrictive and most appropriate placement recommendations for each minor

are made to the Court, which assists with meeting goals relating to placement stability and least restrictive placement. IMAC participants are presented with the case information and then come to a group consensus about which California or out of state program is best suited to meet the minor's rehabilitative goals. IMAC participants include individuals with expertise in mental health, child welfare, education, child development, Alta Regional Center services, and law enforcement.

In an effort to ensure active engagement of staff and key community stakeholders, Sacramento County will facilitate bi-annual community partner forums, quarterly staff forums, and continue participation in the Partners for Permanency workgroups and Foster Family Agencies monthly meetings to improve child welfare outcomes.

## **Current Performance Towards SIP Improvement Goals**

### **C1.1 Timely Reunification**

When the SIP was written, the most current data available from the University of California at Berkeley (UCB) California Child Welfare Indicators Project showed that between 10/01/2010 and 9/30/2011, 63.5% of children served by child welfare reunified within 12 months. Sacramento County set the goal of increasing the number of timely reunifications by 1.5% each year until Sacramento County reaches the National Standard of 75.2%. The most recent data shows that performance exceeded the National Standard during the period 1/1/2012 to 12/31/2012. During that year, 76.3% of Sacramento County children reunified within 12 months, an improvement of 12.8%.

### **C1.4 Reentry**

UCB data available regarding Outcome Measure C1.4, Reentry, reflects an improvement for Child Welfare from the original SIP from 13.7% to 12.8% which covered time period 10/01/2009-09/30/2010 to the current time period of 01/01/2011-12/31/2011. This shows Sacramento County has made a .9% improvement toward this SIP goal. Sacramento County's goal as reported in the SIP is to reduce the number of reentries into foster care by 1% each year until the National Standard of 9.9% is reached in 2017.

### **C3.3 In Care 3 Years or Longer**

At the time of the 2012-2017 SIP report, UCB data reported Sacramento County's Child Welfare performance in Outcome Measure C3.3, In Care 3 Years or Longer, was 64.7%, which does not meet the National Standard of 37.5%. Current UCB data reflects Sacramento County performance has declined in this measure to 65.3%.

### **C4 Placement Stability**

Sacramento County Child Welfare has made progress in the area of placement stability for children in placement less than twenty-four months, but the number of children achieving placement stability who have been in placement at least twenty-four months has declined.

Of children in placement less than twelve months during the period 10/01/10 to 09/30/11, 80.7% had two or fewer placements (placement stability). Placement stability for children in care less than twelve months during the period 01/01/12 to 12/31/12 improved to 85.9%.

Of children in placement twelve to twenty-four months between 10/01/10 to 09/30/11, 59.8% had placement stability. This number increased to 62.1% during the period 01/01/12 to 12/31/12.

Of children in placement twenty-four or more months, between 10/01/10 to 09/30/11, 27.8% had placement stability. This number decreased to 24.5% during 01/01/12 to 12/31/12.

Sacramento County's goal was set to achieve the following by May 2017: placement stability for 84.1% of those staying less than twelve months, 63.6% of those staying twelve to twenty-four months, and 36.1% of those staying 24 or more months. The National Standards are 86%, 65.4%, and 41.8%, respectively.

Probation has seen an improvement in Outcome Measure C4.3, Placement Stability (At Least 24 Months In Care). UCB data from the original SIP reflected performance at 13% in this measure. Current UCB data shows Probation's Placement Stability rate for children in care at least 24 months increased to 13.7%. Probation is making progress toward the goal established in the SIP of 23%.

#### **4B Least Restrictive Placement**

UCB data from the original SIP reported Probation had 66% of youth in the most restrictive placement. Current data (point in time date 01/01/13) reflects 43.2% of Probation youth are placed in the least restrictive placement.

#### **8A ILP Well Being**

Regarding Probation's Outcome Measure 8A ILP Well Being, a National Standard and county performance were not reported at the time of the original SIP. Data reflects 100% of Probation youth received ILP services during the period 10/01/12 to 12/31/12. A National Standard is not noted in the current UCB data.

#### **Analysis of Outcome Improvement or Decline**

Several variables may contribute to the successes in both Outcome Measure C1.1 Timely Reunification and C1.4 Reentry.

Child Protective Services organizational structure changed in 2010, resulting in a vertical case management approach and subsequently lower caseloads, increasing stable case assignments, and increased timely visitation. Furthermore, the reorganization expanded the knowledge of staff regarding positive parent interaction and increased opportunities for reunification.

The introduction of early case assignment may have also enhanced Timely Reunification and Reentry. Prior to reorganization, Dependency social workers received a case after the Jurisdictional/Dispositional hearing, upwards of 20 days or more after the Detention hearing. Since October 2010, Court Services and Dependency social workers are simultaneously assigned to a case at the Detention hearing. The Court Services social worker is responsible for completing the investigation and submitting the Jurisdictional/Dispositional court report. The Dependency social worker is responsible for engaging and providing services to the family and remains the ongoing worker until a permanent plan is established. With early case assignment, Dependency social workers meet with parents and begin providing services sooner.



Strategy 2 related to Signs of Safety (SOS) is reflecting early positive practice results. Signs of Safety is a strength-based and safety organized practice approach utilized by a number of counties in California. It provides skills, techniques, and an overarching practice methodology for child welfare work. Signs of Safety is solution-focused on engaging the family and encouraging them to be actively involved in their case plan development, planning and implementation. Sacramento County is training its social workers regionally to utilize Signs of Safety as part of their practice. Training and coaching are ongoing for social workers, supervisors, and management.

An obstacle that may adversely impact ongoing improvement in Outcome Measures C1.1 Timely Reunification and C1.4 Reentry is caseload numbers. Social Workers consistently report they are better able to engage with and devote productive time to families when caseload numbers are at reasonable levels. Sacramento County has seen a recent rise in referrals and intakes, but is monitoring caseload levels closely.

Regarding Outcome Measure C3.3, this is an area in which Sacramento County is underperforming state and national levels. We have a significant number of youth who have been in care for three years or longer. Current data indicates Sacramento County has over 400 youth that fall into this category. We have begun pulling data on this population to see if there are any telling elements that can point the way to achieve permanency for these youth. Data for these youth shows they entered this round of CPS placement between the ages of six to eleven years old and a number of them had prior contact with Child Protective Services. More than sixty percent were never placed with either a relative or non-related extended family member during their stay. The population has significant numbers of identified mental health contacts and services and many have experienced multiple placements during their current CPS placement episode.

Sacramento County has encountered a challenge to improving in this Outcome Measure since the implementation of AB12. Youth who are older (16-17 years old) and have potential permanent placement options are sometimes being encouraged to remain as court dependents so they will benefit from AB12 supports. This may be contributing to the decline in performance in Outcome Measure C3.3.

A working committee has been established under the aegis of our Partners for Permanency collaborative to develop recommendations to address the issues of delayed permanency. The group first met in May 2013 and is scheduled to continue until the end of August 2013. The group is seeking and reviewing generated data on the target youth. Their recommendations will be submitted to the full collaborative and the Department, including: prevention - how to ensure that fewer youth wind up requiring long-term placement; and intervention – how to move existing youth with delayed permanency out of the system, reducing the numbers of those adversely affected. It is planned that the recommendations will be provided to the Partners for Permanency by August or September 2013. Implementation of any recommendations would be developed in concert with our partners.

The committee has representation of the Agency, community-based service providers (foster family agencies, group homes), county mental health services, aftercare services, a former long-term placement social worker and two former foster youths.

Outcome Measure C4 Placement Stability reflects improvements for those in care for less than 24 months due in part to the implementation of the Centralized Placement Support Unit (CPSU), which has been supporting and matching placements for youth newly removed from their homes for the last few years. Child Protective Services expects to see improvement in outcomes for youth in care for longer periods since the CPSU has recently been expanded to serve those youth. Success has also been enhanced by Sacramento's efforts to identify and place more frequently with family and relatives and the effective use of Team Decision Making (TDM) meetings.

## **Strategies Status**

Strategies containing action steps scheduled to start and/or be completed during this reporting period are discussed below.

### ***Child Welfare Services Strategies***

#### **Strategy 2: “Fully Implement Signs of Safety and Engagement Practices”; Outcome Measure C1.1 Timely Reunification, C1.4 Reentry**

It should be noted that Sacramento County is working directly and collaboratively with the founder of the practice of Signs of Safety, Mr. Andrew Turnell, as well as national experts and those in Western Australia, England and Canada.

