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Family First Sacramento Comprehensive Prevention Plan

Addendum June 2026

SACRAMENTO COUNTY

CDSS
CALIFORNIA DEPARTMENT OF SOCIAL SERVICES

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Introduction

Sacramento County's Comprehensive Prevention Plan (CPP), approved in March 2023, established a strong foundation for advancing primary prevention and strengthening community-based supports for children and families. Since that time, the County has continued to expand and refine its prevention continuum through implementation of innovative prevention initiatives, including the Family First Economic Support Program (guaranteed income pilot), enhanced Concrete Needs assistance, childcare capacity expansion, Diversity, Equity, Inclusion and Belonging (DEIB) institutional analysis efforts, preventative Functional Family Therapy (FFT) and High-Fidelity Wraparound for youth involved with juvenile probation, and other key strategies.

This addendum provides updated information related to Child Welfare candidate populations, funding allocations, service capacity, evidence-based programming, and system-level developments that have occurred since the original adoption of the CPP. It also reflects Sacramento County's continued efforts to build a more coordinated, equitable, and responsive prevention continuum informed by community voice, data analysis, implementation experience and cross system collaboration.

Sacramento County's prevention approach is grounded in the recognition that many children and families who come to the attention of Child Protective Services (CPS) are experiencing unmet social, behavioral health, housing, or economic needs that may be more appropriately addressed through community-based prevention services rather than deeper system involvement. As a result, the County continues to strengthen diversion pathways, enhance community partnerships, and expand access to culturally responsive support designed to stabilize families upstream and reduce unnecessary foster care entry.

The Department of Probation continues to utilize State Block Grant (SBG) dollars to contract with Stanford Sierra Youth and Families to provide FFT and High-Fidelity Wraparound services to youth with citations filed by the District Attorney and pre-adjudicated youth placed on Electronic Monitoring (GPS) and/or Home Supervision.

As of June 2026, the Sacramento County Probation Department has no new updates to report regarding its Comprehensive Prevention Plan (CPP) implementation. The Probation Department remains committed to supporting the ongoing implementation of the CPP and will continue collaborating with system partners as implementation efforts progress.
Therefore, the updates contained within the addendum reflect implementation efforts related to the Department of Child, Family and Adult Services (DCFAS), CPS CPP implementation. All updates included in this addendum were reviewed through Sacramento County's CPP governance structure, which incorporates cross-sector

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public and private collaboratives, including individuals with lived experience, and leadership representatives from the Child Abuse Prevention Council (CAPC), Public Health, Probation, Child Welfare, Behavioral Health, Human Assistance, First 5 Sacramento, Wilton Rancheria, Kaiser Permanente, Sacramento County Office of Education (SCOE), community-based organizations, and additional prevention partners. The updates also reflect ongoing engagement with contracted providers and families participating in prevention services, providing real-time insight into emerging community needs and implementation considerations.

The strategy updates addressed throughout this addendum were evaluated through implementation workgroups and subsequently reviewed by CPS Leadership and the Prevention Cabinet prior to inclusion in this update.

While Sacramento County has provided periodic implementation email updates to CDSS over the past three years, this addendum serves as the County's first formal, comprehensive update to the CPP.

Focus Populations & Candidacy Groups

California's most recent draft of its Title IV-E Prevention Plan (Five-Year State Prevention Plan) identifies twelve "candidate" groups eligible for federal Title IV-E prevention funding when children or youth are determined to be at imminent risk of foster care entry. Sacramento County continues to align its prevention planning efforts with these candidate populations while also recognizing that many children and families who come to the attention of CPS may benefit from community-based supports designed to prevent deeper system involvement.

To support implementation planning, Sacramento County partnered with Applied Survey Research (ASR) in 2025 to conduct an updated needs assessment and gap analysis related to Community Pathways development. This analysis included a deeper analysis of the deidentified referral-level data to create a more nuanced analysis of referrals and associated outcomes. Specifically, an overview of the children and families referred to CPS during 2023 and 2024, including demographic characteristics, risk factors, presenting issues (most serious allegation), geographic location (by zip code), and other referral characteristics such as reporter types, response types, and referral outcomes. ASR also conducted statistical modeling to determine which factors best predicted referral outcomes.

During 2023 and 2024, Sacramento County received referrals for 66,878 children. About 10% of referrals were excluded from the Community Pathways analysis: 6% (4,066) were children outside Sacramento County, and 4% (2,501) involved existing or newly opened CPS cases. The final analysis included 60,311 children (90% of referrals) whose cases could potentially be diverted from further child welfare involvement.

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Information on child and family risk factors was available for a subset of referrals, varying by risk assessment measure (ranging from 884 to 15,899 records). While these data do not cover the full referral population, they provide important context to families' needs and vulnerabilities historically associated with greater CPS involvement, including developmental or learning disabilities, physical disabilities, medical fragility, mental health or behavioral problems, domestic violence, unsafe housing, and homelessness. To further assess the individual candidate groups eligible for services in Sacramento County, we pulled data from CWS-CMS via Business Intelligence, UC Berkley California Child Welfare Indicators Project (CCWIP), Structured Decision Making, and Safe Measures. numerous systems and sources to provide estimates on the number of children within the County for each target population, primarily for Fiscal Year (FY) 2024-2025 (July 1, 2024-June 30, 2025).

The table below provides estimated counts of children who may be eligible candidates for Title IV-E prevention services, using California data alongside Sacramento County data to show how local estimates compare with broader statewide trends. These estimates draw from the best point-in-time information across multiple systems and reporting sources, including referral level, Fiscal Year 2024-2025 data, and the ASR analysis of Calendar Year (CY) 2023-2024 (January 1, 2023-December 31, 2024). State data and candidacy definitions are referenced with the intention to support prevention planning efforts.

