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County of Sacramento

System Improvement Plan

June 2012 to May 2017

Submitted October 22, 2012

Prepared by:

Sacramento County Department of Health and Human Services
Sacramento County Probation Department
Child Abuse Prevention Council of Sacramento, Inc

Submitted to:
California Department of Social Service

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DEC 2012
By

California's Child and Family Services Review
System Improvement Plan

County:	**Sacramento**
Responsible County Child Welfare Agency:	Child Protective Services Division, Department of Health and Human Services
Period of Plan:	**2012-2017**
Period of Outcomes Data:	**Quarter ending: 3/31/11**
Date Submitted:	9/25/12

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Submitted by each agency for the children under its care

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Submitted by:	**County Chief Probation Officer**
Name:	**Don Meyer**
Signature:	Don L. Meyer

Board of Supervisors (BOS) Approval

BOS Approval Date:	**10/15/12**
Name:	**Don Nottoli, Chair**
Signature:	Don Nottoli

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County of Sacramento

County Executive
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December 17, 2012

Outcomes & Accountability Bureau
Children and Family Services Division
California Department of Social Services
744 P Street, MS 8-12-91
Sacramento, CA 95814

Dear Mr. McDowell,

Enclosed please find three copies of Sacramento County's 2012-2017 Systems Improvement Plan. The Sacramento County Board of Supervisors approved this on October 16, 2012.

I would like to thank Erika Pixton and Heather Cotto for their participation and advice in writing the SIP. It was our first year integrating the OCAP funding, and they helped us through many challenges.

Please feel free to contact me with if you have any questions.

Sincerely,

Laura Williams,
Human Services Program Manager
Program Administration

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Submitted October 22, 2012

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Introduction

The Sacramento County 2012 - 2017 Child Welfare System Improvement Plan (SIP) contains two parts:

- Part I – System Improvement Plan (SIP) Narrative and Matrix
- Part II – Child Abuse Prevention Intervention and Treatment (CAPIT), Community Based Child Abuse Prevention (CBCAP), and Promoting Safe and Stable Families (PSSF) Five Year Plan.

A -- The SIP Narrative

Pursuant to Assembly Bill 636 (Chapter 678, The Child Welfare System Improvement and Accountability Act of 2001), the Child Welfare Outcomes and Accountability System to improve child welfare outcomes for children and their families in California was established. This system includes continuous quality improvement, interagency partnerships, community involvement, and public reporting of program outcomes. It provides a means to objectively measure county performance in administering child welfare services, a protocol for assessing needs and strengths to improve that performance, and a mandate to pan for continuous improvement. The California Child and Family Services Review (C-CFSR) includes three processes: he Peer Quality Case Review (PQCR) is the first component of the C-CFSR, followed by the County Self-Assessment (CSA) and finally the System Improvement Plan (SIP).

The SIP Narrative is organized into 8 subsections. The sections describe the planning process, explain why goals outlined in the SIP Matrix were selected, and summarizes

the knowledge gained from the Peer Quality Case Review and County Self Assessment as well as input from the County's Outcomes and Accountably State liaison.

1. The SIP Process

The process Sacramento County used to conduct the SIP is dictated by the California Children and Family Service Review (C-CFSR) and consists of these three stages:

- Peer Quality Case Review (PQCR)—held the last week of May 2011,
- County Self Assessment (CSA), -- completed May 1, 2012, and
- This document—System Improvement Plan (SIP)

A team of nine representatives from four agencies listed in Attachment 1, planned and implemented the C-CFSR process. The Child Abuse Prevention Council of Sacramento members joined the team for the last two parts—CSA and SIP. This cycle was Sacramento's first to integrate the CAPIT/CBCAP/PSSF Plan into the CSA and SIP processes.

Attachment 2 contains the list of core representatives and stakeholders who either were invited to participate or did participate in a focus group, interview, on line survey, and/or community meeting. Specifically, input was gathered from:

- On-line Survey Monkey with 89 Service Providers and 61 staff.
- Focus groups with:
    - Social Workers
    - Management Team
    - Probation Team and the
    - Birth & Beyond Family Support Collaborative
    - Parents
    - Community stakeholders
    - Substance abuse service providers
- Individual interviews with teen pregnancy program, EMQ Families First, American Indian Child Resource Center, and Judicial Officers

Additionally information from the 2011 PQCR was incorporated into this SIP. Nine focus groups were conducted the week prior and the week of the PQCR event.

Focus Groups for **CPS** were conducted with:	Focus Groups for **Probation** were conducted with:
Social Workers	Probation Officers
Reunified Parents	Probation Supervisors
CPS Attorneys	Probation Youth
Supervisors and Managers	Youth in Juvenile Hall
	Caregivers

The C-CFSR Team gathered considerable demographic, outcome, and service provision data. The first community meeting was held on September 28, 2011, to gather input regarding what was working well and identify service gaps. The C-CFSR Team distilled all this information culminating in a focus on 5 outcomes for the SIP. The

second community meeting on February 28, 2012 reviewed the five outcomes selected for the SIP along with the selected strategies. The Child Protective Services management team and the Sacramento County Board of Supervisors then approved the SIP.

The data sources used were the Quarterly Outcome and Accountability County Data Report, the University of California Berkeley outcome data, the CWS/CMS data system, Sacramento Children's County Report Card, and various other sources cited in the CSA.

2. Outcomes Needing Improvement

This section presents all of the federal areas needing improvement, not just those selected for the 2012-2017 System Improvement Plan. It also summarizes information from the PQCR and CSA.

a. Data

The top part of the Sacramento County Child Welfare Outcomes Status chart below summarizes the county's current progress in meeting federal standards. The bottom part of the chart lists Sacramento County's current level for State data items. For each of the 33 measures, Sacramento County's status is categorized in one of three levels: meeting or exceeding the federal standards, moving towards meeting the standard, or needing improvement. Sacramento County is meeting or exceeding the federal standard or doing excellently on 40% (13) of the measures. On 27% (9) of the measures, Sacramento County is moving toward the standard or doing well. Thirty-three percent (11) of the measures show little progress toward the standard or need improvement. For the last two categories, Sacramento County's pattern is analyzed from the fourth quarter of 2009 through the third quarter of 2011. The composite scores are for the third quarter of 2011.

Sacramento County is particularly proud that it meets or exceeds the federal standard on all four of the safety measures. During the 2009-2011 SIP, improvement in child safety was the highest priority for the Agency. Now the challenge will be to maintain that level of excellence while improving in the five SIP areas selected for 2012-2017.

Reunification outcomes need improvement both in terms of timeliness and reentry to placement. Sacramento County's Reunification Composite score for the third quarter of 2011 is 85.4% of the federal standard.

In contrast, adoption outcomes are strong as indicated by the composite score of 117.9% of the federal standard. Sacramento meets or exceeds the federal standard for timely adoption for those in care at least 17 months and timely adoption for freed children. Sacramento County is at 95.0% of the federal for achieving adoption within 24 months and 97.5% for the median time to adoption for those exiting to adoption. However, the pattern since the third quarter of 2009

for three measures has been worsening, largely due to elimination of an adoption unit in August 2009 subsequent to budget cuts. Sacramento County adoption caseloads have decreased from the 80s to the low 30's Sacramento County is confident that these case load reductions will again make Sacramento County a leader in adoption outcomes.

Sacramento County's permanency composite is only 80.6% of the federal standard, largely due to having too many youth emancipate who have been in care for 3 or more years—58.0% of the federal standard. Exits to permanency after 24 months in care are 98.6% of the federal standard and exits to permanency for those legally free at exit is 100.2%. Both these measures show an improving trend over the last 8 quarters.

Sacramento County is at 76.7% of the federal composite score for placement stability. Placement stability for those staying two years or less has been improving and is at 93.8% for those staying less than a year and 91.5% for those staying 1 to 2 years. Unfortunately, stability for those staying 3 or more years is only 66.6% of the federal standard.

Sacramento County Outcomes Status
Federal Outcomes

			Meet or Exceed Standard	Moving Toward Standard	Little Progress Toward Standard
		Federal Outcomes	Q3 2011	Q4 2009 - Q3 2011	Q4 2009 - Q3 2011
Safety	S1.1	No Recurrence of Maltreatment	■		
	S2.1	No Maltreatment in Foster Care	■		
	2B	Timely Referral Response--IR	■		
	2B	Timely Referral Response--10 Day	■		
	2C	Monthly Child Contact	■		
Reunification	C1.1	Reunification Within 12 Months (Exits)		▒	
	C1.2	Median Reunification Time (Exits)			■
	C1.3	Reunification Within 12 Months (Entries)			■
	C1.4	Reentry			■
Adoption	C2.1	Timely Adoption (Exits)			■
	C2.2	Median Time to Adoption (Exits)			■
	C2.3	Adoption for Long Stayers	■		
	C2.4	Timely Freeing for Long Stayers			■
	C2.5	Timely Adoption Process	■		
Perm-ancy	C3.1	Permanency for Long Stayers		▒	
	C3.2	Permanency for Those Legally Free		▒	
	C3.3	Shorter Stays Before Emancipation			■
nt Stab ility	C4.1	Placement Stability <12 Months			■

	C4.2	Placement Stability 12-24 Months			
	C4.3	Placement Stability 2+ Years			

There are no federal or state standards for the State outcomes shown below.

For well being outcomes, Sacramento County is performing at a good or excellent level for all but point in time relative placements and Individual Education Plans (IEP.) The Independent Living Program (ILP) outcomes are all at a good or excellent level. The criteria for the performance categories are based on a scan of other counties' outcomes.

		State Outcomes			
			As of Q3 2011		
		State Measures	Excellent	Good	Needs Improvement
Well Being	4A	Placement with All Siblings	52.8%		
	4A	Placement with Some/All Siblings	68.1%		
	4B	Relative Placement at Entry		23.0%	
	4B	Relative Placement PIT			26.1%
	5B	Timely Health Exams		83.2%	
	5B	Timely Dental Exams		44.6%	
	5F	Psych Med Authorization	16.7%		
	6B	IEP			1.2%
ILP	8A	High School or Equivalent		71.6%	
	8A	Employed		23.9%	
	8A	Housed	95.5%		
	8A	Receive ILP Services	83.6%		
	8A	Permanent Connection	94.0%		

Source: CWS Outcomes System Summary for Sacramento County 12.21.11 Distributed by CDSS

b. PQCR Findings

In the PQCR stage, Child Welfare investigated the re-entry rate after reunification. At the onset of the PQCR, it was hypothesized that visitation related issues during the reunification process were at the heart of why families re-entered the child welfare system. However, a review of the data gathered from the families' interviews and the social worker interviews has actually shown that this is not the case. Approximately half of the cases were reopened for the same reasons that the child was initially taken into custody. The other half were reopened for different reasons, including parental mental health issues that had not been addressed in the previous service plan. In general, families re-entered the child welfare system due to:

- Poor choice of partner by parent (i.e. domestic violence in relationship)

- Parent's untreated mental health issues affected aftercare compliance
- Parent's relapse
- Parent inability to comply with the aftercare plan
- Neglect as a result of the parents not realizing the extent of the child's medical needs
- Lack of aftercare plans

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

See Attachment 3 for the Executive Summary from the PQCR.

c. County Self Assessment Findings

Through the extensive County Self Assessment, the problematic outcomes noted in section 2a above were confirmed as areas of focus. In addition, caseload Cultural Disparity and Disproportionality were identified. Potential improvement strategies identified during the process included:

- Cross-training opportunities for partner agencies should continue to increase.
- Community participation in TDM meetings should be increased.
- Team Decision Making meetings should be utilized to identify relatives and/or foster families within the child's home neighborhood.

The Division will continue to review the recommendations made by the Sacramento County Child Protective Systems Oversight Committee.

Probation identified the following outcomes as needing attention:

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

Potential Probation strategies that emerged from the County Self Assessment included:

- Starting family finding efforts at the beginning of a case and continuing those efforts for as long as the youth remains in out of home placement.
- Ensuring Probation Placement staff is aware of relevant community resources and supports clients' access to services.
- Finding a professional facilitator for the Interagency Authorization Committee (IMAC) which authorizes placement in high level facilities.

- Procuring additional high quality in-state and out-of-state placement providers.

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

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

Attachment 4 contains the Executive Summary from the County Self Assessment.

3. Improvement Targets

This section presents which of the outcomes discussed in section 2 above were selected for inclusion in the Part I B 2012-2017 SIP Matrix.

Four of the five SIP outcomes were chosen in collaboration with the State Outcomes and Accountability liaison. The outcomes listed below were chosen by examining Sacramento County's outcomes for the past 8 quarters:

- C4 Placement Stability for all three time periods
- C1.4 Reentry
- C1.1 Reunification within 12 Months (Exit Cohort)
- C3.1 Permanency for Long Stayers

The fifth outcome, S1.1 No Recurrence of Maltreatment, was added to the 2012-2017 SIP to include Sacramento County prevention efforts. In fact, Sacramento County exceeds the national goal for this measure. Inclusion is a result of the identified need for ongoing child abuse and neglect prevention programs targeted to families with children under 5 years of age. This age group comprised 33% of the aged 0-17 County child population; 52% of children entering foster care; and 75% of child abuse and neglect homicides. Prevention program such as the Family Support Collaborative Birth & Beyond Home Visitation support no recurrence of maltreatment because they serve families with a history of CPS involvement. The need has increased as the CPS criteria for children to enter the system has been tightened and only the highest need children and families are provided foster care services. .Prior to 2008-2009, one-third of families served by Birth & Beyond had prior CPS involvement. In a 2010-2011 follow-up report, the percent increased to nearly half (45-47%.) Birth & Beyond studies indicate that the rate of families' CPS involvement declines 60% during program participation and 87% post-program.

Placement Stability for those in care at least 8 days but less than 12 months was included in our 2009-2001 SIP. Sacramento County's Q3 2011 self-set goal was 90%. The achievement was 80.7% compared to the federal standard of 86%. Placement Stability for those in care 12-23 months increased over the last three years, but its Q3 2011 achievement of 59.8% is below the federal standard of 65.4%. Sacramento County included placement stability in the 2012-2017 SIP because the goals set in the last SIP for these outcomes were not reached. While the CSA shows great improvement in placement stability for those in care 2 or fewer years, no progress has yet been made on those staying three or more years.

Sacramento County studied reentry in its PQCR. That interest coupled with a high reentry rate discussed in the CSA, dictated its inclusion in the SIP. Of the reunification outcomes, Sacramento County's SIP includes reunification within 12 months for those who reunify.

Since so many emancipating youth had been in placement three or more years, Sacramento County included that outcome in its SIP. Sacramento is only at 56.8% of the federal standard for this measure.

Probation's SIP outcomes were chosen in collaboration with the State Outcomes and Accountability liaison. After careful analysis it is clear that to strengthen the practice of least restrictive placement would require the Probation Department to focus on a process for relative approval, certification. This process would provide funding and supportive services for the relative caregivers. Additionally strengthening ILP services will assist in supporting the least restrictive placement.

Probation's SIP outcomes are:

- Permanency Measure 4B: Least Restrictive placement :(PQCR completed on this outcome)
- Permanency Measure 8A: Well-being: Independent Living Skills

To improve these outcomes, Probation will undertake 5 strategies. Three Probation strategies address the outcome 4B Least Restrictive Placement. During the PQCR and County Self Assessment, Probation learned that youth placed in group home settings are more than twice as likely to be delinquent than youth in family foster care. As of October 2010, there were 224 youth placed through Probation in Sacramento County. Of those, 62% were placed in group care compared to the State's average of 58.2%. Ninety-three (93) were in placement less than 12 months and 107 were in placement for more than 12 months. 82% of all Probation youth have committed an assault.

Probation picked this outcome to develop full certification of relative and non-relative homes so these families would have an income stream to assist with the care of a youth in foster care, thus providing a less restrictive placement option. The strategies identified below will improve this outcome:

- Strategy 12 will develop a relative placement approval process that will provide funding for relative placements. In addition, Probation will develop community linkages to provide support for relatives and non-related extended family member (NREFM) caretakers.
- Strategy 13 will improve placement data entry into CWS/CMS, which will contribute to timely and accurate payment to placement caregivers.
- Strategy 14 will improve staff ability to search for relatives.

In combination with increasing placement with relatives, increased ILP services for Probation youth would assist them in staying in this lower level of placement and thus improving their well being. Sacramento County Probation youth do receive ILP services, but more comprehensive services such as wraparound and implement of AB 12 will improve the well-being of wards. Two Probation strategies will address outcome: 8A Well Being Independent Living Skills

- Strategy 15 will implement AB 12
- Strategy 16 will use wraparound meetings to provide ILP services

Outcome data for ILP services is not being included in the current SIP but will be added in future updates. Concern regarding the integrity of the Probation ILP data in CWS/CMS is the primary reason for the lack of inclusion of this data. Probation began data entry into the CWS/CMS in October 2011. During the time cases were migrated to Probation, it was noted that there were cases lacking prior placement data, sometimes lacking years of placement history. This lack of information places the integrity of all data, prior to Probation taking over responsibility to enter case management data into CWS/CMS, into question. Further, regarding specifically ILP services, until the beginning of 2012, Probation was unaware of the need to enter ILP delivered services, and was only recently trained on the process of adding this type of information into the CWS/CMS system. It is expected that by the end of 2012, sufficient ILP data will have been entered, by Probation, to provide outcome data.

4. Research

Sacramento reviewed the current research literature to identify effective strategies. Preventing Re-entry into the Child Welfare System: *A Literature Review of Promising Practices, by* Holly Hatton, M.S. and Susan Brooks, M.S.W., November 2008 states that the reentry literature largely dealt with characteristics of the children and families who reentered which weren't particularly helpful in program design. Strong visitation and parental ambivalence were two program elements that stood out in the literature although our discussions with parents whose children did reenter did not point to either as a problem.

Placement Stability in Child Welfare Services *Issues, Concerns, Outcomes and Future Directions Literature Review,* Prepared by The University of California, Davis, Extension The Center for Human Services, August 2008, presents Key findings (page 10) that were used for Sacramento County's approaches:

- Foster parents often request a child's move when the child is aggressive. Hence the plan to increase support to kinship families.

- When case workers turn over a lot, placement stability decreases. Sacramento County's reorganization has eliminated two case transfers (Court Services to Reunification and Reunification to Permanent Placement.) However, worker transfers and extended leaves are still the primary cause of multiple case workers assigned to a case in Sacramento County.
- Kinship care is more stable than other placements. For this reason, Sacramento County continues to emphasize relative placement.
- Use of Centralized Placement Service Unit (CPSU) for making non-relative placements and development of concurrent planning homes address the fact that "the first 6 months of initial placement is the greatest time with which children experience disruption, with 70% of disruptions occurring during this time and infants experiencing more disruptions during the first month of initial placement."
- Requiring a Team Decision Making (TDM) meeting prior to a possible placement change addresses the finding that "As the number of placements increases for children the more likely it is that they will experience later placement disruptions."

5. Current Activities

This section describes the current activities that will affect the outcomes chosen for the SIP Matrix in Part IB.

Sacramento County CPS has adopted a Data Integrity and Accountability Plan, shown in Attachment 12. The plan specifies specific monitoring and support activities that different classes of employees will perform to improve accurate and complete data reporting.

Casey Family Programs has supported Sacramento County's adoption of Signs of Safety (SOS) by funding training and coaching. Signs of Safety are a group of practices that focus on family engagement and joint identification of safety threats to the children. Sacramento County's CPS North Region was the first to implement SOS. In addition to extensive social worker training, managers and supervisors from the North Region have attended master classes led by Andrew Turnell, a developer of Signs of Safety. SOS is strongly encouraged, but not mandated. Sacramento County has learned that each worker has a unique practice adoption trajectory. Some of the most skeptical have become the biggest proponents of SOS. At an April 2012 panel discussion, workers told of family members shaking their hand and thanking them for their help. In another case, a mother became motivated to accept services after hearing what her children had expressed in the three houses exercise. Another family kept the safety map easel pages posted in the kitchen and hall because they were so helpful.

Child Welfare's current placement stability SIP strategies are sound: Increased TDMs and full implementation of the placement unit. Data[1] for December 2011 and January

[1] ETO data base, the Day Sheet, and CWS/CMS:

2012 from a special study reveal the effectiveness of Team Decision Making (TDM) meetings:

- 82% (83 of 101) of children who were the focus of an Imminent Risk of Removal TDM in December and January were able to remain home. An Imminent Risk of Removal TDM is designed to explore strategies for keeping a child safe in his/her home and is held prior to a child being put in protective custody.
- 57% (12 of 21) of those children for whom an emergency TDM was held were able to return home. At an emergency TDM, alternatives to placement are sought. If there are none, relatives are identified for the ongoing placement.
- 46% (49 of 107) of placements are maintained for children who were the focus of a potential placement change TDM.

But, the data show that Sacramento County isn't using TDMS often enough.

- For entries, 18% (23 of 128) of families and 23% (46 of 204) of children had a TDM 30 days prior to or within 7 days of removal.
- For placement changes, 17% (37 of 219) had a TDM on the day of or up to 30-days prior to re-placement.
- 11% (5 out of 45) of reunifying families had an exit TDM. Neither is the Centralized Placement Services Unit (CPSU) making a sufficient number of the non-relative placements:

CPSU secured non-kin placements for:

- 32% (22 of 68 children placed with non-kin) of ER/FR service component children.
- 21% (22 of 104 children placed with non-kin) of PP service component children.

CPS has just completed a pilot project to determine the feasibility of supervisors creating a monthly monitoring report on TDM usage. Unfortunately, the complexity and time needed to create the report outweighed the report's value. CPS has a joint workgroup with Casey Family Programs to develop an effective monitoring mechanism by January 2013.

Sacramento has negotiated a Memorandum of Understanding with many FFAs to clarify our expectations and mutual obligations. In addition, Sacramento County is beginning prioritize accredited FFAs for placement because of their service standards.

Reduced reentry was also a 2009-2011 SIP goal. Sacramento County's self-set goal for December 2011 reentry was 11.5%, but the Q3 2011 actual performance was 13.7%, stubbornly above the federal standard of 9.9%. The 2009-2011 strategies were TDMs before placement reentry and before reunification. The aftercare plan template was also improved. Emergency Response (ER) is now doing more front end TDMs. In February 2012, ER completed 9 emergency and 1 exigent TDM. This is the sustainable level, so front end TDMs were not included in the 2012-2017 SIP.

Reunification activities currently include extensive use of Structured Decision Making (SDM) to determine reunification readiness. Monitoring, however, is difficult because the actual court dates are out of synch with the SDM reassessment due dates, making the SafeMeasures data unreliable. Sacramento County is in the process of implementing Signs of Safety. These practices will increase family engagement which should, in turn, hasten reunification. Currently the North Region is fully trained on these practices and the East Region is just starting its training. Sacramento County, with Casey Family Program's aid, has provided extensive training and practice coaching to ease workers transition to these practices.

6. New Activities

This section presents an overview of the activities contained in the Part 1B SIP Matrix. CPS strategies are numbered 1 through 10. Probation strategies are numbers 12 through 16.

Strategies 1 through 4 target outcome C1.1 Timely Reunification. The County Self Assessment (page 56) summarizes Sacramento County's reunification outcomes as: "Sacramento nearly meets the federal standard when an entry cohort is used. Of the children who enter foster care, the County reunifies an appropriate percentage within 12 months—47.5%. But, when we look at exits cohorts, Sacramento's timely reunification is getting worse, not better. Sacramento dropped from 70.6% in 2009 to 61.4% in 2010 for the percentage reunified within 12 months of those who were reunified; the median length of stay to reunification was 9.2 months in 2010. With the drop in the rate of children entering care, there are fewer children staying for a short time. This, in turn, increases the reunification time." "Discussion in the CSA process identified that due to the decrease in the voluntary Family Maintenance program and a decrease in individualized services for families, such as the move towards group therapy; it is unrealistic for families to reunify within shorter time frames. The criteria have been tightened for children to enter the system and only the highest need children and families are provided foster care services. Other families are referred to Differential Response and other community based services." On page 57, the County Self Assessment notes that "Scarcity of community support services lengthens the time to reunification. These include community mental health services and substance abuse supports." The SIP strategies concentrate on improving the timing and process of family engagement, the behavioral focus of the case plan, and using SDM to determine reunification readiness.