Measures needed to provide an in depth analysis of Strategy 2 are varied. Sacramento County is on track with Strategy 2, Action Step A; however, some aspects are in the final development/roll out stages.

The following aspects of the implementation plan have been successful thus far:

- SOS Implementation Team comprised of Regional Managers, Specialists, and UCD SOS coaches. The team is responsible for the training schedules, identifying focus areas, and all logistics related to training including evaluations;
- SOS Coaching – includes but is not limited to coaches attending unit meetings, and in the field coaching to further provide modeling and transfer of learning via safety mappings with families, child engagement via the use of 3 houses, and County Counsel overview;
- Monthly video consultations with training experts;
- Intensive Institute for first and second phase (North/East);
- SOS Coaching Institute for Managers and Supervisors in the first and second phase (North/East);
- Participation in the Safety Organized Practice series via UCD including panel presentations, webinars and convenings;
- Model Fidelity workgroup that is developing an assessment tool to measure the use of SOS and the related outcomes;

SOS implementation has taken place in the North and East Regions. Rollout to the South/Central Region began in January 2013. This results in all three Regions on track for implementation as planned. In addition to rollouts with Dependency, Emergency Response, and Informal Supervision,

staff in Court Services, Team Decision Making (TDM), and the Centralized Placement Support Unit (CPSU) have also participated in SOS exposure and ongoing training related activities. It should be noted that both the founder of SOS and national experts say that while Child Welfare Services agencies may expect positive outcomes along the way, this strategy requires an “organizational culture shift”, and they estimate that five years of exposure is necessary to see the full impact. Program Managers overseeing on-the-ground practice report back that social workers are utilizing the principles of SOS and this is making a positive difference in interaction with both parents and children. This is resulting in better informed assessments, stronger case plans, and including the voice of the child and parent in the stages of investigation and case management.

Action Step B has been modified to include the need to train Dependency social workers to ensure parties in a safety network or aftercare plan know their role as measured by the in-development Dependency Practice Elements Review Tool. As noted above, Dependency social workers have participated in on going SOS training.

**Strategy 4: “Engage the parents/family within 15 days of the Detention hearing”;  
Outcome Measure C1.4 Reentry**

Strategy 4 was previously “Engage the family in reunification services more often within 10 days of the dependency worker’s assignment to the case”.

Strategy 4 was developed to ensure that Dependency social workers engage the family early-on, knowing that this will improve timely reunification and reentry outcomes for the children and families we serve.

The current baseline of 20% compliance was determined in October 2012, although the original timeline was June 2012. Between June and October there were several attempts to measure the baseline. One effort counted face-to-face contact with just one parent as a success. It was determined this was not sufficient to be considered in-compliance. Then, in October 2012, a review was conducted that considered all cases where families experienced a detention hearing during the month. Of those cases, 20% had documentation that the social worker had met with both parents within the 10-day time period.

Due to such a low compliance rate, management, supervisors, and social workers met to identify the barriers and challenges of seeing parents within 10 days. Social workers and supervisors identified workload, insufficient time, and parental confusion (with two social workers simultaneously assigned) as barriers to compliance with this measure. A memo was issued to staff in May 2013 stating Dependency social workers are to make initial contact with parents within 15 days of the Detention hearing (rather than 10) and thus allowing sufficient time to make initial contact. Also in May 2013, a standard of 90% compliance by December 2014 was set with the first quality assurance review to take place in August 2013 (this was changed from August 2012).

In addition to the quality assurance reviews, the supervisors are tracking their unit’s compliance on a monthly basis and submitting the tracking logs to the program managers for review and action as needed.

**Strategy 5: “Hold a Reunification/Exit TDM prior to reunification occurring”;  
Outcome Measure C1.4 Reentry**

Strategy 5 was previously “Hold a TDM within 14 calendar days of SDM reassessment when the reassessment shows that reunification is indicated”.

The philosophy behind TDMs calls for them to occur at key decision points when placements are being made. A challenge has been how to accurately pinpoint that moment in the reunification process while working in a system that can be adjusted through court actions over which Child Welfare Services has no control. To resolve this challenge, initially, a strategy was created which associated the SDM reassessment with a TDM. This approach proved challenging and has caused the Department to re-evaluate it. Therefore, we clarified the strategy and reset the timeline for Action Step A, (Create a monitoring mechanism and set a baseline) to January 2014. This resulted in a revision of the completion date for establishing a monitoring mechanism and obtaining baseline data. Further, the timeline for completion of Action Step B, (Create improvement standards) is revised to March 2014. The creation of improvement standards requires both the baseline data and the monitoring system to be in place and functioning. Sacramento County continues to review ways to streamline this process to obtain baseline data and examine where and how that data can best be gathered.

As noted, Sacramento County's Outcome Measure C1.4 Reentry has improved from the SIP report to the current reporting period. The number of children reentering care within 12 months of reunifying has dropped from 13.7% at the time of the SIP report, to the most current data reported of 12.8%. However, while reunification/exit TDMs are utilized in Sacramento County, the baseline for their use has not yet been established. Our newly authorized Quality Assurance team will address the baseline data issue, as well as a monitoring system before the new completion date goal of January 2014.

Action Steps A and B are under development. Sacramento County is working to gather the data to establish a baseline of reunification/exit TDMs held prior to reunification. From that data the county will set appropriate improvement standards. In addition, Sacramento County is looking at the most effective ways to monitor the use of TDMs going forward, which may include Quality Assurance reviews and/or formal mechanisms to track the efficacy of improvement efforts at the reunifying program level.

**Strategy 6: “Require social workers to develop an aftercare plan for each family who has successfully reunified and is exiting the system”;  
Outcome Measure C1.4 Reentry.**

Sacramento County is committed to developing and implementing an aftercare plan for families that have successfully reunified and are exiting the system. The County has developed some strategies in completing Action Step A (Develop a policy/process/procedures requiring an aftercare plan). The County initiated a Program Improvement Group made up of line staff, supervisors and managers to focus on safety plans and aftercare plans for families who have reunified. As a result, we have revised the completion date from June 2013 to October 2013 as the recommendations emanating from the group will inform the policy and procedure. Work has also been completed on

an aftercare plan form with additional information to strengthen the plan. We have also added an action step regarding setting a baseline for this strategy. The completion date for this will be March 2014. Lastly, we have revised the completion date for Action Step D (Monitor staff performance and support staff improvements when needed) from October 2016 to July 2014. After further review, we determined that the length of time originally stated for the Action Step was too long and the county will be able to create improvement standards if needed within an earlier time frame.

In addition, the county has deleted Action Step C (Review the practice of family meetings and make modifications if necessary). In reviewing this Action Step, the county determined there are other areas where inclusive meetings are available for staff to utilize (i.e. TDMs) and determined it is not necessary to require family meetings.

**Strategy 8: "90% of the cases will reflect that relatives are documented in CWS/CMS. Baseline data derived from the Elements of Investigation review showed 54%. Baseline date will be identified via Dependency Practice Review tool that is currently in development";**

**Outcome Measure C3.3 In Care 3 Years or Longer**

Strategy 8 changed from "January 2015, in 90% of the cases, relatives are documented in CWS/CMS as reported in the emergency response quality assurance review. The review of December 2011 cases showed the baseline to be 54%".

This strategy speaks to ensuring that all opportunities for achieving permanency for children are identified from the first initial contact throughout their stay in foster care. By documenting all available relatives, not only is there a link to family members, there are also increased opportunities for permanency with those relatives who may not have been able to offer permanency upon initial removal, but who may later have changed circumstances.

As Action Step A required, ER supervisors were trained on when to list relatives as collaterals versus clients in CWS/CMS. Completion of the action step was delayed due to several competing practice training needs. First the CWS/CMS Planner trained Dependency supervisors, and on March 27, 2013, the department CWS/CMS Planner trained ER Supervisors on the identified strategy. Handouts on the collateral notebook were distributed as part of the training provided.