Candidate Group / Target Population with Description & State Data	Sacramento County Estimates
Children in Families Receiving Voluntary or Court-Ordered Family Maintenance Services Children in Families Receiving Voluntary or Court-Ordered Family Maintenance services who are also determined to be at imminent risk for foster care will be eligible to receive services under the Title IV-E Prevention Program. These services are the traditional pathway to prevent entry into foster care and may also be provided after reunification to prevent reentry. During SFY 2019-20, there were 12,064 Voluntary Family	**FY 24-25** Number of New Informal Supervision (Voluntary FM) Cases – **470** • Removed in 12 Months – **84** (17.9%) • Substance Abuse Intervention Reason – **259** (55.1%) Number of New Court FM Cases – **149** • Removed in 12 Months – **78** (52.3%)

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Maintenance (VFM) cases in California, of whom 991 (8%) were removed within 12 months and placed in foster care. In that same year, there were 37,769 court-ordered Family Maintenance (FM) cases in California, of whom 3,878 (10%) were removed within 12 months and placed in foster care. FFPSA provides an opportunity to expand service capacity to this population.	• Substance Abuse Intervention Reason – **63** (42.3%) Source: CWS via Business Intelligence
Probation Youth Probation youth subject to a petition under section 602 of the Welfare and Institutions Code (WIC), and for whom the probation department determined to be at imminent risk for foster care per a state-approved assessment tool, may be eligible to receive services under the Title IV-E Prevention Program. Per CDSS data, in any given month, approximately 3,900 probation youth per month in California have been determined to be at "imminent risk" of foster care.	December 2025, there were approximately **577** probation youth in Sacramento County. Source: Chief Probation Officer
Guardianship/Adoption at Risk of Disruption Children whose guardianship or adoption arrangement is at risk of disruption and who are also determined to be at imminent risk of foster care will be able to receive Title IV-E prevention services. These are non-reunified children and youth who have exited foster care to some form of permanency and are at risk of re-entry due to disruption of that permanency arrangement, according to an approved assessment tool. In SFY 19-20, 1,092 children, or four	**FY 24-25** Previously Adopted – **11** (1.6%) Previous Foster Care Episode ended in Guardianship – **5** (0.7%)

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percent of children from the entering cohort, were in adoption or guardianship arrangements prior to detention.	Source: CWS via Business Intelligence
Children with Substantiated/Inconclusive Allegation Children with a Substantiated or Inconclusive Disposition of a child abuse or neglect allegation, but no case opened, will also be eligible for Title IV-E Prevention Services if the child is at imminent risk of foster care. Per CWS/CMS, from March 2020 to March 2021, a total of 360,673 referrals were made reporting allegations of child abuse or neglect. Of those referrals, 40,761 (**11.3%**) were **substantiated**, or determined to have occurred based on available evidence, child abuse or neglect had occurred. **Inconclusive** referrals made up 79,394 (**22%**), meaning that the findings cannot be made as to whether child abuse or neglect has occurred due to insufficient evidence. Of the **substantiated dispositions**, 16,292 (**11.3%**) **were closed after investigation**, while 63,947 (44.1%) of inconclusive dispositions were closed after investigation.	**FY 24-25** Total Referrals Received – **25,200** Investigated Referrals – **8,909** (35.4%) Evaluated Out – **14,709** (58.4%) N/A Secondary – **1,582** (6.3%**)** **Of the referrals investigated:** • 1,250 (**14.0%**) were **substantiated**. Of the **substantiated dispositions**, 680 (**54.3%**) **were closed after the investigation** • 4,261 (**47.8%**) were **inconclusive.** referrals made up, Of the inconclusive dispositions, 4,253 (99.8%) were closed after investigation. Source: CWS via Business Intelligence
Children w/ Siblings in Foster Care Children who have siblings in foster care, and who are determined at imminent risk of foster care will be eligible to receive Title IV-E prevention services. Siblings have been defined by statute as children or youth related by blood, adoption, or affinity through a common legal or biological parent (in essence- full,	**FY 24-25** Children with Siblings in Foster Care (point in time): • July 1st, 2024 – 441 • Oct 1st, 2024 – 447 • Jan 1st, 2025 – 444 • Apr 1st, 2025 – 470

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adopted, or half siblings through both biological and legal parents). In SFY 2019-2020 there were 8,144 children in California who were not in foster care themselves, who had a sibling in foster care. It is presumed that circumstances that necessitate one child entering care may also impact the child that remains at home. In these instances, Title IV-E prevention services could be provided in order to prevent additional children in the family entering care.	• July 1st, 2025 – 456 Source: UCB CCWIP
Homeless/Runaway Youth Homeless or runaway youth who are determined to be at imminent risk of foster care can receive Title IV-E prevention services. While state law provides that homelessness itself is not a basis for removal, for those who are assessed to be candidates, Title IV-E prevention services provide the opportunity to keep families together by directly addressing certain root causes of homelessness, such as mental health and substance use disorders.	**FY 24-25** Number of Youth with Homeless Indicator Checked in CWS-CMS: • Youth in Referrals – **674** • Youth in Cases – **299** **CY 2023 and 2024** • 22.1% (195/884) had unsafe housing conditions • 79.9% (706/884) were homeless Children AWOL from Foster Care (point in time): • July 1st, 2024 – **27** • Oct 1st, 2024 – **23** • Jan 1st, 2025 – **28** • Apr 1st, 2025 – **26** • July 1st, 2025 – **23** FY Source: CWS via Business Intelligence & UCB CCWIP CY Source: 2023 and 2024 Primary Allegations Export, SDM Risk Assessment Subset (N = 13,808 children).

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LGBTQ Youth The LGBTQ youth who are determined to be at imminent risk of entering foster care may also receive prevention services. Nationwide, 30% of children in out of home care identify as LGBTQ. One in five youth in juvenile justice facilities identify as LGBTQ. There is a higher risk of suicide for LGBTQ than their heterosexual peers and they are disproportionately represented amongst homeless and trafficked youth.	**FY 24-25** LGBTQ in Foster Care (point in time): • July 1st, 2025 – **11** Please note: Due to confidentiality protections and reporting limitations, this number may not fully reflect the total population of LGBTQ+ youth in foster care. Source: CWS via Business Intelligence
Substance-Exposed Infants Substance-exposed newborns who are also determined to be at imminent risk of entering foster care, will be eligible to receive Title IV-E prevention services. Substance-exposed newborns are defined as infants born and identified as being affected by substance use or withdrawal symptoms resulting from prenatal drug exposure, or a Fetal Alcohol Spectrum Disorder, including both illegal and prescribed drugs.	**FY 24-25** Number of Pos-Tox Referrals – **207** Source: CWS via Business Intelligence
Trafficked Children & Youth Trafficked children and youth who are determined to be at imminent risk of entering foster care will be eligible to receive Title IV-E prevention services. These are children and youth who have experienced commercial sexual exploitation (CSE), as defined in WIC section 300(b)(2). During SFY 2019-20, there was an average of 1,081 youth identified as victims of	**FY 24-25** CSEC • Open Foster Care Cases – **116** • Referrals – **167**