Strategies 1 through 6 target C1.4 Reentry. While still below the standard, the County Self Assessment (page 58) notes that Sacramento County's reentry rate "has shown a small but mostly steady decrease since 2004 which is an improvement." Page 58 notes "Parents, staff, and other stakeholders all identified the difficulties facing families after reunification. Many stated that the focus is on getting the children returned and not on fixing the multiple issues that the family is facing. Once the child is returned home and CPS exits the family, many supports are also removed, for example bus passes,

counseling, and medical services." To address this need, the strategies will strengthen the focus of the case plan and strengthen aftercare planning.

Strategies 7 and 8 address C3.3 Permanency for Long Stayers. The need for improvement is clearly summarized in the County Self Assessment (page 69) "Outcome C3.1 shows that Sacramento County was very close to the federal standard in achieving permanency for children who have been in foster care for at least 24 months of care. The older the child was, the more likely s/he was to remain in care. The probability of adoption decreases sharply with age. Kin provides long staying children with the best chance of permanency, but even so, 60% remain in care in Sacramento (C3.1, 2010). As Figure 22 on page 60 of the County Self Assessment illustrates, there were no consistent racial or ethnic patterns." "Measure C3.3 looks at youth who either emancipated or turned 18 during the year. The federal standard is that no more than 37.5% of those who do age out or emancipate stay 3 years or longer in foster care. In Sacramento 62.2% of these children stayed 3 years or longer. This is clearly a concern and an area to consider for the SIP." The SIP strategies will increase documentation of relatives because, as the County Self Assessment (page 66) states, "Fewer (59.7%) children in kin placements were still in care in after 24 months 2010 compared to the overall percentage of 67.5% in Table 38." Table 38 on page 65 of the County Self Assessment shows that only 2.5% of children exit to reunification by 24 months in care. Strategy 7 will increase long staying children's chance for reunification by using the 6 month permanency review to examine the possibility for second chance reunification.

Strategies 9 and 10 are aimed at improving outcome C4 Placement Stability. The County Self Assessment (pages 75-76) notes improvement in short term and mid term placement stability, although both are still below the federal standard. Placement stability for long term stayers, however, is significantly lower than the federal standard. Page 76 states "Foster care stability is an outcome with targeted intervention in the current SIP [ending in 2012]. Holding potential placement change TDMs and increasing relative placements were the strategies used. Unfortunately, insufficient use of TDM's blunts the success of the strategy." Consequently the 2012-2017 SIP includes close monitoring of TDM use along with relative support and placement through the Central Placement Services Unit.

Sacramento County has identified 10 strategies to these 4 outcomes. Strategy 1 will increase the use of SDM in making reunification decisions. While Sacramento is a strong adherent of SDM, it has been mainly emphasized in emergency response. Strategy 1 will bring that focus to dependency. Ensuring that reunification is risk and safety based will increase timely reunification since the decision will be based on the risk to the child, not merely if the parent completed his/her case plan. This objective review of risk will support the worker's recommendation to either reunify or terminate reunification services. The timely use of SDM will also reduce reentry by again focusing on the risk to the child. Where risk remains high, reunification will be extended or services terminated. Strategy 1 refers to the Data Integrity and Accountability Plan (DIAP). DIAP lists specific actions various staff classifications will routinely take to review data reporting and ensure key activities are performed.

Strategy 2 is to fully implement Signs of Safety (SOS) and engagement practices. As discussed in the current activities section, SOS is implemented in the North Region. SIP activities will spread SOS implementation to the remaining three regions. Sacramento County's experience has shown that families can and do keep children safe when they are engaged and respected. SOS makes child safety the family's –not only CPS' – concern. In addition to motivating families to reunify, SOS will reduce reentry because the family system will intervene to keep the child safe. Sacramento County seeks to enhance the family's sense of responsibility for child safety by insuring those parties in a *safety plan* are aware of their role. Full implementation is planned to be completed by May 2016. Signs of Safety was identified as a promising practice in the County Self Assessment (see page 56.)

Strategy 3 builds on Signs of Safety (SOS) by training staff to use behaviorally based objectives in the case plan, including those which SOS identified as safety threats. Families will participate in identifying needed changes, and will know what is expected of them and when they must demonstrate it. See the example below.

	SERVICE OBJECTIVES			
1.	**Attend and demonstrate progress in a County Certified Domestic Violence Prevention Plan.**			
	Previous Service Objective	Projected Completion Date	Objective Met	
	Yes	08/01/2011	No	
	Description			
	Parents will complete a domestic violence program and demonstrate ability to problem solve without threats or violence. Progress will be determined by attendance, report from service provider, self report of adaptive measures instituted.			
	Progress			
	Mother did not follow through previously with referral. New referral was submitted and mother indicates she will participate.			

As a result, we expect timely reunification will increase. In addition, reentry will decrease since the case plan will guide parents in making concrete, long lasting change around the factors that had endangered their children. Sacramento already has a policy supporting behavioral case plan objectives, but the SIP activities will add training and quality assurance reviews. While time intensive, regular quality assurance case reviews give excellent practice feed back which management can use to adjust training. Once a baseline is established, Sacramento County will set improvement targets. Note that increased use of behavioral objectives will be found in case plans subsequent to the first one. The first case plan must be written for the Jurisdiction/Disposition Hearing which does not allow sufficient time to engage parents in a behaviorally based case plan.

Training will start in September 2014 and the quality assurance case reviews in July 2016. Two issues account for the long time between the two dates: quality assurance resources and philosophy of practice adoption. The Quality Assurance Unit is currently at its workload capacity. CPS hopes to increase quality assurance positions by 2016 to allow the review. With its implementation of Signs of Safety, Sacramento County has

found that encouraging practice change is more effective in the long run than mandating it. Overtime, some of the most resistant staff has become Signs of Safety champions due to coaching, encouragement, and the ability to set their own pace. We expect that this will also happen with behavioral case plans.

Strategy 4 will start the client engagement process for family reunification within 10 days of the detention hearing. In addition to creating a motivated partner, Signs of Safety will give parents the maximum reunification time within legal time limits. By creating a partnership early in the case, parents don't delay reunification efforts until the jurisdiction/disposition hearing has been completed, which can take months. Therefore, the percentage of children who reunify timely will increase. This too will be measured by a quality assurance case review, but review of this element will start in August of 2012.

Strategy 5 teams with Strategy 1 by requiring a TDM within 14 days of the SDM reassessment *if* the reassessment shows that reunification is indicated. The purpose of the TDM is to create the aftercare plan with the family. Families will be more likely to use aftercare services when they select them and when they are in place before the child's case is closed. The aftercare family meeting will reduce reentry by helping families identify and use supports after case closure. Compliance will be measured and an improvement goal from baseline performance set.

Strategy 6 will require social workers to create an aftercare plan for each family reunifying.

Strategy 7 will revamp the reoccurring six-month permanency staffing required for children in long term placement. The staffing will critically examine reunification as an option. All too often, second chance reunification is not considered, even though a child's increasing age may mitigate once dangerous situations. Creation of the dependency worker role in which the same worker delivers both reunification and long term placement services, will allow parents to remain involved with their children. As a result, children who have entered long term care will not be consigned to emancipation as the most probable outcome. Now only 2.5% of children in care for 24 months or more reunify[2]. Children in care are older. Kin placement provides long staying children with the best change of permanency, but even so, 60% remain in care.

Strategy 8 will increase permanency options for children in long term care by ensuring that relatives are documented in CWS/CMS. Hopefully, relatives can be found who will assume guardianship or adopt. Even if they don't, children can establish connections with family members.

Strategy 9 strengthens the use of Team Decision Making (TDM) meetings when placements are in danger of disrupting. As discussed in Section 5, Current Activities, placement change TDMs aren't held in all warranted situations. We know that placement change TDMs stabilize the current placement; Sacramento County just

[2] Table 38-42, page 65 -67, 2012 Sacramento County Self Assessment

needs to use this practice more often. As the chart[3] below shows, about half of the children who have a third placement do so during the reunification period.

This Percent ...	Of children this age with 3 or more placements ...	Experience their 3rd placement within this timeframe from removal ...
43%	<1 year	1-2 months
51%	1-2 year	6 months
44%	6-10 years	
43%	11-15 years	
57%	3-5 years	12 months

The third placement is typically a FFA. The first action step will clarify the required timeframes for TDM. Currently there are differing opinions about the best timeframe for holding the TDM. A second action step will be to create an effective monitoring system that supervisors can use to support staff who isn't complying with the policy.

Strategy 10, use of the Centralized Placement Service Unit (CPSU) for non-relative placements, will also improve placement stability. Sacramento County believes that while placing with committed relatives is vital to placement stability, so is careful matching for non-relative placements. Both of these strategies are maximized when placements are selected by the experts in the Centralized Placement Services Unit. CPSU will also ensure that viable relative placements haven't been overlooked. Not only does relative placement maintain a child's sense of belonging to a family, they are also more stable. CPSU will need additional staff to keep pace with service demand. Increased CPSU staffing will allow up to 80% of non-relative placements to be made by the CPSU by December 2015.

Although no funding is currently available, three additional needs were identified in the CSA: expansion of Birth & Beyond Services to children aged 6-18, additional Birth & Beyond sites in high CPS referral zip codes currently not served, and community based parent/teen counseling. Birth & Beyond program expansions are critical for prevention at the first instance of maltreatment as well as to provide aftercare support to prevention a recurrence. Parent/teen counseling was identified to help settle parent and teen conflicts without abuse. This could be a resource for runaway teens.

Probation will undertake 6 strategies. Strategy 11 will improve outcome C4.3 Placement Stability (at least 24 months in care.) by increasing community linkages to provide support for relatives and non-related extended family member (NEFRM) caretakers. Please note that, unfortunately, much placement history did not get converted to CWS/CMS. Consequently Probation is unable to provide valid benchmarks or improvement targets.

[3] April 1, 2011 to March 31, 2012, 8/28/12 SafeMeasures extract for children in reunification and permanent placement at their third placement.

Three Probation strategies address the outcome 4B Least Restrictive Placement:

- Strategy 12 will develop a *relative placement approval* process that will provide funding for relative placements.
- Strategy 13 will improve placement *data entry* into CWS/CMS which will contribute to timely and accurate payment to placement caregivers.
- Strategy 14 will improve staff ability to *search for relatives*.

Two Probation strategies will address outcome 8A ILP Well Being:

- Strategy 15 will implement AB 12
- Strategy 16 will use wraparound meetings to provide ILP services.

7. Logic Model

California Department of Social Service exempted Sacramento County from development of logic models. Nevertheless, the logic models that Sacramento used in its February 28, 2012 Community Meeting are included in Attachment 5. The green font indicates additions from the community meeting. A Logic Model has been completed and is available upon request for the CBCAP funded Birth & Beyond Family Resource Center Parenting Classes and Home Visitation services.

8. Integration into the CAPIT/CBCAP/PSSF Plan

See Attachment 7 for the Services and Expenditures Summary. Allocations will continue in the current pattern. CSA and PQCR affirmed that the current use of the funding was appropriate. The CSA highlighted the need for Birth & Beyond to expand its service population to the 6-18 age group and offer services in additional high need areas not currently served.

9. Relationship to PIP

The State's Performance Improve Plan (PIP) is focused on placement stability. Sacramento County is using several of the same approaches to improve its own placement stability: Team Decision Making meetings and a centralized placement unit. Probation is expanding use of wraparound services.

C--CWS/Probation SIP Matrix

See Attachment 6 for the SIP/Probation matrix.

D--CWSOIP Narrative

CPS will continue to dedicate its CCWSOIP funding to support TDMs. TDMs are essential for improvement in two of the five targeted outcomes:

- Placement Stability
- Reduced Reentry

E Part II--CAPIT/CBCAP/PSSF Plan

CAPIT/CBCAP/PSSF programs are "comprehensive, integrated, collaborative community-based responses to child abuse prevention, intervention and treatment service needs[4]." This plan will describe the coordination and provision of these services. The plan is presented in 13 sections.

a. County SIP Team Composition

The members of the Sacramento County SIP team are listed in Attachment 1. The Child Abuse Prevention Council of Sacramento members joined the team for the last two parts—CSA and SIP. This cycle was Sacramento County's first to integrate the CAPIT / CBCAP / PSSF Plan into the CSA and SIP process.

b. Child Abuse Prevention Council (CAPC)

The Child Abuse Prevention Council of Sacramento (CAPC), Inc. a nonprofit organization founded in 1977, is designated by the Board of Supervisors of Sacramento County as the "Child Abuse Coordinating Council" pursuant to the Welfare and Institutions Code Section 18983.5. The CAPC reports to annually the Sacramento County Board of Supervisors. A copy of the bylaws of the Sacramento County CAPC is available upon request.

The CAPC's mission is to prevent and reduce the impact of child abuse and neglect. CAPC meets this mission by supporting children and families through direct service, educating the community and professionals who serve children and families, and collaborating with partners to build the needed infrastructure to prevent and respond to child abuse and neglect. To this end CAPC has launched more than 20 countywide parenting education and support programs; administered 20+ multidisciplinary teams; coordinated with more than 160 public/private agencies and; provided training countywide including, but not limited to, Mandated Child Abuse Reporter Training, Nurturing Parenting Program, and Make Parenting A Pleasure.

The CAPC facilitates interagency cooperation and coordination by convening public/private agencies, community leaders, and parents in the prevention of child abuse and neglect. Examples include the Family Support Collaborative which developed and oversees the comprehensive Birth & Beyond Home Visitation Family Resource Center program that provides parenting education, home visitation, and crisis intervention to families at-risk for child abuse and neglect; convening the Safe Beginnings Collaborative which created an infant sleep-related death prevention education campaign; and implementing Shaken Baby Prevention in partnership with Child Protective Services and Sacramento County hospital systems.

Since 1990, the CAPC has administered the Sacramento County Child Death Review Team (CDRT) that investigates the death of *every child* from birth to age 18. The 20-member multidisciplinary team with representatives from law enforcement, coroner, hospitals, social services, and others, meets monthly reviewing all child deaths to

identify causes and risks. The Team publishes an annual report presenting data, trends and recommendations for preventing future deaths and injuries. In January 2012, the CDRT published a Twenty Year Report highlighting recommendations that have led to policy changes and the development of prevention programs that impact on preventing child death, in particular child abuse and neglect homicides,

The CAPC's local activities are supported annually by a number of funding resources, including but not limited to:

Fund	Dollar Amount
CAPIT	$444,374
CBCAP	$59,913
PSSF Family Support	0
CCTF	$184,930
Kids Plate	0
Other: First 5 Sacramento	$4.9M
Other: Corporation for National and Community Service	$1.4M

CAPC's CCTF Plan

The CAPC receives County Children's Trust Fund (CCTF) funds, administered by the Sacramento County Children's Coalition, to: 1) coordinate the Sacramento County Child Death Review Team; 2) provide information and referral services to families and; 3) conduct Mandated Child Abuse Reporter Trainings.

c. PSSF Collaborative

The CPS Deputy Director consults with her three Division Managers and the budget officer to determine how the PSSF funds are expended. These decisions are also reviewed by the 25 member Executive Management Team. The Sacramento County Board of Supervisors functions as the PSSF Collaborative when it approves the annual budget.

d. CCTF Board

The Sacramento County Children's Coalition is designated by the Board of Supervisors to administer the County Children's Trust Fund. The membership is listed at this link http://www.sactokids.org/who-we-are. In Sacramento County, the CCTF is currently funding four programs, as a result of a competitive RFP process in 2009:

- KidsFirst - Provides family support to children ages 6 through 17 and their families including low income families of Citrus Heights, families with past involvement in child welfare, families with history of domestic violence, grandparents and other caregivers.
- Lilliput Children's Services - Provides family support to kinship families through Project Kinnect. This project identifies and assesses kin caregiver and child's

needs to identify safety and risk factors in order to stabilize and sustain informal kin placements.

- Stanford Settlement Neighborhood Center - Implements a Social Development Group Program for children referred through the Twin Rivers Student Attendance Review Board, school social workers and counselors, other social service agencies, parents and children themselves. The program provides opportunities that foster resiliency in children ages 6-12 who have been abused or neglected or are at risk of abuse or neglect. The program offers social development for the children as well as other supportive social services to their families that will include home and school visiting.

- WEAVE, Inc. - Educates parent victims about the trauma experienced by children who witness domestic violence and improves their ability to talk to their children about the violence.

Sacramento County Children's Trust Fund information is published in the *Sacramento Bee* and on the websites of the Community Services Planning Council and the Sacramento County Children's Coalition.

e. Parent Consumers

Sacramento County CPS utilizes two AmeriCorps members who serve as parent advocates. They represent CPS families in planning meetings as well as support parents in TDMs. They also participate in the Pride Training for foster and adoptive parents. The Family Support Collaborative Birth & Beyond program, recipients of the CAPIT/CBCAP funds, has a comprehensive Parent Cabinet structure. Experienced Parent Leaders who are current and/or former Birth & Beyond service recipients serve as Parent Cabinet members at each Birth & Beyond Family Resource Center. In addition, selected Parent Leaders from each Family Resource Center serve on a Birth & Beyond program-wide Parent Cabinet. Parent Cabinets meet monthly to: organize and develop Parent Leaders; coordinate and develop outreach strategies; conduct outreach activities to promote participation in parenting classes, home visitation and other family support services; monitor program quality and; co-facilitate parenting classes. A Parent Cabinet representative serves as a member of the Birth & Beyond program-wide Program Management Operations Committee providing an important perspective for decisions made about the everyday operations of the program. Stipends, such as gas cards, are provided to defray transportation costs.

f. The Designated Public Agency

The Sacramento County Department of Health and Human Services (DHHS) is the designated agency to administer the CAPIT/CBCAP/PSSF funds. CAPIT and CBCAP funds are awarded to First 5 Sacramento which in turn administers the funds. These funds are overseen by DHHS, with the CPS Planner Liaison responsible for ensuring program and fiscal accountability, working directly with First 5 Sacramento's fiscal staff. In addition, DHHS Fiscal Services reviews the invoices from First 5 before including the expenditure in the quarterly child welfare claim. DHHS fiscal claims CBCAP funds separately.

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

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

The First 5 Sacramento Commission also performs quality assurance:

- On-site reviews are conducted annually by First 5 Sacramento Program and Fiscal staff. During these reviews, program policies, procedures, and established best practices are discussed to ensure contractor and subcontractor compliance. Additionally, a sampling of client case records are reviewed to ensure that client consent, assessment, case planning, thorough case documentation, and evaluation tools are being completed timely, and that community based resources are being effectively coordinated for families who have multiple needs.
- Progress toward long-term outcomes is monitored monthly and reviewed annually. Since CAPIT/CBCAP services are tied to Sacramento County's Child Welfare Outcomes. The following CPS outcomes are reviewed annually: Sacramento's child maltreatment, foster care entry, abuse recurrence, and family reunification rates. This data is then analyzed in comparison with state and national standards (when applicable) as well as data from comparison counties. Two major studies have been done by two independent evaluators using comparison groups to evaluate the quality of the data.
- If contractors fail to meet their goals, objectives, and targeted outcomes, and/or fully comply with funding requirements, First 5 Sacramento will provide the contractor(s) with a written description of the corrective action steps that must be taken, the date

they must be completed by, and provide notice of the date that a written description of the steps/actions taken to fully address concerns. The First 5 Sacramento Commission will then determine if issues of non-compliance have been satisfactorily addressed. If issues were not satisfactorily addressed, the contractor(s) will receive a notice that their contract for services is being terminated. Annual contract renewals are dependent upon contractor's compliance with established policies and procedures, ability to meet or exceed project goals, objectives and targeted outcomes; and, satisfactory completion of any corrective action steps that were required.

PSSF funds are spent within the Child Protective Services Division of DHHS. The PSSF funds are audited by Sacramento County as part of its routine audit function. For the PSSF family support dollars spent on the AOD Bridges/STARS and Sierra Forever Families contracts are monitored by CPS contract staff as well as program specialists.

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

For PSSF funded CapKids Program (Sierra Forever Families) and Sacramento County Adoptions Staff, effectiveness is measured in the number of "hard to adopt" children who gain and maintain permanent homes through the program. Additionally Sierra Forever Families' contract has milestones which are monitored. As the CapKids Program is made up of county employees, they are monitored through the normal course of business operations, which include direct supervision, case staffing, case reviews and data monitoring. To ensure client satisfaction, social workers meet with clients, caregivers and families on a monthly basis. Concerns are dealt with individually through supervision and regular program oversight. For Sierra Forever Families oversight, the provider is monitored directly. It provides data on the clients and families served to the County liaison. County social workers have regular contact with the agency in support of children and families on the caseload. Concerns are dealt with individually and on a case-by-case basis through program monitoring and contractual oversight. In fiscal year 2010-2011, 62 children and 118 families were served through the CapKids program. Of those, 22 were children with special needs. Twenty-four (24) of 60 children served were placed in adoptive homes.

PSSF also funds Informal Supervision located in the East Region. The quality of these services is monitored by the CPS Program Manager responsible for oversight of these staff who keeps data on the appropriate utilization of these workers.

g. Role of the CAPIT/CBCAP/PSSF Liaison

The CAPIT/CBCAP/PSSF Liaison works to ensure program coordination, to collect data and prepare the annual report. Additional responsibilities include dissemination of

prevention information within CPS and for community partners. For purposes of PSSF, the Liaison prepares the annual report, based on data/reports provided from CPS and Contracts for services. Changes in liaison/co-liaison contact information are reported in a timely manner to OCAP.

h. Fiscal Narrative

i. Processes and Systems

Each program (CAPIT/CBCAP/PSSF) has Program Identification Number/s (PIN) assigned by CDSS. Allowable expenditures are tracked in the Comprehensive Online Management Personnel and Accounting System for Sacramento County (COMPASS) using these program codes and are monitored by Fiscal and Program personnel. Programs staff request for services or authorization for services are approved by Program Manager/Division Head where applicable. Federal and State guidelines, and County requirements, policies, and procedures for CAPIT/CBCAP/PSSF and County Children's Trust Fund are followed regarding client eligibility for program services, procurement of services and supplies. Expenditures are tracked and coded in COMPASS and verified for accuracy by Fiscal and Program personnel. Invoices for program services are authorized by program staff prior to processing by Fiscal Services. Fiscal Services ensures that payments are in compliance with terms and conditions for contract or MOU where applicable and final payments are made by the County Auditor Controller by verifying compliances with terms and conditions of contracts and County guidelines. The programs also follow federal, state and county guidelines in storage of data and we normally store them for 7 years.

ii. Leveraging of Funds

The Birth & Beyond program maximizes funding through the leveraging of funds through contracts with First 5 Sacramento and the Corporation for National and Community Service/AmeriCorps, and performing Medi-Cal Administrative Activities (MAA) to Medi-Cal eligible individuals and their families where appropriate. The six nonprofit Birth & Beyond agencies also provide cash or in-kind match for the operation of their individual Family Resource Centers for the purpose of strengthening and supporting families at-risk of child abuse and neglect.

iii. Funds Assurance

Sacramento County assures that funds received will supplement, not supplant, other State and local public funds and services.

iv. Compliance with Twenty Percent Threshold

The attached CAPIT/CBCAP/PSSF Expenditure Summary reflects the 20 percent threshold for each of the four service categories.

i. Local Agency Request for Proposal

As the designated public agency, the Department of Health and Human Services, Child Protection Division, makes the following assurances.

- A competitive process was used to select and fund programs. The Family Support Collaborative responded to the First 5 Sacramento Commission Request for Proposals RFP #09/10-03 released on November 25, 2009 for Parent Education and Home Visitation services. After an extensive competitive process, the Family Support Collaborative Birth & Beyond program was approved for $6.5M for the three-year period of 7/1/2010 to 6/30/2013, with a two-year performance based extension for 7/1/2013 to 6/30/2015.

- Priority was given to private, nonprofit agencies with programs that serve the needs of children at risk of abuse or neglect and that have demonstrated effectiveness in prevention or intervention. The CAPC is the fiscal agent and subcontracts with the six nonprofit agencies that operate the Birth & Beyond program.

- Agencies eligible for funding provided evidence that demonstrates broad-based community support and that proposed services are not duplicated in the community, are based on needs of children at risk, and are supported by a local public agency. CAPC and the Birth & Beyond partner agencies have been delivering services to diverse populations in the eight targeted Birth & Beyond communities for more than a decade.

- The project funded shall be culturally and linguistically appropriate to the populations served. The Birth & Beyond program: implements models are adapted to various cultures and languages; delivers parenting classes in Spanish, Hmong and Russian; and matches home visitation families with staff that are a linguistic and cultural match.

- Training and technical assistance shall be provided by private, nonprofit agencies to those agencies funded to provide services.