Action Step B is adding documentation of relatives as collaterals to the Elements of Investigation Review to identify staff progress in this area and/or determine need for further training and discussions. This element was initially added to the reviews; however, due to the delay in training, was removed to only include relative documentation versus documentation in the "collateral notebook". The current question reads, "*Were other family members or significant people to the children documented?*" Findings related to this question ranged from just slightly over 50% to the most recent finding of 62%. The July 2013 Elements of Investigation review will reflect the modification to the question as "*Were other family members or significant people to the children documented in the collateral notebook of CWS/CMS?*" Given the earlier findings, additional strategies will be needed to further support this performance area which will be reported in the next progress report. Additional strategies have been considered that include but are not limited to, refresher workshops for both supervisors and staff regarding CWS/CMS collateral notebook documentation, case presentations in unit meetings that reflect QA outcome findings for this practice area, and possible

modification to the supervisory oversight tool to reflect this area when closing referrals. It should be noted that the findings from the July 2013 review with the aforementioned modified review question will also help guide what additional strategies may be needed.

There has been some delay in Action Step B (Add documentation of relatives as collaterals to the Dependency Case Review) due to competing priorities. The Dependency Practice Elements Review Tool remains in development. As a result, we have revised the completion date for implementation of the review tool from January 2013 to September 2013. It is projected the review tool will specifically include reviewing the documentations of relatives as collaterals.

A final board approval of a CQI framework will allow future implementation of Strategy 8 Modifications that fully support this strategy area are under development.

**Strategy 9: “June 2015, 60% percent of children experiencing a possible placement change will have a TDM within a specified timeframe, or an approved waiver on file. The baseline as reported on page 11 is 17%”;**  
**Outcome Measure C4 Placement Stability**

Sacramento County Child Welfare Services has been successful in increasing the number of TDMs held.

Since 2010, the average number of monthly TDMs is up from 60 per month for all CPS programs to over 100 per month, a 67% increase. In the last two fiscal years nearly half (2011/12 – 46%; 2012/13 – 47%) of the TDMs conducted were to address potential placement moves. Since 2012 we have attempted to fulfill Action Step B and Action Steps C-E (which are contingent upon completion of Action Step B), by developing a system that could effectively track the number of potential placement disruptions, actual placement disruptions, and corresponding TDMs. We are able to track both actual placement disruptions and TDMs. However, tracking potential placement disruptions would require the creation of separate database systems implemented by each supervisor that would be inherently disparate because of that individualization. In addition, our efforts showed that there was no intrinsic way to track success through current data systems. We could not pull the necessary data on TDMs that were successful in stabilizing placements, only those when a placement change occurred. This obviously skews the results.

There is no doubt that TDMs utilized when there is a potential placement disruption can enhance stability; however, we don't believe a strategy without an effective means to measure progress provides useful data for the SIP.

We propose the removal of Strategy 9 from the SIP.

**Strategy 10: “December 2016, 60% of non-relative placements will be made by CPSU”;**  
**Outcome Measure C4 Placement Stability.**

Sacramento County successfully implemented the Centralized Placement Support Unit (CPSU) that is utilized for non-relative placements throughout the Division. In December 2012, the county developed a monitoring system that determined 63.3% of non-relative placements were completed

by the CPSU. The monitoring system began with a placement report from CWS/CMS that provided a list of placement changes that occurred in a given month. The report was then manually cross checked with an internal log kept by the CPSU to track number of placements the unit was able to locate. This manual look allows us to determine how many non-relative placements were made by CPSU. The monitoring system will be completed on an annual basis to continue to determine what percentage of non-relative placements are completed by the CPSU.

Sacramento County attributes the outcome improvement for children in care for 24 months or less to a few factors. These factors include a decrease of caseloads, regionalization, vertical case management and implementation of the CPSU. Since the CPSU and these other strategies were implemented in phases, these strategies have not impacted children in care for longer than 24 months. We anticipate seeing an increase in placement stability for children in care for longer than 24 months in the next few years.

In addition, Sacramento County has worked closely with Sacramento County Office of Education (SCOE) to develop a database/ search engine to be utilized by the CPSU for finding the best placement for each child. The database provides a description of available foster homes that includes information about the ability and special skills of each foster parent. This information assists the county in matching practices. The CPSU currently utilizes the school connect database and the county is continually working with SCOE on improvements and on ensuring information in the system is kept up to date.

During the implementation process, the county has learned some lessons. Case carrying social workers have extensive job duties, and often impacted workloads make completing their duties difficult. We believed that removing the placement search duty from their job description and shifting that role to another worker would be a welcome change for the case carrying social workers. Surprisingly, it was difficult for some social workers to let go of this component of their work. The County still moved forward with implementation and addressed this issue one on one in supervision of the staff.

### ***Probation Strategies***

#### **Strategy 11: "Improve support provided to relatives and NREFMs";**

#### **Outcome Measure C4.3 Placement Stability (At least 24 months in care)**

To support parents, relative substitute care providers, and non-related extended family member (NREFM) substitute care providers, Probation compiled a resource list to provide to these care providers (Action Steps A and C). This resource list supports these groups as they work to improve their skills in providing a stable residence for the placed children. Even with the resource list, some parents and care providers do not follow through with supportive services. While providing the resource list to the parents and substitute care providers has been useful to them, there is still room for improvement. Probation's current performance is 13.7% which is below the national average of 41.8%. To address this, Probation will work to increase placement stability by 20% in the next year.

Regarding Action Step B, a review of the community resources took place at the November 2012 monthly Unit Meeting. In addition, the resource list is available to all staff in print form. The Field

Division is currently working with the IT Division to upload the list to the Intranet site, and this should be completed by September 2013.

To further support Placement Stability, Probation will continue to refer youth to WRAP services so these services are added to any the parent or NREFM accesses on their own.

As required by Action Step E, in July 2013, Probation will develop a questionnaire to send to relatives and NREFMs to determine if these two groups feel supported by the resource guide and WRAP services. The returned information will be analyzed and used to develop future courses of action that will more effectively support the parents and NREFM groups.

**Strategy 12: "Increase number of youth placed in relative or non-related extended family member (NREFM) homes";**  
**Outcome Measure 4B Least Restrictive Placement**

With regard to Action Step A under this strategy, relatives are routinely evaluated based upon criminal history, CPS referral history, current functioning and willingness to participate.

Action Step B, develop an MOU with Child Protective Services regarding the relative approval process and the roles of the two agencies was not completed as Child Protective Services does not have the capacity to assist Probation with this function. Probation took a snapshot in May 2012 and had the need for 15 home/relative approvals at that point in time. Currently Probation has two qualified Probation Officers to do this function.

In January 2013, the training of staff on the relative approval policy and procedure was reviewed in the Divisional Meeting. The relative approval process was reviewed with staff in the initial meeting in January. The follow up has been further discussions in subsequent Divisional Meetings where relative placement was stressed as a priority where an appropriate relative exists. Supervisors are supporting this effort as they review cases with the officers.

Action Step E is to track youth placed in relative/NREFM homes via the Safe Measures report. This tracking is being done currently by a Supervising Probation Officer who reports their findings to the Chief Deputy.

To support the goal of having the least restrictive placement possible, the Probation Department does Family Finding to the fifth degree. Meaning, Probation contacts five layers of family members to ascertain if there is any appropriate family member with whom to place the child. Typically, few appropriate family members are willing to care for children with the types of behaviors commonly exhibited by children served by the Probation Placement Unit. Prior to recommending an institutional (in-state or out-of-state) placement and before Probation recommends removal of a child from their home of origin, all available relatives and non-related extended family members are assessed. Probation makes a recommendation to the Court for placement and the Court makes the final decision to remove the child from the home. If reunification is the goal, when the child completes placement program requirements, Probation uses Family Finding again to determine if a parent or other relative can care for the child.



**Strategy 13: "Accurately enter placement information into CWS/CMS";  
Outcome Measure 4B Least Restrictive Placement**

To support least restrictive placements Probation has conducted data entry trainings for probation and clerical staff as required by Action Step B. These trainings took place for clerical staff on April 9 and 10, 2013 and for most placement staff (all except two) on June 17 and 18, 2013. Accurate information is needed to support least restrictive placements, and the goal of the training was to increase the accuracy of the data that is being input into the CWS/CMS system. Staff found this update training very helpful and felt it increased their efficiency in the use of the CWS/CMS system. Therefore, Action Step B was completed. The Placement Supervisors will audit the CWS/CMS system data through Safe Measures and have been directed to do so no less than quarterly.