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CSE by child welfare and probation, with 275 (25%) of those youth being newly identified within this timeframe. Title IV-E funded prevention efforts will be essential for addressing the exploitation of vulnerable youth at risk for entry into foster care due to being trafficked, based upon the use of an approved assessment tool for this specialized population.	Source: CWS via Business Intelligence
Children Exposed to Domestic Violence Children exposed to domestic violence who are determined to be at imminent risk of entering foster care will also be eligible to receive Title IV-E services. Between February and September of 2020, a total of 34,433 "Emotional Abuse" referrals were screened in for investigation. Of those, 23,409 (67.98%) had the "Exposure to Domestic Violence" indicator selected. Title IV-E funded prevention services stand to bolster the protective capacity of the non-abusing caretaker, thus preventing the child's entry into foster care.	**FY 24-25** **DV Referrals** Number of Emotional Abuse Referrals Investigated – **2,930** • % with DV – **12.8**% (**375**) Number of Physical Abuse Referrals Investigated – **2,592** • % with DV – **6.9**% (**179**) Source: CWS via Business Intelligence & SDM
Children w/ Caretaker Experiencing Substance Use Disorder Children whose caretakers experience a substance use disorder who are also determined to be at imminent risk of entering foster care will also be eligible to receive Title IV-E prevention services. These are children living in households with at least one parent who has a substance use disorder and are at increased risk for child maltreatment and child welfare	**FY 24-25** • Number of Pos-Tox Referrals – **207** • Number of Referrals with a Risk Assessment identifying Caregiver Drug Use – **1,285** (SDM) • Number of FM Cases with Substance Abuse Intervention Reason - **575**

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involvement compared to other children. The children who are at a greater risk may be affected by trauma due to parental neglect, the results of their own prenatal substance exposure, or chaotic environments. Title IV-E funded prevention services can support parents in accessing substance use treatment and develop parenting skills to help to reduce the effects of parental substance use disorders on their children.	Source: CWS via Business Intelligence & SDM
Other Serious Risk Factors Children or youth experiencing other serious risk factors that when combined with family instability or safety threats would be assessed to be at imminent risk of foster care. Families of such children may be served under the Title IV- E prevention program when services identified in the state's prevention plan may provide interventions that mitigate risk of entry into foster care. Examples include current or recent (within 6 months) family involvement with a social services agency. • A change in family relationships characterized by frequent conflict or violence; • Recent increase in substance use that impacts daily functioning and ability to care for the child or youth; • Recent incident in which a parent or guardian made a plausible threat to cause serious physical harm to a child or youth; • Incarceration of the caregiver; • Child or youth participated in	Not estimated.

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criminal activity; and • Other recent or current circumstances may cause family instability or a threat to the child/youth's safety or well-being.	

In addition to the 12 candidate groups listed above, youth in foster care who are expectant/pregnant and/or parenting are also eligible for Title IV-E prevention funding. Unlike other candidate groups, expectant and parenting youth in foster care are categorically eligible for Title IV-E prevention services and do not require a separate "imminent risk" determination.

Candidate Group / Target Population with Description	
Expectant and/or parenting youth in foster care	**FY 24-25** Expectant and/or parenting youth in foster care– **46** Source: CWS via Business Intelligence

Evidence-Based Programs (EBP)

To better understand Sacramento County's current prevention service continuum and assess local readiness for implementation of federally reimbursable prevention services, Sacramento County conducted a comprehensive review of existing Evidence-Based Programs (EBPs) operating across child welfare, behavioral health, public health, education, Tribal, and community-based service systems.

As part of this effort, Sacramento County partnered with Applied Survey Research (ASR) to conduct provider interviews and distribute an EBP implementation survey to community-based organizations, County agencies, and system partners. The purpose of this assessment was to identify existing FFPS-aligned evidence-based practices currently operating within Sacramento County, evaluate implementation capacity and fidelity, and better understand barriers and opportunities associated with future Title IV-E Prevention Program expansion.

At the time of assessment, five of California's approved Title IV-E Prevention Program EBPs had already been identified as operating within Sacramento County. The five EBPs identified included Parents As Teachers (PAT), Functional

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Family Therapy (FFT), Motivational Interviewing (MI), Nurse Family Partnership (NFP), and Parent Child Interaction Therapy (PCIT). Interviews with providers delivering these services offered valuable insight into implementation practices, sustainability considerations, workforce capacity, funding challenges, and opportunities for system coordination.

The survey was distributed electronically by Family First Prevention Services (FFPS) Sacramento County in partnership with ASR to 92 providers and was further shared through local prevention and collaborative networks. A total of 25 responses representing 19 unique organizations were received, including 16 community-based organizations and three County agencies. Several organizations submitted multiple responses from staff representing different operational perspectives.

Providers reported serving a broad range of populations and family needs. The populations most frequently served included families with children ages 0–5 (80%), adolescents and youth (64%), and pregnant individuals (60%). More than half of responding organizations also reported serving justice-involved families (52%), while smaller proportions served Tribal families (32%) and additional specialized populations, including immigrant families and individuals with disabilities. Providers were asked whether their agencies serve families with children at "imminent risk" of foster care, which may be the focus of future Title IV-E funding. Participants most frequently reported serving *children exposed to domestic violence* (82%) and *pregnant or parenting foster youth* (82%). Nearly two-thirds serve *children whose caretakers experience substance use disorders* (64%) and *children in Family Maintenance* (64%). More than half serve *children whose guardianship or adoption arrangement is at risk of disruption* (55%) and *homeless or runaway youth* (55%). Lower proportions serve children with *siblings in foster care* (45%), *LGBTQ children* (45%), *commercially sexually exploited youth* (36%), and *probation minors with a 602 petition at imminent risk for foster care* (36%).

Providers described the top unmet needs among the families they serve. The most frequently unmet needs included Employment and Income Support (83%) and Housing Stability (83%), followed by Childcare (75%) and Mental Health Services (67%). More than half of respondents described Food Security (58%) as an unmet need for families, and half (50%) considered Transportation among the top unmet needs. These results indicate that families continue to experience pressing basic needs particularly around income, housing, childcare, and mental health.

Providers delivering EBPs were asked specifically about the implementation of the Title IV-E EBPs selected by the State of California. Participants most frequently reported offering Parents as Teachers (n = 4) and Motivational Interviewing (n = 4). Other programs reported by providers included Parent–Child Interaction Therapy (PCIT, n = 2), Functional Family Therapy (n = 2),

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Nurse-Family Partnership (n =1), Multi-Systemic Therapy (n = 1), and Brief Strategic Family Therapy (n = 1). Responses reflected variation in implementation fidelity. Most providers implementing Title IV-E EBPs reported delivering these programs with full fidelity, while a smaller number reported minor adaptations.