- Services to minority populations shall be reflected in the funding of projects. Birth & Beyond Family Resource Centers are located in culturally and linguistically diverse communities. It has been an ongoing practice of Birth & Beyond to hire staff that is reflective of the race, ethnicity, and language of those served.

- Projects funded shall clearly be related to the needs of children, especially those 14 years of age and under. The target population for Birth & Beyond services includes families at risk of child maltreatment and who are expecting babies, or have with children ages birth to 5 years old, residing in Sacramento County most at-risk neighborhoods where Birth & Beyond Family Resource Centers are located.

- Sacramento County complied with federal requirements to ensure that anyone who has or will be awarded funds has not been suspended or debarred from participation in an affected program. (For specifics visit: http://www.epls.gov/).

- Non-profit subcontract agencies have the capacity to transmit data electronically. The Birth & Beyond program has transmitted site specific and aggregate data electronically quarterly since the onset of its contract with First 5 Sacramento.
- CAPIT funds support Birth & Beyond Home Visitation services where priority is given to parents with children birth to 5 years of age who are at risk of or have had reports of child maltreatment. Birth & Beyond provides services to Differential Response Path 1 and Path 2 families and Aftercare services to families upon closure of a CPS case. Path 1 families are referred to CPS who do not meet the threshold of risk for child abuse or neglect and can benefit from Birth & Beyond support. Path 2 families are referred to CPS and, after an initial assessment, have low to moderate risk for child abuse and neglect and no safety concerns. Path 2 families receive a Joint Visit with CPS and Birth & Beyond staff to engage the family in Birth & Beyond's Nurturing Parenting Program for child abuse and neglect prevention services.
- CAPC, on behalf of the FSC, provides the cash match for the CAPIT funded Birth & Beyond Home Visitation program. It exceeds the 10 percent requirement.

j. CBCAP Outcomes

Birth & Beyond collects and reports data annually on nearly 70 program deliverables, including CBCAP outcomes. As previously noted, data is collected monthly via electronic transmission and submitted quarterly to First 5 Sacramento. Data reports are reviewed monthly within the Birth & Beyond Committee structure and quarterly by CPS Program Planners, First 5 Program Planners, Birth & Beyond Family Resource Center Program Managers, and CAPC staff to ensure that project goals, objectives, and targeted outcomes are being met. The Birth & Beyond Management Committee, comprised of the Executive Directors from each of the Birth & Beyond nonprofit partners, has oversight responsibility for all contracted outcomes. The monthly reports provide an overview of each Birth & Beyond site's compliance with the Scope of Work deliverables and progress towards achieving identified outcomes. Birth & Beyond sites that are exceeding minimum service deliverables provide peer support to sites that may be falling behind. Program wide deficiencies are resolved via the Birth & Beyond Committee structure and brought to the Birth & Beyond Management Committee for program-wide improvements. In addition, an independent evaluator collects data and monitors Birth & Beyond outcomes and completes an annual CPS Follow Up Report.

Evaluation of CBCAP Outcomes will include the following:

- Engagement/short term outcomes will be evaluated by the comparable First 5 Sacramento Commission's service deliverables including referrals to parenting classes, the number of Nurturing Parenting Group-Based classes conducted, the participation rates of parents that complete the Nurturing Parenting classes, and the number of enhanced Family Resource Center services provided.
- The intermediate outcome is the percent of parents completing a parenting education series who report an increase in their parenting knowledge and skills.

The outcome is measured by a pre-post assessment completed by parents at the conclusion of their parenting class series.

- The long term outcome for Birth & Beyond services is a no entry or re-entry into the Child Welfare System. The Birth & Beyond independent evaluator has completed this follow-up study annually for the past ten years, and will continue to do so, to ascertain the potential risk reduction associated with Birth & Beyond home visitation services.
- Satisfaction surveys completed by families receiving Birth & Beyond services utilizing a tool that is a hybrid between the Birth & Beyond Parent Satisfaction Survey and the Strengthening Families Assessment.
- Quality assurance activities are a result of the Birth & Beyond program Peer Review Process.
- Public awareness and outreach activities related to the promotion of child abuse and neglect prevention activities.

k. Peer Review

Peer review and quality improvement are imbedded in the Birth & Beyond program via an extensive committee structure that includes staff representatives from the eight Family Resource Centers. Six Birth & Beyond committees meet regularly to monitor program standards and make program improvements. Birth & Beyond is in the early stages of integrating the Strengthening Families approach and the Protective Factors framework into its program model. Birth & Beyond's Peer Review Process will be enhanced by the utilization of the Strengthening Families Self-Assessment as a tool for program improvement.

l. Service Array

CAPIT/CBCAP Service Coordination

The number one recommendation to the Sacramento County Board of Supervisors from the 1997-1998 Child Death Review Team was the development of child abuse and neglect prevention programs. The recommendation was included in the 1997 and 1998 Child Death Review Team Annual Reports that described 21 deaths attributed to child abuse and neglect. Acting upon the recommendation, the Board directed the County's Department of Health and Human Services and the CAPC to engage the community in developing preventative home visitation and parenting education programs. The Family Support Collaborative Birth & Beyond program, with a $6.3 million County contribution, was launched and continues today as the County's primary child abuse and neglect prevention program. Birth & Beyond supports County services, including but not limited to, Differential Response, aftercare, school readiness, home visitation, parenting education, access to prenatal and other health care services, and meeting basic needs.

There have been significant changes over time. Birth & Beyond services are now funded by the First 5 Sacramento Commission following a decreased funding by

Sacramento County due to budget reductions. First 5 funds are legally restricted to services for children birth to age 5 years, eliminating services to families whose children are older. The profile of Birth & Beyond families has changed. Prior to 2008, one-third of families served had prior CPS history compared to the last three years where nearly one-half of families served have prior CPS history. In conclusion, while Sacramento County's funds for Birth & Beyond have decreased, with the exception of CAPIT/CBCAP, Birth & Beyond support for CPS has increased through its services to families with prior CPS involvement. In January 2012, the Child Death Review Team published a Twenty Year Report with a finding that of the 158 Child Abuse and Neglect Homicides between 1990 and 2009, 63% (99) occurred in the first decade (1990-1999) when the County had no prevention programs and 37% occurred in the second decade (2000-2009) when prevention programs such as Birth & Beyond were operational.

PSSF Service Coordination

When CPS cut its budget by one-third, it moved the PSSF funds from Birth & Beyond to its internal service operation to continue services which would otherwise have been cut. Services funded were emergency response placement prevention efforts, short term counseling for parents in reunification, family service worker transportation and visitation support, and adoption services for hard to place children. Consequently, these services continue to be available.

m. CAPIT/CBCAP/PSSF Services and Expenditure Summary

The required forms are contained in Attachment 7.

CAPIT and CBCAP Funds

Sacramento County's May 2012 Self Assessment (CSA) identified the Safety Outcome Measure of "No Recurrence of Maltreatment" (S1.1) for inclusion in the SIP as a result of the identified need for child abuse and neglect prevention programs targeted to families with children birth to 5 years. This age group comprised 33% of the 0-17 years County child population; 52% of children entering foster care; and 75% of child abuse and neglect homicides. County budget reductions have diminished the capacity of Sacramento County Child Protective Services to support families with children under age 5 who are at-risk of abuse and neglect. As a result, the Birth & Beyond Home Visitation caseload profile has changed. Forty-five percent of Birth & Beyond families have a history of Child Protective Services involvement compared to 33% prior to 2008. The CSA's S1.1 analysis states that the Birth & Beyond program assists Sacramento County in meeting the "No Recurrence of Maltreatment" Outcome Measure including, but not limited to, the following Birth & Beyond services: Differential Response, child abuse and neglect prevention, a range of Parenting Classes, information and referral, and aftercare services for families with children birth to 5 years.

The CAPC serves as the fiscal agent for the Family Support Collaborative which is comprised of six community-based non-profit agencies who implement the Birth & Beyond Family Resource Center's Home Visitation and Effective Parenting Initiatives.

The CAPC receives CAPIT and CBCAP funds and distributes the funds to the six Family Support Collaborative nonprofit agencies that operate eight Family Resource Centers nestled in eight culturally and linguistically diverse high need communities throughout Sacramento County. The Family Resource Centers are community-based collaborative infrastructures that serve as delivery hubs where families with children 5 years of age or younger, at risk of child abuse and neglect, can access parenting education workshops, home visitation, crisis intervention and other support services. FRCs are located in neighborhoods that are high-need. These areas have the highest rates of poverty, child abuse and neglect and teen births. In 2011, the Birth & Beyond neighborhoods accounted for 67% of the County's 0-5 years child population, 84% of the investigated referrals for children 0-5 years and 85% of the children 0-5 years that entered foster care. The target population for Birth & Beyond services is parent expecting babies, or with children ages 0-5 years old, who are at high-risk for, or have had substantiated reports of child maltreatment and who reside in the Sacramento County neighborhoods where the eight Family Resource Centers are located. Families will self-refer or be referred by hospitals, clinics, County agencies, community partner agencies, schools, neighbors, and friends.

The Birth & Beyond Family Resource Centers include: La Familia Counseling Center, River Oak FRC, Folsom Cordova Community Partnership, Mutual Assistance Network of Del Paso Heights, The Effort - North Highlands Family Resource Center, and the Sacramento Children's Home operating the Meadowview FRC, North Sacramento FRC, and the Valley Hi Family Resource Centers.

CAPIT Funds – Birth & Beyond Home Visitation Parenting Program

Sacramento County will allocate $444,374 of annual CAPIT funds for the delivery of Birth & Beyond Home Visitation services in support of the CAPIT goal *"Families are Strong and Connected."* Birth & Beyond Home Visitation fits within a comprehensive, well integrated, collaborative infrastructure that provides a system of care including home visitation services based on family need. Activities to accomplish this include but are not limited to: targeted and universal outreach for referrals; home visitation services and parenting lessons; joint visits with collaborating service providers such as Child Protective Services; case consultation with a Multidisciplinary Resource Team; post-service assessments; and referral and linkages to other service providers and resources.

The Birth & Beyond Home Visitation model is the Nurturing Parenting Home Based Program, an evidence-based program utilized for the prevention, intervention, and treatment of abusive and neglecting parenting patterns. The Nurturing Parenting Program received a #3 Promising Practice Rating and a #1 High Relevance to Child Welfare Rating from the California Evidence-Based Clearinghouse. The Nurturing Parenting Program targets parents with children birth to 5 years who are at high-risk for or have substantiated reports of child maltreatment. Developed from the known behaviors that contribute to the maltreatment of children, the goals of the curriculum are to: 1) teach age-appropriate expectations and neurological development of children; 2)

develop empathy and self worth in parents and children; 3) utilize nurturing, non-violent strategies and techniques in establishing family discipline; 4) empower parents and children to utilize their personal power to make healthy choices; and 5) increase awareness of self and others in developing positive patterns of communication while establishing healthy, caring relationships. Program sessions are offered in home-based formats ranging from 12 to 48 sessions

CBCAP Funds- Birth & Beyond Family Resource Center Parenting Program
Sacramento County will allocate $59,913 of annual CBCAP funds for the delivery of Birth & Beyond Family Resource Center Parenting Education and related services in support of the CBCAP goal "*Identified Families Access Services and Supports.*" Family Resource Center Parenting Education fits within a comprehensive, well integrated, collaborative infrastructure that provides a system of care including appropriate effective parenting education and support services based on family need. Activities to accomplish this include but are not limited to: targeted and universal outreach for referrals; pre-service family assessments; parenting education workshops offered in English, Spanish, Russian, Hmong/Vietnamese; enhanced core-services/linkages with community supports and resources; and post-service assessments. Family Resource Center support services include, but are not limited to, basic needs, health services, child health insurance, child safety, and access to/knowledge of community resources.

The CBCAP funds will be used to deliver the Nurturing Parenting Group-Based Programs at the Family Resource Centers using the same evidence-based Nurturing Parenting Program curriculum. The target population is parents expecting babies, or with children ages 0-5 years old, who are at high-risk for, or have had substantiated reports of child maltreatment, and who reside in the Sacramento County neighborhoods where the eight Family Resource Centers are located. Families will self-refer or be referred by hospitals, clinics, County agencies, community partner agencies, schools, neighbors, and friends. Program sessions are offered in group-based formats at the Family Resource Centers ranging from 12 to 48 sessions.

CCTF Funds
The CAPC receives CCTF funds, administered by the Sacramento County Children's Coalition, to: 1) coordinate the Sacramento County Child Death Review Team; 2) provide information and referral services to families and; 3) conduct Mandated Child Abuse Reporter Trainings.

PSSF Funds
Informal Supervision Family Preservation: Sacramento County will allocate $229,200 or 20% of PSSF funds for Informal Supervision, which falls into the PSSF category of family preservation services. Time allocated to code 55150 on the quarterly time study is billed to PSSF Emergency Response. Workers typically charge their time to this code when the worker helps the family create a safety plan or participates in an Imminent Risk TDM, both of which are designed to prevent the child entering care while at the same time insuring the child's safety. 82% (83 of 101) of children who were the focus of an Imminent Risk of Removal TDM in December 2011 and January 2012 were

able to remain home. Emergency response workers respond to referrals called in to the CPS hotline.

AOD Bridges/Star Recovery Specialists and Sierra Forever Families Support Group: Sacramento County will spend $275,200 or 24% of the PSSF allocation in the family support category. $250,000 will support three of the recovery specialists who work with CPS families participating in drug court (both voluntary and involuntary.) These families also attend parenting classes which use the Celebrating Families curriculum. Clients are referred to drug court by their dependency or informal supervision worker. $25,200 is up to provide up to 24 two hour support sessions for post-adoption parents. Topics are based on input from adoptive families. 118 families (caregivers, foster parents, and potential adoptive parents) received training in FY 10-11.

Short Term Counseling: Sacramento County will allocate $229,000, or 20% of PSSF funds for short term counseling, which falls into the PSSF category of time limited reunification services. Short Term Counseling services are offered to parents to increase parenting and life management skills in order to change the behavior that compromised the safety of the child; with the goal of returning the child home.

- Sacramento County offers 13 general counseling groups, many located within Family Resource Centers, exposing the family to additional supportive services available to them [See Attachment 9 Specialized Group counseling Schedule for a listing.].
- Five specialized groups provide counseling in anger management, physical abuse, domestic violence (separate groups for victims and offenders), and sexual abuse for the non-offending parent [See Attachment 10 General Group Counseling Schedule for a list.]
- In addition Sacramento contracts with 30 therapists and/or counseling agencies to provide individual counseling [See Attachment 11 List of CPS Short Term Counselors for a listing.]

Providers submit timely counseling reports and are located throughout the county to promote accessibility to the parents. Services are also offered in many languages. Clients are referred to counseling by their dependency worker when it is in their case plan.

Adoption: Sacramento County will spend $411,257 or 36% of the PSSF allocation in the adoption category. The expenditures fall into two categories: a service contract with Sierra Forever Families and CPS staff costs. The CapKids portion of the annual contract with Sierra Forever Families of $71,740 is funded with PSSF dollars. CapKids provides Child Specific Family Recruitment which is enhanced family engagement and child specific recruitment services to supplement CPS' efforts in securing adoption or guardianship homes for children in long term foster care who have been identified as "hard to place" due to special needs (such as behavioral problems, physical limitations, mental health issues, membership of a minority group, or membership of a sibling group that would benefit from being placed together.) Services include intensive child specific recruitment, preparing children and families for adoption, and pre-placement activities

with caregivers to ensure a smooth transition to permanency. Long term workers identify cases on their caseload and refer them to Sierra Forever Families.

62 children were served in the fiscal year 2010-2011. Twenty-two children were placed in adoptive homes; 8 children had guardianship as the goal; three children were placed with a non-related extended family member; one child reunified with biological parent.

See the table below for race/ethnicity and disability data. The 22 children served had these disabilities as Fetal Alcohol Syndrome, Speech and Language Delays, Extreme Sexual Abuse Trauma, 95% deafness, Learning Disabilities, Developmental Delays, and Medical Developmental Delays,

- Of the 62 children, 35 were female and 27 were male.
- Of the Parents/Caregivers served: 17 were Caucasian, 9 Hispanic, and 18 African-American.

Ethnicity	Children without Disabilities	Children w/ Disabilities	Total
White non-Hispanic	1	8	9
Hispanic	7	7	14
Black non-Hispanic	26	7	33
Asian	5		5
Other	1		1
Total	40	22	62

The children served by CapKids are dependents in long term care. While the normal court related services (monthly contact, court reports, and case management) are funded by the child welfare allocation, staff spend additional time coordinating with Sierra staff, reviewing prospective adoptive families, etc. CPS staff time related to these cases is funded by PSSF.

Attachments

The following attachments are included:

19. C-CFRS Team, page,37
20. CSA participants, page 38
21. PQCR Summary, page 39
22. CSA Summary, page 42
23. Logic Models, page 48
24. CPS/Probation SIP Matrix, page 55
25. CAPIT/CBCAP/PSSF Services and Expenditure Summary, page 72
26. CAPIT/CPCAP/PSSF Checklist, page 79
27. Specialized Group Counseling Schedule, page 83
28. General Group Counseling Schedule, page 8185
29. List of CPS Short Term Counselors—Fiscal Year 11/12, page 87
30. Data Integrity and Accountability Plan, page 119
31. Board of Supervisors' Resolution Approving SIP, page 149
32. Board of Supervisors' Resolution Establishing CAPC, page 150
33. Board of Supervisors' Resolution Designating CCTF Administrator, page 151

34. CAPC Roster, page 154
35. Children's Commission Roster, page 155
36. Notice of Intent, page 156

Attachment 1

C-CFSR Team

Person	Agency
Donald Henderson	California Department of Social Services
Heather Cotto	
Sheila Boxley	Child Abuse Prevention Council of Sacramento
Stephanie Biegler	
Gina Roberson	
Brian Lee	Sacramento County Probation
Harold Rowe	
Laura Williams	Sacramento County Child Protective Services
Nancy Marshall	

Attachment 2: CSA Participants

Required Core Representatives

Name	Affiliation
Sheila Boxley Stephanie Biegler Gina Roberson	Child Abuse Prevention Council, also acting as Children's Trust Fund Commission
Elizabeth Sterba	Children's Trust Fund Commission via Sacramento County Children's Coalition
Michelle Callejas	County BOS designated agency to administer CAPIT/CBCAP/PSSF Programs
Nancy Marshall	CAPIT/CBCAP/PSSF Liaison
Luis Villa, Pat Mangan, Kim Pearson, Laura Williams, Rod Howze, Guy Klopp, Marian Kubiak, Judy Cooperider	DHHS, CPS Division
Sharon Saffold	Sacramento Public Health Division
Pam Gressot, Albert Titman	Sacramento Mental Health Division
54 responded to a survey	CPS administrators, managers, and staff
Amanda Coronado	Buena Vista Rancheria of MeWuk Indian Tribe
14 attended a Focus Group	Parents
18 attended a Focus Group	Probation Administrators, supervisors, and officers
Sheila Boxley	Family Support Collaborative
52 FFAs	Resource Families and Care Givers
Chloe Walker	Youth Representative
Deyanira Galvez	Parent/Consumer
Brian Lee, Harold Rowe	Probation

Recommended Stakeholders

Name	Affiliation
Maria Morfin and 14 other AOD providers	DHHS, Alcohol and Drug Division
Gini Moulfeir	Court Appointed Special Advocates
Olivia Balcao	Alta Regional Center
Margaux Rooney	Domestic Violence Provider
Alyson Collier, Ginger Swigart, Charlene Hunt, Margaret Jones, Robert Sanger, Becky Muta	Education
Stacy Boulware-Eurie, Paul Seave, Carol Chrisman, Dean Petersen, Jorge Akagi	Dependency/Juvenile Court Bench Officer and court staff
Jeff Reinl	Law Enforcement
Lori Green	Deputy District Attorney
David DeLuz	Urban League
57 responded to a survey	Service Providers
Elaine Ellers	Teen pregnancy prevention
Dorothy Willborn, Maynard Johnson, Michelle Ornelas-Knight, Anthony Urquiza	Medical Providers
Gladys Deloney, Janine Braun	Department of Human Assistance
Rachel Raymond, Traci Lee	Legal providers
Karen Grace-Kaho	Foster Care Ombudsman

Attachment 3: PQCR Summary

D. PQCR Executive Summary

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

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

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

Child Welfare: Re-Entry after Reunification

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

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

At the onset of the PQCR, it was hypothesized that visitation related issues were at the heart of why families re-entered the child welfare system. However, a review of the data gathered from the families' focus group and the social worker interviews has actually

shown that this is not the case. Approximately half of the cases were reopened for the same reasons that the child was initially taken into custody. The other half was for different reasons, with several associated with parental mental health issues that had not been addressed in the previous service plan. Below are the themes that emerged related to why families re-entered the child welfare system.

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

Probation: Least Restrictive Placement

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

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

Final Observations

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

Sacramento County Child Welfare Services entered the PQCR process with the question of "Is there anything else we need to know about our re-entry into foster care?" We have slowly been improving and it was an area identified in our most recent System Improvement Plan, but is there something we are missing. Without a doubt, the findings

conclude that we need to continue our shift in culture for meaningful team decision-making, individualized case planning, family engagement, and community support.

G. SIP Executive Summary/Summary Assessment

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

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

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

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

G.1.2009 System Improvement Plan

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

- Out-stationed locations,
- Addition of a second shift

- Addition of weekend shifts
- Supervisor use of SafeMeasure Reports

For the period from 2008-2010, the average Immediate Response Timeliness was 97.5% and for 10 days Referrals it was 88.0%. The latter outcome continues to need attention.
The second area addressed in the 2009 SIP was factor **2C – Timely Social Worker Visits with Child**.
The County implemented ten strategies to address this outcome. These include:

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

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

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

The most current data from 2010 shows that Sacramento's performance for C1.1 was 61.4%, below California at 64.7% and the federal standard of 75.2%. Sacramento's performance for C1.2 was 9.2 months, higher than California's median of 8.5 months, and the federal standard of 5.4 months. Sacramento's performance of C1.3 was 47.5%, above California's average of 45% and below the federal standard of 48.4%. Re-entry into Foster Care C1.4 was above the state (12.0%) and federal standards (9.9%) at 12.1%. CPS will consider focusing on these four measures in the upcoming SIP.
The fourth combined areas addressed in the 2009 SIP were factors C4.1 – C4.3 – Placement Stability. This outcome was the focus of the recent PQCR in May 2011.

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

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

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

Attachment 4: CSA Summary

The Sacramento County Probation Department focused the last SIP cycle on enhancing the professional development of placement staff in the areas of permanency, family finding, independent living skills, and Federal requirements for Indian Child Welfare Act, in order to positively impact the lives, and enhance the sense of permanency, for minor's placed through the Delinquency Court.

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

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

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

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

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

G.2. Additional Information

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

- All employees will receive a formal performance evaluation on a regular basis
- Increase worker retention

- Reformat and consolidate existing policies and procedures
- Implement an automated service referral system
- Embed data analysis in management decisions
- Safety assessments shall be done timely and correctly

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

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

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

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

G.3. 2011 County Self Assessment Process

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

- On-line Survey Monkey with Service Providers (89) and Staff (61)
- Focus groups with:

  - social workers
  - Management team
  - Probation team
  - Birth & Beyond Collaboration
- Individual interviews with teen pregnancy program , EMQ Families First, American Indian Child Resource Center, Judicial Officers
- Focus groups with Parents
- Focus group with Community Stakeholders
- Focus group with Alcohol and Other Drug service providers

Additionally information from the 2011 PQCR was incorporated into this CSA. The Planning Committee determined that nine focus groups would be conducted as part of the PQCR process. The focus groups were conducted the week prior and the week of the PQCR event.
Focus Groups for CPS were conducted with:
- Social Workers
- Reunified Parents
- CPS Attorneys
- Supervisors and Managers

Focus Groups for Probation were conducted with:
- Probation Officers
- Probation Supervisors
- Probation Youth
- Youth in Juvenile Hall
- Caregivers

G.4. Potential Outcomes for the 2012 SIP

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

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

Attachment 4: CSA Summary

- Systemic Outcome – Cultural Disparity and Disproportionality in the caseload

Potential Strategies
- The cross-training opportunities for partner agencies should continue to increase.
- Community participation in TDM meetings should be increased
- Proactive cross training with other agencies is needed
- Team Decision Making Meetings as a strategy that can been utilized to identify relatives and/or foster families within the child's home neighborhood.