**Strategy 14: "Utilize Family Finding techniques to locate family and placement resources for youth";  
Outcome Measure 4B Least Restrictive Placement**

Under Strategy 14, Action Step A is to develop a Family Finding protocol for Probation staff to follow. Family Finding protocols were in place when the PCQR came out in October 2012. Probation Officers in the Juvenile Court and Placement Divisions both do family finding in an attempt to place children with parents or relatives. The search is completed to the fifth degree of relation to comply with current law.

Action Step B is to train all staff in Family Finding techniques. This was initiated in November/December 2012 and will continue on an as needed basis through 2017. Placement staff had an updated Family Finding training at Probation's November 2012 Division Meeting.

Action Step C is to utilize technology, such as internet search engines and software tracking tools, for Family Finding. The Probation department is looking into purchasing a software program that will assist in the Family Finding function. At this point costs are being reviewed, and, if a decision to purchase is made, then a contract will be necessary. Subsequent to that, training staff will be implemented on the use of the new Family Finding software.

As related to Action Step D, an audit of the Family Finding function is currently under development.

**Strategy 15: "Continue to be an active participant in the AB 12/212 planning committee";  
Outcome Measure 8A ILP Well Being**

Action Step A, outstation a Probation Officer in a joint unit with CPS, was completed April 2012. This allows for the free exchange of information between staff who are conducting the same business. The Probation Officer attends Assembly Bill 12 and Assembly Bill 212 training and is accessible for questions and feedback to the CPS staff. This will be an ongoing assignment and the Probation Officer will continue to work directly with AB 12 clients to provide services.

When the Placement Division is able to fill it's Supervisor vacancy (after final budget on 9/10/13) development of Policies and Procedures can commence.

**Strategy 16: “Utilize Wraparound meetings to provide ILP services that are identified in the ‘Youth Team’ meeting, 90 day Transition Plan, and/or by ILS provider”;**  
**Outcome Measure 8A ILP Well Being**

Strategy 16 Action Steps A-C include meet with Wraparound providers and discuss the priority of providing ILP services within the Wraparound context, develop a plan of action, outline how the services will be discussed and handled within the meeting, and continue to meet on a quarterly basis to track progress and problem solve. Regarding these action steps, no formal meetings with Wraparound providers have taken place, but the ILP issue was discussed and addressed minimally at the County Cross Systems Meeting. Wraparound services, including the capacity of Wraparound, was recently expanded. These services are provided to Probation children who are transitioning back to the community and include ILP services where appropriate. There has been some discussion of expanding the Wraparound slots for Probation clientele. Further discussion needs to take place on the use of Wraparound services before removal from the home is a consideration. This change would be a huge culture change for Probation thus would take some time to accomplish.

## **Barriers to Implementation**

### ***Child Welfare Services***

Preparation for the implementation of Action Step B of Strategy 2 is underway through the work of a Practice Improvement Group (PIG). The PIG process utilizes staff at various levels from across the department to inform current practice and policy. A PIG has been formed to address improved safety and aftercare planning. Planning for the PIG began in fall of 2012 in collaboration with the Northern California Training Academy, and the first meeting was held in April 2013. The PIG will perform a comprehensive review of our current practice, related data, available resources, and promising practices from other counties. This will culminate in a proposed policy that would move forth for Deputy Director and Division Manager approval. Action Step B will then be implemented when social worker staff receive training on the new policy and at that time QA/CQI measures will be developed to ensure that practice is aligned with policy.

As stated previously, there has been some delay in developing the Dependency Practice Elements Review Tool, due to competing priorities. The review tool remains in the developmental stage. As a result, we have revised the completion date for the Dependency Practice Elements Review Tool implementation from January 2013 to September 2013. We anticipate the review tool will be incorporated into the QA/CQI framework.

Several possible obstacles to Strategy 2 include the potential loss of funding for ongoing trainings, coaching, exposures and intensive opportunities; practicing within the fidelity of the model; deeper referral/case reviews to measure outcomes – including an aligned review tool and the need for stakeholder and court exposures. Modifications may be needed to address the potential obstacles. Early planning includes development of a CQI framework to support the need for further referral and case analysis related to improved/enhanced engagement and safety planning, supervisory academies to assist with sustainability and focus on program-specific needs, case review tools for Dependency programs, and modifications to existing review tool for the Emergency Response and

Informal Supervision Programs; and collaboration with CFP in supportive opportunities to move forth with Court and stakeholder exposure.

Due to the delay in implementation of Strategy 6 Action Step A, developing a policy/process/procedure requiring an aftercare plan for each family who has successfully reunified and is exiting the system, the effectiveness at improving the outcome measure C1.4 Reentry is unknown. Although the county anticipates improvement in this outcome area, there may be some future barriers and obstacles in implementing this strategy. The barriers and obstacles include impact to workload, timeframes to complete it and monitoring staff compliance and improvement. In addressing these challenges, the county plans to better define aftercare plans including format, content and how and when the plan should be completed. (i.e. meeting, home visit, etc). Monitoring staff compliance is a bit more challenging because it requires a manual review to determine if and when the aftercare plan was completed. In any event, once staff is trained, compliance will be monitored.

### **Probation**

Regarding Strategy 12, Action Step B, Probation approached Child Protective Services about having the agency do the relative and non-related extended family member home approvals, but Child Protective Services does not have the capacity to take on that workload at this time. As noted, home approvals for children on Probation are done by two trained officers.

Strategy 15, Action Steps B, C, and D are for Probation to develop a memorandum of understanding (MOU) that outlines how the relationship with Child Protective Services and service provision will proceed, train staff on this, and implement a related policy and procedure. An MOU has not been developed as coordinating this function has not become a priority because it was determined an MOU was not needed. In place of the MOU an Action Plan will be developed. The current verbal agreement is working well. In addition, initiated June 2013, the out-stationed Probation Officer attends AB 12 trainings and updates and briefs the unit, Senior Probation Officers, and Placement Manager in the monthly Division Meeting. Further, the implementation of Policy and Procedure has not taken place due to staffing limitations. Currently, Probation has a vacant Supervisor position. The County will allow the Supervising Probation Officer vacancy to be filled in September 2013, then the scheduled meetings can take place to; monitor progress, problem solve and develop the Action Plan.

### **Other Successes/Promising Practices**

One promising practice referenced earlier is the use of Signs of Safety by Child Protective Services. Signs of Safety includes the utilization of significant family engagement techniques, which ensure the family's involvement in case planning and improves the likelihood that aftercare resources are individualized and more effectively utilized. We believe these efforts will have a long-term positive impact on reentry.

We also expect to see improvement outcomes for youth in care for longer periods since we have expanded the work of the Child Placement Support Unit to serve those youth.

Probation has seen success in the Outcome Measure 8A ILP Well Being, with a performance rate of 100% in this area.

## **Other Outcome Measures Not Meeting State/National Standards**

### ***Child Welfare Services***

UCB data shows Sacramento County CWS is not meeting State or National Standards in Outcome Measures 4A, Children Placed with Siblings in CWS/CMS; and 4B, Least Restrictive Placement (Relative).

Since the implementation of the current SIP, Sacramento County's percent of children placed with some or all siblings has remained below the state performance. The county's performance has remained four to six percent below the State. The county makes every effort to place siblings together. When that does not occur, it is most likely due to a child requiring a higher level of care or a large sibling group, in which case finding placement for multiple children can be challenging.

Sacramento County's percent of children placed with relatives also remains below the state performance. UCB data shows that point in time and first entry relative placements are lower than the state. Point in time data reflects 10 to 11% performance below the state. First entries with placement into relative care show performance approximately eight percent below the state.

One reason Sacramento County may have lower numbers of point in time relative placements is a fewer number of longstanding, community support programs with an array of services specifically for relatives providing care to family members than are seen in other counties. In addition, one reason first entries with placement with a relative may be lower than the state performance is the economy may have impacted household compositions where more family members reside together, increasing the challenge of passing kinship background checks. Other factors would include time of day children are detained and use of Protective Emergency Placements (PEPS).

### ***Probation***

The strategy to improve Placement Stability, measure C4.3, will be two fold. First, Probation will continue to use Family Finding measures to locate appropriate family members to place children with. If the Family Finding software is ultimately purchased, Probation believes, this tool will enhance the officer's ability to locate appropriate family members. Locating these family members is just the first step in the process. The second step, will be evaluating those family members who are willing and appropriate to have a child placed with them. The third piece of this process is actually making the placement and providing support to the family member who accepts the placement.