Additional insights from providers implementing EBPs included:

- **Capacity**: Four of seven responding participants were not at full capacity, while three reported being at capacity. Two of those at capacity had a waitlist.

- **Client-Level Data Management:** Four of the eight responding providers (50%) had a dedicated database system and 50% used a general system not specific to their EBP.

- **Costs and Funding**: Annual costs of EBP implementation varied (range: $853,000 to $3.1 million annually). For example, PCIT annual expenses covered assessments ($1,000–$3,000), toys ($2,500), and internal trainer time ($2,000). A provider also noted the high cost of training and retraining of transitioning staff for Functional Family Therapy (FFT).

  Providers also emphasized a need for additional grant funds for play care, transportation, meals to support family participation, as well as for culturally responsive programming, such as speakers on Black child development, community healing circles, school-based advocacy to promote services for Black families and raising awareness of disparities and ACEs. Noncompetitive salaries also lead to staff turnover and higher retraining costs.

- **Sustainability:** One provider noted that additional funding from DCFAS to offer programming for younger siblings of the eligible population would help sustain and expand programming. Another provider mentioned a need for more referrals from local agencies.

Together, the interview and survey findings show that Sacramento County has built a strong foundation for implementing Title IV-E and other evidence-based practices. In Sacramento County, providers actively work to diversify funding streams, expand access, and culturally responsive care to meet families where they are, and partner with a broad range of community providers to provide coordinated, family-centered services. Yet both data sources point to implementation challenges including staff turnover, uncertain funding, and fragmented coordination across systems. Providers emphasized that services for families could be enhanced through culturally responsive curriculum, flexible funding for incentives, and programs that address basic needs like income, housing, childcare, and mental health. Moving forward, Sacramento

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County can build stronger community pathways through sustained funding and deeper cross-county coordination of referrals, events, programs, classes, and training.

TIER 1 SERVICES

The following Tier 1 Services are the EBPs currently identified within California's Title IV-E Prevention Plan, and seven of the ten EBPs are currently provided by Community Based-Organizations (CBOs) in Sacramento County. Sacramento County intends to pursue a phased implementation approach for Title IV-E Prevention Program claiming and service expansion based on local provider capacity, referral infrastructure, workforce readiness, fidelity requirements, and ongoing coordination with CDSS. These programs are intended to support children and families identified as being at imminent risk of foster care entry and align with Sacramento County's broader prevention goals of strengthening family stability, reducing unnecessary system involvement, and increasing access to culturally responsive community-based services.

Program	Service Category	Target Population	Outcome Objectives
Motivational Interviewing	Substance Abuse/Cross-Cutting	Adolescents and their parents/caregivers	※ Decrease in youth substance use ※ Decrease of parent/caregiver substance use ※ Improved physiological, psychological, and lifestyle outcomes
Nurse Family Partnership	In-Home Parent Skill Based	Young, first-time, low-income mothers, beginning early in their pregnancy until the child turns two	※ Reduced child welfare administrative reports ※ Improved child cognitive functions and abilities ※ Improved child physical development and health ※ Improved adult economic and housing stability
Parents as Teachers	In-Home Parent Skill Based	Parents/caregivers with children ages zero to kindergarten	※ Increased number of developmental milestones met ※ Increased positive parenting practices ※ Improvement of parent/caregiver emotional

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			and mental health
Functional Family Therapy	Mental Health	Adolescents aged 11-18 and their parents/caregivers	※ Improved child behavioral and emotional functioning ※ Decrease in youth delinquent behavior and substance use ※ Decrease in youth substance use ※ Improvements in parental capabilities
Multisystemic Therapy	Mental Health, Substance Abuse	Adolescents aged 12-17 and their parents/caregivers	※ Decrease in youth delinquent behavior and substance use ※ Improvement of parent/caregiver emotional and mental health
Parent-Child Interaction Therapy	Mental Health	Children aged 2-7 and their parents/caregivers	※ Reduction in child negative behaviors ※ Increased positive parenting practices ※ Improvement of caregiver emotional and mental health
Brief Strategic Family Therapy	Mental Health, Substance Use, In-home Parent Skill Based	Families with children or adolescents ages 6-17 years who display at risk for developing problem behaviors including substance abuse, conduct problems, and delinquency.	※ Improved child and behavioral and emotional functioning ※ Decrease in youth delinquent behavior and substance use ※ Decrease in parent/caregiver substance use

Sacramento County recognizes that successful implementation of Title IV-E prevention services requires not only availability of evidence-based programs, but also sustainable referral pathways, workforce capacity, fidelity monitoring, data infrastructure, and coordinated cross-system implementation planning. As a result, Sacramento County intends to continue expanding provider partnerships and

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implementation readiness while strategically aligning EBPs to the populations most likely to benefit from specific prevention interventions.

TIER 2 SERVICES

The following Tier 2 services are EBPs currently listed within the Title IV-E Prevention Services Clearinghouse as either Supported or Promising practices and are currently being delivered in Sacramento County. While these programs are not currently included in California's approved Title IV-E Prevention Plan, Sacramento County intends to explore future Title IV-E Prevention Program claiming opportunities should these practices become approved within the State Prevention Plan.

These programs represent important components of Sacramento County's broader prevention continuum and support a wide range of behavioral health, trauma-informed, parenting, and family stabilization needs across multiple populations. Several of these interventions also address significant service gaps identified through Sacramento County's provider survey, community engagement efforts, and Community Pathways needs assessment.

Sacramento County recognizes that expanding access to these services may strengthen prevention outcomes by increasing the availability of culturally responsive, community-based interventions capable of addressing trauma, behavioral health needs, family functioning, and caregiver wellbeing prior to deeper system involvement.