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

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

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

Prevention
The CSA process identified that services offered by the B & B Program, in particular, Differential Response, home visitation, and services offered at the Family Resource Centers through the Birth & Beyond Collaborative, meet unmet needs in the county. Though these services are primarily limited to children ages 0 to 5 years due to funding restrictions, they address the following needs:
- The majority of prevention services provided in the County,
- Serve 8 of the 12 highest risk communities,
- The diversity of Sacramento population in a culturally appropriate manner, and
- The populations of families at risk of re-entry and those needing follow-up care.

Attachment 5: Logic Models

S1.1 No Recurrence of Maltreatment & Prevention

A. These Resources ... (Red font indicates an unfunded need)	B. And These SIP Strategies ... (Red font indicates an unfunded strategy)	C. Will Create ...	D. Which Will Result in this Outcome ...
1. Funding for Birth & Beyond Family Resource Centers serving all children under 18 2. Additional Birth & Beyond sites in high CPS referral zip codes 3. Community based parent/teen counseling 4. Additional funding for voluntary family maintenance programs 5. Continuation of drug courts 6. Staff recognition that families are the expert on their own family and should identify their own needs, assets, and strengths.	1. Early involvement of aftercare services with the family [at least 30 days.] Broaden the range of services considered as aftercare. Use a "warm" handoff. Create a better definition of aftercare services 2. Teach help seeking behaviors to families, e.g. service access, navigation and self advocacy. 3. Create safety network around children through SOS and TDMs. Team with community resources in TDMs, e.g. public health. Create internal teams. The safety map should be transferred to other service provides as part of the communication flow. Clarify roles and responsibilities of TDM members 4. Utilize SDM accurately for opening and closing referrals. 5. Seek funding & re-establish voluntary family maintenance programs	1. Increase families using aftercare services 2. Increase families self referring for AOD and mental health treatment 3. Family takes responsibility for child safety 4. Referral/case decisions based on risk	Maintain or improve the percentage of children who were victims of a substantiated maltreatment allegation during a six-month period who were not victims of another substantiated allegation within the following six months Goal=94.6% 94.8% (10/1/10-3/31/11 Berkeley)

Attachment 5: Logic Models

C1.1 Timely Reunification (Exit Cohort)

A. These Resources ... (Red font indicates an unfunded need)	B. And These SIP Strategies ... (Red font indicates an unfunded strategy)	C. Will Create ...	D. Which Will Result in this Outcome ...
1. Staff training & coaching on family meetings 2. Centralized scheduling of family meetings 3. Dependency Caseloads ≤ 30 4. Signs of Safety Staff Training & Coaching 5. AOD Service network 6. Mental Health services for children and adults 7. Parenting classes 8. Training on SDM Risk Reassessment 9. Signs of Safety Staff Training & Coaching 10. Drug Courts 11. Train staff who supervises visits to coach & mentor parents.	1. Family Meetings 2. Increased use of Risk Reassessment to determine reunification safety & readiness 3. Progressive, documented, and outcome oriented visitation plans 4. Hold TDM before reunification 5. Case plans have family participation in their development and are behaviorally based. 6. Resource families 7. Family engagement	1. Full disclosure about case status and time remaining 2. Timely court orders 3. Prompt service initiation 4. Case decision making based on risk 5. A sense of urgency for staff and families 6. Parents and children receive treatment as needed 7. Children's bonds to parents are preserved	Increased percent of reunifications within 12 months Goal = 75.2% Currently: 63.5% (10/1/10-9/30/11 Berkeley) Time / Goal June 2013 67.6% June 2014 69.1% June 2015 70.6% June 2016 72.1% June 2017 75.2%

Attachment 5: Logic Models

C1.4 Reentry

A. These Resources ... (Red font indicates an unfunded need)	B. And These SIP Strategies ... (Red font indicates an unfunded strategy)	C. Will Create ...	D. Which Will Result in this Outcome ...
1. Signs of Safety Staff Training & Coaching & consultation expertise 2. Dependency Caseloads ≤ 30 3. Birth & Beyond funding 0-5 years 4. Birth & Beyond funding 6-12 years 5. AOD Service network 6. Mental Health services for children and adults 7. Parenting classes 8. Funding for Birth & Beyond Family Resource Centers serving all children under 18 9. Additional Birth & Beyond sites in high CPS referral zip codes 10. Continued funding for drug courts 11. Faith based resources 12. Regionally based resources 13. Gas analysis of community supportive services	1. Fully implement Family Engagement via Signs of Safety 2. Aftercare Planning & Services, e.g. "Warm" hand off to FRC. Expand the range of possible aftercare services. Linkages in place prior to reunification. Aftercare plan includes natural supports who are engaged in the plan. 3. TDM Prior to Reunification 4. SDM Risk Reassessment to determine reunification readiness required at case plan update, or sooner if needed. 5. Use SOS mapping to create a safety network for children. Assure members know their responsibility before case closure. 6. Data review to identify traits of those who reenter	1. Family takes responsibility for child safety 2. Early & ongoing involvement of aftercare services 3. Family knows aftercare plan	Reduced reentries within 12 months of reunification Goal = 9.9% Currently 13.7% (10/1/09-9/30/10 Berkeley) Time / Goal June 2013 / 13.9% June 2014 / 12.9% June 2015 / 11.9% June 2016 / 10.9% June 2017 / 9.9%

Attachment 5: Logic Models

C3.3 Permanency for Long Stayers

A. These Resources ... (Red font indicates an unfunded need)	B. And These SIP Strategies ... (Red font indicates an unfunded strategy)	C. Will Create ...	D. Which Will Result in this Outcome ...
1. Centralized scheduling of permanency team meetings 2. Train and coach staff on permanency teaming 3. Contract programs specializing in permanency for children/youth with significant permanency barriers, e.g. member of a sibling group, in RBS program, from a diverse culture. 4. Training on SDM Risk Reassessment 5. Signs of Safety Staff Training & Coaching 6. Intensive mental health stabilization for children/youth 7. Relative & family finding, including adding this and engagement to the FFA MOU and to contract programs' scope of service 8. Youth engagement	1. Strengthen second chance reunification, including Incorporating risk of return home & possibility of relative placement in each court report for children/youth in long term placement and reinstatement of parental rights 2. Children staying 17 months or more have regular permanency team meetings 3. SDM Risk Reassessment to determine reunification readiness 4. Early and continuous family finding efforts, including documentation of all family connections in CWS/CMS 5. Concurrent planning 6. Call the secondary worker the "permanency worker" 7. Identity specific areas for improvement in the adoption/guardianship staffing.	1. Full utilization of permanency contract programs 2. More children returning home or placed with relatives from long term placement 3. Case decision making based on risk 4. Fewer children staying a long time in foster care	Of those who emancipate, fewer will have been in care 3+ years Goal = 37.5% Currently 64.7% (10/1/10-9/30/11 Berkeley) Time / Goal June 2013 65.8% June 2014 59.5% June 2015 54% June 2016 48.5% June 2017 37.5% Note: AB12's confounding effect not considered

Attachment 5: Logic Models

C4 Placement Stability

A. These Resources ... (Red font indicates an unfunded need)	B. And These SIP Strategies ... (Red font indicates an unfunded strategy)	C. Will Create ...	D. Which Will Result in this Outcome ...
1. Dependency Caseloads ≤ 30 2. TDM availability 3. Adoption caseloads ≤ 35 4. CPSU staffing adequate for service demand 5. Accountability for holding TDMs when required & using CPSU when required. 6. Placing with relatives 7. Kinship individualized support & training	1. At risk children placed in concurrent planning homes and assigned an adoption secondary worker. 2. TDMs, especially at the front end, held as required. Add a required TDM/family meeting when dependency worker is first assigned. 3. Placements made by CPSU for all programs 4. Create a 23 Hour Assessment Center 5. Increased kinship support 6. Provide support and respite to caretakers 7. Concurrent planning homes & assignment of a secondary adoption worker.	1. Shelter care is not a child's first placement 2. Children have fewer placements before adoption/guardianship 3. A relative who can offer permanency is identified as the 1st or 2nd placement 4. Increased relative placement 5. Alternatives to a disrupted placement	More children and youth have 2 or fewer placements during their placement episode Measure / Time Period: Berkeley 10/1/10-9/30/11 / Goal < 12 mo: 80.7% / 86% 12-24 Mo: 59.8% / 65.4% 24 mo +: 27.8% / 41.8% Time ≤ 12 months / 12-24 Months / 24+ Months Goal / Goal / Goal June 2013: 82.40% / 61.70% / 30.40% June 2014: 83.20% / 62.60% / 32.20% June 2015: 84.10% / 63.60% / 36.10% June 2016: 85.00% / 64.50% / 38.90% June 2017: 86.00% / 65.40% / 41.80%

Sacramento County 5-Year SIP Chart
2012-2017

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

National Standard: 75.2%

Current Performance: From 10/1/10 through 9/30/11, of those children who did reunify, Sacramento reunified 63.5% within 12 months.

Target Improvement Goal: 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%

Current Performance: 13.7% of Sacramento children who reunify reenter placement within 12 months.

Target Improvement Goal: Reduce reentry into foster care as measured by C1.4 to 10.9% by May 2017.

Priority Outcome Measure or Systemic Factor: C3.3 Permanency for Long Stayers – Child Welfare
National Standard: 37.5%.

Current Performance: In Sacramento County 64.7% (from 10/1/10 – 9/30/11) of those who emancipated had been in care 3 or more years.

Target Improvement Goal: As measured by C3.3 of those who emancipate, 48.5% or less will have been in care 3 or more years.

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

10/1/10-9/30/11	National Standard:	Current Performance:	
< 12 mo		80.7%	86%
12-24 Mo		59.8%	65.4%
24 mo +		27.8%	41.8%

Target Improvement Goal: 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% **Current Performance:** 13.0% 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** **Current Performance:** 66% of youth are placed in the most restrictive placement of group homes. **Target Improvement Goal**: Increase the number of youth placed in relatives and foster homes by 10% by 2017
Priority Outcome Measure or Systemic Factor: 8A ILP Well Being--**Probation** **National Standard: N/A** **Current Performance: N/A** **Target Improvement Goal:** Implement the AB12/212 Extended Foster Care legislation and utilize wraparound to conduct youth team meetings.

Attachment 6: SIP Matrix

Strategy 1: Improve to **85%** of FR program cases that have timely SDM Risk Reassessments and Family Strengths and Needs Reassessments. The May 2012 baseline is 13.4% or FSNA and 18.7% for Risk Reassessment.	☐ **CAPIT** ☐ **CBCAP** ☐ **PSSF** ☒ **N/A**	**Applicable Outcome Measure(s) and/or Systemic Factor(s):** C1.1 Timely Reunification C1.4 Reentry

Action Steps:	**Timeframe:**	**Person Responsible:**
A. Include this standard in the Data Integrity and Accountability Plan. See the Data Integrity and Accountability Plan for more detail.	June 2013- May 2017	Dependency Division Managers

Attachment 6: SIP Matrix

Strategy 2: Fully implement Signs of Safety and engagement practices	☐ CAPIT ☐ CBCAP ☐ PSSF ☒ N/A	**Applicable Outcome Measure(s) and/or Systemic Factor(s):** **C1.1 Timely Reunification** **C1.4 Reentry**
Action Steps:	**Timeframe:**	**Person Responsible:**
A. Provide ongoing training for direct service, supervisory, and management staff on Signs of Safety.	December 2013	Division Managers
B. Train ER investigators to insure 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.	January 2013	ER Division Manager
C. Analyze reentry cases to determine if there are contributing factors that can be ameliorated through practice or service improvements.	January 2015	QA Program Manager
D. Implement service or programs enhancements subsequent to analysis of reentry cases.	May 2016	Deputy Director
E. Survey direct service staff to determine how many routinely use Signs of Safety tools. Use the results as a baseline for improvement.	June 2013	QA Program Manager

Attachment 6: SIP Matrix

Strategy 3: Increase the percentage of case plan objectives that are behaviorally based by 20 percentage points over the baseline.	☐ CAPIT ☐ CBCAP ☐ PSSF ☒ N/A	**Applicable Outcome Measure(s) and/or Systemic Factor(s):** C1.1 Timely Reunification C1.4 Reentry

Action Steps:	**Timeframe:**	**Person Responsible:**
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	QA Unit Program Manager
C. Conduct a Case Plan quality assurance review monthly.	July 2016	QA Unit Program Manager
D. Monitor staff performance and support staff improvement when needed, using the approaches in the Data Integrity and Accountability Plan.	September 2016	Supervisors

Attachment 6: SIP Matrix

Strategy 4: Engage the family in reunification services more often within 10 days of the dependency worker's assignment to the case.	☐ **CAPIT** ☐ **CBCAP** ☐ **PSSF** ☒ **N/A**	**Applicable Outcome Measure(s) and/or Systemic Factor(s):** C1.1 Timely Reunification C1.4 Reentry
Action Steps:	**Timeframes:**	**Person Responsible:**
A. Determine the current baseline.	June 2012	QA Unit Program Manager
B. Set a standard.	August 2012	Division Managers
C. Conduct a routine quality assurance review.	August 2012	QA Unit Program Manager

Attachment 6: SIP Matrix

Strategy 5: Hold a TDM within 14 calendar days of SDM reassessment when the reassessment shows that reunification is indicated.	☐ **CAPIT** ☐ **CBCAP** ☐ **PSSF** ☒ **N/A**	**Applicable Outcome Measure(s) and/or Systemic Factor(s):** C1.4 Reentry
Action Steps:	**Timeframe:**	**Person Responsible:**
A Create a monitoring mechanism and set a baseline.	January 2013	Quality Assurance Program Manager
B Create improvement standards.	March 2013	Deputy Director and Division Managers
C Review the effect and practice of exits TDMs. Make modifications as needed.	September 2013	Deputy Director and Division Managers
D Monitor staff performance and support improvement if needed	September 2013	Supervisors

Attachment 6: SIP Matrix

Strategy 6: Require social workers to develop an aftercare plan for each family reunifying	☐ CAPIT ☐ CBCAP ☐ PSSF ☒ N/A	**Applicable Outcome Measure(s) and/or Systemic Factor(s):** C1.4 Reentry
Action Steps:	**Timeframe:**	**Person Responsible:**
A Develop policy/process/procedure requiring an aftercare plan.	June 2013	QA Program Manager
B Set improvement targets for B above.	July 2016	Deputy Director and Division Managers
C Review the effect and practice of family meetings and make modifications, if necessary.	December 2016	Deputy Director and Division Managers
D Monitor staff performance and support staff improvement when needed	October 2016	Supervisors

Attachment 6: SIP Matrix

Strategy 7: Modify the reoccurring six month permanency staffing to include reunification as an option for long staying children.	☐ **CAPIT** ☐ **CBCAP** ☐ **PSSF** ☒ **N/A**	**Applicable Outcome Measure(s) and/or Systemic Factor(s):** C3.3 Permanency for Long Stayers
Action Steps:	**Timeframe:**	**Person Responsible:**
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

Attachment 6: SIP Matrix

Strategy 8: 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%.	☐ **CAPIT** ☐ **CBCAP** ☐ **PSSF** ☒ **N/A**	**Applicable Outcome Measure(s) and/or Systemic Factor(s):** C3.3 Permanency for Long Stayers
Action Steps:	**Timeframe:**	**Person Responsible:**
A Train staff when to list relatives as collaterals vs. clients in CWS/CMS	October 2012	ER and Dependency Division Managers
B Add documentation of relatives as collaterals to the Elements of Investigation QA monthly review.	January 2013	ER and Dependency Division Managers
C Monitor staff performance and support staff improvement when needed.	March 2013	ER and Dependency Division Managers

Attachment 6: SIP Matrix

Strategy 9: 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%.	☐ **CAPIT** ☐ **CBCAP** ☐ **PSSF** ☒ **N/A**	**Applicable Outcome Measure(s) and/or Systemic Factor(s):** **C4 Placement Stability**
Action Steps:	**Timeframe:**	**Person Responsible:**
A Specify timeframe for TDM	December 2012	Executive Management Team
B Develop a pilot program training at least 3 dependency unit supervisors to create data reports to monitor TDM use.	August 2012	Dependency Program Managers and QA Program Manager
C Review the effect and process of the monitoring report on increasing TDM compliance. Make modification if necessary.	December 2012	Dependency Program Managers and QA Program Manager
D Train all dependency unit supervisors to create the TDM monitoring report.	January 2013	QA Program Manager
E Monitor supervisor performance and support improvement when needed.	February 2013	Dependency Program Managers

Attachment 6: SIP Matrix

Strategy 10: December 2015, **60%** of non-relative placements will be made by the CPSU.	☐ **CAPIT** ☐ **CBCAP** ☐ **PSSF** ☒ **N/A**	**Applicable Outcome Measure(s) and/or Systemic Factor(s):** C4 Placement Stability
Action Steps:	**Timeframe:**	**Person Responsible:**
A Create a monitoring system.	December 2012	QA Program Manager
B Increase CPSU staffing to meet demand.	June 2015	All Program Managers

Attachment 6: SIP Matrix

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

Attachment 6: SIP Matrix

Strategy 12: (Probation) Increase number of youth placed in relative or non-related extended family member (NREFM) homes.	☐ CAPIT ☐ CBCAP ☐ PSSF ☒ N/A	**Applicable Outcome Measure(s) and/or Systemic Factor(s):** 4B Least Restrictive Placement
Action Steps:	**Timeframe:**	**Person Responsible:**
A. Develop a Relative Approval policy and procedure.	By September 2012	Placement Supervisor
B. Develop an MOU with DHHS regarding the Relative Approval policy and the roles of the two agencies.	By November 2012	Chief Deputy Placement Supervisor Contracts Officer
C. Train staff on the policy and procedures regarding the relative approval process.	By January 2013	Placement Supervisor
D. 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
E. Track youth placed in relative/NREFM homes via Safe Measures Report.	February 2013 on a monthly basis through 2017	Chief Deputy
F. Continue to meet as needed to track progress and problem solve issues.	On-going through 2017	Chief Deputy

Attachment 6: SIP Matrix

Strategy 13: (Probation) Accurately enter placement information into CWS/CMS.	☐ **CAPIT** ☐ **CBCAP** ☐ **PSSF** ☒ **N/A**	**Applicable Outcome Measure(s) and/or Systemic Factor(s):** 4B Least Restrictive Placement
Action Steps:	**Timeframe:**	**Person Responsible:**
A. Identify CWS/CMS training.	March/April 2012 - 2017	Placement Supervisor
B. Train identified Clerical staff to enter data into CWS/CMS.	March/April 2012 - 2017	Placement Supervisor
C. Develop audit process utilizing Safe Measures to ensure that the protocol is being followed.	April 2012 – On-2017	Placement Supervisor

Attachment 6: SIP Matrix

Strategy 14: (Probation) Utilize Family Finding techniques to locate family and placement resources for youth.	☐ **CAPIT** ☐ **CBCAP** ☐ **PSSF** ☒ **N/A**	**Applicable Outcome Measure(s) and/or Systemic Factor(s):** 4B Least Restrictive Placement
Action Steps:	**Timeframe:**	**Person Responsible:**
A. Develop Family Finding Protocols for probation placement staff including search and tracking procedures.	October 2012	Placement Supervisor
B. Train all placement staff in Family Finding techniques.	Initially by November – December 2012 and then on an as needed basis thereafter, through 2017.	Placement Supervisor
C. Utilize technology for Family Finding such as internet search engines and software tracking tools.	January/February 2013 - 2017	Placement Supervisor
D. Develop audit process to ensure that the protocol is being followed on a quarterly basis.	July 2013 - On-going quarterly through 2017	Placement Supervisor

Attachment 6: SIP Matrix

Strategy 15: (Probation) Continue to be an active participant in the AB 12/212 planning committee.	☐ **CAPIT** ☐ **CBCAP** ☐ **PSSF** ☒ **N/A**	**Applicable Outcome Measure(s) and/or Systemic Factor(s):** 8A ILP Well Being
Action Steps:	**Timeframe:**	**Person Responsible:**
A. Outstation Probation officer in a joint unit with CPS to partner with AB12/212 youth.	April 2012	Placement Supervisor
B. Develop a Plan of Action (MOU) that outlines how relationship and service provision will proceed.	April 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 on-going through 2017	Placement Supervisor
F. Participate in cross regional groups to participate in practice sharing	September 2013 and quarterly on-going through 2017	Placement Supervisor
G. Update policies and procedures on a yearly basis to provide the best support for youth.	July 2014 and yearly on-going through 2017	Placement Supervisor
H. Provide yearly training and technical assistance to staff regarding new information obtained	August 2014 and on-going through 2017	Placement Supervisor

Attachment 6: SIP Matrix

Strategy 16: (Probation) Utilize wraparound meetings to provide ILP services that are identified in the "Youth-Team" meeting, 90 day Transition Plan and/or by ILS Provider.	☐ **CAPIT** ☐ **CBCAP** ☐ **PSSF** ☒ **N/A**	**Applicable Outcome Measure(s) and/or Systemic Factor(s):** 8A ILP Well Being
Action Steps:	**Timeframe:**	**Person Responsible:**
A. Meet with Wraparound Provider and discuss priority of providing ILP services within the wrap context.	April 2012	Placement Supervisor AB 12 Officer
B. Develop a Plan of Action and outline how the services will be discussed and handled within the wrap meeting.	June 2012	Placement Supervisor AB 12 Officer
C. Continue to meet on a quarterly basis to track progress and problem solve issues.	October 2012- 2017	Placement Supervisor AB 12 Officer
D. Continuously update policies and procedures to provide the best support for youth	January 2013 - 2017	Placement Supervisor
E. Collect and review Wrap Plans to ensure ILP is being discussed and provided.	January 2013 - 2017	AB12 Officer
F. Provide ongoing training and technical assistance to staff regarding information obtained in the monitoring of the Wrap program.	January 2013 - 2017	AB 12 Officer

Attachment 8: CAPIT/CBCAP/PSSF SIP Checklist

CAPIT/CBCAP/PSSF/CCTF SIP CHECKLIST
Page 1 of 4
Revised October 2009

Source is SIP Guide
Version 7.0
2009

The checklist is required to be submitted to the OCAP with the draft and final version of the SIP to expedite the review process .