To accomplish the family support Probation will continue to use the Community Resource referral list and then evaluate the level of support through the survey that currently being developed to send to parents and family members. The results of the survey will be analyzed and where needs are demonstrated from the survey results appropriate changes will be made to our practices to better serve the parents and family members. With this improvement strategy, our goal will be to improve our results by 20% during the next year.

## SYSTEM IMPROVEMENT PLAN CHART

Priority Outcome Measure or Systemic Factor: C1.1 Timely Reunification – Child Welfare

National Standard: 75.2%

Initial Performance: 63.5% (10/1/10-9/30/11 UCB)

Current Performance: From 01/01/2012-12/31/2012, of those children who did reunify, Sacramento reunified 76.3% within 12 months. (Q4, 2012 UCB)

Target Improvement Goal: The county plans to maintain the 75.2% timely reunification as measured by C1.1 now that the goal has been met. ~~Improve timely reunification as measured by C1.1 to 75.2% by June 2017.~~

Priority Outcome Measure or Systemic Factor: C1.4 Reentry – Child Welfare

National Standard: 9.9%

Initial Performance: 13.7% (from 01/01/11-12/31/11 UCB).

Current Performance: 12.8% of Sacramento children who reunify reenter placement within 12 months (from 01/01/11-12/31/11 - Q4, 2012 UCB).

Target Improvement Goal: Decrease reentry rates by another 1-2% ~~to 11.8%~~ in the next reporting period as an effort to reach the National Standard and beyond.

Priority Outcome Measure or Systemic Factor: C3.3 In Care 3 Years or Longer (Emancipated/Age 18)– Child Welfare

National Standard: 37.5%.

Initial Performance: 64.7% (10/1/10-9/30/11 UCB)

Current Performance: In Sacramento County 65.3% (from 01/01/12-12/31/12 - Q4, 2012 UCB) of those who emancipated or turned 18 had been in care 3 or more years.

Target Improvement Goal: The county plans to decrease by 5% of those youth who have been in care 3 or more years, and emancipate or turn 18 over the next year. However, AB12's confounding effects are not considered in the overall projections. ~~As measured by C3.3 of those who emancipate or turn 18, 48.5% or less will have been in care 3 or more years.~~

Priority Outcome Measure or Systemic Factor: C4 Placement Stability – Child Welfare

Initial Performance:

| 01/01/12-12/31/12 | National Standard: | Current Performance: |
|-------------------|--------------------|----------------------|
| < 12 mo           | 86%                | 80.7%                |
| 12-24 Mo          | 65.4%              | 59.8%                |
| 24 mo +           | 41.8%              | 27.8%                |

Current Performance: (Q4, 2012 UCB)

| 01/01/12-12/31/12 | National Standard: | Current Performance: |
|-------------------|--------------------|----------------------|
| < 12 mo           | 86%                | 85.9%                |
| 12-24 Mo          | 65.4%              | 62.1%                |
| 24 mo +           | 41.8%              | 24.5%                |

Target Improvement Goal: By the next reporting period, the county plans to increase Placement Stability in Child Welfare Services for children in care 24 months or longer by 5%. For children 12-24 months and less than 12 months, the goal is to maintain at or above the national standard as indicated by the current performance. ~~By May 2017, 84.1% of those staying less than 12 months, 63.6% of those staying 12-23 months, and 36.1% of those staying 24 or more months will have 2 or fewer placements.~~

**Priority Outcome Measure or Systemic Factor:** C4.3: Placement Stability Outcome: Placement Stability (At Least 24 Months In Care)--**Probation**

**National Standard:** 41.8%

**Initial Performance:** 13.0% of youth placed in foster case for at least 24 months had less than 2 placements.

**Current Performance:** 13.7% of youth placed in foster care for at least 24 months, had less than two placements.

**Target Improvement Goal:** The goal is to increase this measurement by 10 to 23% by 2017.

**Priority Outcome Measure or Systemic Factor:** 4B Least Restrictive Placement--**Probation**

**National Standard:** N/A

**Initial Performance:** ~~43.2% of Probation youth are placed in the least restrictive placement (from point in time 01/01/13)~~ 66% of youth are placed in the most restrictive placement of Group Homes. (FFA 2.5%, REL 3.4%, FH.0%, for a total of 5.9% based on 2011 Q1 data.

**Current Performance:** **2.3% are in Relative (2.3%) or Foster Homes (0.0%)**

**Target Improvement Goal:** ~~Increase the number of youth placed in relatives and foster homes by 10% by 2017.~~ Use the above Initial Performance as a baseline and increase the number of children placed in these three programs by 2% annually.

**Priority Outcome Measure or Systemic Factor:** 8A ILP Well Being--**Probation**

**National Standard:** N/A

**Initial Performance:** 87.5%

**Current Performance:** 100%

**Target Improvement Goal:** Continue to maintain a 100% status.

|                                                                                                                                                                                                                                          |                                                                                                                                              |                                                                                                                             |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------|
| <p><b>Strategy 1:</b> Improve to <b>85%</b> of FR program cases that have timely SDM Risk Reassessments and Family Strengths and Needs Reassessments.</p> <p>The May 2012 baseline is 13.4% of FSNA and 18.7% for Risk Reassessment.</p> | <input type="checkbox"/> CAPIT<br><input type="checkbox"/> CBCAP<br><input type="checkbox"/> PSSF<br><input checked="" type="checkbox"/> N/A | <p><b>Applicable Outcome Measure(s) and/or Systemic Factor(s):</b></p> <p>C1.1 Timely Reunification</p> <p>C1.4 Reentry</p> |
| <p><b>Action Steps:</b></p>                                                                                                                                                                                                              |                                                                                                                                              | <p><b>Timeframe:</b></p>                                                                                                    |
| <p>A. Include this standard in the Data Integrity and Accountability Plan. <u>Data Integrity and Accountability Plan</u> is in development. [May require meet and confer with labor]</p>                                                 | <p>June 2013- May 2017</p>                                                                                                                   | <p><b>Person Responsible:</b></p> <p>Dependency Division Managers</p>                                                       |



| <b>Strategy 2: Fully implement Signs of Safety and engagement practices</b>                                                                                                                                                                                                              | <b>Applicable Outcome Measure(s) and/or Systemic Factor(s):</b> |                                                                                                                           |                                           |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|--|
|                                                                                                                                                                                                                                                                                          | <input type="checkbox"/> CAPIT                                  | <b>C1.1 Timely Reunification</b><br><b>C1.4 Reentry</b>                                                                   |                                           |  |
|                                                                                                                                                                                                                                                                                          | <input type="checkbox"/> CBCAP                                  |                                                                                                                           |                                           |  |
|                                                                                                                                                                                                                                                                                          | <input type="checkbox"/> PSSF                                   |                                                                                                                           |                                           |  |
|                                                                                                                                                                                                                                                                                          | <input checked="" type="checkbox"/> N/A                         |                                                                                                                           |                                           |  |
| <b>Action Steps:</b>                                                                                                                                                                                                                                                                     |                                                                 | <b>Timeframe:</b>                                                                                                         | <b>Person Responsible:</b>                |  |
| <b>A. Provide ongoing training for direct service, supervisory, and management staff on Signs of Safety.</b>                                                                                                                                                                             |                                                                 | December 2013<br>June 2013 Update: On-target and ongoing.                                                                 | Division Managers                         |  |
| <b>B. Train ER investigators and Dependency social workers to ensure that parties in a safety network or aftercare plan know their role as measured by the ER Elements of Investigation Review or Dependency SDM review the in-development Dependency Practice Elements Review tool.</b> |                                                                 | January 2013 –<br>June 2013 Update: Completed and ongoing                                                                 | ER-Division Managers                      |  |
| <b>C. Analyze reentry cases to determine if there are contributing factors that can be ameliorated through practice or service improvements.</b>                                                                                                                                         |                                                                 | January 2015                                                                                                              | QA Program Manager                        |  |
| <b>D. Implement service or programs enhancements subsequent to analysis of reentry cases.</b>                                                                                                                                                                                            |                                                                 | May 2016                                                                                                                  | Deputy Director                           |  |
| <b>E. Survey direct-service staff Supervisors to determine how many of their staff routinely use Signs of Safety tools. Use the results as a baseline for improvement.</b>                                                                                                               |                                                                 | June 2013<br>June 2013 Update: Preliminary survey completed. Ongoing work is occurring with SOS Model Fidelity Workgroup. | ER Division Manager<br>QA Program Manager |  |