Program	Service Category	Target Population	Outcome Objectives
Eye Movement Desensitization and Reprocessing (Supported)	Mental Health	Individuals experiencing distress associated with traumatic memories and/or a variety of other mental health problems	※ Increased child well-being: Behavioral and emotional functioning ※ Increased adult well-being: Parent/caregiver mental or emotional health ※ Increased adult well-being: Parent/caregiver physical health
Effective Black Parenting (Promising)	Parent Skill Based	Parents caring for Black/African American children/youth ages 0-17	※ Aims to promote family pride and cohesion and coping skills to address negative effects of racism
Family Spirit (Promising)	In-Home Parent	American Indian mothers (ages 14-	※ Promote positive behavioral and emotional outcomes for

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	Skill Based	24) who enroll during 2nd trimester of pregnancy. Program continues until 3 years postpartum.	mothers and children
Incredible Years – School Age Program (Promising)	Mental Health	Parents of children ages 6 to 12 years.	※ Increased adult well-being: Positive parenting practices ※ Prevents conduct problems, delinquency, violence an drug use
Intensive Care Coordination Using High Fidelity Wraparound (Promising)	Mental Health	Children and youth birth to age 21 with complex emotional, behavioral, or mental health needs, and their families	※ Increased least restrictive placement ※ Increased child well-being: Behavioral and emotional functioning
PC-CARE (Promising)	Mental Health, In-Home Skill Based	Caregivers with children ages 1-10 years	※ Reduction in child negative behaviors ※ Increased positive parenting practices ※ Improvement of parent/caregiver emotional and mental health
Trauma-Focused Cognitive Behavioral Therapy (Promising)	Mental Health	Children and adolescents who have experienced trauma including those who have PTSD symptoms, dysfunctional feelings or thoughts, or behavioral problems	※ Increased child well-being: Positive parenting practices ※ Increased child well-being: Social functioning ※ Increased adult well-being: Parent/caregiver physical health ※ Increased adult well-being: Parent/caregiver mental or emotional health
Dialectical Behavioral Therapy (Supported)	Mental Health	Adults and teens with difficulty regulating their emotions, including people with borderline personality disorder, suicidality, depression, posttraumatic stress disorder, bipolar disorder, and	※ Adult well-being, parent/caregiver mental or emotional health ※ Adult well-being, parent/caregiver physical health

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		substance use disorders	

To support equitable access to prevention services, Sacramento County has intentionally included **all** federally identified candidate populations within its prevention planning framework, along with expectant and parenting youth in foster care who are categorically eligible for Title IV-E prevention services. Sacramento County also intends to continue expanding local prevention capacity through phased implementation of evidence-based programs currently operating within the County, as well as future development of additional prevention services aligned with community needs and statewide FFPSA implementation efforts.

Sacramento County recognizes that implementation of the FFPS Program is a multi-year process requiring ongoing coordination related to provider capacity, workforce development, referral infrastructure, fidelity monitoring, fiscal claiming, and cross-system collaboration. As implementation evolves, the County intends to strategically align prevention services and evidence-based practices to the children, youth, and families most likely to benefit from specific interventions, while continuing to strengthen community-based prevention pathways designed to reduce unnecessary child welfare system involvement.

Pathways to IV-E Prevention EBPs

Sacramento County intends to implement Title IV-E Prevention Services through a phased approach designed to support sustainable expansion of evidence-based prevention programming, strengthen referral pathways, and align implementation activities with local provider capacity, workforce readiness, and statewide FFPSA guidance. This phased implementation strategy allows Sacramento County to build upon existing prevention infrastructure while continuing to expand access to community-based evidence-based services for children and families identified as being at imminent risk of foster care entry.

Phase 1: Implement the IV-E Pathway using Motivational Interviewing (MI) training for internal Child Welfare staff, beginning with the Voluntary Family Maintenance program (aka Informal Supervision). Eligible candidates will be identified through internal referral pathways.

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Explore the Community Pathway using MI in school-based settings to enhance education wellness efforts and prevent child welfare involvement for school-aged children.

Phase 2: Implement the Community Pathway using an EBP provided by a CBO. The goal is to begin with an EBP that is already commonly used in Sacramento County, such as Parents As Teachers (PAT). This phase will include combined pathways (referrals and case management from both Title IV-E and Community pathways).

Phase 3: Expand the IV-E and Community Pathway to all approved FFPS EBPs.

Phases	Pathway	EBP	Target Population
Phase 1	IV-E Pathway & Community Pathway	Motivational Interviewing (MI)	Parents/care givers and children in an open Voluntary Family Maintenance Case. School aged children at "imminent risk" of foster care entry or other family instability.
Phase 2	IV-E Pathway, Combined Pathway & Community Pathway	Parents As Teachers (PAT)	Parents/care givers caring for children 0-5 at "imminent risk" of foster care entry
Phase 3	Expand IV-E Pathway, Combined Pathway &	All CA approved EBPs	Parents/care givers and children ages 0-17 at

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	Community Pathway		"imminent risk" of foster care entry

Sacramento County recognizes that implementation of Community Pathways and Title IV-E Prevention Services will require continued coordination across County agencies, schools, behavioral health providers, community-based organizations, Tribal partners, and prevention collaboratives. As implementation progresses, Sacramento County intends to continue refining referral pathways, candidacy identification processes, data infrastructure, fidelity monitoring practices, and cross-system coordination strategies to support sustainable prevention service delivery.

CPS Spending Chart Updates

Since approval of the original Comprehensive Prevention Plan, Sacramento County has continued refining prevention investment strategies based on implementation experience, community feedback, emerging prevention priorities, and evolving service needs identified through ongoing engagement with families, providers, and prevention partners. Several allocation adjustments were made during implementation to better align prevention funding with identified community needs, strengthen sustainability of prevention activities, support evaluation and continuous quality improvement efforts, and expand access to direct family supports designed to reduce risk factors associated with child welfare involvement. These adjustments reflect Sacramento County's continued commitment to utilizing prevention funding in a flexible, data-informed, and community-responsive manner while maintaining alignment with the goals of the FFPS Program and the County's broader prevention continuum.

FUNDING SOURCES:				**CDSS GF State Block Grant Child Welfare**			**Private (TBD)**
ALLOCATIONS:				**$7,370,122**			**$5,000**
Activity/Service	Fiscal Agent	Grantee/ Contractor Name	Time Frame	Original Allocation	Updated Allocation	Activity Allocation Total	
Diversity Equity & Inclusion (DEI)	Sac County DCFAS	Equity & Wellness-DEI Institutional Analysis	FY 25-26	$1,000,000	$375,000	$505,000	