County Name: Sacramento
Start date of the System Improvement Plan: 7/1/2012
End date of the System Improvement Plan: 6/30/2017

No.	Page in Guide	Element	Element Present (provide page no.)	Element Not Present	Element N/A
	21	Name, mailing address, e-mail address and phone number of lead agency (BOS Designated Public Agency to administer CAPIT/CBCAP/PSSF programs).	2		
	21	Name, mailing address, e-mail address and phone number of CAPIT liaison.	3		
	21	Name, mailing address, e-mail address and phone number of CBCAP liaison.	3		
	21	Name, mailing address, e-mail address and phone number of PSSF liaison.	4		
	21	Evidence that the plan was approved and signed by the BOS	4		
	21	Evidence that the plan was approved and signed by the BOS designated public agency to administer CAPIT/CBCAP/PSSF	3		
	21	Evidence that the plan was approved and signed by CAPC representative.	3		
	21	Evidence that the plan was approved and signed by parent consumer/former consumer if the parent is not a member of the CAPC.	3		
	21	Evidence that the plan was approved and signed by PSSF Collaborative representative, if appropriate.	4		
	22	Description of the structure and role of the local CAPC.	23		
	22	Proposed dollar amount from CAPIT, CBCAP, PSSF Family Support, CCTF, KidsPlate, or other funds that will be used to support the local CAPC.	23		
	23	Description of the membership or the name of the agency, commission, board or council designated to carry out this function. If the county does not have a PSSF collaborative, description of who carries out this function.	24		
	23	Description of the CCTF membership or identification of the name of the commission, board or council designated to carry out this function.	24		
	23	Description of how and where the county's children's trust fund information will be collected and published.	24		
	23	Description of activities and training that will be implemented to enhance parent participation and leadership.	25		

Attachment 8: CAPIT/CBCAP/PSSF SIP Checklist

CAPIT/CBCAP/PSSF/CCTF SIP CHECKLIST
Page 2 of 4
Revised October 2009

Source is SIP Guide
Version 7.0
2009

No.	Page in Guide	Element	Element Present (provide page no.)	Element Not Present	Element N/A
	23	Description of how parents will be involved in the planning, implementation and evaluation of funded programs.	25		
	23	Description of any financial support that will be provided for parent participation.	25		
	24	Description of processes and systems for fiscal accountability, including the established or proposed process for tracking, storing, and disseminating separate CAPIT/CBCAP/PSSF and Children's Trust Fund fiscal data as required.	27		
	24	Description on how funding will be maximized through leveraging of funds for establishing, operating, or expanding community-based and prevention-focused programs and activities.	28		
	24	Assurance that funds received will supplement, not supplant, other State and local public funds and services.	28		
	24	Does the attached CAPIT/CBCAP/PSSF Expenditure Summary demonstrate a minimum of twenty (20) percent to each service category for PSSF funds? If not, a rationale is provided. A plan of correction is also provided to meet compliance in this area.	28		
	25	Assurance that a competitive process was used to select and fund programs.	28		
	25	Assurance that priority was given to private, nonprofit agencies with programs that serve the needs of children at risk of abuse or neglect and that have demonstrated effectiveness in prevention or intervention.	29		
	25	Assurance that agencies eligible for funding provided evidence that demonstrates broad-based community support and that proposed services are not duplicated in the community, are based on needs of children at risk, and are supported by a local public agency.	29		
	25	Assurance that the project funded shall be culturally and linguistically appropriate to the populations served.	29		
	25	Assurance that training and technical assistance shall be provided by private, nonprofit agencies to those agencies funded to provide services.	29		
	25	Assurance that services to minority populations shall be reflected in the funding of projects.	29		
	25	Assurance that projects funded shall clearly be related to the needs of children, especially those 14 years of age and under.	29		
	25	Assurance that the county complied with federal requirements to ensure that anyone who has or will be awarded funds has not been suspended or debarred from participation in an affected program. (For specifics visit: http://www.epls.gov/)	29		
	25	Indicates that non-profit subcontract agencies have the capacity to transmit data electronically.	29		

Attachment 8: CAPIT/CBCAP/PSSF SIP Checklist

CAPIT/CBCAP/PSSF/CCTF SIP CHECKLIST
Page 3 of 4
Revised October 2009

Source is SIP Guide
Version 7.0
2009

No.	Page in Guide	Element	Element Present (provide page no.)	Element Not Present	Element N/A
	25	For the use of CAPIT funds, assurance that priority for services shall be given to children who are at high risk, including children who are being served by the county welfare departments for being abused and neglected and other children who are referred for services by legal, medical, or social services agencies.	29		
	26	For the use of CAPIT funds, assurance that the agency funded shall demonstrate the existence of a 10 percent cash or in-kind match, other than funding provided by the State Department of Social Services.	30		
	26	Description of the plan to evaluate Engagement Outcomes.	30		
	26	Description of the plan to evaluate Short Term Outcomes.	30		
	26	Description of the plan to evaluate Intermediate Term Outcomes.	30		
	26	Description of the plan to evaluate Long Term Outcomes.	30		
	26	Description of intended CBCAP peer review activities.	31		
	26	Description of how CAPIT/CBCAP/PSSF funded services are coordinated with the array of services available in the county.	31		
	26	Submits an **electronic copy** in excel format of the CAPIT/CBCAP/ PSSF Services and Expenditure Summary that contains a comprehensive expenditure plan for CAPIT/CBCAP/PSSF.	72-75		
	26	Submits a **hardcopy** of the CAPIT/CBCAP/PSSF Services and Expenditure Summary that contains a comprehensive expenditure plan for CAPIT/CBCAP/PSSF.	72-75		
	27	CAPIT/CBCAP/PSSF Services and Expenditure Summary contains the cross reference to the CSA of the unmet need for each of the planned programs and/or activities.	76-77		
	27	CAPIT/CBCAP/PSSF Services and Expenditure Summary provides an inventory of the planned programs/strategies.	78		
	27	A half page description for each of the planned programs is attached to the SIP.	31-36		
	excel worksheet	The level of evidence-based or evidence-informed using the Program Assessment Rating Tool (PART) has been determined for programs/ practices funded by CBCAP.	76-77		
	excel worksheet	Identification on whether the logic model exists for CBCAP funded programs or whether it will be developed.	76-77		
	28	Board of Supervisors (BOS) resolution approving the SIP is attached.	146		
	28	BOS resolution establishing a Child Abuse Prevention Council (CAPC) is attached.	147		
	28	BOS resolution identifying the Commission, Board or Council for administration of the County Children's Trust Fund (CCTF) is attached.	148		

Attachment 8: CAPIT/CBCAP/PSSF SIP Checklist

CAPIT/CBCAP/PSSF/CCTF SIP CHECKLIST
Page 4 of 4
Revised October 2009

Source is SIP Guide
Version 7.0
2009

No.	Page in Guide	Element	Element Present (provide page no.)	Element Not Present	Element N/A
	28	Copy of the Child Abuse Prevention Council (CAPC) roster is	151		
	28	Copy of the PSSF Collaborative roster, if appropriate, is attached.	NA		
	28	Copy of County Children's Trust Fund (CCTF) roster is attached.	152		
	28	Copy of the SIP Planning Committee roster. List should contain the name, title and affiliation of the individuals involved in SIP planning process. List includes parents, local nonprofit organizations and private sector representatives. Roster identifies the required core representatives.	22		
	28	Attach the "Notice of Intent" letter identifying the public agency(s) to administer CAPIT/CBCAP/PSSF programs. The letter also confirms the county's intent to contract.	153		

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Attachment 9: Specialized Group Counseling Schedule

ANGER MANAGEMENT:

Strategies for Change
4441 Auburn Blvd., Ste. E, Sacramento 95841
Call for Intake: (916)473-5764
Group: Monday, 6:00-7:30 pm
Contact: (916)473-5764, press 0 or leave detailed message
Play Care provided

Terra Nova
5750 Sunrise Blvd., Citrus Heights 95610
Drop-In Intake: Wednesday, 5:00 pm
Call ahead for intake/individual assessment to save time/travel
Group: Wednesday, 6:00-7:30 pm
Contact: Kori Snyder, (916)239-6387

Terra Nova
1025 – 19th Street, Ste. 12, Sacramento 95814
Drop-In Intake: Saturday, 10:00 am
Call ahead for intake/individual assessment to save time/travel
Group: Saturday, 11:00 am-12:30 pm
Contact: Kori Snyder, (916)239-6387

South Sacramento Counseling Center
7486 Center Parkway, Sacramento 95823
(behind Faith Community Church)
Call for Intake: (916)421-6500
Group: Monday, 6:00-7:30 pm; Saturday, 11:00 am-12:30 pm; Saturday (Spanish), 12:30-2:00 pm
Contact: Myrna-Kay Robison, LMFT, (916)421-6500
Facilitators: Monday: Myrna-Kay Robison, LMFT
Saturday: April Hayes, LMFT
Spanish: Richard Reyes, MFTI

Diogenes Youth Services
9719 Lincoln Village Dr., Ste. #502, Sacramento 95827
Call for Intake: (916)369-5447, ext. 201
Group: Saturday, 10:00-11:30 am
Contact: Linda Lea, (916)369-5447, ext. 201
24 Hour Hot Line: (800)339-7177

PHYSICAL ABUSE:

Steven Goldstein, DBH, LMFT
2020 – 29th St., Sacramento 95817
Call for Intake Appointment: (916)396-7606
Group: Monday, 2:00-3:30 pm

Attachment 9: Specialized Group Counseling Schedule

DOMESTIC VIOLENCE – VICTIM:

Strategies for Change
4441 Auburn Blvd., Ste. E, Sacramento 95841
Call for Intake: (916)473-5764
Group: Tuesday, 6:00-7:30 pm
Contact: (916)473-5764, press 0 or leave detailed message
Play Care provided

Strategies for Change
4343 Williamsbourgh Dr., Sacramento 95823
Call for Intake: (916)395-3552, ext. 221
Group: Monday, 6:00-7:30 pm
Contact: (916)395-3552, press 0 or Mike Wilner, ext. 221
Play Care provided

WEAVE
1900 K Street, Sacramento 95811
Drop-In Intake: Tuesday & Thursday, 10:00 am-1:00 pm
Wednesday, 4:00-7:00 pm
Group: Monday, 12:00-1:30 pm; Thursday, 5:30-7:00 pm
Contact: Canh Le, (916)319-4971

DOMESTIC VIOLENCE – OFFENDER:

Diogenes Youth Services
9719 Lincoln Village Dr., Ste. #502, Sacramento 95827
Call for Intake: (916)369-5447, ext. 201
Group: Wednesday, 5:30-7:00 pm
Contact: Linda Lea, (916)369-5447, ext. 201
24 Hour Hot Line: (800)339-7177

David Yates
2775 Cottage Way, Ste. 30, Sacramento 95825
Drop-In Intake: Monday, 6:00-7:00 pm
Group: Monday, 7:00-8:30 pm
Contact: (916)761-3676

NON-OFFENDING PARENT (SEXUAL ABUSE):

Martins' Achievement Center
5240 Jackson St., North Highlands 95660
Drop-In Intake: Wednesday, 11:00 am
Group: Thursday, 6:15-7:45 pm
Contact: Bethany Peterson, (916)338-1001, ext 323
Spanish Group: Diana Sarabia, (916)338-1001, ext 323

Attachment 10: General Group Counseling Schedule

FRC #1 La Familia (Spanish):
5523 – 34th St. Sacramento 95820
Serving ZIP Codes: 95814, 95817, 95824
Drop-In Intake: Monday, 12:00-12:30 pm
Groups: Monday, 12:30-2:00 pm
The Effort: Alicia Romero, (916)201-0309

FRC #2 Folsom/Cordova:
Rancho Cordova Neighborhood Center
10665 Coloma Rd, Ste. 200, Rancho Cordova 95670
Serving ZIP Codes: 95630, 95655, 95670, 95826, 95827
Drop-In Intake: Monday, 9:30-10:00 am
Group: Monday, 10:00-11:30 am
River Oak: (916)609-4965

FRC #3 Oak Park:
4322 – 4th Ave., Sacramento 95816
Serving ZIP Codes: 95811, 95814, 95816, 95817, 95818, 95820
Drop-In Intake: Friday, 9:30-10:00 am
Group: Friday, 10:00-11:30 am
River Oak: (916)609-4965

FRC #4 North Sacramento:
1217 Del Paso Blvd., Sacramento 95815
Serving ZIP Codes: 95815, 95833
Drop-In Intake: Friday, 12:30-1:00 pm
Group: Friday, 1:00-2:30 pm
Sacramento Children's Home: (916)290-8155

FRC #5 Valley Hi:
7000 Franklin Blvd., Ste. 820, Sacramento 95823
Serving ZIP Codes: 95823, 95828
Drop-In Intake: Monday, 9:00-9:30 am
Group: Monday, 9:30-11:00 am
Sacramento Children's Home: (916)290-8155

FRC #6 Meadowview:
2251 Florin Rd., Ste. 158, Sacramento 95822
Serving ZIP Codes: 95822, 95831, 95832
Drop-In Intake: Wednesday, 3:00-3:30 pm
Group: Wednesday, 3:30-5:00 pm
Sacramento Children's Home: (916)290-8155

Attachment 10: General Group Counseling Schedule

FRC #7 North Highlands:
6015 Watt Ave., Ste. 2, North Highlands 95660
Serving ZIP Codes: 95841, 95842, 95843, 95660, 95673, 95652
Call Cristina for Intake Appointment: (916)679-3925
Group: Thursday, 3:00-4:30 pm
The Effort: C. Kekai Rowland, (916)313-8406

FRC #8 Firehouse:
811 Grand Ave., Ste. A-3, Sacramento 95838
Serving ZIP Codes: 95815, 95838
Drop-In Intake: Thursday, 12:30-1:00 pm
Group: Thursday, 1:00-2:30 pm
Sacramento Children's Home: (916)290-8155

GRP #10 Citrus Heights:
8421 Auburn Blvd., Bldg. 3, Citrus Heights 95610
Drop-In Intake: Tuesday, 12:00-1:00 pm; Friday, 4:00-5:00 pm
Group: Wednesday, 5:30-7:00 pm
Cross Creek Counseling: (916)722-6100

GRP #11 Elk Grove:
8788 Elk Grove Blvd., Bldg 3, Ste. 12F, Elk Grove 95624
Call for Intake: (916)802-9152
Group: Friday, 6:00-7:30 pm
Jeanne Crudup: (916)802-9152

GRP #12 Auburn Blvd.:
3650-A Auburn Blvd., Ste. 200, Sacramento 95821
General and Couples Counseling
Call for Intake: (916)973-0900
Group: Saturday, 10:00-11:30 am; Saturday, 12:30-2:00 pm
Beryl Beauford, LCSW: (916)973-0900

GRP #13 Orangevale:
9267 Greenback Lane, Ste. B-98, Orangevale 95662
Serving ZIP Codes: 95630, 95662, 95670, 95610
Call for Intake: (916)397-1992 or (916)505-9151
Group: Wednesday, 4:00-5:30 pm
Dr. Ernest Jarman, PhD: (916)397-1992
Dr. Cyrus Moazam, PhD: (916)505-9151

Attachment 11: List of CPS Short Term Counselors—Fiscal Year 11/12

Department of Health and Human Services, Child Protective Services

List of CPS Short Term Counselors - Fiscal Year 11/12

If you have questions regarding this list, call Judy Cooperrider, Program Planner, at 875-0140.

Languages Available – Short Term Counselors..... Page 2

	Contractor Name	Phone Number	Page No.
	Affordable Counseling & Educational Services	916-630-9188	3
	Baxter, Wanda, Psy.D.	916-391-4077 (Message) 718-9621 (Direct)	4
	Beauford, Margaret Beryl, LCSW	916-973-0900	5
	Catholic Social Service of Sacramento	916-452-7481	6
	Child & Family Institute	916-921-0828	7
	Cross Creek Family Counseling	916-722-6100	8
	DC Family Connections	916-489-3297	9
	Diogenes Youth Services	916-369-5447 Ext. 203 Carol Parker	10
	The Effort, Inc.	916-368-3080/916- 313-8405 Jonathan Porteus	11
	Goldstein, Steven, MFT	916-396-7606	12
	Hoyt, Leina, MFT	916-838-8234	13
	Jarman, Ernest, Ph.D.	916-397-1992	14
	Kagan, Alexander, MFT	916-607-7478	15
	Martins' Achievement Place, Inc.	916-338-1001, Ext. 306 Lynn Carr	16
	Mozzam, Cyrus, Ph.D.	916-505-9151	17
	Odipo, Charles, Ed.D Licensed Psychologist	916-217-7529	18
	Positive Option Family Service	916-973-2838	19
	River Oak Center for Children	916-609-4965 Kristy Schwee	20
	Robison, Myrna-Kay, MFT	916-698-6561 or 209-223-5105	21
	Sacramento Children's Home	916-452-3981 Ext. 1332 Gayaneh Karapetian	22
	Sacramento Native American Health Center, Inc.	916-341-0575	22
	South Sacramento Counseling Center (Faith Community United Church of Christ)	916-421-6500 Myrna Kay Robison 916-995-1575 April Hayes	24
	Strategies for Change	916-395-3552 Ext 262 Dr. B.J. Davis	25
	Terra Nova Counseling	916-344-0249 General 916-239-6383 Kent Meyers	26
	Turning Point Community Programs	916-438-3030 Audra Wilcox	27
	Visions Unlimited, Inc.	916-394-2010 Nichole Wofford	28
	Volunteers in Victim Assistance (VIVA)	916-570-1690	29
	WEAVE, Inc.	916-448-2321	30
	Woods, Michael A., MFT	916-456-4412	31
	Yates, David, MFC	916-761-3676/530-676-0223	32

Other: Child & Family Access: 875-9980 Adult Access: 875-1055

Page 1 January 13, 2012

Attachment 11: List of CPS Short Term Counselors—Fiscal Year 11/12

Language

Language	Therapist's Last& First Name	License type	Current Agency Name & Phone No.
ASL	McAllister-Love, Rhonda	LCSW	Beauford, Margaret Beryl - 916-973-0900
Farsi	Behbahani, Victoria Rose	MFT Intern	Terra Nova Counseling - 916-344-0249
Farsi	Moazam, Cyrus	Psychologist	Individual - 916-505-9151
Farsi	Rafiq, Maneeja	MFT Intern	Visions Unlimited, Inc. - 916-394-0800
Hindi	Rezak, Zeba Ruhe	MFT Intern	River Oak Center for Children - 916-282-1924
Hmong	Xiong, Mai Thao	ASW	River Oak Center for Children - 916-282-1924
Hmong	Yang, Martha	MFT Intern	South Sacramento Counseling 916-421-6500
Loatian	Sipanya, Van Keo	MFT Intern	Turning Point Programs - 916-438-3030
Native American Culture	Garcia, Antonette	ASW	Child & Family Institute - 916-921-0828
Russian	Kagan, Alexander	MFT	Individual - 916-607-7478
Russian	Evans, Olga	Groups	Strategies For Change – 916-395-3552
Spanish	Salina Nicole Rodriguez	MFT Intern	Catholic Social Services - 916-452-7481
Spanish	Campbell, Katherine	MFT Intern	The Effort - 916-313-8405
Spanish	Romero, Alicia	MFT Intern	The Effort - 916-313-8405
Spanish	Sterling, Thomas	LCSW	The Effort - 916-313-8405
Spanish	Sarabia, Diana C.	MFT Intern	Martins' Achievement Place - 336-1001
Spanish	Ortiz, (Hernandez), Claudia	MFT Intern	Sacramento Children's Home 916-452-3981
Spanish	Reyes, Richard	MFT Intern	South Sacramento Counseling 916-421-6500
Spanish	Garza, Dionna	MFT Intern	Visions Unlimited, Inc. - 916-394-0800
Spanish	Elliott, Kathleen Marie	MFT Intern	WEAVE - 916-448-2321
Spanish	Iniguez, Alicia	MFT Inter	WEAVE - 916-448-2321
Spanish	Martinez, Maria Elena	Groups	WEAVE - 916-448-2321
Swahili	Odipo, Charles	Psychologist	Individual - 916-217-7529
Ukranian	Kagan, Alexander	MFT	Individual - 916-607-7478
Vietnamese	Tran, Tuyen	MFT Intern	South Sacramento Counseling 916-421-6500

Attachment 11: List of CPS Short Term Counselors—Fiscal Year 11/12

• Affordable Counseling & Educational Services

PHONE # (916) 630-9188 Fax # (916)-485-1569

Hours: 3:00 p.m. – 10:00 p.m. Monday - Friday

SERVICE LOCATIONS:

Red Roof Inn #138
10800 Olson Drive
Rancho Cordova, CA 95679
Thomas Guide: 299-G-2

Charles A. Jones Business & Skill Center
5451 Lemon Hill Avenue
Sacramento, CA 95824
Thomas Guide: 317-J-5

Calvary Chapel
801 Riverside Avenue, Bldg Z
Citrus Heights/Roseville, CA 95678
Thomas Guide: 239-H-4

Raley's Conference Center (inside store)
4650 Natomas Boulevard
Sacramento, CA 95835
Thomas Guide: 257-B-7

Father's Resource Center
3443 Ramona Avenue, #25
Sacramento, CA 95826
Thomas Guide: 318-D-2

Setting: In-Office

Languages(s): English

Conditions:

Specialties:

- General Practice
- Domestic Violence: Victims/perpetrators; certified B.T.P.
- Anger Management
- Victims of sexual assault and physical assault
- Children in foster care/out of home placement
- Parenting, Children and Co-Parenting

SW: Please note that DHHS Fiscal Services sends the CS 840 to the contractor.
Mailing address to be used by Fiscal to send CS 840s and payments:
Robert Montague
6030 Turquoise Drive
Rocklin, CA 95677

Attachment 11: List of CPS Short Term Counselors—Fiscal Year 11/12

- **Baxter, Wanda, Psy.D., Clinical Psychologist**

Cell # (916)-718-9621 (Direct line)

Hours: Evening appointments available
Monday -Thursday: 3:30 pm, 4:30 pm, 5:30 pm, 6:30 pm, 7:30 pm
Saturday: Case-by-case basis
Sunday: Case-by-case basis

SERVICE LOCATIONS:

1321 Howe Avenue, Suite 112
Sacramento, CA 95825
Thomas Guide: 298-C-2

Setting: In-Office

Languages(s): English

Conditions:

Specialties:

- General Practice
- Individual (Seniors, Adults, Adolescents) Therapy
- Family Therapy
- Couple Therapy
- Group Therapy

SW: Please note that DHHS Fiscal Services sends the CS 840 to the contractor.
Mailing address to be used by Fiscal to send CS 840s and payments:
Wanda Baxter
4424 Mapleplain Avenue
Elk Grove, CA 95758

Attachment 11: List of CPS Short Term Counselors—Fiscal Year 11/12

- **Beauford, Margaret Beryl, LCSW**

PHONE # (916) 973-0900 FAX # (916) 973-1047

Hours: Monday – Friday: 9 a.m. to 7 p.m. Saturday: 9:30 a.m. to 2 p.m.

SERVICE LOCATIONS:

3650-A Auburn Boulevard, # 200
Sacramento, CA 95821
Thomas Guide: 278-C-5

*103 Providence Mine Road, Suite 104 Phone: 530-265-3068
Nevada City, CA 95959

Setting: In-Office, In-Home on a limited basis.

Languages(s):

Conditions:

Specialties:

- Culturally diverse program for children, adolescents, and adults.
- Individual, couple, family, conjoint, play, sand tray, and group therapies are utilized for treating family violence, physical and sexual abuse, depression, generalized anxiety, PTSD, ADHD, anger control problems, parent-child conflicts, blended family issues, marital dysfunctioning and stress management.
- Active Parenting Program (education and support) and reunification counseling is available. Accepts referrals for Victims of Crime Program for adults, children, and adolescents.

***Out of County Office**

SW: Please note that DHHS Fiscal Services sends the CS 840 to the contractor.
Mailing address to be used by Fiscal to send CS 840s and payments:
Margaret Beryl Beauford
3650-A Auburn Boulevard, Suite 200
Sacramento, CA 95821
Fax: (916) 973-1047

Attachment 11: List of CPS Short Term Counselors—Fiscal Year 11/12

- **Catholic Social Service of Sacramento**

PHONE # (916) 452-7481 Douglas Locke

Hours: Monday and Tuesday, 9 a.m. to 8 p.m.
Thursday and Friday: 9 a.m. to 5 p.m.

SERVICE LOCATIONS:

New Pathways Counseling, Suite #3
5890 Newman Court
Sacramento, CA 95819
Thomas Guide: 298-A-5

Setting: In-Office

Languages(s): English, Spanish

Conditions: Need to specify if client cannot manage stairs

Specialties:

- Provide work with couples and families as well as with individual adults and children.
- Have a CAAC certified counselor on staff and other staff members who have participated in AOD training.
- Provide parent training courses.
- Have a Spanish bi-lingual, bi-cultural counselor and have a bi-lingual, bi-cultural receptionist on staff.
- Anger Management Groups (Men and bi-lingual Spanish-speaking men.)
- Non-offending Parents Group – Women (Failure to protect.)
- Childrens Sexual Abuse Treatment Groups (Victims Witness.)
- Depression Mgt. Group
- Anxiety Mgt. Group
- Coping Skills Group

SW: Please note that DHHS Fiscal Services sends the CS 840 to the contractor.
Mailing address to be used by Fiscal to send CS 840s and payments:
New Pathways Counseling, Suite #3
5890 Newman Court
Sacramento, CA 95819
Fax: (916) 736-0282

Attachment 11: List of CPS Short Term Counselors—Fiscal Year 11/12

• Child & Family Institute

PHONE # (916) 921-0828 FAX # (916) 648-8008

Hours: Monday - Thursday: 8:30 a.m. to 7 p.m.
Friday: 8:30 a.m. to 5:00 p.m.

SERVICE LOCATIONS:

3951 Performance Dr., Suite G
Sacramento, CA 95838
Thomas Guide: 277-G-3

Setting: In-Office

Languages(s): Native American Culture, Spanish

Specialties:

- Child sexual abuse, abuse/neglect victims and families
- Native American Culture
- African American Culture
- Asian Culture
- Transgender
- Disabled

*CPS/EPSDT Provider

SW: Please note that DHHS Fiscal Services sends the CS 840 to the contractor.
Mailing address to be used by Fiscal to send CS 840s and payments:
Child & Family Institute
3951 Performance Drive, Suite G
Sacramento, CA 95838
Fax: (916) 648-8008

Attachment 11: List of CPS Short Term Counselors—Fiscal Year 11/12

• Cross Creek Family Counseling

PHONE # (916) 722-6100 (Citrus Heights)

Hours: Monday –Friday 9 a.m. to 8 p.m.