| <b>Strategy 3:</b> Increase the percentage of case plan objectives that are behaviorally based by 20 percentage points over the baseline.           | <input type="checkbox"/> CAPIT<br><input type="checkbox"/> CBCAP<br><input type="checkbox"/> PSSF<br><input checked="" type="checkbox"/> N/A |  | <b>Applicable Outcome Measure(s) and/or Systemic Factor(s):</b><br>C1.1 Timely Reunification<br>C1.4 Reentry |                            |
|-----------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------------------------------------------------|----------------------------|
|                                                                                                                                                     | <b>Action Steps:</b>                                                                                                                         |  |                                                                                                              | <b>Person Responsible:</b> |
|                                                                                                                                                     | <b>Timeframe:</b>                                                                                                                            |  |                                                                                                              |                            |
|                                                                                                                                                     |                                                                                                                                              |  |                                                                                                              |                            |
| A. Train dependency and IS staff on case plan policy/process/procedure and creation of behavioral objectives.                                       | September 2014                                                                                                                               |  | Program Specialists                                                                                          |                            |
| B. Conduct a Case Plan quality assurance review to establish a baseline.                                                                            | June 2016 [resource dependent]                                                                                                               |  | QA Unit Program Manager                                                                                      |                            |
| C. Conduct a Case Plan quality assurance review monthly.                                                                                            | July 2016 [resource dependent]                                                                                                               |  | QA Unit Program Manager                                                                                      |                            |
| D. Monitor staff performance and support staff improvement when needed, using the approaches in the <u>Data Integrity and Accountability Plan</u> . | September 2016                                                                                                                               |  | Supervisors                                                                                                  |                            |

| <b>Strategy 4:</b> Engage the parents/family in reunification services more often within 10-15 days of the dependency worker's assignment to the case. Detention Hearing. | <input type="checkbox"/> CAPIT<br><input type="checkbox"/> CBCAP<br><input type="checkbox"/> PSSF<br><input checked="" type="checkbox"/> N/A | <b>Applicable Outcome Measure(s) and/or Systemic Factor(s):</b><br>C1.1 Timely Reunification<br>C1.4 Reentry |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------|
| <b>Action Steps:</b>                                                                                                                                                      |                                                                                                                                              | <b>Person Responsible:</b>                                                                                   |
| <b>A.</b> Determine the current baseline.                                                                                                                                 | <b>Timeframe:</b><br>June 2012<br>June 2013 Update: Completed                                                                                | QA Unit Program Manager                                                                                      |
| <b>B.</b> Set a standard.                                                                                                                                                 | August 2012<br>June 2013 Update: Completed                                                                                                   | Division Managers                                                                                            |
| <b>C.</b> Conduct a routine quality assurance review.                                                                                                                     | <del>August 2012</del><br>June 2013 Update: Change to August 2013                                                                            | QA Unit Program Manager                                                                                      |

| Strategy 5: Hold a reunification/exit TDM within 14 calendar days of SDM reassessment when the reassessment shows that prior to reunification occurring, is indicated. | Applicable Outcome Measure(s) and/or Systemic Factor(s):                                                                                     |                                       |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|
|                                                                                                                                                                        | <input type="checkbox"/> CAPIT<br><input type="checkbox"/> CBCAP<br><input type="checkbox"/> PSSF<br><input checked="" type="checkbox"/> N/A | C1.4 Reenty                           |
| Action Steps:                                                                                                                                                          | Timeframe:                                                                                                                                   | Person Responsible:                   |
| A Create a monitoring mechanism and set a baseline.                                                                                                                    | January-2013<br>June 2013 Update: Change to January 2014                                                                                     | Quality Assurance Program Manager     |
| B Create improvement standards.                                                                                                                                        | March-2013<br>June 2013 Update: Change to March 2014                                                                                         | Deputy Director and Division Managers |
| C Review the effect and practice of exits TDMs. Make modifications as needed.                                                                                          | September-2013<br>June 2013 Update: Change to September 2014                                                                                 | Deputy Director and Division Managers |
| D Monitor staff performance and support improvement if needed                                                                                                          | September-2013<br>June 2013 Update: Change to September 2014                                                                                 | Supervisors                           |

| Strategy 6: Require social workers to develop an aftercare plan for each family reunifying who has successfully reunified and is exiting the system. | Applicable Outcome Measure(s) and/or Systemic Factor(s):                                                                                     |                                       |
|------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|
|                                                                                                                                                      | <input type="checkbox"/> CAPIT<br><input type="checkbox"/> CBCAP<br><input type="checkbox"/> PSSF<br><input checked="" type="checkbox"/> N/A | C1.4 Reentry                          |
| Action Steps:                                                                                                                                        | Timeframe:                                                                                                                                   | Person Responsible:                   |
| <b>A</b> Develop policy/process/procedure requiring an aftercare plan.                                                                               | June-2013<br>June 2013 Update: Change to September 2013                                                                                      | QA Program Manager                    |
| <b>B</b> Set improvement targets for B above. Establish a baseline.                                                                                  | July-2016<br>June 2013 Update: Change to March 2014                                                                                          | Deputy Director and Division Managers |
| <b>C</b> Review the effect and practice of family meetings and make modifications, if necessary.                                                     | December-2016<br>June 2013 Update: omit                                                                                                      | Deputy Director and Division Managers |
| <b>D</b> Create improvement standards<br>(Monitor staff performance and support staff improvement when needed)                                       | October-2016<br>June 2013 Update: Change to July 2014                                                                                        | Supervisors                           |

| <b>Strategy 7: Modify the reoccurring six month permanency staffing to include reunification as an option for long staying children.</b> | <input type="checkbox"/> CAPIT<br><input type="checkbox"/> CBCAP<br><input type="checkbox"/> PSSF<br><input checked="" type="checkbox"/> N/A | <b>Applicable Outcome Measure(s) and/or Systemic Factor(s):</b><br><br>C3.3 Permanency for Long Stayers |                                          |
|------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------|------------------------------------------|
| <b>Action Steps:</b>                                                                                                                     |                                                                                                                                              | <b>Timeframe:</b>                                                                                       | <b>Person Responsible:</b>               |
| A Implement the revised staffing model.                                                                                                  | June 2013                                                                                                                                    |                                                                                                         | Adoption and Dependency Program Managers |
| B Review the effects and practice of the revised staffing model. Make modifications if necessary.                                        | January 2014                                                                                                                                 |                                                                                                         | Adoption and Dependency Program Managers |

| <p><b>Strategy 8:</b> January 2015, in 90% of the cases, will reflect that relatives are documented in CWS/CMS, as reported in the emergency response quality assurance review. The review of December 2011 cases showed the baseline to be 54%.</p> <p>Baseline data derived from the Elements of Investigation review showed 54% for Emergency Response. Baseline data for Dependency will be identified via the in-development Dependency Practice Review tool.</p> <p><b>Action Steps:</b></p> <p>A Train staff when to list relatives as collaterals vs. clients in CWS/CMS</p> <p>B Add documentation of relatives as collaterals to the Elements of Investigation QA monthly review and to the Dependency Case Review, which is in development.</p> <p>C Monitor staff performance and support staff improvement when needed as reflected by outcome data from reviews.</p> | <input type="checkbox"/> CAPIT<br><input type="checkbox"/> CBCAP<br><input type="checkbox"/> PSSF<br><input checked="" type="checkbox"/> N/A               | <p><b>Applicable Outcome Measure(s) and/or Systemic Factor(s):</b></p> <p>C3.3 Permanency for Long Stayers</p> |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------|
| <p><b>Timeframe:</b></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                            | <p><b>Person Responsible:</b></p>                                                                              |
| <p>A Train staff when to list relatives as collaterals vs. clients in CWS/CMS</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <p>October 2012<br/>June 2013 Update: Completed</p>                                                                                                        | <p>ER and Dependency Division Managers</p>                                                                     |
| <p>B Add documentation of relatives as collaterals to the Elements of Investigation QA monthly review and to the Dependency Case Review, which is in development.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <p>January 2013<br/>June 2013 Update: Change to July 2013 for Elements of Investigation review<br/>Change to September 2013 for Dependency Case Review</p> | <p>ER and Dependency Division Managers</p>                                                                     |
| <p>C Monitor staff performance and support staff improvement when needed as reflected by outcome data from reviews.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <p>March 2013<br/>June 2013 Update: Additional strategies will be planned</p>                                                                              | <p>ER and Dependency Division Managers</p>                                                                     |