		Child Abuse Prevention Center (CPAC)- Mandated Child Abuse Reporter Training (MCART) revision	FY 23-26		$130,000		
Cultural Broker Evaluation-EBP Clearinghouse	Sac County DCFAS	Applied Survey Research (ASR)	FY 25-26	-	$203,250	$275,000	
Childcare Capacity	Sac County DCFAS	Child Action	FY 23-25	$1,000,000	$1,000,000	$1,000,000	
Flexible Funding to Meet Basic/ Concrete Needs	Sac County DCFAS	Child Abuse Prevention Center (CAPC)	FY 23-26	$2,000,000	$595,000	$2,821,347	
		Sierra Health Foundation	FY 23-27		$1,825,000		
		Neighborhood Wellness	FY 23-26		$401,347		
Guaranteed Basic Income (GBI) Pilot and Evaluation	Sac County DCFAS	United Way-Pilot	FY 23-26	$2,300,000	$2,056,000	$2,606,000	$5,000
		MEF-Evaluation	FY 23-27		$550,000		
Accessibility Services/ Community Pathways	Sac County DCFAS	N/A	N/A	$1,000,000	$123,175	$123,175	
Motivational Interviewing	Sac County DCFAS	Lyssn	FY 26-27	-	$39,600	$39,600	
					GRAND TOTAL	**$7,370,122**	**$5,000**

Activities/Services Updates

Diversity, Equity & Inclusion (DEI)

Sacramento County continues to prioritize efforts designed to address racial disproportionality and disparities impacting Black/African American and Native American children and families within the child welfare system.

Sacramento County is partnering with Equity and Wellness Institute (EqWI) to conduct the institutional analysis for Department of Child, Family and Adult Services. The purpose is to identify and address racial disparities in child welfare services, focusing on Black and Native American families. The desired outcome

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is actionable strategies and framework for future funding and implementation planning. The analysis is rooted in an culturally responsive, equity-centered approach with four phases:

- Phase 1: Engage community partners and map external factors impacting service equity
- Phase 2: Assess internal organizational conditions through research, staff interviews, town halls, and surveys
- Phase 3: Develop and pilot tools to evaluate organizational practices, refine based on feedback
- Phase 4: Synthesize data, create a communications plan, and deliver strategic recommendations

In addition to the County's institutional DEI analysis efforts, Sacramento County identified an opportunity to strengthen mandated reporter training through prevention and equity-focused lens.

Through collaboration with the local Child Abuse Prevention Center (CAPC), Sacramento County initiated efforts to revise the Mandated Child Abuse Reporter Training curriculum to incorporate:

- Diversity, Equity, Inclusion, and Belonging (DEIB) principles,
- Bias mitigation strategies,
- Prevention-oriented engagement approaches, and
- Increased awareness of community-based support resources available to families.

The County anticipates that these updates will support more equitable reporting practices while strengthening alignment with broader Community Pathways and prevention goals. During implementation planning, Sacramento County refined original DEI funding allocations to support both the institutional assessment activities and curriculum redesign efforts. Funding allocations were adjusted to:

- $375,000 for DEI institutional analysis activities, and
- $130,000 for mandated reporter curriculum revision and enhancement activities, for a combined DEI allocation total of $505,000.

Cultural Broker Evaluation

In addition to the DEI activities listed above, Sacramento County has implemented a Cultural Broker model which has been highly effective in supporting efforts to address disproportionality and improving outcomes for children and families. This model has been in place for several years and is funded within the County. As such, and consistent with the move toward prevention and having services offered in the community by the community, Sacramento County elected to embark on a Cultural Broker evaluability study to determine the viability of moving this practice toward being approved through the Title IV-E Clearinghouse as an Evidenced Based Practices (EBP).

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The evaluation is being completed by Applied Survey Research (ASR) and includes a comprehensive, cross- sector approach guided by both the Title IV-E Clearinghouse standards and a Results Based Accountability (RBA) framework. The methodology is designed to assess program efficacy through three core components:

- **Comparative Outcomes Analysis:** A study evaluating the subsequent outcomes of families who utilized a culture broker compared to those who did not.
- **Participant Advisory Board:** A dedicated board comprising service recipients to ensure authentic lived-experience perspectives guide the program.
- **Comprehensive Feedback Mechanisms:** Targeted, survey-based and in-person feedback sessions engaging a broad cross-section of stakeholders, including direct service recipients, DCFAS staff, juvenile dependency court personnel, and culture broker leadership and direct staff.

The evaluation is on track to be completed in June 2026.

Child Care Capacity

This strategy completed implementation and the allocation was spent. Internal evaluation, along with recipient feedback, yielded positive outcomes noting a high concern from recipients about losing the supports when the funding ended- most significantly for caregivers identified as Family, Friends, and Neighbors (FFN). Through this funding, FFN's received a level of support, training and outreach that provided opportunities for enhanced awareness and trauma informed approaches in caregiving.

Flexible Funding/Concrete Needs Supports

During implementation, DCFAS listened to partners and community members, and the decision was made to move additional funds to Concrete Needs. As DCFAS proceeded with planning and implementation, the need in the community was much larger than the original budget allotted for and with the decrease in funding needs for DEI and the Accessibility strategies, additional funds were moved to provide direct support to families in the amount of $820,000. In addition, through the work with community partners and the continuous quality improvement lens, it became clear that the age range of 0-5 was restrictive and that many families with children aged 6-17 were being turned away, thus possibly subjecting them to deeper penetration into formal systems. Based on this feedback from partners, DCFAS pulled data to identify and align community feedback and Child Welfare data. Data suggested that this request aligns with the identified need. Based on the provider and community feedback as well as the data pulled, funds were shifted from accessibility to provide this additional

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support to families. While initial community feedback was in support of the accessibility strategy, subsequent feedback indicates that communities are looking for impact that contributes to more sustainable impacts versus one time neighborhood engagement.

During implementation planning, DCFAS determined an evaluation of this strategy would be valuable, specific to the families receiving concrete needs and alignment with other prevention work in the County with Family Resource Centers sites. The work group decided to use the existing evaluator, Applied Survey Research (ASR) and to add $25,000 to the contract to support the evaluation. In addition, $10,000 was allocated for focus groups with families receiving the funds to enhance the evaluation and understand the community level impact on outcomes.

A dedicated concrete needs survey was developed and administered by ASR, complemented by in-person feedback sessions hosted by community providers with strong participation from service recipients. Additional input was gathered from providers and from DCFAS implementation leadership. Together, this approach ensures the strategy is evaluated comprehensively across all levels of implementation, including its outcomes and overall effectiveness. The evaluation remains on track for timely completion.

Guaranteed Basic Income Pilot

United Way was retained as the contracted provider for the stipend's disbursement and MEF Associates was retained to complete the evaluation which includes a collaborative film making process. During the course of implementation, it was made clear that adjustments to criteria specific to race and ethnicity needed to be adjusted. After reviewing this with the Guaranteed Income Workgroup, legal counsel, leadership and Prevention Cabinet partners, the decision was made to remove that specific criteria and open the funding to all race/ethnicities to enable forward movement with the strategy. This caused a delay in the project and required an additional $50,000 to support the added time for the evaluation efforts, as well as an additional $56,000 to support outreach efforts by trusted partners in the community.