SERVICE LOCATIONS:

8421 Auburn Boulevard, Bldg. 3
Citrus Heights, CA 95610
Thomas Guide: 239-H-6

Setting: In-Office

Languages(s): English

Conditions: None

Specialties:

- Specialize in interfamily sexual abuse treatment.
- We treat all family members: the victim, perpetrator, non-offending parent, siblings, and extended family members.
- Therapists have expertise in substance abuse, domestic violence and anger management.
- We have routinely testified before the Sacramento County Court System.
- We have a solid relationship with Sacramento Child Advocates.
- We use an integrated team approach and can easily blend our STC clients with children being served through the EPSDT program.

Website: www.crosscreekcounseling.com

E-mail: staff@crosscreekcounseling.com

*CPS/EPSDT Provider

SW: Please note that DHHS Fiscal Services sends the CS 840 to the contractor.
Mailing address to be used by Fiscal to send CS 840s and payments:
Cross Creek Family Counseling
8421 Auburn Boulevard, Building 3
Citrus Heights, CA 95610
Fax: (916) 722-9229

Attachment 11: List of CPS Short Term Counselors—Fiscal Year 11/12

• DC Family Connections

PHONE # (916) 489-3297 FAX # (916) 489-3297

Hours: Monday – Friday 8 a.m. to 5 p.m.
Evening appointments, by request

SERVICE LOCATIONS:

2222 Watt Avenue, Suite D-5
Sacramento, CA 95825
Thomas Guide: 278-G-7

Setting: In-Office

Languages(s):

Conditions: None

Specialties:

- Co-parenting
- Sexual abuse (not for perpetrators)
- Depression
- Anger management
- General practice

SW: Please note that DHHS Fiscal Services sends the CS 840 to the contractor.
Mailing address to be used by Fiscal to send CS 840s and payments:
DC Family Connections
2222 Watt Avenue, Suite D-5
Sacramento, CA 95825
Fax: (916) 489-3297

Attachment 11: List of CPS Short Term Counselors—Fiscal Year 11/12

- **Diogenes Youth Services**

PHONE # (916) 369-5447 Ext. 223 Melissa Gallagher or Linda Lea

Email: melissadys@diogenesyouthservices.org

Hours: Monday – Sunday: 8:00 a.m. to 8:00 p.m. .

SERVICE LOCATIONS:

916-369-5447 Ext 201 Linda Lea
9719 Lincoln Village Dr., Suite 502
Sacramento, CA 95827
Thomas Guide: 299-C-6

Setting: In-Office and In-Home

Languages(s):

Conditions: None

Specialties:

- Services for adults and/or youth with maltreatment issues (child abuse, physical abuse, sexual abuse, neglect, domestic violence, substance abuse, parenting skills training, family, couples and individual counseling.)
- Group counseling available for parenting, anger management, and youth & drugs.
- Spanish speaking/male and female therapists available.
- Anger management groups (for adults and teens), domestic violence group, parent support group, and youth support group.

***Out of County Office**

SW: Please note that DHHS Fiscal Services sends the CS 840 to the contractor.
Mailing address to be used by Fiscal to send CS 840s and payments:
Diogenes Youth Services
9719 Lincoln Village Drive, Suite 502
Sacramento, CA 95827
Fax: (916) 369-5389

Attachment 11: List of CPS Short Term Counselors—Fiscal Year 11/12

- **The Effort, Inc.**

PHONE # (916) 368-3080/ (916) 313-8405 Jonathan Porteus, Ph.D.

Hours: Monday - Thursday: 9 a.m. – 8:30 p.m.; Friday: 9 a.m. - 5:00 p.m.

SERVICE LOCATIONS:

8233 E. Stockton Boulevard Sacramento, CA 95828 *Thomas Guide: 338-C-6*	6015 Watt Avenue, Suite 2 North Highlands, CA 95660 *Thomas Guide: 258-G-4*	Phone: 916-679-3925

Setting: In-Office and In-Home

Languages(s): Spanish, African-American Culture

Conditions: The Effort, Inc. will accept short-term referrals for:

- Adults with children who are not in counseling
- Adults with Children who are in counseling at The Effort, Inc. under EPSDT.

Specialties:

- Mental health counseling services for families, couples, children, and individuals.
- Co-occurring MH/AOD services.

***CPS/EPSDT Provider**

SW: Please note that DHHS Fiscal Services sends the CS 840 to the contractor.
Mailing address to be used by Fiscal to send CS 840s and payments:
The Effort, Inc.
Munesh Naidu
8233 E. Stockton Blvd., Suite D
Sacramento, CA 95828
Fax: (916) 405-6551

Attachment 11: List of CPS Short Term Counselors—Fiscal Year 11/12

- **Goldstein, Steven MFT**

PHONE # (916) 396-7606

Hours: **Monday and Friday, 9 am – 6 pm**

SERVICE LOCATIONS:

2020 – 29th Street - Suite 204
Sacramento, CA 95816
Thomas Guide: 297-F-6

Setting: In-Office

Languages(s): English

Conditions: Stairs – No elevator

Specialties:

- Parents with children in custody
- Depression
- Substance abuse
- Young mothers
- Mental Health – Patients on medications
- Rational approach with behavioral outcomes

SW: Please note that DHHS Fiscal Services sends the CS 840 to the contractor.
Mailing address to be used by Fiscal to send CS 840s and payments:
Steven Goldstein
8359 Elk Grove-Florin Road, Suite 103
Sacramento, CA 95829

Attachment 11: List of CPS Short Term Counselors—Fiscal Year 11/12

- **Hoyt, Leina, MFT**

PHONE # (916) 838-8234 FAX # (916) 714-4471

Hours: Monday – Saturday 8:00 am – 8:00 pm

SERVICE LOCATIONS:

8788 Elk Grove Boulevard, Bldg. 3, Suite 12F
Elk Grove, CA 95624
Thomas Guide: 358-G-6

Setting: In-Office

Languages(s): English

Conditions: Near bus stop, wheelchair accessible

Specialties:

- Sexual Abuse – Victimization and perpetration
- Therapeutic Visitation / Parental Coaching
- Depression and Anxiety
- Substance Abuse
- Domestic Violence – Victims and Perpetrators

SW: Please note that DHHS Fiscal Services sends the CS 840 to the contractor.
Mailing address to be used by Fiscal to send CS 840s and payments:
Leina Hoyt
8788 Elk Grove Boulevard, Bldg. 3, Suite 12F
Elk Grove, CA 95624
Fax: (916) 714-4471

Attachment 11: List of CPS Short Term Counselors—Fiscal Year 11/12

- **Jarman, Ernest, Ph.D.**

PHONE # (916) 397-1992 FAX # (916) 543-3042

Hours: By appointment, weekdays and evenings

SERVICE LOCATIONS:

9267 Greenback Lane, #B-98
Orangevale, CA 95662
Thomas Guide: 260-G-4

Setting: In-Office

Languages(s): English

Conditions:

Specialties:

- Alcohol and drug abuse
- Family Relations
- General Counseling

SW: Please note that DHHS Fiscal Services sends the CS 840 to the contractor.
Mailing address to be used by Fiscal to send CS 840s and payments:
Ernest Jarman
9267 Greenback Lane, #B-98
Orangevale, CA 95662
Fax: (916) 543-3042

Attachment 11: List of CPS Short Term Counselors—Fiscal Year 11/12

- **Kagan, Alexander, MFT**

PHONE # (916) 607-7478 FAX # (916) 965-7478

Hours: Call for appointment - Available weekdays, evenings and weekends

SERVICE LOCATIONS:

3430 Balmoral Drive, Suite 8
Sacramento, CA 95821
Thomas Guide: 278-F-6

Setting: In-Office and Home Visits

Languages(s): Russian, Ukranian

Conditions:

Specialties:

- Multi-cultural counseling
- Child sexual abuse and neglect
- Depression
- Post-traumatic stress disorder
- Anxiety disorders
- Anger Management
- Parenting
- Family counseling

SW: Please note that DHHS Fiscal Services sends the CS 840 to the contractor.
Mailing address to be used by Fiscal to send CS 840s and payments:
Alexander Kagan
7640 Royal State Court
Fair Oaks , CA 95628
Fax: (916) 965-0120

Attachment 11: List of CPS Short Term Counselors—Fiscal Year 11/12

- **Martins' Achievement Place, Inc.**

PHONE # (916) 338-1001 Ext. 306 Lynn Carr FAX # (916) 338-1044

Hours: Monday-Thursday: 9 a.m. to 9 p.m.
Friday-Saturday: 9 a.m. to 7 p.m.

SERVICE LOCATIONS:

5240 Jackson Street
North Highlands, CA 95660
(Number 93 Bus)
Thomas Guide: 258-H-6

Setting: In-Office

Languages(s): English, Spanish

Conditions:

Specialties:

- Community-based counseling agency serving adults, adolescents, and children, specializing in the areas of sexual perpetration, non-offending parent and victims of sexual abuse.
- Other areas of treatment include: trauma recovery (PTSD), anger management, physical abuse, neglect, parenting, substance abuse, grief/loss, parent-child conflict, depression, anxiety, crisis management, and blended family.
- Resolution of these issues is achieved through individual and family therapy, as well as group therapy.
- Groups offered include: Adult Sex Offender, Adolescent Sex Offender, Non-Offending Parent Group, Anger Management Group and Parenting Group.
- Classes offered include: Parenting, Anger Management, and a psycho-educational group designed to assist reunifying families.

SW: Please note that DHHS Fiscal Services sends the CS 840 to the contractor.
Mailing address to be used by Fiscal to send CS 840s and payments:
Martins' Achievement Center
5240 Jackson Street
North Highlands, CA 95660

Attachment 11: List of CPS Short Term Counselors—Fiscal Year 11/12

- **Moazam, Cyrus, Ph.D.**

PHONE # (916) 505-9151 FAX # (916) 988-7864

Hours: 8:00 am - 5:00 pm

SERVICE LOCATIONS:

9267 Greenback Lane, Suite B-98
Orangevale, CA 95662
Thomas Guide: 260-G-4

Setting: In-Office

Languages(s): Farsi

Conditions: None

Specialties: Children, juvenile delinquents, adults, and family therapy.

SW: Please note that DHHS Fiscal Services sends the CS 840 to the contractor.
Mailing address to be used by Fiscal to send CS 840s and payments:
Cyrus Moazam
9267 Greenback Lane, Suite B-98
Orangevale, CA 95662
Fax: (916) 988-7864

Attachment 11: List of CPS Short Term Counselors—Fiscal Year 11/12

- **Odipo, Charles, Ed.D, Licensed Psychologist**

PHONE # (916) 217-7529 FAX # (916) 217-7529

Use email for referrals: kavirondo@gmail.com or codipo@hotmail.com

Website: Kavpsychservices.com

Hours: Monday, Wednesday, Friday, Saturday - By appointment

SERVICE LOCATIONS:

3067 Freeport Boulevard
Sacramento, CA 95818
Thomas Guide: 317-D-1

Setting: In-Office
In-Home (under special circumstances)

Languages(s): English, Swahili

Conditions:

Specialties:

- I conduct individual and family psychotherapy using cognitive behavioral, behavior modification and family therapy techniques.
- I conceptualize cases using an attachment and family systems perspective.
- I provide psychological assessments via clinical interview and limited objective and projective tests as part of my assessment.
- I have a great deal of experience working with clients from diverse backgrounds including developmentally disabled, SED, low socioeconomic communities and ethnic minorities, CPS clients, psychological mentorship for African American males, physical abuse, anger management, ADHD, PTSD, attachment disorder.

WEBSITE: http://www.kavpsychservices.com/

SW: Please note that DHHS Fiscal Services sends the CS 840 to the contractor.
Mailing address to be used by Fiscal to send CS 840s and payments:
Charles Odipo
34 Princeville Circle
Sacramento, CA 95831

Attachment 11: List of CPS Short Term Counselors—Fiscal Year 11/12

- **Positive Option Family Service**

PHONE # (916) 973-2838 FAX # (916) 973-2850

Hours: 10 a.m. – 6 p.m.

SERVICE LOCATIONS:

2400 Glendale Lane, Suite G
Sacramento, CA 95825
Thomas Guide: 298-D-1

Setting: In-Office

Languages(s): English

Conditions:

Specialties:

- PTSD (Post Traumatic Stress Disorder)
- Working with couples, building communication skills and strengthening relationships
- Anger Management

SW: Please note that DHHS Fiscal Services sends the CS 800 to the contractor.
Mailing address to be used by Fiscal to send CS 800s, payments and all correspondence:
Positive Option Family Service
P. O. Box 202
Citrus Heights, CA 95611

Attachment 11: List of CPS Short Term Counselors—Fiscal Year 11/12

• River Oak Center For Children

PHONE # (916) 609-4965 Kristy Schwee

Hours: Normal business hours are Monday through Friday: 8 a.m. to 6 p.m.
Arrangements can be made for appointments after 6 p.m., if necessary.
Saturday may be available on a case-by-case basis.

SERVICE LOCATIONS:

5030 El Camino Avenue	9412 Big Horn Blvd.
Carmichael, CA 95608	*Elk Grove, CA 95758*
Thomas Guide 279 – B-7	*Thomas Guide 358-A-3*

Setting: In-Office and In-Home

Languages(s): Spanish, Hmong, Hindi

Conditions: Call first

Specialties:

- General practice for both adults and children.
- Specialties include maltreatment issues, e.g., physical, sexual and emotional abuse, neglect, and domestic violence; parenting skills; substance abuse related issues; depression, anxiety, reunification, and PTSD.

***CPS/EPSDT Provider**

SW: Please note that DHHS Fiscal Services sends the CS 840 to the contractor.
Mailing address to be used by Fiscal to send CS 840s (referrals):
River Oak Center for Children
5030 El Camino Avenue
Carmichael, CA 95608
Attention: Amy Fierro
Fax: (916) 609-5160

Mailing address to be used by Fiscal to send payments:
River Oak Center for Children
5030 El Camino Avenue
Carmichael, CA 95608--4650
Attention: Miriam Vargas

Attachment 11: List of CPS Short Term Counselors—Fiscal Year 11/12

- **Robison, Myrna-Kay, MFT**

PHONE # (916) 698-6561 or (209) 223-5105 FAX # (209) 223-7679

Email: myrna-kay@volcano.net

Hours: *Day, evening and weekend appointments available*

SERVICE LOCATIONS:

7486 Center Parkway
Sacramento, CA 95823
Thomas Guide: 337-H-2

*32 Main Street
Sutter Creek, CA 95685

Setting: In-Office

Languages(s):

Conditions:

Specialties:

- Services for children and adults (individual, couple, family), parenting and maltreatment issues, reunification work, loss-separation, anger management/domestic violence, PTSD, ADHD, attachment disorders, developmental disabilities, hearing/vision impairment.
- Andersen Anger Management Program.

On Bus line #54.

Accept most insurances and EAP programs, Value Options, TriWest (military) and Victim Witness Funding.

***Out of County Office**

SW: Please note that DHHS Fiscal Services sends the CS 840 to the contractor.
Mailing address to be used by Fiscal to send CS 840s:
Myrna-Kay Robison
7486 Center Parkway
Sacramento, CA 95823

Mailing address to be used by Fiscal to send payments:
P.O. Box 578
Jackson, CA 95642

Attachment 11: List of CPS Short Term Counselors—Fiscal Year 11/12

- **Sacramento Children's Home**

PHONE # (916) 452-3981 Ext. 1332 Gayaneh Karapetian

Hours: Monday - Friday: 8 a.m. to 5 p.m. (except holidays).

SERVICE LOCATIONS:

2750 Sutterville Road
Sacramento, CA 95820
Thomas Guide: 317-E-2

2751 Wilmington Avenue
Sacramento, CA 95820
Thomas Guide: 317-E-2

Setting: Only In-Office

Languages(s): Spanish

Conditions: Call first

Specialties:

- Individual, couples, child, and family therapy for families involved with the CPS system.

***CPS/EPSDT Provider**

SW: Please note that DHHS Fiscal Services sends the CS 840 to the contractor.
Mailing address to be used by Fiscal to send CS 840s and payments:
Short-Term Counseling Program
Sacramento Children's Home
2750 Sutterville Road
Sacramento, CA 95820
Fax: (916) 454-5031

Attachment 11: List of CPS Short Term Counselors—Fiscal Year 11/12

• Sacramento Native American Health Center, Inc.

PHONE # (916) 341-0575 FAX # (916) 341-0574

Hours: Monday, Wednesday and Friday 8 a.m. – 5 p.m.
Tuesday and Thursday 8 a.m. – 7 p.m.

SERVICE LOCATIONS:

2020 J Street
Sacramento, CA 95811
Thomas Guide: 297-E-4

Setting: Community health, FQHC, Urban Indian health

Languages(s): English, Spanish

Conditions: Chronic care, family practice, Native American

Specialties:

- Native American specific
- Medi-Cal
- Chronic care

SW: Please note that DHHS Fiscal Services sends the CS 840 to the contractor.
Mailing address to be used by Fiscal to send CS 840s, payments and all correspondence:
Sacramento Native American Health Center, Inc.
2020 J Street
Sacramento, CA 95811
FAX No. (916) 341-0574

Attachment 11: List of CPS Short Term Counselors—Fiscal Year 11/12

- **South Sacramento Counseling Center**

PHONE # (916) 421-6500 Myrna Kay Robison

Hours: Days, evenings, weekends

SERVICE LOCATIONS:

7486 Center Parkway
Sacramento, CA 95823
Thomas Guide: 337-H-2

On Busline #54

Setting: In-Office and In-Home

Languages(s): Hmong, Spanish, Vietnamese

Conditions: None

Specialties:

- Diversified center for children, adolescents, and adults focused on family problems, including reunification issues, domestic violence, physical, sexual and emotional abuse, mood disorders, PTSD, anger/impulse control problems, parenting/maltreatment issues, grief/loss resolution, marital/relationship dysfunctions and stress management.
- Individual, couple and family therapy available for both offending and non-offending parents.
- Therapists specialize in working with persons having developmental disabilities.
- Therapists are experienced in using interpreters for non-English speaking clients.
- Group therapy available for parenting issues, DBT for affect regulation, and anger management for adolescents and adults.
- Both individual and group therapy to assist parents in developing responsibility and decision making.
- There are two anger management groups, with a component addressing domestic violence.
- Spanish language anger management group counseling. Groups also in Hmong and Vietnamese.
- We have a domestic violence group for women victims.
- Co-parenting and supervised visitation.
- Accept Victims of Crime/Witness funding as well as most insurance and EAP programs.

***Out of County Office**

SW: Please note that DHHS Fiscal Services sends the CS 840 to the contractor.
Mailing address to be used by Fiscal to send CS 840s and payments:
Faith Community United Church of Christ dba South Sacramento Counseling Center
7486 Center Parkway
Sacramento, CA 95823
Fax: (209) 223-7679

Attachment 11: List of CPS Short Term Counselors—Fiscal Year 11/12

- **Strategies for Change**

PHONE # (916) 395-3552 Ext. 262 Dr. B.J. Davis
FAX # (916) 473-5766

Hours: Monday-Friday: 8 a.m. to 7 p.m.; possible Saturday appointments
Monday-Friday: 8 a.m. to 5 p.m. only at Williamsbourgh/Franklin Boulevard office

SERVICE LOCATIONS: RT Bus Lines 1, 9 and 10

4441 Auburn Boulevard, Suite E
Sacramento, CA 95841
Thomas Guide: 278-J-2

4343 Williamsbourgh Drive
Sacramento, CA 95823
(off Franklin Boulevard)
Thomas Guide: 337-G-1

Setting: In-Office and In-Home

Languages(s): Spanish

Conditions:

Specialties:

- Services for substance abusing parents and those with co-occurring disorders, particularly victims of childhood and adult trauma.
- Experience in domestic violence, PTSD, sexual abuse and other trauma.
- Treating all family members.
- Group sessions on the above topics may be available.
- Free child care available on-site while in session.
- Parenting education and support services.
- Those currently engaged in substance abuse treatment at SFC, or at an agency where therapy is not available, or those who might benefit from treatment or an assessment of need for treatment, would be especially appropriate.
- Easy access to bus and light rail.
- PCIT under EPSDT for Medi-Cal eligible children, or short-term counseling funds for non-Medi-Cal children.
- Offer Anger Management for adults and youth.

SW: Please note that DHHS Fiscal Services sends the CS 840 to the contractor.
Mailing address to be used by Fiscal to send CS 840s and payments:
Strategies for Change
4441 Auburn Boulevard, Suite E
Sacramento, CA 95841

Attachment 11: List of CPS Short Term Counselors—Fiscal Year 11/12

- **Terra Nova Counseling**

9:00a.m-8:00 p.m. M-F:
(916) 344-0249 Reception

3:00 p.m.-6:00 p.m. T-W-Thurs:
(916) 239-6387-Dept. Admin., Adult & Family Services

For CSWs only (vm): (916) 239-6383- Kent Meyers, Dept. Director

Emergencies only: (916) 344-0249 x210- Mary K. Stroube, President & C.E.O.

Counselors make appointments individually Tues-Sat.

SERVICE LOCATIONS:

5777 Madison Avenue, Suite 240
Sacramento, CA 95841
Thomas Guide: 259-C-7

1025 19th Street, Suite 12
Sacramento, CA 95814
Thomas Guide: 297-E-4

Setting: In-Office

Languages(s): English, Persian (Farsi)

Conditions: None

Specialties:

General practice agency working with children, adolescents and adults in individual, couples and family counseling.

- Managing general mental health concerns for children and adults;
- Pediatric outpatient psychiatatry (Medi-Cal);
- Anger management/domestic violence issues;
- Physical and sexual abuse (victimes and perpetrators, adolescents & adults);
- Alcohol and drug dependency programs and counseling;
- Counseling for Victims of Crime; various support groups for adults & children.

Adult counseling and groups include:

- Co-Parenting Training; Anger Management Skills; Family Reunification; Transition Support Groups for Parents (Applied Parenting and Living Skills); Depression and other individual issues.

***CPS/EPSDT Provider**

SW: Please note that DHHS Fiscal Services sends the CS 840 to the contractor.
Mailing address to be used by Fiscal to send CS 840s and payments:
Terra Nova Counseling
5777 Madison Avenue, Suite 240
Sacramento, CA 95841
Fax: (916) 344-0739

Attachment 11: List of CPS Short Term Counselors—Fiscal Year 11/12

• Turning Point Community Programs

PHONE # (916) 438-3030 **Audra Wilcox** FAX # (916) 438-3034

Email: audrawilcox@tpcp.org

Hours: Monday - Friday: 8 a.m. to 5 p.m. (some evenings)

SERVICE LOCATIONS:

7237 E. Southgate Drive, Suite E
Sacramento, CA 95823
Thomas Guide: 337-J-1

Setting: In-Office and In-Home, on a limited basis.

Languages(s): Loatian

Conditions:

Specialties:

- Short-term behaviorally-oriented counseling.
- Services for children, adolescents, adults (individual and family).
- Separation/loss issues, sexual/physical/emotional abuse issues, behavioral issues.
- Anger management issues, domestic violence, substance abuse, parenting.
- Increase functioning and personal stability.
- PTSD, mood disorders, ADD, ODD, Anxiety disorders, adjustment disorders, personality disorders, attachment disorders.

***CPS/EPSDT Provider**

SW: Please note that DHHS Fiscal Services sends the CS 840 to the contractor.
Mailing address to be used by Fiscal to send CS 840s:
Turning Point Community Programs
7237 East Southgate Drive, Suite E
Sacramento, CA 95823
Attention: Audra Wilcox

Mailing address to be used by Fiscal to send payments:
Turning Point Community Programs
3440 Viking Drive, Suite 114
Sacramento, CA 95827
Attention: Bruce Jefferson

Attachment 11: List of CPS Short Term Counselors—Fiscal Year 11/12

- **Visions Unlimited, Inc.**

PHONE # (916) 394-2010 Nichole Wofford FAX # (916) 394-0820
PHONE # (209) 745-3101 Holly Janoska FAX# (209) 745-7539

Hours: Suite 200 - Monday-Thursday – 8:30-5:30 pm, Fri. 8:30-5:00 pm

Suite 1230 - Monday-Thursday – 8:30-7:00 pm, Fri. 8:30-5:00 pm

Suite 2 - Galt- Monday-Thursday 9:00-6:00 pm, Fri. 8:30-5:00 pm

SERVICE LOCATIONS:

7000 Franklin Blvd, Suite 200 Sacramento, CA 95823 *Thomas Guide: 337 G-1*	7000 Franklin Blvd, Suite 1230 Sacramento, CA 95823 *Thomas Guide: 337 G-1*	425 Pine Street, Suite 2 Galt, CA 95632 *Thomas Guide: 419 F-7*

Setting: In-Office. In-Home on a limited basis. Also, provide services in schools

Languages(s): Farsi, Spanish

Conditions: None

Specialties:

- Culturally diverse counselors and support staff.
- Individual, family and group therapy for children, adolescents and adults.
- We offer several groups but they change periodically.