| <p><b>Strategy 9:</b> June 2015, 60% of children experiencing a possible placement change will have a TDM within a specified timeframe, or an approved waiver on file. The baseline as reported on page 11 is 17%.</p> <p>June 2013 Update: Omit Strategy 9</p> | <input type="checkbox"/> CAPIT<br><input type="checkbox"/> CBCAP<br><input type="checkbox"/> PSSF<br><input checked="" type="checkbox"/> N/A | <p><b>Applicable Outcome Measure(s) and/or Systemic Factor(s):</b></p> <p>C4 Placement Stability</p> |                                   |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|-----------------------------------|
| <p><b>Action Steps:</b></p>                                                                                                                                                                                                                                     |                                                                                                                                              | <p><b>Timeframe:</b></p>                                                                             | <p><b>Person Responsible:</b></p> |
| <p><b>A</b> Specify timeframe for TDM</p>                                                                                                                                                                                                                       | <p>December 2012<br/>June 2013 Update: Omit</p>                                                                                              | <p>Executive Management Team</p>                                                                     |                                   |
| <p><b>B</b> Develop a pilot program training at least 3 dependency unit supervisors to create data reports to monitor TDM use.</p>                                                                                                                              | <p>August 2012<br/>June 2013 Update: Omit</p>                                                                                                | <p>Dependency Program Managers and QA Program Manager</p>                                            |                                   |
| <p><b>C</b> Review the effect and process of the monitoring report on increasing TDM compliance. Make modification if necessary.</p>                                                                                                                            | <p>December 2012<br/>June 2013 Update: Omit</p>                                                                                              | <p>Dependency Program Managers and QA Program Manager</p>                                            |                                   |
| <p><b>D</b> Train all dependency unit supervisors to create the TDM monitoring report.</p>                                                                                                                                                                      | <p>January 2013<br/>June 2013 Update: Omit</p>                                                                                               | <p>QA Program Manager</p>                                                                            |                                   |
| <p><b>E</b> Monitor supervisor performance and support improvement when needed.</p>                                                                                                                                                                             | <p>February 2013<br/>June 2013 Update: Omit</p>                                                                                              | <p>Dependency Program Managers</p>                                                                   |                                   |



| <b>Strategy 10:</b> December 2015, 60% of non-relative placements will be made by the CPSU. | <input type="checkbox"/> CAPIT<br><input type="checkbox"/> CBCAP<br><input type="checkbox"/> PSSF<br><input checked="" type="checkbox"/> N/A | <b>Applicable Outcome Measure(s) and/or Systemic Factor(s):</b><br>C4 Placement Stability |
|---------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|
| <b>Action Steps:</b>                                                                        |                                                                                                                                              | <b>Person Responsible:</b>                                                                |
| <b>A</b> Create a monitoring system.                                                        | <b>Timeframe:</b><br>December 2012<br>June 2013 Update: On target                                                                            | QA Program Manager                                                                        |
| <b>B</b> Increase CPSU staffing to meet demand.                                             | June 2015                                                                                                                                    | All Program Managers                                                                      |

| <b>Strategy 11: (Probation)</b><br>Improve support provided to relative and NREFM.                                       | <input type="checkbox"/> CAPIT<br><input type="checkbox"/> CBCAP<br><input type="checkbox"/> PSSF<br><input checked="" type="checkbox"/> N/A |                                                                                                         | <b>Applicable Outcome Measure(s) and/or Systemic Factor(s):</b><br>C4.3: Placement Stability Outcome: Placement Stability (At Least 24 Months In Care) |                            |                      |
|--------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|----------------------|
|                                                                                                                          | <b>Action Steps:</b>                                                                                                                         |                                                                                                         |                                                                                                                                                        | <b>Person Responsible:</b> |                      |
|                                                                                                                          | <b>Timeframe:</b>                                                                                                                            |                                                                                                         |                                                                                                                                                        |                            |                      |
|                                                                                                                          | <b>A.</b> Identify community resources available for relatives like Family Resource Centers, etc.                                            | Initially by October 2012 and ongoing thereafter.<br>June 2013 Update: Completed on target and ongoing  |                                                                                                                                                        |                            | Placement Supervisor |
|                                                                                                                          | <b>B.</b> Train PO staff to the availability of resources.                                                                                   | November 2012 In unit meetings on a monthly basis<br>June 2013 Update: Completed on-target and ongoing. |                                                                                                                                                        |                            | Placement Supervisor |
| <b>C.</b> Develop resource list for relatives and distribute to all relatives via the probation officer monthly contact. | January 2013<br>June 2013 Update: Completed on-target and ongoing                                                                            | Placement Supervisor                                                                                    |                                                                                                                                                        |                            |                      |
| <b>D.</b> Link all relative placements with SB163 wraparound program.                                                    | January 2013<br>June 2013 update: Completed on-target and ongoing.                                                                           | Placement Supervisor                                                                                    |                                                                                                                                                        |                            |                      |
| <b>E.</b> Develop an evaluation process to measure if relatives feel supported, and implement this on a yearly basis.    | July 2013 and yearly                                                                                                                         | Placement Supervisor-Division Chief                                                                     |                                                                                                                                                        |                            |                      |
| <b>F.</b> Update policies and procedures based on the evaluation information                                             | August 2013 and ongoing                                                                                                                      | Placement Supervisor                                                                                    |                                                                                                                                                        |                            |                      |

| <b>Strategy 12: (Probation)</b> Increase number of youth placed in relative or non-related extended family member (NREFM) homes. | <input type="checkbox"/> CAPIT<br><input type="checkbox"/> CBCAP<br><input type="checkbox"/> PSSF<br><input checked="" type="checkbox"/> N/A                                                               | <b>Applicable Outcome Measure(s) and/or Systemic Factor(s):</b><br>4B Least Restrictive Placement |
|----------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------|
| <b>Action Steps:</b>                                                                                                             |                                                                                                                                                                                                            | <b>Person Responsible:</b>                                                                        |
| <b>A.</b> Develop a written Relative Approval policy and procedure.                                                              | <b>Timeframe:</b><br>By September 2012<br>June 2013 Update: Relatives are routinely evaluated based upon their criminal history, CPS referral history, current functioning and willingness to participate. | Placement Supervisor                                                                              |
| <b>B.</b> Develop an MOU with DHHs regarding the Relative Approval policy and the roles of the two agencies.                     | By November 2012<br>June 2013 Update: Omit.                                                                                                                                                                | Chief Deputy<br>Placement Supervisor<br>Contracts Officer                                         |
| <b>C.</b> Train staff on the policy and procedures regarding the relative approval process.                                      | By January 2013<br>June 2013 Update: Completed on-target                                                                                                                                                   | Placement Supervisor                                                                              |
| <b>D.</b> Develop an audit process to ensure that the policy is being followed and conduct the audit on a quarterly basis.       | Quarterly commencing in July 2013-2017                                                                                                                                                                     | Chief Deputy                                                                                      |
| <b>E.</b> Track youth placed in relative/NREFM homes via Safe Measures Report.                                                   | February 2013 on a monthly basis through 2017.<br>June 2013 Update: Completed on-target and ongoing                                                                                                        | Chief Deputy                                                                                      |
| <b>F.</b> Continue to communicate or meet as needed to track progress and problem solve issues.                                  | Ongoing through 2017<br>June 2013 Update: On-target and ongoing.                                                                                                                                           | Chief Deputy                                                                                      |