Accessibility Services/ Community Pathways

Sacramento County explored a mobile unit and resource fairs with the Accessibility Workgroup members. This group met between August of 2023 through May 2024. It was determined that a mobile unit was not viable due to the ongoing cost of supporting the vehicle with staff to drive the vehicle, storage facility needed and routine maintenance and upkeep, as well as insurance. The group then moved on to explore bringing additional resources to the various

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communities through resource fairs. Planning commenced, however through on-going community engagement, voices lifted from those in the *actual* impacted communities versus across the community, impacted members stated the disappointment of agencies and systems coming into the neighborhood and then departing. This became a theme during an inquiry into locations and agencies that the impacted community could possibly benefit from. Following these engagements and hearing the need for more concrete/basic needs, including increasing the age range to include 6-17 year olds, shifted the focus from the accessibility strategy. DCFAS continues to assess and plan for opportunities to increase accessibility through partnership with the Prevention Cabinet and development of the broader Community Pathways work.

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Motivational Interviewing (MI)

CDSS has selected Motivational Interviewing (MI) as a cross-cutting EBP to enhance engagement with children in families.

Sacramento County's Department of Child, Family and Adult Services (DCFAS) is implementing Motivational Interviewing (MI) as a new Evidenced-Based Practice (EBP) to strengthen engagement and support across child welfare programs. While most currently approved EBPs in Sacramento focus on families with children ages 0-5, MI provides a flexible, cost-effective and developmentally appropriate approach that can be used with families of all ages and diverse backgrounds. MI will first be introduced within the Informal Supervision (Voluntary Family Maintenance program) as a cross-cutting case management model, with plans to expand to additional CPS programs over time. The integration of MI aligns with the County's CPP and enhances the system's capacity to deliver evidence-based, person-centered prevention services. By improving family engagement, supporting goal setting and readiness for change, and increasing consistency across Family Maintenance cases, MI es expected to strengthen overall prevention and family preservation efforts. The use of SBG funding to support MI implementation further advances these goals by equipping staff with effective transferable communication skills and reducing disparities in service quality across programs.

Social Workers and Supervisors in Family Maintenance programs will receive MI training and fidelity monitoring through the contracted provider, Lyssn. This contract enables DCFAS to begin training and implementation activities in advance of CDSS finalizing its agreement with Lyssn. Once the CDSS contract is in place, DCFAS will transition to and participate alongside the other counties under the statewide contract.

In addition, the hope is to expand the Community Pathway to all approved and available Evidence-Based Practices in Sacramento County, including Motivational Interviewing for community-based providers. This will allow focus populations to be aligned with the EBP that is best suited to meet the specific needs of each child or parent.

Community Pathways

In 2025, Sacramento County partnered with Applied Survey Research (ASR) to complete an updated needs assessment to explore the development of Community Pathways as part of its broader efforts to reduce unnecessary child welfare involvement and strengthen prevention and diversion opportunities for families. This approach was rooted in the recognition that many children and families who come to the attention of Child Protective Services (CPS) face challenges that may be better addressed through community-based support rather than formal systems involvement.

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Community indicators underscore the urgency of this work. Sacramento County continues to see high rates of CPS referrals, particularly for neglect, domestic violence, and housing instability—issues that often reflect structural inequities and unmet family needs rather than imminent safety threats. Racial disproportionality also remains a persistent concern, with Black, Latino and Native American children disproportionately represented in referrals.

The primary purpose of the needs assessment was to understand who is coming to CPS attention, why, and with what outcomes. Specifically, the assessment was designed to answer the questions:

1. Where are the geographic "hot spots" of divertible CPS referrals?

2. Amongst the referrals that were not opened by CPS, which characteristics (demographics, presenting issues (most serious allegation), reporter type, and risk factors) are most strongly associated with referral outcomes? Where are opportunities to improve referral accuracy?

3. What is the landscape of other community service assets? Where are these assets located, and are there remaining gaps in meeting families' needs?

4. Amongst evidence-based practices (EBPs) that can be funded with Title IV-E federal funds, what is the level of readiness to be part of the Community Pathways system of care, including factors such as staffing, funding, model fidelity, data infrastructure, and technical assistance needs?

5. Which performance measures are appropriate to track implementation of Sacramento County's Community Pathway?

By answering these questions, the assessment aligned with Sacramento County's larger system goals: reducing unnecessary CPS involvement, advancing equitable outcomes, expanding diversion pathways, and building the capacity of community-based services to meet family needs upstream.

To perform this analysis, ASR collaborated with analysts at DCFAS to obtain a de-identified client-level data file which included all children referred to CPS in 2021, 2022, 2023, 2024 whose referrals were not ultimately opened by CPS. (For their report, these referrals were referred to as "divertible referrals"). The data file also included all the requisite fields needed for analysis.

Patterns and Predictors in Divertible CPS Referrals

Between 2021 and 2024, CPS received referrals for 128,665 children. Of these, 90% (115,674) were considered "divertible," underscoring the significant potential to connect families with community-based supports before formal child welfare intervention is necessary.[1] Each year, referrals from 95823 (Valley Hi)

[1] Child's home zip code located in Sacramento County and referral not already, or resulting in, an open CPS case.

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were nearly double that of the next highest zip code, a pattern that persisted across all referral conclusions and presenting issues. Further, FFPS priority zip codes (95823, 95838, 95828, 95815, and 95821) were in the top 10 zip codes for total number of divertible referrals overall and particularly in 2023 and 2024.

Further, 2023 and 2024 divertible referrals (n = 60,311 children) were explored for an in-depth analysis of the child, family, and referral characteristics and their outcomes to further inform Community Pathways strategies. Highlighted findings from the 2023-2024 analyses include:

Racial Disproportionality: Black children represented only 8% of the county's child population but 27% of referrals, while Latino and White children were proportionately represented and Asian/Pacific Islander children were underrepresented relative to their population. Latino and Black children had higher *Substantiation* rates, while White and Native American children were more likely to be *Evaluated Out*.

Age and Gender Patterns: Children ages 0–5 were more likely to have referrals *Substantiated* than older children, indicating heightened risk of sustained system involvement for this age group. Gender differences were less pronounced, though girls were slightly more likely to be *Evaluated Out*.