***CPS/EPSDT Provider**

SW: Please note that DHHS Fiscal Services sends the CS 840 to the contractor.
Mailing address to be used by Fiscal to send CS 840s and payments:
Visions Unlimited, Inc.
Attn: Jennifer Ruiz
7000 Franklin Blvd., Suite 200
Sacramento, CA 95823
Fax: (916) 429-7824

Attachment 11: List of CPS Short Term Counselors—Fiscal Year 11/12

- **Volunteers in Victim Assistance (VIVA)**

PHONE # (916) 570-1690 VIVA Direct Line

Hours: Monday - Friday: 9 a.m. to 8 p.m. Saturday: 9 a.m. to 4 p.m.
Drop-in center open noon to 4 p.m. Monday through Friday.

SERVICE LOCATIONS:

2020 Hurley Way, Suite 265
Sacramento, CA 95825
Thomas Guide: 298-C-2

Website: victimassistance.us

Setting: In-Office and In-Home (In-Home Therapy is limited)

Languages(s):

Conditions: None

Specialties:

- Services for adults and children (individual, group, couple, and family therapy).
- Parenting classes, play therapy and sandtray therapy for treating children and adults who have been exposed to violence, physical and sexual abuse, neglect.
- PTSD, ADHD, depression, anxiety, anger control issues, marital conflicts, reunification and foster family counseling.

SW: *Please note that DHHS Fiscal Services sends the CS 840 to the contractor.*
Mailing address to be used by Fiscal to send CS 840s and payments:
Volunteers in Victim Assistance (VIVA)
2020 Hurley Way, Suite 265
Sacramento, CA 95825
Fax: (916) 570-1694

Attachment 11: List of CPS Short Term Counselors—Fiscal Year 11/12

- **WEAVE, Inc.**

PHONE # (916) 448-2321

Hours: Monday – Thursday 9:00 a.m. – 8:00 p.m.
Friday 9:00 a.m. – 5:00 p.m.

SERVICE LOCATIONS:

1900 K Street
Sacramento, CA 95811
Thomas Guide: 297-E-4

Setting: At agency – in office

Languages(s): English, Spanish

Conditions: Sliding scale fees

Specialties:

- Short-term group and individual counseling for adults and children
- Family violence
- Sexual assault
- Trauma Focused Cognitive Behavior Therapy
- Culturally diverse, serving the LGBTQ community
- Victim Witness Mental Health Therapy

SW: Please note that DHHS Fiscal Services sends the CS 840 to the contractor.
Mailing address to be used by Fiscal to send CS 840s and payments:
WEAVE, Inc.
1900 K Street
Sacramento, CA 95811
Fax: (916) 443-7183

Attachment 11: List of CPS Short Term Counselors—Fiscal Year 11/12

- **Woods, Michael A., MFT**

PHONE # (916) 456-4412 FAX # (916) 456-0110

Hours: **Monday – Wednesday 11:00 am – 7:00 pm**
Thursday & Friday 11:00 am – 6:00 pm

SERVICE LOCATIONS:

2716 X Street
Sacramento, CA 95818
Thomas Guide: 297-E-6

Setting: In-Office

Languages(s): English

Conditions:

Specialties:

- Issues surrounding attachment, family and parenting.
- Stress and anger management (individual, couples, children and families.)

SW: Please note that DHHS Fiscal Services sends the CS 840 to the contractor.
Mailing address to be used by Fiscal to send CS 840s and payments:
Michael A. Woods, MFT
2716 X Street
Sacramento, CA 95818

Attachment 11: List of CPS Short Term Counselors—Fiscal Year 11/12

- **Yates, David, MFC**

PHONE # (530) 676-0223 & (916) 761-3676 Cell FAX # (530) 676-0223

Hours: Monday: 7 p.m. to 9 p.m. for Group (Will advise as new groups form)
Monday – Friday, 9 a.m. to 7 p.m. for Individual

SERVICE LOCATIONS:

2775 Cottage Way, Suite 29
Sacramento, CA 95825
Thomas Guide: 278-E-7

Setting: In-Office

Languages(s): English

Conditions:

Specialties:

- Individual counseling referrals
- Anger management
- Domestic violence and victim groups

SW: Please note that DHHS Fiscal Services sends the CS 840 to the contractor.
Mailing address to be used by Fiscal to send CS 840s and payments:
David Yates
3343 East View Drive
Shingle Springs, CA 95682

Key Outcome Area	Owner	Federal Outcome from State Quarterly Report	Review		
			Who gathers this information?	At what frequency?	Action to be taken
Safety	Kim Pearson	2B. Percent of Child Abuse/Neglect Referrals with a Timely Response: Immediate Response and 10 Day	PMs	Quarterly	○ Review Quarterly Progress using State report ○ If outcomes are poor, review efficacy of interim measures ○ Recommend program changes, if needed
			DMs	Quarterly	○ Review Quarterly Progress using State report ○ If outcomes are poor, review efficacy of interim measures ○ Implement program changes, if needed

Strategic Contribution to Outcome	Data Source	Who gathers this information?	At what frequency?	Action to be taken
Identify and address barriers both systemic and individual.	SafeMeasures/ Time to investigation/ prior month	ER SW	Weekly	○ Ensure timely response on assigned referrals ○ Data entry within 7 days
		ER Supervisors	Monthly	○ Identify and discuss systemic barriers with program manager. ○ Identify and address individual performance issues; Utilize coaching, modeling and other progressive intervention methods. ○ Document successful efforts and performance concerns in the worker's desk personnel file; include data as appropriate (print and file copy of SafeMeasures data).
			Quarterly	○ Review effectiveness of systemic and individual corrective measures and use additional interventions as needed.
			Annually	○ Document successful efforts and performance concerns in the worker's PEP; include data as appropriate (print and file copy of SafeMeasures data).
		ER PM	Monthly	○ Work with supervisors to identify and address systemic barriers; consult with division manager as needed ○ Identify and address individual performance issues; Utilize coaching, modeling and other progressive intervention methods. ○ Document successful efforts and performance concerns in the supervisor's desk personnel file; include data as appropriate (print and file copy of SafeMeasures data).

Key Outcome Area	Owner	Federal Outcome from State Quarterly Report	Review		
			Who gathers this information?	At what frequency?	Action to be taken
Safety	Kim Pearson	2B. Percent of Child Abuse/Neglect Referrals with a Timely Response: Immediate Response and 10 Day	PMs	Quarterly	○ Review Quarterly Progress using State report ○ If outcomes are poor, review efficacy of interim measures ○ Recommend program changes, if needed
			DMs	Quarterly	○ Review Quarterly Progress using State report ○ If outcomes are poor, review efficacy of interim measures ○ Implement program changes, if needed

			Quarterly	○ Review effectiveness of systemic and individual corrective measures and use additional interventions as needed.
			Annually	○ Document successful efforts and performance concerns in the supervisor's PEP; include data as appropriate (print and file copy of SafeMeasures data).
		DM	Quarterly	○ Run report for each PM ○ Review PM data in comparison to region, and county numbers. ○ Work with program managers to identify and address systemic barriers; consult with deputy director as needed ○ Take appropriate action to improve PM's performance when needed; utilize coaching, modeling and other progressive intervention methods. ○ Document successful efforts and performance concerns in the manager's desk personnel file; include data as appropriate (print and file copy of SafeMeasures data).
			Annually	○ Document successful efforts and performance concerns in the manager's PEP; include data as appropriate (print and file copy of SafeMeasures data).
		DD	Quarterly	○ Review division manager's data in comparison to region, and county numbers. ○ Work with division managers to identify and address systemic barriers; consult with DHHS director as needed ○ Take appropriate action to improve division manager's

Key Outcome Area	Owner	Federal Outcome from State Quarterly Report	Review		
			Who gathers this information?	At what frequency?	Action to be taken
Safety	Kim Pearson	2B. Percent of Child Abuse/Neglect Referrals with a Timely Response: Immediate Response and 10 Day	PMs	Quarterly	○ Review Quarterly Progress using State report ○ If outcomes are poor, review efficacy of interim measures ○ Recommend program changes, if needed
			DMs	Quarterly	○ Review Quarterly Progress using State report ○ If outcomes are poor, review efficacy of interim measures ○ Implement program changes, if needed

				performance when needed; utilize coaching, modeling and other progressive intervention methods. ○ Document successful efforts and performance concerns in the division manager's desk personnel file; include data as appropriate (print and file copy of SafeMeasures data).
			Annually	○ Document successful efforts and performance concerns in the division manager's PEP; include data as appropriate (print and file copy of SafeMeasures data).
Timely referral assignments positively contributes to SW ability to manage their caseload.	SafeMeasures/ Time to Referral Assignment	Intake Supervisors	Monthly	○ Evaluate referrals that were not assigned same day/ next day ○ Identify issues and work to resolve
		ER PM	Monthly	○ Remove barriers to same day assignment
High caseloads contribute to poor compliance.	SafeMeasures/ Referrals/ Time Open based on referral received date	ER SW	Weekly	○ Ensure referrals are closed within 30-60 days
		ER Supervisors	Bi-Monthly	○ Identify and discuss systemic barriers with program manager. ○ Identify and address individual performance issues; Utilize coaching, modeling and other progressive intervention methods. ○ Document successful efforts and performance concerns in the worker's desk personnel file; include data as appropriate (print and file copy of SafeMeasures data).
			Quarterly	○ Review effectiveness of systemic and individual corrective measures and use additional interventions as needed.

Key Outcome Area	Owner	Federal Outcome from State Quarterly Report	Review		
			Who gathers this information?	At what frequency?	Action to be taken
Safety	Kim Pearson	2B. Percent of Child Abuse/Neglect Referrals with a Timely Response: Immediate Response and 10 Day	PMs	Quarterly	○ Review Quarterly Progress using State report ○ If outcomes are poor, review efficacy of interim measures ○ Recommend program changes, if needed
			DMs	Quarterly	○ Review Quarterly Progress using State report ○ If outcomes are poor, review efficacy of interim measures ○ Implement program changes, if needed

			Annually	○ Document successful efforts and performance concerns in the worker's PEP; include data as appropriate (print and file copy of SafeMeasures data).
		ER PM	Weekly	○ Weekly Report out
			Monthly	○ Run report for each unit ○ Review unit data in comparison to region and county numbers. ○ Work with supervisors to identify and address systemic barriers; consult with division manager as needed ○ Identify and address individual performance issues; utilize coaching, modeling and other progressive intervention methods. ○ Document successful efforts and performance concerns in the supervisor's desk personnel file; include data as appropriate (print and file copy of SafeMeasures data).
			Quarterly	○ Review effectiveness of systemic and individual corrective measures and use additional interventions as needed.
			Annually	○ Document successful efforts and performance concerns in the supervisor's PEP; include % open over 30 and 60 days (print and file copy of SafeMeasures data).
		DM	Quarterly	○ Run report for each PM. ○ Review PM data in comparison to region, and county numbers. ○ Work with program managers to identify and address systemic barriers; consult with deputy director as

Key Outcome Area	Owner	Federal Outcome from State Quarterly Report	Review		
			Who gathers this information?	At what frequency?	Action to be taken
Safety	Kim Pearson	2B. Percent of Child Abuse/Neglect Referrals with a Timely Response: Immediate Response and 10 Day	PMs	Quarterly	○ Review Quarterly Progress using State report ○ If outcomes are poor, review efficacy of interim measures ○ Recommend program changes, if needed
			DMs	Quarterly	○ Review Quarterly Progress using State report ○ If outcomes are poor, review efficacy of interim measures ○ Implement program changes, if needed

				needed ○ Take appropriate action to improve PM's performance when needed; utilize coaching, modeling and other progressive intervention methods. ○ Document successful efforts and performance concerns in the manager's desk personnel file; include data as appropriate (print and file copy of SafeMeasures data).
			Annually	○ Document successful efforts and performance concerns in the manager's PEP; include data as appropriate (print and file copy of SafeMeasures data).
		DD	Quarterly	○ Review division manager data in comparison to region, and county numbers. ○ Work with division managers to identify and address systemic barriers; consult with deputy director as needed ○ Take appropriate action to improve division manager's performance when needed; utilize coaching, modeling and other progressive intervention methods. ○ Document successful efforts and performance concerns in the division manager's desk personnel file; include data as appropriate (print and file copy of SafeMeasures data).
			Annually	○ Document successful efforts and performance concerns in the division manager's PEP; include data as appropriate (print and file copy of SafeMeasures data).

Key Outcome Area	Owner	Federal Outcome from State Quarterly Report	Review		
			Who gathers this information?	At what frequency?	Action to be taken
Safety	DM	2C: Timely Social Worker Visits with Child	PMs	Quarterly	○ Review Quarterly Progress using State report ○ If outcomes are poor, review efficacy of interim measures ○ Recommend program changes, if needed
			DMs	Quarterly	○ Review Quarterly Progress using State report ○ If outcomes are poor, review efficacy of interim measures ○ Implement program changes, if needed

Strategic Contribution to Outcome	Data Source	Who gathers this information?	At what frequency?	Action to be taken
Maintaining regular contact with children increases child safety Implement FFA visits in lieu Contact compliance age 0-5	Safe Measures: Main Menu, Open Cases, Face to Face Contacts. Filter by caseload, unit or program. Or Proposed Measures, Case Accountability Summary	SW	Weekly	○ Ensure contact compliance. Ensure data entry within 7 days
		Dep., IS, Adoptions Supervisor	Monthly	○ Review for compliance with contacts in current month. Ensure all visits have been scheduled for face to face contact prior to the end of the month by the primary social worker. ○ Identify and communicate systemic barriers to program manager ○ Identify and address individual performance issues; utilize coaching, modeling and other progressive intervention methods. ○ Document successful efforts and performance concerns in the worker's desk personnel file; include data as appropriate (print and file copy of SafeMeasures data).
			Quarterly	○ Review effectiveness of systemic and individual corrective measures and use additional interventions as needed.
			Annually	○ Document successful efforts and performance concerns in the worker's PEP; include data as appropriate (print and file copy of SafeMeasures data).
		PM	Weekly	○ Report Out
			Monthly	○ Work with supervisors to identify and address systemic barriers; consult with division manager as needed ○ Identify and address individual performance issues; utilize

Key Outcome Area	Owner	Federal Outcome from State Quarterly Report	Review		
			Who gathers this information?	At what frequency?	Action to be taken
Safety	DM	2C: Timely Social Worker Visits with Child	PMs	Quarterly	○ Review Quarterly Progress using State report ○ If outcomes are poor, review efficacy of interim measures ○ Recommend program changes, if needed
			DMs	Quarterly	○ Review Quarterly Progress using State report ○ If outcomes are poor, review efficacy of interim measures ○ Implement program changes, if needed

				coaching, modeling and other progressive intervention methods. ○ Document successful efforts and performance concerns in the supervisor's desk personnel file; include data as appropriate (print and file copy of SafeMeasures data).
			Quarterly	○ Review effectiveness of systemic and individual corrective measures and use additional interventions as needed.
			Annually	○ Document successful efforts and performance concerns in the supervisor's PEP; include data as appropriate (print and file copy of SafeMeasures data).
		DM	Quarterly	○ Run report for each PM ○ Review PM data in comparison to region, and county numbers. ○ Work with program managers to identify and address systemic barriers; consult with deputy director as needed ○ Take appropriate action to improve PM's performance when needed; utilize coaching, modeling and other progressive intervention methods. ○ Document successful efforts and performance concerns in the manager's desk personnel file; include data as appropriate (print and file copy of SafeMeasures data).
			Annually	○ Document successful efforts and performance concerns in the manager's PEP; include data as appropriate (print and file copy of SafeMeasures data).
		DD	Quarterly	○ Work with division managers to identify and address systemic barriers; consult with DHHS director as needed

Key Outcome Area	Owner	Federal Outcome from State Quarterly Report	Review		
			Who gathers this information?	At what frequency?	Action to be taken
Safety	DM	2C: Timely Social Worker Visits with Child	PMs	Quarterly	○ Review Quarterly Progress using State report ○ If outcomes are poor, review efficacy of interim measures ○ Recommend program changes, if needed
			DMs	Quarterly	○ Review Quarterly Progress using State report ○ If outcomes are poor, review efficacy of interim measures ○ Implement program changes, if needed

				○ Take appropriate action to improve division manager's performance when needed; utilize coaching, modeling and other progressive intervention methods. ○ Document successful efforts and performance concerns in the division manager's desk personnel file; include data as appropriate (print and file copy of SafeMeasures data).
			Annually	○ Document successful efforts and performance concerns in the division manager's PEP; include data as appropriate (print and file copy of SafeMeasures data).

Strategic Contribution to Outcome	**Data Source**	**Who gathers this information?**	**At what frequency?**	**Action to be taken**
Contact in preferred Location (In the home with the parent or in placement home)	Safe Measures: Main Menu, Open Cases, Face to Face Contact in Preferred Location. Filter by unit, program or caseload. Or Proposed Measures, Case Accountability Summary	SW	Monthly	○ Ensure 90% of contacts are in preferred location
		Supervisor	Monthly	○ Review for compliance with face to face contacts in the preferred location. Staff with workers and supervisors to identify any systemic and individual barriers to compliance. ○ Discuss systemic barriers with program manager ○ Resolve discrepant information regarding preferred location and child's placement or AWOL status. Review the CWS case record on cases that have contacts not in the preferred location to determine if there are safety issues or unmet service issues. Take appropriate action.
		PM	Weekly	○ Report out

Key Outcome Area	Owner	Federal Outcome from State Quarterly Report	Review		
			Who gathers this information?	At what frequency?	Action to be taken
Safety	DM	2C: Timely Social Worker Visits with Child	PMs	Quarterly	○ Review Quarterly Progress using State report ○ If outcomes are poor, review efficacy of interim measures ○ Recommend program changes, if needed
			DMs	Quarterly	○ Review Quarterly Progress using State report ○ If outcomes are poor, review efficacy of interim measures ○ Implement program changes, if needed
				Monthly	○ Work with supervisors to identify and address systemic barriers; consult with division manager as needed ○ Identify and address individual performance issues; utilize coaching, modeling and other progressive intervention methods. ○ Document successful efforts and performance concerns in the supervisor's desk personnel file; include data as appropriate (print and file copy of SafeMeasures data).
				Annually	○ Document successful efforts and performance concerns in the supervisor's PEP; include data as appropriate (print and file copy of SafeMeasures data).
			DM	Annually	○ Document successful efforts and performance concerns in the manager's PEP; include data as appropriate (print and file copy of SafeMeasures data).
			DD	Annually	○ Document successful efforts and performance concerns in the division manager's PEP; include data as appropriate (print and file copy of SafeMeasures data).

Key Outcome Area	Owner	Federal Outcome from State Quarterly Report	Review		
			Who gathers this information?	At what frequency?	Action to be taken
Safety	Pat Mangan, Luis Villa	5B Timely Health Exams	PMs	Quarterly	○ Review Quarterly Progress using State report ○ If outcomes are poor, review efficacy of interim measures ○ Recommend program changes, if needed
			DMs	Quarterly	○ Review Quarterly Progress using State report ○ If outcomes are poor, review efficacy of interim measures ○ Implement program changes, if needed

Data Report/(Strategic Contribution to Outcome)	Data Source	Who gathers this information?	At what frequency?	Action to be taken
Timely provision of Health and Dental Exams is critical for child health and safety.	SafeMeasures Case Compliance Summary or Specific measure for case specific data	CS and Dep SW	As information becomes available	○ Ensure all CHDP equivalent medical and dental exam information is obtained during monthly contacts. Enter exam information into CWS/CMS within 7-days ○ Review/ update child's health notebook
		Supervisors	Monthly	○ Review for compliance. ○ Identify and communicate systemic barriers to program manager ○ Identify and address individual performance issues; utilize coaching, modeling and other progressive intervention methods. ○ Maintain monthly case summaries for each worker and integrate compliance into PEP
		PM	Weekly	○ Report Out
			Monthly	○ Work with supervisors to identify and address systemic barriers; consult with division manager as needed ○ Identify and address individual performance issues; utilize coaching, modeling and other progressive intervention methods.
			Annually	○ Include in Supervisors PEP
		DM	Annually	○ Include in Manager's PEP
		DD	Annually	○ Include in Manager's PEP
Providing the out-of-home care provider accurate health and	SafeMeasures Case Compliance Summary or	CS and Dep SW	As needed	○ Monitor SafeMeasures to ensure no overdue HEPs are noted ○ Ensure child's health and education notebook are current

Key Outcome Area	Owner	Federal Outcome from State Quarterly Report	Review		
			Who gathers this information?	At what frequency?	Action to be taken
Safety	Pat Mangan, Luis Villa	5B Timely Health Exams	PMs	Quarterly	○ Review Quarterly Progress using State report ○ If outcomes are poor, review efficacy of interim measures ○ Recommend program changes, if needed
			DMs	Quarterly	○ Review Quarterly Progress using State report ○ If outcomes are poor, review efficacy of interim measures ○ Implement program changes, if needed

education information is essential to meet the child's needs	SafeMeasures/ Main menu/ Children in Placement/ Health and Education Information			○ Create new HEP and provide to out of home care provider ○ Record date HEP was provided to care provider
		Supervisor	Monthly	○ Review for compliance. ○ Identify and communicate systemic barriers to program manager ○ Identify and address individual performance issues; utilize coaching, modeling and other progressive intervention methods. ○ Maintain monthly case summaries for each worker and integrate compliance into PEP
		PM	Monthly	○ Review for compliance. ○ Work with supervisors to identify and address systemic barriers; consult with division manager as needed ○ Identify and address individual performance issues; utilize coaching, modeling and other progressive intervention methods.
			Annually	○ Include in Supervisors PEP
		DM	Annually	○ Include in Manager's PEP
		DD	Annually	○ Include in Division Manager's PEP

Key Outcome Area	Owner	Federal Outcome from State Quarterly Report	Review		
			Who gathers this information?	At what frequency?	Action to be taken
Permanency	Villa Mangan	Reunification within 12 months	PMs	Semi annually	○ Review Quarterly Progress using State report ○ If outcomes are poor, review efficacy of interim measures ○ Recommend program changes, if needed
			DMs	Semi-Annually	○ Review Quarterly Progress using State report ○ If outcomes are poor, review efficacy of interim measures ○ Implement program changes, if needed

Strategic Contribution to Outcome	**Data Source**	**Who gathers this information?**	**At what frequency?**	**Action to be taken**
SDM informs reunification recommendation, and drives the case plan.	SafeMeasures/ SDM Measures/ Risk Reassessment and Family Strengths and Needs Assessment Timeliness prior to case plan	SW	At required intervals	○ Ensure risk reassessments, reunification assessments and Family Strengths and Needs assessments are completed timely, i.e. prior to SR 98% ○ Staff low/ moderate FR cases for reunification recommendation ○ Submit MOD for reunification at 60 days if initial recommendation not adopted by the court.
		Supervisors	Monthly	○ Monitor SDM timeliness and risk level ○ Staff low/ moderate FR cases for reunification recommendation
			Annually	○ Include SDM timeliness and accuracy in PEP
High caseloads negatively impact ability to effectively manage cases. Target low and moderate cases for closure	SafeMeasures/ SDM for open cases; Risk level FM, FR service component; SDM Safety and risk prior to closure	SW	Monthly	○ Identify low and moderate risk cases and staff closure with supervisor ○ Submit MOD for closure at 60 days if initial recommendation not adopted by the court.
		Supervisors	Monthly	○ Identify and staff low/ moderate FM cases for closure ○ Ensure staff submits MOD for closure if not adopted by court at 90-days
		PM	Quarterly	○ Monitor low/ moderate cases by supervisor ○ Reinforce expectation ○ Include in PEP ○ Report out on Friday call compliance with safety and risk prior to closure

Key Outcome Area	Owner	Federal Outcome from State Quarterly Report	Review		
			Who gathers this information?	At what frequency?	Action to be taken
Permanency	Villa Mangan	Reunification within 12 months	PMs	Semi annually	○ Review Quarterly Progress using State report ○ If outcomes are poor, review efficacy of interim measures ○ Recommend program changes, if needed
			DMs	Semi-Annually	○ Review Quarterly Progress using State report ○ If outcomes are poor, review efficacy of interim measures ○ Implement program changes, if needed

Monitor open FR cases by episode time open to expedite reunification within 12 months	SafeMeasures Case Accountability Summary-Placement Episode Time Open	SW	Monthly	○ Assess cases of FR placement episodes open 9 to 12 months in conjunction with next court hearing to ascertain need for modification for those able to reunify in 12 months. ○ Bring information to supervision
		Supervisor	Monthly	○ Staff cases with open episode 9 to 12 months for appropriateness of a MOD or exit TDM.