| <b>Strategy 13: (Probation)</b> Accurately enter placement information into CWS/CMS.                   | <input type="checkbox"/> CAPIT<br><input type="checkbox"/> CBCAP<br><input type="checkbox"/> PSSF<br><input checked="" type="checkbox"/> N/A | <b>Applicable Outcome Measure(s) and/or Systemic Factor(s):</b><br>4B Least Restrictive Placement |
|--------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------|
| <b>Action Steps:</b>                                                                                   |                                                                                                                                              | <b>Person Responsible:</b>                                                                        |
| <b>Timeframe:</b>                                                                                      |                                                                                                                                              |                                                                                                   |
| <b>A.</b> Identify CWS/CMS training.                                                                   | March/April 2012 – 2017<br>June 2013 update: Completed on-target and ongoing.                                                                | Placement Supervisor                                                                              |
| <b>B.</b> Train identified Clerical staff to enter data into CWS/CMS.                                  | March/April 2012 – 2017<br>June 2013 update: Completed on target                                                                             | Chief Deputy<br>Placement Supervisor                                                              |
| <b>C.</b> Develop audit process utilizing Safe Measures to ensure that the protocol is being followed. | April 2012 – On-2017<br>June 2013 update: Ongoing                                                                                            | Placement Supervisor                                                                              |

| <b>Strategy 14: (Probation) Utilize Family Finding techniques to locate family and placement resources for youth.</b> | <input type="checkbox"/> CAPIT<br><input type="checkbox"/> CBCAP<br><input type="checkbox"/> PSSF<br><input checked="" type="checkbox"/> N/A         | <b>Applicable Outcome Measure(s) and/or Systemic Factor(s):</b><br>4B Least Restrictive Placement |
|-----------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------|
|                                                                                                                       | <b>Action Steps:</b>                                                                                                                                 | <b>Timeframe:</b>                                                                                 |
| <b>A.</b> Develop Family Finding Protocols for probation placement staff including search and tracking procedures.    | October 2012<br>June 2013 update: Completed on-target                                                                                                | Placement Supervisor                                                                              |
| <b>B.</b> Train all placement staff in Family Finding techniques.                                                     | Initially by November – December 2012 and then on an as needed basis thereafter, through 2017.<br>June 2013 update: Completed on-target and ongoing. | Placement Supervisor                                                                              |
| <b>C.</b> Utilize technology for Family Finding such as internet search engines and software tracking tools.          | January/February 2013 – 2017<br>June 2013 update: September 2013                                                                                     | Placement Supervisor                                                                              |
| <b>D.</b> Develop a quarterly audit process to ensure that the protocol is being followed on a quarterly basis.       | July 2013 - Ongoing quarterly through 2017                                                                                                           | Placement Supervisor                                                                              |



| Strategy 15: (Probation) Continue to be an active participant in the AB 12/212 planning committee.   | Applicable Outcome Measure(s) and/or Systemic Factor(s):<br>8A ILP Well Being                                                                |                      |
|------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------|----------------------|
|                                                                                                      | <input type="checkbox"/> CAPIT<br><input type="checkbox"/> CBCAP<br><input type="checkbox"/> PSSF<br><input checked="" type="checkbox"/> N/A |                      |
| Action Steps:                                                                                        |                                                                                                                                              | Person Responsible:  |
| Timeframe:                                                                                           |                                                                                                                                              |                      |
| A. Outstation Probation officer in a joint unit with CPS to partner with AB12/212 youth.             | April-2012<br>June 2013 update: Completed on-target                                                                                          | Placement Supervisor |
| B. Develop a Plan of Action (MOU) that outlines how relationship and service provision will proceed. | April-2013<br>June 2013 update: A Plan or Action will be developed when the vacant SPO position is filled in mid September 2013.             | Placement Supervisor |
| C. Train staff on the plan of action and policies and procedures                                     | June 2013                                                                                                                                    | Placement Supervisor |
| D. Implement policies and procedures                                                                 | July 2013                                                                                                                                    | Placement Supervisor |
| E. Meet quarterly to monitor progress and problem solve issues.                                      | September 2013 and quarterly ongoing through 2017                                                                                            | Placement Supervisor |
| F. Participate in cross regional groups to participate in practice sharing                           | September 2013 and quarterly ongoing through 2017                                                                                            | Placement Supervisor |
| G. Update policies and procedures on a yearly basis to provide the best support for youth.           | July 2014 and yearly ongoing through 2017                                                                                                    | Placement Supervisor |
| H. Provide yearly training and technical assistance to staff regarding new information obtained      | August 2014 and ongoing through 2017                                                                                                         | Placement Supervisor |

| <b>Strategy 16: (Probation)</b><br>Utilize wraparound meetings to provide ILP services that are identified in the "Youth-Team" meeting, 90 day Transition Plan and/or by ILS Provider. | <input type="checkbox"/> CAPIT<br><input type="checkbox"/> CBCAP<br><input type="checkbox"/> PSSF<br><input checked="" type="checkbox"/> N/A                                 | <b>Applicable Outcome Measure(s) and/or Systemic Factor(s):</b><br>8A ILP Well Being |                            |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------|----------------------------|
| <b>Action Steps:</b>                                                                                                                                                                   |                                                                                                                                                                              | <b>Timeframe:</b>                                                                    | <b>Person Responsible:</b> |
| <b>A.</b> Meet with Wraparound Provider and discuss priority of providing ILP services within the wrap context.                                                                        | April-2012-November 2013                                                                                                                                                     | Placement Supervisor<br>AB 12 Officer                                                |                            |
| <b>B.</b> Develop a Plan of Action and outline how the services will be discussed and handled within the wrap meeting.                                                                 | June-2012<br>June-2013 update: Completed on-target- November 2013<br>These meetings will be initiated once the supervisor vacancy is filled.                                 | Placement Supervisor<br>AB 12 Officer                                                |                            |
| <b>C.</b> Continue to meet on a quarterly basis to track progress and problem solve issues.                                                                                            | October-2012-2017<br>June-2013 update: Completed on-target and ongoing-November 2013<br>Set a meeting schedule for quarterly meetings when the supervisor vacancy is filled. | Placement Supervisor<br>AB-12-Officer                                                |                            |
| <b>D.</b> Continuously update policies and procedures to provide the best support for youth                                                                                            | January-2013-2017<br>June-2013 update: Completed on-target and ongoing-November 2013<br>Policies and procedures will be developed once the supervisor vacancy is filled.     | Placement Supervisor                                                                 |                            |

|                                                                                                                                                   |                                                                                                                                                                                                   |                      |
|---------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|
| <p><b>E.</b> Collect and review Wrap Plans to ensure ILP is being discussed and provided.</p>                                                     | <p><del>January 2013 – 2017</del><br/> <del>June 2013 update: Completed on target and ongoing. November 2013</del><br/> This process will be initiated once the supervisor vacancy is filled.</p> | <p>AB12 Officer</p>  |
| <p><b>F.</b> Provide ongoing training and technical assistance to staff regarding information obtained in the monitoring of the Wrap program.</p> | <p>January 2013 – 2017<br/> <del>June 2013 update: Completed on target and ongoing. November 2013</del><br/> Training up dates and TA will be given after the supervisor vacancy is filled.</p>   | <p>AB 12 Officer</p> |



# California – Child and Family Services Review Signature Sheet

|                                                    |                                                                                    |
|----------------------------------------------------|------------------------------------------------------------------------------------|
| <b>County</b>                                      | Sacramento                                                                         |
| <b>CSA Period Dates</b>                            | 2008 - 2011                                                                        |
| <b>SIP Period Plan Dates</b>                       | June 2012 to May 2017                                                              |
| <b>Outcome Data Period</b>                         | Quarter ending: May 2012                                                           |
| <b>County Child Welfare Agency Deputy Director</b> |                                                                                    |
| <b>Name</b>                                        | Michelle Callejas, Deputy Director                                                 |
| <b>Signature*</b>                                  |  |
| <b>Phone Number</b>                                | (916) 875-0123                                                                     |
| <b>Mailing Address</b>                             | 3701 Branch Center Road, 2nd floor, Sacramento CA 95827                            |
| <b>County Chief Probation Officer</b>              |                                                                                    |
| <b>Name</b>                                        | Lee Seale, Chief Probation Officer                                                 |
| <b>Signature*</b>                                  |  |
| <b>Phone Number</b>                                | (916) 875-0310                                                                     |
| <b>Mailing Address</b>                             | 9750 Business Park Drive #220, Sacramento CA 95827                                 |

\*Signatures must be in blue ink

|                                                     |                                                                                                                                                                                                                                   |
|-----------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p><b>Mail the original Signature Sheet to:</b></p> | <p><b>Outcomes and Accountability Bureau<br/>         Children and Family Services Division<br/>         California Department of Social Services<br/>         744 P Street, MS 8-12-91<br/>         Sacramento, CA 95814</b></p> |
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