Presenting Issues: Referrals were split between *Abuse* (52%) and *Neglect* (48%). Divertible neglect referrals, particularly *Severe Neglect*, had the highest *substantiation* rates, while *Abuse* referrals, especially *Sexual* and *Physical Abuse*, were most often *Evaluated Out* or closed as *Inconclusive*. *Emotional Abuse* was frequently left *Inconclusive*, suggesting challenges in establishing clear evidence. When paired with exposure to domestic violence, children referred for *Neglect* had high rates of *Substantiated* conclusions, compared with those referred for *Abuse*, or those with no domestic violence exposure.

Reporter Type: Reporter type was the single strongest predictor of referral outcomes. Law Enforcement referrals had the highest substantiation rates (over 11% overall, and more than 20% when the presenting issue was Neglect). Healthcare providers and CWS staff also had above-average substantiation. By contrast, referrals from Support Professionals (e.g., counselors/ therapists), Early Learning/Education staff, and Anonymous reporters were most often *Evaluated Out* and rarely *Substantiated*, raising questions about referral accuracy and opportunities for better guidance and training.

Risk Factors: Although risk-factor data were available only for a subset of referrals, consistent patterns emerged. Domestic violence was the single strongest predictor of substantiation, especially for children referred for Neglect following exposure to 2+ DV incidents (27% substantiated divertible referrals). Housing instability also played a key role. Children with unsafe housing were much more likely to have substantiated referrals. Families experiencing homelessness, however, more often had referrals closed as *Inconclusive* or *Unfounded,* highlighting that CPS is often not the right pathway for addressing homelessness. Further, Mental health and behavioral problems were the most frequently documented child risk factors. Yet, these referrals often ended as

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Inconclusive or *Unfounded*, suggesting that many families with behavioral health needs might be better served through prevention and diversion services rather than CPS investigation.

Service and Asset Landscape

ASR developed an interactive Asset Map to provide a comprehensive snapshot of family-serving organizations across the county, with an emphasis on programs offering evidence-based services classified under Title IV-E. This tool is a key component of Sacramento County's efforts to strengthen the local prevention infrastructure and promote equitable access to services, particularly in the FFPS priority ZIP Codes. This dynamic resource directory supports CPS diversion, allowing users to identify areas with high concentrations of services, potential gaps in areas of high need, and tailor outreach and referral strategies by service type, target population, and other relevant criteria.

In Summary, Community Pathways is grounded in the belief that families thrive when services are rooted within their communities and recognizes that local organizations and community partners are best positioned to provide culturally responsive care, build trust, and strengthen support networks. This needs assessment aimed at identifying the resources available in Sacramento County and better understanding child and referral characteristics to inform the design of Community Pathways that strengthen prevention and diversion and reduce unnecessary system involvement.

Sacramento County continues to partner with community members, prevention leaders on the Prevention Cabinet, AB 2083 and Interagency Leadership Team, Children's Coalition, Child Abuse Prevention Center and community-based organizations to develop the broader Community Pathways to support and services, regardless of an individual's FFPS candidacy eligibility. This work is grounded in collective prevention efforts across the county.

Conclusion

Through the updates detailed in this addendum, Sacramento County reaffirms its commitment to building a prevention focused system that is data informed, community driven, and grounded in equity. The County has strengthened its evidence-based service array, refined its focus on the 12 federal candidate groups, enhanced investments in concrete and basic needs, and deepened its understanding of divertible referrals and community assets through a comprehensive needs assessment. These insights, combined with ongoing collaboration across County departments, community based organizations, Tribal partners, and the Prevention Cabinet, lay the groundwork for the next phase of CPP implementation—including the development of Community Pathways, expanded access to Title IVE EBPs, and continued progress toward reducing unnecessary system involvement. As Sacramento County moves forward, the County remains committed to elevating community voice, addressing disproportionality, and ensuring that children and families receive timely, culturally responsive support that strengthen safety and stability well before deeper intervention is needed.

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ADDITIONAL ASSURANCES

FAMILY FIRST PREVENTION SERVICES (FFPS) PROGRAM ASSURANCES COUNTY OF SACRAMENTO

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

Title IV-E Prevention Program Reporting Assurance

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

Child Safety Monitoring Assurance

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

Workforce Development and Training Assurance

In accordance with section 471(e)(5)(B)(viii) of the federal Social Security Act, the Sacramento County Department of Child Family and Adult Services and Department of Probation assures it will adhere to the FFPS training plan as

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outlined in the California Title IV-E Prevention Services State Plan, and ensure caseworkers within both the community and Title IV-E pathways under the FFPS program are supported and trained in assessing what children and their families need, connecting to the families served, knowing how to access and deliver the needed trauma-informed and evidence-based services, overseeing and evaluating the continuing appropriateness of the services, and all foundational requirements, including understanding how the requirements of the federal Indian Child Welfare Act (ICWA) and implementing state law intersect with prevention services provided through the community based and Title IV-E pathways.

Trauma-Informed Service Delivery Assurance

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

Model Fidelity for Evidence-Based Programs and Continuous Quality Improvement Assurance

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

Advancement of Fairness and Equity Strategies Assurance

In accordance with the Governor's Executive Order N-16-22, and consistent with California Five Year Prevention Services State Plan, Sacramento County Department of Child Family and Adult Services and Department of Probation assures that the implementation of interventions, services and supports should be equitable, culturally responsive and targeted to address disproportionality and disparities experienced by black, indigenous, and people of color, as well as lesbian, gay, bisexual, transgender, queer and plus (LGBTQ+) children and youth. Assurance of Coordination with Local Mental Health In accordance with section 471(e)(10)(C) of the federal Social Security Act and California WIC section 16588(f) (3), Sacramento County Department of Child Family and Adult Services and Department of Probation assures the establishment of a joint

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written protocol, based on the model developed by the CDSS and Department of Health Care Services for use among the child welfare agency, probation department, behavioral health agency, and other appropriate entities to determine which program is responsible for payment, in part or whole, for a prevention service provided on behalf of an eligible child.

Assurances Signatures

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

Signed by:
Shelby Boston
E16FF0D8ECEC421...

7/13/2026

(SIGNATURE OF AUTHORIZED CHILD WELFARE REPRESENTATIVE) (DATE)

Signed by:
Jamal Rowe
79EDB834FA1C4A8...

7/13/2026

(SIGNATURE OF AUTHORIZED PROBATION REPRESENTATIVE) (DATE)

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