Key Outcome Area	Owner	Federal Outcome from State Quarterly Report	Review		
			Who gathers this information?	At what frequency?	Action to be taken
Permanence	Luis Villa, Stephanie Lynch	**C2.1** Adoption within 24 months (exit cohort) **C2.2** Median Time to Adoption (Exit Cohort) **C2.3** Adoption within 12 months (17 Months in Care) **C2.4** Legally Free Within 6 months (17 Months in Care) **C2.5** Adoption within 12 Months (Legally Free)	PMs	Semi annually	○ Review Quarterly Progress using State report ○ If outcomes are poor, review efficacy of interim measures ○ Recommend program changes, if needed
			DMs	Semi-Annually	○ Review Quarterly Progress using State report ○ If outcomes are poor, review efficacy of interim measures ○ Implement program changes, if needed

Strategic Contribution to Outcome	Data Source	Who gathers information?	At what frequency?	Action to be taken
Progress towards finalization of cases in each analysis group. (Case monitoring by stage helps to identify cases with a road block whose removal will speed adoption; an increase in cases already placed in groups 1 & 2 indicates successful concurrent planning)	New CWS/CMS report. Requires data to be input differently Need to: 1) add as special projects code: placed with family that wants to adopt. 2) Increase recording of court findings specific to termination of parental rights	SW	Monthly	Review cases and enter special projects codes as applicable
		Adoption supervisor	Bi-Weekly	Review Case listing to insure barriers to adoption finalization are removed.
		Adoption PM	Monthly	○ Review mean, median, mode by unit. ○ Investigate reasons for outliers ○ Take action as appropriate.
		Adoption DM	Quarterly	○ Review mean, median, mode by unit. ○ Investigate reasons for outliers ○ Take action as appropriate.
		EMT	Annually	○ Compare outcomes to goals ○ Brainstorm solutions.

Adoption Analysis Groups

		Living With Family That Wants to Adopt?		
		Yes		No
		Approved Home Study?		
		Yes	No	
TPR?	Yes	1	2	3
	No	4	5	6

Key Outcome Area	Owner	Federal Outcome	Review		
			Who gathers this information?	At what frequency?	Action to be taken
Exit Outcomes for Foster Youth	Villa Mangan	8A Exit Outcomes for Foster Youth; ILP Delivered Services	PMs	Quarterly	○ Review Quarterly Progress using State report ○ If outcomes are poor, review efficacy of interim measures ○ Recommend program changes, if needed
			DMs	Quarterly	○ Review Quarterly Progress using State report ○ If outcomes are poor, review efficacy of interim measures ○ Implement program changes, if needed

Data Item:	Data Source	Who gathers this information?	At what frequency?	Action to be taken
Compliance with emancipation conference policy will increase the accuracy of the data in the Exit Survey for foster youth as all items will be discussed on 2 occasions with a plan to ensure supports in place for youth	BO Children Turning 17 in the month; Emancipation Conference Special Projects code SafeMeasures/Proposed Measure/Children in Placement/Time to NYTD Survey	Dep. SW	Monthly	○ Schedule Emancipation conference for each child turning 17 during the month. Enter special projects code at conclusion of conference ○ At case closure complete Exit Outcome survey with accurate information pertaining to the youth
		Dep. Supervisors	Weekly	○ Ensure each child turning 17 during the month has an emancipation conference scheduled ○ Maintain spreadsheet of children turning 17, projected FC exit date, and the dates of their EC ○ Ensure staff use the plan and the data to complete the exit survey. Reduce/ eliminate # unknown information
			Monthly	○ Provide % compliance EC at age 17 to PM
90-Day Transition Emancipation Conference	spreadsheet	Dep SW	Monthly	○ Anticipate youth exiting foster care and ensure 90-day transition conference takes place
		Dep. Supervisors	Ongoing	○ Identify youth who will be exiting FC in next 6 months ○ Ensure 90-Day Transition Conference happens. ○ Ensure use of proper case closure reasons indicating eligibility for extended foster care ○ Maintain spreadsheet for both indicating compliance for staff
ILP Delivered Services	SafeMeasures ILP services/ subset age 16+	Dep SW	Ongoing	○ Refer youth age 15.5 to ILP ○ Obtain ILP delivered service information at monthly contact. Ensure data entry within 7-days

Key Outcome Area	Owner	Federal Outcome	Review		
			Who gathers this information?	At what frequency?	Action to be taken
Exit Outcomes for Foster Youth	Villa Mangan	8A Exit Outcomes for Foster Youth; ILP Delivered Services	PMs	Quarterly	○ Review Quarterly Progress using State report ○ If outcomes are poor, review efficacy of interim measures ○ Recommend program changes, if needed
			DMs	Quarterly	○ Review Quarterly Progress using State report ○ If outcomes are poor, review efficacy of interim measures ○ Implement program changes, if needed
			Dep. Supervisor	Monthly	○ Ensure ILP referral was made, entered (age 15.5) ○ Ensure TILP completed every 6 months with court report
			ILP Sup	Daily	○ Enter ILP referral as delivered service at case assignment

Key Outcome Area	Owner	Federal Outcome from State Quarterly Report	Review		
			Who gathers this information?	At what frequency?	Action to be taken
Permanency	Villa Mangan	Exits to Permanency	PMs	Semi annually	○ Review Quarterly Progress using State report ○ If outcomes are poor, review efficacy of interim measures ○ Recommend program changes, if needed
			DMs	Semi-Annually	○ Review Quarterly Progress using State report ○ If outcomes are poor, review efficacy of interim measures ○ Implement program changes, if needed

Data Report/(Strategic Contribution to Outcome)	Data Source	Who gathers this information?	At what frequency?	Action to be taken
Identifying Poor prognosis FR cases in order to fast track them to permanency	SafeMeasures case assignment by service component.	CS SW	Weekly	○ Complete prognosis tool on each case prior to dispo. *pending* ○ Identify Poor Prognosis cases in CWS/CMS Special Projects prior to case transfer
		CS Supervisors	Weekly	○ Ensure prognosis tool completed and case tagged in CWS/CMS special project code ○ Ensure permanency worker assigned to Poor prognosis (POP) cases
Monitor open FR cases by time open and whether good or poor prognosis. Ensure poor prognosis case children 0-3 are placed with home with exit potential	BO- Special projects code- poor prognosis with no end date and SafeMeasures FR Service component/ Time open	Dep SW	Quarterly	○ Staff poor prognosis cases with supervisor. Schedule TDM if child is not placed in a home with permanency potential. Notify permanency worker of TDM ○ Update prognosis tool on poor prognosis case 60 days prior to hearing. End date poor prognosis if no longer applicable ○ Recommend terminating FR if prognosis remains poor at first opportunity
		Dep Supervisor	Quarterly	○ Staff POP cases with permanency worker ○ Ensure permanency TDM held prior to 6 month hearing ○ Ensure no POP cases children 0-3 continue FR past six month review ○ Ensure no POP cases children over age 3 continue FR past 12 months, i.e. no extensions to 18 months.

Attachment 12: Data Integrity and Accountability Plan

Data Item:	Data Source	Who gathers this information?	At what frequency?	Action to be taken
TDM Compliance- Goal 90% Compliance with TDM policy will improve placement stability, ↓ entries and re-entries	SafeMeasures/ Compliance Summary- entries, exits, placement changes. FEE (Family Engagement Efforts) report by worker	Dep & IS SW	As needed	○ Proactively identify cases and schedule TDM when placement is stressed, or 7-day notice or plan to recommend exit, or FM cases where risk has increased ○ Review FEE report for accuracy (TDM facilitators enter FEE)
		Dep. & IS Supervisors	Weekly	○ Maintains spreadsheet (Monthly Stats, by worker and children) ○ Indicate TDM compliance- Yes, No, Not applicable, explain
			Monthly	○ Compute monthly compliance ○ Provide data to PM
		PM	Quarterly	○ Provide compliance info to DM
Kin Placements- Goal 50%- 1st Placement Goal 50%- PIT Placements Kin placements are more stable. Other benefits: ↓ Psychotropic medications; ↑ siblings placed together	SafeMeasures/ Main Menu- Placement Facility Type CFSR Menu Placement Entries PIT Placements ICWA Placements	Every SW	As Known	○ Document all known relatives in collateral notebook ○ Refer all relatives that request consideration for placement to kinship. Document their date of request in the collateral notebook
		Dep SW		○ Staff each case with supervisor where SW does not intend to use approved kin home ○ Complete MODs as necessary to facilitate placements ○ Ensure all kin care providers are referred to Lilliput for support
		Dep. Supervisors	Monthly	○ Provide PM report unit % kin placements ○ Provide PM report of % kin placements for Native American children
		PM	Monthly	○ Report out
Identification of Relatives in Collateral Notebook- Readily identifiable relatives will a) be assessed in an emergency b) enable noticing of court proceedings	BO report- relative reporting parties	Intake SW	Daily	○ Ensure all relative reporters are identified/ updated in collateral notebook
		Intake Supervisors	Monthly	○ Review 10 random referrals for each worker to determine 1) whether RP was recorded in collateral notebook 2) compute monthly % compliance and provide to PM

Attachment 13: Board of Supervisors' Resolution Approving SIP

RESOLUTION NO. _____

APPROVAL OF THE 2012-2017 SACRAMENTO COUNTY SYSTEM IMPROVEMENT PLAN

BE IT RESOLVED AND ORDERED that the that the chairman of the Board of Supervisors, be and hereby is authorized and directed to sign the Sacramento County System Improvement Plan Cover Sheet, the Notice of Intent, and CAPIT/CBCAP/PSSF Contact and Signature Sheet, approving submission of the County's System Improvement Plan, and to submit these documents to the California Department of Social Services by September 25, 2012, and to do and perform everything necessary to carry out the purpose of this Resolution.

BE IT FURTHER RESOLVED that a copy of the 2012-2017 System Improvement Plan be received and filed.

On a motion by Supervisor _____, seconded by Supervisor _____, the forgoing Resolution was passed and adopted by the Board of Supervisors of the County of Sacramento, State of California, this 11th day of September 2012, by the following vote to wit:

AYES: Supervisors,

NOES: Supervisors,

ABSENT: Supervisors,

ABSTAIN: Supervisors,

_____
Chair of the Board of Supervisors
Of Sacramento County, California

(SEAL)

ATTEST: _____
Clerk, Board of Supervisors

Attachment 14: Board of Supervisors' Resolution Establishing CAPC

RESOLUTION NO. _____

DESIGNATION OF
THE CHILD ABUSE PREVENTION COUNCIL OF SACRAMENTO, INC. AS
THE CHILD ABUSE PREVENTION COORDINATING COUNCIL

BE IT RESOLVED AND ORDERED **that the Child Abuse Prevention Council (CAPC), Inc. be designated as the "Child Abuse Prevention Coordinating Council" for the COUNTY of SACRAMENTO pursuant to Welfare and Institutions Code Section 18980.**

BE IT FURTHER RESOLVED that the Board of Supervisors authorizes the Department of Health and Human Services Director, or her designee, to recognize The Child Abuse Prevention Council of Sacramento, Inc. as the entity established by the Board of Supervisors to coordinate efforts to prevent or respond to child abuse in this county per the Welfare and Institutions Code Section 18980.

On a motion by Supervisor _____, seconded by Supervisor _____, the foregoing Resolution was passed and adopted by the Board of Supervisors of the County of Sacramento, State of California, this 11th day of September, 2012, by the following vote, to wit:

AYES: Supervisors,

NOES: Supervisors,

ABSENT: Supervisors,

ABSTAIN: Supervisors,

_____
Chair of the Board of Supervisors
of Sacramento County, California

(SEAL)

ATTEST: _____
Clerk, Board of Supervisors

Attachment 15: Board of Supervisors' Resolution Designating CCTF Administrator

RESOLUTION NO. 2005-0644

RESOLUTION OF THE BOARD OF SUPERVISORS OF THE COUNTY OF SACRAMENTO, STATE OF CALIFORNIA ESTABLISHING THE SACRAMENTO COUNTY CHILDREN'S COALITION

WHEREAS, Sacramento County has undertaken to fully integrate the Sacramento County human services delivery system, including reconstructing related advisory boards with the establishment of the collaborative Human Services Coordinating Council;

WHEREAS, there is a recognized need to rearrange the human services advisory process to maximize client benefit and program effectiveness;

WHEREAS, the Sacramento County Board of Supervisors has a need to receive factual and timely information regarding the needs of children and their families in order to make policy and budgetary decisions in their behalf.

NOW, THEREFORE BE IT RESOLVED by the Board of Supervisors of the County of Sacramento, a political subdivision of the state of California, as follows:

The Board of Supervisors created and established the Sacramento County Children's Coalition in 1994 to serve as an advisory body to the Board of Supervisors on matters relating to the needs of children and families in Sacramento County.

The Sacramento County Children's Coalition shall be responsible for: 1.) evaluating and making recommendations to the Board of Supervisors and other policy making bodies in order to promote the health and wellbeing of children and families in Sacramento County; 2.) serving as an advocacy body for children's issues and providing policy oversight and community education about the needs of children and families; 3.) ensuring that the needs of children and families and the provision of services to meet those needs are a priority in Sacramento County; 4.) ensuring that there is a coordinated strategic plan to provide services to, and meet the needs of, children and families in the County; 5.) advocating for adequate funding to provide services to, and meet the needs of, children and families in Sacramento County; 6.) providing community oversight of the child protective systems; and 7.) managing and distributing monies from the Children's Trust Fund.

The Sacramento County Children's Coalition shall consist of a maximum of (30) members appointed by the Board of Supervisors. With the exception of the public consumer and youth members, each member of the Sacramento County Children's Coalition shall be a resident of, or employed in, Sacramento County. The public consumer and youth members shall be residents of Sacramento County. The members shall, to the extent possible, collectively represent the gender, ethnicity and special needs of that community.

Attachment 15: Board of Supervisors' Resolution Designating CCTF Administrator

The membership of the Sacramento County Children's Coalition shall consist of no more than two representatives from the following areas of interest: child and family health; child care; child abuse and prevention and treatment; out of home care; education; child justice; mental health; housing; economic development; drug/alcohol prevention and treatment; public assistance; neighborhood organizations; community services organizations; religious community; sports and recreation; violence prevention and treatment. The Sacramento County Children's Coalition shall also include up to ten representatives from the public/consumer area and two youth representatives.

The term of office for members of the Sacramento County Children's Coalition shall be three years, with eligibility for a second term, or until a successor is appointed.

Vacancies in the Sacramento County Children's Coalition shall be filled by the appointment process. The Sacramento County Children's Coalition shall make recommendations to the Board of Supervisors with respect to such vacancies.

The Sacramento County Children's Coalition shall at its first meeting elect a chairperson, a vice chairperson and a secretary, each of whom can serve for one year. Officers shall be elected annually and may be reelected to the same office for an additional year of service without interruption of service.

Each member of the Sacramento County Children's Coalition shall serve at the pleasure of the Board of Supervisors and may be removed during the member's term at the will of the Board. Any member of the Sacramento County Children's Coalition who is absent for three consecutive meetings attends fewer than 60% of the meetings held in a year, without justification or excuse, shall thereupon automatically cease to be a member of the Sacramento County Children's Coalition.

Members of the Sacramento County Children's Coalition shall serve without compensation.

The Sacramento County Children's Coalition shall establish policies and procedures for its conduct, which shall include the election of its officers, the establishment of the date, time and place of regular meetings, the establishment of a subcommittee process for nominations and policy recommendations, and other such rules as ~~are~~ required.

Meetings of the Sacramento County Children's Coalition, with the exception of the Child Protective Systems Oversight Committee, shall be held in accordance with the open meeting requirements contained in the provisions of the Brown Act.

Members of the Sacramento County Children's Coalition shall be covered by Category 3 of Appendix B of the Conflict of Interest Code of the Boards, Committees, Commissions and Councils of Sacramento County.

Attachment 15: Board of Supervisors' Resolution Designating CCTF Administrator

On a motion by Supervisor Collin, seconded by Supervisor MacGlashan, the foregoing Resolution was passed and adopted by the Board of Supervisors of the County of Sacramento, State of California, this 24th day of May 2005, with the following vote to wit:

AYES: Supervisors Collin, MacGlashan, Nottoli, Peters, Dickinson

NOES: Supervisors None

ABSENT: Supervisors None

Chair of the Board of Supervisors
of Sacramento County, California

COUNTY OF SACRAMENTO SEAL CALIFORNIA

ATTEST: Sandra Leahy
Clerk, Board of Supervisors

FILED

MAY 24 2005

BOARD OF SUPERVISORS
BY Cindy H. Turner
CLERK OF THE BOARD

In accordance with Section 25103 of the Government Code of the State of California a copy of this document has been delivered to the Chairman of the Board of Supervisors, County of Sacramento on

MAY 24 2005

By Carolyn Porter
Deputy Clerk, Board of Supervisors

Attachment 16: CAPC Roster

Child Abuse Prevention Center
2012 Board of Directors Roster

Board of Directors Name	Company/Affiliation	Term
Ray McNally	McNally Temple Associates	1999
Roger Dreyer	Dreyer Babich Buccola Wood	1998
Talmadge Jones	Retired, Superior Court Judge	1992
John Lambeth	Civitas Advisors	2003
Laurie Rose	Sutter Medical Center, Sac.	2004
Alfred Rowlett	Turning Point Community Programs	1999
Laura Lyon	Lyon Real Estate	2002
Ken Blomsterberg	Marcus & Millichap	2000
Judie Boehmer	UC Davis Children's Hospital	2008
Anthony Burg	Sutter Health	2004
Debra Evans		2009
Daniel Falco, MD	Sutter Medical Center	2008
Rachel Falsetti	State of California	2012
Jeffrey Gamache	SureWest	2012
Tamar Garrett	Intel Corporation	2009
Brian Holloway	Holloway Land Company	2011
Steve Jeffrey	Structural Integrity Associates, Inc.	2008
Cindy Lawson	Knowledge Universe	2011
Mark Mathews	The Citizen Hotel	2012
Frank Matsumoto	Wells Fargo Bank	2012
Kathleen Montgomery	Mercy Women's Center and Perinatal Recovery	2011
Nicole Rogers	Chipotle Mexican Grill	2010
Nicole Sayers		2011
Beth Sogaard	Beth Sogaard Catering	2011
Stephen Walker	CA Correctional Peace Officers Assoc.	2006
Kevin Walsh	CBS 13 / CW 31	2010
Becca Whitman	Nelligan Sports Marketing, Inc.	2012
Joe Wilson	Joe Wilson Presents	2009
Wesley Witt	Retired, Architect	2000

Sacramento County Children's Coalition
Roster for Internal Distribution

Name *Organization*	Seat	Phone	Email
Elizabeth Sterba, MS	Public Consumer	916-248-6392	esterba@gmail.com
David Ballard (Chair) *Children's Receiving Home*	Community Service Organization	916-482-2370	dballard@crhkids.org
Beth Hassett (Secretary) *WEAVE*	Community Service Organization	916-319-4923	bhassett@weaveinc.org
Leliani Barnett *SHRA*	Housing	916-440-1395	lbarnett@shra.org
Joyce Bilyeu *Child Abuse Prevention Center*	Violence Prevention & Treatment		jbilyeu@thecapcenter.org
Ernie Brown	Public Consumer		ernestbrown1960@comcast.net
Bill Colbion, Jr.	Religious Community	916-285-5422	bcolbion@teamsts.org
Laura Kerr *CA Charter Schools Association*	Public Consumer		lauraashleykerr@gmail.com
Trinette Marquis *Twin Rivers Unified School District*	Economic Development		trinette.marquis@twinriversusd.org
Brandon Mckinzie	Youth	916-208-5924	mckinziebrandon@yahoo.com
Rachael Raymond (Vice Chair)	Child Justice	916-520-2055	RaymondR@clcsac.org
Gina Roberson *Child Abuse Prevention Center*	Child Abuse Prevention	916-244-1935	groberson@thecapcenter.org
Ginger Swigart *SCOE*	Education	916 228-2463	gswigart@scoe.net
Lynn Thull, PhD	Mental Health		drthull@onemain.com
Dorothy Wilborn, MD(Member-at-Large *Kaiser Permanente*	Child Abuse Prevention	916-475-5795	dorothy.l.wilborn@kp.org
Robert Wilson, JD	Public Consumer		RWilson@BoydKimbell.com
Brenna Yard, MD (Secretary)	Child & Family Health		brennayard@gmail.com

Revised 4/16/12

Attachment 18: Notice of Intent

Appendix D: BOS Notice of Intent

STATE OF CALIFORNIA – HEALTH AND HUMAN SERVICES AGENCY CALIFORNIA DEPARTMENT OF SOCIAL SERVICES

NOTICE OF INTENT
CAPIT/CBCAP/PSSF PROGRAM CONTRACTS
FOR _____ COUNTY

PERIOD OF PLAN (MM/DD/YY): _____ THROUGH (MM/DD/YY) _____

The undersigned confirms that the county intends to contract, or not contract with public or private nonprofit agencies, to provide services in accordance with Welfare and Institutions Code **(W&I Code Section 18962(a)(2)).**

In addition, the undersigned assures that funds associated with Child Abuse Prevention, Intervention and Treatment (CAPIT), Community Based Child Abuse Prevention (CBCAP), and Promoting Safe and Stable Families (PSSF) will be used as outlined in statute.

The County Board of Supervisors designates _____ as the public agency to administer CAPIT and CBCAP.

W&I Code Section 16602 (b) requires that the local Welfare Department shall administer PSSF. The County Board of Supervisors designates _____ as the public agency to administer PSSF.

Please check the appropriate box.

☐ The County intends to contract with public or private nonprofit agencies to provide services.

☐ The County does not intend to contract with public or private nonprofit agencies to provide services and will subcontract with _____ County to provide administrative oversight of the projects.

In order to receive funding, please sign and return the Notice of Intent with the County's System Improvement Plan:

California Department of Social Services
Office of Child Abuse Prevention
744 P Street, MS 8-11-82
Sacramento, California 95814

_____ _____
County Board of Supervisors Authorized Signature Date

_____ _____
Print Name Title

CAPIT/CBCAP/PSSF PROGRAM FUNDING ASSURANCES
FOR SACRAMENTO COUNTY

PERIOD OF PLAN (MM/DD/YY): 12/31/2012 THROUGH (MM/DD/YY) 06/30/2017

DESIGNATION OF ADMINISTRATION OF FUNDS

The County Board of Supervisors designates Department of Health and Human Services as the public agency to administer CAPIT and CBCAP.

W&I Code Section 16602 (b) requires that the local Welfare Department administer the PSSF funds. The County Board of Supervisors designates the Department of Health and Human Services as the local welfare department to administer PSSF.

FUNDING ASSURANCES

The undersigned assures that the Child Abuse Prevention, Intervention and Treatment (CAPIT), Community Based Child Abuse Prevention (CBCAP), and Promoting Safe and Stable Families (PSSF) funds will be used as outlined in state and federal statute[1]:

- Funding will be used to supplement, but not supplant, existing child welfare services;
- Funds will be expended by the county in a manner that will maximize eligibility for federal financial participation;
- The designated public agency to administer the CAPIT/CBCAP/PSSF funds will provide to the OCAP all information necessary to meet federal reporting mandates;
- Approval will be obtained from the California Department of Social Services (CDSS), Office of Child Abuse Prevention (OCAP) prior to modifying the service provision plan for CAPIT, CBCAP and/or PSSF funds to avoid any potential disallowances;
- Compliance with federal requirements to ensure that anyone who has or will be awarded funds has not been excluded from receiving Federal contracts, certain subcontracts, certain Federal financial and nonfinancial assistance or benefits as specified at http://www.epls.gov/.

In order to continue to receive funding, please sign and return the Notice of Intent with the County's System Improvement Plan to:

California Department of Social Services
Office of Child Abuse Prevention
744 P Street, MS 8-11-82
Sacramento, California 95814

Susan Peters	May 23, 2013
County Board of Supervisors Authorized Signature	Date
SUSAN PETERS	
Print Name	Title

[1] Fact Sheets for the CAPIT, CBCAP and PSSF Programs outlining state and federal requirements can be found at: http://www.dss.cahwnet.gov/cfsweb/PG2287.htm